
Health Center - Requirements

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1. SCOPE

- 1.1. This Ethiopian standard shall be applicable for all health centers new and existing, governmental and non-governmental.
- 1.2. The standard covers the minimum requirements with respect to practices, premises, professionals and products or materials put into use for health centers.
- 1.3. Requirements of a health center are stipulated under section two to seven of this standard.

2. NORMATIVE REFERENCES

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

3. TERMINOLOGIES 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 health center staff who is responsible for a given service

3.7 Health center

Shall mean a health facility at primary level of the healthcare **system** which provides promotive, preventive, curative and rehabilitative outpatient care including basic laboratory and pharmacy services with the capacity of 10 beds for emergency and delivery services.

4. GENERAL REQUIRMENT

- 4.1. The health center licensee shall be a licensed medical practitioner or health officer or professional nurse with a minimum of two years experience.

- 4.2. There shall be written discrete job descriptions that detail the roles and responsibilities of each staff members.
- 4.3. The health center shall have Information desk
- 4.4. Every patient shall get the service without any prerequisite and discrimination.
- 4.5. All staff shall receive orientation, training and/or update at least annually, including at least:
 - (a) Health centre's policies and procedures,
 - (b) Routine nursing procedures
 - (c) Emergency procedures and
 - (d) Infection prevention and control.
- 4.6. Triage shall be carried out by a Health officer/Nurse as soon as a sick adult/child arrives, before any administrative procedures are carried out.
- 4.7. The health center shall have functional intra and inter facility referral system which encompasses SOP for selection of referral cases, referral directory, referral forms, referral tracing mechanism, feedback providing mechanism and documentation of referred clients as per the national referral directory.
- 4.8. Laboratory Protocols and procedures shall be documented and communicated to all personnel.
- 4.9. There shall be a policy that details health centre visiting hours and number of visitors allowed per bed at any one time.
- 4.10. There shall be a death certificate issued by authorized physician or health officer or nurse for each death and this shall be documented

Nursing practice

- 4.11. There shall be written protocol describing the responsibilities of nurses for the nursing process (assessment, diagnosis, planning, implementation and evaluation). Such policies shall be reviewed at least once every two years.
- 4.12. There shall be appropriate arrangements for nurses to access to clinical supervision, support and participate in regular clinical services audit and reviews.
- 4.13. Nursing care service shall be directed by a licensed nurse professional with a minimum of and who has at least two years of relevant experience.

- 4.14. Written copies of nursing procedure manual shall be developed and made available to the nursing staff in every nursing care unit. 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.
- 4.15. The health centre shall have established guidelines for verbal and written communication about patient care that involves nurses.
- (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 includes reporting to physicians/health officers; nurse-to-nurse reporting; communication with other service units (laboratory, pharmacy, social work service), with patient and family education.
- 4.16. There shall be a procedure for standardized, safe and proper administration of medications by nurses or designated clinical staff including regular checks of patients' medications and proper documentation of administered medicines.
- 4.17. Licensed nurses shall assess and document the holistic needs of patients; formulate, implement goal-directed nursing interventions and evaluate the plan of nursing care and involve patients, their relatives or next of kin in decisions about their nursing care. Nurses' documentation shall include:
- (a) Medication, treatment, and other items ordered by authorized house staff members.
 - (b) Nursing care needed.
 - (c) Long-term goals and short-term goals.
 - (d) Patient and family teaching and instructional programs.
 - (e) The socio-psychological needs of the patient.
 - (f) Preventative nursing care.

- 4.18. Documentation and completion of all patient's recording, registers, and reporting formats shall be the responsibility of licensed nurses in the unit.
- 4.19. Nurses shall explain and seek informed consent from their patients or their relatives/next of kin (for incompetent patients) before carrying out any procedure.
- 4.20. Allergies shall be listed on the front cover of the patient's chart or, in a computerized system, highlighted on the screen.
- 4.21. There shall be a protocol for reporting and documenting medication errors, quality defects and adverse drug reactions by attending nursing personnel or the prescriber immediately to the ADE (adverse drug event) focal person.
- 4.22. Medicines, needles and syringes in patient care areas shall be maintained as per pharmaceutical service standards.
- 4.23. Nursing personnel shall return unfit for use medicines to the central medical store of the health centre for disposal.
- 4.24. Nursing personnel shall disposed used needles and syringes in accordance with the infection prevention standards.
- 4.25. Nursing personnel shall write prescription of prescriber's order in the kardex.
- 4.26. There shall be a protocol that state the procedure to be followed for dead body care which contain the minimum of:
 - (a) Confirmation of death by at least attending physician or any licensed practitioner and the nurse giving care (2 medical personnel),
 - (b) The time of death shall be documented on the patients chart,
 - (c) Care for the body shall be carried out according to the religion and culture of the patient as per the facility protocol,
 - (d) If there is need of pathologic examination the request shall be sent to the facility where pathology service is available,
 - (e) The body shall be taken to morgue immediately,
- 4.27. Professional Quality assurance: On-going internal institutional evaluation of outcome-based quality indicators related to nursing care shall be in place to assess and provide a safe and adequate level of patient care including at least:
 - (a) Patient injury rate;
 - (b) Medication process errors;

(c) Control of cross infections and nosocomial infection rates;

(d) Patient satisfaction with pain management;

5. SPECIFIC REQUIRMENT

5.1 General Medical Services

5.1.1 Practices:

5.1.1.1 The health center general medical service shall provide the following core functions as per the outpatient service standard:

- a) Care of ambulatory patients and Follow up of ambulatory patients for common chronic conditions including TB/Leprosy, HIV and other acute and chronic diseases management;
- b) RMNCAH (Reproductive, maternal, neonatal, child and adolescent health)services;
- c) Basic ENT, Dental, Eye, and Mental health services which will be provide in an integrated manner (by general practitioner, health officer or trained nurse);
- d) Basic rehabilitative service;
- e) Preventive and health promotive services;

5.1.1.2 The general medical service shall be available in working days for at least eight hours a day.

5.1.1.3 The medical assessment at OPD level shall include;

- a) Comprehensive medical and social history;
- b) Physical examination including at least:
 - Vital sign (BP, PR, RR, T°) and weight,
 - Clinical examination pertinent to the illness.
- c) Diagnostics impression;
- d) Laboratory and other medical workups when indicated.

5.1.1.4 The range of relevant treatment options and the clinical impression shall be fully described to client and/or their families and documented accordingly.

5.1.1.5 The general medical service shall have clinical protocols for management of at least common disease entities like malaria, hypertension and locally significant diseases and management of common dental, eye, ENT and mental health problems in line with the national and or international guidelines.

5.1.1.6 The service shall avail national guidelines for malaria (where prevalent), TB/Leprosy, HIV/ART, VCT/PMTCT, pain management, STI and others.

5.1.1.7 The outpatient service shall have functional referral system which include at least:

- a) SOP for selection of cases for referral
- b) Procedure for referring patients directly to respective services
- c) List of potential referral sites with contact address (referral directory)
- d) Referral forms
- e) Referral tracing mechanism (linkage)
- f) Feedback providing mechanism
- g) Documentation of referred clients

5.1.1.8 The health center shall have a system to report 'diseases under national surveillance' to nearest respective health office.

5.1.1.9 The health center should provide basic rehabilitative service as part of integrated general medical service including contracture and foot ulcer prevention activity.

5.1.1.10 There should be training service for patients on coping disability. It includes utilization of prostheses, orthoses, wheelchairs, walking aids.

5.1.1.11 There should be patient education on prevention of:

- (a) pressure sores in clients with sensory loss,
- (b) contractures in clients with limb and/or trunk paralysis,
- (c) phantom limb pain for amputees,

5.1.2 Premises

5.1.2.1 The outpatient service shall have dedicated entrances.

5.1.2.2 The outpatient rooms shall have adequate light, water and ventilation.

5.1.2.3 All outpatient rooms shall have a hand washing basin.

- 5.1.2.4 The room arrangements of outpatient services shall consider proximity between related services.
- 5.1.2.5 The outpatient department shall have easy access to pharmacy, laboratory and other diagnostic services.
- 5.1.2.6 The outpatient department shall have one isolation room for treatment of conditions that require isolation.
- 5.1.2.7 The outpatient department shall be well marked and easily accessible for disabled clients.
- 5.1.2.8 The outpatient department shall be located where access for ambulatory patients is the easiest and where incoming client would not have to pass through other care service outlets.
- 5.1.2.9 The outpatient department shall have IEC and entertaining materials in the waiting area.
- 5.1.2.10 The outpatient examination rooms shall promote patient dignity and privacy.
- 5.1.2.11 The outpatient department shall have fire extinguishers placed in visible area.
- 5.1.2.12 Potential source of accidents shall be identified and acted upon (slippery floors, misfit in doorways and footsteps etc).
- 5.1.2.13 The outpatient layout shall include the following:

S.No	Rooms required	Number of rooms	Area required
1.	Waiting area	1	30sq.m
2.	Reception and Recording area/desk;	1	
3.	Triage room	1	12sq.m
4.	Examination rooms;	3	12sq.m
5.	Room for providing injections and dressing	1	12sq.m
6.	Pediatrics (under five)OPD	1	12sq.m
7.	Staff room (for changing cloth)	1	12sq.m
8.	Toilet male & female specific	4	4 sq.m each
9.	Utility room/area	1	
10.	Janitors closet	1	

5.1.3 Professionals

- 5.1.3.1 The OPD shall be directed by a licensed General Practitioner or Health Officer or Professional Nurse.
- 5.1.3.2 The outpatient department shall have the following staffs

S.no	Staff required	Number required
------	----------------	-----------------

1.	General practitioner(optional)	1
2.	Health officer	3
3.	Nurse	6
4.	Ophthalmic nurse/ophthalmic professional (optional)	1
5.	Psychiatry nurse/psychiatry professional (optional)	1
6.	Dental therapy /dental science professional (optional)	1
7.	Cleaner	
8.	Porter	

5.1.4 Products

5.1.4.1 The outpatient service shall have the following equipment:

- | | |
|-------------------------------------|---|
| a) Stethoscope | o) Specimen collection set: |
| b) Sphygmomanometer | Restraining equipment
(e.g cushion, belt, vest,
long sleeve pullover) |
| c) Thermometer | |
| d) Weighing scale | p) Snellen's chart |
| e) Infantometer and height
scale | q) Ophthalmoscope |
| f) Measuring tape | r) Pickup forceps with jar |
| g) Otoscope | s) Sterilization drum |
| h) Dressing set | t) Infusion stand |
| i) Specula of different sizes | u) Instrument tray |
| j) Stand lamp/ torch | v) Instrument trolley |
| k) Reflex hammer | w) Sterilizer (steam and dry) |
| l) Fetoscope | x) Kidney basin |
| m) Waste basket, | y) ENT set, mobile |
| n) Safety boxes, | z) Tuning forks , 500Hz |
| | aa) Packing nasal forceps, |

5.2 Minor Surgical Services

5.2.1 Practices

- 5.2.1.1 The Health Center shall provide minor surgical services for common conditions provided that there are trained professionals.
- 5.2.1.2 The health centers shall have clear protocol for minor surgical procedures to be done at outpatient level. E.g., Circumcisions, lipoma excisions, abscess drainages, suturing of soft tissue injuries, external immobilization of closed and open fractures and other minor interventions.
- 5.2.1.3 Surgical records shall be kept for each patient and it shall be integrated with the patient's over-all health centers record.
- 5.2.1.4 The preoperative diagnosis shall be recorded in the medical record for all patients prior to minor surgery.
- 5.2.1.5 The general medical practitioner or health officer shall explain the disease condition, possible surgical intervention and outcome possibilities in clear, simple and understandable terms to the patient and/or next of kin or family.
- 5.2.1.6 There shall be processes and policies defining the appropriate safety before, during and immediately after minor surgery, including at least the following:
- a) Aseptic technique,
 - b) Sterilization and disinfections,
 - c) Selection of draping and gowning,
- 5.2.1.7 The health center shall have acute burn management protocol,
- 5.2.1.8 The health centre shall have, pain management protocol,
- 5.2.1.9 The health center shall have protocol for handling trauma, arrest bleeding of all cases,
- 5.2.1.10 The minor procedure room shall be kept clean at all time and it shall be cleansed thoroughly at least weekly.
- 5.2.1.11 There shall be a written protocol about administration of local anesthesia in the health centre.
- 5.2.1.12 Minor local blocks shall be monitored in accordance with the health centre's policy which shall include:
- a) Prior to administration of any local anesthesia medication, a written informed consent for the use of anesthesia shall be obtained and documented in the medical record.

- b) Each patient’s physiologic status shall be continuously monitored and documented in the patient’s medical record on an anesthesia form including pulse rate and rhythm, and respiratory rate.

5.2.1.13 A written record of the local anesthetic agent and outcome of the procedure shall be kept as a permanent record in the case notes.

5.2.1.14 Pain shall be assessed and controlled in discussion with trained GP, HO or licensed nurse.

5.2.1.15 Blood pressure, pulse rate, and respiratory rates shall be determined and charted in the patient records.

5.2.2 Premises

5.2.2.1 Health centers shall have minor procedure room with area of 16 sq.m.

5.2.2.2 The minor procedure room shall be composed of one room with minor procedure facilities including hand washing basin.

5.2.2.3 Minor procedure room shall have access- restricted environment with controlled access over all persons and materials entering and leaving the area.

5.2.3 Professionals

5.2.3.1 Minor surgical procedures shall be performed by licensed GP or HO.

5.2.3.2 The minor procedure shall have the following professionals

S.no	Staff required	Number required
1.	General practitioner /Health officer	1
2.	Nurse	1

5.2.4 Products

5.2.4.1 The minor surgical procedure room shall have the following minimum equipment:

- a) Minor procedure Coach,
- b) Minor surgical set,
- c) Mobile operating lights,
- d) Adjustable Stools,
- e) Oxygen cylinders,
- f) Dry oven and steam sterilizer (shared)
- g) Suction machines (pedal, electrical),
- h) Ambu bag, adult and pediatrics,

- i) IV stands,
 - Surgical woven (2 x 1.5 m)
- j) Drums,
- k) Kick buckets,
- l) Caps - Mop/Bonnet Type,
- m) Face mask,
- n) Trolley,
- o) Bowls and stands,
- p) Instrument tables (Mayo type)
- q) Tourniquets,
- r) Safety boxes,
- s) Drape:
 - Surgical, woven(1 x 1 m)
 - Surgical, woven(1 x 1.5 m)
 - Surgical, woven(1.5 x 1.5 m)(fenestrated)
 - Surgical, woven(45 cm x 70 cm)(fenestrated)
- t) Minor surgical procedure linen:
 - Trousers, Surgical, woven, Small, Medium & Large
 - Top(shirts), Surgical, woven, Small, Medium & Large
 - Gown, Surgical, woven(Plain)
 - Cap, Surgical, woven
 - Masks, surgical, woven
- u) Tongue depressors
- v) Cabinets and shelves
- w) Dressing trolley

5.3 EMERGENCY SERVICES

5.3.1 Practices

5.3.1.1 The emergency service shall be available 24hrs a day and 365 days a year.

5.3.1.2 Infection prevention standards shall be implemented in the emergency room.

5.3.1.3 Drill-exercise of emergency case management shall be conducted on every year in the health center

5.3.1.4 Every procedure, medication and clinical condition shall be documented.

5.3.1.5 The medical information of a patient during ambulance service including medication administered shall be documented and attached into the medical record

5.3.1.6 There shall be a mechanism of quality improvement for the service at least by collecting feedback from clients and having a formal administrative channel through which clients place their complaints and grievances.

5.3.1.7 The emergency service shall be easily access to pharmacy and laboratory services 24hrs a day and 365 days a year.

5.3.1.8 For labour and delivery emergencies the health center shall follow the delivery service standards

5.3.1.9 The emergency service shall promote the dignity and privacy of patients.

5.3.1.10 The emergency service unit shall provide basic life support as indicated for any emergency cases , which may include the followings :

- a) Cardiopulmonary resuscitation (CPR) airway management and/or oxygen supply
- b) bleeding control
- c) fluid resuscitation

5.3.1.11 The health center emergency service shall have protocol for the initial management of at least the following emergency cases:

- | | |
|---------------------------|--|
| (a) Shock | (i) Seizure disorder |
| (b) Bleeding | (j) Hypertension emergencies |
| (c) Fracture and injuries | (k) Cereberovascular accident |
| (d) Coma | (l) Acute diarrhea (Sever dehydration) |
| (e) Burn | (m)Acute abdomen |
| (f) Poisoning | (n) Tetanus |
| (g) Cardiac emergencies | (o) Meningitis |
| (h) Respiratory distress | |

5.3.2 Premises

5.3.2.1 The emergency room shall be located in a place where it is easily recognizable to the public and shall be labeled in bold.

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

5.3.2.3 The corridor to emergency rooms shall be 2m to allow easy transport of emergency patients.

5.3.2.4 The emergency area shall have the following premises:

S.no	Room required	number of rooms required	Area required
1.	Waiting area		
2.	Emergency Procedures room	1	20sq.m
3.	Emergency admission room with 2 beds	1	16sq.m
4.	Nursing station	1	6sq.m
5.	Staff/duty room(male and female)	2	

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

5.3.2.6 The rooms shall be arranged in such a way that the first encounter to an emergency patient coming from outside will be the examination room or space

5.3.2.7 The emergency room shall have the following facilities

- (a) Adequate water, light and ventilation.
- (b) Fire extinguishers placed in visible area
- (c) Hand washing basin in each room

5.3.2.8 Potential source of accidents shall be identified and acted upon (slippery floors, misfit in doorways and footsteps, etc)

5.3.3 Professionals

5.3.3.1 The emergency service shall have a minimum of health officer and emergency and critical care nurse/ nurse.

5.3.3.2 All health professionals working in the emergency room shall be trained and certified on at least cardio-pulmonary resuscitation.

5.3.3.3 The emergency service shall have following staffs

S.no	Staff required	Number required
1.	General practitioner /Health officer	1
2.	Nurse/emergency and critical care nurse	3

5.3.4 Products

5.3.4.1 Emergency medicines, supplies and equipments shall be always readily available for emergency services.

5.3.4.2 At least the following emergency equipment and supplies shall be available:

- (a) Vital sign equipments
- (b) NG tube

- | | |
|----------------------------------|--|
| (c) Minor set | (v) Drape |
| (d) Mobile examination lamp | (w) Rubber sheets, |
| (e) IV stands | (x) Suture set |
| (f) Resuscitation set on trolley | (y) Supra-pubic puncture set |
| (g) Ambu bags different size | (z) Bedpans |
| (h) Instrument drum | (aa) Kidney basin, 475 ml |
| (i) Patient transfer | (bb) Oxygen supply: oxygen, cylinder with flow meter, trolley and nasal prongs |
| (j) Dressing set and trolley | (cc) Dry autoclave (hot air oven) (shared) |
| (k) Instrument table, Mayo type | (dd) Four wheel mobile stretcher, |
| (l) Delivery set | (ee) Wheelchairs |
| (m) Catheter | (ff) Waste basket, |
| (n) Nasopharyngeal tube | (gg) Safety boxes, |
| (o) Oropharyngeal tube | (hh) Different types of splints |
| (p) Enema set | (ii) Patient screen, partition curtains |
| (q) Rectal tube | |
| (r) Glucometer | |
| (s) Surgical Splints | |
| (t) Apron | |
| (u) Bed screens, | |

5.3.4.3 There shall be at least two coaches at emergency room

5.3.4.4 Actual number of beds, materials, and kits for emergency use can be adjusted based on the average number of emergency cases.

5.4 RMNCAH SERVICE

5.4.1 Practices

5.4.1.1 The health center shall provide delivery services 24 hours a day and 365 days a year.

5.4.1.2 The health center shall provided RMNCAH services during regular working hours which includes:

- a) ANC and PMTCT services:
- b) PNC services:
- c) Immunization service:
 - Routine, mobile & outreach EPI, as per national EPI guideline.
 - Cold chain management- as per cold chain management guideline.
- d) Growth monitoring with nutrition services:

- e) Under five clinic services:
- f) Comprehensive Family planning services:
- g) Comprehensive abortion care: Manual Vacuum Aspiration, Evacuation and curettage as per the country's law,
- h) Adolescent and youth health service.
- i) Cervical cancer screening service

5.4.1.3 The health center shall make Basic Emergency Obstetric Care available 24 hours a day, 365 days a year.

5.4.1.4 The Basic essential obstetric care including the following:

- a) Parenteral antibiotics
- b) Parenteral oxytocic drugs
- c) Parenteral anticonvulsant
- d) Manual removal of placenta
- e) Removal of retained products of conception (MVA)
- f) Assisted vaginal delivery(vacuum extraction or forceps)
- g) New born care (neonatal resuscitation)

5.4.1.5 The RMNCAH service shall have protocols for ANC, PNC, CAC, IMNCI & national nutrition guidelines.

5.4.1.6 The health center shall provide Essential newborn care at dedicated new born corner.

5.4.2 Premises

5.4.2.1 The health center shall have separate RMNCAH service unit with the following minimum requirements:

S.no	Room required	Number room of required	Area required
1.	Waiting area		
2.	ANC&PNC room	1	16sq.m
3.	PMTCT room	1	9sq.m
4.	Family planning and counseling room	1	16sq.m
5.	Procedure room	1	12sq.m
6.	Immunization and growth monitoring room with cold chain corner	1	16sq.m

7.	Nutritional stabilization room (optional)	1	16sq.m
8.	Youth friendly service room	1	9sq.m
9.	Maternity waiting rooms (optional)	1	
The health center shall have the following adjacent rooms for delivery service			
10.	Labouring room with 2 beds	1	20sq.m
11.	Delivery room with 2 coaches	1	20sq.m
12.	Maternity room with 4 beds, with self contained shower and toilet	1	36sq.m
13.	Central sterilization room	1	12sq.m

5.4.2.2 The health center delivery service shall have the following minimum requirements:

- a) There shall be free area reserved for neonatal resuscitation in the labor ward,
- b) Hand washing basin in each room,
- c) Toilet room with shower facility, inside or adjacent to the ward with ease for access.
- d) Single entrance to control access.

5.4.2.3 The delivery room shall respect the dignity and privacy of laboring mothers; Curtain tracks shall be installed around each bed, or in their absence bed screens shall be provided.

5.4.3 Professionals

5.4.3.1 The RMNCAH service of the health center shall be directed by midwifery professional with one year work experience.

5.4.3.2 The RMNCAH service shall have following staffs

S.no	Staff required	Number required
1.	General practitioner/health office (optional)	1
2.	Midwife	6
3.	Nurse/midwife	2

5.4.4 Products

5.4.4.1 The ANC/PMTCT/PNC OPD service shall have the following equipments:

- a) Examination coaches
- b) Stethoscope

- c) Sphygmomanometer
- d) Thermometer
- e) Weighing scale, Adult
- f) Weighing scale, baby
- g) Specula of different size
- h) Measuring tape
- j) Ultrasound
- k) Stand lamp/overhead light
- l) HIV Test kits
- m) Safety box
- n) Garbage bin
- o) All relevant registers

i) Fetoscope

5.4.4.2 EPI and growth monitoring service shall have the following products.

- a) Weight scale for child
- b) Vaccine carrier
- c) Thermometer
- d) WHO standard Refrigerator
- e) Cold box
- f) Growth monitoring chart
- g) EPI monitoring chart
- h) Height/ length scale
- i) MUAC tape

5.4.4.3 The under five OPD shall have the following products.

- a) Weight scale
- b) Thermometer
- c) Spatula
- d) Sphygmomanometer
- e) Stethoscope
- f) ENT set
- g) Torch
- h) Length measuring table
- i) Growth monitoring chart
- j) Service tray
- k) Measuring Jug
- l) Cup
- m) Spoon
- n) Examination bed
- o) IMNCI chart booklet
- p) MUAC measuring tap
- q) Height scale
- r) ORS
- s) vitamin A
- t) Iron folate acid
- u) Cooking demonstration kit

5.4.4.4 The FP Counseling and procedure room shall have the following equipment

- a) Examination couch
- b) Overhead light
- c) Weight scale
- d) Stethoscope
- e) Sphygmomanometer
- f) IUD insertion and removal set
- g) Implant insertion and removal set
- h) Garbage bin
- i) Alligator forceps
- j) Speculum (different size)
- k) Instrument trays
- l) 3 section screen

5.4.4.5 The procedure room shall have the following equipments

- a) Examination couches
- b) Manual Vacuum Aspiration sets
- c) Overhead light
- d) 3-section screen
- e) Stethoscope
- f) Sphygmomanometer
- g) Speculum of different size
- h) Garbage bin

5.4.4.6 The Labor, Delivery and Postnatal service have the following equipments:

- i) Delivery coaches with waterproof mattress (2)
- j) Patient bed 6 with waterproof mattress, Adjustable position, stainless (2 for laboring & 4 for post partum)
- k) Bedside tables (6)
- l) Instrument trolley -4 (two for delivery two for resuscitation)
- m) Mayo table (2)
- n) Stethoscope
- o) Sphygmomanometer
- p) Fetoscope
- q) Thermometer(adult, neonate)
- r) Weighing scale, Adult
- s) Weighing scale, Baby
- t) Speculum of different size
- u) Sponge forceps
- v) Episiotomy set
- w) Delivery sets
- x) Delivery forceps
- y) Measuring tape
- z) Infant meter and height scale
- aa) Suction, manual
- bb) Stand lamp/overhead lig
- cc) Refrigerator
- dd) Iv stand
- ee) Instrument tray
- ff) Autoclave or sterilizer (steam and dry)
- gg) Baby crib
- hh) Vacuum extractors
- ii) Suction machine
- jj) Resuscitation set (neonatal ambu bag different size, suction bulb, towels)
- kk) Radiant warmer/heater
- ll) Room thermometer
- mm) Wall clock
- nn) Reflex hammer
- oo) Oxygen (full set-cylinder, gauge, mask/nasal catheter adult/neonate)
- pp) Electronic fetal monitor- CTG (Cardio tocograph)
- qq) Supplies (NG tube neonatal, oxytocin, ergometrine, misoprostol, IV fluids, canulla, ttc, vit k, insulin syringe)
- rr) Pickup forceps and jar
- ss) Bedpans per bed and couches (8)
- tt) Personal protectives (Cape, google, face mask, APRON , boots, delivery gown, gloves)
- uu) Instrument processing containers (3)
- vv) Waste container buckets (8)
- ww) Standard cord clamp/tie
- xx) Partograph, safe child birth checklist

5.5 LABORATORY SERVICES

5.5.1 Practices

5.5.1.1 The laboratory shall have written policies and procedures and include at least the followings:

- a) Procedure manuals (Standard Operating Procedure, SOP) or guidelines for all tests and equipment
- b) Report times for results (Established turnaround time)
- c) Quality assurance and control processes
- d) Inspection, maintenance, calibration, and testing of all equipment
- e) Management of reagents, including availability, storage, and testing for accuracy
- 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) There shall be documentation of quality control data (internal and external quality control), calibration report, refrigerator readings and so on.

5.5.1.2 The health center shall have protocols and procedures for the availability of laboratory services including the emergency services for 24 hours a day and seven days a week.

5.5.1.3 The health center shall have protocols and procedures for the availability of paper based or electronic laboratory information management system (LIMS). The data management system shall include the followings:

- a) Periodic reporting(monthly, quarterly)
- b) Preliminary analysis and utilization of results
- c) Collection of useful and appropriate information
- d) Archiving and retrieval

5.5.1.4 The health center shall have standardized data collection instruments and including at least the followings:

- a) Laboratory request forms
- b) Laboratory report forms
- c) Laboratory specimen and results registers
- d) Quarterly/monthly reporting forms including
 - Summary of tests conducted
 - Summary of tests referred
 - Summary of quality assurance report
- e) Equipment and supplies inventory registers
- f) Quality assurance record forms
- g) Referral forms

5.5.1.5 The health center shall develop monitoring and evaluation tools to assess activities including:

- a) adherence to SOPs
- b) adherence to safety guidelines
- c) QA activities
- d) Laboratory performance and workload
- e) Laboratory services

5.5.1.6 The laboratory shall follow standard operating procedures (SOP) and conduct routine quality assessments to ensure reliable and cost-effective testing of patient specimens.

5.5.1.7 Laboratory management shall review all operational procedures annually.

5.5.1.8 The laboratory shall controlled temperature of refrigerator for reagents, blood sample, calibrator, control materials which affect the analytical results.

5.5.1.9 The process of analysis shall be specified by validated written or electronic procedures maintained in and by the laboratory.

5.5.1.10 Laboratory staff shall test quality control materials based on manufacturer's recommendations or lab procedure and document in combinations suitable to detect analytical error.

5.5.1.11 Requests for testing shall provide:

- a) Name of patient and medical record number
- b) The name of the ordering physician or other person authorized to order testing
- c) The clinician's working address
- d) Type of primary sample collected
- e) The anatomic site where appropriate
- f) The test requested
- g) Patient gender
- h) Age
- i) Pertinent clinical information as appropriate for purposes of test interpretation (Clinical Diagnosis)
- j) Date and time of sample collection and receipt in the laboratory

5.5.1.12 There shall be criteria developed for acceptance or rejection of clinical samples.

5.5.1.13 The laboratory shall maintain a record of all samples received.

5.5.1.14 Provision shall be made to carry out adequate clinical laboratory examinations including hematology, parasitology, urinalysis and clinical microscopy in the health center.

5.5.1.15 The laboratory should establish an external quality control system.

5.5.1.16 Laboratory report

- a) All laboratory test result/reports shall have reference (normal) ranges specific for age and gender.
- 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 physician 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 laboratory interpretation where appropriate,
 - 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.
 - Health center address
- f) Laboratory results shall be legible, without transcription mistakes and reported only to persons authorized to receive them such as the ordering physician or nursing staff in a health center environment
- g) The laboratory shall have policies and procedures in place to protect the privacy of patients and integrity of patient records whether printed or electronic. Policies shall be established which define who may access patient data and who is authorized to enter and change patient results, correct billing or modify computer programs.

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

5.5.1.18 Safety signage shall be posted in the laboratory.

5.5.1.19 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

5.5.1.20 The medical laboratory shall have safety guideline. In addition, the laboratory shall protect the environment and public by assuring the health laboratory waste is disposed of legally and an environmentally friendly manner

5.5.1.21 The laboratory shall meet regularly with clinical staff regarding services and clinical interpretations.

5.5.1.22 The laboratory shall keep a record of the complaint. The record shall include the nature of the complaint, the date of occurrence, individuals involved, any investigations undertaken by the laboratory and resolution.

5.5.2 Premises

5.5.2.1 Facilities shall provide a suitable environment to prevent damage, deterioration, loss or unauthorized access.

5.5.2.2 The laboratory shall be located and designed to

- a) provide suitable, direct access for patients
- b) Allow reception of deliveries of chemicals
- c) Allow safe disposal of laboratory materials and specimens.

5.5.2.3 The health center laboratory shall have one room with the following arrangements

- a) Recording and reporting area (4m²)
- b) Specimen collection room (6m²)
- c) Bacteriology, serology, parasitology and urinalysis area (16m²)
- d) Hematology and chemistry area (9m²)
- e) Store-room (6m²)
- f) Staff room and office-shared with other staff
- g) Separate Toilets for patients (1 for Male and 1 for female)
- h) Separate Toilet for staff-can be shared with other staff (Male and female)

5.5.2.4 The laboratory facilities shall meet at least the following:

- a) Laboratory shall have adequate lighting, ventilation
- b) The laboratory shall have a reliable supply of running water. At least two sinks shall be provided in each room, one for general laboratory use and the other reserved for hand washing.
- c) Continuous power supply

- d) Working surface covered with washable materials
- e) Internal surfaces, i.e. of floors, walls, and ceilings shall be :
 - Smooth, impervious, free from cracks, cavities, recesses, projecting ledges and other features that could harbor dust or spillage
 - Easy to clean and decontaminate effectively
 - Constructed of materials that are non-combustible or have high fire-resistance and low flame-spread characteristics
- f) Lockable doors and cupboards
- g) Closed drainage from laboratory sinks (to a septic tank or deep pit)
- h) Separate toilets/latrines for staff and patients
- i) 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

5.5.3 Professionals

5.5.3.1 All laboratory services shall be directed by a licensed medical Laboratory technologist with 1 years experience.

5.5.3.2 Students and other staff on attachment shall work under the direct supervision of a licensed medical Laboratory Technicians.

5.5.3.3 The Laboratory service shall have and maintain job descriptions, including qualifications to perform specific functions.

5.5.3.4 The Laboratory management shall provide adequate training, continuing education or access to training for technical staff, and assess staff competency at regular intervals.

5.5.3.5 The laboratory shall have the following staffs

S.no	Staff required	Number required
1.	Medical laboratory technologist	01
2.	Medical Laboratory technologist/Laboratory technician	03
3.	Cleaner	

5.5.4 Products

5.5.4.1 All equipment shall be in good working order, routinely quality controlled, and precise in terms of calibration.

5.5.4.2 Laboratory shall establish a programme that regularly monitors and demonstrates proper calibration and function of instruments, reagents and analytical system. It shall also have a document.

5.5.4.3 When equipment is removed from the direct control of the laboratory or is repaired or serviced, the laboratory shall ensure that it is checked and shown to be functioning satisfactorily before being returned to laboratory use.

5.5.4.4 Laboratory shall have a documented and recorded programme of preventive maintenance which at a minimum follows the manufacturer's recommendation.

5.5.4.5 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 labeled.

5.5.4.6 There shall be a written chemical hygiene plan that defines the safety procedures to be followed for all hazardous chemicals used in the laboratory. The plan defines at least the following:

- a) The storage requirements
- b) Handling procedures
- c) Requirements for personal protective equipment
- d) Procedures following accidental contact or overexposure
- e) The plan is reviewed annually, and updated if needed, and is part of new employee orientation and the continuing education program.

5.5.4.7 The following minimum equipments and consumables shall be required (See also annex IX)

Tests	Major Equipment
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<p>Parasitology:</p> <ul style="list-style-type: none"> • Stool microscopy • Blood film for malaria and other hemoparasite/ Malaria Rapid Test 	<ul style="list-style-type: none"> ➤ Binocular Microscope ➤ Slide ➤ Staining reagents ➤ Rapid test kits
<p>Urine and body fluid analysis:</p> <ul style="list-style-type: none"> • Urinalysis • CSF analysis 	<ul style="list-style-type: none"> ➤ Microscope (shared with parasitology) ➤ Slide ➤ Staining reagents ➤ CSF analysis reagents
<p>Hematology:</p> <ul style="list-style-type: none"> • Hemoglobin/ Hematocrit • Total WBC count • Differential white cell count • Peripheral blood film • ESR 	<ul style="list-style-type: none"> ➤ Haemoglobinometer/ Haemocytometer ➤ Binocular microscope x10, x40, x100 ➤ Microhematocrit centrifuge ➤ Microhematocrit reader ➤ Differential counter ➤ Tally counter, centrifuge, timer and ESR rack
<p>Serology:</p> <ul style="list-style-type: none"> ▪ ASO/RF/RPR/VDRL ▪ HIV-test ▪ Blood Group and Rh 	<ul style="list-style-type: none"> ➤ All serological test kits ➤ Shaker
<p>Bacteriology:</p> <ul style="list-style-type: none"> • Gram stain • Ziehl Neelson stain • Indian Ink 	<ul style="list-style-type: none"> ➤ Microscope (shared with hematology) ➤ Reagents

<p>Chemistry</p> <ul style="list-style-type: none"> • Blood glucose 	<ul style="list-style-type: none"> ➤ Rapid glucose test
<p>Mycology:</p> <ul style="list-style-type: none"> • KOH test 	<ul style="list-style-type: none"> ➤ Microscope (shared with parasitology) ➤ Slide ➤ KOH

5.5.4.8 In addition to laboratory work bench, refrigerator and chairs, the health center shall also have consumables, kits and other supplies as annexed.

5.5.4.9 Suitable stools for the benches. Bench tops shall be impervious to water and resistant to moderate heat and the organic solvents, acids, alkalis, and chemicals used to decontaminate the work surface and equipment

5.6 PHARMACEUTICAL SERVICES

5.6.1 Practices

Dispensing and Medication Use Counseling

5.6.1.1 Standard operating procedure for dispensing and medication use counseling shall be established to ensure patients' safety and correct use of medications.

5.6.1.2 The dispensers shall make sure that prescriptions are legible, written by authorized prescriber and complete. Prescription papers shall be standardized as per the appropriate organ and must contain at least the following information and the prescriber shall complete all these information:

- Name of patient, sex, weight, age and card number
- Diagnosis and allergy
- Name of the medicine, strength, dosage form, dose, frequency, and route of administration
- Duration of treatment
- Prescriber's name, qualification and signature
- Dispenser's name, qualification and signature

- Health center name and address

5.6.1.3 The containers used for dispensing shall be appropriate for the medicines dispensed and all containers intended for medicines shall be protected and kept free from contamination, moisture and light.

5.6.1.4 All medicines to be dispensed shall be labeled and the labels shall be unambiguous, clear, legible and indelible. The following minimum information shall be indicated on the label/sticker:

- The generic name of the medicines or each active ingredient, where applicable;
- The strength, dose, frequency of administration and total quantity;
- The name of the person for whom the medicines are dispensed;
- The directions for use and route of administration tailored to patient or caregiver literacy and language;
- The name and address of the dispenser;
- Date of dispensing;
- Expiry date
- Special precautions as applicable

5.6.1.5 Filled prescriptions shall be signed and accountability must be accepted by the dispensing pharmacist or pharmacy technician.

5.6.1.6 Each health center shall establish and implement policies, guidelines and procedures for reporting any errors or any suspicion in administration or provision of prescribed medications.

5.6.1.7 The pharmacy shall keep individualized information for patients with chronic illnesses medication program using standardized information tracking formats and update patient medication profile during each refill visit. ..

5.6.1.8 Cautionary instructions and ancillary information about medications shall be communicated in writing to the personnel responsible for administering medications.

5.6.1.9 The drug and therapeutic committee of the health center shall develop/adopt and implement antimicrobial prescribing, dispensing and usage policy.

Control of Drug Abuse, Toxic or Dangerous Drugs

5.6.1.10 The health center shall establish Policies and procedures to control the administration of these drugs with specific reference to the duration of the order and the dosage in accordance with relevant laws.

5.6.1.11 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.

5.6.1.12 All controlled substances (narcotic and psychotropic drugs) shall be dispensed to the authorized health professional designated to handle controlled substances by a licensed pharmacist or pharmacy technician in the health center. When the controlled substance is dispensed, the following information shall be recorded into the controlled substance (proof-of-use) record.

- Name and signature of pharmacist or pharmacy technician dispensing the controlled substance
- Name and signature of designated Authorized health professional receiving the controlled substance.
- The date and time the controlled substance is dispensed.
- The name, the strength, and quantity of controlled substance dispensed.
- The serial number assigned to that particular record, which corresponds to same number recorded in the pharmacy's dispensing record.

5.6.1.13 When 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.

5.6.1.14 The administration and refill of all controlled substances to patients shall be carefully recorded into the standard record form for controlled substances and the completed record form shall be returned to the pharmacy. The following information shall be recorded during administration to patients.

- The patient's name, card number

- The name of the controlled substance and the dosage administered.
- The date and time the controlled substance is administered.
- The signature of the practitioner administering the controlled substance
- The wastage of any controlled substance, if any
- The balance of controlled substances remaining after the administration of any quantity of the controlled substance
- 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.

5.6.1.15 All partially used quantities of controlled substances shall be recorded in to the control substance record and returned back to the responsible pharmacist or pharmacy technician for control substances for disposal.

5.6.1.16 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.

5.6.1.17 Any return of controlled substances to the pharmacy in the health center shall be documented by a licensed pharmacist or pharmacy technician responsible for controlled substance handling in the health center.

5.6.1.18 The health center shall implement procedures whereby, on a periodic basis, a licensed pharmacist or pharmacy technician shall reconcile quantities of controlled substances dispensed in the health center against the controlled substance record. Any discrepancies shall be reported to the Head of the health center. Upon completion, all controlled substance records shall be returned to the health center's pharmacy by the designated responsible person.

5.6.1.19 The health center shall submit regular report to the appropriate organ regarding the consumption and stock of controlled drugs.

Adverse Drug event (ADE)/ Pharmacovigilance

5.6.1.20 The health center pharmacy shall appoint an ADE focal person responsible for the collection, compilation, analysis and communication of adverse drug

reaction, medication error and product quality defect related information to the DTC appropriate organ.

- 5.6.1.21 Health professionals of the health center shall be responsible to report suspected ADE cases to the ADE focal person, the pharmacy personnel.
- 5.6.1.22 DTC shall discuss and make necessary recommendations to the health center management for decision on adverse drug event reported within the facility.
- 5.6.1.23 The health center pharmacy shall consistently update the safety profile of medicines included in the formulary list for immediate medicine use decisions and consideration during the revision of the list.
- 5.6.1.24 Adverse medication effects shall be noted in the patient's medication record
- 5.6.1.25 All the ADE reports, patient identity, reporters and medicine trade names shall be kept confidential.
- 5.6.1.26 The Reporting of ADE shall be done by the national ADE prepaid format, yellow coloured form, prepared by EFDA.

Medicines Supply and Management

- 5.6.1.27 A drug and therapeutics committee (DTC) representing different service units of the health center shall be in place for selection of medicines and other medical items and developing the formulary list as well as policies and guidelines on managing Medicines based on the medicine lists for health centers.
- 5.6.1.28 The purchase of medicines shall be the responsibility of a pharmacist or pharmacy technician who is assigned to manage the health center central medical store.
- 5.6.1.29 The health center shall have written policies for the procurement of medicines from government and private suppliers. These policies shall be prepared by the DTC and approved by the management/board of the health center. The procurement policy must ensure at least:
 - The right source of medicines
 - Medicines availability
 - Safety, quality and efficacy of medicines
 - Transparency of the procedure and documentation
 - Minimal decision points

- Flexibility to respond for emergency situations
 - Compatibility with the state and national laws of the country
 - Effective batch recall of medicines when necessary
- 5.6.1.30 The health center central medical store shall be responsible to display or disseminate new arrivals or alternative medicines to each service delivery points.
- 5.6.1.31 The health center shall be responsible to make sure that medicines promotion made by suppliers or manufacturers in the health center premises is made by a licensed pharmacist in accordance with the country's laws.
- 5.6.1.32 The health center shall be responsible to make sure that donation of medicines has been made in accordance with the country's laws.
- 5.6.1.33 The medicines storage areas of the health center shall be under the control of the responsible pharmacist or pharmacy technician
- 5.6.1.34 The storage condition shall provide adequate protection to the medicines from all environmental factors until the medicine is delivered to the patient.
- 5.6.1.35 The responsible pharmacist or pharmacy technician must ensure that all areas where medicines are stored are of acceptable standards (palletized or shelved, ease for free movement, ventilated, rodent free, temperature and moisture controlled and others) for a medicines store.
- 5.6.1.36 The responsible pharmacist or pharmacy technician shall ensure that all medicine storage areas are inspected regularly to ensure that:
- Medicines are stored and handled in accordance with the medicine manufacturer's requirements and these standards
 - Expired or obsolete medicines are stocked separately until disposition
 - Medicines requiring special environmental conditions shall be stored accordingly
 - Temperature and humidity are maintained according to manufacturer's requirement

- Stock levels are adequate to ensure the continuous supply and acceptability of medicines at all times, including the availability of essential medicines.
- Inflammable substance are stored separately and in an appropriate manner
- Disinfectants and preparations for external use are stored separately from medicines for internal use.

5.6.1.37 Special storage conditions shall be maintained for medicines requiring cold chain system, controlled substances, inflammable substances and medical gases, if any.

5.6.1.38 Firefighting equipment or system shall be installed to medicines storage places

5.6.1.39 Distribution of medicines within a health center shall be under the direction and control of a pharmacist or pharmacy technician and must be in accordance with the policy developed by DTC. All issuing activities shall be made using official and serially numbered vouchers.

5.6.1.40 There shall be written SOPs on how supplies of stock are to be obtained from the medical store. Procedures must define normal action to be taken by pharmacy personnel staff for routine stock replacement and action to be taken in the case of incomplete documentation or other queries.

5.6.1.41 Written procedures shall be available for the return of expired, damaged, leftover and empty packs from outlets to medical store to prevent potential misuse.

5.6.1.42 The responsible pharmacist or pharmacy technician shall ensure that adequate control procedures are in place for all stock circulating at all outlets within the health center.

5.6.1.43 Daily medicine consumption at different outlets of the health center shall be recorded, compiled and analyzed for the appropriate supply and use of medicines.

5.6.1.44 The health center pharmacist or pharmacy technician should conduct regular medicines use studies to ensure maximum patient benefit from the health center medicine list.

Medicines Waste Management and Disposal

- 5.6.1.45 The disposal of medicine wastes shall be in compliance with the appropriate medicines waste management and disposal directives by FMHACA.
- 5.6.1.46 Health center pharmacy shall take responsibility, through supportive policies and procedures for the environmental and societal safety by efficiently managing the medicine wastes.
- 5.6.1.47 All personnels involved in medicines waste handling shall be trained and/or well informed about the potential risks of hazardous medicines wastes and their management.
- 5.6.1.48 All personnels involved in handling of medicines waste shall wear protective devices like apron, plastic shoes, gloves, head gears and eye glasses when appropriate.
- 5.6.1.49 Solid wastes from the pharmacy shall be categorized as “hazardous” and ‘non-hazardous” and shall be collected separately for proper treatment.
- 5.6.1.50 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.
- 5.6.1.51 Spillages of low toxicity shall be swept into a dust pan and placed into a suitable container for that particular chemical and dispose accordingly.
- 5.6.1.52 medicines in single dose or single use containers which are open or which have broken seals, medicines in containers missing medicine source and exact identification (such as lot number), and outdated medications shall be returned to the pharmacy for disposal.
- 5.6.1.53 The health center shall form a medicines disposal committee to ensure safety, accountability and transparency as per medicine waste disposal directive.
- 5.6.1.54 Disposal of medicines wastes shall be supported by proper documentation including the price of the products for audit, regulatory or other legal requirements.

Recording

- 5.6.1.55 Each health center shall maintain records to assure that patients receive the medications prescribed by a medical practitioner or other authorized prescriber and maintain records to protect medications against theft and loss.

- 5.6.1.56 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.
- 5.6.1.57 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.
- 5.6.1.58 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.
- 5.6.1.59 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
- 5.6.1.60 Every transaction related with medicines should be recorded on stock control cards and/or computerized stock control system in the medical store and dispensaries.

Billing

- 5.6.1.61 Medicines shall be received and issued using standard receiving and issuing vouchers with serial number licensed by the appropriate finance bureau of the government. Issuing and receiving of medicines has to be signed by both the receiver and issuer and approved by an authorized pharmacist or pharmacy technician. Receiving and issuing vouchers shall have the following minimum information.
- Name of medicines received and issued
 - Unit of measurement, quantity and source (supplier's or manufacturer's name) of medicines
 - Expiry date and batch number
 - Unit and total price
 - Date received and issued
 - Name and signature of receiver and issuer
 - Address of the health center

- 5.6.1.62 All medicines issued from the dispensary shall be dispensed/sold using standard sales ticket with serial number licensed by the appropriate finance bureau. Sales tickets have to be signed and stamped.
- 5.6.1.63 Dispensing pharmacies shall use a standard stamp and seal for approving legal transactions
- 5.6.1.64 The consumer has the right to know the exact price of a prescription before it is filled

Organization Management and Quality Improvement

- 5.6.1.65 A multidisciplinary drug and therapeutic committee chaired by the medical director and supported by a licensed pharmacist/pharmacy technician representing the health center pharmacy services as a secretary must be functional for the overall improvement of pharmaceutical services in the health center
- 5.6.1.66 The pharmaceutical services shall be represented by a licensed pharmacist or pharmacy technician in every management meetings of the health center.
- 5.6.1.67 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.
- 5.6.1.68 There shall be a program of continuous quality improvement for the pharmaceutical service that is integrated into the health 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.
- 5.6.1.69 The pharmaceutical service shall have in effect a patient profile system for monitoring medicine therapy. This system shall be used by the health center to identify inappropriate prescribing practices and develop interventions.
- 5.6.1.70 The pharmacy personnel shall inspect all patient care areas in the health 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.

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.

5.6.2 Premises

5.6.2.1 Dispensing counter shall be designed to secure patient privacy and confidentiality

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

5.6.2.3 The ceiling, wall and floor shall be constructed to protect the safety of medicines from burglary, rodents, direct sunlight, moisture and damages.

5.6.2.4 Medicines shall be shelved a minimum of 20cm above the floor, 1m wide between shelves and 50cm away from the wall and ceiling.

5.6.2.5 The pharmacy premises shall have the following minimum space

S.No	Rooms required	Number of rooms	Area required
1.	Waiting area	1	
2.	Dispensing with counseling room, Cashier room/area	1	24Sq.m
3.	Medical store intended for medicines, vaccines, lab reagents and medical equipments storage		40sq.m
4.	Drug Information service	1	9sq.m
5.	Office and duty room(shared)		

5.6.3 Professionals

5.6.3.1 The health center pharmacy shall be directed by a licensed pharmacist with 1 years experience.

5.6.3.2 The dispensing of all prescriptions and medication use counseling shall be carried out by licensed pharmacist or pharmacy technicians.

5.6.3.3 The health center pharmacy shall have pharmacy clerks, cashiers, cleaners and porters.

5.6.3.4 The responsible pharmacist or pharmacy technician shall ensure that written job descriptions are prepared for all staff and that all staff are acquainted with their job descriptions and responsibilities.

5.6.3.5 A pharmacist or pharmacy technician licensed to practice pharmacy shall be on duty or on call at all times outside working hours.

S.no	Staff required	Number required
1	Pharmacist	1
2	Pharmacist/ pharmacy technicians	3

5.6.4 Products (Equipment and Facilities)

5.6.4.1 The pharmacy shall have a current collection of reference materials such as books, journals, medicine profiles, electronic information, relevant formularies and manufacturers' information.

5.6.4.2 In summary, minimum standard for pharmacy equipment and facilities at different service delivery points shall be as follows.

<i>Equipment and facilities</i>	<i>Pharmaceutical Service Delivery Points</i>	
	<i>Dispensing Pharmacy</i>	<i>Medical Store</i>
1. Refrigerators and deep freezers with thermometer	X	x
1. Wall thermometers	X	x
2. Ventilator or AC as required	X	X
3. Hygrometer	X	x
4. Tablet counter	X	
5. Scientific calculator	X	x
6. Table and chair	X	x
7. Scissors	X	x
8. Adult and pediatric weighing balance	X	
9. Electric light	X	x
10. Tap water-Access	X	x
11. Toilet and shower	X	x
12. Telephone line	X	x
13. Internet facility-access (optional)	X	x

5.7 HEALTH PROMOTION SERVICES

5.7.1 Practice

5.7.1.1 The health center shall plan, schedule, coordinate, lead, monitor health promotion activities

5.7.1.2 The health center shall have a written protocol and procedures for health promotion. This shall include:

- (a) Implementing as a part of the overall quality improvement system, aiming at improving health outcomes for patients, relatives, staff and community.
- (b) Identifying responsibilities for the process of implementation, evaluation and regular review of the policy.
- (c) Allocating resources to the processes of implementation, evaluation and regular review of the policy.
- (d) Enlightening of the health promotion policy.
- (e) Ensuring the availability of procedures for collection and evaluation of data in order to monitor the quality of health promotion activities.
- (f) Ensuring that staff has relevant competences to perform health promotion activities and supports the acquisition of further competences as required.
- (g) Ensuring the availability of the necessary infrastructure, including resources, space, equipment, etc. in order to implement health promotion activities.
- (h) Providing reliable information, education and communication (IEC) and behavioral change communication (BCC) service to the general population on major health burden issues according to the country health profile,

5.7.1.3 The health center shall ensure that health professionals, in partnership with patients, systematically assess needs for health promotion activities.

5.7.1.4 The health center shall provide patients with information on significant factors concerning their disease or health condition and health promotion interventions are established in all patient pathways.

5.7.1.5 The health center management shall establish conditions for the development of the health center as a healthy workplace.

5.7.1.6 The health center shall have a planned approach to collaborate with other health service levels and other institutions and sectors on an ongoing basis.

5.7.1.7 The health promotion committee shall highlight specific issues such as:

- a. Health Promoting Health centers as partners in the health care chain / network and in healthy alliances; and
- b. Investing in health for the future by promoting the health of children and youth.

5.7.2 Professionals

5.7.2.1 Health education /Health officer /Environmental health/Nurses/ health promotion trained health professional shall direct or coordinate the overall health promotion activities in the health center.

5.7.2.2 All health professionals who have got a special training on health promotion and prevention may participate in health promotion activities

5.7.2.3 The respective medical services for health promotion to be performed by the staff shall be specified in their job descriptions

5.7.3 Products

5.7.3.1 The health center shall have the following:

- a. Printed material
- b. IEC materials
- c. Audio visual materials
- d. Mini media(Optional)
- e. Public health journals

5.8 Health Care Quality Improvement And Patient Safety System

5.8.1 Practices

5.8.1.1 The HC shall establish a structure that the quality unit head reports to the medical director .

- 5.8.1.2 HC shall have quality of care annual plan
- a) The Quality Plan must include, but not be limited to, an ongoing program that shows measurable improvement in indicators for which there is evidence that it will improve health outcomes and identify and reduce medical errors
 - b) The Hospital must measure, analyze, and track quality indicators, including adverse patient events, and other aspects of performance that assess processes of care, healthcare service and operations.
- 5.8.1.3 The HC shall have a Quality and Patient safety Committee with TOR as per EHCRIg
- 5.8.1.4 The HC Quality unit Shall have a documented Patient Safety System and shall address the following:
- a) Medical error or adverse event
 - b) Incidence reporting
 - c) Falling dawn accident
 - d) Environmental safety
 - e) Fire safety
 - f) Safe injection
- 5.8.1.5 Medical director of The HC shall lead or Chair the HC Quality and patient safety Committee and the Quality Unit head shall work as a secretary
- 5.8.1.6 The HC Quality and safety committees shall meets on monthly and monitor the quality planning, quality assurance and quality improvement on the processes of care, healthcare service and operations of the institution.
- 5.8.1.7 The HC quality unit Shall have Quality Improvement Team in each department or service area lead by the quality focal person of the respective department
- 5.8.1.8 The HC quality unit shall collect and use the data to monitor the quality of care and safety of services; and identify opportunities for improvement and changes that will lead to improvement
- a) The HC quality Unit Shall conduct Health Service standard audits on quarterly bases **using standard or adopted audit tools (HSTQ)** and EHCRIg
 - b) The quality team should conduct SSV based on EHCRIg and give feedback for departments
 - c) The hospital should facilitate collaborative learning ,best experience
 - d) The HC quality unit should assure data quality
 - e) The health center quality team should use an improvement science like kaizen and model for improvement.

- f) The health center QI team should develop or design a QI projects based on the identified gaps
- g) The HC quality unit shall conduct experience of care/Patient satisfaction survey on quarterly bases
- h) The HC quality unit shall take actions aimed at Quality improvement and, after implementing those actions; then must measure its success, and track performance to ensure that improvements are sustained.
- i) The HC quality unit must document what quality improvement projects are being conducted, the reasons for conducting these projects, and the measurable progress achieved on these projects. These achievements shall be shared to hospital staffs for learning.
- j) The HC Quality unit must Ensure the HC standards are maintained

5.8.1.9 The HC shall set priorities for its performance improvement activities that:

- a) Focus on high-risk, high-volume, or problem-prone areas;
- c) Affect health outcomes, patient safety, and quality of care

5.8.1.10 The HC top management(SMT) shall identify key Quality measures in the HC structures, processes, and outcomes to be used in the institution wide quality improvement and patient safety plan;

5.8.1.11 The HC Quality unit shall display Selected quality Indicators dashboard and updated on monthly and Quarterly/

5.8.1.12 The HC must maintain and demonstrate evidence of its Quality Management System.

5.8.1.13 The HC quality improvement team should incorporate the quality improvement activities based on the identified problems

5.8.2 Premises

5.8.2.1 There shall be a separate one room /office for the quality unit.

5.8.3 Professionals

5.8.3.1 There shall be a full-time Health officer or BSC nurse as the Quality Head and one QI officer fulltime with basic QI training and computer skill.

5.8.3.2 The health center should have a QIT in each department

5.8.4 Products

5.8.4.1 The Quality Improvement Division :

- (a) Shelves
- (b) Computers
- (c) Table and Chairs
- (d) Display board
- (e) Log book for
- (f) Guidelines
- (g) Checklists

5.9 Medical Recording

5.9.1 Practices

5.9.1.1 Medical record shall be maintained in written form for every patient seen at all points of care including emergency, outpatient, labor & delivery, inpatient and minor operation theatre.

5.9.1.2 The Health center shall maintain individual medical records in a manner to ensure accuracy and easy retrieval. A patient shall have only one medical record in the health center.

5.9.1.3 The health center shall establish a master patient index with a unique number for each patient

5.9.1.4 Each piece of paper that contains a medical record shall have the appropriate identification on the paper

5.9.1.5 The health center shall have a written policy and procedure that are reviewed at least once every three years which include at least:

- (a) Procedures for record completion
- (b) Conditions, procedures, and fees for releasing medical information

(c) Procedures for the protection of medical record information against the loss, tampering, alteration, destruction, or unauthorized use.

5.9.1.6 Any medical record shall be kept confidential, available only for use by authorized persons or as otherwise permitted by law.

5.9.1.7 All entries in the patient's medical record shall be written legibly in permanent ink, dated, and signed by the custodian/recording person.

5.9.1.8 The medical record forms shall be prepared in line with the national/Regional State guideline and approved by the Health center management.

5.9.1.9 Each medical record shall at least contain the following information:

(a) Identification (name, age, sex, phone number ,medical record number)

(b) History, physical examination, investigation results and diagnosis

(c) Medication, procedure and consultation notes

(d) Name and signature of treating physician

(e) Consent form where applicable which shall be signed by the patient. In case where someone other than the patient signs the forms, the reason for the patient's not signing it shall be indicated on the face of the form, along with the relationship of the signer to the patient.

5.9.1.10 Any consent form for medical treatment that the patient signs shall be printed in an understandable format and the text written in clear, legible, non technical language.

5.9.1.11 There shall be a mechanism for medical record controlling and tracing, whenever patients medical records are taken from and returned to the central medical record room.

5.9.1.12 There shall be a mechanism to make medical records with appointment ready for use and return seen cards back to the central medical record room within 24hrs.

5.9.1.13 The patient's death shall be documented in the patient's medical record upon death.

5.9.1.14 Original medical records shall not leave Health center premises unless they are under court order or in order to safeguard the record in case of a physical plant emergency or natural disaster.

- 5.9.1.15 If a patient or the patient's legally authorized representative requests, in writing, a copy of the medical record shall be given.
- 5.9.1.16 If the patient is provided with medical certificates, copies of certificates and other records shall be documented and/or recorded on the original medical record
- 5.9.1.17 The medical records shall be shelved 20-30cm above from the floor
- 5.9.1.18 If the patient is transferred to another Health Facility on a non emergency basis, the Health Center shall maintain a transfer record reflecting the patient's immediate needs and send a copy of this record to the receiving Health Facility at the time of transfer.
- 5.9.1.19 If the health center ceases to operate, the appropriate organ shall be notified in writing about how and where medical record will be stored at least 15 days prior to cessation of operation. The patient choice on where to transfer his/her medical record shall be respected. Patient will get information from the appropriate organ regarding the location of their medical records.
- 5.9.1.20 The Health Center shall establish a procedure for removal of inactive medical records from the central medical record room.
- 5.9.1.21 Medical records shall be destroyed as per the law by using techniques that are effective enough to assure confidentiality of medical records. However, records which are active for more than ten years shall not be destroyed.

5.9.2 Premises

- 5.9.2.1 There shall be a separate medical record room 24 m²
- 5.9.2.2 The premises shall have one meter wide space in between and around shelves.
- 5.9.2.3 The medical record room shall have adequate light and ventilation
- 5.9.2.4 The medical record room shall be built far from fire sources

5.9.3 Professionals

- 5.9.3.1 There shall be a full-time custodian/medical record personnel (Health Information Technician) with basic computer skill and ability to organize medical records responsible for medical records management.

S.no	Staff required	Number required
1.	Custodian medical record personnel /Health Information Technician	02
2.	Porter	02

5.9.3.2 The actual number of staff shall be determined based upon the total number of active charts in a day (Workload analysis)

5.9.3.3 The Health Center shall provide basic training on medical record keeping to the staffs

5.9.4 Products

5.9.4.1 The Medical record room shall have:

- | | |
|--------------------------------------|-----------------------|
| (h) Shelves | (l) Computer |
| (i) Tracer card | (m)Cart |
| (j) Master patient index boxes | (n) Ladder |
| (k) Master Patient Index (MPI) Cards | (o) Patient folder |
| | (p) Log book |
| | (q) Fire extinguisher |

5.10 MORGUE SERVICES

5.10.1 Practices

5.10.1.1 The health center shall have written policies and procedures for morgue (dead body care) services. These policies shall delineate the responsibilities of the medical staff, nursing, and morgue services staff, and shall include procedures for at least the following:

- a. Identification of the body, recording and labeling;
- b. Safe and proper handling of the body to prevent damage and this shall be according to the patient religion and culture;

- c. Safeguarding personal effects of the deceased and release of personal effects to the appropriate individual;
- d. Proper handling of toxic chemicals by morgue and housekeeping staff;
- e. Infection control, including disinfection of equipment as per IP standard;
- f. Identifying and handling high-risk and/or infectious bodies;
- g. Treatment of dead body with formalin
- h. Release of the body to the family shall be as immediately as possible;.

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

5.10.1.3 Any dead body shall pass through morgue after the confirmation made by the physician or health officer.

5.10.2 Premises

5.10.2.1 The Morgue shall have cold dead body care taking room with 12m²space to store at least for one body.

5.10.2.2 The morgue premises shall fulfill at least the followings:

- (a) Continues Water supply
- (b) Well ventilated
- (c) Adequate supply of light

5.10.3 Professionals

5.10.3.1 Morgue attendant and cleaner

5.10.4 Products

5.10.4.1 The following products shall be available for morgue services:

- | | |
|--------------------|------------------------|
| (a) Plastic sheets | (e) Scissor |
| (b) Aprons | (f) Formalin |
| (c) Stretcher | (g) Syringe 30cc, 50cc |
| (d) Scalpels | (h) Detergents |

- (i) Cotton
- (j) Gloves
- (k) Boots
- (l) Gowns
- (m) Head cover
- (n) Goggles
- (o) Disinfectants
- (p) Plastic bags
- (q) White clothes
- (r) Body table with water sink
- (s) Cupboard for instrument

5.11 INFECTION PREVENTION

5.11.1 Practices

5.11.1.1 The infection control program shall review areas of potential risk and populations at risk and shall be effectively and efficiently governed and managed.

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

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

5.11.1.4 Infection risk-reduction activities shall include:

- a) equipment cleaning and sterilization;
- b) laundry and linen management;
- c) disposal of infectious waste and body fluids;
- d) the handling and disposal of blood and blood components;
- e) disposal of sharps and needles;
- f) separation of patients with communicable diseases from patients and staff who are at greater risk due to immuno-suppression or other reasons;
- g) management of hemorrhagic (bleeding) patients;
- h) Engineering controls.

5.11.1.5 The health center shall maintain policies and procedures for the following

- 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, hepatitis
 - Standard precautions to follow
 - Post-Exposure Prophylaxis programming policy
 - Procedures for Post-Exposure Prophylaxis programming
- d) Environmental infection prevention
 - General health center hygiene
 - Structural infection prevention
 - Physical health center organization
- e) Waste management
 - Cleaning medical instruments
 - Implementation of a disposal system
 - Handling medical waste
 - Waste removal

5.11.1.6 The following specific standard precautions shall be practiced and the Health 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) 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 health 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.
- c) Soiled patient-care equipment, textiles and laundry shall be handled appropriately
- d) Any type of face shield that is apparently soiled or splattered with body fluids shall be washed and sterilized with a disinfectant.

- e) Procedures shall be developed and implemented for routine care, cleaning, and disinfecting environmental surfaces, especially frequently touched surfaces in patient care areas.
- f) Used needles shall not be recapped, bent, broken, or manipulated by hand. Single handed scoop technique shall only be used when recapping is required.
- g) Safety features shall be used when available and used "sharps" shall be placed in a puncture-resistant container specially designated bin for hazardous waste.

5.11.1.7 There shall be transmission-based precautions and the health center shall have its own guideline for the followings:

- a) Contact precautions as described in article 6.18.1.6
- 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

5.11.1.8 The health center shall have procedures in place to minimize crowding and manage the flow of patients and visitors. This shall include

- a) Patient crowd control
- b) Assess urgent and non-urgent cases
- c) Patient sign-in
- d) Caregiver and visitor control.

5.11.1.9 The health shall train all staff on how to minimize exposure to blood borne infections. 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

5.11.1.10 The health center shall provide regular education on infection prevention and control practice to staff, patients, and as appropriate, to family, visitors and caregivers including the followings.

- a) Prevention of the spread of infections,
- b) Improving the quality of patient care,
- c) Promoting safe environment for both patients and staff

5.11.2 Premises

5.11.2.1 The health center may have the following facilities:

- a) Working Office for IP officer
- b) Meeting rooms for IP committee

5.11.2.2 The health center shall have a designated sterilization room

5.11.3 Professionals

5.11.3.1 The health center shall have an IP committee coordinated by assigned IP trained physician or health officer or BSc nurse knowledgeable of infection prevention principles and health center epidemiology.

5.11.3.2 IP committee shall be trained on infection prevention.

5.11.3.3 The IP committee shall be composed of professionals at least from the following service units

- | | |
|-------------------------|--|
| a) Nursing care | f) Pharmacy |
| b) Medical services | g) Laboratory |
| c) Environmental health | h) Laundry |
| d) Housekeeping | i) Instrument sterilization and supply |
| e) Administration | |

5.11.4 Products

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

a) Waste management equipment and supplies:

- | | |
|----------------|-----------------------------------|
| • Incinerator | • Garbage bins |
| • Placenta pit | • Large garbage bin |
| • Dust bin | • Plastic garbage bags (optional) |
| • Ash pit | • Safety boxes |
| • Burial pit | |

b) Cleaning

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

c) Instrument processing

- | | |
|--|---|
| • Autoclaves and steam sterilizers as appropriate, | • 0.5% chlorine solution |
| • Test strips | • (diluted bleach) |
| • Chemicals | • Storage shelves for the medical equipment |
| • Commercial steamer | • Disinfectant chemicals |
| • Boiler | • Brushes (tooth) |
| • Oven | |

- brush for small items

d) Hand hygiene

- Sinks as appropriate
- Water container with faucet
- Soap
- Alcohol based hand rub
- Personal Towels
- Paper Towels

e) Personal Protective Equipment

- Heavy duty glove
- Surgical glove
- Examination glove (latex or nitrile)
- Other types (ex. those worn by cleaning and laundry staff)
- Eye shield
- Goggle
- Visors
- Dust mask
- Surgical/Disposable
- Respiratory mask
- Other type of face mask
- Plastic apron
- Other types
- Boots
- Other protective shoes
- Caps
- Face shield

5.12 SANITATION AND WASTE MANAGEMENT

5.12.1 Practices

- 5.12.1.1 The health center shall be sanitary, clean and safe environment. There shall be regular basic cleaning such as dusting, sweeping, polishing and washing of the health post premises and equipments.
- 5.12.1.2 There shall be written procedures to govern the use of aseptic techniques and procedures in all areas of the health center.
- 5.12.1.3 Sanitation techniques shall be regularly reviewed by the infection prevention committee and documented as stated under Infection prevention section of this standard.
- 5.12.1.4 Infectious and medical wastes shall be handled and managed according to the recent Health Care Waste Management National Guideline.
- 5.12.1.5 Infectious and non infectious medical waste shall be placed for storage, handling, or transport in portable bins which is leak proof, have tight-fitting covers and be kept clean and in good repair until disposal.
- 5.12.1.6 Reusable containers for infectious medical waste and general medical waste shall be thoroughly washed and decontaminated each time and emptied according to the recent Health Care Waste Management National Guideline
- 5.12.1.7 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 Health Care Waste Management National Guideline.
- 5.12.1.8 Placenta disposal pit shall be available in the health center and shall be secured
- 5.12.1.9 Wastes shall be segregated and segregation of the healthcare waste shall includes the following procedures
- a) Separate different types of waste
 - b) The health center shall provide colored waste receptacles specifically suited for each category of waste
 - c) Segregation shall take place at the source, like ward bedside, minor OR, laboratory etc
 - d) There shall be 3 bin systems used to segregate different types of waste in the health center

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

5.12.1.10 Treatment or disposal of infectious medical waste shall be performed according to *Health Care Waste Management National Guideline* by one of the following methods:

- a) Incineration
- b) Steam sterilization
- c) Discharge via approved sewerage system
- d) Chemical sterilization

5.12.1.11 The health center shall routinely clean and sanitize patient areas and waiting rooms at least twice daily and more when ever needed.

5.12.1.12 Medical waste which is not infectious shall be disposed according to Health Care Waste Management National Guideline by incineration or sanitary landfill.

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

5.12.1.14 Housekeeping items shall be clean and sanitize regularly

- 5.12.1.15 The health center shall have an organized waste disposal and removal system and shall ensure the safe handling of all waste
- 5.12.1.16 Chemicals and radioactive waste if any shall be disposed according to national guidelines
- 5.12.1.17 All generators of infectious medical waste and general medical waste shall have a medical waste management plan that shall include the following:
- a) Storage of medical waste
 - b) Segregation of medical waste
 - c) Transport of medical waste
 - d) Disposal of medical waste
- 5.12.1.18 Sewage disposal shall be according to Health Care Waste Management National Guideline and fulfill the following conditions:
- a) The health center shall have a functional sewerage system
 - b) The health center shall dispose of all sanitary waste through connection to a suitable municipal sewerage system
 - c) The health center shall have only flushing toilet system
 - d) The health center shall have a designated waste storage area for solid waste or septic tank for liquid waste
 - e) There shall be written procedures defining instrument processing procedures (disinfection and sterilization).
 - f) There shall be written procedures to govern the use of aseptic techniques and procedures in all areas
- 5.12.1.19 The health center shall have supportive sanitation majors
- 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.

5.12.1.20 There shall be a written policy and procedures for ground water treatment.

5.12.2 Premises

5.12.2.1 Placenta disposal pit shall be available with dimension of height 2.5m, width 2.5m and lateral to the disposal pit the two sides shall be filled with concrete.

5.12.2.2 In addition, the health center sanitary system shall have

- a) Functional sewerage system
- b) Adequate Flushing toilets or ventilated pit latrine with hand washing basin
- c) Laundry
- d) Incinerator
- a) Dumpster (Genda for solid waste accumulation)
- b) Sanitary office

5.12.3 Professionals

5.12.3.1 The health center sanitation and waste management shall be directed by a licensed environmental health professional or any related licensed professional trained on sanitary sciences.

5.12.3.2 The health center shall officially designate staff in charge of handling waste on a regular basis. The assigned staff shall be responsible for the collection and disposal of waste products in the health center.

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

5.12.3.4 Staff shall be oriented on personal protection methods

5.12.4 Products

5.12.4.1 The health center shall have equipment and supplies required for sanitation activities which includes:

- a) Incinerator
- b) Ash pit
- c) Burial pit
- d) Placenta pit

- e) Garbage bins
- f) Safety boxes
- g) Trolley to transport waste
- h) Dumpster (Genda) shall be placed in a clean isolated and fenced area.
- i) personal protective equipment
- j) Cleaning supplies (detergents, disinfectants and other cleaning solutions etc)
- k) Mops and dust bins

5.13 HOUSEKEEPING, LAUNDRY AND MAINTENANCE SERVICES

5.13.1 Practices

5.13.1.1 All areas of the health center including the building and grounds shall be kept clean and orderly.

5.13.1.2 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.

5.13.1.3 The types and sources of unwanted odors in the premises shall be identified, controlled and removed

5.13.1.4 Collection, transportation and disposal of wastes shall be supervised and controlled by appropriate professional.

- 5.13.1.5 The safety of fire, electrical and natural hazards in the risk areas in the health center shall be monitored regularly, supervised and controlled.
- 5.13.1.6 The environmental health professional shall identify, supervise and organize the control and eradication of pests, rodents and animal nuisance.
- 5.13.1.7 The housekeeping staffs shall create pleasant environment to patients, visitors and staffs.
- 5.13.1.8 The housekeeping staffs shall ensure proper lighting and ventilation in different areas of the health center.
- 5.13.1.9 The following LINEN services shall be provided
- 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.
- 5.13.1.10 Regular surveillance of overhead and underground tank, proper cover, regular chlorination and cleaning shall be undertaken
- 5.13.1.11 The infection control measures shall be carried out in accordance with the infection prevention stated under this standards.
- 5.13.1.12 The health center should have reserve generator for continuous power supply.
- 5.13.1.13 Potable water and electrical services shall be available 24 hours a day and 365 days a year.
- 5.13.1.14 There shall be health center wide safety maintenance system.
- 5.13.1.15 The health center shall conduct regular routine and preventative maintenance for all facilities and operating systems. Maintenance shall consider the infection prevention and control principles and measures
- 5.13.1.16 Facility safety maintenance includes
- a) The building maintenance service shall have written policies and procedures 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.

5.13.1.17 There shall be written protocols and procedures for diagnostic equipment maintenance service 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:

5.13.1.18 The maintenance personnel including the advisory management committee of the health 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

5.13.1.19 Fire and emergency preparedness

- a) The health center shall comply with the National Fire Protection laws/standard
- b) All 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 health 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.

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

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

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

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

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

5.13.2 Premises

5.13.2.1 The laundry shall have separate areas for:

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

5.13.2.2 Clean linen storage shall be readily accessible to nurses' stations

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

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

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

5.13.2.6 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) Delivery Suites.
- b) Newborn Nursery.
- c) Emergency Service Area.
- d) Patient Areas.
- e) laboratories, offices, locker rooms and other areas

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

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

5.13.3 Professionals

5.13.3.1 The housekeeping, maintenance and laundry functions shall be under the direction of a licensed environmental health professional.

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

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

5.13.3.4 The following staff shall be available

- a) Electrician, Plumber, Painter.
- b) Maintenance technician
- c) Laundry staff
- d) Cleaners

5.13.4 Products

5.13.4.1 The health center shall have the following tools, equipment and raw materials for housekeeping services.

a) Equipment:

- Reserve electrical generator (optional)
- Floor cleaning brush air
- Floor wiping brush
- Hockey type brush
- Counter brush.
- Ceiling brush
- Scrappers
- Dustbins paddles.
- Waste paper basket.
- Plastic Mug
- Plastic Bucket
- Plastic drum
- Wheel barrow
- Water trolley
- Ladder
- Scraping pump
- Flit pump
- Rate trapping cage
- Gum boots
- Gown, Masks & Gloves
- Torch

b) Cleaning material

- Deodorants and disinfectant
- Laundry cleaning material
- Insecticides and rodenticides
- Stain removal