

Management Type	Requirement Type	Requirement Subtype	Ref No	Specification	Policy	Section	Guidelines	Fulfillment	Score	Maximum	Weight	Remarks
1. Organization Management	A. Human Resources	Governance Structure - Home Healthcare	HR001	Meet a minimum requirement of one (1) Physician and twenty-five (25) Registered Nurses and an appropriate skill mix of staff including physiotherapist, occupational therapist, speech therapist/speech & language pathologist and respiratory therapist.	Standard for Provision of Home Healthcare Services 2024	3.1.5.1	Evidence: This should show on the facility information data.		FALSE	300	3	
1. Organization Management	A. Human Resources	Governance Structure	HR002	<ul style="list-style-type: none"> Current DOH License is displayed. There is a current approved organization chart. Healthcare Professionals working in the facility have valid professional licenses issued by DOH, including licensed Assistant Nurses (ANs) 	Healthcare Provider Policy Manual Healthcare Professional Policy Manual Healthcare Provider Policy Manual	10.2 2.1 45.4 6.2.1, 62 8.1.1	Evidence: <ul style="list-style-type: none"> Current DOH license is displayed to the patient where it is visible. The mission and vision are signed by the management and are made available to patient and family members. There is a current approved organization chart showing the job titles, the units functions and communication channels. Healthcare workers have valid DOH licenses. The licensed healthcare providers should be available in the healthcare facility according to the DOH approval of license and staff rotation 		FALSE	100	1	
1. Organization Management	A. Human Resources	Governance Structure - Home Healthcare	HR003	Home Healthcare service provider must have a Medical Director	Healthcare Services 2024	8.1. Appendix 1. General Requirements	Evidence: There is proof of appointment of medical director.					
1. Organization Management	A. Human Resources	Governance Structure	HR004	The facility has a defined the following: <ul style="list-style-type: none"> scope of services approved by the management services fall within the approved scope of professional and facility licensing HCF documented governance protocol, policies & SOPs 	PPR/HCP/P0030/08 - Patient Rights and Responsibilities Healthcare Provider Policy Manual Healthcare Professional Policy Manual	2.1 44.2 45	Evidence: <ul style="list-style-type: none"> There is a well-defined scope of services and approved by the management. There is a well-defined Human Resources Policy Manual approved by the management. There shall be documented governance policies including but not limited to chain of Command, delegation of authority and limits on exercise of delegated authority. Patients' rights and responsibilities are defined. 		FALSE	200	2	
1. Organization Management	A. Human Resources	Governance Structure	HR005	* The staff files shall be complete and updated. In addition to the mandatory staff files, the healthcare facility shall maintain the privileges as the following: The healthcare facility has documented standard operating procedures and evidence of implementation on: - privileges framework including short-term, temporary appointees e.g. locums and visiting professionals and emergency clinical privileges	Healthcare Provider Policy Manual Standard for Provision of Home Standard for Primary Healthcare Services in Emirate of Abu Dhabi DOH/HPI/SS/2/2022 V.2 HAAD Standard for Minimum Preparedness for Common Medical Emergencies in Inpatient Care Setting, Outpatient Care Setting, Ambulance Services and Interfacility Patient Transfer Abu Dhabi Department of Health, Healthcare Providers Manual, 2017 Standard for Clinical Privileging Framework DOH/HCWS/SD/CLNPRVLG-CS/2	71, 64.1 8.1. Appendix 1. General Requirements 5.2 Standard 2. Inpatient and Outpatient Healthcare Facility Service Requirements 8.2.2 68, 68.2, 69 Appendix-2, 3.2, 3.1.10	Evidence: Standard Operating Procedure (SOP) or Terms of Reference of multidisciplinary team (Employee Files (employee information must be maintained in standardized manner): 1. copy of license. 2. Copy of staff resume/work history. 3. Copy of certifications and qualifications. 4. Specific Job description signed by the employee and management. 5. Results of recruitment and performance & competence evaluation. 6. Record of any disciplinary action against the staff. 7. Record of orientation, in-service education or any other education or training received. 8. Signed confidentiality letter/agreement & no conflict of interest by the staff and management. 9. Basic Life Support and/or ACLS, ATLS, and PALS as applicable 10. Availability of the Clinical competencies of the healthcare professionals & renewed Privileges: 1) The clinical privileges must be consistent with the requirements of Standard for Clinical Privileging Framework DOH/HCWS/SD/CLNPRVLG-CS/2 2) There is a privileging governing committee that address credentialing and privileging, documents minutes of meeting and reviews/ revalidates privileges (including peer review) 3) The healthcare practitioners perform duties according to their scope of practice and granted privileges		FALSE	300	3	
1. Organization Management	A. Human Resources	Tawteen Initiative and Health Workforce Sustainability	HR006	Tawteen Initiative and Health Workforce Sustainability	Ministerial Resolution No. 233 of 2022	DOH Circular 107/2023 DOH Circular 27/2024	<ul style="list-style-type: none"> Minimum of 1% of the healthcare workforce (doctors, nurses, and allied health) Minimum of 2% of the administrative workforce. Check the Tawteen Report issued by the DOH Check the valid contract, DOH license and Attendance, including HR files Tawteen Target for 2024: Healthcare facility Must achieve approved Tawteen targets <ul style="list-style-type: none"> Healthcare facility must achieve the previously approved Tawteen targets, a minimum of 1% in Healthcare Workforce and 2% in Administrative Workforce Tawteen 2024 Targets: <ul style="list-style-type: none"> First 6 Months: increase 0.5 % for Healthcare and 1% for Admin. Second 6 Months: increase 1 % for Healthcare and 2% for Admin. Healthcare facility must preserve and retain all Tawteen gains in 2023 and work to develop and support them. Decline in numbers will be monitored through the system and measures will be taken according to the disciplinary regulations in the Department of Health. 		3		3	
1. Organization Management	B. Quality Management	Governance	QM001	Healthcare facility establishes quality management & governance structure	Standard for Provision of Home Healthcare Services - V2 - DOH/ST/HPS/PHHS/V2/2024		There should be a clearly defined quality management standard operating procedures (SOPs) that address and standardize the organization operations This is not an exhaustive list of SOPs but may include: 1. Quality Manual 2. Clinical Risk Management 3. Patient Identification 4. Effective communication among healthcare workers 5. Safety in use of medication / Look alike-sound alike medicines 6. Reducing risk of healthcare associated infections 7. Reducing the risk of patient fall 8. Medication Management 10. Mechanism to monitor KPIs & clinical outcomes 11. Patient Data Privacy, protect patient files and data in home settings 12. Telemedicine 13. Recognition and response to changes in a patient's condition 14. Policy on re-assessment of patient response to care plan		FALSE	200	2	

1. Organization Management	B. Quality Management	Patient Safety Goals	QM002	<p>The healthcare facility improves accuracy of patient identification. There is a process in place to identify patients and document the correct identification of patients as defined by the DOH standard and healthcare facility's SOPs.</p> <p>Patients are identified accurately with at least two identifiers before receiving treatment, performing procedure(s), administering medications, blood or blood products and taking samples</p>	Standard for Provision of Home Healthcare Services - V2 - DOH/ST/HPS/PHHS/V2/2024	Section 8.1, Appendix-1	<p>1. The SOP on patient identification defines the mechanism of two patient identifiers for patient identification and identity authentication in home settings when administering medication, blood/blood components, collecting samples, treatments, and procedures.</p> <p>2. Process to identify patients unable to confirm their own identification, minors or people of determination. Shall also address:</p> <ul style="list-style-type: none"> • reidentification of patients • use of non-verbal methods in patient identification <p>3. Use patient identifiers at every transition of care, at minimum:</p> <ul style="list-style-type: none"> • transfer of patient to other hospital • at the time of treatment or care plan or provision of diagnostic service <p>Note: Patient house number/ room should not be used for patient identification.</p> <p>4. Use of patient identification stickers on sample containers in patient presence</p> <p>5. Continual training of healthcare providers on patient identification procedures</p> <p>6. Healthcare facility providing telemedicine services complies with patient identification requirements of DOH Standard on Tele-medicine</p>	FALSE	300	3	
1. Organization Management	B. Quality Management	Patient Safety Goals	QM003	<p>The healthcare facility improves effectiveness of communication among licensed healthcare providers, with the patient and family, and with external healthcare providers, use of verbal orders and reporting of critical results</p> <p>Note: The healthcare facility shall provide sufficient evidence for compliance with Appendix-3</p>	Standard for Provision of Home Healthcare Services - V2 - DOH/ST/HPS/PHHS/V2/2024	Appendix-3	<p>1) Policy on reporting critical results should include list definition or critical results and acceptable length of reporting from the time of results release. The reporting mechanism should be clearly stated.</p> <p>2) Implementation of documented referral process between:</p> <ol style="list-style-type: none"> referring physician and home care physician communication for exchange of documents between referring and homecare facility enrolment of patient on homecare service provider EMR, Malaif & patient house visit. <p>3) Provide patient and family education on the status of the patient's healthcare plan and involvement in their own care</p> <p>4) Implementation of communication process in every transition of patient care with full documentation:</p> <ul style="list-style-type: none"> • handover of professional responsibility, • handover at change in shifts or medical teams (using ISBAR or other tools) • Transfer of patient to other healthcare facility • any sudden disagreement or family changes demand towards the services and service duration, or equipment defect be communicated and documented <p>5) Continual training of healthcare providers on protocols of effective communication procedures</p> <p>6) Verbal Orders maybe received (e.g. critical results reporting) by qualified personnel.</p> <p>7) The verbal orders received must be authenticated within 24hours</p> <p>The healthcare facility shall have a process in place to:</p> <ol style="list-style-type: none"> Identify abnormal lab results/imaging results, bringing them to the attention of the clinician (as using alert system). Notifying patients/families/caregivers of laboratory results Defines critical results that may represent urgent or emergent life-threatening values for diagnostic tests(lab and radiology) <p>The healthcare facility shall monitor and assess the patient's response to the care plan and reassess patient. There shall be a documented policy of the healthcare facility on determining the frequency of reassessing patients' re-assessment based on their health condition. The frequency of re-assessment and tailored care plan shall be documented in patient file.</p> <ol style="list-style-type: none"> The homecare contacts the patient within 12 hours of receiving the referral Patient must be assessed within 3 days of referral There must be arrangements for provision of services: <ol style="list-style-type: none"> Laboratory Imaging diagnostics Emergency management (where required) i.e. provide evidence of system in place for referral to 24x7 emergency provision 	FALSE	300	3	
1. Organization Management	B. Quality Management	Patient Safety	QM004	<p>The healthcare facility has put in place a process to determine the assessment (of patient & the house) and frequency of re-assessing patient based on:</p> <ol style="list-style-type: none"> Patients condition weekly 30-90 days 	Standard for Provision of Home Healthcare Services - V2 - DOH/ST/HPS/PHHS/V2/2024	8.1 Appendix-1 Cl. 4.1.3.4	<p>1) The healthcare facility shall monitor and assess the patient's response to the care plan and reassess patient. There shall be a documented policy of the healthcare facility on determining the frequency of reassessing patients' re-assessment based on their health condition. The frequency of re-assessment and tailored care plan shall be documented in patient file.</p> <ol style="list-style-type: none"> The homecare contacts the patient within 12 hours of receiving the referral Patient must be assessed within 3 days of referral There must be arrangements for provision of services: <ol style="list-style-type: none"> Laboratory Imaging diagnostics Emergency management (where required) i.e. provide evidence of system in place for referral to 24x7 emergency provision 	FALSE	300	3	
1. Organization Management	B. Quality Management	Patient Safety	QM005	<p>The homecare facility must have system in place to monitor the management of medications and adjust the changes to medications. The medication management shall include:</p> <ol style="list-style-type: none"> process in place for keeping updated list of medications with dosage after every patient assessment and care plan (including chronic medications) Process of ensuring to keep the medications in safe keeping 	Standard for Provision of Home Healthcare Services - V2 - DOH/ST/HPS/PHHS/V2/2024	Appendix-1	<p>The healthcare facility shall refer the patient with standardized and well documented process when patient needs assessment identify the need for patient to be consulted for a specialty not diagnosable by the homecare physician.</p>	FALSE	200	2	
1. Organization Management	B. Quality Management	Patient Safety	QM006	<p>The healthcare facility has developed and accredited management system in place to monitor:</p> <ol style="list-style-type: none"> The risks management addressing the risks of treatment (clinical) and business risks JAWDA KPIs outcome Internationally recognized accreditation Risk evaluation of each patient prone to fall 	Standard for Provision of Home Healthcare Services - V2 - DOH/ST/HPS/PHHS/V2/2024	8.1 Appendix-1 Cl. 3.5.16	<ol style="list-style-type: none"> There is a risk management methodology to determine the risks, evaluate mitigate and continually monitor. There is an up-to-date risk register shared with staff and ensuring staff is aware of it. There are defined internal performance indicators to monitor the implementation of patient safety goals and clinical effectiveness. Jawda KPIs Data collection and reporting Standardised and regular assessment of patients prone to fall is conducted Precautions are taken and fall preventive information is provided to staff, patients and their families Identification of risks associated storage and access to medications and clinical patient records (onsite and offsite). discharge plan and periodic plan to be documented 	FALSE	200	2	
1. Organization Management	C. Complaint Management	Complaint Management	CM001	<p>There is a documented and implemented complaint management process</p>	Complaints Management In Healthcare Facilities	HAAD/CMHF/SD/13	<p>Evidence:</p> <p>The healthcare facility shall maintain supporting evidence of implementation of the complaint management process at the minimum:</p> <ol style="list-style-type: none"> Complaint management policies and SOPs process of receiving and documenting complaints, including acknowledgement within 3 working days reviewing complaints and assigning responsibilities for investigation documented complaints investigations with supporting evidence Action Plan with recommendations reporting of complaints complainant is offered at least a meeting to communicate findings of the investigation and that all communications are documented. The complaint process flow shall be publicly displayed in Arabic and English with relevant contact numbers The process flow shall show pathway to raise complaint to DOH with correct DOH contact number. 	FALSE	100	1	
2. Medical Requirements	A. Clinical Practice	Home Health Admission/ Eligibility Criteria	CP001	<p>The homecare service provider shall ensure the patient meets home care eligibility Criteria</p>	Standard for Provision of Home Healthcare Services. Patient Consent Standard.	3.2 3.5	<p>Evidence and Document Review:</p> <ul style="list-style-type: none"> - Patient assessed within 3 days from receiving a referral. - Communication with the patient within 12 hours - Accept referrals from DOH licensed specialist/consultant - Follow the treating physician plan (In consultation with referring physician, with clinical practice guidelines) - The eligibility criteria is justified and supported by clinical evidence according to Cl. 3.2 of the standard. - Patient home assessment/ patient monitoring conducted as per appendix-8 - The referring physician writes the home health orders using Home Healthcare Referral/Periodic Assessment Form as per Appendix 4. - Documented involvement of patient and family in the plan of care, - Documented patient & family education (including on insurance approval process) - Availability of the informed consent signed by patient, (or their substitute) - Review the evidence of the consent explanation. - Home Healthcare Services are delivered in the Emirate of Abu Dhabi regions 	FALSE	300	3	

2. Medical Requirements	A. Clinical Practice	Home Health Admission/ Eligibility Criteria	CP002	The healthcare facility complies with: 1) The process of home healthcare service as in Appendix-3 2) Homecare service renewal criteria 3) Homecare discharge criteria 4) The documentation requirements	Standard for Provision of Home Healthcare Services.	3.2 3.2.4 3.3	1) The healthcare facility maintains the following documentation: a) Medical Report generated by the Treating Physician b) Patients Healthcare plan c) Referral/ Periodic Assessment Form & Care Plan (signed by referring physician) d) Consent e) Filled Home care Assessment & related Forms (see Appendix, 4,5,7,8) f) Pre-authorization request 2) Homecare renewal: Care Plan to be reviewed by treating physician in coordination with referring physician in 30-90 days. 3) Homecare discharge: Patient discharge shall satisfy CI, 3.3 4) Plan of care is clearly documented in the patient's discharge summary	FALSE	300	3	
2. Medical Requirements	A. Clinical Practice	Healthcare professional requirements	CP003	Availability of complete clinical documentation, including a) Integration with Malaffi b) Patient counseling and education	Standard for Provision of Home Healthcare Services	Appendix 1	Evidence and Documentation Review: - Review patient medical records reflect the Complete documentation of patient records including the daily activities & clinical observation records and daily progress notes.	FALSE	300	3	
2. Medical Requirements	A. Clinical Practice	Home Healthcare Service Specifications	CP004	Specialized services such as peritoneal dialysis, administration of controlled medicines or specific treatment shall satisfy: 1) Specialized service ordered by the referring physician 2) DOH approval (as required) 3) provision of equipment and supplies necessary for the specialized service 4) Specific training requirements of the healthcare providers 5) Controlled medications precautions must be satisfied	Standard for Provision of Home Healthcare Services	3.5.15, 3.5.16, 3.5.17	Evidence and Documentation Review: - Review patient medical records - Provide evidence of a system in place for referral to 24-hour emergency provision in the event of need for advice, support and/or intervention for acute symptom management and/or admission to an appropriate inpatient setting. For Controlled Medications: - Urine drug testing for the patient should be performed once every month or at the discretion of the treating physician. - Compliance with medication storage policies and procedures. - Risk assessment of the family/caregiver for potential abuse of medication. - Ensure emergency preparedness requirements are met for as per DOH Standards.	FALSE	300	3	
2. Medical Requirements	A. Clinical Practice	Home Healthcare Service Specifications	CP005	No service provider is permitted to have the nursing staff housed at the patient's place of residence unless the need for a 24 hours service has been identified by the referring physician.	Standard for Provision of Home Healthcare Services	3.5.17	Evidence and Documentation Review: - Review patients record, and authorization.	FALSE	300	3	
2. Medical Requirements	B. Medical Record	Medical Record	MR002	The organization (healthcare facility) initiates and maintain compliance with clinical record documentation for every patient assessed or treated.	DOH Standards	DOD Standards CCC.3	1) The licensed healthcare professionals have access to the electronic medical records 2) The licensed healthcare professionals can access Malaffi 3) The healthcare facility maintains electronic medical records of all patients	FALSE	300	3	
2. Medical Requirements	C. Medication	Medication	MR001	Facility has developed and implemented Medications and Materials Management Policy and Procedures i) If the Home Healthcare Service Provider is providing medications (including controlled medicines) procedures should be undertaken	Healthcare Provider Policy Manual	3.5.16	The policy and procedures are specifically managing the available medications and materials in the center. 3.5.16.1 Urine drug testing for the patient should be performed once every month or at the discretion of the treating physician. 3.5.16.2 Compliance with medication storage policies and procedures. 3.5.16.3 Risk assessment of the family/caregiver for potential abuse of medication, and 3.5.16.4 Ensure emergency preparedness requirements are met as per DOH Standards.	FALSE	300	3	
2. Medical Requirements	C. Medication	Medication	MR002	Multi Dose Usage of Medications/Materials protocols are available and implemented	Healthcare Provider Policy Manual		For every item using multi-dose, a specific protocol should be available and implemented.	FALSE	300	3	
2. Medical Requirements	C. Medication	Medication	MO06	Competency program for staff on Medications/Materials usage and practices.	HAAD Standards (ICJ)HS)	LD515	Related to medication and material are being used and practiced in the facility that can be done by the practitioners in the facility for their staff annually and can be updated any time when new items are to be in practice or new staff joined the facility. This to keep the quality of services provided to patients maintained in case of staff has to work with deferent specialties.	FALSE	300	3	
2. Medical Requirements	C. Medication	Medication	MR003	No Medications/Materials are being sold at HCF unless authorized to do so	Federal law # 18			FALSE	300	3	
3. Infection control	A. Infection Control Surveillance	Outbreak Management	IC001	The healthcare facility shall comply to: 1) Reporting of communicable diseases 2) Monitoring and investigation of infection acquired by patient at home	WHO. "Outbreak Communication Guidelines." Available from: https://www.who.int/cdc/ "Guidelines for Hand Hygiene in Health-Care Settings." Available from: https://www.cdc.gov		o Monitoring data supports improvements to the infection prevention and control program annually. o Infection rates are benchmarked and reported quarterly to leadership. o Documented outbreak management plan detailing actions, communication, and lessons learned. o Staff are trained to recognize potential outbreaks and implement control o record and communicate any lessons learnt and action taken following an outbreak. o how the outbreak was communicated both to staff in the home and to families o Any actions taken following an outbreak of infection or following recommendations from an audit. o Investigations are conducted following infections to identify care improvements.		300	3	
3. Infection control	A. Infection Control Safe Practice	Safe Practices and Precautions	IC002	The healthcare facility shall ensure compliance to: 1) prevention of exposure to Bloodborne Pathogen Control 2) managing and reporting of needle stick injuries	OSHA. "Bloodborne Pathogen Standard." Available from: https://www.osha.gov CDC. "Bloodborne Pathogens and Needlestick Prevention." Available from: https://www.cdc.gov		o A bloodborne pathogen control program is established. o Safety sharps and proper disposal protocols are implemented. o Standard precautions to prevent the transmission of infectious agents are documented and monitored. o A documented needlestick and sharps injury prevention policy with reporting and prevention processes. o Provide needle devices with safety features. o Follow standard precautions, infection prevention, and general hygiene practices consistently. o Investigate all sharps-related injuries and splash exposures. o Provide post-exposure medical evaluations		300	3	
3. Infection control	A. Infection Control Nutrition Therapy	Infection Control Program Nutrition Therapy	IC003	Parenteral and Enteral Nutrition Therapy	file:///C:/Users/nghandoo/AppData/Local/Microsoft/Windows/NetCache/Content.Outlook/SQT90L5T/EB_JCHC21%20(002).pdf American Society for Parenteral and Enteral Nutrition (ASPEN) guidelines for enteral and parenteral nutrition.		o A documented process for the preparation, handling, storage, and distribution of parenteral and enteral nutrition therapy is in place. o The process guides the application of parenteral and enteral nutrition therapy in home settings. o Education provided to patients, families, and caregivers regarding the process.		300	3	

3. Infection control	A. Infection Control Health care workers Education	Infection Control Program - Health care workers Education	IC004	Education on Infection Prevention and Control	CDC's Training and Education resources, WHO e-learning modules and training materials.		<ul style="list-style-type: none"> o Education is provided to staff, physicians, and caregivers at the commencement of their work and continually updated at least annually. o Training includes new policies, procedures, and response to new infection threats. o Communication of findings and trends from improvement activities is included in staff education. o equipment usage. o Conduct frequent competency testing, in-services and virtual communication with staff s to ensure they are complying with infection control practices. o Infection prevention and control training is provided upon hire and annually thereafter. o Training includes standard precautions and the use of safety devices. o Records of staff training participation are maintained. 			300	3	
3. Infection control	A. Infection Control Cleaning	Environmental cleaning	IC005	There is monitoring and implementation of cleaning and Disinfecting the patient care area and Medical Equipment by HCW	CDC Environmental Cleaning of Health Care Facilities guidelines; Environmental Protection Agency (EPA) standards.		<ul style="list-style-type: none"> o Procedures for cleaning and disinfecting surfaces are in place and monitored, focusing on frequently touched areas. o Staff is trained to prevent cross-contamination through equipment separation and compliance with standard cleaning protocols. o Medical equipment (e.g., blood glucose meters and other devices such as, blood pressure cuffs, oximeter probes) must be cleaned/disinfected prior to use o Equipment and supplies are maintained clean and separated to prevent cross-contamination during the home visit, during transport of reusable patient care items in a carrying case in the staff vehicle, and for use in multiple patients' homes. o maintain separation between clean and soiled equipment to prevent cross contamination; and o follow the manufacturer's instructions for use and current standards of practice for patient care equipment transport, storage, and cleaning/disinfecting. 			300	3	
3. Infection control	A. Infection Control Blood Borne Viruses	Appropriate management of Blood Borne Viruses and employee health	IC006	Management of Hepatitis B, C, HIV AND Varicella vaccine	CDC resources on bloodborne pathogens, Occupational Safety and Health Administration (OSHA) standards.		<ul style="list-style-type: none"> o An exposure control plan is tailored to the facility's specific requirements. o Protection of clinical and other relevant staff with hepatitis B vaccination and anti-body titer testing according the regulations. 			300	3	
3. Infection control	B. Waste Management & Sanitation	Sharp management program	WM001	Proper Waste Disposal The home care organization develops and implements a program for the management of hazardous materials and waste	OSHA bloodborne pathogens standard (http://www.osha.gov/SLTC/bloodbornepathogens/index.html); DEPARTMENT OF HEALTH AND HUMAN SERVICES (CDC) Centers for Disease Control and Prevention National Institute for Occupational Safety and Health (NIOSH)		<ul style="list-style-type: none"> o Plan for the safe handling and disposal of needles before use. o Provide standard-labeled, leak-proof, puncture-resistant sharps containers for workers to bring into clients' homes. (Do not assume such containers will be available there). o Promptly dispose of used needle devices and sharps in the containers. o Store sharps containers out of the reach of children, pets, and others not needing access. o Secure used sharps containers during transport to prevent spilling. o Program, plan, policy and procedure for the Waste management. o The home care organization's program for the management of medical waste includes the inventory, handling, storage, use, and disposal and waste in designated contain. 			300	3	
4. Facility and Equipment Management	Facility Management		FM001	The facility's physical environment is visibly clean, Safe and Secure	DOH Health Facility Guidelines 2019 Outpatient Regulation version 2 of 2018	Part A 1.1.7	Physical inspection to verify the facility's safety and cleanliness.			300	3	
4. Facility and Equipment Management	Facility Management		FM002	The facility has an incident record and reporting system.	Provider Policy Manual	85	<ul style="list-style-type: none"> Evidence of implementation of incident reporting and investigation. Review incident records through: <ul style="list-style-type: none"> •Incident reporting procedure •Incident Reporting and Investigation Forms •Incident log" 					
4. Facility and Equipment Management	Equipment Management		EM001	The facility has a documented medical equipment, management program/plan to cover the entire range of medical equipment installed at the facility as well as its affiliate services (Such as homecare, ambulances etc.)	Unified Hospitals Standards (UAE Cabinet Decision No. 48 of 2018)	pg 111 -pg113	<ul style="list-style-type: none"> 1) Review of Management plan and its reflection in maintaining medical equipment 2)) Homecare shall have in place equipment requisition and monitoring process, including arranging specialized equipment 			200	2	
4. Facility and Equipment Management	Equipment Management		EM002	Medical equipment inventory is available, complete with all necessary information and is updated on regular basis.	Unified Hospitals Standards (UAE Cabinet Decision No. 48 of 2018)	pg 111 -pg113	<ul style="list-style-type: none"> 1) Inventory list 2) The inventory list shall include all the equipment used for patient care. 			200	2	
4. Facility and Equipment Management	Equipment Management		EM003	The facility has outsourced the maintenance of medical equipment if there is no in-house biomedical department.	Unified Hospitals Standards (UAE Cabinet Decision No. 48 of 2018)	pg 111 -pg113	check Warranty certificate and service contract with reference to Inventory list			200	2	
4. Facility and Equipment Management	Equipment Management		EM004	The healthcare facility shall ensure comply with Planned preventive maintenance (PPM) schedule for medical equipment	Unified Hospitals Standards (UAE Cabinet Decision No. 48 of 2018)	pg 111 -pg113	1) Check PPM Schedule			200	2	
4. Facility and Equipment Management	Equipment Management		EM005	All medical equipment (purchased, demonstration, loaner etc.) are tested for safety (electrical, mechanical, radiation etc.) and QC & calibration is done upon installation, PPM and major repairs. According to type, use and recommendations of their manufacturers.	Unified Hospitals Standards (UAE Cabinet Decision No. 48 of 2018)	pg 111 -pg113	Check History files			200	2	
4. Facility and Equipment Management	Equipment Management		EM006	All service records, test results, calibration & adjustment and QA/QC records are documented and maintained for each piece of equipment. User manual to be provided to enduser (signed in history file)	Unified Hospitals Standards (UAE Cabinet Decision No. 48 of 2018)	pg 111 -pg113	Check History files			200	2	
4. Facility and Equipment Management	Equipment Management		EM007	All test tools used for maintenance and testing of medical devices are calibrated through an organization certified by a competent national or international body (DAC, ESMA etc.)	Unified Hospitals Standards (UAE Cabinet Decision No. 48 of 2018)	pg 111 -pg113	Check Inventory list, calibration report & service contract if applicable			200	2	

4. Facility and Equipment Management	Equipment Management		EM008	Staff are trained on use, safety and up keeping of the medical equipment installed at the facility. Training is done upon joining, relocating staff to another specialty or if incidents happen.	Unified Hospitals Standards (UAE Cabinet Decision No. 48 of 2018)	pg 111 -pg113	Check History files, training forms and end user knowledge			200	2	
4. Facility and Equipment Management	Fire & Safety		FS001	Facility has written risk-based fire safety procedure / program in compliance with Civil Defense and UAE fire and life safety code to ensure that all the occupants are safe from fire and smoke.	UAE Fire Code 2018		Fire Safety Procedure shall cover the followings: 1. Staff Training requirements 2. Staff roles and responsibilities 3. Firefighting equipment's testing and inspection requirements 4. Fire risk assessment 5. Emergency evacuation plan			300	3	
4. Facility and Equipment Management	Fire & Safety		FS002	Facility has installed fire detection, fire alarm, firefighting system and fire extinguishers appropriate to risk present in the workplace, the fire devices has inspected, tested and maintained periodically.	UAE Fire Code 2018		Fire Preventive maintenance and inspection records for the followings; 1. Fire extinguishers 2. Smoke detectors 3. Firefighting system 4. Fire hydrant and fire pump 5. If in-house fire system maintenance is not available, the facility must have an arrangement from third party. .			300	3	
4. Facility and Equipment Management	Fire & Safety		FS003	Healthcare facility has planned and conducted periodic fire drills to evaluate fire safety program and provide fire safety training to employees and relevant stakeholders.	UAE Fire Code 2018		1. Emergency drill reports and attendance sheet 2. Fire safety training records			300	3	
4. Facility and Equipment Management	Fire & Safety		FS004	Facility has made arrangement for safe emergency evacuations including emergency evacuation plan clearly visible fire safety signage.	UAE Fire Code 2018		Fire safety signages are displayed at various prominent locations 1. Fire exit signs 2. Assembly points 3. Alarm Points 4. Fire extinguisher points 5. Fire safety posters (RACE & PASS signs) 6. Emergency evacuation plan at various prominent locations			300	3	
7. OSH Requirement	A. Medium & low Risk Entity		OSH001	Provide safe & appropriate welfare facilities (Medium & Low Risk)	ADOSH-SF	Mechanism (S) Section 2.1 (a) (iv) 1, (iv) 2, (iv) 6	Evidence Include: • First Aid Kit easily accessible to each work area, with necessary supplies available, periodically inspected and replenished as needed. • Firefighting tools and fire exits are clearly marked, visible and unobstructed. • Proper place to eat, drink(water) & rest "if applicable"			200	2	
7. OSH Requirement	A. Medium & low Risk Entity		OSH002	Work place Management (Medium & Low Risk)	ADOSH-SF	Mechanism (S) Section 2.1 (a) (v) 3, (v) 7, CoP 14,15,17	Evidence Include: • Protection from exposure to Hazardous Materials • Workplace is kept clean, safely, orderly and in a sanitary condition. • Chairs and Filing cabinets are of proper design and at proper height • Electrical equipment, Electrical cords, Connectors, plugs and outlet sockets are in a safe condition and not overloaded. Also, electrical panels unobstructed, secured and locked. • Large and heavy objects stored on lower shelves and no items are placed on the floor nor reaching the ceiling. • Hazardous Areas such as (if applicable: location of hazardous storage, location of expired items, Electrical hazard sign, Biohazard sign, and laser hazard sign, PPE... etc.)			200	2	
8. Diagnostic Services	Laboratory Services	Blood Collection	DSL001	The home care facility should have in place policies, procedures and arrangements to provide clinical laboratory services	Standard for Provision of Home Healthcare Services DOH/ST/HPS/PHHS/V2/2024	Appendix 1	•Valid contract with referral lab •define the scope of approved tests to be collected by home care •policies & procedures are available Procedures for collecting, identifying, handling, safely transporting, and disposing of specimens •staff training & competencies on blood collection •Mechanism for informing test results and for critical results(for patients and ordering physician) •cold chain in maintained				3	
8. Diagnostic Services	Laboratory Services	Point of Care Testing	POCT001	The home care organization must establish a clear and well-organized system for Point-of-Care Testing (POCT) to ensure it is conducted safely and accurately, producing reliable and precise results.	Standard for Provision of Home Healthcare Services DOH/ST/HPS/PHHS/V2/2025	Appendix 2	•A designated coordinator oversees the POCT Program •POCT scope serves the requirements of the home care organization •staff performing POCT are qualified, trained and competent •Quality Control is performed, documented and evaluated •The POCT program is monitored, evaluated and integrated into quality improvement activities				3	