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## **Hair Transplant Services Inspection Checklist- Final**

Name of the Facility: _	
Date of Inspection:	_//

Ref.	Description	Yes	No	N/A	Remarks	
5	STANDARD ONE: REGISTRATION AND LICENSURE PROCEDURES					
5.3.	Hair transplant services can be provided in:					
5.3.1.	Hospitals					
5.3.2.	Day surgical centers					
5.3.3.	Outpatient Facilities with procedure room.					
5.5.	The health facility should develop the following policies and procedure; but not limited to:					
5.5.1.	Patient selection criteria					
5.5.2.	Patient assessment and admission					
5.5.3.	Patient education and Informed consent					
5.5.4.	Patient health record					
5.5.5.	Infection control measures and hazardous waste management					
5.5.6.	Incident reporting					
5.5.7.	Patient privacy					
5.5.8.	Medication management					
5.5.9.	Emergency action plan					
5.5.10.	Patient discharge/transfer as per DHA policy for patient referral and interfacility transfer.					
5.7.	The health facility shall maintain charter of patients' rights and responsibilities posted at the entrance of the premise in two languages (Arabic and English).					

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	The health facility shall have in place a written plan for				
5.8.	monitoring equipment for electrical and mechanical				
5.6.	safety, with monthly visual inspections for apparent				
	defects.				
	The health facility shall ensure it has in place adequate				
5.9.	lighting and utilities, including temperature controls,				
3.9.	water taps, medical gases, sinks and drains, lighting,				
	electrical outlets and communications.				
6	STANDARD TWO: HEALTH FACILITY REQUIREMENT	гs			
6.2.	Hair transplantation is a minor surgery that can be				
0.2.	conducted in a procedure room.				
	The health facility shall provide a comfortable care				
6.3.	environment for the service with focus on patient				
	safety and privacy.				
6.4.	The health facility shall ensure easy access to patients				
0.4.	of determination.				
6.6.	The health facility shall ensure the availability of:				
6.6.1.	A sterilization and disinfection room.				
6.6.2.	A medical waste room.				
9	STANDARD FIVE: PRE-OPERATIVE COUNSELING AN	ID INFORM	MED CONS	SENT	
	Detailed informed consent form listing details about				
9.4.	the procedure and possible benefits, risks and				
	complications should be signed by the patient.				
	The consent form should specifically state the				
9.6.	limitations of the procedure and if more procedures				
3.0.	are needed for proper results, it should be clearly				
	mentioned.				

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