

Orthopedic Specialty Clinic _ Requirement part-1



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Foreword

This Ethiopian Standard has been prepared under the direction of the Technical Committee for Health service (TC 198) and published by the Ethiopian Standards Agency (ESA).

This Compulsory Ethiopian Standard cancels and replaces ES 3611:2012.

This Compulsory Ethiopian Standard cancels and replaces ES 186:2001.

Application of this standard is COMPULSORY with respect to clauses 4.1,4.8,4.9 and 5.0. A Compulsory Ethiopian Standard shall have the same meaning, interpretation and application of a "Technical Regulation" as implied in the WTO-TBT Agreement.

Implementation of this standard shall be effective as of 01 October 2013.

Orthopedic Specialty Clinic _Requirement**1. Scope**

This Ethiopian standard provide minimum requirements for the establishment and maintenance of *Orthopaedic Specialty Clinic* with respect to practices, premises, professionals and products or materials put into use for *Orthopaedic Specialty Clinic*.

2. Normative Reference**3. Terms and Definitions**

For the purpose of this standards the definition in *Orthopedic Specialty Clinic* and the following definitions shall apply

1.1.**Authority**

Any

1.2.**Appropriate organ**

A state government organ authorized to implement and control activities at a state level;

1.3.**Person**

Any physical or judicial person

1.4.**Authorized person**

Orthopaedic Specialty Clinic staff who is responsible for a given

1.5.***Orthopaedic Specialty Clinic***

Shall mean a specialized health care facility where promotive, preventive, curative and rehabilitative specialty health services are provided at ambulatory level together with diagnostic facilities appropriate to this level of care. A specialty clinic may have more than one specialty services at ambulatory level if the clinic complies with all requirements stated for each category of specialty services.

4. General requirement

4.1 Orthopedic specialty clinic shall be directed by a licensed orthopedic surgeon.

- 4.2 Orthopaedic specialty clinic shall only provide services that shall be done at ambulatory/ outpatient level. Any surgical operative procedures under general anaesthesia or major regional blocks shall not be done at orthopaedic specialty clinic.
- 4.3 Triage shall be carried out before any administrative procedure such as registration as soon as a patient arrives in the clinic.
- 4.4 The clinic shall control the nursing visits, care, and execution of orders.
- 4.5 The orthopaedic surgeon shall be responsible for the follow-up clinics.
- 4.6 Administration of regional blocks and general anesthesia is prohibited. Any Orthopedic surgery/ procedure shall be done only by local anesthesia.
- 4.7 The specialty clinic is obliged to report diseases under national surveillance to the MOH through a responsible person/office at sub-city/ woreda/ town health offices
- 4.8 The specialty clinic shall avail emergency medicines as per the list of emergency medicines prepared by EFDA.
- 4.9 The specialty clinic shall have national clinical protocols for management of at least common disease entities and locally significant diseases if any.
- 4.10 The clinic shall avail updated reference materials, treatment guidelines and manuals like National TB and leprosy, pain management, Malaria treatment, ART.
- 4.11 The medical record for patients shall include, but not limited to,
- a. Pertinent history and physical examination
 - b. Documentation of Growth assessment: record of weight & height or length,
 - c. Documentation of a basic developmental assessment: sensory screenings, cognitive, &
 - d. Record of immunization status.
- 4.12 The speciality clinic shall have a program of continuous quality improvement for the service which includes regularly collecting and analyzing data to help identify health-service problems and their extent, and recommending, implementing, and monitoring corrective actions on the basis of these data.
- 4.13 The speciality clinic shall establish quality team to improve quality of service deliveries.
- 4.14 The specialty clinic shall assess its staffs current knowledge and practice and observes utilization of national guidelines for the services it renders every six month.
- 4.15 The specialty clinic shall provide or facilitate training to their staffs.
- 4.16 The specialty clinic shall display the following at visible place:
- (a) List of Services available in the specialty clinic during working hours & after working hours,

- (b) List of Professionals and specialties working in the clinic during & after working hours,
 - (c) Updated list of Various fees and prices,
- 4.17 The orthopaedics speciality clinic facilities shall be well marked and easily accessible for persons with disability.
 - 4.18 The orthopaedics speciality clinic shall have fire extinguisher placed in visible area.
 - 4.19 All employees, including part-time and contract shall be trained in fire-fighting equipment and patient evacuation of clinic's buildings as part of their initial orientation and at least annually thereafter.
 - 4.20 Fire extinguishers shall be visually inspected at least monthly; fully inspected at least annually, recharged, repaired and hydro-tested as required by manufacturer's instructions; and labelled with the date of the last inspection.
 - 4.21 Potential source of accidents shall be identified and acted upon like slippery floors, misfit in doorways and footsteps.
 - 4.22 All patient care rooms shall be provided with running water supply & functional hand washing basin.
 - 4.23 The Internal surfaces of the clinic (floors, walls, and ceilings) shall be:
 - a. Smooth, impervious, free from cracks, recesses, projecting ledges.
 - b. Easy to clean and decontaminate effectively,
 - c. Constructed of materials that are non-combustible or have high fire-resistance and low flame-spread characteristics.
 - 4.24 The circulation ways and sub corridors shall be a minimum 2m wide.
 - 4.25 Patient serving corridors shall not be less than 240cm wide,
 - 4.26 Safety glass, tempered glass or plastic glass materials shall be used for paediatrics service units to avoid possible injuries.
 - 4.27 Glass doors shall be marked to avoid accidental collision.
 - 4.28 Orthopaedics specialty clinic where functional units are at different floor shall have a mechanism of accessing all the functioning rooms horizontally either by stairs and ramp or stair and elevator.
 - 4.29 With regard to quality assurance and transparency:
 - (a) The specialty clinic shall arrange system at outpatient clinic to collect feedback from clients,
 - (b) The specialty clinic shall have formal administrative channel through which clients lodge their complaints and grievances,

Nursing practices

- 4.30 Nursing care shall be available in the specialty clinic for emergency care, patients unable to support themselves and other clients who need the care.
- 4.31 There shall be accessible physical resources for nurses to implement the nursing process, as detailed under the products' section.

4.32 The Nursing service to a minimum shall include:

- a. Taking vital signs for all clients visiting the clinic,
- b. Perform psycho social assessment & care evaluation,
- c. Provide psychosocial support for patients on the disease condition & recommended treatment,
- d. Provide basic health education to clients,

4.33 Written copies of nursing procedure manual shall be available to the nursing staff. The manual shall be used at least to:

- a. Provide a basis for induction of newly employed nurse(s),
- b. Provide a ready reference on procedures for all nursing personnel.
- c. Standardize procedures and practice.
- d. Provide a basis for continued professional development in nursing procedures/techniques.

4.34 The specialty clinic shall have established system for verbal and written communication about patient care.

- a. Verbal communication includes the communication with treating physician & other service units (like Laboratory & X-Ray units) & giving education for clients & families.
- b. Written communication includes use of clinical forms and nursing care plan for patients.

4.35 There shall be a procedure for standardized, safe and proper administration of medications by nurses or designated clinical staff including proper documentation of administered drugs.

4.36 All patients kept for observation/resuscitation shall be under the supervision/ care of a licensed nurse at all times.

4.37 Copies of Nurses' code of professional practice shall be available and all nurses shall abide by the code of professional practice.

4.38 Nurses shall explain and seek informed consent from their patients or their relatives/ next of kin (for incompetent patients) before carrying out any procedure.

4.39 Allergies shall be listed on the front cover of the patient's chart or, in a computerized system, highlighted on the screen.

4.40 There shall be a mechanism for nurses to report any suggestive signs of child abuse, substance abuse and /or abnormal psychiatric manifestations by the patients to treating physician.

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5. Specific requirement

5.1. Outpatient Services

5.1.1. Practices:

- 5.1.1.1.** The specialty clinic shall provide the following outpatient services/ functions as per the standards below:
- a. Care of ambulatory patients and follow up of ambulatory patients for conditions in their respective discipline/ specialties,
 - b. Preventive and health promotion services in their respective disciplines/ specialties.
 - c. Care for patients with chronic illnesses in their respective discipline/ specialties and do follow ups.
- 5.1.1.2.** There shall be written protocols and procedures for:
- a. Management of orthopaedic cases and follow up programs,
 - b. Management of minor orthopaedic surgical conditions.
 - c. Reduction & immobilization of patients sustaining trauma and referrals.
 - d. Handling emergency orthopaedic surgical conditions.
 - e. Other key minor operations, orthopaedic procedures and manipulations to be done at outpatients level,
- 5.1.1.3.** The outpatient service shall be available during working hours. For clinic which is open extra hours, the time & the type of service available during after-working hours shall be posted at a visible place to the public.

- 5.1.1.4.** The orthopedic surgeon shall explain the disease condition, possible orthopedic intervention and outcome possibilities in clear, simple and understandable terms to the patient and/or family.
- 5.1.1.5.** All orthopedic procedures shall be performed only after appropriate history, physical examination, and indicated diagnostic tests are completed and documented in the patient's medical record.
- 5.1.1.6.** Patient assessment at specialty clinic shall include;
- a. Comprehensive medical and social history,
 - b. Physical examination including at least:
 - Vital sign (BP, PR, RR, T°) and weight,
 - Clinical examination pertinent to the illness,
 - c. Diagnostics impression, and
 - d. Laboratory and other medical workups when indicated.
- 5.1.1.7.** The range of relevant treatment options and the clinical impression shall be fully described to client and/or their families and documented on patient's medical record accordingly.
- 5.1.1.8.** The specialty clinic shall have functional referral system which includes at least:
- a. List of conditions indicative for urgent referral,
 - b. SOP for selection of cases for referral,
 - c. Procedure for referring patients directly to respective (higher) services,
 - d. List of potential referral sites with contact address (i.e., referral directory),
 - e. Referral forms,
 - f. Referral tracing mechanism (linkage),
 - g. Feedback providing mechanism,
 - h. Documentation of referred clients.
- 5.1.1.9.** The services rendered at specialty clinic shall comply with the standards prescribed under the section on patient rights and responsibilities.

5.1.2. Premises

- 5.1.2.1.** The outpatient service shall have the following facilities/ conditions:

Premises required	# required	Area required
• Reception, Recording & Waiting area	1	30 sq. m
• Examination room(s),	1	12 sq. m
• Minor OR	1	30sq.m
• Observation/ procedure room,	1	20 sq. M
• Physiotherapy room (Optional)		
• Toilet room (male & female)	2	8sq. m
• Store room for medical supplies,	1	12 sq. M

5.1.2.2. The procedure room shall be provided with POP preparation sink/ area.

5.1.2.3. All rooms shall have adequate light and ventilation.

5.1.2.4. All rooms for patient care shall promote patient dignity and privacy.

5.1.2.5. All rooms for patient care shall be provided with running water supply & functional hand washing basin.

5.1.2.6. The arrangement of rooms shall consider proximity between related services.

5.1.2.7. Potential source of accidents shall be identified and acted upon (floors shall not be slippery; there shall not be misfit in doorways and footsteps etc).

5.1.2.8. All rooms shall be well labeled/ marked and easily accessible for persons with disability.

5.1.2.9. There shall be a fire extinguisher placed at the reception & recording area in visible place.

5.1.2.10. The corridor to examination rooms shall be spacious enough to allow easy transport of emergency patients or patients with support.

5.1.3. Professionals

5.1.3.1. The outpatient/ general medical service of the specialty clinic shall have the following staffing:

Professionals	Number of professionals
Orthopedic surgeon	1
Nurses	3
General practitioner	1
Cleaner	2
Reception	1

5.1.3.2. All the clinical staff shall be available at all working hours.

5.1.3.3. The orthopedic surgeon shall be responsible for the follow-up clinics.

5.1.4. Products

5.1.4.1. The outpatient services shall have the following materials:

- | | |
|----------------------|-----------------------------|
| a. Examination couch | i. Tape measure |
| b. Stethoscope | j. Reflex hammer |
| c. BP apparatus | k. Examination/ pen torch |
| d. Thermometer | l. Time clock |
| e. Tuning fork | m. <i>Gonometer</i> |
| f. X-Ray viewer | n. Mobile examination light |
| g. table & chairs | |
| h. Dust bin | |

5.2. Minor Surgical Services

5.2.1. Practices

5.2.1.1. The specialty clinic may provide minor surgical services.

5.2.1.2. Any specialty related minor surgical interventions performed under the specialty clinic shall be done by licensed specialist.

5.2.1.3. The orthopedic surgeon shall obtain an informed written consent for all procedures, manipulations and interventions and this must be documented in the patient's medical record.

5.2.1.4. At specialty clinic level use of General Anesthesia (GA), or performing major surgeries that need GA with or without use of anesthesia machines are strictly prohibited.

- 5.2.1.5.** The specialty clinic shall have list of minor surgical procedures that are allowed to be done at outpatient level. E.g., Circumcisions, lipoma excisions, abscess drainages, suturing of soft tissue injuries, external immobilization of closed and open fractures and other minor interventions.
- 5.2.1.6.** Surgical interventions shall be recorded for each patient and documentation shall be integrated with the patient's medical record.
- 5.2.1.7.** The preoperative (pre-procedure) assessment finding and diagnosis shall be recorded in their medical records for all patients prior to surgical intervention.
- 5.2.1.8.** The specialist practitioner shall explain the disease condition, possible surgical intervention and outcome possibilities in clear, simple and understandable terms to the patient and/or next of kin or family/ guardian.
- 5.2.1.9.** There shall be protocols that ensure & define the appropriateness and safety of the procedure before, during and immediately after **minor surgery**, including at least the following:
- a. Aseptic technique,
 - b. Sterilization and disinfections,
 - c. Selection of draping and gowning,
- 5.2.1.10.** The specialty clinic shall have copy of management protocols at least for,
- a. pain management,
 - b. emergency/acute trauma management,
 - c. emergency resuscitation, Cardio Pulmonary Resuscitation (CPR),
- 5.2.1.11.** The minor OR shall be kept clean at all time; clean after every procedure and it shall be cleansed thoroughly at least weekly.
- 5.2.1.12.** Administration of minor regional blocks shall be monitored, which shall include:

- a. Prior to administration of any anesthesia medication, a verbal & written informed consent shall be obtained for the surgical procedure & for the use of minor regional block/ anesthesia and shall be documented in the medical record.
- b. Each patient’s physiologic status shall be monitored during anesthesia and the results of the monitoring shall be documented in the patient’s medical record, which includes a minimum of :
 - Pulse rate and rhythm.
 - Respiratory rate.
 - Temperature.
 - BP.

5.2.1.13. A written record of the anesthetic agent and outcome of the procedure shall be kept as a permanent record in the patient’s record.

5.2.1.14. Pain shall be assessed and controlled during and after any surgical procedures.

5.2.2. Premises

5.2.2.1. The premises for surgical services in specialty clinic shall have Minor OR with the following:

Premises required	# required	Area required
• Minor Operation Room	1	30 sq. m
• Post procedure waiting room with bed IV stand resuscitation set.		9sq.m
• Instrument processing and sterilization room	1	20sq.m

5.2.2.2. The minor OR shall have one big room partitioned for procedure area with operation table, scrub area with hand washing basin and a changing room with direct communication .

5.2.2.3. Minor Operation room shall have:

- a. Washable walls; crack free and of scrub-able Ceiling.
- b. Vicinity of plumbing fixtures, floors and walls penetrated by pipes shall be sealed & smoothened,
- c. Floor shall be smooth, easily cleanable and non-slippery, preferably made of marble or ceramic.
- d. Fitted with at least 2 fixed electric outlets,
- e. A line shall be clearly marked in red or green on the floor, beyond which no person shall be permitted to set foot without changing shoes or applying shoes cover.
- f. The scrub area shall be provided with sink and taps for running water. The taps for running water shall be hand free, manipulated with elbow or knee. (e.g., long arm valve gate).

5.2.3. Professional

- 5.2.3.1.** Any minor surgical procedures shall be performed by licensed orthopaedic surgeon. In case of procedures done by other professional, it has to be done under direct supervision of the orthopaedic surgeon.

5.2.4. Products

- 5.2.4.1.** The Orthopaedic specialty clinic procedure room shall have the following minimum equipment & instruments:

- a. POP with complete instruments(cutter, cast sprider, different POP, bandage scissor, POP/ fiber glass, POP bandage, cast pad rowel bandage, cotton
- b. Orthopedic Hip Spica bed
- c. Walking rail,
- d. Traction,(skin and skeletal)
- e. Crutches,
- f. Thomas splints,(optional)
- g. Brown's frame,(optional)
- h. Tendon hammer,

- i. Orthopedic surgical Splints
- j. Gonio meter
- k. Minor Operating Room Linen:
 - l. Gown, Orthopedic surgical, woven(Plain)
- m. Cap, Orthopedic surgical, woven ,
- n. IP & PPE materials: Kick buckets ,Safety boxes, Apron, protective mask, goggle

5.2.4.2. There shall be the following products/ equipments for surgical services in specialty clinic:

- | | |
|--|---|
| <ul style="list-style-type: none"> a. Minor OR/ procedure general surgical table, b. Instrument tray, c. IV stand, d. Wire sets and K-Wires e. Steinman pin f. Bone drill g. Mobile operation light, h. Oxygen source, i. Adjustable stool, j. Steam sterilizer, k. Sterilization Drums, l. Suction machine, m. Resuscitation set, , n. Dressing trolley, o. Minor surgical set, p. Kidney basin, 475ml, q. Pickup forceps with jar #2 r. Galley pots, a. Drapes: | <ul style="list-style-type: none"> • Orthopedic surgical, woven(1 x 1 m) • Orthopedic surgical, woven(1 x 1.5 m) • Orthopedic surgical, woven(1.5 x 1.5 m) (fenestrated s. Orthopedic surgical, woven(45 cm x 70 cm) (fenestrated Bowls with stands, t. Glass medicine cabinet and shelve, u. Kick buckets, v. Minor OR Linen: <ul style="list-style-type: none"> • Trousers, Surgical, • Top(shirts), Surgical, • Gown, Surgical, (Plain) • Cap, Surgical, • Masks, surgical, |
|--|---|

5.2.4.3. Renewable/Consumables products :

- | | |
|---|---|
| <ul style="list-style-type: none"> a. Catheters, | <ul style="list-style-type: none"> b. S/ gloves, |
|---|---|

- c. Disposable glove,
- d. Gauze: sterile, roll,
- e. Cotton,
- f. Lidocaine
- g. Zinc oxide,
- h. Surgical blades,
- i. Suturing materials:
absorbable, non-absorbable,
- j. Vial/ IV cannula,
- k. Tongue depressors
- l. Bandage -
- m. POP
- n. Hand wash Antiseptic
Liquid
- o. Emergency medicines
- p. Hand wash Povidone
(Betadine)
- q. Spray Bottles - Plunger
Operated
- r. Tape:
 - Elastic Adhesive Plaster - White
5cm and 10 cm
 - Micro-pore tape
 - Orthopedic surgical Adhesive
Hypo-Allergenic

5.3. General Emergency Services

5.3.1. Practices

- 5.3.1.1.** The specialty clinic shall provide emergency services related to the specialty at least during working hours without any prerequisite and discrimination.
- 5.3.1.2.** The emergency service of the specialty clinic shall have functional intra and inter facility referral system which encompasses SOP for selection of referral cases, referral directory, referral forms, and documentation of referred clients; referral tracing and feedback getting mechanism.
- 5.3.1.3.** If referral is urgent, it shall be done after providing initial stabilization and after confirmation of availability of the required service in the facility where the patient is to be referred to.
- 5.3.1.4.** The specialty clinic shall have a system that facilitates emergency patients to get priority access to services.
- 5.3.1.5.** The specialty clinic shall provide emergency observation service for conditions that do not need admission for more than 24 hours.

5.3.1.6. The emergency service shall provide basic life support as indicated for any emergency cases, which may include:

- a. Cardiopulmonary resuscitation (CPR),
- b. Airway management,
- c. Bleeding control,
- d. Shock management/ IV fluid resuscitation.

5.3.1.7. The specialty clinic emergency service shall have protocol for initial management of common emergency conditions like- immobilization, Fracture and injuries, Burn, Dehydration, Acute abdomen, Tetanus,

5.3.2. Premises

5.3.2.1. There shall be emergency observation room for emergency services.

5.3.2.2. The emergency shall be low traffic area and there shall be reserve parking place for ambulances.

5.3.2.3. The emergency area shall be spacious enough to provide a space for the following tasks:

- a. Accepting patients and providing immediate care including emergency procedures,
- b. Admitting to provide resuscitation or observation for a maximum of 24 hours,
- c. Access to emergency medicines, supplies and equipment.

5.3.2.4. Resuscitation/ observation couches shall be arranged in a way 90cm away from walls and with a minimum of 1.2m space in between.

5.3.3. Professional

5.3.3.1. The specialty clinic shall avail medical staff for emergency conditions whenever need arises.

5.3.3.2. All medical staff handling emergencies shall have basic knowledge & skills on emergency management under the specialty.

5.3.4. Products

5.3.4.1. The following equipment & supplies shall be available for emergency service in specialty clinics:

- | | |
|--|--------------------------------|
| a. Resuscitation set, adult,
pediatrics | g. IV stands, #2 |
| b. BP apparatus #1, | h. Resuscitation couches #2, |
| c. Stethoscope #1, | i. Suction machine #1, |
| d. Splints, | j. Emergency medicine cabinet, |
| e. Dressing set #2, | k. Bed screens, 3 section #1, |
| f. Suture set #1, | l. Kidney basin #2, |
| | m. Oxygen supply, |

5.4. *Emergency Medication Management*

5.4.1. Practice

5.4.1.1. Specialty clinics shall have emergency medicines at all times. List of these medicines shall be according to the Authority's Emergency Medicines list specific to the specialty clinic.

5.4.1.2. Emergency medicines & supplies shall be kept ready to use in Emergency room or observation room if available.

5.4.1.3. These health facilities shall get emergency medicines from suppliers licensed by the Authority.

5.4.1.4. Emergency medications shall be prescribed by an authorized prescriber and administered by nursing personnel with adequate information and counseling to the patient or care giver.

5.4.1.5. The specialty clinic shall be responsible to report suspected Adverse Drug Reaction (ADR) cases to the Authority and all adverse medication effects shall be noted in the patient's medication record.

- 5.4.1.6.** It is prohibited to hold or dispense emergency medicines which are not registered or included in the emergency medicines list by the Authority.
- 5.4.1.7.** It is prohibited to hold or dispense non-emergency medicines in specialty clinic at any time.
- 5.4.1.8.** Specialty clinics are not allowed to hold or dispense any donated medications without prior permission from the Authority.
- 5.4.1.9.** Specialty clinics shall keep documentation which shows description of medicines, medicines source, date of purchase and receipt, inventory records, medicines waste disposal records and other relevant information and produce whenever requested.
- 5.4.1.10.** Specialty clinics shall keep medication records for emergency medicines which contains at least:
- a. Name of patient, sex, age and medical record number,
 - b. Diagnosis and allergy, if any,
 - c. Name of the drug, strength, dosage form and total dose given and route of administration,
 - d. Date dispensed,
 - e. Prescriber's name, qualification and signature,
 - f. Prescriber's address (name and address of health facility)
 - g. Name & signature of the dispenser/ administrator of the drug.
- 5.4.1.11.** Specialty clinics shall be responsible to make sure that medicines promotion made by suppliers or manufacturers in their premises is made by a licensed pharmacist in accordance with the country's laws.
- 5.4.1.12.** Any clinical trial without the permission of the Authority is prohibited in these health facilities.
- 5.4.1.13.** The storage condition for emergency medicines shall provide adequate protection to the medicines and supplies from all environmental factors until time of use.

- 5.4.1.14.** Medicines shall be kept in a secured, clean, ventilated cabinet and in accordance with the manufacturers' recommendation for storage conditions.
- 5.4.1.15.** Disinfectants and other chemicals shall be stored separately from emergency medicines.
- 5.4.1.16.** Specialty clinics shall manage and dispose medicines waste in accordance with the directive issued by the Authority.
- 5.4.1.17.** The emergency medicines & supplies for the specialty clinics shall be accessible to authorized inspector of an appropriate organ.

FINAL DRAFT

5.5. Radiography Imaging Services

5.5.1. Practice

- 5.5.1.1.** Basic Radiology service shall be available for specialty clinics where the service is mandatory.
- 5.5.1.2.** The radiology service shall have written policies and procedures that are reviewed at least once every three years, and which shall include at least:
 - a. Radiology Safety practices;
 - b. Adverse reactions;
 - c. Management of the critically ill patient during imaging procedures;
 - d. Infection control, including patients in isolation;
 - e. Timeliness of the availability of diagnostic imaging procedures and the results;
 - f. Quality control program covering the inspection, maintenance, and calibration of all equipment.
- 5.5.1.3.** There shall be a written protocol for managing medical emergencies in the radiological suite.
- 5.5.1.4.** The radiology service unit shall be free of hazards to patients and personnel.
- 5.5.1.5.** Proper safety precautions shall be maintained against fire and explosion hazards, electrical hazards, and radiation hazards.
- 5.5.1.6.** The Specialty clinic shall post in easily visible place all the necessary signs & the approval certificate from the Ethiopian Radiation Protection Authority through periodic inspection.
- 5.5.1.7.** The specialty clinic radiology unit shall keep documentation of the report for periodic readings of employee's exposure for radiation by the use of exposure meters or badge tests.
- 5.5.1.8.** The specialty clinic shall make sure that the radiographer(s) put on personal TLD(s) whenever on operating the radiation emitting machines and TLD(s) are regularly monitored.

5.5.1.9. Requests for radiologic imaging examination shall contain a concise statement of reason for the examination.

5.5.1.10. Imaging results like X-ray films, US pictures, shall be labeled with minimum information that includes: date, patient's name, age, sex, location marks (L/R), name of institute and name of radiographer.

5.5.1.11. Imaging Reporting form shall have minimum information such as date, patient's name, age, sex, findings and name and signature of radiologist.

5.5.2. Premises

5.5.2.1. The radiology imaging unit for specialty clinic shall fulfill the design requirements of Ethiopian Radiation Protection Authority (ERPA) guidelines.

5.5.2.2. The premise for imaging service shall fulfill the ERPA requirements & be functional only if licensed/ certified by ERPA.

5.5.3. Professional

5.5.3.1. The specialty clinic that has radiology imaging service shall have the following professionals:

5.5.3.1.1. Radiological technologist #1

5.5.3.1.2. Radiographer #1

5.5.4. Products

5.5.4.1. Imaging equipments which shall be available for radiology services at Specialty clinic are indicated below:

- a. Standard conventional x-ray machine,
- b. Ultrasound,(Optional)
- c. X-Ray viewing boxes,
- d. Radiation protection equipments:
 - lead gloves,
 - lead apron,
 - lead goggle,
 - Gonad shields.
- e. Dark room film processing baths (if necessary),
- f. Drier (if necessary),

- 5.5.4.2.** The X-Ray machine shall be regularly inspected, maintained, and calibrated by licensed organ or ERPA; appropriate records of maintenance shall be maintained.
- 5.5.4.3.** All radiation generating equipments shall be installed within a room/ building with wall thickness that protects radiation to the surroundings, i.e., the minimum criteria set by the Ethiopian Radiation Protection Authority /International Atomic Energy Agency (IAEA).
- 5.5.4.4.** Installation and un-installation of radiation emitting machines like X-Ray shall follow the safety procedures set by the Ethiopian Radiation Protection Authority during all procedures.

5.6. Physical therapy Services

5.6.1 Practices:

5.6.1.1 There shall be specific treatment and/or procedure protocols for each service available and rendered in the unit,

5.6.1.2 There shall be a protocol for patient referral and inter discipline consultation,

5.6.1.3 There shall be a protocol that the physiotherapist shall document the entire plan in the patient's medical records. A progress note shall be entered into the medical record.

5.6.1.4 The physiotherapist shall discuss the plan of care with the patient and family,

5.6.1.5 The physiotherapy service shall be available during working time.

5.6.1.6 Visual and Auditory privacy shall be offered and provided to all patients during evaluation and treatment.

5.6.1.7 There shall be a protocol that states written orders shall be given to patients when patients are discharged with exercise or treatment to continue at home.

5.6.1.8 There shall be a protocol for safety and ethical practice of physiotherapy, identifying six precepts for health care, namely, that the health care system must be: safe, effective, patient-centered, timely, efficient, and equitable.

5.6.1.9 There shall be patient education on prevention for possible complications like

- a) pressure sores in clients with sensory loss,
- b) contractures in clients with limb and/or trunk paralysis,
- c) phantom limb pain and sensations for amputees
- d) gait training
- e) walking aid usage
- f) other

5.6.2 Professionals:

~~**5.6.2.1**~~ The physiotherapy service shall be directed by a licensed doctor of physiotherapy or physiotherapy specialists or physiotherapy professionals.

5.6.2.2 The clinic shall have one of the following:

- (a) Doctor of physiotherapy
- (b) Physiotherapy specialist (MSc PT)
- (c) Physiotherapy professional
- (d) Physiotherapy technicians(optional)

5.6.2.3 The physiotherapists must keep their updates with current best evidence-based practice and knowledge to assess, evaluate, treat and predict prognosis of the patients.

5.6.3 Premises

5.6.3.1 There shall be physically separated room or area for physiotherapy service.

5.6.3.2 There shall be a room designated for each service unit

Rooms required	Number of rooms required	Area required
Examination Room	1	12 m ²
Exercise therapy section:	1	30m ²
Treatment room:	1	9m ²

5.6.3.3 The premises shall be person with disability friendly and smooth pavement rail for wheelchairs.

5.6.3.4 Call bells shall be provided to patients in the physiotherapy service who are not under visual supervision.

5.6.3.5 All rooms of the clinic shall have adequate light and well ventilated

5.6.3.6 All rooms of the clinic shall must promote patient dignity and privacy.

5.6.4 Products

5.6.4.1 All equipment's shall be clean and functional.

5.6.4.2 Physiotherapy equipment shall be stored in a safe and accessible place and shall not be stored in a public walkways and hallways.

5.6.4.3 The clinic physiotherapy unit shall have the following minimum standard equipment's and consumable listed in table below

S.NO	Equipment/Device	Quantity
1.	Examination tools	
	○ Examination couch or bed (adjustable /nonadjustable)	1
	○ Therapist stool	1
	○ Table	1
	Diagnostic supplies on table	
	○ Goniometer	1
	○ Reflex hammer	1

	○ Blood pressure cuff Digital or manual	1
	○ Stethoscope	1
	○ Pulse oximetry	1
	○ Tape measure	1
	○ Thermometer	1
	○ Disposable glove	1 pack
	○ Sensation testing tool	1
15.	Exercise therapy tools	
	○ Physiotherapy/exercise mat	1
	○ Balance boards	1
	○ Physio ball (one big and one small size)	1
	○ Adjustable parallel bar	1
	○ Correction Mirror	1
	○ Walking aids (Adjustable crutches, walking frame)	1 from each
	○ Wheelchair	1
	○ Stationary Bike	1
	○ Different resistance Theraband	2
	○ Different weights	5 pairs
	○ Ice packs	2
	○ Quadriceps bench	1
	○ Stair	1
	○ Fixed wall bar	1
	○ Stick /waddle	1
	○ Over head pulley	1
	○ Finger ladder	1
	○ Mariners wheel	1
	○ Weight dumbbell	5 pairs
3	Physiotherapy treatment room	
○	○ Treatment couch or bed (adjustable /nonadjustable)	1
○	○ Therapist stool	1
4	Electrotherapy and physical modalities	
	○ Multiple mode electrical stimulator (EMS / TENS)	1

	○ Therapeutic Ultrasound	1
	○ Thermal modality	1
4.	First-Aid kit	One set
5	Others	
	○ Educational posters and pictures	3
	○ ICE pack	1
6.	Optional equipment's and Materials	
	○ Anatomical Skeletons models	1
	○ Inclinometer	2
	○ Dynamometer	1
	○ Adjustable height exercise steps/stairs	1
	○ Fixed Wall bars	1
	○ Weight Cuff weights: set of paired weights	5
	○ Resistive tubing / Bands	1 pack
	○ Hand exercise tools	1 Set
	○ Medicine balls	1 up to 5
	○ Foam roller or bolsters	1
	○ Treadmill	1
	○ Cervical & lumbar traction set	1
	○ Mobilization belts	2
	○ Gait belts	2
	○ Trigger point releasers	2
	○	
	○ Taping supplies	1
	○ Different size elastic /ACE wrap bandage)	1
	○ Multi Gym Equipment	1
	○ Passive exercise equipment	1

Bibliography

The latest editions of the following laws, regulations, directives and guidelines shall be taken as part and parcel of this Ethiopian Standard.

- 2.1. Ethiopian Food, medicine and Healthcare Administration and Control Proclamation No. 661/2009
- 2.2. Ethiopian Food, Medicine and Healthcare Administration and Control Regulation No. 189/2010

- 2.3. National Health Policy of the Transitional Government of Ethiopia, 1993
- 2.4. National Drug Policy of the Transitional Government of Ethiopia, November 1993
- 2.5. Commercial Code of Ethiopia
- 2.6. Criminal Code of Ethiopia
- 2.7. Medicines Waste Management and Disposal Directive No 2/2011
- 2.8. Ethiopian National Guideline for Health Waste Management, 2008
- 2.9. Ethiopian Building Proclamation, No. 624/2009