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## Standards for Mental Health Services – Final Checklist

Name of the Facility: \_\_\_\_\_

Date of Inspection: \_\_\_\_/\_\_\_\_/\_\_\_\_

Ref.	Description	Yes	No	Remarks
<b>6.</b>	<b>Standard Two: Health Facility Requirements</b>			
6.3.2.	Mental health facilities for inpatient units should be separated by gender, with distinct sections for males and females.			
<b>6.3.4.</b>	<b>HF Room size and occupancy for adult acute units:</b>			
a.	Room must be no less than 30 square meters for single-occupancy rooms and 25 square meters per bed for double-occupancy rooms			
b.	Four-bed rooms may be allowed in exceptional circumstances, particularly in acute care settings, but only if the room design includes necessary safety measures, such as secure furniture, adequate supervision capabilities, and clear sightlines for staff. These rooms must meet specific regulatory standards and be used sparingly.			
<b>6.3.5.</b>	<b>HF room size and occupancy for adolescent inpatient units:</b>			
a.	Rooms should provide a minimum of 30 square meters per bed. Single- occupancy rooms are ideal, but up to two-bed rooms may be considered with adequate supervision and safety measures in place.			
<b>6.3.6.</b>	<b>HF room size and occupancy for paediatric inpatient units:</b>			
a.	Paediatric rooms should provide a minimum of 30 square meters per bed, with single-occupancy rooms being the preferred option.			
b.	Rooms with two beds may be allowed, with maximum occupancy is 4 beds if adequate space, privacy, and safety are ensured.			
6.5.	All mental healthcare facilities shall conduct a pre-construction risk assessment for any new construction, renovation, or demolition activity.			
<b>6.6.</b>	<b>The HF shall ensure the following:</b>			
6.6.1.	Easy access to the health facility and treatment areas for all patient groups.			

Checklist	ID	Issue#	Issue Date	Revision Date	Page#
Standards for Mental Health Services – Final	CP_9.6.01_F55	01	May 13, 2025	May 13, 2028	1

6.6.2.	Provide assurance of patients and staff safety.			
6.6.3.	A safe environment where qualified personnel, facilities, equipment, and, if applicable, emergency drugs and equipment are immediately available.			
6.6.4.	Easy access to people of determination.			
6.6.5.	Ensure patient privacy in all consultation, examination rooms, and treatment rooms.			
6.6.6.	A high level of infection control in all aspects.			
6.7.	Special consideration shall be provided to people of determination, which is aligned with DHA standards for people of determination.			
6.9.	The HF shall maintain a charter of clients' rights and responsibilities posted at the entrance of the premise in two languages (Arabic and English).			
6.10.	<b>The HF should develop the following policies and procedures to support the delivery of high-quality and safe care; included but not limited to:</b>			
6.10.1.	Patient acceptance criteria.			
6.10.2.	Patient assessment and admission.			
6.10.3.	Patient education, communication and Informed consent.			
6.10.4.	Patient health record, confidentiality and privacy as per DHA Policy for Health Information Assets Management.			
6.10.5.	Patient and Staff Safety.			
6.10.6.	Patient discharge/transfer.			
6.10.7.	Patient restraint and seclusion.			
6.10.8.	Emergency and disaster preparedness.			
6.10.9.	Incident reporting.			
6.10.10.	Infection prevention and control.			
6.10.11	Medication management and pharmacy services as per DHA Guidelines for Pharmacy.			
6.10.12	Information management.			
6.10.13	Use of electronic communications and technologies.			
6.10.14	Staffing plan, staff management and clinical privileging.			
6.10.15	Violence against Staff/Zero Tolerance.			
6.10.16	Sentinel Event Notification and Management Policy.			
6.10.17	Issuance of Sick Leave Certificate & Escort Certificate			
6.11.	The HF shall provide documented evidence of the following:			

Checklist	ID	Issue#	Issue Date	Revision Date	Page#
Standards for Mental Health Services – Final	CP_9.6.01_F55	01	May 13, 2025	May 13, 2028	2

6.11.1.	Transfer of critical/complicated cases when required.			
6.11.2.	Patient discharge.			
6.11.3.	Clinical laboratory services.			
6.11.4.	Equipment maintenance services.			
6.11.5.	Laundry services.			
6.11.6.	Medical waste management as per Dubai Municipality (DM) requirements.			
6.11.7.	Housekeeping services.			
<b>8.</b>	<b>Standard Four: Restraint and Seclusion Procedures</b>			
8.1.	The HF shall establish written policies and procedures governing the use of restraint and seclusion.			
8.7.	Seclusion room must be no less than 14 square meters and shall meet the specifications outlined in the DHA Health Facility Guidelines, Part B – Health Facility Briefing and Design: Mental Health Unit - Adult, Child, Adolescent, and Older Persons.			
<b>9.</b>	<b>Standard Five: Patient Care</b>			
9.1.2.	Clear and structured admission protocols shall be implemented for inpatient services, applicable to adults, adolescents, and pediatric patients, based on clinical necessity and the urgency of their mental health condition.			
<b>10.</b>	<b>Standard Six: Patient Safety</b>			
10.2.	Inform consent			
10.2.2.	The consent shall be informed and should clearly explain the following to the psychiatric patient:			
a.	The circumstances and requirements of the treatment.			
b.	The treatment duration.			
c.	Potential side effects (if any).			
d.	Prescribed doses.			
e.	Consequences of neglecting or missing the treatment.			
f.	Any other information the psychiatrist considers necessary.			
10.3.2.	HFs shall establish policies and procedures for the use of force and restrictive interventions in accordance with Federal Law No. (10) of 2023 concerning mental health. Such interventions, including physical restraint, chemical restraint, seclusion, and/or long-term segregation, should only be employed when necessary, adhering to the principle of least restriction, safeguarding the rights and dignity of patients, and promoting skilled, trauma- informed, and patient-centered care.			

Checklist	ID	Issue#	Issue Date	Revision Date	Page#
Standards for Mental Health Services – Final	CP_9.6.01_F55	01	May 13, 2025	May 13, 2028	3

10.3.3.	Healthcare facilities (HFs) shall develop advanced proactive plans for the use of restrictive interventions for patients who have exhibited self-harm or harm to others. These plans should aim to identify triggers and early warning signs to mitigate risks and reduce the need for restrictive interventions in the future.			
<b>12</b>	<b>Standard Eight: Infection Prevention and Control Requirements</b>			
12.7.1.	There shall be occupational health and safety policies and procedures to reduce the risk of transmission of infections to team members.			
12.7.2.	There shall be policies and procedures for using appropriate personal protective equipment.			
12.7.3.	There shall be policies and procedures for the disposal of sharps at the point of use in appropriate puncture-, spill-, and tamper-resistant sharps containers.			
<b>13.</b>	<b>Standard Nine: Telehealth Services</b>			
13.3.7.	The HF shall ensure that all DHA Standards and policies, relevant safety laws, privacy legislation, regulations, and international standards and codes for the service are met when delivering virtual care.			
<b>14.</b>	<b>Standard Ten: Emergency and Disaster Preparedness Requirements</b>			
14.1.3.	The HF should regularly review and update policies and procedures on emergency and disaster preparedness.			