

Health Regulation Department



Outpatient Care Facilities Regulation

2012

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Acknowledgment

Dubai Health Authority (DHA) is pleased to present the DHA Outpatient Care Regulation which represents a milestone towards fulfilling the DHA strategic objectives in providing “A world class integrated health system that ensures excellence in health and healthcare for the Emirate of Dubai and promotes Dubai as a globally recognized destination for healthcare”.

This Regulation places an emphasis on facility design and services criteria with a focus on quality of services and safety of patients and professionals based on the local and federal laws in addition to international accreditation standards.

Therefore, this document provides a base for the Health Regulation Department (HRD) to assess the Outpatient Care facilities’ performance in Dubai and to ensure safe and competent delivery of services. It will also assist these facilities in developing their quality management systems and in assessing their own competence to ensure compliance with DHA regulatory requirements and the United Arab Emirates (UAE) federal laws.

The Outpatient Care Regulation was developed by the Health Regulation Department (HRD) in collaboration with Subject Matter Experts whose contributions have been invaluable. The Health Regulation Department would like to gratefully acknowledge those professionals and to thank them for their dedication to quality in health and their commitment in undertaking such a complex task.

The Health Regulation Department
Dubai Health Authority

I. Scope

This regulation applies to a variety of outpatient care service models subject to licensure under the Dubai Health Authority (DHA) establishment law, including governmental and semi governmental, private and health facilities operating in free zone areas.

The DHA has the right to amend the Outpatient Care Facilities regulation stipulated herein without prior notice; the latest version of the regulation shall be published in the DHA website www.dha.gov.ae

II. Purpose

The Dubai Health Authority is the sole responsible entity of ensuring that all health facilities and professionals in the Emirate of Dubai provide the highest level of safety and quality patient care at all times, through the development, establishment, and enforcement of minimum required standards for Outpatient Care services.

III. Definitions

Contrast media (or contrast agent) is a substance used to enhance the contrast of structures or fluids within the body in medical imaging.

Conventional Radiography (General Radiology) shall mean images of the skull, chest, abdomen, spine, and extremities produced by the basic radiographic process.

Dental Clinic shall mean a health facility specialized in the "evaluation, diagnosis, prevention and/or treatment (nonsurgical, surgical or related procedures) of diseases, disorders and/or conditions of the oral cavity, maxillofacial area and/or the adjacent and associated structures and their impact on the human body".

Disabled People shall mean people with personal condition or situation that could make it difficult for them to participate fully in their health care. It includes individuals with disabilities such as (physical, intellectual or sensory), age affected (either elderly or very young), affected by trauma or affected by medications/drugs.

Healthcare professional shall mean healthcare personal working in healthcare facilities and required to be licensed as per the applicable laws in United Arab Emirates.

Health Care Worker shall mean an individual employed by the health facility, (whether directly, by contract with another entity), provide direct or indirect patient care, this includes but not limited, healthcare professionals, administrative staff and contract employees who either work at or come to the health facility site.

Medical Complaint shall mean expressions of dissatisfaction or concern about a health care service made by patients, or their relatives.

Moderate sedation shall mean a drug induced state that allows patients to tolerate unpleasant therapeutic or diagnostic procedures while maintaining adequate cardio-respiratory function

Level I Anesthesia shall mean a topical or local anesthesia, not involving drug-induced alteration of consciousness other than minimal pre-procedure anti-anxiety medications

Light Sedation (Anxiolysis): shall mean a drug induced state during which patients respond normally to verbal commands. Although cognitive function and coordination may be impaired, ventilatory and cardiovascular functions are unaffected

Licensure means issuing a license to operate a health facility to an individual, government, corporation, partnership, limited liability company, or other form of business operation that is legally responsible for the facility's operation.

Outpatient Care shall mean any health care delivered on an outpatient basis. Outpatient care facilities includes, but not limited to, Polyclinic, Specialty clinic, Primary Health Centre (PHC), General clinic, Dental clinic, Traditional, Complementary and Alternative (TCAM) Centre, Rehabilitation centre such as physiotherapy centre, or any other health facility where of health care services provided to individuals on an outpatient basis.

Patient is any individual who receives medical attention, care or treatment by any healthcare professional or admitted in a health facility.

Patient Safety Solutions are defined as: "Any system or intervention that has demonstrated the effectiveness to prevent patient harm stemming from the processes of health care."

Sentinel Event is defined as an unanticipated occurrence involving death or major permanent loss of function unrelated to the nature course of the patient illness or underlying condition; while Adverse Event is defined as unanticipated, undesirable or potentially dangerous occurrence in a health care organization.

IV. Acronyms

CGO	:	Clinical Governance Office
DHA	:	Dubai Health Authority
DM	:	Dubai Municipality
DED	:	Department of Economic Development
FANR	:	Federal Authority Nuclear Regulation
HCW	:	Healthcare worker
HRD	:	Health Regulation Department
LLC	:	Limited Liability Company
MOH	:	Ministry of Health
RN	:	Registered Nurse
TCAM	:	Traditional, Complementary and Alternative
WHO	:	World Health Organization

CHAPTER ONE: LICENSURE AND ADMINISTRATIVE PROCEDURES

1 Registration and Licensure Procedures

A person or entity must obtain a license from Dubai Health Authority (DHA) to operate an Outpatient Care facility in the Emirate of Dubai. This applies to governmental and semi governmental, private and organizations operating in free zone areas.

- 1.1 Outpatient Care facilities include, but not limited to, Polyclinics, Specialty clinics, Primary Health Centres (PHC), General clinics, School clinics, Dental clinics, Rehabilitation centres such as physiotherapy centres, or any other health facility that serves outpatients.
- 1.2 Outpatient Care facilities also include Traditional, Complementary and Alternative Medicine (TCAM) services, which include Ayurveda, Chiropractic, Hijama (cupping), Homeopathy, Naturopathy, Osteopathy, Therapeutic Massage, Traditional Chinese Medicine (TCM) and Unani Medicine.
- 1.3 Submission of an application to the HRD is a requirement for licensure in order to establish a new Outpatient Care facility in the Emirate of Dubai. The application to operate the facility shall be according to the applicable laws regarding this issue. For further information [click here](#) to see article 4 and 5 of the Federal Law number 2/1996 concerning Private Health Facilities.
- 1.4 In case of building a new Outpatient Care facility, the application file shall include both the preliminary and final architectural plans with specifications showing the proposed general location, accessibility, physical features of the site, medical equipment, furniture and other utilities i.e. medical waste storage area.
- 1.5 The land plot allocated for the new Outpatient Care facility must be approved for commercial use by Dubai Municipality (DM). In case of operating the Outpatient Care in existing villa or flat, the premises must be approved for commercial use by DM.
- 1.6 Upon receipt of a completed applicant's file, the HRD shall conduct a detailed review of the submitted material to determine compliance and suitability for further processing.
- 1.7 The HRD shall issue an Initial Approval letter for the Outpatient Care facility, with defined services and restrictions particular to the applicant request.
- 1.8 This letter will be required to complete the centre licensing procedures by local and federal authorities including, but not limited to:
 - 1.8.1 The Department of Economic Development (DED) in Dubai or equivalent licensing bodies (i.e. free zones authorities).
 - 1.8.2 Federal Authority Nuclear Regulation (FANR) if the health facility providing ionizing radiology services such as conventional radiology.
- 1.9 In case of application rejection, a detailed list of issues will be provided for corrective action and the applicant is required to re-submit a new application with applicable fees.

For further details regarding the application form, ownership, licensure procedures, application fee and design re-submission fee please [click here](#) or visit the Health Regulation on the DHA website www.dha.gov.ae

2 Facility Name

- 2.1 During the initial registration process, the name of the Outpatient Care facility will be tentatively under the owner's name, till applicant is issued the health facility trade license
- 2.2 Each health facility shall be designated by a permanent and distinctive name which must not be changed without prior notification.
- 2.3 Name of the health facility shall not tend in any way to mislead the public as to the type or extent of care provided by the facility.

3 Final Inspection and Issuing the License

- 3.1 A request for Final Inspection shall be submitted by the applicant, upon which an onsite pre-operational assessment will be conducted by HRD.
- 3.2 To obtain the DHA license, the applicant must meet the following:
 - 3.2.1 Appoint a Medical Director.
 - 3.2.2 Employ a sufficient number of qualified and licensed consultant/specialist physicians and/or other healthcare professionals to satisfy the facility functional program and to meet patient needs for all services/procedures provided in the facility.
 - 3.2.3 Install and operate medical equipments required for provision of the outpatient health care services in accordance with manufacturer specifications.
 - 3.2.4 Provide documented policies and procedures for the following:
 - 3.2.4.1 Infection control measures and hazardous waste management
 - 3.2.4.2 Medication management
 - 3.2.4.3 Patient health record
 - 3.2.4.4 Patient transfer and emergency action plan
 - 3.2.4.5 Radiation Safety (if applicable)
 - 3.2.5 Maintain Charter of Patients' rights and responsibilities noticeably posted on the premises at least in two languages (Arabic and English).
 - 3.2.6 Provide evidence of FANR license to use the Ionizing Radiology equipment in the facility or FANR registration number (If the facility is providing the services).
 - 3.2.7 Maintain adequate lighting and utilities, including temperature controls, water taps, sinks and drains, electrical outlets and communications;
 - 3.2.8 Keep floors, work surfaces, and other areas clean and neat;
 - 3.2.9 Clearly display the hours of operation of the facility as well as the type of services available;
 - 3.2.10 Clearly displayed hazardous signs aimed to restrict access for the safety of patients, visitors and staff.
 - 3.2.11 Designate secured areas for the collection of medical waste, general storage facilities for supplies and equipment and storing area for hazardous materials.

- 3.2.12 Provide a sufficient number of toilets for patients, their families, and staff.
- 3.2.13 Access for disabled toilet within the same building is required for all new Outpatient Care facilities.
- 3.2.14 Keep the facility accessible for handicapped and disabled individuals.
- 3.3 Based on the result of the onsite assessment and after meeting the DHA requirements and recommendation (if any), a DHA license will be issued by the Health Regulation Department. The Outpatient Care facility license is valid for one year.
- 3.4 Every license shall state the name and address of the facility, the DED license number, the period of licensure validity, the specific service(s) that the facility is licensed to deliver.
- 3.5 The facility license shall be visibly posted on the premises.

4 Management Responsibilities

Upon obtaining the license the management of the facility has certain licensure responsibilities they must fulfill which include:

- 4.1 Comply with all federal and local laws and regulations.
- 4.2 Take necessary measures to distribute new DHA circulars and announcements among all facility professionals.
- 4.3 Cooperate with HRD inspectors and/or any duly authorized representative and provide requested documentation or files.
- 4.4 Avoid giving misleading information and false statements which may lead to legal action against professionals or the health facility.
- 4.5 Settling of any violation fines related to professionals or the health facility.
- 4.6 Maintaining malpractice insurance for all licensed healthcare professionals as per article 25 and 26 of the UAE Federal Law number 10/2008 concerning Medical Liability.
- 4.7 Use the DHA Infectious Diseases Notification Service to report communicable disease required by the UAE Federal Law number 27/1981 concerning the Prevention of Communicable Diseases.
- 4.8 Submit to the Health Data and Information Analysis Department in DHA the required statistical data of the facility.
- 4.9 Obtain prior approval from the Ministry of Health (MOH) for media and advertisement materials, for further information regarding the media and advertisement materials approval procedures and requirements please visit the MOH website www.moh.gov.ae

5 Compliance Review

- 5.1 At any time and upon reasonable cause, HRD may conduct random inspection to audit the Outpatient Care facility to determine the facility compliance with the DHA regulations, and take appropriate action if required.
- 5.2 The HRD inspectors and/or any duly authorized representative shall conduct regular onsite inspections to ensure compliance with the relevant DHA regulations.
- 5.3 The onsite inspections may be scheduled or un-announced.

- 5.4 After every inspection in which non-compliance to the DHA regulations has been identified, the authorized inspectors shall issue an onsite copy of the field inspection report followed by a letter stating the identified violations.
- 5.5 The Outpatient Care facility management shall submit to the HRD a written plan of correction of violations cited within fifteen days after receiving the noncompliance letter stating the identified violations.

6 Application for License Renewal

- 6.1 Application for renewal of the facility license must be submitted not less than 30 days prior to expiration of the license and shall conform to all renewal requirements.
- 6.2 The applicant's failure to submit the renewal licensing application within the given time shall result in expiration of the current license on its last effective date. In such cases, the Outpatient Care facility will be subjected to financial penalties and may lead to null and void of the facility license.
- 6.3 DHA Outpatient Care facility license will be renewed for a period of one year after fulfilling the HRD requirements for re-licensure assessment.

7 Temporary Suspension of the License

- 7.1 If identified that any Outpatient Care facility poses an imminent risk to the safety of patients, employees or visitors of the facility; HRD shall assess the facility operations or specific service.
- 7.2 HRD may recommend to the Director General of Dubai Health Authority the temporary suspension of the facility license or specific services.
- 7.3 The Director General shall form an investigative committee and may issue a decree of temporary suspension.

8 Voluntary Cancellation of the License

- 8.1 Should a facility wish to cease its services, a voluntary cancellation request shall be signed by the owner of the Outpatient Care facility and must be submitted at least (30) days before closure of the facility.
- 8.2 The management of the facility shall comply with existing DHA regulations regarding cancellation of the health facility license.

9 Null and Void License

- 9.1 As per the UAE Federal Law number 2/1996 concerning Health Facilities, the health facility license is considered null and void by force of law in the following conditions:
- 9.1.1 Transferring the health facility ownership to a different individual, corporation, Limited Liability Company (LLC), etc.
- 9.1.2 Closure of the facility for a period of six months without presenting a valid and justified reason(s).
- 9.1.3 The health facility is not operating for a period of six consecutive months from the date of issuing the facility license.
- 9.1.4 Cancellation or liquidation of health facility Corporation, partnership or LLC.

10 Changes/Modifications Required DHA Approvals

- 10.1 The Outpatient Care facility management shall obtain prior approval from the HRD for the following changes or modifications which include, but not limited to:
- 10.1.1 Ownership
 - 10.1.2 Medical Director
 - 10.1.3 Facility trade name
 - 10.1.4 Facility location
 - 10.1.5 Introducing new clinical services
 - 10.1.6 Voluntary permanent or temporary closure of the facility
 - 10.1.7 Relocation of existing services such as Diagnostic Imaging services.
 - 10.1.8 Major construction or renovation work in the facility
 - 10.1.9 Adding an extension or annex to the existing health facility building

11 Additions or Alterations to the Facility Building

- 11.1 Any renovation work that may involve change or addition to the premises shall require prior review and approval by the DHA and amendment of the Outpatient Care facility license.
- 11.2 The Outpatient Care facility management must submit an application file including both the preliminary and final architectural plans with specifications showing the proposed change or addition.
- 11.3 Any alterations or additions to the existing facility building shall comply with the construction standards and building codes of the Dubai Municipality (DM) and meet the DHA Health Facilities Guidelines: Planning, Design, Construction and Commissioning.

For further information regarding the DHA Health Facilities Guidelines please [click here](#) or visit the Health Regulation site in DHA website www.dha.gov.ae

CHAPTER TWO: OUTPATIENT CARE DESIGN REQUIREMENTS

12 General Design Considerations

- 12.1 The Outpatient Care facilities are used primarily by patients who are able to travel or be transported to the facility for treatment, including those confined to wheelchairs. These facilities may be an outpatient unit in a freestanding facility such as villa, or in a multiple-use commercial building containing an Outpatient Care facility
- 12.2 The site and access to any health care facility shall be convenient both to people using public transportation and vehicles.
- 12.3 Freestanding facilities may provide parking on the facility premises to satisfy the needs of patients and staff, such parking area shall be acceptable to the local authorities having jurisdiction e.g. Road and Traffic Authority (RTA) and DM.
- 12.4 Consideration shall be given to the anticipated disabled patients as determined by the services provided in the facility.
- 12.5 Signage shall be provided to direct people unfamiliar with the facility to entrances and facility parking areas (if provided).
- 12.6 Each facility design shall ensure appropriate levels of patient acoustical and visual privacy and dignity throughout the care process, consistent with needs established in the functional program
- 12.7 The design, construction, renovation, expansion, equipment, and operation of health care facilities are all subject to provisions of several local and federal laws environmental pollution control, this include, but not limited to, hazardous waste materials storage handling, and disposal; medical waste storage and disposal; asbestos use in building materials, elimination the use of Mercury and chlorofluorocarbons (CFCs) in health care, etc.
- 12.8 Public corridors shall have a minimum width of 1.52 meters (5 feet). Items such as provisions for drinking water, vending machines, etc., shall not restrict corridor traffic or reduce the corridor width below the required minimum.
- 12.9 The minimum door opening width for patient use shall be 86.36 centimeters (2 feet 10 inches). If the facility serves patients confined to wheelchairs, the minimum width of door openings to rooms shall be 3 feet 8 inches (1.12 meters).
- 12.10 Door swings should be oriented to provide patient privacy.
- 12.11 The minimum ceiling height shall be 2.39 meters (7 feet 10 inches)
- 12.12 Color contrast between walls, floors and doors shall be considered as it may reduce falling risk of blurred vision patients.
- 12.13 Selected flooring surfaces shall be easy to maintain, readily cleanable, and appropriately wear-resistant for the location,
- 12.14 Stairways flooring shall have slip-resistant surfaces
- 12.15 Slip-resistant flooring products shall be considered for flooring surfaces in wet areas (e.g. ramps, shower and bath areas) and areas that include water for patient services.
- 12.16 Carpet cannot be used in examination and treatment rooms, if used in patient waiting areas and corridors carpet shall be glued or stretched tight and free of loose edges or wrinkles.

- 12.17 Wall finishes shall be washable, moisture-resistant and smooth, wall finish treatments shall not create ledges or crevices that can harbor dust and dirt.
- 12.18 Joints for floor openings for pipes and ducts shall be tightly sealed.
- 12.19 Highly polished flooring, walling or finishes that create glare shall be avoided.

13 Reception and Waiting Area

- 13.1 A reception/information counter or desk shall be located to provide visual control of the entrance to the outpatient unit and shall be immediately apparent from that entrance; the information counter should provide access to patient files and records.
- 13.2 Male and Female waiting area for patients and escorts shall be under staff control. Privacy shall be ensured in the female waiting area design.
- 13.3 Waiting area shall be provided with provision of drinking water.
- 13.4 The waiting area seats ratio must be at least two seats/each consultation room (2:1).
- 13.5 Where pediatrics service provided in the facility, a separate controlled area for pediatric patients shall be designated.
- 13.6 Wheelchairs shall be accommodated within the waiting area.
- 13.7 Toilet(s) for public use shall be conveniently accessible from the waiting area without passing through patient care or staff work areas. A hand-washing station shall be provided in the toilet room.

14 Consultation and Examination Rooms

- 14.1 Room space requirements shall depend on the services provided but at least shall meet the following:
- 14.1.1 Consultation and examination room (in the same vicinity) shall have a minimum floor area of 12 square meters (129 square feet). The minimum room dimension shall be 3 meters (9.8 feet).
- 14.1.2 Consultation room only¹ (without examination) shall have a minimum floor area of 9 square meters (96.8 square feet)
- 14.2 Room arrangement shall permit a minimum clearance of 81.28 centimeters (2 feet 8 inches) at one side of the examination table or bed.
- 14.3 A counter or shelf space for writing and documentation shall be provided.
- 14.4 A hand-washing station with a hands free operating tap² and liquid or foam soap dispensers shall be provided in all examination room(s). Sinks shall be designed with deep basins, made of porcelain, stainless steel, or solid surface materials.
- 14.5 Hand sanitizer dispenser shall be provided in addition to hand-washing stations.
- 14.6 Provisions for hand drying shall be available at all hand-washing stations.
- 14.7 Equipments and supplies required for each specialty/service shall be based on the services provided in the Outpatient Care facility.

¹ Including nutrition, various TCAM specialties such as homeopathy and A

² Such as Single-lever, wrist blade devices, or sensor-regulated water fixtures

15 Treatment Rooms

- 15.1 Regular treatment room for injection or nebuliser shall have a minimum floor area of 7.5 square meters ((80.7 square feet)).
- 15.2 Rooms for minor treatments, procedures and casting, if provided, shall have a minimum floor area of 11.15 square meters (120 square feet). The minimum room dimension shall be 3 meters (9.8 feet).
- 15.3 Room arrangement shall permit a minimum clearance of 91.44 centimetres (3 feet) at each side and at the foot of the bed.
- 15.4 Hand-washing station shall be provided and meet the above mentioned criteria.
- 15.5 Documentation space or counter for writing shall be provided.
- 15.6 A lockable refrigerator for medication use.
- 15.7 Locked storage for controlled drugs (if used)
- 15.8 Door swings should be oriented to provide patient privacy in the treatment room.

16 Dental Rooms

- 16.1 Dental consultation and treatment room(s) shall have a minimum floor area of 12 square meters (129.1 square feet). The minimum dimension of the room shall be 3 meters (9.8 feet).
- 16.2 The dental room door swing and direction of the dental chair shall consider patient privacy.
- 16.3 Orthodontics consultation and treatment room(s) shall have a minimum floor area of 9 square meters (96.8 square feet)
- 16.4 If the facility providing multiple dental chairs in the same room, a minimum floor area of 9 square meters (96.8 square feet) shall be provided for each treatment chair.
- 16.5 There must be a dedicated specific space (not less than 2 square meters) for cleaning and sterilization of dental instruments. Instruments sterilization and cleaning should not be executed inside the dental room.
- 16.6 List of dental equipment is available in *appendix 1*. List of dental instruments and supplies for general dentistry is available in *appendix 2*

17 Physiotherapy and TCAM Rooms

- 17.1 Physiotherapy, Osteopathy, Chiropractor, Traditional Chinese Medicine and therapeutic massage room/area shall have a minimum floor area of 7.5 square meters (80.7 square feet).
- 17.2 Door swings/curtains should be oriented to provide patient privacy.
- 17.3 Designated shelf or area for storing and maintaining necessary permitted supplies such as acupuncture needles, primarily massage oil, etc.

For further details regarding the definition of TCAM specialty refer to *appendix 3*

18 Health Records Area

- 18.1 If paper based health records are used, filing cabinets and storage shall be provided for the safe and secure storage of patient's health records with provisions for easy retrieval.

19 Observation Room

- 19.1 If the Outpatient Care facility requires the provision of observation room, the room shall be convenient to a nurse station or control area.
- 19.2 Patient's observation rooms shall have a minimum floor area of 7.43 square meters (80 square feet) per observation bed with hand-washing station in the vicinity.
- 19.3 Door swings should be oriented to provide patient privacy

20 Administrative Activities

- 20.1 Each Outpatient Care facility shall make provisions to support administrative activities, filing, and clerical work as appropriate. Administrative areas provided may include the following:
- 20.2 Clerical space or rooms for typing and clerical work shall be provided.
- 20.3 Multiuse rooms for conferences, meetings, and health education shall be provided.

21 Equipment and Supply Storage

- 21.1 Dedicated waste collection and storage area
- 21.2 General storage facilities for supplies and equipment shall be provided based on the facility services.
- 21.3 Special storage for staff personal effects with lockable drawers or cabinets shall be provided.
- 21.4 Storage areas for Non-clinical records, documents, and office supplies shall be provided
- For further information regarding the physical requirements see the Outpatient Care Facilities section in the Facility Guidelines Institute (FGI) or visit www.fgiguideines.org

22 Clinical Laboratory Requirements

- 22.1 Blood collection facilities shall have seating space, a work counter, a hand-washing station, and a reclining chair or gurney for patients who become unsteady. Blood collection area shall have a minimum floor area of 7.43 square meters (80 square feet).
- 22.2 Clinical laboratory tests maybe performed on site or contracted to an outsource.
- 22.3 On site clinical laboratory services maybe performed either as point of care testing in a general clinic or in a dedicated laboratory area in case of a polyclinic only.
- 22.4 Laboratory area for basic haematology and biochemistry tests shall have a minimum clear floor area of 15 square meters (161.4 square feet).
- 22.5 Work counters and equipment space shall be provided to accommodate all on-site tests identified in the functional program of the facility.
- 22.6 Work counters shall be sufficient to meet equipment specifications and laboratory technician needs and have the following:

22.6.1 Hand-washing stations and counter sink(s).

22.6.2 Communications service

22.6.3 Electrical service

22.7 If Microbiology services are provided, a dedicated closed area with appropriate equipments and supplies shall be provided in the facility, the ventilation of Microbiology shall be negative.

22.8 Laboratory area shall have appropriate facilities for storage and refrigeration of blood, urine, and other specimens

22.9 Storage cabinet(s) or closet(s) for the Clinical Laboratory shall be provided.

For further information regarding the laboratory design and equipments requirements see the DHA Clinical Laboratory Regulation available in the Health Regulation section of DHA website www.dha.gov.ae

23 Diagnostic Imaging Requirements

23.1 Outpatient Care facilities may provide specific range of diagnostic imaging services within the facility premises such as ultrasound, conventional radiography (general radiology), Computer Tomography (CT), Magnetic Resonance Images (MRI) and/or Mammography.

23.2 To provide the diagnostic imaging services, the facility shall meet the specific design and building requirements outlined in the Radiology Services Design Requirements section in Diagnostic Imaging Services Regulation.

23.3 Patient convenience and accessibility should be an integral part of the planning and design of the Diagnostic Imaging services provided

23.4 If the facility providing contrast media services the facility must provide easy access for parking and emergency ambulance pick-up area within the facility premises (if there is invasive procedure).

23.5 Radiation protection requirements of the Federal Authority of Nuclear Regulation (FANR) shall be incorporated into the specifications and the building plans. The health facility may need a certified physicist or a qualified expert to specify the type, location, and amount of radiation protection to be installed in accordance with the final approved layout and equipment selections.

23.6 Sharing reception and support areas for diagnostic imaging services (e.g. Control desk, reception area, Consultation area) is permitted if required by the facility.

23.7 If ultrasound services are provided in the facility, the ultrasound room shall be not less than 7 meters square provided that at least one examining bed is available. Patient toilet shall be accessible within the ultrasound room with a nursing call system.

For further information regarding the Diagnostic Imaging services see Diagnostic Imaging Services Regulation available in the Health Regulation section of the DHA website www.dha.gov.ae

CHAPTER THREE: OUTPATIENT CARE STANDARDS

The intent of this chapter is to be used as a skeletal framework in order to meet the DHA requirements in supporting standardization of healthcare and fulfilling the Dubai Strategic Plan 2015 objective in improving the quality of health and health status of the population of the Emirate of Dubai. The standards have been grouped into nine main clusters as follows:

CLUSTER ONE: PATIENT CARE

24 Patient Assessment

Patient's access to care and assessment shall be based on clinical and priority needs of each individual patient and the Outpatient Care facility resources and services, such access and assessment shall result in identification and decisions regarding the patient's condition and continuation of treatment as the need arise.

24.1 A policy and procedure shall exist for access and assessment of patients based on the patient's condition and the facility's resources and services.

Certain criteria must be incorporated in this policy and procedure including, but not limited to:

24.1.1 Patients are accepted and registered only if the Outpatient Care facility has the clinical capability to provide the needed care and treatment.

24.1.2 When the Outpatient care facility does not have the clinical capability to provide the needed services, the patient shall be assisted in identifying sources of services to meet their needs.

24.1.3 An outpatient care facility shall have a triage procedure in place and must ensure clinical staff is trained and competent in efficiently prioritizing patients.

24.1.4 The reception/registration staff should be supported with criteria to identify those patients in need of immediate evaluation and assistance, and notify immediately the clinical staff.

24.1.5 When the patient is required to wait, periodic re-assessment shall be done as per the facility's triage guidelines.

24.1.6 The initial medical assessment may include, but not limited to: the reason for the visit, vital signs, medical history, pain assessment, physical, and psychological assessment of patient's needs.

24.1.7 The initial assessment of a dental patient will gather general medical history information while focusing on the reason for the dental visit and any complaint. See *appendix 4* for details regarding dental patient's questionnaire and *appendix 5* for dental chart.

24.1.8 Patients conveying personal health information during any assessment should be accommodated in an area where privacy is assured.

24.1.9 All assessment and care delivery is conducted by DHA licensed, competent healthcare professionals and within their scope of practices.

24.2 Additional assessment should be documented and provided to disabled patients, patients with intense pain, emotional or psychiatric disorders, and patients with infectious or communicable diseases.

- 24.3 When relevant patient's care assessment is conducted outside the Outpatient Care facility, the facility defines a documented process for obtaining and using outside assessment findings.

25 Patient Care

- 25.1 A comfortable care environment shall be provided in the facility with focus on patient privacy.
- 25.2 The plan of care must be determined and delivered in partnership with the patient and when relevant, patient's family/patient representative/legal guardian, to achieve the best possible outcomes.
- 25.3 The patient has the right to refuse the plan of care but this has to be documented and signed by the patient.
- 25.4 The Outpatient Care facility shall accommodate the needs of patients from different cultures and languages; this may include but, not limited to, providing information brochures in several languages and providing accessible translator list.
- 25.5 A documented policy shall exist for immunization if the service is provided in the facility.
- 25.6 If a procedure is conducted in the facility using mild sedative/anxiolytic agents, discharge preparation commences early and includes the following:
- 25.6.1 The pickup person
 - 25.6.2 "No driving" policies
 - 25.6.3 Conditions at home, such as stairs, access to toilet or bedroom
 - 25.6.4 Specific instruction regarding medication and wound care.
 - 25.6.5 Contact numbers after discharge, such as the physician or emergency contact.
 - 25.6.6 Follow up appointment (if required)
- 25.7 Performance of correct procedure at correct body site shall be confirmed through time out process and should be documented, see *appendix 6* for pre-procedure dental checklist, site verification and Time-Out document sample
- 25.8 When patients remain in the facility for observation; food appropriate for the patient and consistent with his or her clinical care shall be provided to the patient.
- 25.9 Patients provided additional or continuing services have their needs reassessed through an established process that identifies the scope and content of the reassessment and who is permitted to conduct the reassessments.
- 25.10 Patients and/or family/patient representative are encouraged to provide feedback on the care provided.

26 Ethical Considerations

Healthcare professionals working in the outpatient care facility should be aware of their ethical responsibilities and comply with the ethical code of conduct which is governed by the principle of patient centeredness where the patient is the center of all activities.

- 26.1 Healthcare professionals should maintain patient's information confidentiality at all times.
- 26.2 Referring physicians are strongly prohibited from taking any commission for referring patient to specific clinical laboratory or diagnostic imaging service provider.
- 26.3 Unnecessary diagnostic imaging investigations and laboratory testing must be avoided as they pose serious health implications and a financial burden to the individual and community.

27 Anesthesia

Different anesthetic techniques are emerging that are appropriate to outpatient clinic setting; however the level of anesthesia used in the outpatient care facility should be appropriate for the individual patient needs, the surgical/treatment procedure, the education and training of the healthcare professionals authorized to provide anesthesia and the available equipments.

Outpatient care procedures are limited to those in which there is only a small risk of post procedure and anesthesia related complications, and therefore hospitalization as result of these complications is unlikely.

- 27.1 The Outpatient facility may provide **level I anaesthesia**, for the following procedures:
 - 27.1.1 Minor surgical procedures performed such as wound suturing, mole removals or incision and drainage of superficial abscesses, etc. Such procedures can be performed by DHA licensed specialist physician or dentist within his/her scope of practice.
 - 27.1.2 Diagnostic procedures such as endoscopies without sedation i.e. Esophagogastroduodenoscopy (EGD), Colonoscopy, Cystoscopy, Sigmoidoscopy, etc.
 - 27.1.3 Dental procedures.
- 27.2 The Outpatient facility may use **Level II Anesthesia drugs** such as Nitrous Oxide or Chloral Hydrate; however, patient monitoring during the procedure is mandatory.

For **Guidelines and requirements** for level II Anesthesia refer to *appendix 7*.

28 Emergency

An unanticipated or sudden incident may occur to the patients in an Outpatient Care facility, and urgent action might be needed to prevent death or serious disability

- 28.1 The care of emergency patients shall be guided by appropriate policies and procedures.
- 28.2 At minimum each Outpatient Care facility must have provision for basic emergency management for patient during diagnostic procedures.
- 28.3 Emergency drugs, devices, equipment and supplies must be available for immediate use in the Urgent Care area for treating life-threatening conditions.
- 28.4 Emergency medications shall be securely stored.
- 28.5 A means for obtaining immediate assistance and/or emergency exit should be provided in all consultation and treatment rooms.

- 28.6 List of emergency medical equipment required in the Outpatient Care facility:
- 28.6.1 Emergency Cart with Cardiac board
 - 28.6.2 Patient monitoring equipment
 - 28.6.3 Patient trolley with IV stand
 - 28.6.4 Emergency medicines see appendix
 - 28.6.5 Refrigerator for medication storage
 - 28.6.6 Defibrillator or Automated External Defibrillator (AED).
 - 28.6.7 Diagnostic set
 - 28.6.8 Nebulizer
 - 28.6.9 Oxygen supply
 - 28.6.10 Oral airways
 - 28.6.11 Suction apparatus and tubes
- 28.7 Registered Nurse (RN) providing emergency services shall be trained and competent to provide the emergency care needed. Examples of emergency nurse competencies are:
- 28.7.1 Patient Triage
 - 28.7.2 ECG Recording
 - 28.7.3 Pulse Oxymetry
 - 28.7.4 Oxygen Administration
 - 28.7.5 Intravenous cannulation
 - 28.7.6 Medication administration
 - 28.7.7 BLS/ACLS certification

29 Referral and Transfer

- 29.1 There should be a documented process for referrals to ensure appropriate and timely referral of patients to other healthcare professionals or another health facility to meet their continuing care needs.
- 29.2 The facility shall have written criteria that identify: when transfer is appropriate and responsibility during transfer process.
- 29.3 Referring a patient to a healthcare professional or services outside the facility shall be based on the patient's health status and need for continuing care or services. Hence, the other facility must be informed about the case and an approval for transfer should be obtained and documented in the patient health record
- 29.4 Patient should not be sent under any circumstances to another facility without prior transfer approval.
- 29.5 A written summary or a referral letter should be used to convey information to a continuing care site and contains at least a medication list, diagnosis and treatments, follow-up instructions, and test results.

- 29.6 The treating physician in the Outpatient Care facility shall be responsible for the timely transfer, providing appropriate information and discharge notice from the facility to the receiving healthcare facility.
- 29.7 Mode of transport and who should accompany the patient should be decided based on the following:
- 29.7.1 Condition of the patient,
- 29.7.2 The treating physician evaluation
- 29.7.3 The availability and competence of the ambulance team
- 29.8 The treating physician should respect patient's choice if he/she decides self discharge, i.e. Discharges Against Medical Advice (DAMA). DAMA form shall be available in the facility; DAMA patients shall sign the form before leaving the facility.

CLUSTER TWO: DIAGNOSTIC SERVICES

30 Clinical Laboratory

Some or all of the Clinical Laboratory services can be provided within the Outpatient Care facility or via contract with outside sources. If provided within the Outpatient Care facility the service shall meet the DHA Clinical Laboratory Regulation.

30.1 Point of care testing

30.1.1 If the facility provides outpatient point of care testing, the scope shall be limited to:

30.1.1.1 Blood sugar glucometer,

30.1.1.2 Urine pregnancy tests,

30.1.1.3 Hemoglobin and Hematocrit (by finger prick),

30.1.1.4 Urine dip stick,

30.1.1.5 Troponin, Myoglobin, and Fatty Acid Binding Protein (FABP) (by finger prick).

30.1.2 Point of care testing does not require clinical laboratory professionals (i.e. Pathologist or Laboratory Technician) to perform the test, however, a responsible physician or dentist must have the overall responsibility for all point of care tests performed.

30.1.3 Any point of care testing in an Outpatient Care facility that exceeds the above scope requires Clinical Laboratory setup and approval

30.2 The Clinical Laboratory services must be directed by full time or part time pathologist.

30.3 The services shall be provided by DHA licensed and competent clinical laboratory professionals who shall work within their scope of practice.

30.4 Laboratory results shall be available in a timely manner to the patient's physician.

30.5 Detailed scope of service provided in the clinical laboratory shall be available in the facility.

30.6 The Clinical Laboratory services should have written policies and procedures shall be available and address, at a minimum:

30.6.1 specimen collection;

30.6.2 specimen preservation;

30.6.3 instrument calibration;

30.6.4 quality control and remedial action;

30.6.5 equipment performance evaluation; and

30.6.6 test performance

30.6.7 tests turnaround time

- 30.7 Documented quality control program shall demonstrate quality control checks on each test performed and on each piece of testing equipment as recommended by the manufacturer.
- 30.8 Reagents and supplies should be consistently available.
- 30.9 When laboratory services are provided by outside sources a written agreement should be available and defines the responsibilities of the Outpatient Care facility and the contracted laboratory when services are provided by contract. Results shall be available in a timely manner.

For further information regarding clinical laboratory service requirements see the DHA Clinical Laboratory Regulation which is available in the Health Regulation section of DHA website www.dha.gov.ae

31 Diagnostic Imaging

- 31.1 Diagnostic imaging services may be available within the Outpatient care facility or can be available through a contractual arrangement with outside sources to meet patient needs.
- 31.2 Where **Ultrasound** services are available, the following criteria shall be met:
- 31.2.1 Licensed Consultant/Specialist physicians³. He or she can perform ultrasound limited to their specialty scope only if they hold specialized certificate/training course in ultrasound⁴, e.g. cardiologist can provide Echocardiography services if he or she completed a successful program or dedicated training courses in Echocardiography
- 31.2.2 If the facility provides general ultrasound services, at least one licensed Consultant/Specialist Radiologist must supervise the ultrasound services on part time or full time basis and to provide ultrasound reports.
- 31.2.3 Only DHA licensed radiologist is authorized to issue written ultrasound reports.

For further information regarding the reporting requirements see *Reporting by Non-Radiologist* section in the DHA Diagnostic Imaging Services Regulation.

- 31.3 Where **Conventional Radiography** with plain X-ray images is available, the following shall be met:
- 31.3.1 At least one DHA licensed Consultant/Specialist Radiologist must supervise the services on part time basis and to discuss radiological findings and provide reports.
- 31.3.2 At least one full time licensed radiographer shall be available in the facility to provide and assist in the service provision.
- 31.3.3 Professionals authorize to interpret plain X-ray images shall meet the following criteria:

³ Licensed physicians as General Practitioners cannot provide ultrasound services.

⁴ Acceptable training courses shall be conducted in academic institute with clear structure and competency, the course shall in physicians speciality area and shall include different training modules such as basic practical physics and artefacts, probe manipulation techniques, scanning protocols and clinical cases.

- 31.3.3.1 Consultant/Specialist physicians can interpret plain X-ray images limited to their specialty scope only.
- 31.3.3.2 General Practitioners can interpret chest and extremities plain X-ray images only, they are not permitted to interpret and report other diagnostic images.
- 31.3.3.3 DHA licensed Osteopath and Chiropractor practitioners can interpret plain X-ray images for osteopathy or chiropractic purposes.
- 31.3.3.4 A final official report has to be issued by consultant/specialist radiologist and kept in patient record.
- 31.3.4 Radiology equipment and supplies for conventional radiology include but, not limited to the following:
 - 31.3.4.1 X-ray machine with X- Ray table with wall block.
 - 31.3.4.2 Lead aprons with hangers.
 - 31.3.4.3 Gonad shields
 - 31.3.4.4 Immobilizer.
 - 31.3.4.5 Cassette and grids.
 - 31.3.4.6 Emergency trolley.
 - 31.3.4.7 Working table with bench.
 - 31.3.4.8 X-ray viewer.
 - 31.3.4.9 Foot step to help Patients to step in to X-ray table.
 - 31.3.4.10 Computed Radiography (CR).
 - 31.3.4.11 Computer work station.
 - 31.3.4.12 Green/Red light sign indicating when the X-ray beam is OFF/ON.
 - 31.3.4.13 X-ray caution sign on the tube housing.
- 31.4 Where **CT/MRI** services are available, the following shall be met:
 - 31.4.1 At least one licensed Consultant/Specialist Radiologist must supervise the radiology and medical imaging services on full time basis and to provide reports.
 - 31.4.2 At least one full time licensed radiographer with training in CT/MRI shall be available in the facility to provide and assist in the services provision.
 - 31.4.3 A designated healthcare professional as “radiation safety officer” shall be responsible for radiation safety issues in the facility.
 - 31.4.4 A Registered Nurse (RN) or a physician with contrast media administration competencies. (if provided)
 - 31.4.5 MRI safety training shall be provided to staff.
 - 31.4.6 If contrast media is provided as part of the diagnostic services in Outpatient health facility, the facility must be able to provide the following:

- 31.4.6.1 Skilled staff in the management of patient emergency such as BLS, ACLS, etc.
- 31.4.6.2 Equipments and emergency medication for resuscitating and stabilizing the patient until transfer to another suitable health facility.
- 31.4.6.3 Parking and emergency ambulance pick-up area in the facility premises.
- 31.5 The Outpatient Care management shall be responsible for the development and implementation of radiation safety program in the facility
- 31.6 The Radiation Safety program shall include but, not limited to the use and monitoring of personal protective devices in accordance with FANR applicable laws and regulations.
- 31.7 The Outpatient Care management shall provide interpretations and summary reports of the diagnostic services in a timely manner. The reports shall include authenticated, dated reports of all examinations in the patient's health record.
- 31.8 The diagnostic imaging services shall have quality control procedures in place for each imaging service performed, and each piece of imaging equipment is periodically calibrated; these procedures should be followed and documented.

32 Dental Radiology Services

- 32.1 Radiographic procedures used in general and specialist dental practice play an essential part in dental health practice. Dental radiographic procedures includes:
 - 32.1.1 Intra-oral radiography: periapical, bitewing and occlusal views
 - 32.1.2 Panoramic radiography
 - 32.1.3 Cephalometry
 - 32.1.4 Radiography using specialised dental CT equipment
 - 32.1.5 Other forms of radiography of the complete skull or certain parts of the dentomaxillofacial region
- 32.2 Dentist operating the dental X-ray equipment must ensure that radiological examinations are carried out properly at all times during the course of dental treatment. This responsibility covers the following components of the examination:
 - 32.2.1 Determination of clinical need for the examination
 - 32.2.2 Selection of the most appropriate method of examination
 - 32.2.3 Optimizing radiographic techniques
 - 32.2.4 The use of optimal film or electronic image processing techniques
 - 32.2.5 Interpretation of dental radiographs
 - 32.2.6 Maintenance of radiographic records
- 32.3 Dental hygienists and dental assistants can perform Intra-oral radiography' periapical, bitewing and occlusal views

- 32.4 In cases where patients are referred for radiographic examination, the referrer must provide clinical notes. These notes must contain both the reason for the radiographic examination as well as an adequate medical history
- 32.5 Radiography of the mandible, including temporomandibular joints, must be conducted only on general purpose medical X-ray equipment or on special purpose equipment designed for such examinations unless otherwise authorized by the Health Regulation Department.
- 32.6 Equipment designed for intra-oral radiography must be disinfected between patients.

CLUSTER THREE: MEDICATIONS MANAGEMENT

33 Medications

Medication use in the Outpatient care facility shall be organized to meet patient needs and comply with applicable local and federal laws and regulations in the UAE.

- 33.1 Medications shall be managed to ensure safe and effective practice. One or more individuals are responsible for medication use and medication safety.
- 33.2 Emergency medications are available within the Outpatient care facility and securely stored.
- 33.3 Expired medications must be removed and discarded according to the facility policy.
- 33.4 Available medications for practitioner administration are organized efficiently and effectively.
- 33.5 Sample medications are managed accurately.
- 33.6 All licensed Outpatient Care facilities are not allowed to sell or dispense medicinal products in the facility.
- 33.7 Medications prescribed and/or administered shall be noted in the patient's health record
- 33.8 Copy of controlled drug prescription is maintained in the patient's health record.
- 33.9 The Outpatient care facility has a process to ensure correct identification of the patient prior to medications administration.
- 33.10 Administered medications adverse effects (if any) shall be documented in the patient's health record.
- 33.11 Vaccination adverse reactions shall be reported as per the applicable DHA immunization policy.
- 33.12 Medication errors are reported to Outpatient care facility management through a process and time frame defined by the facility.
- 33.13 Potential medication risks are identified, Look-alike, sound-alike (LASA) medication names shall be identified and segregated.
- 33.14 A standardized list of approved abbreviations shall be used throughout the Outpatient care facility and shall be maintained.
- 33.15 Healthcare professionals should have access to published guidelines for medication management.
- 33.16 Mandatory Emergency Medication for Outpatient care facility is available in *appendix 8*.
- 33.17 Second line emergency medication list (optional) can be available in Outpatient care facility setting; the quantities shall be limited as per the patients needs and the facility functional program.
- 33.18 No over stocking of medication is allowed within the facility premises. The second line emergency medication list is available in *appendix 9*

34 TCAM Medications and Supplies Requirements

- 34.1 All TCAM medications prescribed or dispensed by licensed TCAM practitioner must be prepared according to the Good Manufacturing Practice (GMP) guidelines, and specification.
- 34.2 TCAM medications shall be registered in the United Arab Emirates according to the applicable federal law.
- 34.3 TCAM professionals are not allowed to sell and/or dispense medicinal products in the facility.
- 34.4 Any TCAM medications that are not available in the UAE market shall not be retained in the outpatient facility nor used on patients without prior approval from MOH and/or DHA for the medication.
- 34.5 Compounding of medications and using open medication containers for more than one patient is not permitted.
- 34.6 TCAM specialties with therapeutic services in the facility may maintain a supply of certain products and massage oils which is required as part of patient treatment such as:
- 34.6.1 Traditional Chinese Medicine supplies including sterile disposable acupuncture needles, moxibustion and cupping supplies, All acupuncture treatments must be done with sterile disposable needles, used only once, and disposed of properly
- 34.6.2 Massage oils for Ayurveda and therapeutic massage.
- 34.6.3 Homeopathic products not available in the UAE market (prior approval from MOH is required). All homeopathic medications shall have the original manufacturers label with all of the identifying information (e.g. lot number, expiration date, potency)⁵.
- 34.6.4 Sterile homeopathic medicinal products for injection may only be used by licensed physician with privilege in Homeopathy.
- 34.6.5 Licensed Unani practitioners are allowed to maintain cupping supplies, and massage oil.

⁵ Homeopathic medicinal products must be prepared according to the Good Manufacturing Practice (GMP) guidelines and specifications of Homoeopathic Pharmacopoeia (PharmEur, FP, HAB, or HPUS). These products may be derived from botanical, zoological, mineral, chemical, or biological substances from human or animal origin (nosodes), and must be prepared from what are known as homeopathic stocks or mother tinctures. The forms and shapes of vehicles are varied and include: medicated powders or pellets (globules), solutions (incl. mother tinctures), nasal spray, ophthalmic solutions, sterile solutions for injection or oral administration, suppositories, tablets, and triturates. Ointments, cerates, gels, or lotions may be used topically.

CLUSTER FOUR: PATIENT SAFETY

35 Patient Safety Solutions

- 35.1 The outpatient Care facility shall provide safe care and services by focusing efforts on reducing harm to patients and staff. The most common causes of harm in health system were identified by the World Health Organization (WHO) Patient Safety Solutions. It aims to save lives and prevent medical errors. Patient safety solutions related to Outpatient Care are:
- 35.1.1 Patient identification
 - 35.1.2 Communication during patient hand-over
 - 35.1.3 Control of concentrated electrolyte solutions.
 - 35.1.4 Look-alike, sound-alike (LASA) medication
 - 35.1.5 Performance of correct procedure at correct body site.
 - 35.1.6 Improving hand hygiene to prevent health care-associated infection
 - 35.1.7 Reducing the risk of patient harm resulting from falls
- 35.2 The outpatient Care facility should manage risks and implement strategies associated with patient safety, to ensure suitable patient safety solutions. For further information regarding the WHO Patient Safety Solutions see *appendix 10*.

36 Infection Prevention and Control

Outpatient care facilities must have an infection control and prevention program to identify and reduce the risks of acquiring and transmitting infections among patients, healthcare personnel, and visitors.

- 36.1 Infection control policy in outpatient care practice shall be available and shall address the specific infection risks and hazards, covering all aspects of infection control, including but, not limited to:
- 36.1.1 An infection prevention and control program which shall support safe practice in the outpatient Care facility and ensure a safe environment for patients, healthcare workers and visitors.
 - 36.1.2 The basic measures for infection control and risk reduction and management.
 - 36.1.3 Exposure prevention to blood-borne pathogens and post exposure management.
 - 36.1.4 Use of standard precautions and additional precautions in certain cases.
 - 36.1.5 Safe handling and disposal of sharps, including the provision of medical devices incorporating sharps protection
 - 36.1.6 Needle stick management and post-exposure prophylaxis treatments shall be available in the facility
 - 36.1.7 Proper segregation and disposal of waste
 - 36.1.8 Environmental cleaning,

- 36.1.9 Instrument sterilization.
- 36.2 Infection control program shall address factors related to the spread and prevention of infections among professionals and patients which include:
- 36.2.1 Proper hand hygiene/hand washing⁶
- 36.2.2 Cleaning/disinfection/sterilization
- 36.2.3 Restriction of jewelry, nail polish and false nails
- 36.2.4 Exposure prevention and post exposure management
- 36.2.5 Surveillance
- 36.2.6 Investigation and monitoring of suspected/confirmed spread of infection within the Outpatient Care facility.
- 36.3 The outpatient care facility management shall designate a healthcare professional as “infection control coordinator” who has training and skills to ensure that infection control meets the DHA requirements and CDC and WHO guidelines
- 36.4 Requirements for proper hand hygiene shall include but, not limited to:
- 36.4.1 Conveniently located hand wash basins, used only for washing purpose with hands free operating taps.
- 36.4.2 Wall mounted non-refilling liquid soap dispenser next to each hand wash basin
- 36.4.3 Wall mounted paper towel in use
- 36.4.4 Staff education on hand washing technique.
- 36.4.5 Regular audits of hand hygiene compliance.
- 36.5 Approved list of antiseptic and disinfectants shall be used in the facility.
- 36.6 Use and safe storage of antiseptics and disinfectant solutions must be according to manufactures instructions.
- 36.7 Material Safety Data Sheets (MSDS) shall be available for all chemical agents and disinfectants solutions used in the facility.
- 36.8 Equipment storage, cleaning disinfection and sterilization methods are appropriate for the type of instrument/equipment used in the facility
- 36.9 Each Outpatient Care facility shall arrange vaccination of HCW's. Recommended immunizing agents and immunization schedules for HCW's is available in *appendix 11* Proof of HCW's immunization should be maintained in the facility.
- 36.10 As per the Federal Law number 27/1981 concerning the Prevention of Communicable Diseases, the treating physicians/dentist must report to DHA the reportable communicable disease in case of suspicion or diagnosis of a communicable disease, the case using the DHA Infectious Diseases Notification Service. For further information regarding the communicable disease reporting [click here](#) to see the DHA policy on Reporting of Infectious Diseases.

⁶ The WHO five moments for hand hygiene are as follows: 1) Before touching the patient, 2) Before Clean/aseptic procedure, 3) After body fluid exposure risk, 4) After touching a patient and 5) After touching patient surroundings.

- 36.11 Information should be readily available to healthcare professionals on what communicable diseases shall be reported to DHA and where and how they should be reported.
- 36.12 All healthcare professionals working in the outpatient care facility should attend training on risks and prevention of infection.

37 Dental Infection Control

- 37.1 A number of diseases can be transmitted via routine dental care. When healthcare professionals providing dental care adhere to infection control and safety precautions, risks of infection to patients and dental workers is greatly reduced.
- 37.2 Dental infection control measures shall be used in the facility to prevent or reduce the potential for disease transmission, measures shall include but, not limited to the following:
- 37.2.1 Standard precautions
 - 37.2.2 Hand Hygiene
 - 37.2.3 Personal Protective Equipment
 - 37.2.4 Sterilization and disinfection of patient care items
 - 37.2.5 Environmental infection control
 - 37.2.6 Medical waste management
 - 37.2.7 Dental unit water-lines, bio-film and water quality
 - 37.2.8 Dental hand-pieces and other devices attached to air and water lines

For further information regarding dental infection control requirements see the DHA Guidelines on Dental Infection Prevention and Safety which is available in the Health Regulation section of DHA website www.dha.gov.ae

38 Falls Management Program

- 38.1 The incidence of falls and fall injuries shall be minimized through a falls management program.
- 38.2 Falls prevention information is provided to staff, patients and patient's family/patient representative
- 38.3 Patients at risk of falls shall be identified. Patients 'at risk' include, but not limited to: pediatric patients, elderly, orthopedic patients, patients undergoing invasive procedures.

CLUSTER FIVE: PATIENT AND FAMILY RIGHTS

39 Patients' Rights and Responsibilities

- 39.1 All health facilities shall ensure the Charter of Patients' Rights and Responsibilities is communicated and displayed in at least two languages – Arabic and English – in all patient care and waiting areas and posting on the Facility's website (If any). Additional languages may be used if required based on patients' cultural and linguistic diversity and backgrounds.
- 39.2 Patients shall have the right to full disclosure of health services cost. Cost information can be displayed in the form of price leaflet/brochure or any other form feasible for the Outpatient Care facility.
- 39.3 The Charter of Patients' Rights and Responsibilities must comply with local and federal regulations regarding Patient Rights and Responsibilities, for further information regarding this subject please [click here](#) or visit the Health Regulation in DHA website.
- 39.4 The Outpatient Care facility shall ensure that patients are aware and understand their responsibilities regarding their treatment and their financial obligations.
- 39.5 Patients have the right to an interpreter services when needed.
- 39.6 Patients should be given the opportunity to participate in decisions involving their healthcare when such participation is not contraindicated.
- 39.7 Patients have the right to request information about the treating healthcare professionals including their scope of practice and license.
- 39.8 Patients or legal guardian should be provided information concerning the patient's diagnosis, evaluation, treatment options, and prognosis. Patients have a right to obtain a copy of their personal medical records.
- 39.9 Patients have the right to refuse treatment; he/she shall be advised of the medical consequences of that refusal. The refusal for treatment shall be signed by the patient and documented in the health record of the patient.
- 39.10 The Outpatient care facility must have an effective program for handling of patient complaints. Complaints made by a patient or by patient's family should be investigated, documented including the resolution of the complaint.
- 39.11 The patient and the Outpatient care facility have the right to change or transfer the patient care responsibility from one healthcare professional to another with clear justification.
- 39.12 Patients and their family have the right for knowledge and health education in order to assist them to participate in care and take decisions about their health status.
- 39.13 Patient satisfaction surveys may be carried out regularly by the Outpatient Care management.

40 Disabled People Rights

- 40.1 In compliance with the federal law number 29 for 2006 regarding Disabled People Rights, all health facilities shall be made accessible to accommodate disabled individuals. The following disability requirements are mandatory:

- 40.1.1 Wheelchair ramps within the Outpatient Care facility building
- 40.1.2 Accessible consultation and treatment rooms.
- 40.1.3 Accessible restrooms to disabled patients in the Outpatient Care facility or within the same building.

41 Informed Consent

- 41.1 As per article (7) of the Federal Law number 10/2008 concerning Medical Liability and the Cabinet Decision No. (33) of 2009 promulgating the bylaw of the medical liability law, Informed Consent shall be obtained by the treating physician prior to procedure/surgery and/or interventions (excluding emergency cases), after discussing the complication, risks, benefits and alternatives.
- 41.2 The Outpatient care facility must develop a list of procedures and/or interventions requiring informed consent. Consent documentation shall be maintained in the patient's health record
- 41.3 If the patient lacks the full capacity (e.g. less than 18 years old) informed consent shall be obtained from their relatives up to the fourth degree or the legal guardian prior to the performance of a procedure and/or treatment
- 41.4 If applicable, the Outpatient Care facility management shall develop a consent policy and procedures and clearly define procedures and treatment that require informed consent.
- 41.5 Where consent is obtained by the visiting community physician/dentist, the outpatient Care management shall ensure that the signed consent is received and filed in the patient health record.

For further information regarding the Federal Law number 10/2008 concerning Medical Liability and the Cabinet Decision No. (33) of 2009 [click here](#) or visit the Health Regulation in DHA website www.dha.gov.ae

CLUSTER SIX: HEALTH INFORMATION MANAGEMENT

42 Health Records

The health record is a legal document that should accurately outline the total needs, care and management of patients. It facilitates communication, decision making and evaluation of care and protects the legal interests of the patient, physician and the health facility.

- 42.1 A legible, complete, comprehensive, and accurate health record must be maintained for each patient.
- 42.2 Assessment findings shall be integrated and documented in the patient's health record and readily available to those responsible for the patient's care.
- 42.3 Where multiple records for the patient exist they are cross-referenced.
- 42.4 The health record should include a medical history, physical examination, procedures (if any), laboratory and radiology reports (if any), and communication with patient's family/patient representative.
- 42.5 The health record should highlight allergies and untoward drug reactions, such information shall ensure the safe and effective delivery of health care.
- 42.6 Each patient health record must contain at least the following information (where applicable):
 - 42.6.1 Patient identification data
 - 42.6.2 A unique identifier for health records with a system to alert staff to patients of the same name
 - 42.6.3 Time and date of visit/consultation
 - 42.6.4 Full Patient History which includes, but not limited to: (Chief complaint, present illness, past medical history, social and psychological review, medication allergies, family history of illnesses,)
 - 42.6.5 Physical examination and system review
 - 42.6.6 Provisional/final diagnosis
 - 42.6.7 All pathology/laboratory and radiology reports (if any)
 - 42.6.8 Physicians orders
 - 42.6.9 Documentation of all care including medical, surgical and anesthetic treatments
 - 42.6.10 Progress notes
 - 42.6.11 Patient education
 - 42.6.12 Vaccination records
 - 42.6.13 Signed informed consents (if applicable)
- 42.7 All information relevant to a patient should be readily available to authorized healthcare professionals or in the event that a patient is transferred.

- 42.8 Patient information should be treated as confidential and protected from loss, tampering, alteration, destruction, and unauthorized or inadvertent disclosure.
- 42.9 If the patient required a medical report, the report should be typed, (hand written report is not accepted).
- 42.10 The report shall be signed and stamp by the treating physicians/dentist. Time and date must be mentioned.
- 42.11 The Outpatient care facility management shall be responsible for retention of patient health records according to the DHA Health Records Guideline.

For further information regarding health records completion, retention, and destruction see the DHA Health Records Guidelines which is available in the Health Regulation section in DHA website www.dha.gov.ae

43 Information Management

Information management systems include records management, collection, use and storage of information, data management and Integration of information and communication technology.

- 43.1 Each Outpatient Care facility must maintain health records and reports in a manner to ensure accuracy and easy retrieval, Based on the facility activity, number of patients and storing methodology a health record room or area with adequate staff, supplies and equipment shall be provided in each facility.
- 43.2 Health records shall be maintained in the custody of the health facility and shall be available to a patient or his/her designated representative through the attending healthcare professional at reasonable times and upon reasonable notice.
- 43.3 The Outpatient Care facility shall ensure that each patient is allocated a specific unique identifier, and where multiple records for the patient exist they are cross-referenced
- 43.4 Clinical classification shall be undertaken for all patient diagnosis in accordance with the International Classification of Disease 10 (ICD10).
- 43.5 The facility shall maintain a record management policy and system that ensure:
- 43.5.1 The secure, safe and systematic storage of data and records
- 43.5.2 Timely and accurate retrieval of records stored on or off-site
- 43.5.3 Patient privacy when information contained in records is released or communicated for care
- 43.5.4 Retention and destruction of records shall be in compliance with relevant DHA regulations and guidelines (incinerating or shredding for hard copy records, wiping disks clean or the disks physically destroyed for electronic records).

44 Data Collection

- 44.1 Each licensed health facility shall submit to the Health Data and Information Analysis Department in DHA the following data at least on a quarterly basis:
- 44.1.1 The total number of patients attending the outpatient care facility based on International Classification of Diseases (ICD-10) and by nationality, gender and age group.

- 44.1.2 The total number of dental treatments for each specialty and by patient nationality, gender and age group.
- 44.1.3 Number of attendance to Traditional, Alternative and Complementary Medicine (TCAM) clinics (if any) by patient nationality, gender and age group.
- 44.1.4 The total number of registered manpower in the health facility by nationality, gender and age group.
- 44.1.5 Total number of laboratory tests performed in the facility by type, patient nationality, gender and age group (if applicable).
- 44.1.6 Total number of Radiology diagnostics procedures performed by type, patient nationality, gender and age group (if applicable).
- 44.1.7 The total number of immunization provided in the facility by type, patient nationality, gender and age group (if applicable).

The Health Regulation Department may at anytime request for additional data as deemed necessary.

CLUSTER SEVEN: ADMINISTRATIVE STANDARDS

45 Monitoring Quality and Complaints System

- 45.1 The Outpatient Care facility may have a designated healthcare professional responsible for quality of care and improving the outcomes of care and service delivery.
- 45.2 A framework for continuous quality improvement may exist based upon:
 - 45.2.1 Customer/ patient needs
 - 45.2.2 Performance measurement and outcome data
 - 45.2.3 Benchmarking against best practices
- 45.3 Feedback from patients/employees or other customers may highlight opportunities for improvement which the facility management should act upon.
- 45.4 Complaint management policies and feedback procedure shall exist and be communicated to staff, patients and/or patients' representative.
- 45.5 Complaints related to medical issues must be reported to clinical governance office (CGO) in HRD.
- 45.6 The complaint files shall be available during HRD inspection visits.

46 Sentinel Events and Major Incidences

- 46.1 Each Outpatient Care facility shall develop a written sentinel event policy.
- 46.2 The Outpatient Care facility shall report to the HRD any sentinel event and major incidents which occur on the premises, this includes, but not limited to the following:
 - 46.2.1 Any incident of patient death inside the facility.
 - 46.2.2 A patient fall that results in death or major permanent loss of function as a direct result of the injuries sustained in the fall.
 - 46.2.3 Serious criminal acts inside the facility premises.
 - 46.2.4 Any suicide attempt of a patient inside the facility.
 - 46.2.5 Full or partial evacuation of the facility for any reason.
 - 46.2.6 Fire on the facility.
- 46.3 Sentinel events and major incidents shall be reported immediately and not later than three (3) working days after event occurrence.
- 46.4 Means of reporting sentinel events and major incidents shall include a written official letter to the Director of HRD either by courier or by hand delivery. Reporting should be consistent with applicable patient confidentiality.
- 46.5 The facility management shall prepare a written evaluation of its response to the sentinel event or a thorough and realistic root cause analysis with action plan. The response should be submitted to the Director of HRD either by hand or by courier within 45 calendar days of the event or of becoming aware of the event.

- 46.6 In support of DHA mission to continually improve the safety and quality of health care provided to the public, the HRD may conduct reviews of the facility activities in response to sentinel event or major incident.

CLUSTER EIGHT: HUMAN RESOURCES AND STAFF

47 Human Resources Practices

- 47.1 The Outpatient Care facility shall maintain accurate and complete personnel records for all employees, including training records. Such records shall be maintained and kept confidential.
- 47.2 Learning and development of healthcare professionals and other staff shall ensure advancement of skills and competence and shall be relevant to their allocation and responsibilities.
- 47.3 Continuing Professional Development (CPD) activities shall be documented for all healthcare professionals.

48 Healthcare Professionals Minimum Requirements

- 48.1 All healthcare professionals in the Outpatient Care facility must hold an active DHA professional license and work within their scope of practice.
- 48.2 Appropriate and sufficient number of healthcare professionals are required to be on duty at all times to diagnose, plan, implement and evaluate patient care.
- 48.3 The number of DHA licensed healthcare professionals assigned to each health service shall be determined by facility management and be consistent with type of care and services provided.
- 48.4 Healthcare professionals allocation shall meet the following:
 - 48.4.1 Full time or part time DHA licensed specialist/consultant physician (s) may be available for each provided speciality.
 - 48.4.2 The facility shall not operate with part time specialist/consultant physicians only.
 - 48.4.3 General practitioner services can be provided in the Outpatient Care facility if there are three full time licensed specialists/consultants (excluding dentist)
 - 48.4.4 There shall be a sufficient number of registered nurses on duty to plan, implement and evaluate nursing care.
 - 48.4.5 One full time or part time specialist/consultant pathologist shall be supervising and managing the clinical laboratory services in the Outpatient Care facility.
 - 48.4.6 At least one DHA licensed laboratory technician shall be available; he/she shall be responsible for the laboratory investigations.
 - 48.4.7 One full time or part time specialist/consultant radiologist shall be available to supervise and manage the radiology services in the Outpatient Care facility.
 - 48.4.8 One DHA licensed radiographer shall be available; he/she shall be responsible for the radiology investigations.
- 48.5 All healthcare professionals at a minimum **must** maintain valid training/certification in basic Cardiopulmonary Resuscitation (CPR) or Basic Life Support (BLS) or Advanced Cardiac Life Support (ACLS).

For further information regarding the DHA licensing procedures and requirements please [click here](#) or visit Health Regulation in DHA website

CLUSTER NINE: FACILITY MANAGEMENT

49 Medical Equipment and Supplies

Functional, accurate and safe medical equipment is an essential requirement in the provision of health services. Medical equipment shall be installed and operated in accordance with manufacturer specifications.

- 49.1 The Outpatient Care facility shall maintain effective Preventive Maintenance (PM) for each medical equipment as per the manufacturer recommendations. The PM shall include the following:
 - 49.1.1 Electrical safety.
 - 49.1.2 Checklist for PM schedule.
 - 49.1.3 Documentation of failure incidence and repairs done.
- 49.2 The Outpatient Care facility shall have a written policy to perform inspection on all new equipment prior to operational use.
- 49.3 The facility shall maintain the following:
 - 49.3.1 Operator and Safety manuals for equipments
 - 49.3.2 Maintenance log books for equipments.
- 49.4 The facility shall eliminate the use of extension cords.
- 49.5 The healthcare professionals at the facility i.e. physicians, nurses, allied health shall be trained to operate the medical equipment assigned to them and made aware of the hazards related to it. Training includes the following:
 - 49.5.1 Operating new equipment
 - 49.5.2 Orientation programs for staff transferred from one section to another
 - 49.5.3 Orientation programs for new recruited staff
 - 49.5.4 Equipment management and failure.
- 49.6 All medical equipment including equipment used for radiology and diagnostic imaging shall be regularly inspected, maintained, and calibrated, and appropriate records are maintained for these activities
- 49.7 Equipment used to acquire or print images for diagnostic imaging procedures must be safe and appropriate for its intended use.

50 Fire Safety and Security Management

Outpatient Care facility management shall ensure that the health care environment is safe, functional, supportive and effective for patients, families and staff members.

- 50.1 The facility shall establish a fire safety plan for early detection, confining, extinguishment, rescue, evacuation and alerting the Dubai Civil Defense
- 50.2 The facility shall maintain fire extinguishers and fire protection equipments and devices as per the Dubai Civil Defense requirements

- 50.3 The facility should train staff to respond to fire events in the building, Orientation on the fire safety measures must be included in new staff induction program.
- 50.4 There should be evacuation maps posted in the facility to indicate current locations marked with "You are here" to provide information regarding Escape routes and Fire exits.
- 50.5 The facility staff shall be aware about the following:
- 50.5.1 Location and use of fire hose reel/cabinets/blankets
- 50.5.2 Assembly points
- 50.5.3 Fire alarms/ call points break glass / pull station.
- 50.6 The facility shall abide with the fire prevention and safety measures required by Dubai Civil Defense.
- 50.7 Security personnel (if available) should be educated and provided with information in relation to security risks and responsibilities and oriented on their scope of work, fire safety and emergency codes.
- 50.8 Emergency contact number for local police and Dubai Civil Defense shall be displayed.
- 50.9 Written guidelines regarding lost and found items and safe keeping of patient belongings shall be available.

51 Hazard Management

- 51.1 Hazards in clinical practice include, but not limited to: physical, chemical and biological.
- 51.2 Staff shall be educated and provided with information regarding their responsibilities towards hazard identification and management.
- 51.3 Hazards that might lead to slipping, falling, electrical shock, burns, poisoning, or other trauma should be prevented.
- 51.4 The facility shall comply with the local regulations regarding management and disposal of dangerous wastes and hazardous materials such as infectious, corrosives, acids, toxic/chemicals, hazardous and anesthetic gases.
- 51.5 Hazardous materials shall be properly labeled and stored in an adequate space with proper ventilation.
- 51.6 Employees dealing with hazardous substances shall have protective clothes, appropriate equipment and adequate training.
- 51.7 Material Safety Data Sheets (MSDS) shall be available for employees at point of use and for Civil Defense in case of emergency.

52 Waste and Environmental Management

- 52.1 Waste and environmental management should support safe practice and a safe environment. The Outpatient Care facility shall develop and implement a waste and environmental management policies.
- 52.2 The policy shall include segregation and disposal of clinical waste in a suitable manner in accordance with the local regulations of the Emirate of Dubai.

- 52.3 The waste management policy shall cover handling, storing, transporting, and disposing all kinds of waste such as medical and general waste
- 52.4 Independent storage area with dedicated containers must be available for disposing waste material. Clinical waste shall be stored in designated refrigerated containers with temperature control. Area shall be ventilated properly.
- 52.5 The facility must have contract with a specialized company to regularly collect, transport and destroy medical waste materials according to the conditions issued by Public Health Department in Dubai Municipality.
- 52.6 The facility management shall ensure the compliance with Federal Authority Nuclear Regulation-FANR rules and regulations regarding the use of ionizing radiation and radioactive materials in Outpatient Care facility.
- 52.7 Disposing hazardous medical liquids, drugs, solutions and dangerous chemical materials into usual sewage disposal is prohibited.
- 52.8 Cleanliness throughout the facility shall be maintained by trained domestic staff.

Appendix 1: Dental Clinic Equipment

Dental clinic equipment shall include, but not limited to the following:

1. Dental chair with instrument trolley and suction lines
2. Dentist and assistant stool
3. Adequate Halogen light
4. Saliva Ejector
5. Scaler Unit either Ultrasonic or Air
6. Amalgamator (optional)
7. Standard dental x-ray unit (optional) if available there shall be
8. Simple dental X-Ray viewer
9. Thyroid lead Apron
10. Autoclave machine
11. Light Cure Machine
12. Stethoscope with sphygmomanometers
13. Dentist desk with two chairs.
14. Sufficient amount of barriers and Personal Protective Equipments (PPE).
15. Refrigerator.
16. Instrument cabinets with drawers
17. Disposable kidney trays or equivalents.
18. Plastic Aprons/Bibs (preferably disposable type)
19. Non-refillable Hand Disinfectants and alcohol hand rub dispensers.
20. Sharps Container
21. Biohazard spill kit
22. Instrument processing and sterilization area (independent from the treatment room).

Appendix 2: Instruments and Supplies for General Dentistry

SN	Description	Min. Qty.
(a) Hand Instruments		
Diagnostic Set⁷		
1.	Mouth Mirrors With handles	6
2.	Tweezers	6
3.	Probes	6
Oral Surgery		
1.	Cartridge syringes	3
2.	Elevators	1 (set)
3.	Forceps (adults and children) complete set	1 (set)
4.	Needle Holder	2
5.	Scissors Straight and Curved	1 (each)
6.	Bone Rongeur	1
7.	Bone files	1
Conservation		
1.	Amalgam Carrier (straight, and right angle)	1 (each)
2.	Matrix Bands and Holder (one ivory No.1, one Ivory No.8 or Universal)	2
3.	Glass slab	1
4.	Spatula (stainless Steel)	1
5.	Amalgam Carver and condensers ⁸	2
6.	Burnishers	1
7.	Plastic Instruments	3
8.	Excavators (different sizes)	3
9.	Scrub Brush/sponge	1
10.	Wire Brush steel	1
11.	Cheatle Forceps	1
12.	Instrument Trays (stainless steel/plastic)	4
(b) Root Canal Instruments		
Full set of Endo Box		
1.	Root Canal files No.8, 10 90	20
2.	Root Canal Reamers No.8, 10, 90	20
3.	Root Canal Plugger/Spreader	2
Scaling and Oral Hygiene Instruments		
1.	Hand Scalers: Anterior - 3 Pieces Posterior - 2 Pieces	5
2.	Ultra Sonic Scaler or Air Scaler	1

⁷ One sterile diagnostic set per patient.

⁸ Use of Amalgam is not recommended.

3.	Curettors of different sizes	3
B. Rotary instruments:		
1.	Burs - T.C. - Stainless Steel	
2.	Surgical	
3.	Stones	
4.	Laboratory Trimmers	
5.	High speeds hand piece	3
6.	Low speeds hand piece	2

Appendix 3: Definition TCAM Specialties

Ayurveda

Is a system of primary health care that originated in India at least several thousand years ago for the prevention, diagnosis, and treatment of human health conditions and disease; the promotion and/or restoration of health; and the support and stimulation of a patient's inherent self-healing processes through patient education and the use of Ayurveda therapies and therapeutic substances. The Practice of Ayurveda shall not include surgical procedures or use of prescription medications. The central principal of Ayurvedic medicine is that health is present when the three fundamental doshas called Vata, Pitta and Kapha are in a balance. **Vata** is the *air* principle and is linked to the function of the nervous system **Pitta** is the *fire* principle and is linked to digestion, and metabolism via the venous system. **Kapha** is the *water* principle and is related to mucous, lubrication and the carrier of nutrients via the arterial system. Patients are commonly of a predominant dosha or constitution, but all doshas have the basic elements within them. Ayurvedic therapies include herbs, nutrition, panchakarma cleansing, massage, and therapeutic Yoga.

Chiropractic Medicine

Is a system of primary health care concerned with the diagnosis, treatment and prevention of disorders of the neuro-musculoskeletal system and the effects of these disorders on general health. There is an emphasis on manual techniques, including joint adjustment and/or manipulation, with a particular focus on the subluxation. The relationship between structure, especially the spine and musculoskeletal system, and function, especially as coordinated by the nervous system, is central to chiropractic and its approach to the restoration and preservation of health. The Practice of Chiropractic Medicine shall not include surgical procedures or the treatment of infectious diseases

Homeopathy

A therapy based on the theory of treating likes with likes, which basic principles are: law of similarity, direction of cure, principle of single remedy, the theory of minimum diluted dose and the therapy of chronic diseases. Homeopathic remedies use highly diluted substances that if given in higher doses to a healthy person would produce the symptoms that the dilutions are being given to treat. In assessing the patient homeopaths often take into account a range of physical, emotional, and life style factors which contribute to the diagnosis. Rather than fighting the disease directly, medicines are intended to stimulate the body to fight the disease.

Naturopathic medicine

is a system of primary health care for the prevention, diagnosis, and treatment of human health conditions and disease; the promotion or restoration of health; and the support and stimulation of a patient's inherent self-healing processes through patient education and the use of naturopathic therapies and therapeutic substances. The Practice of Naturopathic Medicine shall not include surgical procedures, use of prescription medications, and the treatment of infectious diseases.

Osteopathic medicine

Is a system of primary health care based on a holistic approach to diagnose and treat musculoskeletal disturbances that affect other bodily parts and cause many disorders that can be corrected by various manipulative techniques known as Osteopathic Manipulative Medicine (OMM). OMM includes - Cranial osteopathy, Functional adjustments, Balanced ligamentous tension adjustments, Muscle energy adjustments, and other specific adjustment techniques to enhance the body's healing ability. Osteopathic treatment is used for the prevention, diagnosis, and

treatment of human health conditions and disease; the promotion or restoration of health; and the support and stimulation of a patient's inherent self-healing processes through patient education and the use of Osteopathic therapies. The Practice of Osteopathic Medicine shall not include surgical procedures or the treatment of infectious diseases.

Therapeutic Massage

Is a non-medication therapy. It is system of bodywork that includes application of soft tissue manipulation techniques to the body generally intended to reduce the stress, fatigue, and pain while improving circulation. Massage therapists work through the mobilization of the soft tissue including skin, muscles, tendons, ligaments, and connective tissue

Traditional Chinese Medicine

Is a system of primary health care for the prevention, diagnosis, and treatment of human health conditions and disease; the promotion or restoration of health; and the support and stimulation of a patient's inherent self-healing processes through patient education and the use of Traditional Chinese Medicine therapies and therapeutic substances. The Practice of Traditional Chinese Medicine shall not include surgical procedures or use of prescription medications.

Unani Medicine

Is a healthcare system based on the Greece/Arabic philosophy which consists of four bodily humours: blood, phlegm, yellow bile, and black bile. It encompasses a range of practices, including diet and nutritional therapy, herbal medicine, life style, stress management, cupping, body detoxification (diaphoresis, diuresis, , purging, emesis) and exercise

Appendix 4: Questionnaire for Dental Patients

No.	Question	Yes	No	Comments
1.	Is your general health good?			
2.	Are you presently under medical care?			
3.	Have you ever had a serious illness or operation?			
4.	Are you taking any medications, including anticoagulants?			
5.	Do you have/had any of the following:			
	• Anemia?			
	• Heart, heart valve problems or rheumatic fever?			
	• High blood pressure?			
	• Hemophilia, thalassemia, or a tendency to bleed?			
	• Jaundice?			
	• Asthma?			
	• Diabetes?			
	• Epilepsy?			
	• Hepatitis or HIV?			
	• Liver, kidney or thyroid problems?			
6.	Are you pregnant or a nursing mother?			
7.	Have you got any allergies? [latex, medicine, food, iodine, others]			
8.	Have you ever had a serious reaction to an antibiotic, such as penicillin?			
9.	Are you or your family sensitive to any anesthesia drugs?			
10.	Do you smoke?			
11.	Do you have any medical problems or special needs not mentioned?			
12.	Have you ever fainted during dental work?			
13.	When was your last dental visit?			
14.	Is there anything else we should be aware of, before attending to your dental needs?			
15.	Is the patient fit for Dental Procedure?			

Completed by:.....Date:.....Time:.....

Signature:.....

Reviewed by Dentist:

Date:.....Time.....Signature:.....

Appendix 5: Dental Chart

ADULT CLINICAL EXAMINATION

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

Probe 2

facial

R

palatal

Probe 1

Probe 2

lingual

R

facial

Probe 1

32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17

PEDIATRIC

A B C D E F G H I J

R

facial

palatal

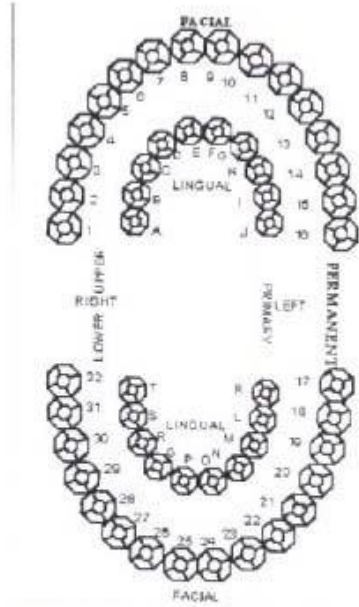
lingual

R

facial

T S R Q P O N M L K

Patient Sticker



- Clinically visible carious lesion
- Clinically missing tooth
- Furcation
- "Through and through" furcation
- Probe 1 initial probing depth
- Probe 2 probing depth 1 month after scaling and root planing

Appendix 6: Dental procedure Checklist, Site Verification & Time-Out Document

[To be used for all dental patients]

Date:				Proposed Procedure:		
Unit:	OPD	OT	Ward:			
No	Procedure			Yes	No	Comments
1.	Consent form signed					
2.	Patient case notes/x-ray checked					
3.	Identification of patient done					
4.	Allergies checked					
5.	Pre-medication given					
6.	Anti coagulant use checked					
7.	Antibiotic use checked					
8.	Other - specify					

IDENTIFICATION OF SITE: [Complete if applicable]

No		Yes	No	Comments
1.	Patient/family participated in marking			
2.	Consistent with consent			
3.	Marking is on marking form attached			
4.	Others [specify]			
5.	Site marked by:			

TIME-OUT BEFORE PROCEDURE BEGINS: [complete just before starting procedure using active communication with whole team including patient]

No	Verify	Yes	No	Time-out Participants:	[Check all that apply]
1.	Patient Identified		1.	Dentist	
2.	Consent complete		2.	Nurse/Assistant	
3.	Verification of site and side		3.	Anesthetist	
4.	Instruments checked		4.	Technician	
			5.	Others	

Completed by:

Name/Stamp :Date:.....Time:.....

Signature:.....

Appendix 7: Guidelines and Requirements of level II Anesthesia

1. Physician/Dentist requirements:

The Physician/Dentist is responsible for providing a safe environment for the facility.

He/she shall:

- 1.1 Hold a specialist or consultant physician/dentist DHA license and shall have practical training and/or a course on sedation/analgesia used.
- 1.2 Understand the pharmacology of the agents that are administered.
- 1.3 Be capable of establishing a patent airway and positive pressure ventilation.
- 1.4 Hold an active Certification on Advanced Cardiac Life Support (ACLS) if treating adults or Pediatric Advanced Life Support (PALS) if treating children or Pediatric Emergency Assessment, Recognition, and Stabilization (PEARS).
- 1.5 Have the ability to rescue patients whose level of sedation becomes deeper than initially intended.

If the above points are not met, an anaesthetist must administer the sedative medication.

2. Registered Nurse requirements

He/she shall be responsible for monitoring patients receiving light sedation or analgesia and assisting the treating physician. He/she shall be licensed by DHA, hold training and be competent in the following:

- 2.1 Basic Life Support (BLS)
- 2.2 Insertion of Intravenous (IV) lines.
- 2.3 Assessment and monitoring of patients under sedation.
- 2.4 Pain assessment and management.
- 2.5 Medicine preparation and administration which includes understanding of pharmacology of the agents that are administered.

3. Medical Equipment

- 3.1 Emergency crash cart with proper supplies and medication.
- 3.2 Oxygen supply.
- 3.3 Suction apparatus with different size suction tubes.
- 3.4 Airway equipment: appropriate sized oral airways, endotracheal tubes, laryngoscopes, oxygen masks and laryngeal masks.
- 3.5 Defibrillator.
- 3.6 Pulse oximeter.
- 3.7 Electrocardiographic (ECG) monitor.
- 3.8 Blood pressure apparatus with different size cuffs.
- 3.9 Refrigerator for pharmaceuticals.

4. Medications:

- 4.1 **Level I local anesthetics** whether in injection or spray forms e.g. Xylocaine (Lidocaine)
- 4.2 Only the following **level II Anesthesia** drugs may be used:
 - 4.2.1 Chloral Hydrate
 - 4.2.2 Nitrous Oxide

5. Pre-anaesthesia evaluation includes:

- 5.1 Physical examination
- 5.2 Medication history
- 5.3 Allergy history
- 5.4 Anesthesia history
- 5.5 Review of diagnostic investigations (e.g., laboratory, ECG, X-Ray)
- 5.6 Verification of NPO status
- 5.7 Formulation and discussion of anesthesia plan with the patient and/or legal guardian

6. The following should be present and monitored in patient receiving the level II Anesthetics (i.e. Chloral Hydrate and Nitrous Oxide):

- 6.1 Normal respiration, oxygen saturation, heart rate and blood pressure
- 6.2 Normal eye movements
- 6.3 Intact protective reflexes

Appendix 8: Mandatory Emergency Medications for Outpatient Care Facility.

Refer to the policy “[Purchase of Emergency and Essential Medications Policy](#)”

Appendix 9: Emergency Medications for Dental Outpatient care Health Facilities

Refer to the policy “[Purchase of Emergency and Essential Medications Policy](#)”

Appendix 10: WHO Patient Safety Solutions

1. Patient Identification

The widespread and continuing failures to correctly identify patients often leads to medication, transfusion and testing errors; and wrong person procedures; The following strategies should be considered by the health facility:

- 1.1 Emphasize the primary responsibility of healthcare professionals to check the identity of patients and match the correct patients with the correct care (e.g. laboratory results, specimens, procedures) before that care is administered.
- 1.2 Encourage the use of at least two identifiers (e.g. name and date of birth) to verify a patient's identity upon admission or transfer to another care setting and prior to the administration of care.
- 1.3 Standardize the approaches to patient identification among different facilities within a health-care system. For example, use of white ID bands on which a standardized pattern or marker and specific information (e.g. name and date of birth) could be written, or implementation of biometric technologies.
- 1.4 Provide clear protocols for identifying patients who lack identification and for distinguishing the identity of patients with the same name. Non-verbal approaches for identifying comatose or confused patients should be developed and used.
- 1.5 Encourage patients to participate in all stages of the process.
- 1.6 Encourage the labeling of containers used for blood and other specimens in the presence of the patient.
- 1.7 Provide clear protocols for maintaining patient sample identities throughout pre-analytical, analytical, and post-analytical processes
- 1.8 Incorporate training on procedures for checking/verifying a patient's identity into the orientation and continuing professional development for healthcare professionals.

2. Communication During Patient Hand-Over

Gaps in hand-over (or hand-off) communication between patient care units, and between and among care teams, can cause serious breakdowns in the continuity of care, inappropriate treatment, and potential harm for the patient. The following strategies should be considered by the health facility:

- 2.1 Ensure that the health facility implement a standardized approach to hand-over communication between staff, change of shift and between different patient care units in the course of a patient transfer. Suggested elements of this approach include:
 - 2.1.1 Use of the SBAR (Situation, Background, Assessment, and Recommendation) technique.
 - 2.1.2 Allocation of sufficient time for communicating important information and for staff to ask and respond to questions without interruptions wherever possible (repeat-back and read-back steps should be included in the hand-over process).
 - 2.1.3 Provision of information regarding the patient's status, medications, treatment plans, advance directives, and any significant status changes.

- 2.1.4 Limitation of the exchange of information to that which is necessary to providing safe care to the patient.
- 2.2 Ensure that the health facility implement systems which ensure at the time of discharge that the patient and the next health-care provider are given key information regarding discharge diagnoses, treatment plans, medications, and test results.
- 2.3 Incorporate training on effective hand-over communication into the educational curricula and continuing professional development for healthcare professionals.

3. Control of Concentrated Electrolyte Solutions

While all drugs, biologics, vaccines and contrast media have a defined risk profile, concentrated electrolyte solutions that are used for injection are especially dangerous. The facility shall ensure that systems and processes in place wherein:

- 3.1 The promotion of safe practices with potassium chloride and other concentrated electrolyte solutions is a priority and where effective organization risk assessments address these solutions.
- 3.2 Potassium chloride is treated as a controlled substance, including requirements that restrict ordering and establish storage and documentation requirements.
- 3.3 Ideally, removal of concentrated electrolyte solutions from all nursing units is accomplished, and these solutions are only stored in specialized pharmacy preparation areas or in a locked area. Potassium vials, if stored in a specialized patient care area, must be labeled individually with a visible florescent warning label that states MUST BE DILUTED.
- 3.4 When a pharmacist or pharmacy preparation area is not available to store and prepare these solutions, only a trained and qualified individual (physician, nurse, pharmacy technician) prepares the solutions.
- 3.5 After solution preparation, there is independent verification of the electrolyte solution by a second trained and qualified individual. The organization should establish a checklist that is used for the independent verification. Checklist items should include concentration calculations, infusion pump rates, and correct line attachments.
- 3.6 The prepared solution is labeled with a HIGH RISK WARNING label prior to administration.
- 3.7 An infusion pump is used to administer concentrated solutions. If an infusion pump is not available, other infusion devices, such as buretrol administration tubing (tubing with an inline receptacle that limits the volume that will flow into the patient), may be considered for use, but infusions of concentrated solutions must be monitored frequently.
- 3.8 An organizational safety infrastructure supports the training of qualified individuals through policies, procedures, best practices, and annual recertification.
- 3.9 Physician orders include the rates of infusion for these solutions.

4. Look-Alike, Sound-Alike (LASA) Medication Names

Confusing drug names is one of the most common causes of medication errors and is a worldwide concern. With tens of thousands of drugs currently on the market, the potential for error created by confusing brand or generic drug names and packaging is significant.

The following strategies should be considered to ensure that the health facility actively identify and manage the risks associated with LASA medications by:

- 4.1 Annually reviewing the LASA medications used in the health facility
- 4.2 Implementing clinical protocols which:
 - 4.2.1 Minimize the use of verbal and telephone orders.
 - 4.2.2 Emphasize the need to carefully read the label each time a medication is accessed and again prior to administration, rather than relying on visual recognition, location, or other less specific cues.
 - 4.2.3 Emphasize the need to check the purpose of the medication on the prescription/order and, prior to administering the medication, check for an active diagnosis that matches the purpose/indication.
 - 4.2.4 Include both the nonproprietary name and the brand name of the medication on medication orders and labels, with the nonproprietary name in proximity to and in larger font size than the brand name.
- 4.3 Developing strategies to avoid confusion or misinterpretation caused by illegible prescribing or medication orders, including those that:
 - 4.3.1 Require the printing of drug names and dosages.
 - 4.3.2 Emphasize drug name differences using methods such as “tall man” lettering.
- 4.4 Storing problem medications in separate locations or in non-alphabetical order, such as by bin number, on shelves, or in automated dispensing devices.
- 4.5 Using techniques such as boldface and color differences to reduce the confusion associated with the use of LASA names on labels, storage bins and shelves, computer screens, automated dispensing devices, and medication administration records.
- 4.6 Developing strategies to involve patients and their caregivers in reducing risks through:
 - 4.6.1 Providing patients and their caregivers with written medication information, including medication indication, nonproprietary and brand names, and potential medication side effects.
 - 4.6.2 Developing strategies to accommodate patients with sight impairment, language differences, and limited knowledge of health care.
 - 4.6.3 Providing for pharmacist review of dispensed medications with the patient to confirm indications and expected appearance, especially when dispensing a drug that is known to have a problematic name.
- 4.7 Ensuring that all steps in the medication management process are carried out by qualified and competent individuals.

5. Performance of Correct Procedure at Correct Body Site

Considered totally preventable, cases of wrong procedure or wrong site surgery are largely the result of miscommunication and unavailable, or incorrect, information. A major contributing factor to these types of errors is the lack of a standardized preoperative process. The following strategies should be considered by the health facility:

- 5.1 Establish the performance of correct surgery at the correct body site as a health facility safety priority that requires leadership and the active engagement of all frontline practitioners and other healthcare professionals.
- 5.2 Ensure that health facility have in place protocols that:
 - 5.2.1 Provide for verification at the pre-procedure stage of the intended patient, procedure, site, and, as applicable, any implant or prosthesis.
 - 5.2.2 Require the individual performing the procedure to unambiguously mark the operative site with the patient's involvement, to correctly identify the intended site of incision or insertion.
 - 5.2.3 Require the performance of a “**time-out**” with all involved staff immediately before starting the procedure (and the related anaesthetic). The time-out is to establish agreement on the positioning of the intended patient on the procedure table, procedure, site, and, as applicable, any implant or prosthesis.

6. Improved Hand Hygiene to Prevent Health Care-Associated Infection (HAI)

It is estimated that at any point in time more than 1.4 million people worldwide are suffering from infections acquired in health facilities. Effective hand hygiene is the primary preventive measure for avoiding this problem. The following strategies should be considered by the health facility:

- 6.1 Promote hand hygiene adherence as a health care facility priority; this requires leadership and administrative support and financial resources.
- 6.2 Adopt at the health facility levels the nine recommendations of the WHO Guidelines on Hand Hygiene in Health Care (Advanced Draft), in particular the implementation of multidisciplinary, multimodal hand hygiene improvement strategies within health care facilities that incorporate:
 - 6.2.1 Provision of readily accessible alcohol-based hand rubs at the point of patient care.
 - 6.2.2 Access to a safe continuous water supply at all taps/faucets and the necessary facilities to perform hand hygiene.
 - 6.2.3 Education of health-care workers on correct hand hygiene techniques.
 - 6.2.4 Display of promotional hand hygiene reminders in the workplace.
 - 6.2.5 Measurement of hand hygiene compliance through observational monitoring and feedback of performance to healthcare professionals.

7. Reduce the risk of patient harm resulting from falls

Falls account for a significant portion of patient injuries in health facilities. Based on the population the facility serves, the type of services provided, the facility premises, the management should evaluate its patients' risk for falls and take action to reduce the risk of falling and to reduce the risk of injury should a fall occur.

- 7.1 The evaluation fall risk could include fall history, medications and alcohol consumption review, gait and balance screening, and walking aids used by the patient. The organization establishes and implements a fall risk–reduction program based on appropriate policies and/or procedures.

- 7.2 Patients shall be assessed for risk of falls, identification of patients 'at risk' shall include new patient, following a change of health status and after a fall.
- 7.3 Healthcare professionals shall use a formal risk assessment process to assess risk of falls of patients.
- 7.4 Falls prevention information shall be provided to staff, patients and patient's family/patient representative.

Appendix 11: Health Care Workers Immunization Recommendations

Vaccine	Indications	Dose Schedule
HEPATITIS B recombinant vaccine	3-dose schedule, IM in the deltoid 2 nd dose given 1 month after 1 st dose 3 rd dose given 4months	Workers at risk of exposure to blood and body fluids
INFLUENZA vaccine (inactivated)	Annual single-dose vaccination, IM, with current vaccine	Workers who have contact with patients at high risk or working in chronic-care facilities; workers age 50 or over or who have high risk medical conditions
MEASLES live-virus vaccine	1 dose SC; 2 nd dose at least 4weeks later.	Workers born during or after 1957 without documentation of (1)receipt of two doses of live vaccine on or after their first birthday, (2)physician-diagnosed measles or (3) laboratory evidence of immunity. Vaccine should also be considered for all workers, including those born before 1957, who have no proof of immunity.
MUMPS live-virus vaccine	1 dose SC; no booster	Workers believed to be susceptible can be vaccinated; adults born before 1957 can be considered immune.
RUBELLA live-virus vaccine	1dose SC; no booster	Male female workers who lack documentation of receipt of live vaccine on or after their first birthday or who lack laboratory evidence of immunity. Adults born before 1957 can be considered immune, except women of child bearing age.
VARICELLA-ZOSTER live-virus vaccine	Two 0.5mL doses SC; 4-8 wks if age 13 or older.	Workers without reliable history of varicella or laboratory evidence of varicella immunity.

References

UAE Federal Law number 2/1996 concerning Private Health Facilities

UAE Federal Law number 10/2008 concerning Medical Liability and the Cabinet Decision number (33) of 2009 promulgating the bylaw of the medical liability law.

UAE Federal Law number 11/2008 concerning Licensing Fertility Centers.

UAE Federal Law number 27/1981 concerning the Prevention of Communicable Diseases

UAE Cabinet Decision number 28 of 2008 regarding Blood Transfusion Regulation

Federal law number 20/1995 concerning Medicines and Products Derived from Natural Sources.

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Joint Commission International Accreditation Standards for Outpatient Care – 2nd Edition

EQuIP for Day Surgical Hospital Standards and guidelines of the Australian Council on Healthcare Standard – ACHS

The nine Patient Safety Solutions published by the World Health Organization website http://www.who.int/patientsafety/events/07/02_05_2007/en/index.html and accesses on 30th March, 2011.

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