

CES xxx

**Compulsory
Ethiopian Standard**

**Second Edition
2018**

Psychiatry and rehabilitation Specialty Centre Requirements



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Tables of Contents

1.	Scope.....	4
2.	Normative Reference.....	4
3.	Terms and Definitions.....	4
4.	General Requirement.....	5
5	Specific requirement.....	9
5.1	Outpatient Medical Services.....	9
5.2	Emergency Services.....	15
5.3.	Inpatient services.....	18
5.5.	Medical Laboratory Services.....	21
5.6.	Pharmacy Services.....	26
5.11.	Ambulance Service standards.....	38
5.12.	Morgue Services.....	40
5.13.	Infection Prevention.....	42
5.14.	Sanitation and Waste Management.....	49
5.15.	Food and Dietary Services.....	54
5.16.	Housekeeping, Laundry and Maintenance Services.....	61

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.

Psychiatric and rehabilitation Specialty centre Requirement

1. Scope

These Ethiopian standards provide minimum requirements for the establishment and maintenance of psychiatry and rehabilitation specialty centre with respect to practices, premises, professionals and products or materials put into use for psychiatry and rehabilitation speciality centres.

2. Normative Reference

3. Terms and Definitions

3.1 Appropriate Organ: Shall mean a state government organ authorized to implement food, medicine and healthcare administration and control activities at a state level;

3.2 Authority: Shall mean the Ethiopian Food, Medicine and Healthcare Administration and Control Authority.

3.3 Proclamation: Shall mean the Ethiopian Food, Medicine and Healthcare Administration and Control proclamation No 661/2009.

3.4 Appropriate Law: Shall mean a law issued by a state to implement regulatory activities regarding food, medicine and healthcare.

3.5 Person: Shall mean any physical or juridical person

3.6 Authorized Person: Shall mean any specialty center staff who is responsible for a given service

3.7 Psychiatry and rehabilitation Specialty Center: Shall mean a health facility which lies in secondary or tertiary level of health care system and provides a minimum of curative, preventive, rehabilitative and promotion services in ambulatory & inpatient basis as stipulated in this standard. In addition to the emergency and isolation beds, the Specialty centre shall have a minimum of 10 beds for inpatient services. The centre shall have 24 hour to 10 day emergency service in its respective specialty.

4. General Requirement

- 4.1.1. The psychiatry and rehabilitation speciality centre shall be directed by Psychiatrist/subspecialist.
- 4.1.2. The center shall have at least one Psychiatrist available 24 hours a day 365 days a year.
- 4.1.3. The Psychiatrist shall be responsible for the follow-up clinics
- 4.1.4. Triage shall be carried out before any administrative procedure such as registration when a patient arrives in the centre.
- 4.1.5. The psychiatry and rehabilitation specialty centre shall provide or facilitate access to relevant trainings, continuing education and assess staff competency at regular intervals.
- 4.1.6. Diseases under national surveillance shall be notified to the FMOH through the proper reporting channel.
- 4.1.7. The speciality center 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
- 4.1.8. The speciality shall establish quality team to improve quality of service deliveries.
- 4.1.9. The specialty center shall display the following at visible place:
- (a) List of Services available in the specialty center during working hours & after working hours,
 - (b) List of Professionals and specialties working in the center during & after working hours,
 - (c) Updated list of Various fees and prices,
- 4.1.10. The psychiatry and rehabilitation speciality centre facilities shall be well marked and easily accessible for persons with disability.
- 4.1.11. The centre shall have fire extinguisher placed in visible area.
- 4.1.12. All employees, including part-time and contract shall be trained in fire-fighting equipment and patient evacuation of center's buildings as part of their initial orientation and at least annually thereafter.
- 4.1.13. 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 labeled with the date of the last inspection.
- 4.1.14. Potential source of accidents shall be identified and acted upon like slippery floors, misfit in doorways and footsteps.
- 4.1.15. All patient care rooms shall be provided with running water supply & functional hand washing basin.

- 4.1.16. The Internal surfaces of the center (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.
- 4.1.17. The circulation ways and sub corridors shall be a minimum 2m wide.
- 4.1.18. Patient serving corridors shall not be less than 240cm wide,
- 4.1.19. Safety glass, tempered glass or plastic glass materials shall be used for psychiatry service units to avoid possible injuries.
- 4.1.20. Glass doors shall be marked to avoid accidental collision.
- 4.1.21. Psychiatry and rehabilitation speciality centre 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.

Nursing practice

- 4.1.22. The nursing service in the specialty centre shall be directed by licensed psychiatry professional nurse.
- 4.1.23. There shall be written protocol describing the responsibilities of nurses for the nursing process in the specialty center. Such policies shall be reviewed at least once every five years.
- 4.1.24. Nursing care shall be provided for all patients equally and without prejudice to age, sex, economic, social, political, ethnicity, religious or other status and irrespective of their personal circumstance.
- 4.1.25. Informed consent shall be sought before carrying out any procedure.
- 4.1.26. Written copies of nursing procedure manual shall be made available to the nursing staff. The manual shall be used at least to:
- (a) Provide a basis for induction of newly employed nurses,
 - (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.
- 4.1.27. The nursing care plan shall be initiated upon admission of the patient and shall include discharge plans as part of the long-term care provision goals.
- 4.1.28. The nurses shall assess and document the holistic needs of admitted patients:
- (a) formulate, implement goal-directed nursing interventions,
 - (b) evaluate the plan of nursing care and
 - (c) Involve patients, their relatives or next of kin in decisions about their nursing care.
- 4.1.29. Nurses' documentation shall include:

- (a) Medication/ treatment/ other items ordered by authorized attending physician,
- (b) Nursing care needed,
- (c) Long-term goals and short-term goals,
- (d) Patient/ family teaching and instructional programs,
- (e) The psycho- social needs of the patient,
- (f) Preventative nursing care.

4.1.30. The Specialty center shall have established guidelines for verbal and written communication about patient care.

- (a) Written communication includes proper use of clinical forms, nursing Kardex, progress notes, and/or nursing care plan for each patient and discharge instructions.
- (b) Verbal and/or written communication: reporting to treating physician(s); nurse-to-nurse reporting; communication with other service units (laboratory, pharmacy, X-Ray, social work service).

4.1.31. There shall be a procedure for standardized, safe and proper administration of medications by nurses or designated clinical staff.

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

4.1.33. There shall be a protocol for reporting and documenting medication errors and adverse drug reactions by attending nursing personnel immediately to the nurse supervisor and prescriber and/or Pharmacist.

4.1.34. Patient discharge instructions shall be documented in the patient's medical record and verbal instruction shall be given.

4.1.35. There shall be a protocol or procedures for nurses to report any suggestive signs of child abuse, substance abuse and/ or abnormal psychiatric manifestations by the patients under their care.

4.1.36. There shall be a protocol that states the procedure to be followed for dying patients & dead body care.

Professional summary

4.1.37. The psychiatry and rehabilitation speciality centre shall have the following summary of professionals:

No	Professional	No of professional
1.	Psychiatrist	2
2.	Mental health professional specialist (optional)	1
3.	General practitioner (optional)	1
4.	Psychiatry professional nurse	1
5.	Psychiatry Nurses	2
6.	Professional/Clinical nurse	4
7.	Laboratory technologist	1

8.	Laboratory technician	1
9.	Pharmacist	1
10.	Pharmacist/Pharmacy technician	1
11.	Clinical psychologist/ General psychologist	1
12.	Social worker	1
13.	Occupational therapist (optional)	1
14.	Cleaner	2
15.	Patient supporter	2
16.	Receptionist	2

4.1.38. Additional staff shall be considered based on the volume and type of work carried out (Workload Analysis).

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5 Specific requirement

5.1 Outpatient Medical Services

5.1.1 Practice:

6.1.1.1. The psychiatric service shall include the following core functions:

- a) Consultation to patients with acute and ongoing mental problem & their relatives,
- b) Consultation on addictive substances' detoxification, treatment and rehabilitation services,
- c) Psycho-social services,
- d) Child and adolescent psychiatry
- e) Forensic psychiatry
- f) Rehabilitative services,
- g) Recreational therapy,
- h) Family education schedules,
- i) Mental health promotion and prevention
- j) Follow up of patients on maintenance treatment and interventions,

6.1.1.2. There shall be written protocols and procedures on the management of the psychiatric conditions in the center.

6.1.1.3. Psychiatry and rehabilitation center shall have written policies and procedures which include:

- a) Treatment protocols,
- b) Referral criteria specific to the service,
- c) Monitoring and follow-up of patients.
- d) Admission and discharge criteria
- e) Seclusion criteria
- f) Restraining criteria

6.1.1.4. The center shall have medical records for each patient. Information contained in the medical record shall be complete and shall contain the patient's:

- a) Psychiatric history,
- b) Mental state examination,
- c) Diagnosis and diagnostic procedures,
- d) Bio-psycho-social plan and
- e) Treatment and medication administration, remove
- f) Psychiatry nurse assessment

5.1.1.1 The outpatient service shall have protocols and procedures regarding access and availability of quality service. It shall include the following:

- a) The outpatient service shall be available for regular working hours,
 - b) The specialty center may have a system for providing medical services after regular working hours. In case of this, the type of service and time schedule shall be posted at a visible place to the public,
 - c) The outpatient service shall have consultation with functional intra and inter facility referral system
- 6.1.1.5.** For non-emergency paediatric patients, the service shall be available during regular working hours
- 6.1.1.6.** The caretakers and/or patients shall be involved in the development of the management plan for the care of each and every patient.
- 6.1.1.7.** There shall be written SOPs regarding the consultation, discharge, transfer, seclusion and restraint and follow-up of psychiatric patients.
- 6.1.1.8.** Psychiatric patients shall receive rehabilitative services as ordered by a psychiatrist.
- 6.1.1.9.** There shall be a protocol for psychiatry patients to take their ordered Electro Convulsive Therapy (ECT) services in the center shall be under the supervision of psychiatrist.
- 6.1.1.10.** All patients suffering from severe and persistent mental illness require rehabilitation and the center shall be made readily available for every mentally ill person.
- 6.1.1.11.** The center shall recognize the importance of the role of environmental factors in either facilitating functioning or creating barriers for people with mental illness.
- 6.1.1.12.** The Psychiatry and rehabilitation center shall concentrate on the individual's rights as a respected partner as long as he/she is fit or her involvement and self-determination concerning all aspects of the treatment and rehabilitation process.
- 6.1.1.13.** A center shall provide rehabilitative services which the patient mostly desires or inspires:
- a) An adequate education and a meaningful work career,
 - b) Satisfying social and intimate relationships, and
 - c) Participation in community life with full rights
 - d) advocate patient integration in to community
- 6.1.1.14.** Vocational rehabilitation or occupational therapy shall be a core element of psychiatric rehabilitation based on the assumption that work does not only improve activity, social contacts etc., but may also promote gains in related areas such as
- a) self-esteem and quality of life,
 - b) restore, reinforce and enhance social performance
 - c) facilitate the learning of adaptive and productive skills
 - d) diminish or correct pathology
 - e) promote and maintain health

- 6.1.1.15.** The center shall provide brief and focused techniques for less mentally ill persons, to teach
- a) how they can find a job,
 - b) how to fill out applications and
 - c) conduct employment interviews
- 6.1.1.16.** The center shall provide occupational therapy training also quite often prove a dead end for the ill persons.
- 6.1.1.17.** The center shall provide skill training in the form of modules with different topics. The modules focus on;
- a) Basic conversational skills,
 - b) Interpersonal problem solving,
 - c) Friendship and intimacy,
 - f) Community (re-) entry and family involvement.
 - d) Recreation and leisure,
 - e) workplace fundamentals,
- 6.1.1.18.** The skill areas shall teach in exercises with demonstration videos/role-play, problem solving exercises and in vivo/homework assignments.
- 6.1.1.19.** The following services shall be available as part of the program of the psychiatry rehabilitation center;
- a) Individual, group and family therapy;
 - b) Rehabilitative services;
 - Art & Craft Unit
 - Computer Education Unit (optional)
 - Training cum production unit for jute diversified products (a unit that produces diversified handicraft items like hand bags, purses, albums, picture stands, table mat, etc) (Optional)
 - Tailoring Unit (optional)
 - Incentive Canteen (optional)
 - Gardening
 - Games (indoors and outdoors)
 - Physical exercise
 - c) Psychological services
 - d) Recreational therapy
- 6.1.1.20.** A social worker shall complete a psychosocial assessment for each patient which includes at least the following :
- Identified problems;
 - Social and family history;
 - Educational and employment history;

- Financial status; and
- Present living arrangements.

- 6.1.1.21. The multidisciplinary care plan shall be discussed with the patient and/or the patient's next of kin and implemented accordingly.
- 6.1.1.22. There shall be SOP for Safety and security precautions for the prevention of suicide, assault, elopement and patient injury.
- 6.1.1.23. There shall be mechanisms for providing immediate security assistance to staff.
- 6.1.1.24. There shall be a quality management measurement in the center which includes:
 - a. Assessment of the on-going effectiveness of the program
 - b. Degree of input from members into the development of the program
 - c. Program fidelity to the International Center for Clubhouse Development (ICCD) standards.
 - d. Means of assuring the effectiveness of staff and of staff training.
 - e. A process for the effective management of, and response to, complaints of members and the ability to aggregate complaints to improve program effectiveness.
 - f. Means to assess satisfaction with services from family members.
 - g. Assessment of the effectiveness of linkages between behavioral health programs, housing, employment and education programs and natural supports

5.1.2 Premises

- 5.1.2.1 The outpatient service shall be well marked and easily accessible for disabled clients, elderly, children's and pregnant mother.
- 5.1.2.2 The outpatient service shall be located where access for ambulatory patients is the easiest and where in coming client would not have to pass through other care service outlets (in- patient , laboratory etc).
- 5.1.2.3 The room arrangements of outpatient services shall consider proximity between related services with easy access to pharmacy, laboratory and other diagnostic services.
- 5.1.2.4 All outpatient rooms shall have adequate light, water and ventilation.
- 5.1.2.5 Communication system shall be connected with major functional areas.
- 5.1.2.6 The outpatient department shall have fire extinguishers placed in visible area.
- 5.1.2.7 The outpatient layout shall include the following:

Premises required	No of rooms required	Area required
• Reception, registration/ recording & waiting area	1	30 sq. m
• Examination rooms	2	12sq. m each
• Treatment/ injection room	1	9sq. m
• Emergency examination room with one couch	1	12sq. m

• Emergency /resuscitation room with two bed	1	16 sq.m
• Toilet room OPD		
○ Staff toilet room (male & female)	2	4 sq. m each
○ Patient toilet room (male & female)	2	4 sq. m each
• Central sterilization	1	9 sq.m
• Rehabilitation room		
○ Art, Paper Recycling & Craft Unit	1	20 sq. m
○ Computer Education Unit (Optional)	1	12 sq. m
○ Tailoring Unit (optional)	1	16 sq. m
○ Indoor games	1	20 sq. m

5.1.3 Professionals

5.1.3.1 The staff shall have regular supportive supervision by senior staff or peer review or case conferences at least every three months and it shall be documented.

5.1.3.2 The outpatient service shall have the following professionals:

Professionals required	Minimum Number required
Psychiatrist	2
Psychiatric nurse	1
Professional/clinical nurse	1
Cleaners	
Runner	

5.1.4 Products

6.1.1.25. The restraint equipment needed by the center shall be immediately available on the center and accessible to the staff.

6.1.1.26. The psychiatry and rehabilitation center OPD shall have the following supplies and functional equipment in addition to office furniture's

- | | |
|------------------------------|--------------------------------------------------------------|
| • Torch, | • Reflex hammer |
| • Weighing scales for adults | • Tape meter |
| • thermometer | • Spatula, disposable gloves, cotton, gauze |
| • Stethoscopes | • Prescription, certificate, and appropriate referral forms, |
| • Sphygmomanometer | |
| • Examination couch | |

6.1.1.27. The psychiatry and rehabilitation center shall have the following supplies and functional equipment for rehabilitation service

- a) **Tailoring Unit** (optional)

- Sewing machine
- Bodkin (sharp slender instrument)
- Dress Form
- Tailor Shear/scissor
- Measuring Tape
- Needle, Thread/Yarn
- Pincushion
- stitching awl (sewing awl)
- Rotary Cutter
- Seam Ripper
- Sewing Table
- Tailor's Chalk
- Thimble
- Tracing Paper
- Tracing Wheel

b) Gardening equipments

- Garden Hoes
- Gardening gloves
- Sprinkler Can
- wheelbarrows
- Garden Trowel
- Garden shear

c) Games

- Indoors
 - Table tennis
 - Joteny
 - Pool (optional)
 - Chase
 - Playing cards
 - Musical instrument
 - Books
 - Painting mater

d) Outdoors (optional)

- Volley ball
- Basket ball
- Football

5.2 Emergency Services

5.2.1 Practice

5.2.1.1 The specialty center shall provide basic & advanced life support to its level of emergency care for 24hrs a day and 365 days a year which shall include but not limited to:

- a) Airway management and/or oxygen supply,
- b) Cardiopulmonary resuscitation (CPR),
- c) Bleeding control,
- d) Fluid resuscitation (shock management),
- e) Stabilization of comatose child
- f) Prevention of further damages.

5.2.1.2 On top of the above article (5.2.1.1), the psychiatry and rehabilitation center shall avail advanced emergency services specific to the specialty which shall include but not limited to:

- a. Management of suicidal/homicidal patients
- b. Management of severe substance withdrawal/intoxication
- c. Management of acutely disturbed patients
- d. Management of severe medication side effect

5.2.1.3 The speciality center shall have protocol for patient handover.

5.2.1.4 The psychiatry and rehabilitation center shall have protocols for the initial management of emergency cases related to the specialty.

5.2.1.5 Every life saving emergency service shall be given to patients without any prerequisite and discrimination.

5.2.1.6 If referral is needed, it shall be done after providing initial stabilization and after communication and confirmation of the availability of the required service in the facility where the patient is to be referred to.

5.2.1.7 If the patient to be referred needs to be accompanied by a physician or other health professional during the referral process, the Specialty center shall arrange an ambulance and shall assign health personnel to accompany & assist patient.

5.2.1.8 In conditions of emergency management, all interventions, medications administered and the clinical condition shall be communicated to the patient or available family member following the emergency responses/ resuscitation measures.

5.2.2 Premises

5.2.2.1 The emergency room shall be located in a place where it is easily recognizable to the public and near to the gate and shall be labelled in bold.

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

5.2.2.3 The corridor to emergency rooms shall be stretcher friendly and 2.4m wide.

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

(a) Accepting, triaging and providing immediate care including emergency procedures.

(b) Admitting for a maximum of 24 hrs to 10 days to provide emergency care with 2 to 9 beds at emergency department.

(c) Emergency medicines, supplies and equipments.

(d) Staff/duty room (can be shared).

5.2.2.5 Observation coach shall be arranged as the description of inpatient beds' arrangement.

5.2.2.6 The size of the door for the emergency room shall not be less than 1.5 meter.

5.2.2.7 The emergency premise shall allow patient dignity and privacy.

5.2.2.8 The rooms shall be arranged in such a way that the first encounter to an emergency patient coming from outside will be the emergency triage and resuscitation.

5.2.2.9 The psychiatric examination emergency room shall have additional doors through which escape is possible for mental health professional working there in the case of imminent assault by acutely disturbed violent patient.

5.2.2.10 The emergency room shall have the following facilities:

- a) Adequate water, light and ventilation.
- b) Fire extinguishers placed in visible area.
- c) Telephone
- d) Functional Hand washing basin in each room
- e) Sub waiting area for attendants and caregivers.

5.2.2.11 The emergency room shall have the following premise summery:

Room required	Number of rooms	Area required
Emergency examination room	1	12sq.m
Observation room with two beds	1	16sq.m
Toilet male & female (if ER is adjustment to OPD it can be shared)	2	4 sq.m each

5.2.3 Professionals

5.2.3.1 There shall be at least one **General Medical Practitioner** for emergency services for 24 hours a day and 365 days a year.

5.2.3.2 The staff assigned at emergency service shall have basic training on emergency triage assessment and treatment (ETAT)

5.2.3.3 The specialty centre shall assign emergency triage assessment and treatment (ETAT) trained focal person to look after the emergency service.

5.2.3.4 At least **a general practitioner** shall be available for emergency services at all times.

5.2.3.5 The center shall arrange Drill-exercise of emergency case management on regular at least quarterly among the teams assigned in the emergency service.

5.2.3.6 The emergency team for all the shifts shall contain a minimum of:

Professionals required	Minimum Number required
General practitioner	1
Mental health professional (optional)	1
Psychiatric nurse	1
Professional/clinical nurse	1

Cleaners	
Runner	

5.2.4 Products

5.2.4.1 The emergency service shall have readily arranged emergency medicines and supplies on cupboard or trolley.

5.2.4.2 There shall be at least two coaches at emergency examination room.

5.2.4.3 The emergency service shall have at least the following products:

- a) Vital sign equipments
 - Sphygmomanometer (paediatric and adult sizes),
 - Stethoscope,
 - Thermometer
 - Weight scale,
 - Tape meter
 - Glucometer
 - Torch,
 - Otoscope,
 - Ophthalmoscope,
 - Patella hammer,
 - Pulseoximetry
- b) Examination coach
- c) Stretcher with wheel
- d) Wheelchair
- e) IV Stand
- f) Medicine trolley
- g) EKG (Optional)
- h) Suction machine
- i) Defibrillator (Optional)
- j) Tracheotomy set (Optional)
- k) NG tube
- l) Minor surgical set
- m) Dressing set
- n) Different types of splints
- o) Mobile examination light/
- p) torch
- q) Oxygen supply: oxygen, cylinder with flow meter, trolley and nasal prongs
- r) Resuscitation set on trolley
- s) Intubation set
- t) Ambu bag

5.3. Inpatient services

5.3.1. Practice

- 5.3.1.1.** The psychiatric and rehabilitation specialty centre shall make inpatient service available 24 hrs a day and 365 days a year.
- 5.3.1.2.** The psychiatric and rehabilitation specialty center shall include at least the following service for admitted patients.
- a) Taking comprehensive medical and social history, comprehensive physical examination and performing relevant laboratory & other medical workups upon admission and when indicated,
 - b) Providing 24 hours nursing care service that complies with the nursing service standard,
 - c) Detailed round at least twice a week/ patient evaluation by the attending physician,
 - a) Referral service to health facilities where the service is available.
- 5.3.1.3.** The psychiatric and rehabilitation specialty center shall have clinical protocols for management of at least common causes of admission,
- 5.3.1.4.** The specialty center shall have a system to make follow up of patients by the same or equivalent physician.
- 5.3.1.5.** All admitted patients shall be under the supervised care of a licensed psychiatry/professional/clinical nurse at all times.
- 5.3.1.6.** The psychiatric and rehabilitation specialty center shall provide a clean gowns/ patient pyjamas, clean bed, bed sheet, blanket, bed spread, pillow and hygiene material to admitted patients.
- 5.3.1.7.** The specialty center shall secure the properties of admitted patients in a cabinet or room with shelves.
- 5.3.1.8.** The inpatient service shall have access to pharmacy, laboratory and imaging/diagnostic services as per their respective standards,
- 5.3.1.9.** The psychiatry and rehabilitation center shall have written protocol for admission and discharge.
- 5.3.1.10.** The inpatient service shall arrange the appropriate post discharge instructions and follow up.
- 5.3.1.11.** An accurate schedule for in patient service daily activities of patients shall be posted conspicuously in the unit.
- 5.3.1.12.** The Specialty center shall have a mechanism to contact the municipality or responsible body for burial service if there is no family/guardian for the deceased.

5.3.2. Premises

- 5.3.2.1.** The arrangement of rooms shall consider proximity between related services.
- 5.3.2.2.** The number of beds per room shall not exceed six (6) with the following specification.
- a) Distance of bed from fixed walls shall be 0.9 m

- b) Distance between beds shall be 1.2 m
- c) Adult beds shall have 1m width and 2m length
- d) Each bed room shall have alarm
- e) The rooms shall have safe and continuous water supply, light and ventilation
- f) Hand washing basins for each room.

5.3.2.3. Nurse's station shall be located in the middle of the inpatient room(s) with free access to all room and with Hand washing basin and toilet room at nurse station.

5.3.2.4. Inpatient service of the psychiatric center shall have the following rooms:

Rooms required	No. of Rooms Required	Area Required
• Admission rooms (with a maximum of 6 beds capacity)	2	96sq. m
• Isolation room(s)	1	9 sq. m
• Seclusion room	1	12sq.m
• Electro convulsive therapy (ECT room) (Optional)	1	16sq.m
• Nurse station	1	9 sq. m
• Store room/ shelve		
• Doctor's office	1	6 sq.m
• Toilet room with shower and hand washing basin [the inpatient toilet can be self contained in the admission rooms or can be separate]	2	4sq. m each
• Toilet for staff	1	4sq.m
• Duty rooms with lockers (male/ female) [Staff room for changing clothes] (shared with others)	2	8sq. m each
• General purpose store	1	12sq.m

5.3.3. Professionals

5.3.3.1. Psychiatrist shall be physically available during working hours at inpatient service unit.

5.3.3.2. One nurse for a maximum of five (5) patients per shift shall be available to provide nursing care services.

5.3.3.3. Support staff such as runner and cleaner shall be available all the time.

5.3.3.4. Engineer or technician for equipment maintenance and general facility maintenance shall be available during working hours and shall be also available either on duty or on call basis during non working hours.

5.3.3.5. The inpatient service shall have the following professionals:

Professionals required	Minimum Number required
Psychiatrist (shared from OPD)	1
Psychiatry professional nurse	1
Professional/clinical nurse	2

Social worker	1
Cleaners	
Runner	

5.3.4. Products

6.2.1.1. The following products shall be available for inpatient services.

- Beds
- Bed side cabinet
- Bed pans
- Urinal (Male and Female)
- Bed Pan carriage
- IV Stand
- Stretcher
- Wheel chair
- Safety Box
- Suction machine
- Resuscitation set
- Folding screens
- Over bed table(for feeding),
- General purpose trolley, two trays
- Thermometer
- Stethoscope
- Sphygmomanometer
- Fundoscope
- Otoscope (optional)
- Reflex hammer
- Minor operation set
- Dressing Set
- Enema Set
- Catheterization set
- Kick buckets,
- Cup board

5.5. Medical Laboratory Services

5.5.3. Practices

5.5.3.1. The specialty center shall have a minimum of basic laboratory service working for 24 hours a day & 365 days a year.

5.5.3.2. The following shall be rang of tests to be performed in an Basic Medical Laboratory

a) HEMATOLOGY

- White blood cell count
- Hemoglobin
- Hematocrit
- Differential count
- Platelet
- Hemoparasite
- MCH
- MCHC
- Erythrocytic Sedimentation Rate (ESR)
- MCV

b) CLINICAL CHEMISTRY

- Glucose
- Uric Acid
- Creatinine
- Urea
- Alkaline Phosphatase

- Aspartate Aminotransferase(AST)
 - Alanine Aminotransferase (ALT)
 - Bilirubin, Direct
 - Bilirubin, Total
 - Albumin
 - Cholesterol
 - Triglycerides
- c) URINE
- Urine analysis Qualitative
- d) PARASITOLGY
- Stool Examination
- e) BACTERIOLOGICAL EXAMINATION
- Gram Stain
 - AFB Stain
 - KOH
- f) SEROLOGICAL TESTS AND OTHER TESTs
- Widal-welifliex
 - HBsAg
 - H.Pylori
 - High Density Lipoprotein(HDL)
 - Low Density Lipoprotein (LDL)
 - LDH
 - LDL/HDL Ratio
 - Sodium
 - Potassium
 - Chloride
 - γ -GT
 - Urine Microscopy
 - Occult blood test
 - RPR (syphilis)
 - HCG

- 5.5.3.3. The specialty center laboratory shall have written procedures for the following:
- a) Procedure manuals (Standard Operating Procedure, SOP) or guidelines for all tests and equipments,
 - b) Report times for results(established turnaround time)
 - c) Quality assurance and control processes,
 - d) Inspection, preventive maintenance & calibration of all equipment,
 - e) Management of reagents including availability, storage, and testing for efficacy,
 - f) Procedures for collecting, identifying, processing and disposing of specimens,
 - g) All normal ranges for all tests shall be stated
 - h) Laboratory safety program, including infection control
 - i) Documentation of quality Assessment, calibration report and refrigerator readings.
- 5.5.3.4. The laboratory shall follow standard operating procedures (SOP) and conduct routine quality assessments to ensure reliable and cost-effective testing of patient specimens.
- 5.5.3.5. The process of analysis shall be specified by validated written or electronic procedures maintained in and by the laboratory.
- 5.5.3.6. The Specialty center Laboratory staff shall prepare criteria for acceptance and rejection of clinical specimens.

- 5.5.3.7. The Specialty center laboratory shall maintain a record of all samples received.
- 5.5.3.8. The laboratory for specialty center shall establish an external quality control system.
- 5.5.3.9. The specialty center Laboratory shall produce report which shall contain the following:

- a) All laboratory test result/reports shall have reference (normal) ranges.
- b) Copies or files of reported results shall be retained by the laboratory such that prompt retrieval of the information is possible. The length of time that reported data are retained shall be 5 years for legal reason minimal errors or loss of patient test results.
- c) Reports shall be filed with the patient's medical record and duplicate copies shall be filed in the laboratory in a manner which permits ready identification and accessibility and with appropriate backup.
- d) In the case of laboratory tests performed by an outside laboratory, the original report from such laboratory shall be contained in the medical record.
- e) Quality assured test results shall be reported on standard forms to the general medical practitioner with the following minimum information:

- Patient identification (patient name, age, gender).
 - Date and time of specimen collection.
 - The test performed and date of report.
 - The reference or normal range.
 - The name and initial of the person who performed the test, and the authorized signature of the person reviewing the report and releasing the results.
 - Specialty center address.
- f) Laboratory results shall be legible, without transcription mistakes and reported only to persons authorized to receive them.
 - g) The laboratory shall have protocol and procedures in place to protect the privacy of patients and integrity of patient records whether printed or electronic. Protocols shall be established which define who may access patient data and who is authorized to enter and change patient results.

5.5.3.10. When reports altered, the record shall show the time, date and name of the person responsible for the change.

5.5.3.11. Safety signage shall be posted in the laboratory.

5.5.3.12. Wearing of protective clothing of an approved design (splash proof), always fastened, within the laboratory work area and removed before leaving the laboratory work area.

- 5.5.3.13. There shall be a policy and procedure for regular calibration and running of control tests for laboratory equipments: semi-automated/ automated machines. Documentation shall be maintained.
- 5.5.3.14. Laboratory shall have a documented and recorded programme of preventive maintenance which at a minimum follows the manufacturer's recommendations.
- 5.5.3.15. Equipment shall be maintained in a safe working condition. This shall include examination of electrical safety, emergency stop devices. Whenever equipment is found to be defective, it shall be taken out of service and clearly labelled.
- 5.5.3.16. There shall be a written safety procedure for handling hazardous chemical reagents used in the laboratory. The procedure shall define at least the following:
- a) The storage requirements,
 - b) Handling procedures,
 - c) Requirements for personal protective equipment,
 - d) Procedures following accidental contact or overexposure,

5.5.4. Premises

- 5.5.4.1. The laboratory shall have adequate lighting, ventilation, water, waste and refuse disposal.
- 5.5.4.2. The laboratory shall have controlled temperature of refrigerator. For which recordings shall be documented.
- 5.5.4.3. The laboratory facilities shall meet at least the following general requirements:
- a) Reliable supply of running water,
 - b) The laboratory rooms shall have two separate sinks, one for general laboratory use and the other reserved for hand washing,
 - c) Continuous power supply,
 - d) Fitted with laboratory benches, Working surface covered with appropriate water proof, corrosive resistance materials,
 - e) Laboratory stools for the benches.
 - f) Laboratory furniture shall be capable of supporting anticipated loading and uses.
 - g) Spaces between benches, cabinets, and equipment shall be accessible for cleaning.
 - h) Lockable doors and cupboards.
 - i) Closed drainage from laboratory sinks (to a septic tank or deep pit)
 - j) Separate toilets for staff and patients.

5.5.4.4. Emergency of safety services such as deluge showers and eye-wash stations, fire alarm systems and emergency power supplies shall be included in the laboratory services design specifications.

Rooms required	No. of Rooms Required	Area Required
• Laboratory room (can be 1 room with open platform)	1	48 sq. M
○ Specimen collection	1	6sq. M
○ Hematology & clinical chemistry	1	12sq. M
○ Parasitology, urinalysis & serology	1	9sq. M
○ Bacteriology	1	6sq. M
○ Disinfection & sterilization room (shared)	1	9sq. M
○ Duty room	1	6sq.m

5.5.5. Professionals

5.5.5.1. The laboratory service shall be directed by a licensed medical laboratory technologist.

5.5.5.2. The specialty center shall have & maintain Job descriptions including qualification for each lab staff.

Professional required	Number required
Laboratory technologist	1
Laboratory technician	1

5.5.6. Products

5.5.6.1. Paediatrics medicine Specialty center medical laboratory shall have the following equipments:

- | | |
|------------------------------------------|------------------------------|
| a) Safety cabinet,(optional) | b) Lab bench, |
| c) Autoclave | j) Incubator, |
| d) Dry oven, | k) WBC chamber, |
| e) Refrigerator with thermometer, | l) Water bath, |
| f) Bunsen Burner, | m) Assorted lab glass wares, |
| g) ESR stand | n) Biohazard bag, |
| h) ESR tubes, | o) Safety box, |
| i) Distil Water /distillation apparatus, | |

5.5.6.2. The minimum equipments for Clinical chemistry services:

- | | |
|--------------------------------------------------------------|---------------------------------------|
| a) Clinical chemistry analyzer (Automated or semi automated) | d) Micropipettes of different volumes |
| b) Glucometer | e) Timer with alarm |
| c) Power surge protectors/UPS | f) Printer |

5.5.6.3. The minimum equipments for Parasitological & Urine:

- a) Binocular Microscope,
- b) Slides

5.5.6.4. The minimum equipment for Haematology:

- a) Haemoglobinometer
- b) Haematology analyzer (Automated)
- c) Blood roller/mixer
- d) Binocular microscope x10, x40, x100
- e) Haemocytometer
- f) Differential counter
- g) Centrifuge
- h) Timer
- i) Shaker/ Roller

5.5.6.5. The following minimum consumables, Lab Chemicals and solutions shall be required.

- a) Wright stain
- b) Giemsa stain
- c) Formalin
- d) Oil immersion
- e) Carbol fuchsin
- f) Methylene blue
- g) Acetone
- h) Crystal violet
- i) Gram's iodine
- j) Methanol
- k) Safranin
- l) Glacial acetic acid
- m) Ether
- n) 75% alcohol
- o) 0.85% NaCl
- p) KOH
- q) Urine strip of 10 parameter
- r) HCG Test kit
- s) Occult blood reagents
- t) Vacutainer EDTA tube of 4ml
- u) Vacutainer plain tube of 10ml
- v) Vacutainer needle holder
- w) Vacutainer needle/Syringe with needle of different sizes
- x) Tourniquet
- y) Slide and cover slide
- z) Micropipette of different sizes (5 μ l -1000 μ l)
- aa) Thermometer
- bb) Conical urine test tubes
- cc) Disposable plastic pipettes (1 ml-5ml)
- dd) Sterile urine cups
- ee) Falcon tube
- ff) Stool cup
- gg) Nunc tubes(optional)
- hh) Cryoboxes
- ii) Test tube racks
- jj) Slide boxes
- kk) Lens paper
- ll) Disposable gloves
- mm) Cotton Roll
- nn) Applicator sticks
- oo) ESR rack
- pp) Westergren tube
- qq) Test tube racks

5.6. Pharmacy Services

5.9.1. Practices

Dispensing and Medication Use Counselling

- 5.9.1.1. Standard operating procedure (SOP) for dispensing and medication use counselling shall be established to ensure patients' safety and correct use of medications.
- 5.9.1.2. Dispensers shall make sure that prescriptions are legible, written by authorized prescriber and complete. Prescription papers shall be standardized and must contain at least the following information and the prescriber shall complete all these information:
 - a) Name of patient, sex, age and medical record number,
 - b) Diagnosis and allergy, if any,
 - c) Name of the medicines, strength, dosage form, dose, frequency, and route of administration,
 - d) Duration of treatment,
 - e) Prescriber's name, qualification and signature,
 - f) Prescriber's address (name and address of Specialty center).
- 5.9.1.3. The containers used for dispensing shall be appropriate for the product dispensed and all containers intended for pharmaceuticals shall be protected and kept free from contamination, moisture and light.
- 5.9.1.4. All pharmaceuticals to be dispensed shall be labelled and the labels shall be unambiguous, clear, legible and indelible. The following minimum information shall be indicated on the label/ sticker:
 - a) the generic name of the product or each active ingredient, where applicable;
 - b) the strength, dose, frequency of administration and total quantity;
 - c) the name of the person for whom the medicines are dispensed;
 - d) the name of the prescriber and patient card number;
 - e) the directions for use and route of administration tailored to patient or caregiver literacy and language;
 - f) the name and business address of the dispenser;
 - g) date of dispensing;
 - h) Expire date
 - i) Special precautions as applicable
- 5.9.1.5. Filled prescriptions shall be signed and accountability must be accepted by the dispensing Pharmacist.

- 5.9.1.6. Each psychiatry and rehabilitation Specialty center shall establish and implement policies, guidelines and procedures for reporting any errors or any suspicion in administration or provision of prescribed medications.

Control of Drug Abuse, Toxic or Dangerous Drugs

- 5.9.1.7. The specialty center shall establish Policies and procedures to control the administration of narcotic drugs and psychotropic substances with specific reference to the duration of the order and the dosage in accordance with relevant laws.
- 5.9.1.8. A record of the stock on hand and of the dispensing of all these drugs shall be maintained in such a manner that the disposition of any particular item may be readily traced.
- 5.9.1.9. A licensed pharmacist shall dispense all controlled substances (narcotic and psychotropic drugs) to the authorized health professional designated to handle controlled substances in the specialty center. When the controlled substance is dispensed, the following information shall be recorded into the controlled substances (proof-of-use) record.
- a) Name and signature of Pharmacist dispensing the controlled substance
 - b) Name and signature of designated licensed person receiving the controlled substance.
 - c) The date and time controlled substance is dispensed.
 - d) The name, the strength, and quantity of controlled substance dispensed.
 - e) The serial number assigned to that particular record, which corresponds to same number recorded in the pharmacy's dispensing record.
- 5.9.1.10. When the controlled substances are not in use, they shall be maintained in a securely locked, substantially constructed cabinet or area. All controlled substance storage cabinets shall be permanently affixed. Controlled substances removed from the controlled substance cabinet shall not be left unattended.
- 5.9.1.11. The administration of all controlled substances to patients shall be carefully recorded into the standard record for controlled substances and returned back to the Pharmacist upon refill of controlled substances. The following information shall be recorded during administration to patients.
- a) The patient's name, card number
 - b) The name of the controlled substance and the dosage administered.
 - c) The date and time the controlled substance is administered.
 - d) The signature of the practitioner administering the controlled substance
 - e) The wastage of any controlled substance.
 - f) The balance of controlled substances remaining after the administration of any quantity of the controlled substance

- g) Day-ending or shift-evening verification of count of balances of controlled substances remaining and controlling substances administered shall be accomplished by two (2) designated licensed persons whose signatures shall be affixed to a permanent record.
- 5.9.1.12. All partially used quantities of controlled substances shall be licensed in to the control substance record and returned back to the responsible Pharmacist for control substances for disposal.
- 5.9.1.13. All unused and unopened quantities of controlled substances which have been removed from the controlled substance cabinet shall be returned to the cabinet by the practitioner at the end of each shift.
- 5.9.1.14. Any return of controlled substances to the pharmacy in the Specialty center shall be documented by a licensed Pharmacist responsible for controlled substance handing in the Specialty center.
- 5.9.1.15. The Specialty center shall implement procedures whereby, on a periodic basis, a licensed Pharmacist shall reconcile quantities of controlled substances dispensed in the Specialty center against the controlled substance record. Any discrepancies shall be reported to the head of the center. Upon completion, all controlled substance records shall be returned to the pharmacy by the designated responsible person.
- 5.9.1.16. The center shall submit regular report to the appropriate organ regarding the consumption and stock of controlled drugs.

Adverse Drug event, DIS, ADE/ Pharmacovigilance

- 5.9.1.17. The pharmacy of the specialty center shall appoint an ADE (adverse drug event) focal person responsible for the collection, compilation, analysis and communication of adverse drug reaction, medication error and product quality defects related information to the DTC and then to EFDA
- 5.9.1.18. Health professionals of the speciality center shall be responsible to report suspected ADE cases to the ADE focal person.
- 5.9.1.19. DTC shall discuss and make necessary recommendations to the center's management for decision on adverse drug event reported within the health facility.
- 5.9.1.20. The pharmacy of the center shall consistently update the safety profile of medicines included in the formulary list for immediate medicines use decisions and consideration during the revision of the list.
- 5.9.1.21. Adverse medication effects shall be noted in the patient's medication record.
- 5.9.1.22. All the ADE reports, patient identity, reporters and medicine trade names shall be kept confidential.

5.9.1.23. The reporting of ADE shall be done by the national ADE prepaid yellow form prepared by EFDA

Pharmaceutical Supply and Management

5.9.1.24. A drug and therapeutics committee (DTC) representing different service units of the center shall be in place for selection of medicines and ensure proper use

5.9.1.25. The purchase of pharmaceuticals shall be the responsibility of a pharmacist who is assigned to manage and control the supply of medicines.

5.9.1.26. The center shall have procurement protocol to ensure the continuous supply of safe, quality and effective medicines.

5.9.1.27. The center shall introduce and maintain stock control system (manual and/or computerized system) in the pharmacy store and dispensaries.

5.9.1.28. The center shall be responsible to make sure that pharmaceuticals promotion made by suppliers or manufacturers in the center's premises is made by a registered pharmacist in accordance with the country's laws.

5.9.1.29. The center shall be responsible to make sure that donation of pharmaceuticals has been made in accordance with the country's laws.

5.9.1.30. The responsible pharmacist shall ensure that all medicine storage areas are inspected regularly to ensure that:

- a) pharmaceuticals are stored and handled in accordance with the pharmaceutical manufacturer's requirements and regulatory standards
- b) expired or obsolete pharmaceuticals are stocked separately until disposition
- c) pharmaceuticals requiring special environmental conditions shall be stored accordingly
- d) Temperature and humidity are maintained according to manufacturer's requirement
- e) stock levels are adequate to ensure the continuous supply and acceptability of pharmaceuticals at all times, including the availability of essential medicines as per the latest edition of the medicines formulary list
- f) inflammable substance are stored separately and in an appropriate manner
- g) disinfectants and preparations for external use are stored separately from pharmaceuticals for internal use

5.9.1.31. Special storage conditions shall be maintained for pharmaceuticals requiring cold chain system, controlled substances, radiopharmaceuticals and medical gases.

5.9.1.32. Fire fighting equipment or system shall be installed to pharmaceutical storage places

- 5.9.1.33. Distribution of pharmaceuticals within a center shall be under the direction and control of a pharmacist and must be in accordance with the policy developed by DTC. All issuing activities shall be made using official and serially numbered vouchers.
- 5.9.1.34. Written SOPs shall be provided on how supplies of stock are to be obtained from the pharmaceuticals store. Procedures must define normal action to be taken by pharmaceutical staff for routine stock replacement and action to be taken in the case of incomplete documentation or other queries.
- 5.9.1.35. Written procedures shall be available for the return of expired, damaged, leftover and empty packs from outlets to pharmaceuticals store to prevent potential misuse.
- 5.9.1.36. The center shall maintain stock control system (manual and/or computerized system) in the central medical store and dispensary.
- 5.9.1.37. Daily medicines consumption at different outlets of the center shall be recorded, compiled, analyzed and reported.
- 5.9.1.38. The center pharmacist who is responsible for the management of pharmaceuticals should conduct regular medicines use studies to ensure maximum patient benefit from the formulary list

Medicines Waste Management and Disposal

- 5.9.1.39. The disposal of medicine wastes shall be in compliance with the medicines waste management and disposal directives issued by EFDA.
- 5.9.1.40. Specialty center pharmacy shall take responsibility, through supportive policies and procedures for the environmental and societal safety by efficiently managing the pharmaceutical wastes.
- 5.9.1.41. All personnel involved in medicines waste handling shall be trained and/or well informed about the potential risks of hazardous medicines waste and their management.
- 5.9.1.42. Cleaners or anybody to handle hazardous pharmaceutical wastes shall wear protective devices like apron, plastic shoes, gloves, head gears and eye glasses when the need arises.
- 5.9.1.43. Solid wastes from the pharmacy shall be categorized as “hazardous” and ‘non-hazardous” and shall be collected separately for proper treatment.
- 5.9.1.44. All hazardous chemicals spills shall be immediately reported to head of the pharmacy or responsible person for safety (if available) to minimize the risk and take immediate action.
- 5.9.1.45. Spillages of low toxicity shall be swept into a dust pan and placed into a suitable container for that particular chemical and dispose accordingly.

- 5.9.1.46. Medicines in single dose or single use containers which are open or which have broken seals, medicines in containers missing medicines source and exact identification (such as lot number), and outdated medications shall be collected to the pharmacy for disposal.
- 5.9.1.47. The Specialty center shall form a pharmaceutical waste disposal committee to ensure safety, accountability and transparency.
- 5.9.1.48. Disposal of pharmaceutical wastes shall be supported by proper documentation including the price, batch number & expiry date of the products for audit, regulatory or other legal requirements.

Recording

- 5.9.1.49. There shall be a standardized Prescription Registration Book for recording prescriptions and dispensed medicine. A computerized dispensing and registration system with backup can be used instead if available.
- 5.9.1.50. Each patient with a chronic disease shall have a separate Patients Medication Profile Card (PMP) that should be filled appropriately with all the relevant information for each patient. A computerized system with backup can be used instead if available.
- 5.9.1.51. Controlled and non-controlled prescriptions shall be documented and kept in a secure place that is accessible only to the authorized personnel for at least five and three years respectively.
- 5.9.1.52. Patient and medication related records and information shall be documented and kept in a secure place that is easily accessible only to the authorized personnel

Billing

- 5.9.1.53. Pharmaceuticals shall be received and issued using standard receiving and issuing vouchers with serial number. Issuing and receiving of pharmaceuticals has to be signed by both the receiver and issuer and approved by an authorized Pharmacist. Receiving and issuing vouchers shall have the following minimum information.
- a) Name of medicines received and issued,
 - b) Unit of measurement, quantity and source (supplier's or manufacturer's name) of medicines,
 - c) Expiry date and batch number,
 - d) Unit and total price,
 - e) Date received and issued,
 - f) Name and signature of receiver and issuer,
 - g) Address of the Specialty center,

- 5.9.1.54. All medicines issued from the pharmacy dispensary shall be dispensed/ sold using standard sales ticket with serial number. Sales tickets shall be signed and stamped.
- 5.9.1.55. Dispensing pharmacies shall use a standard stamp and seal for approving legal transactions.
- 5.9.1.56. The consumer has the right to know the exact price of a prescription before it is filled on sales ticket.

Organization Management and Quality Improvement

- 5.9.1.57. A multidisciplinary drug and therapeutic committee chaired by the medical director and supported by a licensed pharmacist representing the center pharmaceutical services as a secretary must be functional for the overall improvement of pharmaceutical services in the center.
- 5.9.1.58. The pharmaceutical services shall be represented by a licensed senior pharmacist in every management meetings of the center.
- 5.9.1.59. Customer satisfaction survey on pharmaceutical services shall be conducted at least once in a year and measures shall be taken in accordance with survey findings.
- 5.9.1.60. There shall be a program of continuous quality improvement for the pharmaceutical service that is integrated into the center continuous quality improvement program and includes regularly collecting and analyzing data to help identify pharmaceutical service problems and their extent, and recommending, implementing, and monitoring corrective actions on the basis of these data.
- 5.9.1.61. The pharmaceutical service shall have in effect a patient profile system for monitoring medicine therapy. This system shall be used by the center to identify inappropriate prescribing practices and develop interventions.
- 5.9.1.62. The medicines supply and management officer shall inspect all patient care areas in the center, where medicines intended for administration to patients are stored, dispensed, or administered at least once every two months. The pharmaceutical service shall maintain a record of the inspections and action taken for identified problems.
- 5.9.1.63. A quality improvement program of the pharmaceutical service shall monitor, at a minimum, the use of medicines, including medication errors and use of antibiotics. Serious or consistent patterns of medication error shall be reported to the drug and therapeutics committee or its equivalent for correction and this must be documented.

5.9.2. Premises

- 5.9.2.1. Entrances, dispensing counters and doorways shall be accessible to persons with disability.

- 5.9.2.2. The dispensing environment (dispensing counter and counselling area) shall ensure confidentiality and allow simultaneous service delivery for multiple customers by multiple providers.
- 5.9.2.3. Dispensing counter &/ or counselling area shall be designed to secure patient privacy and confidentiality.
- 5.9.2.4. The ceiling height of the pharmacy store shall not be less than 2.6m. This height requirement shall increase depending on the climatic condition of the area
- 5.9.2.5. The wall and floor shall be constructed to protect the safety of pharmaceuticals from burglary, rodents, direct sunlight, moisture and others.
- 5.9.2.6. Medicines shall be shelved a minimum of 20cm above the floor, 1m wide between shelves and 50cm away from the wall and ceiling. If pallets are used, there shall be 20cm above the floor, one meter between pallets and 50cm away from the wall.
- 5.9.2.7. The pharmacy premises shall have the following minimum space at different service delivery points.
- 5.9.2.8. In general, minimum standard for pharmacy premises for psychiatry and rehabilitation specialty center shall be as indicated below

Rooms required	No. of Rooms Required	Area Required
○ Medicines shelves, working space, dispensing counter and patient waiting area	1	25sq. m
○ Pharmacy store	1	25sq. m
○ Counselling area	1	
○ Cashier window		
○ Duty room	1	6sq.m
○ Office shared	1	

5.9.3. Professional

- 5.9.3.1. The pharmacy service shall be directed by a licensed pharmacist.
- 5.9.3.2. The dispensing of all prescriptions and medication use counseling shall be carried out by licensed pharmacists.
- 5.9.3.3. The pharmacy service shall have the following professionals

Profession required	Number required
Pharmacist /clinical pharmacist	1
Pharmacy technician	1
Cleaner (shared)	
Cashier	

5.9.4. Products

5.9.4.1. The pharmacy in Specialty center shall have medicine lists within the framework of the national medicine list prepared by the regulatory authority.

5.9.4.2. In general, minimum standard for pharmacy equipment and facilities shall be as follows.

Equipment and facilities.

- | | |
|--------------------------------------------|----------------------------|
| a) Deep freezer (optional) | f) Scissors |
| b) Refrigerator with
Thermometer | g) Weighing scale |
| c) Tablet counter | h) Room thermometer |
| d) Calculator | i) Balance |
| e) Table and chair | j) Telephone line |

5.10. Ambulance Service standards

5.10.1. Practice

5.10.1.1. The ambulance service shall be provided to every emergency patient who needs the service.

5.10.1.2. The ambulance service shall be available 24 hrs a day and 365 days a year,

5.10.1.3. The ambulance service shall provide the following services to patients with urgent need of medical attention or in a medical emergency.

- a) Transportation service from the Specialty center to other health facilities
- b) Clinical examinations including brief history, vital signs, very pertinent physical examination and glucose test when needed
- c) Clinical life saving support that includes:
 - Fluid resuscitation
 - Bleeding control
 - Air way cleaning , oxygen administration, severe asthma management
 - Immobilizing a fracture
 - Providing anti-pain
 - Managing seizure
 - Providing emergency medicines

5.10.1.4. The ambulance service shall comply with the patient rights standards stated under this standard.

5.10.1.5. Up on arrival to the Specialty center the ambulance staff shall transfer the patient to the emergency service. The handover of patients shall be accompanied by a written document which at least includes identification, date, time and services provided until arrival to the Specialty center.

5.10.1.6. If death happens on the way to a Specialty center, the dead body shall be taken to this specialty center and death shall be confirmed. Dead body care shall be provided as per the standards stated under the morgue service standard.

5.10.1.7. Ambulances of the Specialty center shall serve only for designated emergency medical services

5.10.1.8. After providing a service the vehicle shall be cleaned and disinfected

5.10.1.9. The ambulance kit shall be checked every time after providing the service

5.10.2. Professionals

5.10.2.1. There shall be emergency medical technician for ambulance service.

5.10.2.2. The nurses pulled from emergency service shall be trained on emergency medical services

5.10.2.3. The driver shall be trained on emergency situation management,

5.10.3. Products

5.10.3.1. The Specialty center shall avail ambulance car which shall have adequate space for accommodating the following whenever required:

a) A foldable stretcher

b) Ambulance Bed (couches) with security belts, fixed chair that is designed for ambulances

c) Medical box for items needed for providing immediate life saving support.

d) Log book (stating time of call, time of arrival, time of return)

5.10.3.2. The vehicle shall be labelled and have siren and emergency light.

5.10.3.3. The vehicle shall have adequate internal light and ventilation.

5.10.3.4. The vehicle shall fulfil requirements of road transport authority.

5.10.3.5. Ambulance kit:

(a) Medicines:

- Anti pains,
- Adrenaline inj.,
- Hydralazine inj.,
- IV fluids (all types),
- Dextrose 40%,
- Diazepam inj.,
- Phenytoin inj.,
- Atropine inj.

(b) Supplies

- IV cannula,
- IV stand,
- syringe with needle,
- tourniquet,
- plaster,
- gauze,
- bandage,
- spatula,
- antiseptic solution,
- catheters
- tourniquet
- Personal protective devices (gown, mask, gloves, goggles)
- Waste disposing containers
- Support material for immobilization purpose

(c) Equipment:

- Minor surgical set,
- Oxygen supply,
- Ambu bag,
- suction machine,
- Stethoscope,
- sphygmomanometer,

- thermometer,
- Portable radio or telephone,
- C-collar
- Log roller
- Emergency tracheostomy
(wide bore needle
insertion),
- air way,
- laryngeal mask,
- intubation set,
- Glucometer,

5.11. Morgue Services

5.11.1. Practices

5.11.1.1. The Specialty center shall have written protocol and procedures for dead body care services. These protocol shall delineate the responsibilities of the medical staff and nursing staff and shall include procedures for at least the following:

- a) Identification of the body, recording and labelling,
- b) Safe and proper handling of the body to prevent damage and this shall be according to the patient religion and culture,
- c) Treatment of the dead body with formalin,
- d) Safeguarding personal effects of the deceased and release of personal effects to the appropriate person,
- e) Proper handling of toxic chemicals by morgue and housekeeping staff,
- f) Infection control, including disinfection of equipment as per IP standard,
- g) Identifying & handling high-risk and/or infectious bodies,
- h) Release of the body to the family shall be as immediately as possible,

5.11.1.2. There shall be a death certificate issued by authorized medical practitioner for each death and this shall be documented.

5.11.1.3. The specialty center shall provide the necessary care for dead body until delivered to the relatives/ care givers.

5.11.1.4. The service shall be available for 24 hours a day and 365 days of a year.

5.11.1.5. Any dead body shall be sent to/ pass through morgue after death confirmation.

5.11.2. Premises

5.11.2.1. The morgue premises at specialty center shall fulfill at least the followings:

- (a) Dead body care & stay room,
- (b) Adequate Water supply,

- (c) Well ventilated,
- (d) Adequate supply of light,
- (e) Hand wash sink,

5.11.2.2. The morgue premises shall be secured and provided with lock.

5.11.3. Professionals

5.11.3.1. The morgue service shall have the following designated personnel:

- (a) Morgue attendant,
- (b) Cleaner.

5.11.4. Products

5.11.4.1. The center shall have at least two couches (double deck if possible).

5.11.4.2. The center should have body refrigerator which shall be maintained at temperatures between 0° and 6.6°C (32° and 45° Fahrenheit) and shall have an automatic alarm system that monitors the temperature.

5.11.4.3. In addition, the following products shall be available for morgue services:

- | | |
|-------------------------|----------------------------------------|
| (a) Plastic sheets | (k) Head cover |
| (b) Stretcher | (l) Goggles |
| (c) Formalin | (m) Disinfectants |
| (d) Syringe with needle | (n) Plastic bags |
| (e) Detergents | (o) White loose fabric/ clothes |
| (f) Cotton | (p) Body table with running water sink |
| (g) Gloves | (q) Cupboard |
| (h) Aprons | (r) Scissor |
| (i) Boots | |
| (j) Gowns | |

5.12. Infection Prevention

5.12.1. Practices

5.12.1.1. All activities performed for infection prevention shall comply with the national infection prevention guidelines.

5.12.1.2. Infection prevention and control shall be effectively and efficiently governed and managed.

5.12.1.3. The Specialty center shall identify the procedures and processes associated with the risk of infection and shall implement strategies to reduce infection risk.

5.12.1.4. The Specialty center shall perform the following infection risk-reduction activities:

- a) equipment cleaning and sterilization in particular invasive equipment
- b) laundry and linen management
- c) disposal of infectious waste and body fluids
- d) handling and disposal of blood and blood components
- e) kitchen sanitation and food preparation and handling
- f) Operation of the mortuary and postmortem area;
- g) disposal of sharps and needles
- h) separation of patients with communicable diseases from patients and staff who are at greater risk due to immune-suppression or other reasons
- i) management of hemorrhagic (bleeding) patients
- j) Engineering controls, such as positive ventilation systems, biological hoods in laboratories and thermostats on water heaters.

5.12.1.5. The following written policies and procedures shall be maintained:

- a) Hand hygiene
 - Standard precautions for hand hygiene
 - Personal protective measures
 - Monitoring and surveillance of hand hygiene practices
- b) Transmission-based precautions
 - Contact precautions
 - Droplet precautions
 - Airborne precautions
- c) Post-Exposure Prophylaxis programming (PEP) for some communicable diseases like rabies, HIV, meningitis
 - Standard precautions to follow

- PEP policy
- Procedures for PEP
- d) Environmental infection prevention
 - General Specialty center hygiene
 - Structural infection prevention
 - Physical Specialty center organization
- e) Waste management
 - Cleaning medical instruments
 - Implementation of a disposal system
 - Handling medical waste
 - Waste removal

5.12.1.6. The following specific standard precautions shall be practiced and the Specialty center shall have its own guidelines:

- a) Hand hygiene shall be performed after touching blood, body fluids, secretions, excretions, and contaminated items, both immediately after removing gloves and between patient contacts.
 - Thorough hand washing
 - Use disinfectants
 - Standard procedure for using anti-septic cleaner
- b) The Specialty center staff shall consider that every patient is infectious
- c) The Specialty center shall have personal protective equipment such as gloves, mask, eye protection (goggles) and face shield
 - Gloves shall be worn in the following situations but not limited to:
 - When there is direct contact with exposed wounds, blood, body fluids, body organs or any type of lesion.
 - When drawing blood or handling medical instruments involved with invasive procedures (catheters, IV insertion, probes, etc.).
 - When there is contact with a patient who might be infectious.
 - When handling contaminated items.
 - When cleaning patient areas.
 - Gowns shall be worn when but not limited to:
 - Performing surgical procedures,
 - Splattering of blood or body fluids is possible,

- Handling bulk soiled linen (housekeeping),
 - Performing waste collection for infectious waste,
 - Handling any type of medical waste,
 - Conducting Specialty center laundry washing.
- Masks, goggles, or other types of face shields shall be worn when but not limited to:
 - Splattering of blood or body fluids to the face is possible,
 - Handling biohazardous and soiled linens
 - Performing waste collection for hazardous or non-hazardous waste.
- d) Soiled patient-care equipment, textiles and laundry shall be handled appropriately
- e) Any type of face shield that is apparently soiled or splattered with body fluids shall be washed and sterilized with a disinfectant.
- f) Procedures shall be developed and implemented for routine care, cleaning, and disinfecting environmental surfaces, especially frequently touched surfaces in patient care areas.
- g) Used needles shall not be recapped, bent, broken, or manipulated by hand. Single handed scoop technique shall only be used when recapping is required.
- h) Safety features shall be used when available and used "sharps" shall be placed in a puncture-resistant container specially designated bin for hazardous waste.

5.12.1.7. There shall be transmission-based precautions and the Specialty center shall have its own guideline for the followings:

- a) Contact precautions
- Shall be intended to reduce the risk of transmission through direct and indirect contact with an infectious patient.
 - Shall be used when a patient is known to have a specific disease that is easily transmitted by direct contact.
 - Shall be used for known multi-drug resistant disease, such as some forms of TB.
 - Shall exercise strict barrier precautions for any type of contact with the patient and their surrounding environment.
 - Do not share medical equipment between patients
 - Clean surfaces near patients daily
 - Wash linens and surfaces after patient discharge
 - Clean medical equipment

b) Droplet precautions

c) Airborne precautions (for diseases like SARS ,TB, Swine flu, etc)

- Isolation room
- Negative pressure in relation to surrounding areas
- A minimum of 6-9 air exchanges per hour
- Air discharged outside the building and away from intake ducts, or through a high-efficiency filter if re-circulated
- Door kept closed whether or not patient is in the room
- After discharge door kept closed until sufficient time has elapsed to allow removal of airborne organisms
- Patient confined to room
- Room shall have toilet, hand washing and bathing facilities

5.12.1.8. Each Specialty center site shall train all staff on how to minimize exposure to blood-borne diseases. These include:

- a) Immediate first aid
- b) Reporting exposures
- c) Assign area for starter packs 24-hours access per day
- d) Counseling and testing for exposed staff
- e) Reporting and monitoring protocols
- f) Evaluate PEP program

5.12.1.9. The infection prevention committee or designate shall have written protocols, procedures and shall oversee the following activities and this shall be documented:

- a) Developing the health facility annual infection prevention and control plan with costing, budgeting and financing
- b) Monitoring and evaluating the performance of the infection prevention program by assessing implementation progress as well as adherence to IPC practice
- c) Conducting surveillance to monitor nosocomial infections, antimicrobial use and outbreaks of infectious diseases.
- d) Formulating a system for surveillance, prevention and control of nosocomial infections.
- e) Reviewing surveillance data, reporting findings to management and other staff and identifying areas for intervention
- f) Assessing and promoting improved IPC practice within the Specialty center
- g) Developing an IEC strategy on IP for health-care workers

h) Ensuring the continuous availability of supplies and equipment for patient care management

i) Monitoring, providing data and measuring the overall impact of interventions on reducing infection risk

5.12.1.10. The Specialty center shall provide regular training on infection prevention and control practice to staff, patients and as appropriate, to family and caregivers

5.12.1.11. The following training guidelines shall be available

a) Prevention of the spread of infections

b) Improving the quality of patient care

c) Promoting safe environment for both patients and staff

5.12.1.12. The Specialty center shall have procedures in place to minimize crowding and manage the flow of visitors. This shall include

a) Patient crowd control

b) Assess urgent and non-urgent cases

c) Patient sign-in

d) Caregiver and visitor control.

5.12.2. Premises

5.12.2.1. The center shall have a dedicated office for IP officer,

5.12.2.2. The center shall have a room or area for temporary storage of waste containers,

5.12.2.3. The Specialty center shall have a centralized sterilization room as per the surgical service standards.

5.12.2.4. The center shall have incinerator with ash and burial pits.

5.12.2.5. The center may have placenta pit (Mandatory for MCH center).

5.12.3. Professionals

5.12.3.1. The Specialty center shall have a designated staff to serve as IP infection prevention and control officer.

5.12.3.2. The officer shall be a licensed infectious diseases specialist or IP trained health professional (physician or health officer or nurse), or a public health specialist knowledgeable of infection prevention principles and health care epidemiology.

5.12.4. Products

5.12.4.1. The Specialty center shall have the following adequate supplies and equipment needed for infection prevention and control practice.

a) Waste management equipment and supplies:

- Safety boxes
- Garbage bins
- Wheelbarrows
- Large garbage bin
- Plastic garbage bags

b) Cleaning

- Mop
- Bucket
- Broom
- Dust mop
- Cleaning cloth
- Detergent
- Bleach

c) Laundry

- Washing machine
- Sink
- Washing basin
- Drying rack/line
- Dryers
- Irons
- Trolley
- Detergent
- Bleach

d) Instrument processing:

- Autoclaves and steam sterilizers
- Test strips
- Boiler
- Oven
- Storage shelves for the medical equipment
- Chemicals & disinfectants: 0.5% chlorine solution (diluted bleach)
- Brushes (tooth brush for small items)

e) Hand hygiene

- Sinks (ward & other areas)
- Water container with faucet
- Soap dispenser
- Alcohol based hand rub

- Personal Towels

- Paper Towels

f) Personal Protective Equipment

- Heavy duty glove
- Examination/ Surgical glove
- Disposable glove
- Eye shield
- Goggle
- Visors
- Dust mask
- Respiratory mask

- Other types of face mask
- Plastic apron
- Other types
- Boots
- Nurse shoes
- Other protective shoes
- Caps
- Face shield

5.13.

5.14. Sanitation and Waste Management

5.14.1. Practices

5.14.1.1. Specialty center environment shall ensure the following conditions:

- a) Clean sanitation and safe environment,
- b) Access to continuous, safe and ample water supply

5.14.1.2. There shall be written procedures to govern the use of sanitation techniques in all areas of the Specialty center.

5.14.1.3. If the center has ground water source, there shall be a written policy and procedures for ground water treatment,

5.14.1.4. Infectious and medical wastes shall be handled and managed according to the recent Health Care Waste Management National Guidelines/Directives.

5.14.1.5. Infectious and non infectious medical waste contained in disposable containers shall be placed temporarily for disposal or transport in leak proof drums, pails or portable bins. The containment system shall be leak proof, have tight-fitting covers and be kept clean and in good repair.

5.14.1.6. Reusable containers for infectious medical waste and general medical waste shall be thoroughly washed and decontaminated each time emptied according to the recent Health Care Waste Management National Guidelines/Directives

5.14.1.7. Reusable pails, drums, or bins used for containment of infectious waste shall not be used for containment of waste to be disposed of as noninfectious waste or for other purposes except after being decontaminated by procedures described in the latest Health Care Waste Management National Guidelines/Directives.

5.14.1.8. Placenta disposal pit shall be available in the Specialty center where the service is applicable. The pit shall be secured and shall be protected, secured and with properly fitting cover.

5.14.1.9. Segregation of health care waste shall include the following procedures:

- a) Separate different types of waste as per the guideline,
- b) The Specialty center shall provide colored waste receptacles specifically suited for each category of waste,
- c) Segregation shall take place at the source, like ward bedside, OR, laboratory etc.
- d) There shall be 3 bin systems used to segregate different types of waste in the Specialty center:

5.14.	Segregation category	Color	Container
	Non risk waste	Black	bag or bin
	Infectious waste	Yellow	bag or bin
	Sharp waste	Yellow	safety box
	Heavy Metal	Red	secure container
	Medicine vials, ampoules	White	bag or bin
	Hazardous medicines and cytotoxic wastes	yellow	bag or bin

Medical waste shall be disposed according to Health Care Waste Management National Guidelines/Directives by one of the following methods:

- a) By incineration,
- b) By sanitary landfill,
- c) By burial at an approved landfill,
- d) Chemical sterilization,
- e) Gas sterilization (shall be handled safely).

5.14.1.11. The Specialty center shall have an organized waste disposal and/ or removal system and shall ensure the safe handling of all wastes.

5.14.1.12. Chemical and radioactive waste shall not be disposed of as solid waste or medical waste, & shall be disposed as per appropriate national guideline (Ethiopian Radiation Protection Authority requirements).

5.14.1.13. The center shall have a medical waste management plan which includes at least the following:

- a) Segregation of medical waste,
- b) Temporary storage of medical waste,
- c) Transport of medical waste,
- d) Disposal of medical waste,

5.14.1.14. The Specialty center shall routinely clean and sanitize patient areas and waiting rooms at least twice daily and more when ever needed. Areas where there is blood splash shall be cleaned immediately.

5.14.1.15. The Specialty center shall ensure appropriate ventilation system.

5.14.1.16. In order to maintain a clean and safe environment, the Specialty center shall have an organized method for the transport and washing of linens.

5.14.1.17. Housekeeping items shall be cleaned and sanitized regularly.

5.14.1.18. The center shall have Sewage disposal plan which shall fulfill the following conditions (according to Health Care Waste Management National Guidelines/Directives):

- a) A functional sewerage system,
- b) Dispose of sanitary waste through connection to a suitable municipal sewerage system,
- c) Flush toilet system,
- d) A designated waste storage room for solid waste &/ or a septic tank for liquid waste,
- e) Written procedures defining instrument processing procedures (disinfection and sterilization).
- f) All fixtures located in the kitchen, including the dishwasher, shall be installed so as to empty into a drain which is not directly connected to the sanitary house drain.
- g) Kitchen drain shall empty into a manhole or catch basin having a perforated cover with an elevation of at least 24 inches below the kitchen floor elevation, and then to the sewer.

5.14.1.19. The center shall have Plumbing system that fulfill the following conditions:

- a) An approved municipal water system,
- b) An approved method of supplying hot water,
- c) Supply piping within the building shall be according to the requirements in the standard mentioned under the physical facility,

5.14.1.20. The center shall have Catering hygiene that fulfill the following conditions:

- a) There shall be a procedure for management of pest control, restriction of animal entry (eg. cats, dogs etc), posted in a visible area in the kitchen.
- b) There shall be a system for regular screen and control of the health of kitchen personnel.
- c) The health of kitchen personnel shall be controlled for:
 - Personal hygiene including uniform (protective clothes),
 - Periodical medical check-up for acute and chronic diarrhea and other infectious diseases,
 - Kitchen personnel with infected open skin lesions, communicable diseases shall not be allowed to work as kitchen personnel until confirmed safe.

5.14.1.21. The Specialty center shall have the following supportive sanitation measures:

- a) Clean water where there is no plumbing,
- b) Hand hygiene practice,
- c) Sterilization of medical instruments,
- d) Isolating infectious patient in special isolation room,
- e) Alternatives to protective equipment.

5.14.2. Premises

5.14.2.1. Placenta disposal pit shall have a dimension of 1m X 1m and 2m deep. Lateral to the disposal pit, the two sides shall be filled with concrete. The top shall be made of concrete with raised opening & cover.

5.14.2.2. The Specialty center sanitary system shall have:

- a) Adequate flushing toilets and hand washing basins,
- b) Plumbing setup stores,
- c) Sanitary office,
- d) Incinerator (if it is allowed to centers by the national waste management and disposal directives),
- a) Plot of land for Safe ash pit, Burial pit, Garbage bins,
- e) Secured area for solid waste accumulation.

5.14.3. Professionals

5.14.3.1. Specialty center sanitation service shall be administered by environmental health professional together with infection prevention activities.

5.14.3.2. The Specialty center shall have the following personnel to conduct sanitation activities:

- a) Housekeeping staff such as cleaners and waste handlers,
- b) Gardeners,

5.14.3.3. The Specialty center shall officially designate staff in charge of handling waste on a regular basis.

5.14.3.4. The assigned staff shall be responsible for the collection and disposal of waste products in the Specialty center.

5.14.3.5. Continuing education shall be provided to all personnel engaged in sanitation activities on the relevant procedures.

5.14.3.6. Staff shall be oriented on personal protection methods.

5.14.4. Products

5.14.4.1. The Specialty center shall have equipment and supplies required for sanitation activities.

Required equipment and supplies includes:

- a) Incinerator
- b) Safety boxes
- c) Leak proof containers for waste

- d) Trolley to transport waste
- e) PPE (personal protective equipments)
- f) Steam or dry Autoclave,
- g) Pressure cooker/dry oven.
- h) Cleaning supplies (detergents, disinfectants and other cleaning solutions etc).
- i) Laundry washers,
- j) Laundry dryers,
- k) Mops and dust bins

5.15. Food and Dietary Services

5.15.1. Practices

- 5.15.1.1. The Specialty center shall provide nutritionally adequate meals, supplemental food supplies for inpatients and staffs on duty.
- 5.15.1.2. The dietary service shall be available for 24 hours a day and 365 days a year.
- 5.15.1.3. The dietary service activities shall be managed by a dietician or a catering chief.
- 5.15.1.4. The center shall ensure that there is good food hygiene practices along the preparation process.
- 5.15.1.5. The dietary service shall have written protocol and procedures for all dietary services which at least includes:
- a) Purchasing, preparation and handling.
 - b) Meal distribution.
 - c) Handling special diet order.
 - d) A diet manual detailing nutritional and therapeutic standards for meals and snacks, and a nutrient analysis of menus.
 - e) Nutritional assessment guide for patients' nutritional needs for food and food supplements.
- 5.15.1.6. An updated diet menu shall be available at each nurse's station and in the dietary service unit.
- 5.15.1.7. There shall be a protocol to promote the participation of the dietary service in meetings of multidisciplinary health care teams.
- 5.15.1.8. New admissions shall be listed for the dietary service according to the order.
- 5.15.1.9. The patient's diet shall be documented in the medical record. Documentation of diet instructions shall include a description of:
- a) The diet instruction provided to the patient and/or responsible person.
 - b) Patient response, participation and understanding.
 - c) Written instructional material provided to the patient and/or responsible person.
- 5.15.1.10. Diets shall be prepared in conformity with the Specialty center's dietary manual/ menu.
- 5.15.1.11. The dietary service shall follow the protocol and procedures developed by the drug and therapeutics committee regarding possible food/drug interactions.
- 5.15.1.12. At least three meals (breakfast, lunch and dinner) shall be served daily, and not more than 15 hours shall elapse between dinner and breakfast.

5.15.1.13. Nourishment shall be provided between meals and at night as per the requirement of child.

5.15.1.14. Food production shall be sufficient in quantity and quality to meet nutritional needs of individual patients.

5.15.1.15. Changes in diet orders made by the treating physician shall be effected by the next mealtime.

~~5.15.1.16. There shall be a mechanism for evaluating admitted patients to ensure they are being adequately nourished.~~

5.15.1.17. There shall be a mechanism for the dietary service to be informed if the patient does not receive the diet that has been ordered, or is unable to consume the diet.

5.15.1.18. There shall be a mechanism for patients and their families to interact with the dietary service.

5.15.1.19. Dietary instruction for patients with special dietary needs from the treating physician shall be communicated to the dietary service.

5.15.1.20. The dietitian or the catering chief shall provide diet information to the Canteen staff for appropriate selections of food items during purchase.

5.15.1.21. The dietitian or the catering chief shall provide nutrition information as requested by the patient, family, or treatment team which includes:

- a) diet instructions,
- b) written instructional material,
- c) Community dietary referrals regarding special diets,
- d) Current diet order,
- e) Nutritional problems,
- f) Appetite,
- g) Nutritional counseling,
- h) comprehension of diet instruction,

5.15.1.22. The dietitian or catering chief shall provide dietary information to the discharging patient as per the treating physician instructions or as planned by the treatment team.

5.15.1.23. Diet instructions for Inpatients or discharged patients shall include educations involving:

- a) therapeutic or modified diets
- b) food-drug interactions
- c) nutritional care for certain diagnoses/conditions
- d) recommendations for changes in diet order,
- e) treatment plan,

f) significant food allergy (lactose, wheat gluten, Soya ,egg, dairy)

5.15.1.24. Nutrition consultations:

- a) Nutrition consultations shall be completed immediately after general medical practitioner's order.
- b) Nutrition consultations shall be individual or group, and may include family and/or responsible person.
- c) The dietitian or Specialty center catering chief shall determine the type and frequency of follow-up care after the initial consultation. Follow-up consultation may include evaluation of nutritional care, diet education, or other nutritional concerns.

5.15.1.25. Treatment Planning: Therapeutic goals related to nutritional needs shall be based on the following standards

- a) Standard Height/Weight Tables
- b) Dietary Reference Intakes
- c) Nutrition-related laboratory values
- d) Body Mass Index for Adolescents

5.15.1.26. Diet Orders and Nutritional Supplements

a) ~~Pediatritian-General medical practitioner/health offieer~~ diet orders shall be legible, concise and written in an understandable manner. The following information shall be included in diet orders:

- Patient Name
- Unit
- Date
- Specific diet order; including food allergies/intolerances
- ~~General medical practitioner's / health offieer~~ ~~Pediatritian~~ signature

b) Dietary services shall receive written notification of:

- New diet orders
- Change in diet order
- Discontinued or canceled diet orders
- Unit transfers
- Isolation or special trays

~~e) All written diet orders shall be sent to dietary services immediately.~~

- d) Special requests for meals or supplemental foods shall be provided as ordered to accommodate alterations in diets or meal service schedules due to new admissions, personal dietary needs, or other circumstances.
- e) Diabetic and Calorie-Controlled diet orders shall include the calorie level desired.
- f) The dietitian or Specialty center catering chief shall recommend appropriate nutritional supplemental foods according to general medical practitioner/health officer orders.
- g) An electronic or manual spreadsheet of all diet orders shall be maintained by the dietitian or Specialty center catering chief to provide a current resource of all regular and therapeutic diets.
- h) Dietary and nursing services shall be responsible to ensure dietary compliance and quality nutritional care of patients receiving general medical practitioner/health officer-ordered diets.

5.15.1.27. There shall be appropriate food safety and sanitations to ensure safe food service for the patients.

5.15.1.28. Dry or staple food items shall be stored at least 12 inches off the floor in a ventilated room which is not subject to sewage or waste water back-flow, or contamination by condensation, leakage, rodents or vermin.

5.15.1.29. All perishable foods shall be refrigerated at the appropriate temperature and in an orderly food safety manner (cold and hot holding principle).

5.15.1.30. Each refrigerator shall contain a thermometer in good working order.

5.15.1.31. Foods being displayed or transported shall be protected from contamination.

5.15.1.32. Three compartments washing procedures and techniques shall be developed and carried out in compliance with the national hotel and catering sanitary control guideline.

5.15.1.33. All garbage and kitchen refuse which is not disposed of mechanically shall be kept in leak proof non-absorbent containers with close fitting covers and be disposed of routinely in a manner that will not permit transmission of disease, a nuisance, or a breeding place for flies.

5.15.1.34. All garbage containers shall be thoroughly cleaned inside and outside each time emptied.

5.15.1.35. Requests for alternative food supplies shall be considered on an individual basis.

5.15.1.36. Foods shall be transported and served as close to preparation/re-thermalization time as possible. Maximum cold food temperatures shall be 5°C and minimum hot food temperatures shall be 60° C at time of service.

5.15.1.37. Dietary services shall ensure prescribed diet compliance as well as minimize food-borne illness.

5.15.1.38. Cancellations of ordered diets shall be made as soon as possible to avoid possible spoilage and/or waste of food items.

5.15.1.39. The specialty center may provide dietary services by one of the followings:

- a) In traditional configuration where the kitchen is located in the center premise;
- b) Provide the service directly, but may prepare the bulk of the meals in a kitchen owned by the center, located off-site; and
- c) Contract out for dietary services through an off-site vendor and the contract shall be documented. However, regardless of how the center provides the service, the center shall ultimately be responsible for meeting the dietary service standards.

5.15.1.40. When dietary services are provided from an off-site location, the center shall be responsible to ensure:

- a) Compliance with the quality assurance system,
- b) Compliance with the infection prevention standards
- c) Compliance with the dietetic policies and procedures in regards to meal service for off hours' admissions, late trays, food substitutions, reasonable meal schedules, posting of current menus in the center as well as in the off-site kitchen, tray accuracy, food handling safety practices, emergency food supplies and deliveries, staffing and patient satisfaction,
- d) The presence of a current therapeutic diet manual approved by the dietitian and medical staff,
- e) The presence of nutritional assessment indicating nutritional needs are in accordance with recognized dietary practices as well as with orders of the practitioners responsible for the care of the patients.

5.15.1.41. In cases when this service is outsourced to a contractor, the center is responsible to ensure contractor compliance with all the standards for food and dietary services.

5.15.1.42. Catering hygiene shall fulfill the following conditions

- a) There shall be guidelines for pest control and restricting the presence of animals (eg. cats, dogs etc) visibly posted in the kitchen.
- b) There shall be a system to screen and control the health of kitchen personnel.
- c) The responsible kitchen personnel health shall be controlled for:
 - Personal hygiene including uniform (protective clothes)
 - Periodical medical check-up for acute and chronic diarrhea and other infectious diseases

- Those with infected open skin lesions are not allowed to work as kitchen personnel.

5.15.2. Premises

5.15.2.1. The following minimum facilities shall be available for dietary services:

a) Food preparation room

- All cooking appliances shall have ventilating hood,
- Washing sink with three compartments:
 - Dish washing sink
 - Pot washing sink
 - Cart cleaning sink
 - Can washing sink

b) Storage room

c) Cart storage.

d) Dietitian's office.

e) Janitor's closet

f) Personnel toilets with hand washing facilities and lockers convenient to but not in the kitchen.

g) Approved automatic fire extinguisher system in range hood.

h) Continuous electricity (power) supply

i) safe and adequate water supply

5.15.3. Professionals

5.15.3.1. The Specialty center shall have an organized dietary service unit directed by a dietitian or catering chief (who has a basic education on dietetic sciences).

5.15.3.2. In addition the Specialty center shall have the following food handlers:

- (a) Meal distributors,
- (b) Chief cook,
- (c) Kitchen workers,
- (d) Store keeper,
- (e) Bakers,
- (f) Dishwashers,

5.15.3.3. The number of personnel, such as cooks, bakers, dishwashers and clerks shall be adequate to perform effectively all defined functions (based on workload analysis).

5.15.3.4. There shall be procedures to control dietary employees with infectious and open lesions (controlling personal hygiene).

5.15.3.5. Food handlers shall meet routine health examinations according to the Ethiopian Food Handlers' Hygiene Guideline for food service personnel.

5.15.3.6. There shall be an in-service training program on proper handling of food and personal grooming to dietary employees.

5.15.3.7. All kitchen workers shall wear protective kitchen clothes according to the Ethiopian Food Handlers' Hygiene Guideline.

5.15.3.8. A dietitian or catering chief shall be a full-time employee.

5.15.3.9. Written job descriptions for all dietary employees shall be given and documented.

5.15.4. Products

5.15.4.1. The following products shall be available for dietary services:

- | | |
|------------------------------|---------------------|
| a) Refrigerator | j) Stoves |
| b) Kitchen utensils | k) Carts |
| c) Pots | l) Working clothes |
| d) Jars | m) apron, |
| e) Dishes | n) boots, |
| f) Knives | o) hair cover, |
| g) Pressure cooker/ dry oven | p) gown, |
| h) Oven | q) hand gloves, |
| i) Detergents | r) Barrel (garbage) |

5.16. Housekeeping, Laundry and Maintenance Services

5.16.1. Practices

5.16.1.1. The housekeeping service shall have the following sanitary activities.

- a) Basic cleaning such as dusting, sweeping, polishing and washing
- b) Special cleaning of
 - Different types of floors
 - Wall & ceiling
 - Doors & windows
 - Furniture & fixtures
 - Venetian blinds
- c) Cleaning and maintenance of toilet.
- d) Water treatment, filtering & purification.

5.16.1.2. In the housekeeping service, the types and sources of offensive odors shall be identified, controlled and removed immediately

5.16.1.3. Collection, transportation and disposal of Specialty center wastes shall be supervised and controlled

5.16.1.4. The safety of fire, electrical and natural hazards in the risk areas in the Specialty center shall be supervised and controlled and shall work closely with Specialty center fire brigade and safety committee.

5.16.1.5. The designee/ sanitarian shall identify, supervise and organize the control and eradication of pests, rodents and animal nuisance in the Specialty center.

5.16.1.6. The housekeeping staffs shall create pleasant environment to patients, staffs and visitors

5.16.1.7. The housekeeping staffs shall ensure proper lighting and ventilation in different Specialty center areas.

5.16.1.8. The following LINEN services shall be provided in the Specialty center

- a) Maintain an adequate supply of clean linens at all times
- b) Obtain linen from stores and laundry.
- c) Ensure proper storage of linen.
- d) Supervise washing, sterilization in the laundry.
- e) Maintain linen properly
- f) Issues linen in service units like wards.
- g) Keep proper accounting of linen.
- h) Ensure proper sorting of linen.

i) Understand different color scheme.

5.16.1.9. Regular surveillance of overhead and underground tank, proper cover, regular chlorination and cleaning shall be undertaken

5.16.1.10. The infection control measures shall be carried out in accordance with the Specialty center infection prevention standard

5.16.1.11. There shall be reserve electrical generator for power supply for continuous 24 hours.

5.16.1.12. Potable water and electrical services shall be available 24 hours a day and 365 days a year through regular or alternate sources.

5.16.1.13. There shall be a plant safety maintenance organization as described below:

- a) A multidisciplinary safety committee that develops a comprehensive center-wide safety program and reviewed.
- b) A mechanism to report all incidents, injuries and safety hazards to the safety committee.
- c) The multidisciplinary safety committee shall review all reports and be responsible for ensuring that all reports are referred appropriately and follow-up action is documented.

5.16.1.14. Facility maintenance services

- a) The building maintenance service shall have written policies and procedures that are reviewed for routine maintenance, preventive maintenance and renovation maintenance.
- b) The standby emergency generator shall be checked weekly, tested under load monthly, and serviced in accordance with accepted engineering practices.
- c) Floors, ceilings, and walls shall be free of cracks and holes, discoloration, residue build-up, water stains, and other signs of disrepair.
- d) Routine inspections of elevators shall be conducted.

5.16.1.15. Construction and renovation

- a) Whenever construction and renovation projects are planned in and around a health care facility, a risk assessment shall be conducted to determine the impact of the project on patient areas, personnel, and mechanical systems.
- b) The infection control program shall review areas of potential risk and populations at risk.

5.16.1.16. There shall be written protocols and procedures for medical equipment maintenance including:

- a) Plan for equipment maintenance (both preventive and curative), replacements, upgrades, and new equipments
- b) Safe disposal procedures
- c) An effective tracking system to monitor equipment maintenance activity.

- d) A monitoring method that ensures diagnostic equipment operates with predicted specificity and sensitivity.

5.16.1.17. The maintenance personnel including the management of the center shall take basic trainings on the following issues and this shall be documented.

- a) Building fabrics and utilities
- b) Building services and economics
- c) Planning maintenance demand
- d) Preventive and routine maintenance practice
- e) Maintenance with regard to IP and hygiene

5.16.1.18. Fire and emergency preparedness

- a) The center shall comply with the National Fire Protection standard
- b) All employees, including part-time employees shall be trained in procedures to be followed in the event of a fire and instructed in the use of fire-fighting equipment and patient evacuation of center buildings as part of their initial orientation and shall receive printed instructions on procedures and at least annually thereafter.
- c) A written evacuation diagram specific to the unit that includes evacuation procedure, location of fire exits, alarm boxes, and fire extinguishers shall be posted conspicuously on a wall in each patient care unit.
- d) 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 labeled with the date of the last inspection.
- e) Fire detectors, alarm systems, and fire suppression systems shall be inspected and tested at least twice a year by a certified testing agency. Written reports of the last two inspections shall be kept on file.
- f) There shall be a comprehensive, current, written preventive maintenance program for fire detectors, alarm systems, and fire suppression systems that includes regular visual inspection. This program shall be documented.

5.16.1.19. Housekeeping equipment or supplies used for cleaning in isolation or contaminated areas shall not be used in any other area of the center before it has been properly cleaned and sterilized.

5.16.1.20. All areas of the center, including the building and grounds, shall be kept clean and orderly.

5.16.1.21. There shall be frequent cleaning of floors, walls, woodwork and windows.

5.16.1.22. The premises shall be kept free of rodent and insect infestations.

5.16.1.23. Accumulated waste material and rubbish shall be removed at frequent intervals.

5.16.1.24. No flammable cleaning agents or other flammable liquids or gases shall be stored in any janitor's closet or other area of the center except in a properly fire rated and properly ventilated storage area specifically designed for such storage.

5.16.1.25. If the center does not have its own housekeeping, laundry and maintenance services; it may have a contract agreement with external organizations. The center shall check and maintain the sanitary standards of the center regarding the processing of its linens and shall maintain a satisfactory schedule of pickup and delivery.

5.16.1.26. If the center contract out for housekeeping, laundry and maintenance services there shall be documentation for a contractual agreement.

5.16.1.27. In cases when the center outsources this service to a contractor, the standards mentioned for housekeeping, laundry and maintenance shall be adhered by the contractor.

5.16.2. Premises

5.16.2.1. If the center maintains its own laundry, it shall have separate areas for:

- a) Collection of soiled linens.
- b) Washing, drying and ironing.
- c) Clean linen storage and mending area.

5.16.2.2. The laundry design and operation shall comply with the manufacturer's requirements and/or institutional sanitation guideline

5.16.2.3. Clean linen storage shall be readily accessible to nurses' stations

5.16.2.4. Dirty linen storage shall be well ventilated and shall be located convenient to the laundry or service entrance of the center. The storage of appreciable quantities of soiled linens is discouraged.

5.16.2.5. There shall be separate space provided for the storage of housekeeping equipment and supplies

5.16.2.6. A separate office shall be available for the maintenance and the housekeeper.

5.16.2.7. Adequate space shall be available for service specific janitor's closets and cleaning equipment & supplies which shall be maintained separately for the following areas (shall not be used for cleaning in any other location):

- a) Surgical suites

- b) Delivery suites
- c) Dietary service unit
- d) Emergency service unit
- e) Patient areas
- f) Laboratories, pharmacy, radiology, offices, locker rooms and other areas

5.16.2.8. Exits, stairways, doors and corridors shall be kept free of obstructions.

5.16.2.9. The center shall have an alternate emergency power supply. If such emergency power supply is a diesel emergency power generator, there shall be enough fuel to maintain power for at least 24 hours.

5.16.3. Professionals

5.16.3.1. The housekeeping, maintenance and laundry functions of the center shall be under the direction of a licensed environmental health professional or engineer.

5.16.3.2. The designated officer shall plan, organize, co-ordinate, control and monitor all housekeeping, maintenance and laundry activities.

5.16.3.3. The housekeeping, maintenance and laundry personnels shall take basic trainings on the following issues and this shall be documented in their personal profile.

- a) Basic principles of sanitation and peculiarity to center environment.
- b) Basic principles of personal hygiene
- c) Basic knowledge about different detergent and disinfectants
- d) Different cleaning procedures applicable to different treatment areas
- e) Basic knowledge about cleaning equipments operation techniques and their maintenance.
- f) Different processes of water treatment & purification, removing bacteria.
- g) Basic principles of ventilation, composition of air, air flow, humidity and temperature.
- h) Common types of odors and their sources of origin, identification and control.
- i) Removal and control technique of different types of odors.
- j) Various equipments and materials used for odor control operation.
- k) Medical waste, source and generation of waste
- l) Hazards of medical waste to population and community.
- m) Principles of collection of different types of medical wastes
- n) Operational procedures of equipments
- o) Safety measures in operation

- p) Center lay out, configuration work, flow of men, material and equipment in different areas. Air, water, noise, pollution, causes of pollution and their control and prevention in center.

5.16.3.4. In addition the center shall have electrician, plumber, painter, building maintenance technician, diagnostic equipment maintenance technician

5.16.4. Products

5.16.4.1. There shall be appropriate tools and testing equipments for medical equipment maintenance, calibration and validation.

5.16.4.2. The center shall have the following tools, equipment & materials for housekeeping services.

- | | |
|-----------------------------------|--------------------------------------|
| a) Reserve electrical generator | x) Manual sweeping machine. |
| b) Floor cleaning brush air | y) Floor scrubbing/polishing machine |
| c) Floor wiping brush | z) Wet vacuum cleaner. |
| d) Hockey type brush | aa) Dry vacuum cleaner portable |
| e) Counter brush. | bb) Fumigation machine (Oticare) |
| f) Ceiling brush | cc) Bed pan washer. |
| g) Glass cleaning / wiping brush. | dd) Cleaning material |
| h) Scrappers | ee) Deodorants & disinfectant |
| i) Dustbins paddles. | ff) Laundry cleaning material |
| j) Waste paper basket. | gg) Insecticides & rodenticides |
| k) Plastic Mug | hh) Stain removal |
| l) Plastic Bucket | |
| m) Plastic drum | |
| n) Wheel barrow | |
| o) Water trolley | |
| p) Ladder | |
| q) Scraping pump | |
| r) Spraying pump | |
| s) Flit pump. | |
| t) Rate trapping cage | |
| u) Gum boots | |
| v) Gown, Masks & Gloves | |
| w) Torch | |

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