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ް ޖެންޑަރމާލެ/ދިވެހިރާއްޖެ

**Health facility inspection checklist**

....................................................................Name of the health facility:

Category of HF………………………………………………

Address of HF……………………………………………...

.................................................................................................................HF contact number:

**Responsible person detail**

Name ………………………………………………………………

Address…………………………………………………………….

...............................................................................................................Mobile#

**Applied Service**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Registration |  | Operating Licensing |  | Routine Inspection |  |
|  |  |  |  |  |  |
| Service Inspection |  | Case Inspection |  | Adhoc/Inspection |  |

**Functional planning Unit/Department**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Toilet |  | Waiting Area |  | Reception |  |
|  |  |  |  |  |  |
| Treatment Room |  | Labour Room |  | Emergency Unit |  |
|  |  |  |  |  |  |
| General Service |  | Dental Service |  | Gynecology Service |  |
|  |  |  |  |  |  |
| Ophthalmology |  | Physiotherapy |  | Laboratory |  |
|  |  |  |  |  |  |
| X-Ray |  | Surgical |  | Scan |  |
|  |  |  |  |  |  |
| Orthopedics |  | ENT |  | Dialysis |  |
|  |  |  |  |  |  |
| Dirty Utility Room |  | Clean Utility Room |  | Storeroom |  |
|  |  |  |  |  |  |
| Administration Unit |  | Public Health Unit |  | Consultation Room |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Ref #** | **Description** | **Yes** | **No** | **N/A** | **Remarks** |
| 1 | **General Considerations** |  |  |  |  |
| 1.1 | The complete facility matches the minimum criteria for general clinic design drawings? |  |  |  | For general clinics |
| 1.2 | Facility ready for the inspection and access available? |  |  |  |  |
| 1.3 | People live in the premises   1. separate entrance and walkway |  |  |  |  |
| 1.4 | Access to wheel chair and stretcher |  |  |  |  |
| 1.5 | Required furniture, fittings present and working |  |  |  |  |
| 1.6 | Fire control mechanism installed, such as Smoke detector and anti-fire extinguisher installed |  |  |  |  |
| 1.7 | Emergency exit displayed |  |  |  |  |
| 1.8 | Required sanitary fixtures present and working |  |  |  |  |
| 1.9 | All doors open adequately |  |  |  |  |
| 1.10 | Door closers provided where they are required |  |  |  |  |
| 1.11 | Signage board provided to direct people with the facility entrance and other areas (if provided) |  |  |  |  |
| 1.12 | Selected flooring surfaces being easy to maintain, readily cleanable and appropriate wear-resistant for the location |  |  |  |  |
| 1.13 | Adequate lighting where they are required |  |  |  |  |
| 1.14 | Quality of the premises   1. Wall are plastered (well-constructed) 2. Flooring completed 3. Floor is leak proofed and made to protect slipping 4. Ceiling completed and fully painted |  |  |  |  |
| 1.15 | Wall finishes are washable, moisture-resistant and smooth, wall finish treatments shall not create ledges or crevices that can harbor dust and dirt. |  |  |  |  |
| 1.16 | Joints for floor openings for pipes and ducts shall be tightly sealed |  |  |  |  |
| 1.17 | Facility/ building steps flooring are slip-resistant |  |  |  |  |
| 1.18 | Flooring surface of the facility are clean, washable and without crack |  |  |  |  |
| 1.19 | Building/ facility elevator can accommodate wheel chair |  |  |  |  |
| 1.19 | Clinic registration and operating license displayed for patients/visitors |  |  |  |  |
| 1.20 | Clinic services of the facility is clearly displayed for patients/visitors and matching the approved service list from Ministry of Health |  |  |  |  |
| 1.21 | Facility operating hours is clearly display outside the facility main entrance. |  |  |  |  |
| 1.22 | Reception location provides visual control of the waiting area |  |  |  |  |
| 1.23 | Installed Air-condition or well-placed ceiling fans and all are in working condition |  |  |  |  |
| 1.24 | Electric wiring completed and permitted to use as per the STELCO guideline |  |  |  |  |
| 1.25 | Hand wash basins are provided where they are required and shown in design |  |  |  |  |
| 1.26 | Provided documented policies and procedures for the following:   1. Infection control and prevention SOP 2. Health care waste management SOP 3. Patient medical record SOP |  |  |  |  |
| 1.27 | Following documents present at the work station:   1. Prescription 2. Medico-legal reporting form 3. Patient referral form 4. Medical certificate 5. Communicable disease reporting form 6. Others |  |  |  |  |
| 1.28 | Facility has a list of all health professionals with the registration details, including license expiry date |  |  |  |  |
| 1.29 | If paper-based health records are used, filling cabinets and storage shall be provided for the safe and secure storage of patient health records with provisions for easy retrieval |  |  |  |  |
| 1.30 | Hand wash basins are provided where they are required and shown in design |  |  |  |  |
| 1.31 | Hand sanitization dispensers provided in addition to handwashing stations |  |  |  |  |
| 1.32 | Provisions for hand drying available at all hand washing stations |  |  |  |  |
| 1.33 | develop a system for reducing the incidence of harm |  |  |  | Patient safety |
| 1.34 | actively identify and manage the risks associated with patient safety |  |  |  | Patient safety |
| **2** | **Reception and waiting area** |  |  |  |  |
| 2.1 | Waiting area provided with provision of drinking water |  |  |  |  |
| 2.2 | Waiting area seats are 1:5 for each consultation room |  |  |  |  |
| 2.3 | Wheel chairs shall be accommodated within waiting area |  |  |  |  |
| 2.4 | Provisions of foot operating dustbin for general waste |  |  |  |  |
| 2.6 | Toilet(s) for public use shall be conveniently accessible from the waiting area without passing through patient care or staff work area |  |  |  |  |
| **3** | **Inpatient Service Area** |  |  |  |  |
| 3.1 | In shared inpatient rooms: The enclosed area for each bed should provide with curtains to ensure patient privacy  The curtains are washable/cleanable, fireproof and maintained clean at all times. |  |  |  |  |
| 3.2 | Adequate functional beds as per available services |  |  |  |  |
| 3.3 | Equipment and materials for monitoring patients' vital signs are provided. |  |  |  |  |
| 3.4 | Equipment for facilitating patients' mobility is available and in good condition. |  |  |  |  |
| 3.5 | Mattresses, bed linen and gowns for patients are available and in good condition. |  |  |  |  |
| 3.6 | Patient beds are made of good quality, adjustable and mobile. Next to each bed a food table and a bedside cabinet/ locker is available. |  |  |  |  |
| 3.7 | Adequate light shall be provided for each bed side |  |  |  |  |
| 3.8 | Use of the toilet room provided within the examination and treatment room permitted for specimen collection. |  |  |  |  |
| **4** | **Outpatient Area** |  |  |  |  |
| 4.1 | Hand sanitization dispensers provided in addition to handwashing stations. |  |  |  |  |
| 4.2 | Provisions for hand drying available at all hand-washing stations. |  |  |  |  |
| 4.3 | Consultation, examination and treatment rooms maintain adequate ventilation |  |  |  |  |
| **5** | **Laundry/Sanitary Service** |  |  |  |  |
| 5.1 | Health facility provide laundry services either on the hospital premises or by an external provider with written agreement.  If external provider, SOP available. |  |  |  | If required |
| 5.2 | If the laundry is in-house, it is fully equipped with machines used for cleaning and washing clothes, |  |  |  | If required |
| 5.3 | Adequate ventilation and air exchange |  |  |  | If required |
| 5.4 | Laundry Service area kept at negative pressure relative to the adjacent areas. |  |  |  | if required |
| 5.5 | Clean and hygienic water supply provided in the facility as per the MWSC guidelines |  |  |  |  |
| 5.6 | Clean toilet for outpatients provided |  |  |  |  |
| 5.7 | Each toilet has at least one washbasin and commode with soap and hand dryer |  |  |  |  |
| 5.8 | Hand rub is available in the toilet |  |  |  |  |
|  |  |  |  |  |  |
| 6 | Infection Control |  |  |  |  |
| 6.1 | Availability of an infection control manual which includes infection prevention and control program.  The manual is reviewed annually and updated as necessary.  Have a designated and qualified infection control professional(s)/committee to oversee the infection and prevention control program |  |  |  |  |
| 6.2 | Conduct regular “in-service” and educational training sessions on the prevention and control of infections for all concerned categories of staff at least once in a year |  |  |  |  |
| 6.3 | Have a process in place for the education of patients and families on infection prevention and control |  |  |  |  |
| 6.4 | Have policies, procedures and guidelines on ventilation, isolation, (as necessary) and other precautions to prevent and contain the spread of infectious diseases |  |  |  |  |
| 6.5 | The facility must arrange the necessary procedures to examine suspected nosocomial infections within the facility |  |  |  |  |
| 6.6 | Have a process for isolation of patients with communicable diseases that may put others at risk of infection |  |  |  |  |
| 6.7 | The facility define isolation which may include a private room, isolation facilities or a negative pressure room |  |  |  |  |
| 6.8 | Staffs educated and trained in the handling of patients with infections |  |  |  |  |
| 6.9 | Health facility report infection surveillance, prevention and control information to the Health Protection Agency (HPA) in accordance with law and regulation |  |  |  |  |
| 6.10 | Facility has hand hygiene guidelines that are a fundamental part of the infection prevention and control plan and are evidence based and ensure |  |  |  |  |
| 6.11 | Hand washing facilities accessible in all patient care areas to patients, healthcare providers and visitors |  |  |  |  |
| 6.12 | The personnel, patients and visitors have access to alcohol-based hand rubs at the point of care and service delivery areas |  |  |  |  |
| 6.13 | The personnel and visitors have access to personal protective equipment if necessary |  |  |  |  |
| 6.14 | Health facility provides education on proper hand hygiene techniques |  |  |  |  |
| 6.15 | Promotional hand hygiene reminders on display in the workplace |  |  |  |  |
| 6.16 | Health facility audit and document the personnel compliance with hand hygiene and shares the results with all of the personnel |  |  |  |  |
| 6.17 | Health facility and the infection control professional(s) is responsible for surveillance activities in identified areas |  |  |  |  |
| 6.18 | Surveillance activities include monitoring the effectiveness of housekeeping services |  |  |  |  |
| 6.19 | Facility have policies and procedures that oversee the cleaning and disinfection of medical equipment, devices, supplies and the environment of care and the handling, management and disposal of biomedical and other waste |  |  |  |  |
| 6.20 | Facility ensure that the environment of care is clean and disinfected |  |  |  |  |
| 6.21 | Laundry and linens cleaned and disinfected in a manner that minimizes the risk of contamination to staff and patients |  |  |  |  |
| 6.22 | Facility has a process for the management, handling and disposal of sharps and needles according to its policies and procedures and the applicable laws and regulations |  |  |  |  |
| 6.23 | The sharps containers collected in puncture proof, non-reusable containers according to the facility policies and procedure |  |  |  |  |
| 6.24 | Facility has a process for the management, monitoring and disposal of expired supplies |  |  |  |  |
| 6.25 | Facility has a proper process for waste disposal that reduces the risk of infection |  |  |  |  |
| 6.26 | The hospital has a proper process for the management and handling of bio-medical and other types of waste. |  |  |  |  |
| 6.27 | Appropriate personal protective measures used by all categories of staff handling bio-medical waste and any materials contaminated with body fluids |  |  |  |  |
| 6.28 | Facility follow Occupational Health and Safety guidelines according to the laws and regulations for the work restrictions for healthcare personnel and service providers with communicable diseases |  |  |  |  |
| 6.29 | Policies and procedures that guide the cleaning and disinfection of the hospital are available |  |  |  |  |
| 6.30 | Facility has processes for the management and handling of contaminated materials and equipment |  |  |  |  |
| 6.31 | Policies and procedures guide the appropriate handling of contaminated linen, infectious materials and hazardous waste according to applicable laws and regulations |  |  |  |  |
| 6.32 | Facility has the appropriate containers for handling, managing and transporting contaminated materials to an appropriately designated area |  |  |  |  |
| 6.33 | If reprocessing and sterilization may be contracted to an external provider, the healthcare facility regularly monitors the quality of the services provided |  |  |  |  |
| 6.34 | Facility takes appropriate actions to control outbreaks of infections  Facility workers shall refrain from storing food items in any fridge found in the patients’ service areas which is used for storing medications or medical equipment. |  |  |  |  |
| **7** | **Health care waste management** |  |  |  |  |
| 7.1 | Facility has waste management policy, which cover handling, storing, transporting and disposing all kinds of waste such as:   1. General waste 2. Clinical waste 3. Chemical waste 4. Pathological waste 5. Others |  |  |  |  |
| 7.2 | Proper storage containers for disposing waste materials |  |  |  |  |
| 7.3 | Cleanliness throughout maintained by trained staff |  |  |  |  |
| 8 | **Central Sterile Services Department (CSSD)** |  |  |  |  |
| 8.1 | Designing and equipping the CSSD appropriately according to MOH requirements |  |  |  |  |
| 8.2 | Provide a guide to the policies and procedures of the CSSD |  |  |  |  |
| 8.3 | Decontamination area should be under negative pressure. |  |  |  |  |
| 8.4 | Provide adequate storage area for sterile materials and use them appropriately |  |  |  |  |
| 8.5 | Check validity period and expiry dates regularly |  |  |  |  |
| 8.6 | Follow the QARD procedures for sterilization (chemical, mechanical and biological) |  |  |  |  |
| 8.7 | Guidance and documented continuous training process for staff at CSSD |  |  |  |  |
| 8.8 | Vaccinate the staff at the hepatitis B section in the CSSD, and document the process Vaccinate the staff at the hepatitis B section in the CSSD, and document the process |  |  |  |  |
| **9** | **Health Records and Health records management** |  |  |  |  |
| 9.1 | A legible, complete, comprehensive, and accurate health records maintained for each patient according to medical records regulation |  |  |  |  |
| 9.2 | Health records created and maintained in written paper or electronic format, or a combination of both.  Health records contain all relevant information to clearly identify the patient, to justify the diagnosis and treatment and to document the results accurately |  |  |  |  |
| 9.3 | Patient health record includes:   1. Medical history 2. Physical examination 3. Provisional diagnose 4. Treatment details 5. Progress notes 6. Diagnostic reports   \*\*It should highlight allergies and untoward drug reactions; any other such information as per medical record regulation etc. |  |  |  |  |
| 9.4 | Each patient health record must contain at least, but not limited to the following information, where applicable:   1. Identification data 2. Time and date of seeing the patient 3. Full patient history which includes but not limited to: (Chief complaint, Present illness, Social and psychological review, Medication Allergies, Present complaint and Previous complaints, Past medical history) 4. Physical examination and system review 5. Diagnostic reports (if required) 6. Doctors order 7. Other |  |  |  |  |
| 9.5 | Health records contain entries which are dated, legible and indelibly verified. The author of each entry must be identified and authenticated. Authentication must include: official stamp, or signature, or written initials, or computer entry |  |  |  |  |
| 9.6 | All information relevant to a patient readily available to authorized healthcare professionals or in the event that a patient is transferred to another health facility |  |  |  |  |
| 9.7 | Health records room or area with adequate staff, supplies and equipment provided in the |  |  |  | HRM |
| 9.8 | Health records are safely stored to provide protection from loss, damage, and unauthorized use |  |  |  |  |
| 9.9 | The hospital maintains a records management policy and system that ensure such as:   1. The secure safe and systematic storage of data and records 2. Timely and accurate retrieval of records stored on or off-site 3. Patient privacy when information contained in records is release or communicated for care 4. Retention of records 5. Destructions of records is in compliance with all relevant health records regulations and guidelines (incinerating or shredding for hard copy Hospital Regulation, wiping disks clean or the disks physically destroyed for electronic records |  |  |  |  |
| 9.10 | Clinical classification is undertaken for all inpatient admissions in accordance with the |  |  |  |  |
| **10** | **Risk Management** |  |  |  |  |
| 10.1 | Health facility have an integrated hospital-wide risk management policy and system to ensure that corporate and clinical risks are identified, minimized and managed |  |  |  |  |
| 10.2 | Health facility establish a system that identifies, analyses, evaluates, treats and continuously monitors and reviews risks. |  |  |  |  |
| **11** | **Complaint System** |  |  |  |  |
| 11.1 | Complaint management policies are existed and communicated clearly to patients and staff |  |  |  |  |
| 11.2 | Facility develops a written procedure that ensures prompt and complete investigations of all complaints which are filed against the hospital healthcare professional or employees. procedure include, at a minimum, the following provisions:   1. Health facilities develop a written procedure ensuring prompt and complete investigations of all complaints which are filed against the facility healthcare professional or employees. The procedure includes, at a minimum, the following provision(s) 2. A senior member of the hospital administration as the person responsible for overseeing the investigation of complaints lodged. 3. Written process and procedures of complaints investigation which include a process of fact-gathering, creation of a complaint file, investigation carried out and outcome of investigation including action taken, if any |  |  |  |  |
| 12 | **Healthcare professionals requirement** |  |  |  |  |
| 12.1 | All healthcare professionals are registered in the relevant councils and work within their scope of practice |  |  |  |  |
| 12.2 | Health professionals has valid registration and practicing license from the registered council |  |  |  |  |
| 12.3 | Healthcare professionals registered in clinic approved form MOH, QARD |  |  |  |  |
| 12.4 | Health professionals received the relevant vaccinations. |  |  |  |  |
| 13 | **Safety Management and fire safety** |  |  |  |  |
| 13.1 | The safety management system includes fire safety, hazardous waste management, emergency plans, security, and any other risks |  |  |  |  |
| 13.2 | Facility management designate one full time trained safety officer. |  |  |  |  |
| 13.3 | Establish a fire safety plan according to the fire safety regulation and requirements for early detection, confining, extinguishing, and rescuing of patients |  |  |  |  |
| 13.4 | Maintain fire safety equipment and test fire protection and emergency communication systems |  |  |  |  |

**Annex 1: OPD Rooms**

(General, surgical, dermatology, psychiatric, Orthopedics, neurological, Paediatrics and urological)

|  |  |  |  |
| --- | --- | --- | --- |
| Remarks | Availability | | Description |
| No | Yes |
|  |  |  | Doctors table |
|  |  |  | Doctors chair |
|  |  |  | Patient chair |
|  |  |  | Bystander Chair |
|  |  |  | Translators Chair |
|  |  |  | Examination couch |
|  |  |  | Foot step (if required) |
|  |  |  | BP apparats (adult & Pead) |
|  |  |  | Stethoscope |
|  |  |  | Thermometer |
|  |  |  | Torch |
|  |  |  | Otoscope |
|  |  |  | Weighing scale |
|  |  |  | Dustbin with lid (general infection) |
|  |  |  | Knee hammer |
| For dermatology |  |  | Magnifying class |
|  |  |  | Patient information maintain system (Computer) |
|  |  |  | Disposable towel/tissue/hand dryer |
|  |  |  | Soap dispenser (antiseptic liquid hand soap) |
|  |  |  | Hand sanitizer |

**Annex 2: Treatment room/ Procedure room**

|  |  |  |  |
| --- | --- | --- | --- |
| Remarks | Availability | | Description |
| No | Yes |
|  |  |  | Examination couch |
| For procedure room |  |  | Procedure table |
|  |  |  | Foot step (if required) |
|  |  |  | Examination light |
| For procedure room |  |  | OT Light |
|  |  |  | Light, observation/examination, mobile |
|  |  |  | Fridge |
|  |  |  | Dressing trolley |
|  |  |  | Emergency trolley (resuscitation equipment) |
|  |  |  | ECG Machine |
|  |  |  | Defibrillator |
|  |  |  | BP apparatus |
|  |  |  | Thermometer |
|  |  |  | Stethoscope |
|  |  |  | Ophthalmoscope |
|  |  |  | Otoscope |
|  |  |  | Suction Machine |
|  |  |  | AEDs |
|  |  |  | Laryngoscope |
|  |  |  | Ambu bag and mask (adult & pead) |
|  |  |  | Oxygen cylinder |
|  |  |  | Oxygen mask/nasal probe |
|  |  |  | Suturing equipment |
|  |  |  | Glucometer |
|  |  |  | Dressing Set |
|  |  |  | Suturing set |
|  |  |  | Waste bin with lid (General waste) |
|  |  |  | Waste bin with lid (Infectious waste) |
|  |  |  | Sharp container |
| Should have 2 autoclaves |  |  | Autoclave and indicator |
|  |  |  | Patient information maintain system (Computer) |
|  |  |  | Disposable towel/tissue/hand dryer |
|  |  |  | Soap dispenser (antiseptic liquid hand soap) |
|  |  |  | Hand sanitizer |

**Annex 3:** **Gynecological OPD**

|  |  |  |  |
| --- | --- | --- | --- |
| Remarks | Availability | | Description |
| No | Yes |
|  |  |  | Doctors table |
|  |  |  | Doctors chair |
|  |  |  | Patient chair |
|  |  |  | Bystander Chair |
|  |  |  | Translators Chair |
|  |  |  | Gynae examination couch |
|  |  |  | Foot step (if required) |
|  |  |  | BP apparats (adult) |
|  |  |  | Stethoscope |
|  |  |  | Thermometer |
|  |  |  | Examination light |
|  |  |  | Weighing scale |
|  |  |  | Dustbin with lid (general waste) |
|  |  |  | Examination equipment  a) speculum  b) doppler  c) Other |
|  |  |  | Patient information maintain system (Computer) |
|  |  |  | Disposable towel/tissue/hand dryer |
|  |  |  | Soap dispenser (antiseptic liquid hand soap) |
|  |  |  | Hand sanitizer |

**Annex 4: Dental Room**

|  |  |  |  |
| --- | --- | --- | --- |
| Remarks | Availability | | Description |
| No | Yes |
|  |  |  | Doctors table |
|  |  |  | Doctors chair |
|  |  |  | Bystander Chair |
|  |  |  | Translators Chair |
| Installation complete |  |  | Complete dental setup |
|  |  |  | Dental X-Ray |
|  |  |  | Lead apron |
|  |  |  | BP apparats (adult & Pead) |
|  |  |  | Stethoscope |
|  |  |  | Thermometer |
|  |  |  | Examination light |
|  |  |  | Weighing scale |
|  |  |  | Dustbin with lid (general waste) |
|  |  |  | Dustbin with lid (infectious waste) |
|  |  |  | Sharp container |
|  |  |  | Examination equipment |
|  |  |  | Patient information maintain system (Computer) |
|  |  |  | Disposable towel/tissue/hand dryer |
|  |  |  | Soap dispenser (antiseptic liquid hand soap) |
|  |  |  | Hand sanitizer |

**Anex 5: X-Ray Room**

Should comply with guidelines shieling of X-ray unit

|  |  |  |  |
| --- | --- | --- | --- |
| Remarks | Availability | | Description |
| No | Yes |
|  |  |  | Complete X-Ray setup |
|  |  |  | X-Ray machine/stretcher |
|  |  |  | Lead gown |
|  |  |  | Console |
|  |  |  | Changing area |
|  |  |  | Radiation safety measurements as per the guidelines |

**Anex 6: Ophthalmology Room**

Should comply with the minimum standard for facilities providing ophthalmology and optometric services

|  |  |  |  |
| --- | --- | --- | --- |
| Remarks | Availability | | Description |
| No | Yes |
| Optometry center / Ophthalmology center |  |  | Doctors table |
| Optometry center / Ophthalmology center |  |  | Doctors Chair |
| Optometry center / Ophthalmology center |  |  | Translators Chair |
| Optometry center / Ophthalmology center |  |  | Bystanders Chair |
| Optometry center / Ophthalmology center |  |  | Patient chair |
| Optometry center / Ophthalmology center |  |  | BP apparatus |
| Optometry center / Ophthalmology center |  |  | Stethoscope |
| Optometry center / Ophthalmology center |  |  | Ophthalmoscope |
| Optometry center / Ophthalmology center |  |  | Laser machine |
| Optometry center / Ophthalmology center |  |  | Lensometer/Keratometer |
| Optometry center / Ophthalmology center |  |  | Perimeter With Computer Printer |
| Optometry center / Ophthalmology center |  |  | Auto Refractometer |
| Optometry center / Ophthalmology center |  |  | Eye Scan machine |
| Optometry center / Ophthalmology center |  |  | Slit lamp |
| Optometry center / Ophthalmology center |  |  | Slit lamp with toner meter |
| Optometry center / Ophthalmology center |  |  | Phoropter |
| Optometry center / Ophthalmology center |  |  | Retinoscope |
| Optometry center / Ophthalmology center |  |  | VA chart box |
| Optometry center / Ophthalmology center |  |  | Tonometer |
| Optometry center / Ophthalmology center |  |  | Tomography machine |
| Ophthalmic surgery center |  |  | Operating microscope |
| Ophthalmic surgery center |  |  | Yag laser |
| Ophthalmic surgery center |  |  | Surgical sets (cataract/ pterygium etc) |
| Ophthalmic surgery center |  |  | Resuscitation equipments |
| Ophthalmic surgery center |  |  | Patient information maintain system (Computer) |
| Ophthalmic surgery center |  |  | Oxygen delivery system in theater settings |
| Optometry center / Ophthalmology center |  |  | Disposable towel/tissue/hand dryer |
| Optometry center / Ophthalmology center |  |  | Soap dispenser (antiseptic liquid hand soap) |
| Optometry center / Ophthalmology center |  |  | Hand sanitizer |

**Annex 7: Scan Room**

|  |  |  |  |
| --- | --- | --- | --- |
| Remarks | Availability | | Description |
| No | Yes |
|  |  |  | Patient couch |
|  |  |  | Doctors table |
|  |  |  | Doctors chair |
|  |  |  | Bystander chair |
|  |  |  | Scan machine with probes |
|  |  |  | Dustbin with lid (general waste) |
|  |  |  | Patient information maintain system (Computer) |
|  |  |  | Disposable towel/tissue/hand dryer |
|  |  |  | Soap dispenser (antiseptic liquid hand soap) |
|  |  |  | Hand sanitizer |

**Anex 8: Physiotherapy**

To be check as per the service list

|  |  |  |  |
| --- | --- | --- | --- |
| Remarks | Availability | | Description |
| No | Yes |
|  |  |  | Patient couch |
|  |  |  | Doctors table |
|  |  |  | Doctors chair |
|  |  |  | Bystander chair |
|  |  |  | Abdominal Bench |
|  |  |  | Air Splints |
|  |  |  | Basic Ergonomic Hand Exerciser |
|  |  |  | Bench Press |
|  |  |  | BP Apparatus, Digital |
|  |  |  | Overhead Pully |
|  |  |  | Diagnostic Set Wall Mounted |
|  |  |  | Diathermy units, Microwave |
|  |  |  | Diathermy units, Shortwave |
|  |  |  | Electrotherapy Unit |
|  |  |  | Elliplical Trainer |
|  |  |  | Ergometer, Bicycles |
|  |  |  | Ergonomic standing table |
|  |  |  | Exercise Floor Mat |
|  |  |  | Exercise, Chair |
|  |  |  | Shoulder Wheels (Mariner’s Wheel) |
|  |  |  | Foam Roller |
|  |  |  | Interferential therapy |
|  |  |  | neuro muscular stimulator |
|  |  |  | Light, Infrared |
|  |  |  | Mirror, Posture |
|  |  |  | Packs Heater (Hot & Cold Packs) |
|  |  |  | Parallel Bar |
|  |  |  | Shockwave, Unit |
|  |  |  | Stability Ball |
|  |  |  | TENS Therapy equipment |
|  |  |  | Cervical & pelvic traction unit |
|  |  |  | Tread Mill |
|  |  |  | Ultrasound units, physical therapy |
|  |  |  | Wax Bath |
|  |  |  | Weighing Scale Digital |
|  |  |  | Ankle / wrist weight cuffs 0.5kg - 5 kg |
|  |  |  | Staircase With Ramp |
|  |  |  | Racks, Storage for Small Exercise Equipments |
|  |  |  | Tables, Physical Therapy |
|  |  |  | Tables, traction W/ traction Unit |
|  |  |  | Treatment/ Examination Couch- Hydraulic |
|  |  |  | Patient information maintain system (Computer) |
|  |  |  | Disposable towel/tissue/hand dryer |
|  |  |  | Soap dispenser (antiseptic liquid hand soap) |
|  |  |  | Hand sanitizer |

**Anex 9: Laboratory**

Should comply with national health laboratory standard

|  |  |  |  |
| --- | --- | --- | --- |
| Remarks | Availability | | Description |
| No | Yes |
|  |  |  | **Lab areas** |
|  |  |  | 1. collection area |
|  |  |  | 2. processing area |
| If required |  |  | 3. Microbiology testing area |
| for microbiology |  |  | 4. Reagents preparation area |
| If required |  |  | 5. Histopathology area |
| If required |  |  | 6. PCR testing laboratory |
|  |  |  | **Equipments** |
|  |  |  | Binocular Microscope |
|  |  |  | Benchtop Centrifuge |
|  |  |  | Hematocrit Centrifuge |
|  |  |  | Hematological Analyzer |
|  |  |  | Biochemistry Analyzer |
|  |  |  | Water bath |
|  |  |  | Laboratory Weighing Machine |
|  |  |  | Autoclave |
|  |  |  | Thermometer |
|  |  |  | Sharp destructor |
|  |  |  | Biochemistry Analyzer |
|  |  |  | Water bath |
|  |  |  | Laboratory Weighing Machine |
|  |  |  | Autoclave |
|  |  |  | Thermometer |
|  |  |  | Sharp destructor |
|  |  |  | Adjustable pipette 5-50 μl |
|  |  |  | Adjustable pipette 50-200μl |
|  |  |  | Adjustable pipette 200-1000μl |
|  |  |  | Micro pipette tips 5-200μl (yellow), 500 tips / pack |
|  |  |  | Micro pipette tips 200-1000μl (blue), 500 tips / pack |
|  |  |  | Glucometer |
|  |  |  | Lab Rotator |
|  |  |  | Blood bag weighing machine |
|  |  |  | Blood bank fridge |
|  |  |  | Reagent fridge |
| For all areas |  |  | Waste bin with lid (General waste) |
| For all areas |  |  | Waste bin with lid (Infectious waste) |
| For all areas |  |  | Sharp container |

**Anex 10: Dialysis Room**

Should comply guideline for dialysis service

|  |  |  |  |
| --- | --- | --- | --- |
| Remarks | Availability | | Description |
| No | Yes |
|  |  |  | **Infrastructure requirement** |
|  |  |  | 1. Bed space  a) List the number of Beds  b) Normal beds  c) Isolation beds |
|  |  |  | 2. Clean utility area |
|  |  |  | 3. Clean utility area |
|  |  |  | 4. Clean utility area |
|  |  |  | 5. Toilet  a) Patient toilet  b) Staff toilet |
|  |  |  | 6. RO plant |
|  |  |  | 7. Water plant |
|  |  |  | 8. Changing room |
|  |  |  | 9. Waiting area |
|  |  |  | 10. Briefing room |
|  |  |  | 11. Storage  a) Cleaning  b) medical  c) equipments |
|  |  |  | Separate haemodialysis area for hepatitis B infected patients. |
|  |  |  | Nursing station located at an area that allows adequate surveillance of patients |
|  |  |  | Hand washing facilities available at the nursing station |
|  |  |  | Unit has adequate ventilation and suitable room temperature |
|  |  |  | Lighting is adequate to perform all nursing procedures. |
|  |  |  | The unit shall have all the furniture and fitting outlined in Annex 1 |
|  |  |  |  |
|  |  |  | **Medical equipments** |
|  |  |  | Unit has all required drugs |
|  |  |  | Emergency drugs and consumables are available at all times |
|  |  |  | Unit has a place for keeping drug stock and the space are clean |
|  |  |  | The unit maintains drug stock |
|  |  |  | The unit shall have all the emergency drugs and equipments outlined in Annex 2 |
|  |  |  |  |
|  |  |  | **Human Resource** |
|  |  |  | 1. Physician |
|  |  |  | 2. Nephrologist |
|  |  |  | 3. Medical Officer |
|  |  |  | 4. Nurses |
|  |  |  | All clinical staff are registered in their respective councils and have a valid license from the councils |
|  |  |  |  |
|  |  |  | **Support services** |
|  |  |  | Space available for linen and clean/sterile items |
|  |  |  | Ensure validation of sterilized items |
|  |  |  | Soiled linens are collected and transported separately to CSSD |
|  |  |  |  |
|  |  |  | **Waste management** |
|  |  |  | Wastes are segregated at the point of waste generation |
|  |  |  | Closed waste collection containers are used |
|  |  |  | Staff follows waste management protocols at all times |
|  |  |  |  |
|  |  |  | **Record maintaining** |
|  |  |  | Medical records are maintained according to the laws and regulations |
|  |  |  | Staff maintains confidentiality of the clinical information |
|  |  |  |  |
|  |  |  | **Informed consent and patient care** |
|  |  |  | Informed consent is obtained when required |
|  |  |  | Patient and family are informed about the aspects of care |
|  |  |  | Monitoring of patient is done during and after the procedure |
|  |  |  |  |
|  |  |  | **Furniture and fixtures** |
|  |  |  | Medicine Trolley |
|  |  |  | Screens/ Curtains |
|  |  |  | Bedside table |
|  |  |  | IV stand |

**Annex 1 furniture and fittings**

* Medicine Trolley
* Screens/ Curtains
* Bedside table
* IV stand

**Annex 2 emergency equipments**

* Resuscitation equipment
* Laryngoscope
* Endotracheal tubes
* Suction equipment
* Xylocaine spray
* Oropharyngeal
* Nasopharyngeal airways
* Ambu Bag
* Oxygen cylinders with flow meter/ tubing/catheter/face mask/nasal prongs
* Suction Apparatus
* Defibrillator with accessories
* Equipment for dressing/bandaging/suturing
* Basic diagnostic equipment
* Blood Pressure
* Apparatus, Stethoscope
* weighing machine
* thermometer
* ECG Machine
* Pulse Oximeter
* Nebulizer with accessories

**Essential Equipment**

* Stethoscope
* Sphygmomanometer
* Examining light
* Oxygen unit with gauge
* Minor surgical instrument set
* Instrument table Page 3 of 5
* Goose neck lamp
* Standby rechargeable light
* ECG machine
* Suction machine
* Defibrillator with cardiac monitor
* Stretcher
* Wheelchair
* Hemodialysis Equipment
* Hemodialysis Set
* Monitor
* Pulse Oxymeter

**List of Emergency Drugs and consumables**

* INJ. DIAZEPAM 10 MG
* INJ. FRUSEMIDE 20 MG
* 3INJ. ONDANSETRON 8 MG/4ML
* INJ. RANITIDINE
* INJ NOR ADRENALINE 4 MG
* INJ. PHENYTOIN 50 MG
* INJ DICLOFENAC 75 MG
* INJ. DERIPHYLLINE
* INJ CHLORPHENIRAMINE MALEATE
* INJ. HYDROCORTISONE 100 MG
* INJ. ATROPINE 0.6 MG
* INJ. ADRENALINE 1 MG
* INJ. KCL
* STERILE WATER
* INJ. SODA BICARBONATE
* INJ. DOPAMINE
* INJ. NALAXONE 400 MCG
* INJ.LIGOCANE 50ML
* NEB.SALBUTAMOL 2.5ML
* NEB.BUDESONIDE
* LIGOCAINE JELLY 2%
* RL 500ML
* NS 500ML
* NS 250ML
* NS 100ML
* DNS 500ML
* DEXTROSE 5% 500ML
* DEXTROSE 10% 500ML