Day Surgery Centers Inspection Checklist- Random

Name of the Facility: _____

Date of Inspection:_____/_____/_____

Ref.	Description	Yes	No	N/A	Remarks
5	**STANDARD ONE: REGISTRATION AND LICENSURE PROCEDURES**				
5.6.	All Day Surgical Centres (DSC) are mandated to be accredited within two (2) years of licensure and to upload their accreditation certificate to the facility's Sheryan account.				
a.	There should be an allocated medical waste storage and collection area that is well ventilated and secured from public and patient access.				
b.	The medical waste storage and collection area shall be adequately labelled with a hazard sign to prevent unexpected entry from patients or the public.				
5.11.	The health facility should ensure it has in place adequate lighting and utilities, including temperature controls, water taps, medical gases, sinks and drains, lighting, electrical outlets and communications.				
5.12.	The health facility shall maintain documented evidence of treatment protocols and care pathway for surgical procedures to include, but not be limited to the following:				
5.12.3.	Clinical laboratory services and diagnostics.				
5.12.4.	Pre-op assessment and patient acuity classification.				

5.12.7.	Surgical Safety Checklist for Surgical Procedures.				
5.12.8.	Patient Monitoring, Recovery and Discharge.				
5.12.10.	Patient complaints				
5.13.	All DSC must have a written agreement for patient referral and emergency transfer to a nearby hospital setting. The transfer agreement shall detail the transfer plan/protocol of patients and meet Dubai transfer timeframes for emergency patients as per DHA Policy for Patient Referral and Inter-facility Transfer.				
6	**STANDARD TWO: HEALTH FACILITY REQUIREMENTS**				
6.2.	DSC operational requirements include the following:				
6.2.1.	Day surgical centres shall not operate or open between 12:00am and 6:00am.				
6.2.2.	Surgeries in DSC Class CM and Class C, requiring general anaesthesia shall not start after 5:00pm.				
6.2.3.	Surgeries in DSC CM under deep sedation shall not exceed two (2) hours.				
6.2.4.	Surgeries in DSC C under deep sedation and or general anaesthesia shall not exceed three (3) hours.				
6.2.5.	Multiple surgeries in different sites that exceed three (3) hours are not permitted.				
6.3.	Day Surgical Services shall be Consultant or Specialist Led services with a minimum of ten (10) years' experience in one of the main surgical specialties within the scope of the DSC.				
6.6.	HRS must be informed and approve changes to existing or new services or staffing levels.				
6.8.	DSC should have a contract with the following types of healthcare facilities:				

6.8.1.	A nearby hospital for: referral of urgent and emergency cases, ward and ICU Admissions (if required), Assessment and follow up with professionals, specialties and services not available or not within the scope of the DSC.				
6.9.	The health facility design shall provide assurance of patients and staff safety.				
6.10.	DSC healthcare professionals (physicians, nurses, and allied health) shall be trained to operate the medical equipment assigned to them.				
6.10.1.	Training shall be documented and kept up to date.				
6.12.	The Health Facility shall put in place annual simulation scenarios with all surgical teams to manage patient recovery and transfer.				
6.12.1.	Simulation outcome and improvement plans shall be documented.				
6.13.	All DSC facilities are required to have an Operating Theatre (OT) equipped to manage permitted surgeries.				
6.14.	Class B Day Surgical Centres will have sufficient medical equipment to manage permitted endoscopic procedures:				
6.14.1.	Procedural sedation shall be performed in designated areas where the patient can be resuscitated if sedation is deeper than intended.				
6.14.2.	Practitioners should be ACLS certified and possess the skills necessary to resuscitate or rescue a patient whose level of sedation is deeper than initially intended.				
6.15.	Class A and B (without endoscopy) do not require a ventilator and will have the required medical equipment to manage permitted surgeries:				

6.15.1.	Emergency Medical Service (EMS) call system;				
6.15.2.	Pulse oximeter				
6.15.3.	Automated External Defibrillator (AED)				
6.15.4.	A surgical sterilizing area available in the clinic or outsourced.				
6.15.5.	Emergency crash cart that includes all emergency supplies and medications.				
6.16.	Class B (with endoscopy), CM and C Day Surgical Centres will have the required medical equipment to manage permitted surgeries:				
6.16.1.	Emergency Medical Service (EMS) call system;				
6.16.2.	Pulse oximeter, and hemodynamic monitoring equipment shall include but not limited to the following:				
a.	ECG				
b.	Heart rate				
c.	Blood pressure				
d.	Central venous pressure				
e.	Temperature, peripheral venous oxygen saturation				
f.	ABG				
6.16.3.	One portable ventilator is required for (1) one to (4) four OTs (backup); and				
6.16.4.	One ventilator is required for two beds in the recovery bay.				
6.17.	DSC Class A and B shall ensure the full time surgeon is responsible for managing medications and record keeping in the DSC (Appendix 4).				
6.22.	DSC shall assure the safe and appropriate practice system for sample collection, storage, blood transportation and other samples.				
6.23.1.	Class A DSC categories must provide:				

a.	Point of Care Testing for glucose, Dipstick urinalysis and Pregnancy test.				
6.23.2.	Class B DSC categories must provide:				
a.	Point of Care Testing for glucose, Prothrombin time/international normalized ratio (PT/INR), Dipstick urinalysis and Pregnancy test.				
6.23.3.	Class C-M and C DSC categories must provide:				
a.	Point of Care Testing (glucose, Prothrombin time/international normalized ratio (PT/INR), Dipstick urinalysis and Pregnancy test.				
b.	Arterial Blood Gas (ABG)				
6.23.4.	CM and C DSC categories must provide essential onsite radiology services.				
a.	Radiology (or mobile x-ray) should include plain x-rays and chest x-rays.				
6.24.	DSC class CM and C providing solely Ophthalmology services shall have a Point of Care Testing (POCT) for glucose, Dipstick urinalysis and Pregnancy test. Any lab or radiology services may be contracted with an external provider.				
6.25.	Inhouse radiology services is optional for DSC class CM and C providing solely Vascular services.				
6.26.	The health facility shall install and operate equipment required for the provision of proposed services in accordance with the manufacturer's specifications.				
6.28.	The DSC shall maintain a copy of operator and safety manuals of all medical equipment and inventory list with equipment location. All Medical Equipment should be registered and documented properly in the inventory which will				

	be updated every time a new equipment arrives prior to use.				
6.29.	The inventory includes all in use medical equipment only and no medical equipment which is not in use, or not maintained should be stored in the facility.				
6.29.1.	The medical equipment Inventory include the following:				
a.	Device name				
b.	Description of the device				
c.	The name of the factory				
d.	The supplying company (agent)				
e.	Year of purchase				
f.	Section (location)				
g.	Serial number				
h.	Duration of preventive maintenance work (PM)				
i.	Last date maintenance & the next				
j.	Periodic maintenance reports (qualitative and quantitative tests)				
6.33.	All DSC shall have a Business Continuity Plan to ensure the core functions of the centre are met.				
7	**STANDARD THREE: HEALTHCARE PROFESSIONALS REQUIREMENTS**				
7.1.	All healthcare professionals in the health facility shall hold an active DHA professional license and work within their scope of practice and granted privileges.				
7.2.	The privileging committee and/or medical director of the health facility shall privilege the physician aligned with his/her education, training, experience and competencies. The privilege shall be reviewed and revised on regular intervals as per the DHA Policy for Clinical Privileging Policy.				

7.3.	Additional multidisciplinary staff must be in place as per specialisation, continuity of care, service descriptions, scope and patient volume. The standalone DSC shall comply with the minimum requirements:				
7.3.1.	There must be one full time licensed physician with the role of Medical Director.				
7.3.2.	At least one full time licensed specialist or consultant surgeon present in the DSC.				
a.	The specialist or consultant surgeon is responsible to ensure the availability of the surgical team before, during and after the procedure.				
7.3.3.	The specialist or consultant surgeon and anaesthesiologist must always be present until the patient is discharged or transferred to a higher level healthcare setting.				
7.3.4.	At least one part time anaesthetist is required in Class B (with endoscopy) where permitted narcotics, and dissociative anaesthetics are being administered for endoscopic procedures (Appendix 4).				
7.3.5.	At least one full-time anaesthetist must be present in DSC Class CM and C.				
7.3.6.	An anaesthetist must be present for each surgical procedure where deep sedation or general anaesthesia is administered.				
7.3.7.	The anaesthetist may be supported by a licensed technician/anaesthetist privileged nurse.				
7.4.	Paediatric cases should be managed and treated only by professionals within the paediatric specialty (e.g.: paediatric surgery) or by a health care professional who is privileged to conduct the procedure and must have evidence of				

	training in managing paediatric cases and PALS certified.				
7.5.	The treating surgeon shall be available at the DSC facility until the patient is discharged safely.				
7.6.	Healthcare professionals engaged in surgery shall maintain up to date hands-on in :				
7.6.1.	Basic Life Support (BLS), applicable to all healthcare professionals.				
7.6.2.	Advanced Cardiac Life Support (ACLS) applicable to all healthcare professionals working within the scope of medicine.				
7.6.3.	Paediatrics Advanced Life Support (PALS) applicable to all healthcare professionals working within the scope of paediatrics.				
7.6.4.	Advanced Trauma Life Support (ATLS) applicable to all healthcare professionals working within the scope of surgery.				
7.7.	If the DSC manages paediatric cases, DSC must ensure all professionals managing paediatric cases (e.g.: Paediatricians, anaesthetists and nurses) are trained in managing paediatric cases and PALS certified.				
7.8.	Visiting surgeons shall be available twenty four (24) hours after the procedure.				
7.8.1.	Visiting surgeons must always ensure their patients are handed over to a competent physician(s) to oversee patient follow up and patient care during their absence.				
7.8.2.	The handover process should include a signed document on the patient care plan.				
7.9.	For DSC that provide full radiology/diagnostic services, one full time consultant/specialist radiologist shall be available to supervise and manage radiology services in the DSC.				

7.9.1.	At least one radiography technician shall be available in each shift and shall only be responsible for essential radiography services.				
7.9.2.	The health facility shall employ a biomedical engineer or maintain a service contract with a certified maintenance company to ensure safety, reliability, validity and efficiency of medical devices and mechanical equipment.				
7.10.	For DSC that provide full laboratory services, one full time DHA licensed pathologist shall be available to supervise and manage the clinical laboratory services in the DSC.				
7.10.1.	At least one laboratory technician shall be available in each shift and shall only be responsible for essential laboratory services.				
8	**STANDARD FOUR: PRE-OPERATIVE EVALUATION AND INFORMED CONSENT**				
8.1.	All Day Surgical Centres must have in place a written Surgical Care Pathway (Appendix 5).				
8.2.	Day Surgical Centre shall only provide surgical and diagnostic procedures for ASA-PS Classification I, II and III patients in both adults and paediatrics (appendix 3-4).				
8.3.	ASA-PS classification III patients must have a medical consultation, assessment and clearance as per their medical morbidities prior to any day surgical procedures under deep sedation and/or general anaesthesia.				
8.4.	For patient selection criteria in dentistry under general anaesthesia refer to Appendix 12.				
8.6.	The following exclusions must be considered during patient consultations and pre-op assessments:				
8.6.1.	Emergency/unprepared patients.				

8.6.2.	Inpatients.				
8.6.3.	Uncooperative patients.				
8.6.4.	Patients with a history of sleep apnoea.				
8.6.5.	Patients with a history of drug or alcohol abuse.				
8.6.6.	Patients with airway difficulties.				
8.6.7.	Patients with severe allergies.				
8.6.8.	Patients with at risk of blood loss, excessive bleeding and may require a blood transfusion.				
8.6.9.	Patients that require cardiac catheterization or Interventional Cardiology				
8.6.10.	Patients with metabolic disorders (ASA IV and above).				
8.6.11.	High-risk patients (ASA IV-VI) in accordance with the American Society of Anaesthesiologists (ASA) Classifications.				
8.6.12.	Patients who require surgical procedure, intra or immediate post-operative care from a specialized healthcare professional or a specific service not within the scope and available services and professionals of the DSC.				
8.7.	Prior to patient referral for surgery, patients with ASA Classification III should:				
8.7.1.	Have a thorough consultation with appropriate laboratory tests with the treating physician within the DSC or other healthcare facility, prior to the surgery.				
8.7.2.	Have evidence of the assessment and feedback e.g.: referral letter, medical report or other communication evidence between the healthcare team and a follow-up appointment with the physician to discuss surgical and non-surgical options.				

8.9.1.	For DSC Class A and B: blood pressure, blood glucose, BMI and exclusions noted in Standard 2 should form part of the pre-op assessment.				
8.9.2.	For CM and C: pre-op assessment should include but not limited to:				
a.	CBC				
b.	Blood pressure				
c.	Blood glucose				
d.	Coagulation profile				
e.	BMI				
f.	General anaesthesia consult				
g.	Venous Thromboembolism (VTE) risk assessment				
h.	And exclusions noted in Standard 2.				
8.9.3.	Pre-op assessments shall be conducted in the same health facility where the surgery will be provided.				
8.9.4.	Patients undergoing elective surgery shall provide their consent at pre-op assessment.				
a.	The timeframe from pre-op assessment to surgery shall be conducted within 4-weeks. Patients exceeding the 4-week window should be reassessed.				
d.	The consent form should elaborate risks, benefits and alternatives before the procedure begins.				
e.	The physician shall be available to answer any further questions in a nontechnical way.				
f.	Consent should be available in both English and Arabic languages. The minimum requirements for informed consent are set out in Appendix 6				

8.10.1.	A Physician, Anaesthetists (if applicable) and RN must document, complete and verify the Surgical Safety Checklist (Appendix 7).				
8.10.2.	All surgeries under Day Surgical Centre category B must always be overseen by:				
a.	A DHA licensed surgeon and nurse.				
b.	An anaesthetist (part-time) must be present if narcotic drugs are being used for permitted endoscopic procedures (Appendix 4) .				
8.10.3.	All surgeries under Day Surgical Centre category CM and C must always be overseen by a DHA licensed surgeon, anaesthetist and nurse.				
8.12.	The DHA Licensed anaesthetist shall hold valid certification in conscious sedation and be trained and competent in:				
8.12.3.	Reviewing the patient's condition and vital signs prior, during and after a procedure and during recovery to assess any change in the patient's condition may affect the administration or management of PSA until discharge from the recovery area.				
a.	Vital signs include the level of consciousness, ventilatory and oxygenation status, hemodynamic variables, temperature, pain and anxiety levels.				
9	**STANDARD FIVE: PATIENT SAFETY, MONITORING AND DISCHARGE**				
9.1.	There following should be considered and documented in the patient record:				
9.1.1.	Patient identity (including history and family history).				
9.1.2.	Evidence of consultation, physical examinations and confirmatory lab or diagnostics (patient selection).				

9.1.3.	Procedure to be undertaken and location with clear markings.				
9.1.4.	No emerging issues since the last pre-op assessment.				
9.1.5.	Informed Consent for the procedure.				
9.1.6.	Verification of Nothing by Mouth Status.				
9.1.7.	Mitigating circumstances/exclusions not to perform the surgery				
9.1.8.	Adequate staff levels for the procedure.				
9.1.9.	Pre-anaesthesia assessment and patient acuity (Class I or II).				
9.1.10.	Sedation/anaesthesia and recovery plan.				
9.1.11.	Document adherence to the Surgical Safety Checklist (Appendix 7) for all surgeries.				
9.1.12.	Control of concentrated electrolyte solutions.				
9.1.13.	Assuring medication accuracy and safe dosing.				
9.1.14.	Avoiding catheter and tubing misconnections.				
9.1.15.	Prophylaxis.				
9.1.16.	Infection control.				
9.1.17.	Single-use of injection devices and insert of the IV line.				
9.4.	Minor procedures performed under topical or local anaesthesia, not involving drug induced alteration of consciousness other than minimal preoperative anti-anxiety medications (e.g. mole removals or incision and drainage of superficial abscesses) may be performed by a DHA licensed physician or dentist within their scope of practice and privileges.				
9.5.	When moderate sedation is targeted, the healthcare professional is assigned responsibility				

	for patient monitoring and may perform brief interruptible tasks.				
9.5.1.	Monitoring includes an electronic assessment of blood pressure, respiratory rate, heart rate and pulse oximetry combined with visual monitoring of the patient's level of consciousness and discomfort.				
9.6.2.	When deep sedation or general anaesthesia is targeted, the anaesthetist is responsible for patient monitoring must be dedicated solely to that task and be readily available to take the necessary action to ensure patient safety during the procedure.				
9.7.	The DSC shall put in place procedures to rescue patients who are sedated deeper than intended.				
9.8.	Documentation of the clinical assessments and monitoring data during sedation and recovery and discharge is required to include:				
9.8.1.	Time, date, physician name, patient condition and action taken.				
9.8.2.	Food consumption appropriate for the patient and consistent with the patient's condition, and clinical care shall be provided.				
9.8.3.	Ability to pass urine following surgery.				
9.8.4.	Patient-level of consciousness and ability to put on clothing without assistance.				
9.10.	Considerations for discharge preparation shall include but not be limited to:				
9.10.1.	Risk assessment and process for discharge.				
9.10.2.	Medication needed from the pharmacy.				
9.10.3.	Physician written authorisation for discharge.				
9.10.4.	Documentation of the procedure for the patient and treating physician.				

9.10.5.	The pickup person and aftercare support within the first 24-hours.				
9.10.6.	No driving policy and travel distance to home.				
9.10.7.	Environmental conditions, such as stairs, access to toilet or bedroom.				
9.11.3.	AMA patients must sign a form before leaving the facility and be witnessed by the treating physician and a nurse.				
10	**STANDARD SIX: CRITICAL CARE AND EMERGENCY MANAGEMENT**				
10.2.	The DSC shall ensure there is one competent Registered Nurse (RN) during surgery with suitable training and experience in critical care on duty to provide the critical care services if required.				
10.2.1.	Evidence of the competency and training shall include the following:				
a.	Recognizing arrhythmias.				
b.	Assisting the physician in placing central lines or arterial lines.				
c.	Obtaining blood gases ABG's.				
d.	Central Venous Pressure (CVP) line.				
e.	Infection control principles.				
f.	Glasgow Coma Scale (GSC).				
g.	Point of Care Testing Assessment.				
h.	Training in using defibrillator and care of patients on ventilators.				
10.3.	The DSC shall ensure periodic training and education for staff in the use of equipment for emergency management.				
10.3.1.	Training and assessment of competency shall be documented as per the requirements of the training provider.				

10.4.	DSC Class B that uses anaesthetics only for permitted endoscopic procedures shall have a room for post-operative recovery.				
10.5.	DSC Class B (with endoscopy), CM and C must have a room for post-operative recovery or for patients that require extended recovery or for critical patients awaiting emergency transfer.				
10.5.3.	Pharmaceutical agents, oxygen, oral suction, laryngoscope, Ambu-bag shall be readily available in the health facility.				
10.5.4.	Emergency equipment shall include portable ventilators (with different ventilation mode (IPPV, SIMV, spontaneous, PS), tracheostomy set, defibrillator machine, pulse oximetry and vital signs monitor (ECG), Infusion pumps, blood gas analyser with capability for electrolytes measuring and emergency crash cart that includes all emergency supplies and medications.				
10.8.	RN providing emergency services in the DSC shall be trained and competent to provide the emergency care, as needed:				
10.8.1.	Patient Triage.				
10.8.2.	Operating a Cardiac Monitor.				
10.8.3.	ECG Recording and Interpretation.				
10.8.4.	Pulse Oximetry.				
10.8.5.	Oxygen Administration.				
10.8.6.	Suctioning.				
10.8.7.	Intravenous cannulation.				
10.8.8.	Medication administration.				
10.8.9.	Emergency services will be available during the operational hours of the DSC.				
10.10.	Emergency devices, equipment and supplies must be available for immediate use for treating				

	life-threatening conditions shall include but not limited to the following:				
10.10.1.	Defibrillator (except for DSC class A and class B without endoscopy)				
10.10.2.	Emergency cart with emergency medicines.				
10.10.3.	Resuscitation kit, cardiac board and oral airways.				
10.10.4.	Laryngoscope with blades.				
10.10.5.	Diagnostic set.				
10.10.6.	Patient trolley with an IV stand.				
10.10.7.	Nebulizer.				
10.10.8.	Refrigerator for medication.				
10.10.9.	Floor Lamp (Operating light mobile).				
10.10.10.	Sets of instruments shall include suturing set, dressing set, foreign body removal set or minor set and cut down set.				
10.10.11.	Disposable supplies shall include the following:				
a.	Suction tubes (all sizes)				
b.	Tracheostomy tube (all sizes)				
c.	Intravenous cannula (different sizes)				
d.	IV sets				
e.	Syringes (various sizes)				
f.	Dressings (gauze, sofratulle)				
g.	Crepe bandages (all sizes)				
h.	Splints (Thomas splints, cervical collars, finger splints).				
10.10.12.	Fluids (e.g. D5W, D10W, Lactated Ringers, Normosol R, Normosol M, Haemaccel) and Glucometer.				
10.10.13.	Sufficient electrical outlets to satisfy monitoring equipment requirements, including clearly labelled outlets connected to an emergency power supply.				

10.10.14.	A reliable source of oxygen.				
10.10.15.	Portable vital signs monitor (ECG, Pulse-Oximetry, Temperature, NIBP, EtCO2).				
10.10.16.	Suction apparatus.				
10.10.17.	One portable ventilator is required for (1) one to (4) four OTs (backup)				
Note:	EtCo2, ventilators and defibrillator are not required in DSC level A and level B (without endoscopy).				
10.10.18.	Storage areas for general medical/surgical emergency supplies, medications and equipment shall be under staff control and out of the path of normal traffic.				
10.10.20.	A record must be kept for each patient receiving emergency services and integrated into the patient's health records. The record shall include patient name, date, time and method of arrival, physical findings, care, and treatment. Name of treating physician and discharging/transferring time.				
10.11.	Well-equipped ambulance services shall be ready and nearby with licensed, trained and qualified Emergency Medical Technicians (EMT) for patient transportation if required.				
10.11.1.	The service can be outsourced with a written contract with an emergency services provider licensed in Dubai.				
10.11.2.	Ambulance services shall meet Dubai emergency transfer timeframes.				
10.12.	The facility shall have Uninterrupted Power Supply (UPS) or Power Generator.				
Appendix 1:	**SUMMARY OF DAY SURGICAL CENTRE CLASSIFICATIONS AND MINIMUM REQUIREMENTS- Class A**				

A.	**Class A:**				
2	Minimum surgical team: Surgeon and Nurse				
3	Patient Category*:ASA I, II, III *1 (Patients categorized as ASA PS III will need to be cleared for operation as per the medical assessment.)				
5	Operating theatre				
6	Point of Care Testing				
8	Onsite Sterilizing area *9 (Sterilizing area can be outsourced in DSC Class A and B)				
Appendix 1:	**SUMMARY OF DAY SURGICAL CENTRE CLASSIFICATIONS AND MINIMUM REQUIREMENTS- Class B**				
B.	**Class B:**				
3	Minimum surgical team: Surgeon and Nurse				
4	Patient Category*:ASA I, II, III *1 (Patients categorized as ASA PS III will need to be cleared for operation as per the medical assessment.)				
7	Operating theatre				
8	Point of Care Testing				
10	Onsite Sterilizing area *9 (Sterilizing area can be outsourced in DSC Class A and B)				
Appendix 1:	**SUMMARY OF DAY SURGICAL CENTRE CLASSIFICATIONS AND MINIMUM REQUIREMENTS- Class CM**				
C.	**Class CM**				
3	Minimum surgical team: Surgeon, anaesthetist and Nurse				
4	Patient Category*:ASA I, II, III *1 (Patients categorized as ASA PS III will need to be cleared for operation as per the medical assessment.)				
7	Operating theatre				
8	Surgery duration: Not exceed 2 hours				
9	Point of Care Testing *5 (With additional Arterial Blood Gas Testing.)				

10	Onsite radiology *7 (Class A and B may have contract with external radiology if required. Onsite or contracted radiology services is optional for DSC Class CM and C providing solely Ophthalmology or Vascular services)				
12	Onsite Sterilizing area				
Appendix 1:	**SUMMARY OF DAY SURGICAL CENTRE CLASSIFICATIONS AND MINIMUM REQUIREMENTS- Class C**				
D.	**Class C:**				
3	Minimum surgical team: Surgeon, anaesthetist and Nurse				
4	Patient Category*:ASA I, II, III *1 (Patients categorized as ASA PS III will need to be cleared for operation as per the medical assessment.)				
7	Operating theatre				
8	Surgery duration: Not exceed 3 hours *4 (Only procedures requiring GA shall not start after 5:00pm.)				
9	Point of Care Testing *5 (With additional Arterial Blood Gas Testing.)				
10	Onsite radiology *7 (Class A and B may have contract with external radiology if required. Onsite or contracted radiology services is optional for DSC Class CM and C providing solely Ophthalmology or Vascular services)				
12	Onsite Sterilizing area				
APPENDIX 2:	**OPERATING THEATRE (OT) SPECIFICATION MATRIX- DSC Class A & B (without endoscopy)**				
A2.1.1.	OT: • Min. 1 OT • Size: 20-30 m2				
A2.1.2.	Recovery Room: Recommended				
A2.1.3.	Equipment: • OT table: Required • Anaesthesia Machine: Not required • Ventilator in Recovery: Optional (1 ventilator for every 2 beds in the				

	recovery bay) • Mobile x-ray: Optional • Crash Cart Trolley: Required. • ABG machine: Optional				
APPENDIX 2:	**OPERATING THEATRE (OT) SPECIFICATION MATRIX- DSC Class B (with endoscopy)**				
A2.2.1.	OT: • Min. 1 endoscopy room • Size 25-30 m2				
A2.2.2.	Recovery Room: Mandatory				
A2.2.3.	Equipment: • OT table: Required • Anaesthesia Machine: Not required • Ventilator in Recovery: Optional (1 ventilator for every 2 beds in the recovery bay) • Portable Ventilator: Required (1 portable ventilator for 1-4 OTs (backup). • Mobile x-ray: Optional. • Crash Cart Trolley: Required. • Endoscope set with Cabinet: Required. • Scopes storage cabinets (HEPA): optional • ABG machine: Optional				
APPENDIX 2:	**OPERATING THEATRE (OT) SPECIFICATION MATRIX- DSC Class C- M**				
A2.3.1.	OT: • Min. 2 OTs • Size 30 m2 each				
A2.3.2.	Recovery Room: Mandatory				
A2.3.3.	Equipment: • OT table: Required • Anaesthesia Machine: Required • Ventilator in Recovery: Required (1 ventilator for every 2 beds in the recovery bay) • Portable Ventilator: Required (1 portable ventilator for 1-4 OTs (backup). • Mobile x-ray: Required • Crash Cart Trolley: Required • ABG machine: Required				
APPENDIX 2:	**OPERATING THEATRE (OT) SPECIFICATION MATRIX- DSC Class C**				
A2.4.1.	OT: • Minimum 2 OTs • Size: 36 m2 each				
A2.4.2.	Recovery Room: Mandatory				
A2.4.3.	Equipment: • OT table: Required • Anaesthesia Machine: Required • Ventilator in Recovery: Required (1 ventilator for every 2 beds in the recovery bay) • Portable Ventilator: Required (1 portable ventilator for 1-4 OTs (backup). •				

	Mobile x-ray: Required • Crash Cart Trolley: Required. • ABG machine: Required				
APPENDIX 12:	**SELECTION CRITERIA FOR DENTISTRY UNDER GENERAL ANAESTHESIA IN DSC.**				
A12.2.	If the surgery involves the first permanent molars, root canal therapy and/or extraction of permanent molars, a consultation and assessment is required by the oral surgeon, endodontist and orthodontist prior to general anaesthesia.				
A12.5.	Class II restorations in primary molars should not be performed under general anaesthesia.				
A12.6.	The Day surgical Center shall meet the following required healthcare professionals:				
A12.6.1.	The Anaesthesiologist must have experience in paediatric anaesthesia field and hold valid Paediatric Advanced Life Support (PALS) certificate.				
A12.6.2.	The paediatrician and dental surgeon should hold a valid Paediatric Advanced Life Support (PALS) certificate.				
A12.6.3.	The day surgical centre must have a paediatrician on board who should be informed ahead of time about the procedure and should be available onsite during the procedure to assist in emergency situations, if needed.				
A12.6.4.	The Dental surgeon must be a Specialist /Consultant in one of dental surgical specialties, not a General Dentist.				