
Primary Hospital - Requirements

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FOREWORD

This Ethiopia Standard has been prepared under the direction of the Technical Committee for Medical Care Practices (TC90) and published by the Ethiopian Standards Agency (ESA).

The draft document (Working Draft, WD) has been submitted to the Secretariat by the Ethiopian Food, Medicine & Healthcare Administration and Control Authority (FMHACA).

A Primary hospital shall provide services in accordance with this standard and shall comply with the requirements. The standard shall enter into force starting from the day of approval as Ethiopian Standard. This standard is approved by the convention of made on.....Application of this standard is MANDATORY with the intention to ensure the quality and public safety of health services through standardized licensure and inspection procedures, to promote access to quality health services and encourage health investment.

The Ethiopian Standard Agency recommends fulfilling all the requirements stipulated under this document. It has to be noted that the fruition of fulfilling these requirements will ensure the quality and safety of public health services through availing appropriate infrastructure, deployment and retention of qualified and competent health professionals that deliver best practices and by generating innovative ideas and methodologies to solve healthcare problems.

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Ato.....W/O.....

Director General, Ethiopian Standard Agency

SECTION ONE: GENERAL

1. Scope

- 1.1. This Ethiopian standard shall be applicable for all primary hospitals 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 primary hospitals.
- 1.3. Requirements of a primary hospital 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. Federal Hospitals Administration Council of Ministers Regulation No. 167/2009
- 2.4. The Ethiopian Hospital Reform and Implementation Guidelines, March 2010
- 2.5. National Health Policy of the Transitional Government of Ethiopia, 1993
- 2.6. National Drug Policy of the Transitional Government of Ethiopia, November 1993
- 2.7. Commercial Code of Ethiopia
- 2.8. Criminal Code of Ethiopia
- 2.9. Medicines Waste Management and Disposal Directive No 2/2011
- 2.10. Ethiopian National Guideline for Health Waste Management, 2008

2.11. 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 hospital staff who is responsible for a given service

3.7

Primary hospital

Shall mean a health facility at primary level of healthcare which provides promotive, preventive, curative and rehabilitative services with a minimum capacity of 35 beds and provides at least 24 hour emergency services, general medical

services, treatment of basic acute and chronic medical problems, basic emergency surgical intervention and Comprehensive Emergency Obstetric Care (CEOC) including laboratory, imaging and pharmacy services and other related services stated under this standard.

SECTION TWO: LICENSURE

2.1. General

- 2.1.1 This standard provides minimum requirements for the establishment and maintenance of primary hospital in order to protect the public interest by promoting the health, welfare, and safety of individuals.
- 2.1.2 No primary hospital shall be built or be functional by any person without prior permission of the appropriate organ.
- 2.1.3 The requirements set by this standard may not be waived unless otherwise for public interest and there is a substantial need for waiver. There shall be an assurance that the waiver will not create a hazard to the health and well-being of patients or others than the public interest.

2.2. Application for licensure

- 2.2.1. No person shall operate a primary hospital in Ethiopia, whether governmental, nongovernmental or private, without being licensed as required by appropriate law and this standard.
- 2.2.2. Any person desiring to operate a primary hospital shall:
 - a) Apply to the appropriate organ for on forms prescribed forms;
 - b) Pay the prescribed license fee; and
 - c) Provide additional information or document upon written request by the appropriate organ.
- 2.2.3. A person desiring to operate a primary hospital shall consult the appropriate organ on the plant design conformity with this standard before starting construction or renovation work.

- 2.2.4. An application for the initial licensure of primary hospital shall be submitted to the appropriate organ no later than sixty (60) days prior to the stated date of operation.
- 2.2.5. The first pre-licensing inspection shall be conducted by the appropriate organ upon application without service fee. In case of failure to comply with this standard during the first pre-licensing inspection, the applicant has the right to reapply not more than two times upon paying service fee. If the applicant fails to comply with this standard for the third time, its application for licensure shall be suspended for three months.
- 2.2.6. The application for a primary hospital license shall state each service for which the applicant undertakes to furnish hospital care and the number of beds allocated to each service, and shall furnish other information as may be required by the appropriate organ including,
- (a) Hospital location and address;
 - (b) Name and address of the applicant (if the applicant is an authorized delegate, written delegation letter shall be submitted);
 - (c) Previous owner, license number for existing primary hospital;
 - (d) Name, qualification and address of the licensee/CCO;
 - (e) Total bed capacity;
 - (f) Surrounding environment/location;
 - (g) Number, type, work experience and original release of all technical staffs;
 - (h) Number of administrative staff;
 - (i) Physical plant/Hospital design and its description;
 - (j) Proposed use of idle space;
 - (k) CEO of the hospital;
 - (l) Chain organization (organizational structure);
 - (m) Owner of the building;
 - (n) Professional license and registration certificate of the licensee and all other health professionals responsible for each service in the hospital;
 - (o) Any other requirements set by the Authority
- 2.2.7. An application for a license or change in service shall be denied if the applicant cannot demonstrate that the premises, products, personnel and healthcare services are fit and adequate in accordance with this standard.

2.2.8. The appropriate organ shall consider an applicant's prior history in operating a health care facility either in all the regional states of the country in making licensure decision. Any evidence of licensure violations representing serious risk of harm to patients shall be considered by the appropriate organ, as well as any record of criminal convictions representing a risk of harm to the safety or welfare of patients.

2.3. Initial/New Licensure

2.3.1. Every primary hospital shall have a separate license. The appropriate organ shall issue each license in the name of the owner and chief clinical officer only for the premises and person named as applicant in the application and the license shall not be valid for use by any other person or at any place other than the designated in the license.

2.3.2. A primary hospital license shall specify the following:

- a. Name and address of the primary hospital;
- b. The name and professional license and registration number of the licensee;
- c. Ownership of the primary hospital;
- d. Name of the owner;
- e. License number, issuance and expiration dates of the license;
- f. Signature and stamp of the appropriate organ and
- g. Notices/reminders prepared by the appropriate organ.

2.3.3. Prior to initial licensure of the hospital, the appropriate organ shall conduct an on-site inspection to determine compliance with the applicable laws and standards governing primary hospital.

2.3.4. The appropriate organ shall send a written report of the findings to the primary hospital after the conclusion of the inspection. If the primary hospital complies with the laws and standards, initial license valid for one year shall be issued to the applicant.

2.3.5. A primary hospital with deficiencies shall correct them and submit written proof of correction of deficiencies.

2.3.6. The appropriate organ shall deny the application for licensure to a primary hospital that has not corrected deficiencies. The applicant shall reapply for licensure when deficiencies are corrected.

2.3.7. The appropriate organ shall conduct an on-site inspection of the primary hospital to assess the hospital's continued compliance with the laws and standards governing the hospital.

2.3.8. The appropriate organ shall issue a replacement license where the originally issued license has been lost or destroyed upon the application supported by affidavit.

2.3.9. The original license shall be posted in a conspicuous place at reception at all times.

2.4. License Renewal Requirements

2.4.1. A license, unless suspended or revoked or under consideration in pending case, shall be renewable annually and the primary hospital shall submit an application for license renewal to the appropriate organ no later than sixty (60) days before the expiration date of the current license.

2.4.2. Without prejudice to article 2.4.1;

(a) Subsequent to submitting renewal application, the owner shall pay the prescribed license fee

(b) License renewal shall be made during the first quarter of each fiscal year (Hamle 1 to Nehassie 30) based on routine inspection findings over the year

(c) In case of failure to renew license within the prescribed period, license may be renewed upon paying penalty (50% of renewal fee) within one month

(d) In case of failure to renew license as per article 2.4.2 (c), license shall be considered as cancelled

2.4.3. Every applicant who needs to renew a license shall:

(a) Apply to the appropriate organ in the prescribed form;

(b) Pay the prescribed license renewal fee; and

(c) Provide additional information or document upon written request by the appropriate organ.

2.4.4. The appropriate organ may conduct background checks on the applicant or licensee to determine its suitability or capability to operate or to continue operating a

health care facility. Background checks shall consist of, but not be limited to, the following:

- (a) Verification of licensure status;
- (b) Verification of educational credentials;
- (c) Verification of residency status;
- (d) Verification of solvency; and
- (e) Contacts with federal and State government officials to determine outstanding warrants, complaints, criminal convictions, and records of malpractice actions.

2.4.5. The appropriate organ shall renew a license for a primary hospital in substantial compliance with the applicable laws and this standard.

2.5. Removal Permits, Change of Operation and Forfeiture of License

2.5.1. No primary hospital or part thereof shall move from the premises for which a license has been issued to any other premises without first having obtained from the appropriate organ a permit to move to the premises not covered by the license issued to the hospital.

2.5.2. Without the prejudice to article 2.5.1, permit in change of address shall indicate the special conditions governing the moving of the primary hospital or part of it as the appropriate organ may find to be in the interest of the public health.

2.5.3. Without prior permission of the appropriate organ, change of owner and/or licensee shall not be made.

2.5.4. The hospital shall inform the appropriate organ any change in operation or professional. Change of operation means any alteration of services that is different from that reported on the primary hospital's most recent license application.

2.5.5. The license shall not be assignable or transferable to any other person or place without the prior approval of the appropriate organ and shall be immediately void if the primary hospital ceases to operate, if its ownership or licensee changes, or if it is relocated to a different site.

2.5.6. When change of ownership of a primary hospital is contemplated, the hospital shall notify the appropriate organ in writing and give the name and address of the proposed new owner.

2.6. Suspension and Revocation of a License

2.6.1. The appropriate organ may suspend or revoke a license or order closure of a service/ unit within the primary hospital or order removal of patients from the hospital where it finds that there has been a substantial failure to comply with this standard.

2.6.2. Without prejudice to grounds of suspension provided under relevant laws, the appropriate organ shall suspend the license for 3 to 12 months in any of the following grounds:

- (a) Where the primary hospital is legally suspended;
- (b) Where the primary hospital Fails to practice medical ethics;
- (c) Where the primary hospital engages in rendering services which are outside the scope of the hospital for which the license is obtained;
- (d) Where the primary hospital fails to allow inspection pursuant to relevant law and this standard;
- (e) Where the primary hospital allows a practitioner, who has been suspended by appropriate organ from practicing his profession;
- (f) Where members of the Governing Board, the Chief Executive Officer, a Chief Clinical Officer, department head, or other key staff member are convicted of a serious offence involving the management or operation of a primary hospital, or which is directly related to the integrity of the facility or the public health or safety;
- (g) Where the primary hospital fails to implement or fulfill comments and corrections given by the appropriate organ;
- (h) Where the primary hospital has shown any act which constitutes a threat to the public health or safety;
- (i) Where the primary hospital fails to observe laws relating to health services and this standard;
- (j) Where the primary hospital fails to submit relevant information required under this standard.

2.6.3. Without prejudice to grounds of revocation provided under relevant laws, the appropriate organ shall revoke the primary hospital license from one to two years on any of the following grounds;

- a. Where the license is proved to have been obtained by submitting false information;
- b. Allows a practitioner, who is not licensed pursuant to the appropriate law or who has been revoked by appropriate organ from practicing his profession;
- c. Where any of its permanent health personnel is found registered/ employed as a permanent staff in any other facility;
- d. Where the faults referred to in Article 2.6.2 have been committed for the second time;
- e. Where the license is found transferred or rented to another person;
- f. Where the primary hospital changes types of services, name, address and the licensee without obtaining permission from the appropriate organ;
- g. Where the license is not renewed in accordance with section 2.4 of this standard;
- h. Where the primary hospital is legally closed or ceases operation;
- i. Where the primary hospital is found operating while suspended by appropriate organ;
- j. Where the primary hospital is found operating outside the scope of services stated under this standard;

2.6.4. At least 30 days prior to voluntary surrender of its license where approved by the appropriate organ, or order of revocation, refusal to renew, or suspension of license, the primary hospital must notify each patient and the patient's general medical practitioner or other clinical practitioners the intended closure.

2.6.5. Each license in the licensee's possession shall be the property of the appropriate organ and shall be returned to the appropriate organ immediately upon any of the following events:

- (a) Suspension or revocation of the license;

- (b) Refusal to renew the license;
- (c) Forfeiture of a license; or
- (d) Voluntary discontinuance of the operation by the licensee.

- 2.6.6. If the appropriate organ determines that operational or safety deficiencies exist, it may require that all admissions to the primary hospital cease. This may be done simultaneously with, or in lieu of, action to revoke license and/or impose a fine. The appropriate organ shall notify to the hospital in writing of such determination.
- 2.6.7. The appropriate organ shall order and ensure in collaboration with appropriate local health authorities the immediate removal of patients from the primary hospital whenever it determines there is imminent danger to the patients' health or safety.
- 2.6.8. The license shall be returned to the appropriate organ within five (5) working days from voluntary surrender, order of revocation, expiration, or suspension of license.
- 2.6.9. The appropriate organ shall issue to the primary hospital a written notification on reasons for denial, suspension or revocation of the license.

2.7. Right to Fair Hearing

- 2.7.1. Any applicant made subject to action by the appropriate organ for denial or suspension or revocation of license or who is assessed a fine under terms of this standard shall have the right to a fair hearing in accordance with relevant laws.
- 2.7.2. Fair hearing shall be provided/arranged by the appropriate organ whenever there is an official complaint submitted to this body.

2.8. Information to be Disclosed

- 2.8.1. Evidenced information received by the appropriate organ through inspection and other true sources about the primary hospital shall be disclosed to the public in

such a way to indicate the public a decision maker or self regulator for its own health.

- 2.8.2. Whenever public disclosure is necessary, the appropriate organ shall forward inspection reports to the primary hospital at least 15 days prior to public disclosure.
- 2.8.3. Any citizen has the right to obtain information on the official profile of services of any licensed primary hospital from the appropriate organ.
- 2.8.4. Anyone who is interested in establishing a primary hospital shall have the right to be provided with information concerning the standards required by the appropriate organ at any working day.

Final

SECTION THREE: GOVERNANCE

3.1. Governing Board

- 3.1.1. A governmental primary hospital shall have Governing Board, Chief Executive Officer (CEO), Chief Clinical Officer (CCO) and other necessary staffs indicated in this standard.
- 3.1.2. Except for Share Company where its Board of Directors shall be deemed as Governing Board, other private primary hospital licensed otherwise under the Commercial Code shall not be required to have such organizational structure.
- 3.1.3. The Board of Management of nongovernmental primary hospitals licensed according to Charities and Societies Proclamation No. 629/2009 shall be deemed as Governing Board.
- 3.1.4. The Board shall have the authority and responsibility for the direction and policy of the primary hospital.
- 3.1.5. The Board of the hospital may issue its own rules and regulation of procedures.
- 3.1.6. Without prejudice to powers and duties provided by the relevant laws, the responsibilities Board shall include:
 - (a) Formulate all policies and guidelines to be used in the hospital;
 - (b) Maintaining the primary hospital's compliance with all applicable laws, its policies, procedures and plans of correction;
 - (c) Systems are in place for ensuring the quality of all services, care and treatment provided to patients;
 - (d) Designating and defining duties and responsibilities of the CEO;
 - (e) Notifying the appropriate organ in writing within thirty (30) working days when a vacancy in the CEO position occurs, including who will be responsible for the position until another person is appointed;
 - (f) Notifying the appropriate organ in writing within thirty (30) working days when the CEO vacancy is filled indicating effective date of the appointment and name of person appointed;
 - (g) At least once a year, reviewing the medical care provided and the utilization of the hospital resources;

- (h) Establishing a means for effective communication and coordination among the CEO, the medical staff and the various hospital departments; and
- 3.1.7. Minutes of the Board Meeting shall be recorded, signed, and retained in the hospital as a permanent record.
- 3.1.8. The CEO shall be the secretary and non voting members of the Board.
- 3.1.9. The Board shall at least develop the following policies and procedures that are revised at least every three years:
 - (a) For human resource management;
 - (b) For ensuring the hospital is smoke- free area;
 - (c) For the declaration of death of patients which shall accommodate the patient's religious beliefs with respect to declaration of death. Such policies shall also include indicating the cause of death, medication given, examinations done, and practitioner who cares of the patient.
 - (d) For transfer of dead body to its family. If a patient dies in the facility, the body shall be handed over to the family within a day unless conditions dictate otherwise.
 - (e) For visitation which shall be in the best interest of patients, including, but not limited to, protection from communicable diseases, protection from exposure to deleterious substances and hazardous equipment and assurance of health and safety of patients.
- 3.1.10. The hospital shall develop and implement a complaint procedure for patients, families, visitors, and others. The procedure shall include, at least, a system for receiving complaints, a specified response time, assurance that complaints are referred appropriately for review, development of resolutions, and follow-up action.
- 3.1.11. There shall be an organizational chart of the primary hospital and each service that shows lines of authority, responsibility, and communication between and within services.
- 3.1.12. There shall be a formal mechanism for communication among the Board, CEO, CCO and the necessary medical staff.
- 3.1.13. The primary hospital shall establish a mechanism for involving consumers in the formulation of hospital policy and implementation of activities.

3.1.14. The Primary hospital shall develop and implement a complaint procedure for patients, families, visitors, and others.

3.2. Chief Executive Officer

3.2.1. The Manager of a primary hospital formed as Charities and business organization shall be deemed as CEO.

3.2.2. The CEO shall be responsible for planning, organizing, and directing and controlling the day to day operation of the hospital. The CEO shall report and be directly responsible to the Board in all matters related to the maintenance, operation, and management of the hospital.

3.2.3. The CEO shall be responsible for the operation of the hospital twenty-four (24) hours per day, seven (7) days per week.

3.2.4. Without prejudice to powers and duties provided in relevant laws, the CEO shall be responsible for:

- (a) Providing for the protection of patients' health, safety, and well- being;
- (b) Maintaining staff appropriate to meet patient needs;
- (c) Developing and implementing procedures on collecting and reporting information on abuse, neglect and exploitation;
- (d) Ensuring that investigations of suspected abuse, neglect or exploitation are completed and that steps are taken to protect patients; and
- (e) Ensuring appropriate response to reports from the appropriate organ;

3.3. Chief Clinical Officer

3.3.1. Each primary hospital shall have a Chief Clinical Officer who shall be accountable to the CEO.

3.3.2. The CCO shall be a medical doctor and oversee the clinical care provided by the hospital. In particular, the function of the CCO shall include:

- (a) Facilitating communication among the medical staff members and with the hospital;
- (b) Implementing the hospital and medical staff policies and procedures;
- (c) Recommending the appointments to the medical staff and scope of clinical privileges;
- (d) Ensuring the provision of continuing medical education;

- (e) Taking other necessary actions necessary to govern the medical staff and relate to the hospital board.

3.4. Management Committee

- 3.4.1. A department head shall be assigned to each of the medical and administrative departments. The responsibility of department heads includes at least the following:
 - (a) Providing a written description of the services provided by the department;
 - (b) Ensuring coordination and integration of these services with other departments when relevant;
 - (c) Recommending space, staffing, and other resources needed to fulfill the department's responsibility;
 - (d) Defining the education, skills, and education needed by each category of employee in the department;
 - (e) Ensuring that there is an orientation and continuing education program for the department's employees;
 - (f) Developing and implementing a department quality improvement program.
- 3.4.2. Any primary hospital shall establish a Management Committee consisting of heads of the medical and administrative departments. The CEO shall be the chairperson of the Committee.
- 3.4.3. The Committee shall be an adviser of the CEO on the day to day management of the hospital.
- 3.4.4. The Committee shall meet upon regular basis. The minutes of the meeting shall be recorded and available to the appropriate organ upon request.

SECTION FOUR: PATIENT RIGHTS AND RESPONSIBILITIES

4.1. Informed Consent

- 4.1.1. Each primary hospital shall protect and promote each patient's rights. This includes the establishment and implementation of written policies and procedures for the patient right.
- 4.1.2. For undertaking any type of procedures and treatments an informed consent shall be required from the patient or patient's next of kin or guardian.
- 4.1.3. An informed consent may not be required during emergency cases or life threatening situations where the patient is not capable of giving an informed consent and his or her next of kin or guardian is not available.
- 4.1.4. Unless provided by the law or this standard or by the hospital policies and procedures that an informed consent shall be given in written form, an informed consent of the patient can be given orally or inferred from an act. A written consent shall be needed at least for the following:
 - (a) Surgery and invasive procedures;
 - (b) General anesthesia; and
 - (c) Blood transfusion.
- 4.1.5. The primary hospital shall comply with relevant laws, national and international codes of ethics in the cases of vulnerable groups like children, women, geriatric patients etc when someone other than the patient can give consent.
- 4.1.6. Patient consent forms shall be available in all applicable locations like areas where surgery or invasive procedures are done
- 4.1.7. No photographic, audio, video or other similar identifiable recording is made of without prior informed consent of a patient.
- 4.1.8. A primary hospital shall establish and implement a process to provide patients and/or their designee an appropriate education to assist in understanding the identified condition and the necessary care and treatment.
- 4.1.9. A primary hospital shall document its assessment of each patient's ability to understand the scope and nature of the diagnosis and treatment needed.

4.2. Patient Rights

Every primary hospital patient shall at least have the following rights,

- 4.2.1. To receive reasonable, respectful and safe access to health services by competent personnel that the hospital is required to provide according to this standard;
- 4.2.2. To receive treatment and medical services without discrimination based on race, age, color, religion, ethnicity, national or social origin, sex, sexual preferences, disabilities, diagnosis, source of payment or other status;
- 4.2.3. To retain and exercise to the fullest extent possible all the constitutional and legal rights to which the patient is entitled by law;
- 4.2.4. To be informed of the names and functions of all general medical practitioners and/or other clinical practitioners who are providing direct care to the patient. These people shall identify themselves by introduction or by wearing a name tag;
- 4.2.5. To receive, to the extent possible, the services of a translator or interpreter to facilitate communication between the patient and the hospital's health care personnel if the patient can not understand the working language;
- 4.2.6. To receive from the patient's general medical practitioner(s) or other clinical practitioner(s) an explanation of his or her complete medical condition, recommended treatment, risk(s) of the treatment, expected results and reasonable medical alternatives in terms that the patient understands. If this information shall be detrimental to the patient's health, or if the patient is not capable of understanding the information, the explanation shall be provided to his or her next of kin or guardian and be documented in the patient's personal medical record;
- 4.2.7. To give informed, written consent prior to the start of specified nonemergency procedures or treatments only after a general medical practitioner or other clinical practitioner has explained specific details about the recommended procedure or treatment, the risks involved, the possible duration of incapacitation, and any reasonable medical alternatives for care and treatment in terms that the patient understands. If the patient is incapable of giving informed, written consent, consent shall be sought from the patient's next of kin or guardian or through an advance directive, to the extent authorized by law. If

the patient does not give written consent, a general medical practitioner or other clinical practitioner shall enter an explanation in the patient's medical record;

- 4.2.8. To refuse medication and treatment and to be informed of the medical consequences of refusing treatment provided that he/she is mentally clear except conditions which are threatening the public health. The primary hospital shall develop a procedure on the management of the cases of patients who refuse treatment.
- 4.2.9. To be informed if the primary hospital has authorized other health care and educational institutions to participate in the patient's treatment. The patient also shall have a right to know the identity and function of these institutions, and may refuse to allow their participation in the patient's treatment;
- 4.2.10. To be informed by the attending general medical practitioner and/or other clinical practitioner about any continuing health care requirements after the patient's discharge from the hospital. The patient shall also have the right to receive assistance from the general medical practitioner and/or other appropriate hospital staff in arranging for required follow-up care after discharge;
- 4.2.11. To receive sufficient time before discharge to have arrangements made for health care needs after hospitalization;
- 4.2.12. To be informed by the hospital about any discharge appeal process to which the patient is entitled by law;
- 4.2.13. To be transferred to another facility only for one of the following reasons, with the reason recorded in the patient's medical record:
 - (a) The transferring hospital is unable to provide the type or level of medical care appropriate for the patient's needs. The hospital shall make an immediate effort to notify the patient's primary care general medical practitioner or other clinical practitioner and the next of kin, and document that the notifications were received; or
 - (b) The transfer is requested by the patient, or by the patient's next of kin or guardian when the patient is mentally incapacitated or incompetent;

- 4.2.14. To receive from a general medical practitioner or other clinical practitioner an explanation of the reasons for transferring the patient to another facility, information about alternatives to the transfer, verification of acceptance from the receiving facility, and assurance that the movement associated with the transfer will not subject the patient to substantial, unnecessary risk of deterioration of his or her medical condition. This explanation of the transfer shall be given in advance to the patient, and/or to the patient's next of kin or guardian except in a life-threatening situation where immediate transfer is necessary;
- 4.2.15. To be treated with courtesy, consideration, and respect for the patient's dignity and individuality i.e. the right to care that respects the patient's personal values and beliefs;
- 4.2.16. To be free from physical and mental abuse, neglect, sexual harassment, sexual violence and exploitation;
- 4.2.17. To be free from chemical and physical restraints that are not medically necessary, unless they are authorized by a attending physician or other clinical practitioner for a limited period of time to protect the patient or others from injury;
- 4.2.18. To have personal and physical privacy during medical treatment and personal hygiene functions, such as bathing and using the toilet, unless the patient needs assistance for his or her own safety. The patient's privacy shall also be respected during other health care procedures and when hospital personnel are discussing the patient;
- 4.2.19. To get confidential treatment. Information in the patient's records shall not be released to anyone outside the hospital except the followings;
- (a) If the patient has approved the request,
 - (b) If another health care facility to which the patient was transferred requires the information,
 - (c) If the release of the information is required and permitted by law.
 - (d) If the patient's identity is masked, the hospital may release data about the patient for studies containing aggregated statistics
- 4.2.20. To know the price of services and procedures;

- 4.2.21. To receive a copy of the hospital payment rates, regardless of source of payment.
Upon request, the patient or responsible party shall be provided with an itemized bill and an explanation of the charges if there are further questions. The patient or responsible party has a right to appeal the charges. The hospital shall provide the patient or responsible party an explanation of procedures to follow in making such an appeal;
- 4.2.22. To have prompt access to the information contained in the patient's medical record as per the medical record section stated under this standard, unless a general medical practitioner or other clinical practitioner prohibits such access as detrimental to the patient's health, and explains the reason in the medical record. In that instance, the patient's next of kin or guardian shall have a right to see the record. This right continues after the patient is discharged from the hospital for as long as a copy of the record is kept;
- 4.2.23. To obtain a copy of the patient's medical record, as per the standards set under the medical record section of this standard.
- 4.2.24. To have access to individual storage space in the patient's room for the patient's private use. If the patient is unable to assume responsibility for his or her personal items, there shall be a system in place to safeguard the patient's personal property until the patient or next of kin is able to assume responsibility for these items;
- 4.2.25. To receive a medical certificate in English or Amharic or in a working language of the place where the hospital is located;
- 4.2.26. To present his or her suggestion or grievances, without fear of retribution, to the hospital staff member designated by the hospital to respond to questions or grievances about patient rights and to receive an answer to those grievances within a reasonable period of time without discrimination. The hospital shall post the names, addresses, and telephone numbers of the government agencies to which the patient can complain and ask questions.
- 4.2.27. To be given a summary of these patient rights, as approved by the appropriate organ, and any additional policies and procedures established by the hospital involving patient rights and responsibilities. The hospital shall be obliged to ensure that,

- (a) The patient is informed of his or her rights during the admission process;
- (b) This summary include the name and phone number of the hospital or hospital staff member to whom patients can complain about possible patient rights violations;
- (c) This summary is provided in the patient's native language if 10 percent or more of the population in the hospital's service area speak that language;
- (d) A summary of these patient rights is posted conspicuously in the patient's room and in public places throughout the hospital;
- (e) Complete summary copies of the patient right is available at nurse stations and other patient care registration areas in the hospital.

4.2.28. To be informed and participate in decisions relating to their care and participates in the development and implementation of a plan of care and any changes.

4.3. Patient Responsibilities

4.3.1. Every patient shall have the following responsibilities:

- (a) To provide, to the best of the patient's knowledge, accurate and complete information regarding past medical history and issues related to the patient's health, including unexpected changes, to the health professional responsible for the patient's care;
- (b) To follow the course of treatment and instructions proposed by the general medical practitioner or other clinical practitioner or to accept the consequences if treatment instructions is refused;
- (c) To report any changes in his/her condition or anything that appears unsafe to the responsible health professional;
- (d) To be considerate of the rights of other patients and to respect their privacy;
- (e) To respect their caregivers;
- (f) To fulfill the financial obligations as promptly as possible;

- (g) To keep all appointments and notify hospital or the appropriate person when unable to do so;
- (h) To observe the hospital policies and procedures, including those on smoking, alcohol or drug addiction, cellular phones, noise and visitors;
- (i) Be considerate of the hospital facilities and equipment and to use them in such a manner so as not to abuse them;
- (j) Not to litter the hospital premises.

- (k) To sign on “Against Medical Advice Notice” if he / she refuses the recommended treatment or intervention.

4.3.2. The list of a patient’s rights and responsibilities shall be posted at various places of the primary hospital premises.

SECTION FIVE: HUMAN RESOURCE MANAGEMENT

5.1. General Requirements

- 5.1.1 The hospital shall have Human Resource Department (HRD) or focal person which carries out the major functions of Human Resource Management (HRM).
- 5.1.2 Each service units of the hospital shall maintain a sufficient number of staff with the qualifications, training and skills necessary to meet patient needs as per this standard.
- 5.1.3 All recruitment and selection shall follow consistent approach using the recruitment and selection manual approved by the hospital management/ governing board.
- 5.1.4 No health professional shall practice his/her profession in the hospital without having professional license from the appropriate organ. The hospital shall ensure that all health professionals recruited by the hospital are licensed as per the registration and licensing requirement of the appropriate organ.
- 5.1.5 Each hospital shall ensure and maintain evidence of current active licensure, registration, certification or other credentials for employees and contract staff prior to staff assuming job responsibilities and shall have procedures for verifying that the current status is maintained.
- 5.1.6 Whenever a licensed healthcare professional is terminated as a result of a job-related incident, the hospital shall refer a report of the incident to the appropriate organ.
- 5.1.7 Every health professional shall report to the hospital whenever he/she is infected with contagious diseases. The hospital shall also establish a mechanism for screening health professionals with contagious diseases. The health professional shall not practice his/her profession during the period of such infection and his/her rights provided under the relevant employment law and the hospital's HR manual shall be respected.
- 5.1.8 Each person involved in direct patient care shall have an occupational health screening by a physician or other qualified health professional prior to entering active status and at least once every five (5) years thereafter. A health professional shall not conduct health examination for himself/ herself.

- 5.1.9 Each health screening shall include a medical history, physical examination, and any indicated laboratory work and investigations.
- 5.1.10 A report, signed by an examining physician or other qualified health professional, shall be made of each examination.
- 5.1.11 The report of each examination shall be kept on file in the hospital and shall be open to inspection by the appropriate organ.
- 5.1.12 Each person who is involved in direct patient care and who acquires notifiable illness shall, prior to returning to duty, obtain certificate of fitness, as provided in the hospital's policies, that he or she may return to duty without apparent danger to any patient.
- 5.1.13 Immunization against communicable disease shall be required of all employees and all other persons who routinely come in contact with patients or patient areas. Immunizations shall be in accordance with the current national immunization guidelines.
- 5.1.14 Each hospital shall maintain a current employment record for each staff. The record shall contain, at a minimum, information on credentials, health examination (fitness for duty), work history, current job description, evidence of orientation, in-service education/training and copies of annual evaluation
- 5.1.15 All health professionals shall abide with health professionals Code of conduct and respective scope of practice.
- 5.1.16 There shall be a policy or procedures for all health professionals to report any suggestive signs of child abuse, substance abuse and /or abnormal psychiatric manifestations by the patients under their care.

5.2. Staffing Plan

- 5.2.1. The hospital shall avail as a minimum the staff requirement stated under this standard.
- 5.2.2. A staffing plan shall be developed collaboratively by the different service units and management, which identifies the number and types of the staff
- 5.2.3. The planning process shall use recognizable process for estimating the staffing need like Workload Indicator for Staffing Need (WISN) method.
- 5.2.4. The staffing plan shall be reviewed on an ongoing basis and updated as necessary

5.2.5. The staffing plan shall define the following elements:

- (a) The total number and types of staff needed for the hospital as a whole and for each service unit
- (b) The total number and types of staff currently available for the hospital as a whole and each service unit
- (c) The required education, skills, knowledge, and experience required for each position
- (d) The process and time period for reviewing and updating the plan shall be indicated. (The plan is periodically reviewed and updated as required, but it shall be done at least every two years.)
- (e) Expected workload

5.2.6. The primary hospital shall have at least the following summary of professionals and staffing:

Professionals required	Minimum number required
CEO	1
MD (licensee)	1
MD	3
Emergency surgical officer	1
HO	2
Nurses (BSc)	5
Midwives	4
Nurse (Diploma)	20
BSc anesthetist/nurse anesthetist	2
Ophthalmic nurse	1
Psychiatric nurse	1
Dental professional	2
Radiology professional	1
Radiographer	2
Physiotherapist	1
Laboratory technologist	4
Laboratory technician	2
Pharmacist	4
Pharmacy technician (Druggist)	2
Environmental Health	1
Health Information	1
Cleaners	15
Reception/Archive	8

Maintenance officer (plumbing, electricity, general maintenance services)	3
Medical equipment maintenance technician	1
Food and dietary	10
Morgue attendant	1
Social workers	1
Compliant handling officer	1

5.3. Job Description and Orientations

- 5.3.1. All staffs shall be provided with current written job descriptions and be oriented to their specific job responsibilities at appointment
- 5.3.2. The job description shall include the title and grade of the position, specific function of the job, job requirement, reporting mechanism, evaluation criteria and description of job site and work environment.
- 5.3.3. The orientation program for all employees shall include three levels of orientation: hospital wide, service unit and job specific:
- 5.3.4. Orientation to hospital structure and administration shall be provided by hospital management.
- 5.3.5. Orientation to hospital policies, including all environmental safety programs, infection control, and quality improvement shall be provided
- 5.3.6. Staff members who are not licensed to independently practice shall have their responsibilities defined in a current job description.
- 5.3.7. Each hospital shall provide and maintain evidence of an orientation program for all new staff and, as needed, for existing staff who are given new assignments. The orientation program shall include:
 - (a) Job duties and responsibilities
 - (b) Hospital's sanitation and infection control programs;
 - (c) Organizational structure within the hospital;
 - (d) Patient rights;
 - (e) Patient care policies and procedures relevant to the job;
 - (f) Personnel policies and procedures;
 - (g) Emergency procedures;
 - (h) The Disaster preparedness plan; and
 - (i) Reporting requirements for abuse, neglect or exploitation

5.4. Staff Education

- 5.4.1. The hospital shall ensure that staffs receive training in order to perform assigned job responsibilities.
- 5.4.2. Each staff member shall receive ongoing Continuing Professional Development (CPD) to maintain or advance his or her skills and knowledge
- 5.4.3. The CPD shall be relevant to the setting in which they work as well as to the continuing advancement of the hospital
- 5.4.4. The hospital shall decide the type and level of training for staff in accordance with National CPD guideline and then carry out and document a program for this training and education.
- 5.4.5. The hospital shall provide and maintain evidence of CPD for staff. A record shall be maintained including dates, topics and participants
- 5.4.6. The hospital shall periodically tests staff knowledge, skill and attitude through demonstration, mock events and other suitable methods. This testing is then documented

5.5. Medical Staff

- 5.5.1. Any medical service shall be organized under the directorship of a senior licensed professional stated under this standard..
- 5.5.2. The medical staff shall be responsible to the governing authority for medical care and treatment provided in the hospital in accordance with the standards stipulated under the hospital administration and shall:
 - a) Participate in a Quality Assurance/Performance Improvement program to determine the status of patient care and treatment;
 - b) Abide by hospital and medical staff policies;
 - c) Establish a disciplinary process for infraction of the policies
- 5.5.3. The medical staff shall see that there is adequate documentation of medical events by a review of discharged patients that shall insure that medical records meet the required standards of completeness, clinical pertinence and promptness or completion of following discharge

- 5.5.4. The medical staff shall actively participate in the study of hospital associated infections and infection potentials and must promote preventive and corrective programs designed to minimize their hazards
- 5.5.5. There shall be regular medical staff meetings to review the clinical works of the members and to complete medical staff administrative duties
- 5.5.6. The hospital shall have general medical practitioner available on the premises during working hours. The general medical practitioner on call shall be duty bound to respond to calls.
- 5.5.7. Each patient shall be under the care of a physician or health officer, regardless of whether the patient is also under the care of an allied health professional practitioner authorized to practice.

5.6. Employee's Health

- 5.6.1. The hospital shall institute systems and processes that minimize employees' risks, protect employees and provide access to care when needed.
- 5.6.2. A comprehensive Occupational Health and Safety (OHS) program shall have the following components:
 - a) Staff dedicated to coordinate OHS activities
 - b) Policies and Procedures that define components of the program
 - c) Training for staff on program components
- 5.6.3. The hospital shall have a full-time designated qualified individual (occupational health and safety officer) to coordinate and develop the hospital's occupational health and safety activities.
- 5.6.4. The standards outlined below define the core elements of an OHS program and specify minimum requirements needed to address OHS issues.
 - a) The hospital shall have an occupational health and safety policy and procedures in place to identify, assess and address identified health and safety risks to staff and prevent those risks that will potentially compromise their health and safety.
 - b) The hospital assesses and documents safety risks through formalized, structured assessments that are done at regular intervals.

- c) The assessments shall be logged in some format—for example a register or report
 - d) The information gathered from the assessment shall be documented and reported to the management (management committee and boards).
 - e) Interventions shall be designed and implemented to address the risks that are identified.
- 5.6.5. The hospital shall establish a means of communicating to staff their risks and prevention measures or interventions.
- 5.6.6. The hospital shall regularly monitor its occupational health and safety activities to assess how effective it has been in reducing risk.
- 5.6.7. The hospital shall have written policies and procedures to manage manual handling risks.
- 5.6.8. The hospital shall have written policies and procedures which define how harassment, physical violence and/or aggression against staff (from patients, caregivers, other staff etc) are addressed.
- 5.6.9. The hospital shall provide services to staff to minimize work-related stress.
- 5.6.10. The hospital shall ensure all employees have access to full pre-employment health screening, covering Hep B (including other relevant vaccine), TB status and are declared fit for their respective roles prior to employment. This shall include having:
- a) Written instructions for health care workers to follow in notifying the hospital's administration of infectious status.
 - b) Documentary evidence of vaccination records for all health care workers employed, including Hep B status for all health care workers who perform exposure-prone procedures. All staff are tested for and vaccinated against Hep B, if there is no evidence of previous vaccination produced.
- 5.6.11. The hospital ensures that all employees are provided with immunization services to protect against infectious/communicable diseases.
- 5.6.12. The hospital shall have a program in place to address injuries that could lead to the transmission of blood-borne viruses (needle stick and other injuries). The program shall include:
- a) Measures to prevent needle stick and other injuries

- b) Training on infection prevention techniques
 - c) Sharps risk reduction
 - d) Provision of post-exposure prophylaxis
 - e) Working hours and duty hours
- 5.6.13. The hospital shall provide personal protective equipment (please refer to standards for Infection Prevention and Control and Sanitation)
- 5.6.14. The hospital shall provide the following facilities to employees
- a) Cafeteria
 - b) Break room (equipped with a television and other recreational equipment)
 - c) Green area
 - d) Library (equipped with books and computers with internet as appropriate)
 - e) Adequate toilet and shower facilities

5.7. Dress Code and Identification Badge

For areas involving direct patient contact

- 5.7.1. Footwear shall be safe, supportive, clean, and non-noise producing.
- 5.7.2. No open toe shoes shall be worn.
- 5.7.3. Artificial nails are prohibited. Natural nails must be kept short and jewelry must be kept to a minimum.
- 5.7.4. Hair must be worn in a way that prevents contamination and does not present a safety hazard
- 5.7.5. The dressing shall not interfere in any way the service provision
- 5.7.6. The hospital shall specify a particular style and/or color of uniform with different style/color code; separate for each human resource category.
- 5.7.7. The employee shall keep the uniform neat, wrinkle free and in good repair
- 5.7.8. The hospital shall be responsible for providing employee identification badges
- 5.7.9. The identification badge shall be worn at all times while at work and be easily visible, with name, profession and department facing outward.

Final

SECTION SIX: SERVICE STANDARDS

6.1. Outpatient Services

6.1.1 Practices

- 6.1.1.1 The hospital outpatient service shall provide the following core functions:
- (a) Care of ambulatory patients
 - (b) Examination and management of preadmission patients
 - (c) Follow up of discharged and ambulatory patients
 - (d) Basic ENT, Dental, Eye, and Mental health services
 - (e) Pharmacy
 - (f) Laboratory, X-ray and other diagnostic services
- 6.1.1.2 The hospital shall have an outpatient central triage system
- 6.1.1.3 The outpatient services shall comply with the standards prescribed under patient rights and responsibilities standard
- 6.1.1.4 The outpatient service shall have policies and procedures regarding access, availability of service and networking and it shall include the followings
- (a) The outpatient service shall be available in working days for at least eight hours a day
 - (b) The hospital may have a system for providing after-hour (non-working hour) follow up service.
 - (c) The outpatient service shall have consultation, and functional intra and inter facility referral system which include at least:
 - SOP for selection of cases for referral
 - Procedure for referring and receiving referral
 - List of potential referral sites with contact address (referral directory)
 - Referral forms
 - Referral tracing mechanism (linkage)
 - Feedback providing mechanism
 - Documentation of referred clients
 - Consultation forms

- 6.1.1.5 There shall be medical assessment at outpatient services and includes;
- (a) Comprehensive medical and social history
 - (b) Physical examination including at least:
 - Vital sign (BP, PR, RR, T°), weight and pain assessment
 - Clinical examination pertinent to the illness
 - (c) Diagnostics impression
 - (d) Laboratory and other medical workups when indicated.
- 6.1.1.6 The outpatient clinic shall have clinical protocols for management of at least common disease and locally significant diseases in line with the national and or international guidelines.
- 6.1.1.7 The range of treatment options and the clinical impression shall be fully described to client and/or their families and documented accordingly
- 6.1.1.8 With regard to quality assurance and transparency
- (a) The hospital outpatient clinic shall collect feedback from clients
 - (b) The outpatient clinic shall have formal administrative channel through which clients place their complaints and grievances

6.1.2 Premises

- 6.1.2.1 The outpatient layout shall include the following:
- a) Dedicated entrance
 - b) Waiting area with toilet (flushing or VIP) separate for male and female
 - c) Reception and recording area/desk
 - d) Dedicated patient examination rooms
 - e) Room for minor procedures
 - f) Room for providing injections
 - g) Storage place for sterile supplies
 - h) Utility room for cleaning and holding used equipments and disposing patients specimen
 - i) Staff room (for changing cloth)
 - j) Janitors closet
- 6.1.2.2 All rooms shall have adequate light, water and ventilation
- 6.1.2.3 The room arrangements of outpatient services shall consider proximity between related services

- 6.1.2.4 The outpatient clinical setup shall have easy access to pharmacy, laboratory and other diagnostic services.
- 6.1.2.5 The medical service unit shall have at one isolation room for treatment of conditions that require isolation
- 6.1.2.6 The outpatient clinic shall be well marked and easily accessible for persons with disability, elderly patients, under five children and pregnant mother
- 6.1.2.7 The outpatient service shall be located where access for ambulatory patients is the easiest and where in coming client would not have to pass through other care service outlets (in- patient , laboratory etc)
- 6.1.2.8 The outpatient clinics shall have IEC and entertaining materials in the waiting area
- 6.1.2.9 The outpatient examination rooms shall promote patient dignity and privacy.
- 6.1.2.10 The outpatient clinics shall have fire extinguishers placed in visible area
- 6.1.2.11 Glass doors shall be marked to avoid accidental collision
- 6.1.2.12 Potential source of accidents shall be identified and acted upon (slippery floors , misfit in doorways and footsteps)

6.1.3 Professionals

- 6.1.3.1 The general outpatient services shall be directed by a licensed general medical practitioner.
- 6.1.3.2 The hospital shall have the following licensed professionals
 - a) General practitioner
 - b) Health officer
 - c) Nurse
 - d) Ophthalmic nurse or cataract surgeon
 - e) Laboratory technologist and laboratory technicians
 - f) Pharmacists and pharmacy technician.
 - g) Bachelor of Dental Sciences (BDSc) and Dental Therapist
 - h) Cleaners, porters/ runners
 - i) The actual number of clinician shall be determined by the workload analysis

6.1.4 Products

6.1.4.1 The outpatient service shall have the following materials and equipments:

- a) Stethoscope
- b) Sphygmomanometer
- c) Thermometer
- d) Weighing scale
- e) Infant meter and height scale
- f) Otoscope
- g) Minor surgical set
- h) Specula of different sizes
- i) Stand lamp
- j) Reflex hammer
- k) Fetoscope
- l) Snellen's chart
- m) Ishara color test
- n) Ophthalmoscope
- o) wheelchairs,
- p) Sterilization drum with stand
- q) Infusion stand
- r) Sterilizer (steam and dry)
- s) Kidney basin
- t) Reflector and or Head light
- u) Light Torch
- v) Nasal speculum, (Adult and pediatric size)
- w) Tuning forks , 500Hz
- x) Packing nasal forceps,
- y) Resuscitation kits,
- z) Examining coach Enema set
- aa) Oxygen cylinder with regulator
- bb) Splint and wires
- cc) Stretcher mobile type
- dd) Antiseptic solutions

- ee) Plasters
- ff) NGT different size
- gg) Catheter
- hh) Closets and shelves

6.2. Inpatient services

6.2.1 Practices

- 6.2.1.1 The inpatient service delivery shall comply with the patient rights standard
- 6.2.1.2 The inpatient service shall be available 24 hrs of a day and 365 days a year.
- 6.2.1.3 The inpatient service shall have consultation and functional intra and inter facility referral system as prescribed under the outpatient service standards.
- 6.2.1.4 The inpatient service shall include at least the following services for admitted patients:
 - a) Taking comprehensive medical and social history, comprehensive physical examination and performing relevant laboratory & other medical workups upon admission and when indicated.
 - b) 24 hours nursing care services
 - c) Detailed round visits at least twice a week and daily business round by the attending general practitioner or health officer
- 6.2.1.5 The hospital shall prepare and implement written policy for inpatient visit
- 6.2.1.6 The inpatient nursing care shall comply with the nursing service standard
- 6.2.1.7 The inpatient service shall have clinical protocols for management of at least common causes of admission in the hospital
- 6.2.1.8 The hospital shall have a system to make follow up of patients by the same general medical practitioner/health officer
- 6.2.1.9 The range of treatment options, plans and the clinical impression shall be communicated to client and/or their families and documented accordingly
- 6.2.1.10 The inpatient service shall have quality improvement mechanisms that at least constitute:
 - a) Collecting Feedbacks from clients
 - b) Preparing a formal administrative channel through which clients place their complaints and grievances

- c) Conducting regular morning sessions among health professionals across all clinical disciplines at least three times a week
- 6.2.1.11 The hospital shall have written protocol for admission and discharge.
- 6.2.1.12 The hospital shall provide dietary service for patients who are admitted as per dietary service standards
- 6.2.1.13 The hospital shall provide a clean gown to admitted patients
- 6.2.1.14 The hospital shall secure the properties of admitted patients in a cabinet or room with shelves
- 6.2.1.15 The inpatient service shall have access to pharmacy , laboratory and other diagnostic services as per their respective standards
- 6.2.1.16 Other services that support the inpatient service such as power supply, water supply, telephone, etc shall be available all the time.
- 6.2.1.17 Religious support shall be provided for admitted patients upon patient request and this shall not disturb the privacy, dignity and right of other admitted patients.
- 6.2.1.18 The inpatient service shall arrange the appropriate post discharge instructions and follow up for the patient.
- 6.2.1.19 The hospital shall provide morgue service as per morgue service standard
- 6.2.1.20 The hospital shall contact the municipality or responsible body for burial service if there is no family/guardian of the deceased.
- 6.2.1.21 The hospital shall handle medical emergencies including meningitis epidemics, epilepsy and seizure.

6.2.2 Premises

- 6.2.2.1 The primary hospital shall have a minimum of 35 beds capacity including maternity beds
- 6.2.2.2 The room used for admission shall have an area calculated using the following table and specifications unless otherwise stated in a specific service of this standard:

Number of beds per room	Area (m ²)
1	9.3
2	17.2

3	25.8
4	36.4
5	43.0
6	51.6

- (a) Distance of bed from fixed walls shall be 0.9 m
- (b) Distance between beds shall be 1.2 m
- (c) Bed width shall be 1m
- (d) Bed length shall be 2m
- (e) In case of multiple beds, area per bed shall be 8.6m²
- 6.2.2.3 The hospital shall have separate rooms for female and male patients.
- 6.2.2.4 The hospital shall have separate room for children under the age of 13 years.
- 6.2.2.5 The inpatient service of the hospital shall have an isolation room.
- 6.2.2.6 There shall be separate staff and patient toilet and inpatient room shall have easy access to the toilet.
- 6.2.2.7 There shall be duty rooms separate for female and male with personal lockers.
- 6.2.2.8 The inpatient rooms shall have safe and continuous water supply, light and ventilation.
- 6.2.2.9 There shall be hand washing basins for each room.
- 6.2.2.10 The inpatient service shall have a nursing station/room that provides space for chart handling and medication preparation
- 6.2.2.11 Store and utility room
- 6.2.2.12 Each bed room shall have alarm
- 6.2.2.13 The inpatient service shall have easy access to other services: laboratory, pharmacy services
- 6.2.2.14 Patient toilets and showers with proximity to the ward, or covered walkways to the ablution facilities.
- 6.2.2.15 Nurses' station
- 6.2.2.16 Inpatient ward clean utility room (procedure room) shall be available with the following;
- Dressing trolleys,
 - procedure beds,

- Deep Sink,
- Hand washing basin,
- Worktable with laminated top,
- Cabinets and shelves,

6.2.2.17 Inpatient ward soiled utility room with shelves and leak proof containers with leads shall be available

6.2.2.18 Inpatient ward cleaner's room shall be available with the following

6.2.3 Professionals

6.2.3.1 The inpatient services shall be directed by a licensed general medical practitioner

6.2.3.2 The primary hospital shall also have health officer and nurses for inpatient services

6.2.3.3 One nurse for a maximum of six patients shall be available to provide nursing care services.

6.2.3.4 Support staff such as runner and cleaner shall be available for 24 hrs a day

6.2.3.5 Actual number of professionals shall be determined based on the case load analysis of the hospital

6.2.3.6 Technicians for equipment maintenance and general maintenance (power supply, water supply, drainage system) shall be available during working hours and shall be also available either on duty or on call basis during non working hours as per housekeeping standards.

6.2.4 Products

6.2.4.1 Each bed shall have wheels for easy movement and be reclining,

6.2.4.2 Medicines including emergency drugs as per the drug list of the hospital shall be available

6.2.4.3 Also the following products shall be available:

- (a) Bed pans
- (b) Urinal (male and female)
- (c) Bed pan carriage (trolley)
- (d) Bed pan washer & sterilizer
- (e) Bed pan Rack

- (f) One chair and bed side cabinet per bed
- (g) Folding screens
- (h) IV (drip) stand for each bed
- (i) Safety box and dust bins as per the infection prevention standard
- (j) Patient stretcher mobile type
- (k) Medication Cup board
- (l) Examination light
- (m) Diagnostic Set
- (n) Refrigerator
- (o) Instrument Sterilizer
- (p) Vital sign set
- (q) Patient chart
- (r) Vital sign chart
- (s) Instrument and medication trolley
- (t) Suction machine
- (u) Resuscitation set
- (v) Side cabinet,
- (f) Feeding table,
- (g) Chair,

6.2.4.4 The hospital shall have medicines and consumables as per the national medicines list of Ethiopia prepared for primary hospital.

6.3. Maternal and Child Health (MCH) and Delivery Services

6.3.1 Practices

- 6.3.1.1 The hospital shall provide delivery services 24 hours a day and 365 days a year.
- 6.3.1.2 Non emergency maternal health services shall be available during regular working hours at MCH clinics.
- 6.3.1.3 The primary hospital shall provided MCH services during regular working hours which includes:
- a) ANC and PMTCT services:
 - Routine assessment of pregnant women, and lab investigation services according to the national protocol,
 - Close follow up of identified high risk mothers and referral,
 - Provision of counseling and health education for pregnant women,
 - b) PNC services:
 - Identification and management of complication after deliveries,
 - c) Immunization service:
 - Routine outreach EPI,
 - Cold chain management- maintenance of effectiveness of vaccines,
 - d) Growth monitoring services:
 - e) Sick baby clinic/ under five clinic services:
 - f) Comprehensive Family planning services:
 - Counseling on and provision of oral contraceptives,
 - Counseling, assessing and provision of injectables and implants,
 - Counseling on and insertion of IUCD,
 - Mini-laparotomy for tubal ligation,
 - Comprehensive abortion care: Manual Vacuum Aspiration, Evacuation and curettage as per the country's law,
- 6.3.1.4 Basic emergency obstetric care shall be available 24 hours a day, 365 days a year at primary hospital

6.3.1.5 The primary hospital shall have comprehensive essential obstetric care including the following:

- a) Administration of parenteral sedatives for eclampsia, parenteral Oxytocin, antibiotics, anticonvulsants and anesthesia service.
- b) Manual removal of placenta and retained products following miscarriage or abortion.
- c) Providing assisted deliveries: forceps delivery, vacuum delivery, destructive delivery and emergency Caesarean Section.
- d) Providing basic neonatal life support.
- e) Blood transfusion.
- f) Repair to perineal tears.

6.3.1.6 The primary hospital shall have the following basic essential gynecologic care services:

- a) Vaginal bleeding management
- b) Emergency surgical intervention/ Laparotomy for ectopic pregnancy, pelvic peritonitis and abscess, ruptured uterus, ovarian cyst torsion and uterine perforation.
- c) Pelvic infection or abscess management

6.3.1.7 The hospital shall provide Essential newborn care:

- a) New born resuscitation care shall be available 24 hours a day, 365 days a year.
- b) There shall be written policies and procedures for transfer &/ or referral of neonates.
- c) Routine examination for detection of congenital anomalies.

6.3.2 Premises

6.3.2.1 The hospital shall have separate MCH service unit with the following minimum requirements:

- a) Two room for ANC/ PMTCT, PNC services:
- b) One room for Immunization service, with Cold chain room/corner,
- c) One room for Growth monitoring services, Sick baby clinic/ under five clinic services:
- d) Two rooms for Family planning services,

- e) Waiting area with shade,
- f) The MCH rooms shall respect the privacy and dignity of clients,

6.3.2.2 The hospital shall have separate rooms for delivery service with the following minimum requirements:

- a) One room for laboring (prenatal room),
- b) One room for Delivery (second stage room),
- c) One room for maternity (post natal room),
- d) Hand washing basin in each room,
- e) Toilet room with shower facility, inside or adjacent to the ward.
- f) allows easy access to operation theatre
- g) The prenatal and post natal rooms shall each be with a capacity to accommodate a minimum of two beds,
- h) Single entrance to control access.
- i) There shall be free area reserved for neonatal resuscitation in the labor ward,

6.3.2.3 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.

6.3.2.4 The hospital shall have separate admission room for obstetric patients.

6.3.2.5 There shall be a separate nurse station close to delivery room,

6.3.3 Professionals

6.3.3.1 The MCH and delivery services shall be directed by a licensed post basic BSc midwife

6.3.3.2 The hospital shall have adequate number of midwives or experienced clinical nurses for MCH and delivery service

6.3.3.3 The emergency obstetrics and gynecology services shall be rendered by a licensed emergency surgical officer.

6.3.3.4 There shall be qualified nurses available 24 hours a day and 365 days a year for MCH and delivery services.

6.3.4 Products

6.3.4.1 The MCH service shall have the following equipments:

- a) Examination coaches
- b) Gynecologic coaches
- c) Stethoscope
- d) Sphygmomanometer
- e) Thermometer
- f) Weighing scale, Adult
- g) Specula of different size
- h) Infant meter and height scale
- i) Otoscope
- j) Fetoscope
- k) Stand lamp
- l) Refrigerator
- m) Cold chain boxes

6.3.4.2 The Delivery service have the following equipments:

- a) Delivery coaches
- b) Stethoscope
- c) Sphygmomanometer
- d) Fetoscope
- e) Thermometer
- f) Weighing scale, Adult
- g) Weighing scale, Baby
- h) Specula of different size
- i) Episiotomy set
- j) Delivery sets
- k) Delivery forceps
- l) Measuring tape
- m) Infant meter and/or height scale
- n) Suction, manual
- o) Stand lamp
- p) Refrigerator
- q) Autoclave
- r) Infusion stand
- s) Instrument tray
- t) Instrument trolley
- u) Sterilizer (steam and dry
- v) Baby crib
- w) Pickup forceps with jar
- x) Vacuum extractors
- y) Suction apparatus
- z) Laparotomy sets
- aa) Caesarian section sets
- bb) Resuscitation set
- cc) Craniotomy set

6.4. Surgical Services

6.4.1 Practices

- 6.4.1.1 The surgical service shall be directed by Emergency Surgical Officer.
- 6.4.1.2 Emergency obstetric and surgical service shall be available 24 hours a day, 365 days a year,
- 6.4.1.3 The hospital shall make sure the emergency obstetric and surgical services is available, staffed with the necessary technical staff, equipped with all the necessary facilities including emergency transfusion, transportation, and electric back up.
- 6.4.1.4 Services for non-emergency elective surgical cases shall be restricted to minor procedures.
- 6.4.1.5 There shall be written protocols and procedures for admissions and discharges with follow up.
- 6.4.1.6 There shall be protocols for the management of the emergency obstetric and surgical conditions in the hospital.
- 6.4.1.7 The admission process for emergency obstetric/ surgery shall be in consultation with the trained GP/HO on emergency surgery.
- 6.4.1.8 Surgical records shall be kept for each patient and it shall be integrated with the patient's over-all hospital record.
- 6.4.1.9 All emergency surgical procedures shall be performed only after appropriate history, physical examination, and indicated diagnostic tests are completed and documented in the patient's medical record.
- 6.4.1.10 The preoperative diagnosis shall be recorded in the medical record for all patients prior to surgery.
- 6.4.1.11 The patient shall get explanation on the disease condition, possible surgical intervention and outcome possibilities in clear, simple and understandable terms.
- 6.4.1.12 Written informed consent shall be obtained for any surgical intervention and this must be documented in the patient's medical record. For the case with life threatening condition, consent shall be obtained from spouse, family, guardian.

- 6.4.1.13 The nursing care of patients undergoing emergency surgery shall be planned and documented in the medical record, directed by attending nurse, and includes the following:
- a) Pre-operative care,
 - b) Post-operative care and monitoring needed,
 - c) Pain management
- 6.4.1.14 Emergency operation reports shall be written in the patient's record and in the OR registration book immediately after surgery and include at least the following:
- a) Patient identification,
 - b) Pre-operative diagnosis,
 - c) The procedure performed,
 - d) Findings during surgery,
 - e) Post-operative diagnosis,
 - f) Date and time operation started and ended,
 - g) Name of emergency surgeon, anesthetist or nurse anesthetist, scrub nurse, and any assistant,
 - h) Signature of the emergency surgeon, anesthetist and the scrub nurse on operation note
 - i) Immediate post-operative orders explicitly in the order sheet including pain management.
- 6.4.1.15 There shall be processes and policies defining the appropriate safety before, during and immediately after surgery, including at least the following:
- a) Aseptic technique,
 - b) Sterilization and disinfections,
 - c) Selection of draping and gowning,
 - d) Counting of sponges, instruments and needles
- 6.4.1.16 There shall be a policy for preparing and availing appropriate and properly functioning supplies, equipment, and instruments available for emergency surgery.
- 6.4.1.17 There shall be a protocol for patient transfer from operation theatre to in patient ward. This includes;

- a) The handover and/or transfer of immediate post-operative patients shall be done between the anesthetist who administered the anesthesia and the nurse in charge of inpatient ward,
 - b) The nurse in the ward shall immediately re-evaluate the condition of the patient when arriving in the ward,
 - c) The follow up of immediate post-operative patients in the ward shall be done by the ward nurse and inpatient attending general medical practitioner or health officer according to the order and shall be documented accordingly.
- 6.4.1.18 Post- operative patient in the wards shall get post operative care by ward nurses. The post operative care includes to the minimum:
- a) Follow up of vital signs and carrying out of post-operative orders shall be done as per the order specified for individual patients.
 - b) Evaluation by the Emergency surgical officer or appropriate general medical practitioner or health officer daily or whenever needed.
- 6.4.1.19 The hospital shall have clear protocol for minor surgical procedures to be done at outpatient level. Examples: Circumcisions, lipoma excisions, abscess drainages, suturing of soft tissue injuries, etc.
- 6.4.1.20 There shall be a policy that shows the emergency surgery trained GP or HO shall be on duty to respond for emergency surgical interventions.
- 6.4.1.21 There shall be a mechanism that the duty emergency surgery trained GP or HO shall be available within 30 minutes upon call.

6.4.2 Premises

- 6.4.2.1 A primary hospital shall have one operating room.
- 6.4.2.2 The OR shall be composed of one standard operation theatre, central sterilization room (CSR), and changing rooms with lockers, toilets and showers, store room, clean and dirty utility rooms, cleaners room and duty room.
- 6.4.2.3 Operation room shall have access- restricted environment where emergency obstetric surgical interventions are performed. It shall be organized and equipped so that OR trafficking shall be controlled and exercised over all persons and materials entering and leaving the area.
- 6.4.2.4 Operation Theatre shall have:

- a) Standard size, with one operation table.
- b) Washable walls; the vicinity of plumbing fixtures shall be smooth and water resistant i.e., ceramic plated up to the ceiling.
- c) Monolithic, scrub-able ceiling and capable of withstanding chemicals. Cracks or perforation in these ceilings are not allowed.
- d) Tightly sealed floors and walls if penetrated by pipes, ducts and conduits,
- e) Smooth Floor, easily cleanable, non-slippery and non-staining, which shall not be affected by water or germicidal cleaning solutions; preferably made of marble or ceramic.
- f) Drainage on the floor,
- g) At least four fixed electric outlets with cover,
- h) self-closing doors for the entrance,
- i) one mobile operation light,
- j) Glass cabinet and shelf for storing suture materials and other supplies,
- k) The OR shall be cleaned immediately after every operation and thorough cleansing weekly even if not used frequently.
- l) Heater / or air-conditioner fixed on the wall shall be available in the theatre
- m) Orientation and continuous training shall be provided for cleaners and porters for proper handling and disposal of sharp materials and surgical wastes by OR nurse coordinator or via IP committee.

6.4.2.5 Scrub area:

- a) This area shall have direct access to the operating theatre,
- b) There shall be a scrubbing-up area outside but adjacent to the operating theatre(s).
- c) It shall be provided with wide sink and taps for running water. The taps for running water for scrubbing shall be hand free to be manipulated with elbow or knee. (e.g., long arm of valve gate to be manipulated with elbow or knee joint.)

6.4.2.6 Nurse station/ Patient Transfer Area:

- a) This area need not be a room, but may form an integral part of the main patient corridor, recovery area or bed-receiving area.
- b) There shall be a corridor or allocated area for keeping charged and empty Oxygen cylinders; the empty and charged oxygen cylinders shall be labeled clearly,
- c) Provided with a chair and table for OR staff,
- d) This area shall be large enough to allow for the transfer of patients from a bed to OR stretcher.
- e) A line shall be clearly marked in red on the floor, beyond which no person shall be permitted to set foot without putting on protective clothing and OR shoes (OR attire).

6.4.2.7 Staff Change Rooms

- a) Suitable one separate changing room,
- b) Shall have two doors, one entrance and the second door accessing into the restricted access area;
- c) Shall be provided with a locker and shelf for Storage of clean theatre attire and operation theatre gum boots.
- d) Separate storage bin shall be provided for used and soiled theatre apparels.
- e) Wash hand basins: Toilets, showers,

6.4.2.8 Operating theatre mini- store

- a) There shall be a store room in the operating room that shall be supplied with a sufficient number of electrical plugs to keep the electrical equipments plugged in, charged and in case of power failure to work as back up electrical supply / or emergency electrical supply,
- b) Equipments shall always be stored at the same space/location, properly labeled and ready to use,
- c) Enough Shelves and cabinets shall be available,
- d) Anesthetic drugs shall be kept in cabinet,

6.4.2.9 Clean Utility room:

- a) A room allocated for storage of IV fluids, clean linen, medicines and other sundry items.

- b) Refrigerator with thermometer shall be available for drugs requiring a temperature range of 4 to 8 °C.
 - c) Sink, cabinets and shelves,
- 6.4.2.10 Soiled Utility room /area shall be available with the followings;
- a) Leak proof containers with lids shall be available for temporarily storing placenta until properly disposed,
 - b) Used sharps/safety boxes are to be stored here before being sent for incineration.
 - c) Container for temporary storage point for soiled linen,
 - d) Hand Washing basin,
 - e) Drainage on the floor,
 - f) Trolley for soiled materials,
- 6.4.2.11 Cleaner's Room;
- 6.4.2.12 Central sterilization room/ area shall be available with followings;
- a) An area or a room for reception, sorting of equipments; or clothes and documentation process;
 - b) An area or room for an autoclave, dry oven and or steam sterilizer;
 - c) The date of sterilization & the name of the instruments shall be written after sterilization.
- 6.4.2.13 There shall be continuous water supply with extra reservoir,
- 6.4.2.14 In addition, the hospital shall have minor operation theatre accessible to OPD with hand wash basin.

6.4.3 Professionals

- 6.4.3.1 Surgical services shall be directed by a licensed emergency surgical officer.
- 6.4.3.2 The minimum number of professionals for emergency obstetric and other surgical services at primary hospital to render 24 hours services are:
 - (a) One emergency surgical officer
 - (b) Two anesthetist (nurse anesthetist)
 - (c) Five experienced licensed (scrub) nurses

6.4.4 Products

- 6.4.4.1 Operating theatre: Minimum equipment list for a single operating theatre.

- (a) Time clock
- (b) Anesthesia trolley
- (c) Oxygen cylinders, different sizes.
- (d) Worktable with laminated top
- (e) Adjustable Stools
- (f) IV stands
- (g) Drums
- (h) Kick buckets
- (i) Caps - Mop/Bonnet Type
- (j) Safety boxes
- (k) Swab rack with drip trays
- (l) Swab count record boards
- (m) Bowls and stands
- (n) Instrument tables, Mayo type
- (o) Framed boards with pencil trays
- (p) Chest tubes with bottles
- (q) Blankets, warming
- (r) Tourniquets
- (s) Tongue depressors
- (t) Mobile operating lights
- (u) Operating table, 3 sections with removable fixtures
- (v) Suction machines
- (w) Bottles - Suction - Glass/Plastic
- (x) Autoclave, hot air and or steam
- (y) Anesthesia machine
- (z) Laryngoscope, set (Mackintosh)
- (aa) Intubation stylet, adult, 15 Ch
- (bb) Magill forceps (adult & pediatrics)
- (cc) Mouth gauge
- (dd) Dual head stethoscope

6.4.4.2 Equipment – scrub area:

- (a) Soap dispenser
- (b) Scrub-up brushes

- (c) Sinks
 - (d) Mirror above each sink.
- 6.4.4.3 The hospital shall have consistent electricity (backup generator) and water supply (backup reservoir)
- 6.4.4.4 Equipment – operating theatre store
- (a) 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)
 - Surgical woven (2 x 1.5 m)
 - (b) Patient transfer, stretchers
 - (c) General purpose trolleys
 - (d) IV stands
 - (e) Worktable with laminated top
 - (f) Cabinets and shelves
 - (g) Dressing trolley
 - (h) Instrument table, Mayo type
 - (i) Pillows
 - (j) Surgical Splints
 - (k) Apron,
 - (l) trays
 - (m) Gen.surg- Basic surgery set
 - (n) Gen.surg- C/S set
 - (o) Gen.surg- Laparotomy set
 - (p) Gen.surg- Minor surgical set
 - (q) Gen.surg- Suprapubic puncture set
 - (r) Bedpans
 - (s) Kidney basin, 475 ml
 - (t) Renewable/Consumables for OR
 - Guedel airways: size 0, 00, 3, 4 & 5
 - Alcohol Swabs
 - Disposable aprons

- Aqua-packs Oxygen humidifier
- Bags – Urine
- Bandages
- Batteries - Medical & General
- Blood Administration Sets
- Cannula - Nasal-Oxygen
- Cannula, IV short, ster, disp, 18G, 20 G, 22 G, 24 G
- Catheter, plain, foley,
- Cleansing Swabs – Sterile and Non-Sterile
- Cold/Hot Packs
- Connectors,
- Cotton
- Draw sheet, plastic, 0x180cm
- Gauze
- Gloves:
 - Household Large & Medium
 - Surgical Size 6, 6 ½, 7, 7 ½, 8
 - Exam, latex, disp, large, medium, small
 - Gauntlets
- Hand wash Antiseptic Liquid (Hibiscrub)
- I.V. Sets :
- I.V. Administration Sets – 15 Drop
- I.V. Administration Sets - 60 Drop
- I.V. Set, Infusion “Y”, Luer lock, air inlet
- K.Y. Jelly
- Nail Brushes - Autoclavable
- Needles:
 - Disp,15G, 18G, 21G, 22G, 23G, 25G
 - Butterfly 23G
- Oxygen T Pieces
- Oxygen Tubing
- Face Masks

- S.G. Meter (Urine Meters)
- Safety Pins Large & Medium
- Sharps Containers (Safety Box/used syringes and needles)
- Shrouds
- Soap, toilet, bar, approx.110g,wrapped
- Spatulas – Tongue, disposable
- Spigots Large, Medium and Small
- Syringes:
 - Volume: 2ml, 5ml, 10ml, 20ml
 - Syringes 50 ml Conical Tip
 - Syringes 50 ml Luer Lock
 - Syringes Insulin
- Tape:
 - Elastic Adhesive Plaster - White 5cm and 10 cm
 - Micropore tape
 - Surgical Adhesive Hypo-Allergenic
 - Adhesive, zinc oxide, perforated,10cmx5m
 - Adhesive, zinc oxide, 2.5cmx5m
 - Clinical thermometer
 - Fridge thermometer
 - Tourniquet, latex rubber,75cm
- Tubes:
 - Endo-tracheal, disp. + connector, neonate mm, w.o balloon
 - Endo-tracheal, disp. + connector, balloon, 6.5mm, 7mm, 7.5mm, 8mm
 - Suction, L125cm,ster,disp, CH10, CH12, CH16
 - Tube, Vacuum 5ml (Vacutainer)
 - Tube, Vacuum EDTA 5ml (Vacutainer)
 - Tube, Vacuum Heparinised 5ml (Vacutainer)
 - Vacutainer holder
 - Vacutainer needles, 18-24G
 - Compresses:

- Abdominal compress, 40 x 40 cm
- Compress, Swab, 20x 20 cm
- Compress, gauze,10x10cm,n/ster/PAC-100
- Compress, gauze,10x10cm,ster/PAC-5
- Compress, paraffin,10x10cm,ster/BOX-10
 - Suturing materials:abs, non abs,various with needles and with out needles.
 - Abs,DEC1,need 1/2,18mm,round/BOX-36
 - Abs,DEC2,need 3/8 18mm,round/
 - Abs,DEC2,need 3/8,26mm,tri
 - Abs,DEC3,need 1/2 30mm,round
 - Abs,DEC3,need 3/8 50mm,round
 - Abs,DEC3,spool
 - Abs,DEC4,need 3/8 36mm,tri
 - Nonabs,DEC2,need 3/8 13mm,tri
 - Nonabs,DEC3,need 3/8 30mm,tri
 - Operating Room Linen:
 - Apron Surgical, rubber
 - Trousers, Surgical, woven, Small, Medium & Large
 - Top(shirts), Surgical, woven, Small, Medium & Large
 - Gown, Surgical, woven(Plain)
 - Cap, Surgical, woven
 - Masks, surgical, woven

6.5. Anesthesia Services

6.5.1 Practices

- 6.5.1.1 There shall be a written policy about administration of regional and general anesthesia in the hospital
- 6.5.1.2 Minor regional blocks shall be monitored in accordance with the hospital's policy
- 6.5.1.3 Anesthesia services shall be administered in accordance with written policies and procedures that are reviewed at least every three years, and revised more frequently as needed. They shall include at least the following :
- (a) Anesthesia care, which includes moderate and deep sedation, is planned and documented in the patient's record.
 - (b) A pre-anesthesia/sedation assessment shall be done by anesthesiologist or nurse anesthetist prior to the induction of anesthesia.
 - (c) The patient shall be reassessed immediately prior to induction of anesthesia by anesthesiologist or nurse anesthetist. The plan shall be consistent with the patient assessment and shall include the anesthesia to be used and the method of administration.
 - (d) Prior to administration of any pre-anesthesia medication, a written informed consent for the use of anesthesia shall be obtained and documented in the medical record.
 - (e) Each patient's physiologic status shall be continuously monitored during anesthesia or sedation administration and the results of the monitoring shall be documented in the patient's medical record on an anesthesia form, a minimum of :
 - Pulse rate and rhythm.
 - Blood pressure.
 - Oxygen saturation.
 - Respiratory rate.
 - (f) The anesthesia record includes:
 - Fluids administered.

- Medications administered.
 - Blood or blood products administered.
 - Estimated blood loss.
 - The actual anesthesia used.
 - Any unusual events or complications of anesthesia.
 - The condition of the patient at the conclusion of anesthesia.
 - The time of start and finish of anesthesia.
 - Signature of the nurse anesthetist or anesthetist.
- (g) The patient shall be monitored during the post-anesthesia/surgery recovery period and the results of monitoring shall be documented in the patient's medical record.
- (h) The time of arrival to the general ward shall be recorded.
- (i) The observation in the general ward shall be done by qualified licensed nurses with training of basic advanced cardio-pulmonary support together with the trained GP or HO.
- (j) The decision of discharge from the general ward shall be done by a trained GP or HO.
- 6.5.1.4 The anaesthetist shall visit the patient before the operation and assess the general medical fitness of the patient, identifies any medication being taken, and assess any specific anaesthesia problems.
- 6.5.1.5 The anaesthetist shall discuss possible plans of management with the patient and explains any options available, to enable the patient to make an informed choice.
- 6.5.1.6 Information on any drugs or treatments such as blood transfusion shall be discussed with the patient.
- 6.5.1.7 The anesthetist shall ensure that all the necessary equipment and drugs are present and checked before starting anesthesia.
- 6.5.1.8 The anesthetist shall confirm the identification of the patient before inducing anesthesia.
- 6.5.1.9 The anesthetist shall be present in the operating theatre, around the patient throughout the operation.

- 6.5.1.10 The conduct of the anesthesia and operation is monitored and recorded in line with the monitoring standards and formats, to a minimum these shall include:
- a) Continuous pulse oximeter, and
 - b) A written record of the anesthetic shall be kept as a permanent record in the case notes.
- 6.5.1.11 Pain shall be assessed and controlled in discussion with trained GP/HO.
- 6.5.1.12 Patients shall be managed in general ward, except for patients requiring transfer to other hospitals, until overcome effect of anesthetic.
- 6.5.1.13 The protocols and guidelines used for anesthesia service shall be available and well understood by the surgical team.
- 6.5.1.14 Anesthetic agents administered with the purpose of creating conscious sedation, deep sedation, major regional anesthesia, or general anesthesia shall be in accordance with anaesthesia policies and procedures.
- 6.5.1.15 There shall be a written protocol to assure that surgery shall not proceed when there are person with disability alarms on the monitors,
- 6.5.1.16 The body temperature of each patient under general or major regional anesthesia lasting 45 minutes or more shall be continuously monitored and recorded at least every 15 minutes.
- 6.5.1.17 Pulse oximetry shall be performed continuously during administration of general anesthesia, regional anesthesia, and conscious sedation at all anesthetizing locations, unless such monitoring is not clinically feasible for the patient. Any alternative method of measuring oxygen saturation maybe substituted for pulse oximetry if the method has been demonstrated to have at least equivalent clinical effectiveness.
- 6.5.1.18 Blood pressure, pulse rate, and respiratory rates shall be determined and charted at least every five minutes for all patients receiving anesthesia at any anesthetizing location, except for local anesthesia and minor regional blocks.

6.5.2 Premises

- 6.5.2.1 The general anesthesia service shall be provided in the Operation room (OR). Refer to the standards prescribed under the Surgical service standard

- (a) There shall be a mechanism for taking exhaust air from anesthesia machine to outside of OR; important when performing open system for pediatric anesthesia,
 - (b) There shall be a system where there is a continuous supply of full Oxygen cylinders,
- 6.5.2.2 Anesthesia store:
- (a) Shall be well ventilated and illuminated room with shelves and cabinets,
 - (b) The anesthetic shall be kept on shelves and/ or cabinets, separate from medicines, properly labeled,
 - (c) Anesthetic equipments shall be stored clean and being ready for use,
 - (d) Ambu bags and resuscitation kits shall be kept labeled in easily reachable place,
 - (e) There shall be separate place for keeping new and rechargeable Batteries and dry cells. Used batteries and cells shall be stored and discarded properly, refer to IP and waste disposal protocol,
- 6.5.2.3 Office room: with chairs, table, cabinet;

6.5.3 Professionals

- 6.5.3.1 Licensed anesthetist with experience shall lead anesthesia service
- 6.5.3.2 At all times, at least one anesthetist shall be on-site or on-call and shall reach the primary hospital within 30 minutes.
- 6.5.3.3 All anesthesia providers who administer and/or supervise the administration of general anesthesia, major regional anesthesia, or conscious sedation anesthesia shall maintain current training in Advanced Cardiac Life Support.
- 6.5.3.4 General or major regional anesthesia shall be administered and monitored only by a licensed anesthetist.
- 6.5.3.5 Minor regional blocks shall be administered by the licensed professionals: licensed anesthetist, trained GP or HO, dental professional, nurses, midwife.

6.5.4 Product

6.5.4.1 Anaesthesia supplies, equipment and safety systems shall include the following:

- a) All medical gas hoses and adapters shall be color-coded and labeled according to current national standards.
- b) An oxygen failure-protection device ("fail-safe" system) shall be used on all anaesthesia machines to announce a reduction in oxygen pressure, and, at lower levels of oxygen pressure, to discontinue other gases when the pressure of supply oxygen is reduced.
- c) Vaporizer exclusion ("interlock") system shall be used to assure that only one vaporizer, and therefore only a single agent, can be actuated on any anaesthesia machine at one time.
- d) To prevent delivery of excess anaesthesia during an oxygen flush, no vaporizer shall be placed in the circuit downstream of the oxygen flush valve.
- e) All anaesthesia vaporizers shall be pressure-compensated in order to administer a constant non-pulsatile output.
- f) Accurate flow meters and controllers shall be used to prevent the delivery to a patient of an inadequate concentration of oxygen relative to the amount of nitrous oxide or other medical gas.
- g) Alarm systems shall be in place for high (disconnect), low (sub atmospheric), and minimum ventilator pressures in the breathing circuit for each patient under general anaesthesia.

6.5.4.2 Anaesthesia supplies, equipment and patient monitoring shall include:

- a) A difficult airway container or trolley shall be immediately available in each anesthesia department for handling emergencies. The following items are required to be included in the difficult airway container or trolley:
 - resuscitation equipment,
 - emergency drugs,
 - a laryngeal mask,
 - endo-tracheal tube stylet,

- airway, and/or
 - Other items of similar technical capability.
- b) A precordial stethoscope or oesophageal stethoscope shall be used when indicated on each patient receiving anesthesia. If necessary, the stethoscope may be positioned on the posterior chest wall or tracheal area.
- c) Supplemental oxygen and a delivery system appropriate to the patient's condition shall be immediately available for patient transport from the operating room to the general ward.

6.5.4.3 Equipments:

- a) Time clock
- b) Anesthesia machine with ventilator, 2 vaporizers, and gas cylinders
- c) Adult and pediatric anesthesia circuits with filters
- d) Oxygen cylinders of different sizes, oxygen trolley and oxygen regulator
- e) Worktable with laminated top
- f) Resuscitation equipments; Ambu bags (adult/ pediatric/ neonates), with inflatable bag,
- g) Refrigerator,
- h) Stools
- i) Clips
- j) Weight scale; adult & pediatric
- k) Resuscitation trolley
- l) Syringe pump
- m) Defibrillator
- n) Dust bin
- o) Framed boards with pencil trays
- p) IV stands, infusion pumps, IV fluid pressure bags, blood warmer and IV fluid warmer
- q) Tourniquets, tongue depressors, disposable
- r) Operation table and accessories:
 - Operating table, with minimum of smoothly adjustable 3 sections
 - Pillows,
 - Support, head, operating table

- Adjustable Head screen
 - Patient transferring Stretchers
 - Suction machines
- s) Patient monitor
- Pulse oximeter
 - Temperature monitor
 - Dual head stethoscope
 - BP apparatus with different size cuffs
- t) Intubation gadgets:
- Airway Guedel, pediatric & adult size
 - Laryngeal mask set
 - Mask holder
 - Cannula - Nasal-Oxygen,
 - Face mask- Oxygen,
 - Masks - Oxygen 40 %
 - Laryngoscope sets with different size blades (Mackintosh)
 - Magill forceps (adult & pediatrics)
 - Intubation stylet, adult, 15 Ch,/ Endo-tracheal tube guide
 - Mouth gauge
 - Tube, Endo-tracheal:
 - disp. + connector, 3 mm, w/o balloon
 - disp. + connector, 3.5 mm, w/o balloon
 - disp. + connector, 4 mm, w/o balloon
 - disp. + connector, 4.5 mm, w/o balloon
 - disp. + connector, 5 mm, balloon
 - disp. + connector, 5.5 mm, balloon
 - disp. + connector, 6 mm, balloon
 - disp. + connector, 6.5 mm, balloon
 - disp. + connector, 7 mm, balloon
 - disp. + connector, 7.5 mm, balloon
 - disp. + connector, 8 mm, balloon
 - disp. + connector, neonate mm, w.o balloon

- disp. + connector, balloon, 6.5mm, 7mm, 7.5mm, 8mm
 - Tube:
 - Trachea, balloon, int.can, ster, size 6
 - Trachea, balloon, int.can, ster, size 8
 - Suction,CH08,L50cm,ster,disp, CH08, CH10, CH14, CH16
 - Extractor, mucus,20ml,ster,disp
 - Safety Pins Large & Medium
 - Connectors:
 - Biconical, Autoclavable
 - Connector, T/Y
 - Connectors - Plastic – Tapered
 - Braun Splints (Arm)
 - Draw sheet, plastic,90x180cm
 - Clinical thermometer
 - Fridge thermometer
 - Tourniquet, latex rubber,75cm
- 6.5.4.4 The hospital shall have consumables as annexed
- 6.5.4.5 The hospital shall have all medicines allowed to this level of care and as per the national drug list of Ethiopia
- 6.5.4.6 Operating Room Linen:
- a) Apron Surgical, rubber
 - b) Trousers, Surgical, woven; Small, Medium & Large
 - c) Top(shirts), Surgical, woven; Small, Medium & Large
 - d) Gown, Surgical, woven(Plain)
 - e) Caps, Surgical, woven
 - f) Masks, surgical, woven
 - g) Bed Sheet
 - h) Sheet, draw, white
 - i) Cellular Blanket
 - j) Organ protections,
 - k) Shelves
 - l) cabinets

- 6.5.4.7 The dental services shall have the following equipment and instruments
- a) The dental units with all accessories (e.g. Low speed, high speed hand pieces, straight & Contra angle hand pieces etc.)
 - Air-water syringes
 - Operating light
 - Dental Chair
 - Operator's stool & Central Air compressor
 - b) Instruments for examining
 - Dental mirror, Cotton pliers & Spoon excavator
 - Periodontal pocket probe
 - c) Instruments for filling treatment
 - Condenser (serrated & plain, Medium, and big size)
 - Amalgam carriers (doubled ended, gun type), & Glass slab
 - Matrix retainer (different types tofflemire, ziqueland)
 - Carriers for restorative materials
 - Carvers
 - Condenser Beaver tail
 - d) Forceps for Dental Extractions (Deciduous teeth)
 - Upper frontal milk tooth forceps
 - Upper molar milk tooth forceps
 - Lower frontal milk tooth forceps
 - Lower molar milk tooth forceps
 - Root forceps milk tooth (Bayonet)
 - e) Mandibular (lower jaw) forceps for anterior, posterior teeth & root extraction
 - Forceps (incisors, canine & universal forceps)
 - Forceps (molar & Wisdom forceps)
 - Forceps for Mandibular root Extractions
 - f) Elevators for Extraction
 - g) Maxillar (upper jaw) Forceps for anterior, posterior teeth & root extraction
 - Maxillary forceps for anterior teeth
 - Forceps (incisors ,canine & Universal forceps)

- Maxillary forceps for posterior teeth (Forceps right and left)
 - Forceps (universal forceps for molar & wisdom forceps)
 - Forceps for Maxillary Root Extraction: Bayonet forceps
- h) Periodontal instruments (scalers)
- Scalers- different types, sickle, Jaquete, Chisel, Hoe, file scaler
- Curettes (Universal, Gracey)
- i) Equipment for dental radiology service
- Dental X-ray unit with lead aprone
 - Film processing (developer & fixer)
- j) Scissors
- Hemostats (curved , straight ,mosquito, Kelly needle holder)
 - Crow scissors
 - Ligature scissors & Surgical scissors
- k) Hand cutting instruments
- Enamel Hatches, Enamel chisel
 - Discoid-cleoid, Dental Hoe
 - Gingival margin Trimmer, Angle former
- l) Other surgical instruments
- Curettes (Angled, Straight, different Sizes)
 - Rongeurs (Bone-cutting forceps)
 - Bone-file
 - Scalped and Handle for scalped
 - Cheek and Tongue retractors
 - Bone chisels, Mallets
 - Suture needles, Irrigation syringe & Aspirating tip
 - Local anesthetic equipment (metal anesthesia syringe)
- m) Equipment used for amalgam restoration
- Amalgam mixing machine (Amalgamator)
- n) Different operatory cabinets
- Mobile cabinets and/or Fixed cabinet
- o) Equipments for sterilization
- Super heated steam under pressure (Autoclave)
 - Dry heat sterilization (Oven)

- Cotton roll sterilizer
- Different pans use for disinfections & sterilization of instruments

6.5.4.8 The dental service shall have the following consumable materials

- Dental materials: Temporary & permanent fillings
- Dental films (Periapical & occlusal)
- Light curing unit with composite materials (optional)
- Local anesthesia (Spray, Cartridge with & without adrenalin)
- Other consumables (analgesics, disposable syringe & gloves etc)

6.6. Nursing Services

6.6.1 Practices

- 6.6.1.1 There shall be written policies describing the responsibilities of nurses for the nursing process (assessment, diagnosis, planning, implementation and evaluation). Such policies shall be reviewed at least once every three years.
- 6.6.1.2 There shall be assessable physical resources for nurses to implement the nursing process, as detailed under the products' section for nursing services.
- 6.6.1.3 There shall be appropriate arrangements for nurses to access to clinical supervision, support and participate in regular clinical services audit and reviews.
- 6.6.1.4 Nursing care service at different service delivery areas shall be directed by a licensed nurse with a minimum of diploma from recognized college or university and has at least two years of relevant experience.
- 6.6.1.5 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:
 - Provide a basis for induction of newly employed nurses,
 - Provide a ready reference on procedures for all nursing personnel.
 - Standardize procedures and practice.
 - Provide a basis for continued professional development in nursing procedures/techniques.
- 6.6.1.6 The hospital 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 general medical practitioners; nurse-to-nurse reporting; communication with other service units (laboratory, pharmacy, X-Ray, social work service), with patient and family education.
- 6.6.1.7 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.

Nursing care: general patient services

- 6.6.1.8 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.
- 6.6.1.9 All patients shall be under the supervised care of a licensed nurse at all times.
- 6.6.1.10 Implementation of infection prevention procedures and provision of information on IP practices to patients, clients, family members and other caregivers, as appropriate, shall be done by the nurses; refers to infection prevention stated under this standard.
- 6.6.1.11 Nurses shall work with others to protect and promote the health and wellbeing of those under their care.

- 6.6.1.12 Nurses shall be open and honest, act with integrity and uphold the reputation of their profession.
- 6.6.1.13 The nursing care plan shall be initiated upon admission of the patient and shall include discharge plans as part of the long-term care provision goals.
- 6.6.1.14 Documentation and completion of all patient's recording, registers, and reporting formats shall be the responsibility of licensed nurses in the unit as stated under medical records standards
- 6.6.1.15 Nursing care shall be provided for all patients equally and without prejudice to age, gender, and economic, social, political, ethnicity, religious or other status and irrespective of their personal circumstance.
- 6.6.1.16 Nurses shall not disclose confidential information relating to their patients unless in cases where the patient's/ public safety is at risk.
- 6.6.1.17 Nurses shall explain and seek informed consent from their patients or their relatives/next of kin (for incompetent patients) before carrying out any procedure.
- 6.6.1.18 Nurses shall find solutions to conflicts caused by deep moral, ethical and other beliefs arising from a request for nursing service through dialogue with patients.
- 6.6.1.19 Patient discharge instructions shall be documented in the patient's medical record at the time of discharge and a copy of such instructions shall be given to the patient or next of kin.
- 6.6.1.20 Allergies shall be listed on the front cover of the patient's chart and/or, in a computerized system, highlighted on the screen and this shall be posted in the patient's bed.
- 6.6.1.21 Patients who require assistance in feeding shall be identified, and there shall be a mechanism in place to ensure that assistance is provided.
- 6.6.1.22 For admitted patients, the nursing staff shall take and document the necessary vital signs as ordered and communicate findings of any deviation from the norm to treating /attending general medical practitioner immediately.
- 6.6.1.23 Nurses shall ensure patients on special diets have access to their prescribed dietary regimes and such patients shall be identified with a visible identifier/label that is included in their care plan and on their beds.

- 6.6.1.24 There shall be written policies that state the procedures for communicating with laboratory, laundry and food service. The nurse shall communicate and follow up food orders, lab orders and lab specimens, and patient transfers.
- 6.6.1.25 There shall be a policy or procedures for nurses to report any suggestive signs of child abuse, substance abuse and /or abnormal psychiatric manifestations by the patients under their care.

Nursing care services related to pharmaceutical services

- 6.6.1.26 All medications administered by nursing personnel shall be prescribed by general practitioner or health officer or any other authorized health professional and shall be administered in accordance with prescriber orders.
- 6.6.1.27 Medicines packaged in unit dose containers shall not be removed from the containers by nursing personnel until the time of medicine administration. Such medicines shall be administered immediately after the dose has been removed from the container, and by the individual who prepared the dose for administration.
- 6.6.1.28 Each patient shall be identified prior to medicines administration. Medicines dispensed for one patient shall not be administered to another patient.
- 6.6.1.29 Nurses shall ensure patients under their care swallow their prescribed oral medicines as per general medical practitioner's order.
- 6.6.1.30 Regarding self-administration of medicines, nursing personnel shall directly observe self-administration and adhere to policies and procedures developed by the pharmacy and therapeutics committee.
- 6.6.1.31 There shall be a policy for reporting and documenting medication errors, product quality defect and adverse drug reactions by attending nursing personnel immediately to the prescriber and ADE focal person.
- 6.6.1.32 Medicines, needles and syringes in patient care areas shall be maintained under proper conditions as per the pharmaceutical service standards stated under this standard.
- 6.6.1.33 Nursing personnel shall return unfit for use medicines to the central medical store of the hospital for disposal.

- 6.6.1.34 Nursing personnel shall store and use needles and syringes in accordance with the infection prevention standards stated under this standard.
- 6.6.1.35 There shall be a protocol that guides nurses coping the prescription of physician's order.

Nursing care: use of restraints

- 6.6.1.36 The hospital shall have written policies and procedures regarding the use of physical restraints that are reviewed at least once every three years and implemented. They shall include at least the following:
- (a) Protocol for the use of alternatives to physical restraints, such as staff or environmental interventions, structured activities, or behavior management. Alternatives shall be utilized whenever possible to avoid the use of restraints;
 - (b) A delineation of indications for use, which shall be limited to:
 - Prevention of imminent harm to the patient or other persons when other means of control are not effective or appropriate; or
 - Prevention of serious disruption of treatment or significant damage to the physical environment;
 - (c) Contraindications for use, including at least clinical contraindications, convenience of staff, or discipline of the patient;
 - (d) Protocols for notifying the family or guardian of reasons for use of restraints, and for informing the patient and requesting consent when clinically feasible; and
 - (e) Protocol for removal of restraints when goals have been accomplished.
- 6.6.1.37 Except in an emergency, a patient shall be physically restrained only after the attending general medical practitioner or another designated general medical practitioner has personally seen and evaluated the patient and has executed a written order for restraint.
- 6.6.1.38 An emergency restraint procedure, beginning with the least restrictive alternative that is clinically feasible, shall be initiated by a licensed professional nurse only when the safety of the patient or others is endangered or there is imminent risk that the patient will cause substantial

property damage. The attending general medical practitioner, another designated general medical practitioner, or independent practitioner, or a licensed psychiatric nurse shall be notified immediately and shall respond within one hour. An order shall be given if the use of restraints is to continue beyond one hour. The clinical condition of the patient shall be evaluated and documented by medical or licensed nursing personnel at least once every two hours.

6.6.1.39 In all cases, the attending or designated general medical practitioner, or independent practitioner, or licensed psychiatric nurse shall observe the restrained patient at least once every 24 hours to evaluate any changes in the patient's clinical status. This evaluation shall be documented in the patient record. If a general medical practitioner has ordered the use of restraints, a subsequent order for the use of restraints shall not be required so long as its use is in compliance with the intent of the original order and hospital policy.

6.6.1.40 Interventions while a patient is restrained, except as indicated at (g) below, shall be performed by nursing personnel in accordance with nursing care policy. They shall include at least the following and shall be documented:

- (a) Assessment for clinical status and reevaluation of need for restraints at least every two hours;
- (b) Toileting at least every two hours with assistance if needed;
- (c) Monitoring of vital signs; and
- (d) Release of restraints at least once every two hours in order to:
 - Assess circulation and skin integrity;
 - Perform skin care; and
 - Provide an opportunity for exercise or perform range of motion procedures for a minimum of five minutes per limb.
- (e) Continuous or periodic visual observation based upon an evaluation of the patient's clinical condition.
- (f) Administration and monitoring of adequate fluid intake;
- (g) Adequate nutrition through meals at regular intervals, snacks, and assistance with feeding if needed;

- (h) Assistance with bathing as required, occurring at least once a day; and
- (i) Ambulation at least once every four hours if clinically feasible.

6.6.1.41 Licensed professional nursing staff shall evaluate and ensure appropriate monitoring and documentation of the effects of all psychotropic medications. These medications shall be administered only upon written general medical practitioner orders as part of the patient's treatment plan and shall not be used as a method of restraint, discipline, or for the convenience of staff.

Nursing care: Dying patient

6.6.1.42 There shall be a policy or 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 general medical practitioner or any independent practitioner and the nurse giving care (2 medical personnel),
- (b) Care for the body shall be carried out according to the religion and culture of the patient as per the facility protocol,
- (c) If there is need of pathologic examination the request shall be sent to morgue,
- (d) The body shall be taken to morgue immediately,
- (e) The time of death shall be documented on the patients chart,

6.6.2 Premises

6.6.2.1 The hospital shall have the followings premises for nursing services:

- (a) Room /space for isolation or special care, with toilet room and shower
- (b) Hand washing basin and toilet room at nurse station
- (c) Procedure room for nursing procedures
- (d) Nurse changing room with cabinet, chairs, cupboard
- (e) Nurses station located in the middle of the wards with free access to all rooms

6.6.3 Professional

- 6.6.3.1 There shall be a policy of verifying qualifications, restrictions to practice and professional registration of all new employees and have a system in place to check re-registration details. There shall be documentation of staff licenses and training certificates.
- 6.6.3.2 The hospital shall have a system in place for evaluating at least annually the performance of each nursing service employee.
- 6.6.3.3 The nursing staff shall have a minimum of diploma from recognized college or university.
- 6.6.3.4 There shall be written discrete job descriptions that detail the roles and responsibilities of each nursing staff members.
- 6.6.3.5 The hospital shall have in place a nursing workforce plan that addresses nurse staffing requirements, including, at a minimum:
- (a) A nurse representative in each patient care unit or case team responsible for the operation of the professional nursing service 24 hours per day and 365 days a year.
 - (b) A daily staffing schedule that ensures at least one licensed nurse in charge and assigned exclusively to each patient care unit or case team on each shift;
 - (c) A provision that at least 100 percent of direct patient care for 24 hours in inpatient units on a hospital wide average be provided by licensed nursing personnel,
 - (d) A method for assessing each unit's additional nursing needs for each shift.
- 6.6.3.6 There shall be at least one licensed nurse in charge of each patient care unit at all times and this shall be indicated in the hospital's organizational plan. Additional staff shall be assigned by the hospital as required by the acuity levels.
- 6.6.3.7 There shall be effective policy that control nursing care by nursing students that shall be under direct supervision of a licensed nurse; all being accountable.
- 6.6.3.8 The hospital shall have in effect a contingency plan for assuring adequate nurse staffing at all times. The plan shall detail policies and procedures to

regulate closure of available beds, if actual staffing levels fall below specified levels.

- 6.6.3.9 Nurse staffing for inpatient patient care service within the hospital shall be in accordance with not more than 6 patients under one nurse for general patient care.
- 6.6.3.10 There shall be a policy that strengthens involvement of nurses to take part in the ongoing continuing professional development (CPD).
- 6.6.3.11 All nursing staff shall receive orientation, training and/or update at least annually including at least:
 - (a) Hospital's policies and procedures,
 - (b) Routine nursing procedures.
 - (c) Emergency procedures and
 - (d) Infection prevention and control
- 6.6.3.12 **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) Maintenance of skin integrity;
 - (d) Control of cross infections and nosocomial infection rates;
 - (e) Hospital-wide patient satisfaction with overall nursing care; and
 - (f) Patient satisfaction with pain management;

6.6.4 Products

- 6.6.4.1 The hospital shall ensure that the nursing personnel have access to all the consumables and equipment they require to provide professional nursing care to patients under their care, including at least:
 - (a) Specimen collection set: tray, Tourniquets, disposable glove, cotton swabs,
 - (b) Rubber sheets,

- (c) Restraining equipment in accordance with the standards under the use of restraints and mental health services. E.g., cushion, belt, vest, long sleeve pullover, etc.,
- (d) Emergency resuscitation sets: airway, ambu bag of different size,
- (e) Patient chart folders,
- (f) Vital sign equipments:
 - Trolley for vital sign monitoring,
 - Thermometer, BP apparatus, stethoscope, measuring tape
 - sphygmomanometer with stethoscope,
 - wrist watch/ wall clock,
 - bedside weighing scale
 - Pulse oximeter
- (g) Furniture and fixtures;
 - Table
 - Chair, stackable, without armrests
 - Basket, waste-paper, metal
 - Cabinet
 - Patient chart holder,
 - Refrigerator,
 - Bedside cabinet,
 - Feeding table,
 - IV stands,
- (h) Nursing procedure equipments:
 - Dressing trolley
 - Dressing set,
 - Minor procedure set,
 - Chest tubes and bottles,
 - Enema set,
 - IV stand,
 - Oxygen trolley,
 - Oxygen cylinder,

- Oxygen regulator/gauge,
 - Oxygen face mask/ nasal catheters,
 - Suction machine: electrical/pedal,
 - Wheelchair,
 - Waste basket,
 - Safety boxes,
 - Bed screens,
 - Kidney basin, 475ml x 5
 - Bed pan x 10,
 - Urinal x 5,
 - Mobile Examination light,
 - Plastic apron,
 - Drapes,
 - Rubber sheets,
 - Connectors,
 - Cushion bags,
- (i) Soiled utility room:
- Soiled linen trolley
 - Bin with lid
 - Work table with laminated top
 - Wash tub (65L)
 - General purpose trolley, two trays
- (j) Emergency medicines as per the hospital list

6.7 Emergency Services

6.7.1. Practices

- 6.7.1.1. The emergency service including emergency surgical interventions shall be available 24hrs a day and 365 days a year.
- 6.7.1.2. The hospital shall have an emergency triage system.
- 6.7.1.3. The emergency clinic shall comply with the patient rights standards as stated under this standard

- 6.7.1.4. Infection prevention standards shall be implemented in the emergency room as per the IP standards stated under this standard
- 6.7.1.5. Every emergency patient shall get the service without any prerequisite and discrimination.
- 6.7.1.6. The emergency service 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, documentation of referred clients and consultation forms.
- 6.7.1.7. If referral is needed it shall be done after providing initial stabilization and after confirmation of the required service availability in the facility where the patient is to be referred to.
- 6.7.1.8. If the patient to be referred needs to be attended by a general medical practitioner or other professional in another hospital, the hospital shall arrange an ambulance service and accompanying health personnel to transfer the patient.
- 6.7.1.9. Every procedure, medication and clinical condition shall be communicated to the patient or family member after responding for urgent resuscitation measures
- 6.7.1.10. 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
- 6.7.1.11. The hospital shall provide a complete emergency service to its level of care
- 6.7.1.12. The emergency service shall have a procedure for easy access to pharmacy, laboratory and other diagnostic services 24hrs a day and 365 days a year.
- 6.7.1.13. For labor and delivery emergencies the hospital shall follow the general medical and surgical service standards stated under this standard
- 6.7.1.14. The emergency service shall promote the dignity and privacy of patients.
- 6.7.1.15. There shall be a written protocol for emergency services and the provision of this service shall be done in accordance with the clinical protocols of the service
- 6.7.1.16. The emergency service unit shall provide basic life support to its level of care which may include but not limited to :
 - a) Cardiopulmonary resuscitation (CPR)

- b) airway management and/or oxygen supply
- c) bleeding control
- d) fluid resuscitation

6.7.1.17. The hospital emergency service shall have protocol for the initial management of at least the following emergency cases:

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

6.7.1.18. Other service that assist the emergency service shall be available for 24 hrs and 365 days of a year with adequate staffing

6.7.2. Premises

- 6.7.2.1. The emergency room shall be located in a place where it is easily recognizable to the public and shall be labeled in bold.
- 6.7.2.2. The emergency premises shall be low traffic area and there shall be reserve parking place for ambulances.
- 6.7.2.3. The corridor to emergency rooms shall be stretcher friendly and spacious enough.
- 6.7.2.4. The emergency area shall be spacious enough to provide a space for the following tasks:
 - (a) Triage

- (b) Accepting and providing immediate care including emergency procedures
 - (c) Admitting for a maximum of 24 hrs to provide emergency care
 - (d) Access to emergency medicines, supplies and equipments
 - (e) Staff/duty room
 - (f) Toilet facilities
- 6.7.2.5. Beds shall be arranged as the description of inpatient beds' arrangement
- 6.7.2.6. The width of the door for the emergency room shall not be less than 1.5 meter
- 6.7.2.7. The emergency premises shall allow patient dignity and privacy.
- 6.7.2.8. The rooms shall be arranged in such a way that the first encounter to an emergency patient coming from outside will be the examination room or space
- 6.7.2.9. 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
- 6.7.2.10. Glass doors shall be marked to avoid accidental collision
- 6.7.2.11. Potential source of accidents shall be identified and acted upon (slippery floors, misfit in doorways and footsteps, etc)
- 6.7.2.12. Waiting area for attendants and caregivers

6.7.3. Professionals

- 6.7.3.1. The emergency service shall be directed by general medical practitioner or Health officer.
- 6.7.3.2. The team of emergency shall be changed every 8 hrs as a team and the team composition during working and non-working hours shall have similar staffing pattern.
- 6.7.3.3. The emergency service shall be opened for 24hrs a day and 365 days a year being run by an emergency team. Each team shall contain a minimum of:
- (a) One General Practitioner or Health officer
 - (b) Two nurses
 - (c) cleaners

- (d) runner
- (e) Emergency surgical officer on call basis .
- 6.7.3.4. The actual number of personnel required shall be adjusted as per workload analysis for emergency cases
- 6.7.3.5. All health professionals working in the emergency room shall be trained on at least cardio-pulmonary resuscitation
- 6.7.3.6. Drill-exercise of emergency case management shall be conducted on regular bases among the teams working in the emergency service.
- 6.7.3.7. The staff shall have regular supportive supervision by senior staff or peer review or case conferences every three months and it shall be documented
- 6.7.3.8. The hospital shall have personnel manual which also covers staff at the emergency services

6.7.4. Products

- 6.7.4.1. Emergency medicines, supplies and equipments shall be always readily available for emergency services as per the hospital list..
- 6.7.4.2. At least the following emergency equipment and supplies shall be available:
 - (a) Suction machine
 - (b) Tracheotomy set
 - (c) NG tube
 - (d) Minor procedure set
 - (e) Mobile examination lamp
 - (f) IV stands
 - (g) Resuscitation set on trolley
 - (h) Intubation set
 - (i) Ambu bags
 - (j) Oxygen supply: oxygen, cylinder with flow meter, trolley and nasal prongs
 - (k) Dry autoclave (hot air oven)
 - (l) Stretcher,
 - (m) wheelchairs
 - (n) Different types of splints

- (o) Patient screen, partition curtains
 - (p) IV-Canulla different size
 - (q) Bandage and gauze
- 6.7.4.3. There shall be at least two coaches at emergency room
- 6.7.4.4. There shall be at least two beds to be used only for emergency admission
- 6.7.4.5. Actual number of beds, materials, and kits for emergency use can be adjusted based on the average number of emergency cases

6.8. Rehabilitation Services

6.7.5. Practices

- 6.7.5.1. At least physical therapy/ physiotherapy services shall be available in the hospital
- 6.7.5.2. There shall be specific treatment and/or procedure protocols for each service available and rendered in the unit,
- 6.7.5.3. There shall be a policy that the therapist (physical therapist/ physiotherapist) shall document the entire plan in the patient's medical records. A note shall be entered into the medical record at least weekly or more frequently if there is a significant change in the patient's status or treatment needs.
- 6.7.5.4. The physical therapist shall discuss the plan of care with the patient and family.
- 6.7.5.5. The physical therapy service shall be available during working time.
- 6.7.5.6. Visual and auditory privacy shall be offered and provided to all patients during evaluation and treatment.
- 6.7.5.7. There shall be training service for patients on coping disability. It includes utilization of prostheses, orthoses, wheelchairs, walking aids.
- 6.7.5.8. There shall be a protocol or policy for safety and ethical practice of physical therapy that complies with the six precepts for health care (safe, effective, patient-centered, timely, efficient and equitable).
- 6.7.5.9. There shall 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,

6.7.6. Professionals:

- 6.7.6.1. The service shall be directed by a licensed physiotherapist,
- 6.7.6.2. In addition, the hospital may have one physical therapist or physiotherapist who work closely with treating general medical practitioner,
- 6.7.6.3. There shall be multidisciplinary team in the rehabilitation service to plan for individual patients. Referring general medical practitioner shall be involved in the process.
- 6.7.6.4. Continued improvement of technical skills and knowledge shall be encouraged and such opportunities shall be facilitated for professionals by the hospital or health facility.

6.7.7. Premises

- 6.7.7.1. There shall be at least one physically separated room or area for rehabilitation and therapy
- 6.7.7.2. The premise shall have waiting area with shade
- 6.7.7.3. The premises shall be located with direct access to inpatients and outpatients with clear labels.
- 6.7.7.4. The premises shall be handicap friendly and smooth pavement rail for wheelchairs.
- 6.7.7.5. There shall be enough space for assistive devices and appropriate accessories.
- 6.7.7.6. Private area for patients and staff when they need to change clothing before and after treatment shall be available.
- 6.7.7.7. Separate toilet with hand washing facility in an accessible location, handicapped accessible, handicapped adapted and well-ventilated shall be available.
- 6.7.7.8. Call bells shall be provided to patients in the physical therapy service who are not under visual supervision.
- 6.7.7.9. Workshop for production of orthosis- prostheses, walking sticks, axillary and/or elbow crutches shall be available. If there is no workshop, there shall be variety of walking aids.

6.7.8. Products

- 6.7.8.1. All equipment shall be clean and functional.
- 6.7.8.2. Equipment shall be stored in a safe and accessible place and shall not be stored in a public walkways and hallways.
- 6.7.8.3. Standard equipments and consumables which shall be available for rehabilitation services include:
 - (a) Physiotherapy mats
 - (b) Massaging coach
 - (c) Splinting materials
 - (d) Balance boards
 - (e) Mirror
 - (f) Walking rail/ parallel bars, adult and pediatric
 - (g) Sticks
 - (h) Crutches
 - (i) Walking aids/ walking frames (adjustable)
 - (j) POP cutter
 - (k) Pulley
 - (l) Chair and table
 - (m) Shelf for storing reference books and personal items
 - (n) Disposable glove
 - (o) Cotton roll
 - (p) Plastic apron
 - (q) POP

6.9. Radiological Services

6.9.1. Practices

- 6.9.1.1. The radiology service shall have written policies and procedures that are reviewed at least once every three years and implemented. These policies and procedures shall include at least:
- a) Safety practices;
 - b) Management of the critically ill patient;
 - c) Infection control, including patients in isolation;
 - d) Timeliness of the availability of diagnostic imaging procedures and the results
 - e) Quality control program covering the inspection, maintenance, and calibration of all equipment
- 6.9.1.2. Policies and procedures for radiology services shall be available to all staff in the radiology unit.
- 6.9.1.3. There shall be a written protocol for managing medical emergencies in the radiological suite. All radiological staff shall be instructed in this protocol and know their roles in the case of such an emergency.
- 6.9.1.4. All radiological examinations shall be seen by the requesting general medical practitioner or health officer as early as possible.
- 6.9.1.5. The radiology service of the hospital shall have x-ray service.
- 6.9.1.6. The radiology staffs shall make every effort to ensure that patients waiting for radiology services or transport from radiology are safe while waiting.
- 6.9.1.7. The radiology service unit shall be free of hazards to patients, care giver and staff.
- 6.9.1.8. Proper safety precautions shall be maintained against fire and explosion hazards, electrical hazards, and radiation hazards.
- 6.9.1.9. The hospital shall get approval from the Ethiopian Radiation Protection Authority through periodic inspection and hazards shall be promptly corrected if identified
- 6.9.1.10. The primary hospital shall have a policy that radiology professionals shall use the TLD while in duty.
- 6.9.1.11. Radiation workers shall be checked periodically for amount of radiation exposure by the use of exposure meters or badge tests and this shall be documented

- 6.9.1.12. Signed reports shall be filed with the patient's medical record and duplicate copies kept in the service unit.
- 6.9.1.13. Requests by the attending general medical practitioner or health officer for x-ray examination shall contain a concise statement of reason for the examination.
- 6.9.1.14. Reporting form shall have minimum information such as date, patient name, age, gender, findings and name and signature of radiographer
- 6.9.1.15. X-ray films shall be labeled with minimum information such as date, name, age, gender, right/left mark and name of radiographer.
- 6.9.1.16. A radiation safety program including timely reporting of radiation safety findings shall be in place, followed, and documented.
- 6.9.1.17. The professional/practitioner who delivered the radiology service shall be responsible for claims arising from wrong findings
- 6.9.1.18. Radiology services shall be accessible to all requiring medical service units.

6.9.2. Premises

- 6.9.2.1. Minimum number and size of rooms within radiology services are indicated below

Type of premises	Number required	Size(m ²) Each
Conventional x-ray room	1	As per ERPA standards
Dark room, if necessary	1	
Toilet for staff and patient separately	2	
Patient dressing rooms	1	
Waiting room	1	
Duty room	1	
Store room	1	

6.9.3. Professionals

- 6.9.3.1. The radiology service shall be directed by licensed BSC professional in radiology.

- 6.9.3.2. A licensed radiographer shall be available at all time.
- 6.9.3.3. Trained dark room technician and cleaners shall be available in radiology service as full time.

6.9.4. Products

- 6.9.4.1. The following medical equipments shall be available for radiology services.
 - a) Standard conventional x-ray machine
 - b) Mobile x-ray machine (optional).
 - c) Viewing boxes
 - d) Telephone service
 - e) Computer (optional)
- 6.9.4.2. All diagnostic equipment shall be regularly inspected, calibrated and maintained, and appropriate records shall be documented.
- 6.9.4.3. All radiation generating equipment shall be installed with a building wall thickness that fulfills the minimum criteria set by the Ethiopian Radiation Protection Authority.
- 6.9.4.4. Radiology service equipments shall be installed at central areas to all clinical services
- 6.9.4.5. At least the following radiation protection equipments shall be available in radiology services:
 - a) lead gloves
 - b) lead aprons
 - c) lead goggle
 - d) gonadal shield
 - e) Other shields e.g for pregnant women (if x-ray is highly indicated)
- 6.9.4.6. Safety procedures during practices and disposal of unfit for use equipments shall be installed as per the requirements set by the Ethiopian Radiation Protection Authority during all procedures.

6.10 . Laboratory services

6.10.1. Practices

6.10.1.1. 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 turn around 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.

6.10.1.2. The hospital shall have policies 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

6.10.1.3. The hospital 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

6.10.1.4. The hospital 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

6.10.1.5. The hospital shall have policies and procedures for the availability of laboratory services including the emergency services for 24 hours a day and 365 days a year.

6.10.1.6. The laboratory shall have procedures or (SOP) for proper specimen collection that address specific collection requirements such as:

- a) Preferred sample type (venous, arterial, capillary, urine, spinal fluid)
- b) Type of anticoagulant
- c) Sample volume considered acceptable
- d) Patient identification
- e) Requirements for patient preparation and storage of specimens.

6.10.1.7. Policies and procedures shall be documented and communicated to all personnel.

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

6.10.1.9. Laboratory management shall review all operational procedures at regular intervals. The frequency should be every four month (at least annually).

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

written by the laboratory staff or may be adapted from previously published materials including, but not limited to, product inserts, procedure or instrument manuals, textbooks, journals, or international guidelines.

- 6.10.1.11. Laboratory staff shall test quality control materials every eight hour and document in combinations suitable to detect analytical error.
- 6.10.1.12. The right patient with the right request form shall be identified during collection and delivery of result.
- 6.10.1.13. Requests for testing shall provide:
 - a) The name of the ordering general medical practitioner or other person authorized to order testing
 - b) The clinician's working address
 - c) Type of primary sample collected
 - d) The anatomic site where appropriate
 - e) The test requested
 - f) Patient gender
 - g) Age
 - h) Pertinent clinical information as appropriate for purposes of test interpretation (Clinical Diagnosis)
 - i) Date and time of sample collection and receipt in the laboratory
- 6.10.1.14. There shall be SOP or criteria developed for acceptance or rejection of clinical samples.
- 6.10.1.15. Laboratory shall monitor the transportation of samples to the laboratory such that they are transported, within time frame, within temperature interval specified in the primary sample collection manual or SOP and in a manner that ensures safety for carrier.
- 6.10.1.16. The laboratory shall maintain a record of all samples received.
- 6.10.1.17. Laboratory shall have a procedure for storage of clinical samples if it is not immediately examined.
- 6.10.1.18. Patient samples shall be stored only for as long as necessary to conduct the designated tests (or other permitted procedure) according to fixed storage times, and shall be destroyed safely and confidentially after storage.

- 6.10.1.19. Once a sample is used, it shall be maintained in the laboratory for a specified period of time (or as required by regulation) and at a temperature that ensures stability of the sample in the event the sample is needed for retesting.
- 6.10.1.20. Provision shall be made to carry out adequate clinical laboratory examinations including chemistry, hematology, and clinical microscopy either in the hospital or licensed outside laboratory based on contractual agreement for the minimum tests required at primary hospital
- 6.10.1.21. 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 general medical practitioner with the following minimum information:
 - Patient identification (patient name, age, gender,)
 - Date and time of specimen collection
 - The test performed and date of report.
 - The reference or normal range
 - The 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.
 - Hospital address

- f) Laboratory results shall be legible, without transcription mistakes and reported only to persons authorized to receive them such as the ordering general medical practitioner or nursing staff in a hospital 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.
- 6.10.1.22. When reports altered, the record shall show the time, date and name of the person responsible for the change.
- 6.10.1.23. Safe disposal of samples shall be in line with standards prescribed under infection prevention
- 6.10.1.24. No eating, drinking, smoking or other application of cosmetics in laboratory work areas or in any area where workplace materials are handled.
- 6.10.1.25. No food and drink to be stored in the laboratory (may be stored in the staff room)
- 6.10.1.26. 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
- 6.10.1.27. 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
- 6.10.1.28. At regular intervals, the laboratory shall review any contracts for services to its clients (including but not limited to clinicians, health care bodies, pharmaceutical companies, other departments such as pharmacy or nursing within the hospital structure) to ensure that the laboratory can meet the contractual requirements such as methodologies, turn-around times, availability of expert opinion, etc. Records of these reviews shall be kept and maintained by the laboratory, including deviations from contracts.

- 6.10.1.29. Where services are provided by an outside laboratory, the conditions, procedures, and availability of services offered shall be in writing and available in the hospital.
- 6.10.1.30. The laboratory shall meet regularly with clinical staff regarding services and clinical interpretations.
- 6.10.1.31. The laboratory must 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.

6.10.2. Premises

- 6.10.2.1. The hospital shall have a well organized, adequately supervised and staffed clinical laboratory with the necessary space, facilities and equipment to perform those services commensurate with the hospital's needs for its patients.
- 6.10.2.2. The laboratory working environment shall be kept organized and clean, with safe procedures for handling of specimens and waste material to ensure patient and staff protection from unnecessary risks at all time.
- 6.10.2.3. The laboratory shall have space allocated so that its workload can be performed without compromising the quality of work, quality control procedures, and safety of personnel or patient care services.
- 6.10.2.4. The laboratory shall have adequate lighting, ventilation, water, waste and refuse disposal. Work areas shall be clean and well maintained. Precautions must be taken to prevent cross contamination.
- 6.10.2.5. The laboratory shall have controlled temperature of refrigerator for reagents, blood sample, calibrator, control materials which affect the analytical results.
- 6.10.2.6. Facilities shall provide a suitable environment to prevent damage, deterioration, loss or unauthorized access.
- 6.10.2.7. 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.

6.10.2.8. Doors shall be located in places where entry and exit is easy and does not interfere with the laboratory benches or equipment. Laboratory doors shall not be less than 1 m wide to allow easy access of equipment. In some areas, double doors, 1.2 m wide, shall be provided for passage of large equipment, such as deep-freezes. All doors shall be opened towards the corridor.

6.10.2.9. The primary hospital laboratory shall have the following premises setup.

- a) Waiting area
- b) Recording and reporting room
- c) Specimen collection room
- d) Serology, parasitology and urinalysis room
- e) Hematology and Clinical Chemistry room
- f) Bacteriology room
- g) Store-room
- h) Staff room
- i) Separate Toilets for patients (1 for Male and 1 for female)
- j) Separate Toilet for staff (Male and female)
- k) There shall be access to emergency shower

6.10.2.10. The primary hospital may arrange the laboratory service in one main working room except bacteriology with access to emergency shower, staff room, waiting area, store and toilets

6.10.2.11. The laboratory facilities shall meet at least the following:

- a) 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 and shall have access to hospitals reserve tank whenever there is water interruption.
- b) Continuous power supply
- c) Working surface covered with appropriate materials
- d) 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.

- 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) Laboratory furniture is capable of supporting anticipated loading and uses. Spaces between benches, cabinets, and equipment are accessible for cleaning.
- g) Lockable doors and cupboards
- h) Closed drainage from laboratory sinks (to a septic tank or deep pit)
- i) Deep pit to discard contaminated material or access to a simple incinerator
- j) Separate toilets/latrines for staff and patients
- k) 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

6.10.3. Professionals

- 6.10.3.1. All laboratory services shall be directed by a licensed medical laboratory technologist.
- 6.10.3.2. Medical Laboratory staff shall be present at the hospital to provide laboratory service at all times.
- 6.10.3.3. Students and other staff on attachment shall work under the direct supervision of a licensed medical laboratory technologist.
- 6.10.3.4. The Laboratory service shall have and maintain job descriptions, including qualifications to perform specific functions.
- 6.10.3.5. The Laboratory management shall provide adequate training, continuing education or access to training for technical staff, and assess staff competency at regular intervals.
- 6.10.3.6. Laboratory staff shall, at all times, perform their functions with adherence to the highest ethical and professional standards of the laboratory profession.

6.10.3.7. The primary hospital shall have the following minimum laboratory staffing requirements.

- a) Medical Laboratory Technologists (BSc): #2
- b) Medical Laboratory Technologist (BSc) for QC/QA: #1
- c) Additional Laboratory technologist and technicians (depending on the work load)
- d) Supportive staff (clerk, cleaner)

6.10.4. Products

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

6.10.4.2. Laboratory shall establish a programme that regularly monitors and demonstrates proper calibration and function of instruments, reagents and analytical system and this shall be documented.

6.10.4.3. 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 or operation.

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

6.10.4.5. 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.

6.10.4.6. 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.

Final

6.10.4.7. The following minimum equipments and consumables shall be available in the hospital.

Tests	Major Equipment
<p>Clinical chemistry:</p> <ul style="list-style-type: none"> • Blood glucose • Liver function tests <ul style="list-style-type: none"> ○ ALKP ○ AST ○ ALT ○ GGT ○ Total bilirubine ○ Direct bilirubine ○ Total protein ○ Albumin • Renal function tests <ul style="list-style-type: none"> ○ Urea ○ Creatinine ○ Uric acid 	<ul style="list-style-type: none"> ➤ Autoclave ➤ Timer ➤ Clinical chemistry analyzer(Automated or semi automated) ➤ Glucometer ➤ Power surge protectors ➤ Weighing balance ➤ Micropipettes of different volumes ➤ Timer with alarm
<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"> ➤ Microscope ➤ Slide ➤ Staining reagents ➤ Rapid test kits
<p>Urine and body fluid analysis:</p> <ul style="list-style-type: none"> • Urinalysis • CSF analysis • Ascitic fluid • Pleural fluid 	<ul style="list-style-type: none"> ➤ Microscope ➤ Slide ➤ Staining reagents ➤ CSF analysis reagents
<p>Mycology:</p> <ul style="list-style-type: none"> • KOH test 	<ul style="list-style-type: none"> ➤ Microscope ➤ Slide ➤ KOH

<p>Hematology:</p> <ul style="list-style-type: none"> • Hemoglobin • Total WBC count • Differential white cell count • Peripheral blood film • ESR • Hematocrit • Platelet count 	<ul style="list-style-type: none"> ➤ Haemoglobinometer ➤ Hematology analyzer (Automated) ➤ Blood roller/mixer ➤ Water bath ➤ Refrigerator ➤ Binocular microscope x10, x40, x100 ➤ Haemocytometer ➤ Microhematocrit centrifuge ➤ Microhematocrit reader ➤ Differential counter ➤ Tally counter ➤ Deep freezer ➤ Centrifuge ➤ Timer ➤ Distillation unit
<p>Serology:</p> <ol style="list-style-type: none"> 1. H.Pylori 2. HBs Ag 3. HCV 4. ASO 5. RF 6. RPR 7. Salmonella Typhi-O 8. Salmonella Typhi-H 9. Proteus-OX₁₉ 10. HIV-test 11. HCG 12. Blood Group: Anti-A, Anti-B, Anti-D, Compatibility testing and Cross match 	<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 and Indian Ink 	<ul style="list-style-type: none"> ➤ All necessary bacteriology equipments

6.11 Pharmaceutical Services

6.11.1. Practices

6.11.1.1. Dispensing and Medication Use Counseling

- a) Standard operating procedure for dispensing and medication use counseling shall be established to ensure patients' safety and correct use of medications.
- b) The dispensers shall make sure that prescriptions are legible, written by authorized prescriber and complete. Prescription papers shall be standardized and must contain at least the following information and the prescriber shall complete all these information:
 - Name of patient, sex, age, weight 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, license number and signature
 - Dispenser's name, qualification, license number and signature
 - Hospital name and address
- c) The pharmacist shall check the correctness of prescriptions in terms of appropriateness for the patient, dosage, and drug interactions based on approved national standard treatment guidelines before dispensing"
- d) All medicines shall be dispensed with adequate and appropriate information and counseling to patients for correct use of their medications.
- e) Pharmacists shall be required to make an in-depth professional judgment to make sure that each medicine and its dosage form has all of its attributes of quality and an acceptable ratio of safety.
- f) 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.
- g) 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 medicine 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 of the dispenser;
 - Date of dispensing;
 - Expiry date/beyond use date and
 - Special precautions as applicable
- h) Filled prescriptions shall be signed and accountability must be accepted by the dispensing pharmacist.
- i) Each primary hospital shall establish and implement policies, guidelines and/or procedures for reporting any errors or any suspicion in administration or provision of prescribed medications. Errors shall be reported to the prescriber in a timely manner upon discovery and a written report of the error prepared and documented. Any suspicion or error shall be communicated to the prescriber and clarified/corrected before dispensing without affecting patient's confidence on medical practices.
- j) 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.
- k) The counseling of patients or their caregivers shall be undertaken to promote the correct and safe use of medicines. The responsible pharmacist must ensure that patients are counseled before they receive medicines that they are to self-administer.
- l) The pharmacist shall assess each patient's ability to understand the information imparted by question and answer and must be able to modify his/her approach accordingly. Care shall be taken with counseling where understanding is likely to be a problem.

- m) Cautionary instructions and ancillary information about medications shall be communicated in writing to the personnel responsible for administering medications.
- n) If the hospital prepares extemporaneous preparations, it shall comply with the standards prescribed for hospital based medicine preparations.

6.11.1.2. Control of Drug Abuse, Toxic or Dangerous Drugs

- a) The primary hospital shall establish Policies and procedures to control the administration of narcotic drugs and psychotropic substances with specific reference to the duration of the order and the dosage in accordance with relevant laws.
- b) 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.
- c) All controlled substances (narcotic and psychotropic drugs) shall be dispensed to the authorized health professional designated to handle controlled substances by a licensed pharmacist in the hospital. When the controlled substance is dispensed, the following information shall be recorded into the controlled substances (proof-of-use) record.
 - Name and signature of pharmacist dispensing the controlled substance
 - Name and signature of authorized health professional receiving the controlled substance.
 - The date and time 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.
- d) When the controlled substances are not in use, they shall be maintained in a securely locked, substantially constructed cabinet or area. All controlled substance storage cabinets shall be permanently affixed. Controlled substances removed from the controlled substance cabinet shall not be left unattended.

- e) The administration of all controlled substances to patients shall be carefully recorded into the standard record for controlled substances and returned back to the pharmacist upon refill of controlled substances. The following information shall be recorded during administration to patients.
- 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.
- f) All partially used quantities of controlled substances shall be recorded in to the control substance record and returned back to the responsible pharmacist for disposal.
- g) 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.
- h) Any return of controlled substances to the pharmacy in the hospital shall be documented by a licensed pharmacist responsible for controlled substance handing in the hospital.
- i) The hospital shall implement procedures whereby, on a periodic basis, a licensed pharmacist shall reconcile quantities of controlled substances dispensed in the hospital against the controlled substance record. Any discrepancies shall be reported to the Director of the respective medical services and to the Chief Clinical Officer/Chief Executive Officer of the

hospital. Upon completion, all controlled substance records shall be returned to the hospital's pharmacy by the designated responsible person.

- j) The hospital shall submit regular report to the appropriate organ regarding the consumption and stock of controlled drugs.

6.11.1.3. Inpatient Pharmacy Services

- a) The hospital through drug and therapeutic committee shall establish policies and procedures for the provision of inpatient pharmacy services
- b) The inpatient pharmacy shall comply with the standards stated under dispensing and medication use counseling when appropriate
- c) The hospital shall have one inpatient pharmacy managed by a licensed pharmacist.
- d) The hospital shall have a mechanism to ensure the appropriate use of medications and supplies in different wards
- e) The responsible pharmacist shall have access to patient specific medication therapy information
- f) There shall be a mechanism for consultation on medication use among the prescriber, pharmacist, nurse and patient
- g) The pharmacist shall review, monitor and propose for modification of the therapeutic plan in case of adverse effects, patient noncompliance, evidence based efficacy problem and as appropriate, in consultation with the patient, prescriber and nurse.
- h) Medication education shall be delivered to patients or their caregivers upon discharge by the pharmacist as appropriate.
- i) As a member of the health care team, the pharmacist shall attend and participate at multidisciplinary ward rounds/morning meetings and contribute to patient care through the provision of medicine information, dose calculations and adjustment, assisting in the rational prescribing decision, alternative regimens and reducing the frequency and duration of medication errors.

- j) The drug and therapeutic committee of the hospital shall develop/adopt and implement antimicrobial prescribing, dispensing and usage policy

6.11.1.4. Emergency Pharmacy Services

- a) Emergency pharmacy service shall be available for 24 hours a day during non-working hours the pharmacist shall prepare and complete the emergency trolley.
- b) Orders received by words of mouth or through telephone during emergency (in case of immediate administration is necessary, no appropriate alternative treatment is available and when it is not reasonably possible for the general medical practitioner to provide a written prescription prior to dispensing) shall latter be endorsed by the prescriber and be documented in writing within 24 hours. The quantity shall be limited to emergency period only.
- c) The responsible pharmacist shall take the duty to coordinate and prepare emergency medicines lists and ambulance kits for the hospital based on national primary hospital's medicine list and he/she has to exert all the necessary efforts to ensure continuous availability of medicines for emergency unit and hospital ambulances.
- d) The emergency pharmacy, in addition to supply of medicines, shall record patient medication information and ensure correct use of medications.

6.11.1.5. Adverse Drug Event/ Pharmacovigilance

- a) The primary hospital pharmacy shall appoint an ADE (adverse drug event) focal person responsible for the collection, compilation, analysis and communication of adverse drug reaction, medication error and product quality defect related information to the DTC and appropriate organ.
- b) Health professionals of the hospital shall be responsible to report suspected ADE cases to the ADE focal person.

- c) DTC shall discuss and make necessary recommendations to the hospital management for decision on adverse drug event reported within the facility.
- d) The primary hospital pharmacy shall consistently update the safety profile of medicines included in the formulary list for immediate medicines use decisions and consideration during the revision of the list.
- e) Adverse medication effects shall be noted in the patient's medication record
- f) All the ADE reports, patient identity, reporters and medicine trade names shall be kept confidential until verified by concerned authority.
- g) The reporting of ADE shall be done by the national ADE prepaid yellow form prepared by FMHACA.

6.11.1.6. Medicines Supply and Management

- a) A drug and therapeutics committee (DTC) representing different service units of the hospital 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 primary hospitals.
- b) The purchase of medicines shall be the responsibility of a pharmacist who is assigned to manage and control the hospital central medical store.
- c) The primary hospital 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 hospital. 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

- d) A pharmacist shall not purchase any medicinal product where he/she has any reason to doubt its safety, quality or efficacy.
- e) The pharmacist shall ensure that both the supplier and the source of any medicine purchased are reputable and licensed by the appropriate organ.
- f) The hospital central medical store shall be responsible to display or disseminate new arrivals or alternative medicines to each service delivery points.
- g) The hospital shall be responsible to make sure that medicines promotion made by suppliers or manufacturers in the hospital premises is made by a licensed pharmacist in accordance with the country's laws.
- h) The hospital shall be responsible to make sure that donation of medicines has been made in accordance with the country's laws.
- i) There shall be a pharmacist assigned as medicine Supply Management Officer that is responsible for the procurement, stock management, warehouse management, distribution of medicines and disposal of medicine waste. There shall be also a responsible pharmacy personnel assigned for receiving, storage, issuing, recording, monitoring and reporting.
- j) The storage condition shall provide adequate protection to the medicines from all environmental factors until the medicines is delivered to the patient.
- k) The responsible pharmacist must ensure that all areas where medicines are stored are of acceptable standards (palletized or shelved, easy for free movement, ventilated, rodent free, temperature and moisture controlled and others) for a medicine store.
- l) The responsible pharmacist shall ensure that all medicine storage areas are inspected regularly to ensure that:
- Medicines are stored and handled in accordance with the medicines manufacturer's requirements and this standard
 - 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
- m) Special storage conditions shall be maintained for medicines requiring cold chain system, controlled substances, inflammable substances and medical gases, if any.
- n) Firefighting equipment or system shall be installed to medicines storage places
- o) Distribution of medicines within a hospital shall be under the direction and control of a pharmacist and must be in accordance with the policy developed by DTC. All issuing activities shall be made using official and serially numbered vouchers.
- p) 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 for routine stock replacement and action to be taken in the case of incomplete documentation or other queries.
- q) Written procedures shall be available for the return of expired, damaged, leftover and empty packs from outlets to medical store to prevent potential misuse.
- r) The responsible pharmacist shall ensure that adequate control procedures are in place for all stock circulating at all outlets within the hospital.

- s) Daily medicine consumption at different outlets of the hospital shall be recorded, compiled and analyzed for the appropriate supply and use of medicines.
- t) The hospital pharmacist who is responsible for the management of medicines should conduct regular medicine use studies to ensure maximum patient benefit from the formulary list
- u) The primary hospital shall make every attempt to minimize the amount of medicines waste generated in the hospital.
- v) The DTC should be responsible for developing policies and guidelines on how to organize and conduct medicines use studies.

6.11.1.7. Medicine/Drug Information Services

- a) The hospital pharmacy shall be responsible to provide medicines information services to hospital staff and patients
- b) The medicine information service shall be part and parcel of the day-to-day activities of the hospital and shall provide relevant and unbiased information to health care professionals and the public.
- c) The medicine information service shall include provision of reference materials such as medical and medicines related books, journals, medicine profiles, electronic information, CD-ROM, relevant formularies and manufacturers' information and updated list of medicines available in the hospital central medical store to health care professionals
- d) The service shall be available at least during normal pharmacy working hours.

6.11.1.8. Medicine Waste Management and Disposal

- a) The disposal of medicine wastes shall be in compliance with the medicines waste management and disposal directives issued by FMHACA.
- b) The primary hospital shall take responsibility, through supportive policies and procedures for the environmental and societal safety by efficiently managing the medicines wastes.

- c) All personnels involved in medicines waste handling shall be trained and/or well informed about the potential risks of hazardous medicines waste and their management.
- d) All personnels involved in handling medicines waste shall wear protective devices like apron, plastic shoes, gloves, head gears and eye glasses when appropriate.
- e) General wastes shall be collected daily from the pharmacy and placed in a convenient place outside the pharmacy to facilitate coordinated disposal by the hospital.
- f) Solid wastes from the pharmacy shall be categorized as “hazardous” and ‘non-hazardous” and shall be collected separately for proper treatment.
- g) 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.
- h) Spillages of low toxicity shall be swept into a dust pan and placed into a suitable container for that particular chemical and dispose accordingly.
- i) 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.
- j) The hospital shall form a medicines disposal committee to ensure safety, accountability and transparency.
- k) Disposal of medicines waste shall be supported by proper documentation including the price of the products for audit, regulatory or other legal requirements.

6.11.1.9. Recording

- a) Each hospital shall maintain records to assure that patients receive the medications prescribed by a medical practitioner and maintain records to protect medications against theft and loss.
- b) 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.

- c) 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.
- d) 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.
- e) 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
- f) Every transaction related with medicines should be recorded on stock control cards and/or computerized stock control system in the medical store and dispensaries.

6.11.1.10. Billing

a) 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. 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 prices
- Date received and issued
- Name and signature of receiver and issuer
- Address of the hospital

- b) 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.
- c) Dispensing pharmacies shall use a standard stamp and seal for approving legal transactions
- d) Writing one bill for two clients shall be forbidden
- e) The consumer has the right to know the exact price of a prescription before it is filled
- f) The hospital shall ensure that each customer has the right to get receipt which has the following minimum information about medicines dispensed.
 - Name of patient
 - Name and dosage form of medicines dispensed
 - Unit of measurement and quantity
 - Unit and total prices
 - Date
 - Signature of dispenser and cashier
 - Address of the hospital

6.11.1.11. Organization Management and Quality Improvement

- a) A multidisciplinary drug and therapeutic committee chaired by the medical director and supported by a licensed pharmacist representing the hospital pharmaceutical services as a secretary must be functional for the overall improvement of pharmaceutical services in the hospital
- b) The pharmaceutical services shall be represented by a licensed pharmacist in every management meetings of the hospital.
- c) 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.
- d) There shall be a program of continuous quality improvement for the pharmaceutical service that is integrated into the hospital 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.

- e) The pharmaceutical service shall have in effect a patient profile system for monitoring medicine therapy. This system shall be used by the hospital to identify inappropriate prescribing practices and develop interventions.
- f) The medicines supply and management officer shall inspect all patient care areas in the hospital, 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.
- g) 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.

6.11.2. Premises

- 6.11.2.1. The design and layout of the pharmacy shall permit a logical flow of work, effective communication and supervision and ensure effective cleaning and maintenance and must minimize the risk of errors, cross-contamination and anything else which would have an adverse effect on the quality of medicines and service delivery.
- 6.11.2.2. The area(s) of counseling shall be arranged or constructed in such a manner that it provides adequate space, have professional look and ensure reasonable privacy to the patient at all times and eliminate background noise as much as possible.
- 6.11.2.3. Dispensing counter shall be designed to secure patient privacy and confidentiality
- 6.11.2.4. All parts of the premises shall be maintained in an orderly and tidy condition.
- 6.11.2.5. The external appearance of pharmacies shall be painted white and inspire confidence in the nature of the health care service that is provided and portray a professional image.

- 6.11.2.6. Entrances, dispensing counters and doorways shall be accessible to persons with disability.
- 6.11.2.7. The dispensing environment (dispensing counter and counseling area) shall ensure confidentiality and allow simultaneous service delivery for multiple customers by multiple providers.
- 6.11.2.8. A waiting area(s), which is under cover, shall be situated near the dispensing area, areas for counseling/consultation and the provision of information.
- 6.11.2.9. The pharmacy premises shall be clearly demarcated and identified from the premises of any other business or practice. The location of the pharmacy premises shall take into account patient convenience and ease of loading and unloading of medicines.
- 6.11.2.10. Careful consideration shall be given to the overall security of the pharmacy. It must be lockable and shall prevent any unauthorized entry.
- 6.11.2.11. A security policy shall be implemented which is designed to ensure the safety of both staff and medicines, and shall take account of local crime prevention advice.
- 6.11.2.12. The responsible pharmacist of a pharmacy shall ensure that every key which allows access to a pharmacy is kept only with him/her or the designated personnel.
- 6.11.2.13. A procedure shall be in place to ensure access to pharmacy premises in an emergency situation.
- 6.11.2.14. Ceilings, floor and walls of dispensaries and store shall be constructed to protect safety of medicines from burglary, rodents, direct sunlight, moisture and damages.
- 6.11.2.15. Medicines shall be shelved a minimum of 20cm above the floor, 1m wide between shelves and 50cm away from the wall and ceiling. If pallets are used, there shall be 20cm above the floor, one meter between pallets and 50cm away from the wall
- 6.11.2.16. The pharmacy premises shall have the following minimum space
- a) Waiting area
 - b) Inpatient dispensing room
 - c) Outpatient dispensing with counseling room

- d) Compounding room, optional
- e) Cashier room
- f) Medical store intended for medicines, vaccines, lab reagents and medical equipments storage
- g) Office and duty room
- h) Staff toilet (female and male)

6.11.3. Professionals

6.11.3.1. The overall hospital pharmaceutical services shall be directed by a licensed pharmacist

6.11.3.2. In addition, the hospital shall have licensed pharmacists at least one for each of the following pharmacies:

- a) Outpatient pharmacy
- b) Inpatient pharmacy
- c) Emergency pharmacy and Central medical store and
- d) Pharmacy technicians as appropriate

6.11.3.3. The number of dispensing pharmacists shall be increased based on workload analysis.

6.11.3.4. The dispensing of all prescriptions and medication use counseling shall be carried out by licensed pharmacists and pharmacy technicians to their levels.

6.11.3.5. The pharmacist who is working at the inpatient pharmacy shall serve as ADE focal person for the hospital.

6.11.3.6. The hospital shall have written policies and procedures for pharmacy workforce determination, recruitment, performance evaluation, staff development and other related issues.

6.11.3.7. The hospital pharmacy shall have pharmacy clerks, cashiers, cleaners and porters.

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

- 6.11.3.9. The requirements of the national and/or state medicine related laws with respect to persons handling medicines and related products shall be adhered.
- 6.11.3.10. Pharmacists responsible for the practical training of pharmacy students shall comply with the necessary duties and responsibilities stated in the country's medicines related laws
- 6.11.3.11. The pharmacy personnel shall wear white gown or any color accepted by the hospital with easily readable name tag (badge) that include their name and status, such as junior pharmacist, senior pharmacist, pharmacy technician or any other.
- 6.11.3.12. A pharmacist shall be on duty or on call at all times outside working hours.

6.11.4. Products

- 6.11.4.1. The hospital may have its own medicine list in accordance with the prevailing diseases epidemiology and within the framework of the national primary hospitals medicine list prepared by FMHACA.
- 6.11.4.2. There shall be adequate, suitable dispensing equipment in the dispensary. Each item must be clean, in good repair and of suitable material. Equipment shall be specific for each service which may be provided in the pharmacy.
- 6.11.4.3. The hospital's outpatient, inpatient and its central medical store shall have fire extinguisher, refrigerators, deep freezers, security alarms and racks/shelves.
- 6.11.4.4. The medicine information service in the pharmacy shall maintain a current collection of reference materials such as books, journals, drug profiles, electronic information, relevant formularies and manufacturers' information and other furniture.
- 6.11.4.5. Hand-washing facilities shall be provided in the toilet area together. Facilities must include readily available water, soap and clean towels or other satisfactory means of drying the hands.

6.11.4.6. The hospital pharmacy shall be provided with consistent electricity, telephone, office furniture and optional facilities such as internet services, computers and other necessary supplies.

Final

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

6.12 Ambulance Services

6.12.1. Practice

- 6.12.1.1. The ambulance service shall be provided to every emergency patient who needs the service without any prerequisite and discrimination
- 6.12.1.2. The ambulance service shall be available 24 hrs a day and 365 days a year
- 6.12.1.3. The ambulance service shall provide the following services to patients with urgent need of medical attention or in a medical emergency
- a. Transportation service from the hospital to other health facilities
 - b. Clinical examinations including brief history, vital signs, very pertinent physical examination and glucose test when needed
 - c. Clinical life saving support that includes:
 - Fluid resuscitation
 - Bleeding control
 - Air way cleaning , oxygen administration, severe asthma management
 - Attending labor
 - Immobilizing a fracture
 - Providing anti-pain
 - Managing seizure
 - Providing emergency medicines like adrenaline, hydralazine, glucose etc
- 6.12.1.4. The ambulance service shall comply with the patient rights standards stated under this standard.
- 6.12.1.5. Every procedure, medication and clinical condition shall be communicated to the patient or family member or caregivers or next of kin
- 6.12.1.6. Up on arrival to the hospital the ambulance staff shall transfer the patient to the emergency service. The handover of patients shall be accompanied by a written document which at least includes identification, date, time and services provided until arrival to the hospital.
- 6.12.1.7. If death happens on the way to a hospital the dead body shall be taken back to the referring hospital and death shall be confirmed. Dead body care

shall be provided as per the standards stated under the morgue service standard

6.12.1.8. Ambulances of the hospital shall serve only for designated emergency medical services

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

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

6.12.2. Premises

6.12.2.1. The parking of the ambulance car shall be within the hospital around emergency service.

6.12.2.2. The hospital ambulance shall have telephone/radio communication means with the command center (emergency service unit) for ambulances

6.12.2.3. The hospital shall have a command center, which is the emergency service unit, for ambulance distribution which is equipped with a telephone/radio to communicate with the public and the ambulance team

6.12.2.4. The ambulance car shall have adequate space for accommodating the following:

(a) A couch

(b) One family attendant

(c) At least two nurses

(d) Medical items needed for providing immediate life saving support

6.12.2.5. The vehicle shall be labeled and have an alarm/siren

6.12.2.6. The vehicle shall have adequate internal light and ventilation

6.12.2.7. The vehicle shall fulfill requirements of road transport authority

6.12.3. Professionals

6.12.3.1. Minimum standards for personnel of the ambulance service shall include:

(a) Two nurses pulled from emergency service unit

(b) Licensed driver

6.12.3.2. The nurses shall be trained on emergency medical services

6.12.3.3. The driver shall be oriented on emergency situation management

6.12.4. Products

6.12.4.1. The ambulance service shall include the following medicines, supplies and medical equipments:

(a) Medicines:

- Anti pains, adrenaline, hydralazine, IV fluids (all types), dextrose 40%, diazepam iv, phenytoin iv, atropine iv, etc.

(b) Supplies

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

(c) Equipment:

- Minor surgical set (forceps, scissors, kidney dish, stitch, sterile gauze, needle holder) in a drum
- Oxygen supply, ambubag, suction machine
- Stethoscope, sphygmomanometer, thermometer
- Portable radio or telephone
- Emergency trachostomy (wide bore needle insertion), air way, laryngeal mask, intubation set
- Glucometer

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

(e) Bed (couches) with fixed chair that is designed for ambulances, wheel chair, emergency light

(f) One Ambulance

6.13 Patient Flow

6.13.1. Practices

6.13.1.1. The hospital shall have a written protocol of patient flow which at least describes the following:

- (a) The presence, roles and responsibility of a receptionist at the gate
- (b) Triaging of patients
- (c) How to get into emergency and delivery services
- (d) How to get into regular outpatient case teams and chronic illness case teams
- (e) How to be admitted if admission is needed
- (f) How to get pharmacy, laboratory and other diagnostic services
- (g) The process of discharge
- (h) The procedures of payment for services

6.13.1.2. The hospital shall follow its written patient flow procedures

6.13.2. Premises

6.13.2.1. Waiting room for triaging with triaging station

6.13.2.2. Service areas shall be labeled in bold at a recognizable location

6.13.2.3. The office layout shall be arranged in a way that ensures patient independence by labeling in bold and making related service provided in adjacent rooms

6.13.3. Professionals

6.13.3.1. The hospital shall have runners to facilitate patient flow

6.13.3.2. Receptionists

6.13.4. Products

6.13.4.1. Wheelchairs

6.13.4.2. Stretchers with wheels

6.14 Health Promotion Services

6.14.1. Practice

6.14.1.1. The hospital shall plan, schedule, coordinate, lead and monitor health promotion activities

6.14.1.2. The hospital shall have a written policy and procedures for health promotion. This shall include:

- a. Content of health promotion package, the target groups and implementation of this package as a part of the overall hospital 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 promotion package.
- c. Allocating resources to the processes of implementation, evaluation and regular review of the promotion package.
- d. Enlightening staffs on health promotion package.
- 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 information, education and communication (IEC) and behavioral change communication (BCC) service to the general population on major public health intervention areas such as but not limited to:
 - Environmental health
 - Nutrition
 - Family planning, MCH and immunization
 - STI and HIV diseases

- TB, leprosy, malaria, etc.
- Chronic diseases (Hypertension, diabetics, mental, etc)
- Substance abuse (alcohol, tobacco, etc)
- Prevention and control of out-breaks and epidemics
- Medication use

6.14.1.3. The hospital in partnership with patients shall systematically assess needs for health promotion activities. This shall include:

- a. The availability of procedures for all patients to assess their need for health promotion.
- b. Procedures to assess specific needs for health promotion for diagnosis related patient-groups.
- c. The assessment of patients' needs for medical services for health promotion is done immediately after their hospitalization
- d. The patients' health information, provided to the hospital by primary health services, should also be used in the identification of patients' needs for health promotion
- e. This is kept under review and adjusted as necessary according to changes in the patient's clinical condition or on request.
- f. The patients' need assessment ensures awareness of and sensitivity to social and cultural background.
- g. Information provided by other health service partners is used in the identification of patient needs.
- h. Patients' satisfaction with the information, provided about their case, and medical services for health promotion offered

6.14.1.4. The hospital shall provide patients with information on significant factors concerning their disease or health condition and health promotion interventions are established in all patient pathways. This shall include:

- a. Based on the health promotion needs assessment, the patient is informed of factors impacting on their health and, in partnership with the patient, a plan for relevant activities for health promotion is agreed.
- b. Patients are given clear, understandable and appropriate information about their actual condition, treatment, care and factors influencing their health.

- c. Health promotion is systematically offered to all patients based on assessed needs.
 - d. Information given to the patient and health promoting activities are documented and evaluated, including whether expected and planned results have been achieved.
 - e. All patients, staff and visitors have access to general information on factors influencing health.
 - f. When necessary, an individual plan for medical services for health promotion should be drawn up, being documented into the patient's medical file;
- 6.14.1.5. The hospital management shall establish conditions for the development of the hospital as a healthy workplace. This shall include:
- a. Development and training of staff in health promotion skills.
 - b. Implementation of a policy for a healthy and safe workplace providing occupational health for staff.
 - c. Involvement of staff in decisions impacting on the staff's working environment.
 - d. Availability of procedures to develop and maintain staff awareness on health issues.
- 6.14.1.6. The hospital shall have a planned approach to collaborate with other health service levels and other institutions and sectors on an ongoing basis. This shall include:
- a. Health promotion services are coherent with current health promotion policies and health plans of the country
 - b. Cooperate with existing health and social care providers and related organizations and groups in the community.
 - c. Availability and implementation of activities and procedures after patient discharge during the post-hospitalization period.
 - d. Documentation and patient information is communicated to the relevant recipient/follow-up partners in patient care and rehabilitation.
- 6.14.1.7. The health promotion committee shall highlight specific issues such as:
- a. Health Promoting Hospitals 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.

6.14.1.8. The hospital shall make sure that health promotion practice provides unbiased and evidence based information.

6.14.1.9. Patient education shall be customer focused

6.14.2. Premises

6.14.2.1. The hospital shall have the following facilities:

- a. waiting areas at different wards, follow up clinics
- b. meeting hall

6.14.3. Professionals

6.14.3.1. A health professional shall be designated to coordinate health promotion activities.

6.14.3.2. The roles and responsibilities of the designee in relation to health promotion shall be specified in his/her job descriptions

6.14.4. Products

6.14.4.1. The hospital may have the following health promotional materials:

- a. Printed material (Posters, Brochures, Leaflets, News paper, Health bulletin)
- b. IEC materials
- c. Audio visual materials
- d. Mini media
- e. TV
- f. VCD
- g. DVD
- h. Radio
- i. Tape-recorded
- j. Public health journals
- k. Information desk
- l. Internet

6.15 Medical Recording

6.15.1. Practices

- 6.15.1.1. Medical record shall be maintained in written form for every patient seen at all points of care including emergency, outpatient, labor & delivery, inpatient and operation theatre.
- 6.15.1.2. The hospital shall maintain individual medical records in a manner to ensure accuracy and easy retrieval. A patient shall have only one medical record in the hospital. However, if the patient has lost his/her index card number, the hospital shall provide a new one.
- 6.15.1.3. The medical information of a patient during ambulance service including medication administered shall be documented and attached into the medical record
- 6.15.1.4. The hospital shall establish a master patient index with a unique number for each patient
- 6.15.1.5. Each piece of paper that contains a medical record shall have the appropriate identification on the paper
- 6.15.1.6. The hospital 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.
- 6.15.1.7. When a medical record is taken out and returned to the record room it shall be documented to create a good tracking mechanism
- 6.15.1.8. Any medical record shall be kept confidential, available only for use by authorized persons or as otherwise permitted by law.
- 6.15.1.9. All entries in the patient's medical record shall be written legibly in permanent ink (blue or black color), dated, and signed by the custodian/recording person.
- 6.15.1.10. The medical record forms shall be prepared in line with the national/state guideline and approved by the hospital management.
- 6.15.1.11. Each medical record shall at least contain the following information:
Identification (name, age, sex, address)

History, physical examination, investigation results and diagnosis

Medication, procedure and consultation notes

Name and signature of treating general medical practitioner

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.

- 6.15.1.12. 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.
- 6.15.1.13. 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.
- 6.15.1.14. 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.
- 6.15.1.15. The patient's death shall be documented in the patient's medical record upon death.
- 6.15.1.16. Original medical records shall not leave hospital premises unless they are under court order or in order to safeguard the record in case of a physical plant emergency or natural disaster.
- 6.15.1.17. If a patient or the patient's legally authorized representative requests, in writing, a copy of the medical record shall be given.
- 6.15.1.18. 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
- 6.15.1.19. If the patient is transferred to another hospital on a non emergency basis, the hospital shall maintain a transfer record reflecting the patient's immediate needs and send a copy of this record to the receiving hospital at the time of transfer.
- 6.15.1.20. If the hospital ceases to operate, the regulatory body 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 regulatory body regarding the location of their medical records.

- 6.15.1.21. The hospital shall establish a procedure for removal of inactive medical records from the central medical record room.
- 6.15.1.22. 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.
- 6.15.1.23. There shall be computerized medical recording system
- 6.15.1.24. There shall be collection, compilation, processing and reporting system

6.15.2. Premises

- 6.15.2.1. There shall be a separate medical record room
- 6.15.2.2. The premises shall have one meter wide space in between and around shelves. The medical records shall be shelved 20-30cm above from the floor.
- 6.15.2.3. The medical record room shall have adequate space to accommodate the following:
 - (a) Central filing space
 - (b) Work space
 - (c) Archive space
 - (d) Supply/Storage room
- 6.15.2.4. The medical record room shall have adequate light and ventilation
- 6.15.2.5. The medical record room shall be built far from fire sources
- 6.15.2.6. There shall be a room for archiving dead files until they are permanently destroyed

6.15.3. Professionals

- 6.15.3.1. There shall be a full-time custodian/medical record personnel (Health Information Technician or statistician or any person trained on data collection and processing) with basic computer skill and ability to organize medical records responsible for medical records management

6.15.3.2. Other additional staffs (like card sorter and runner) to perform patient registration, retrieving, filing and recording chart location.

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

6.15.3.4. The hospital shall provide basic training on medical record keeping to the staffs

6.15.4. Products

6.15.4.1. The Medical record room shall have:

- (a) Shelves
- (b) Master patient index boxes
- (c) Computer
- (d) Cart
- (e) Ladder
- (f) Patient folder
- (g) MPI Cards
- (h) Log book
- (i) Fire extinguisher

6.16 Morgue Services

6.16.1. Practices

- 6.16.1.1. The hospital 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. Treatment of the dead body with formalin
 - d. Safeguarding personal effects of the deceased and release of personal effects to the appropriate individual
 - e. Proper handling of toxic chemicals by morgue and housekeeping staff
 - f. Infection control, including disinfection of equipment as per IP standard
 - g. Identifying and handling high-risk and/or infectious bodies
 - h. Release of the body to the family shall be as immediately as possible
- 6.16.1.2. There shall be a death certificate issued by authorized general medical practitioner or health officer for each death and this shall be documented.
- 6.16.1.3. The service shall be available for 24 hours a day and 365 days of a year
- 6.16.1.4. Any dead body shall pass through morgue after the confirmation by the general medical practitioner or health officer
- 6.16.1.5. Dead body discharge shall be through the morgue exit

6.16.2. Premises

- 6.16.2.1. The morgue premises shall fulfill at least the followings:
- (a) Dead body care taking room
 - (b) Adequate Water supply
 - (c) Well ventilated
 - (d) Adequate supply of light
 - (e) Office

6.16.3. Professionals

6.16.3.1. Morgue attendant and cleaner

6.16.4. Products

6.16.4.1. If there is a refrigerated space in the morgue, this shall be maintained at temperatures between 32 and 45 degrees Fahrenheit (0 and 6.6 degrees Celsius) and shall have an automatic alarm system that monitors the temperature.

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

- | | | | |
|-----|----------------|-----|---------------------|
| (a) | Plastic sheets | (m) | Head cover |
| (b) | Aprons | (n) | Goggles |
| (c) | Stretcher | (o) | Disinfectants |
| (d) | Knives | (p) | Plastic bags |
| (e) | Scalpels | (q) | White clothes |
| (f) | Scissor | (r) | Body table with hot |
| (g) | Formalin | | and cold water sink |
| (h) | Detergents | (s) | Cupboard for |
| (i) | Cotton | | instrument |
| (j) | Gloves | (t) | Scale |
| (k) | Boots | (u) | Syringe 30cc, 50cc |
| (l) | Gowns | | |

6.17 Social Works Services

6.17.1. Practices

- 6.17.1.1. The primary hospital shall have social work service at least during working hours
- 6.17.1.2. There shall be an organizational chart or alternative documentation clearly delineating the lines of responsibility, authority and communication for the social services.
- 6.17.1.3. The social work service shall have written policies and procedures that are reviewed at least once every five years.
- 6.17.1.4. The policies and procedures concerning the social work services shall address the following areas:
 - a) Counseling
 - b) Discharge management and planning
 - c) Social work assessment
 - d) Consultation and referral to support groups, centers and/or organizations
 - e) Patient advocacy
 - f) Community liaison and education.
- 6.17.1.5. The social work service shall have a protocol to ensure that social work services are offered to all needy patients.
- 6.17.1.6. Patient directory for those who received social service shall be available in the hospital and shall be updated
- 6.17.1.7. The social work services shall have criteria for identifying at the time of admission and promptly assessing high-risk patients in need of psychosocial intervention and/or discharge planning.
- 6.17.1.8. The social work service shall participate in the development and review of the hospital's agreements with extended and long-term care facilities.
- 6.17.1.9. There shall be a system for clinical staff to refer patients directly to the social work service

- 6.17.1.10. The social worker shall consult members of other disciplines providing patient care and services.
- 6.17.1.11. Each patient who has received social work intervention shall be informed that he or she may call the social work service for questions after discharge.
- 6.17.1.12. Patient's families or guardians should be included in services provided by the social work service, where indicated.
- 6.17.1.13. The social work service shall assist patients directly or indirectly in identifying the need for implementing and verifying guardianship as part of discharge planning.
- 6.17.1.14. The social work service shall report victims of abuse to the appropriate body according to the Ethiopian laws.
- 6.17.1.15. When a patient is transferred or linked to another health care facility after discharge, the social work service shall assure that relevant social work service documentation or information is provided to the facility in order to assure continuity of care.
- 6.17.1.16. When social work intervention is provided, a record shall be kept in accordance with standards in the medical record. The record shall have at least the following information
 - a) The reason for intervention
 - b) The name (s) of social workers involved and dates of intervention
 - c) A social work assessment
 - d) A treatment plan and referrals
 - e) Notes reflecting interventions before discharge.
- 6.17.1.17. Patients' files, at social work service, shall be kept physically secure and confidential.
- 6.17.1.18.** All reasonable efforts shall be made for privacy in patient and family interviews and in the handling of confidential phone calls by social workers. .
- 6.17.1.19. Adoptions by individuals or groups shall abide the laws and regulations of the country

6.17.2. Premises

- 6.17.2.1. The hospital shall have separate social work service area
- 6.17.2.2. At least a room shall be available for patient and family interview and handling of confidential phone calls & archive

6.17.3. Professionals

- 6.17.3.1. All social work services given by the hospital shall be under the direct supervision of a social worker/sociologist/nurse psychiatrist/ a nurse with experience in social work
- 6.17.3.2. All the social work staff shall be given multidisciplinary patient care training and the information about their training shall be documented.

6.17.4. Products

- 6.17.4.1. The social work service unit shall have the following products and facilities:
 - a) Telephone
 - b) The necessary forms for referral, adoption and transfer
 - c) Filing cabinet

6.18 Infection Prevention

6.18.1. Practices

- 6.18.1.1. The infection control program shall review areas of potential risk and populations at risk and shall be effectively and efficiently governed and managed.
- 6.18.1.2. The hospital shall identify the procedures and processes associated with the risk of infection and shall implement strategies to reduce infection risk.
- 6.18.1.3. The hospital shall perform the following infection risk-reduction activities:
- a) equipment cleaning and sterilization
 - b) laundry and linen management
 - c) disposal of infectious waste and body fluids
 - d) handling and disposal of blood and blood components
 - e) kitchen sanitation and food preparation and handling
 - f) operation of the mortuary area
 - g) disposal of sharps and needles
 - h) separation of patients with communicable diseases from patients and staff who are at greater risk due to immunosuppression or other reasons
 - i) management of hemorrhagic (bleeding) patients
 - j) Engineering controls.
- 6.18.1.4. The following written policies and procedures shall be maintained
- a) Hand hygiene
 - Standard precautions for hand hygiene
 - Personal protective measures
 - Monitoring and surveillance of hand hygiene practices
 - b) Transmission-based precautions
 - Contact precautions
 - Droplet precautions
 - Airborne precautions

- c) Post-Exposure Prophylaxis programs (PEP) for some communicable diseases like rabies, HIV, meningitis
 - Standard precautions to follow
 - PEP policy
 - Procedures for PEP
- d) Environmental infection prevention
 - Primary hospital hygiene
 - Structural infection prevention
 - Physical hospital organization
- e) Waste management
 - Cleaning medical instruments
 - Implementation of a disposal system
 - Handling medical waste
 - Waste removal

6.18.1.5. The following specific standard precautions shall be practiced and the hospital shall have its own guidelines including the followings:

- 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 hospital 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.
- 6.18.1.6. There shall be transmission-based precautions and the hospital 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

6.18.1.7. The hospital 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.

6.18.1.8. The hospital 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

7.1.1.1 The hospital 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

6.18.2. Premises

6.18.2.1. There shall be the following facilities:

- a) Working Office for IP officer

b) Meeting rooms for IP committee

6.18.2.2. The hospital shall have a designated sterilization room as per the surgical service standards

6.18.3. Professionals

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

6.18.3.2. IP committee shall be trained on infection prevention as well as hospital epidemiology

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

- | | |
|-------------------------|--------------------------------------|
| a) Nursing care | h) Laundry |
| b) Medical services | i) Kitchen |
| c) Environmental health | j) Instrument sterilization & supply |
| d) Housekeeping | k) Occupational health & safety |
| e) Administration | l) Quality management |
| f) Pharmacy | |
| g) Laboratory | |

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

- a) Developing the health facility annual infection prevention and control plan with costing, budgeting and financing
- b) Monitoring and evaluating the performance of the infection prevention program by assessing implementation progress as well as adherence to infection prevention and control practice
- c) Conducting surveillance to monitor nosocomial infections, antimicrobial use and outbreaks of infectious diseases.
- d) Formulating a system for surveillance, prevention and control of nosocomial infections.
- e) Reviewing surveillance data, reporting findings to management and other staff and identifying areas for intervention

- f) Assessing and promoting improved IPC practice within the hospital
- g) Developing an IEC strategy on IP for health-care workers
- h) Ensuring the continuous availability of supplies and equipment for patient care management
- i) Monitoring, providing data and measuring the overall impact of interventions on reducing infection risk

6.18.4. Products

6.18.4.1. The hospital shall ensure that equipments and supplies necessary for infection prevention are available

6.18.4.2. The hospital shall have the following adequate supplies and equipment needed for infection prevention and control practice.

a) Waste management equipment and supplies:

- | | |
|--|--|
| <ul style="list-style-type: none"> • Incinerator • Placenta pit • Wheelbarrows • Ash pit • Burial pit • Garbage bins | <ul style="list-style-type: none"> • Large garbage bin • Plastic garbage bags (optional) • Safety boxes |
|--|--|

b) Cleaning

- | | |
|--|---|
| <ul style="list-style-type: none"> • Mop • Bucket • Broom • Dust mop | <ul style="list-style-type: none"> • Cleaning cloth • Detergent • Bleach |
|--|---|

c) Laundry

- | | |
|---|--|
| <ul style="list-style-type: none"> • Washing machine • Sink • Washing basin • (for decontamination of linens) • Drying rack/line | <ul style="list-style-type: none"> • Dryers • Irons • Wheelbarrows (to transport linens to/from wards) • Detergent • Bleach |
|---|--|

d) Instrument processing

- Autoclaves and steam sterilizers,
- Test strips
- Chemicals
- Commercial steamer

- Boiler
- Oven
- 0.5% chlorine solution (diluted bleach)
- Storage shelves for the medical equipment
- Disinfectant chemicals
- Brushes (tooth brush for small items)

e) Hand hygiene

- Sinks (ward and other areas)
- Water container with faucet
- Soap
- Alcohol based hand rub
- Personal Towels
- Paper Towel

f) 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
- Nurse shoes
- Other protective shoes
- Caps
- Face shield

6.19 Hospital Sanitation and Waste Management

6.19.1. Practices

- 6.19.1.1. Hospital environment shall ensure the following conditions
 - a) sanitary, clean and safe environment
 - b) access to continuous, safe and ample water supply
- 6.19.1.2. There shall be written procedures to govern the use of sanitation techniques in all areas of the hospital.
- 6.19.1.3. Sanitation techniques shall be regularly reviewed by the infection prevention committee and documented as per Infection prevention section of these standard
- 6.19.1.4. There shall be a written policy and procedures for ground water treatment.
- 6.19.1.5. Infectious and medical wastes shall be handled and managed according to the recent Health Care Waste Management National Guideline.
- 6.19.1.6. Infectious and non infectious medical waste contained in disposable containers shall be placed for storage, handling, or transport in disposable or reusable pails, cartons, drums, or portable bins. The containment system shall be leak proof, have tight-fitting covers and be kept clean and in good repair.
- 6.19.1.7. 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
- 6.19.1.8. Reusable pails, drums, or bins used for containment of infectious waste shall not be used for containment of waste to be disposed of as noninfectious waste or for other purposes except after being decontaminated by procedures described in the latest Health Care Waste Management National Guideline.
- 6.19.1.9. Placenta disposal pit shall be available in the hospital and shall be secured

6.19.1.10. Wastes shall be segregated and Segregation of health care waste shall include the following procedures.

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

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
Medicines vials, ampoules	white	bag or bin
Hazardous medicines and cytotoxic wastes	yellow	bag or bin

6.19.1.11. Medical waste which is not infectious shall be disposed according to Health Care Waste Management National Guideline by one of the following methods:

- a) By incineration
- b) By sanitary landfill,

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

- c) By incineration
- d) By steam sterilization
- e) By discharge via approved sewerage system
- f) Recognizable human anatomical remains shall be disposed of by incineration or internment, unless burial at an approved landfill is

specifically authorized by municipality and/or environmental health professional.

g) Chemical sterilization

h) Gas sterilization (shall be handled safely)

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

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

6.19.1.15. The hospital shall have an organized waste disposal and removal system and shall ensure the safe handling of all waste

6.19.1.16. Chemicals and radioactive waste shall be disposed according to national guidelines

6.19.1.17. 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

6.19.1.18. Sewage disposal shall be according to Health Care Waste Management National Guideline and fulfill the following conditions:

a) Hospitals shall have a functional sewerage system

b) Hospitals shall dispose of all sanitary waste through connection to a suitable municipal sewerage system

c) The hospital shall have only flushing toilet system

d) The hospital shall have a designated waste storage room for solid waste or septic tank for liquid waste

e) There shall be written procedures defining instrument processing procedures (disinfection and sterilization).

f) All fixtures located in the kitchen, including the dishwasher, shall be installed so as to empty into a drain which is not directly connected to the sanitary house drain.

- g) Kitchen drain shall empty into a manhole or catch basin having a perforated cover with an elevation of at least 24 inches below the kitchen floor elevation, and then to the sewer.

6.19.1.19. The hospital shall have the following supportive sanitation measures

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

6.19.2. Premises

6.19.2.1. Placenta disposal pit shall have dimension of height 2.5m, width 2.5m. Lateral to the disposal pit, the two sides shall be filled with concrete.

6.19.2.2. In addition, the hospital sanitary system shall have

- a) Functional sewerage system
- b) Adequate flushing toilets or ventilated improved pit latrine with hand wash basin
- c) Kitchen
- d) Laundry
- e) Sanitary office
- f) Incinerator
- g) Dumpster (Genda for solid waste accumulation)

6.19.3. Professionals

6.19.3.1. Hospital sanitation shall be administered by a licensed environmental health or any related licensed professional trained on sanitary sciences

6.19.3.2. The hospital shall have the following personnel to conduct sanitation activities.

- a) Environmental health professional
- b) waste handlers
- c) Gardeners
- d) Incinerator operator
- e) Instrument processors (disinfector and sterilizer)

- 6.19.3.3. The hospital shall officially designate staff in charge of handling waste on a regular basis.
- 6.19.3.4. The assigned staff shall be responsible for the collection and disposal of waste products in the hospital in accordance with national guidelines and this standard..
- 6.19.3.5. Continuing education shall be provided to all personnel engaged in sanitation activities on the relevant procedures
- 6.19.3.6. Staff shall be oriented on personal protection methods

6.19.4. Products

- 6.19.4.1. The hospital shall have equipment and supplies required for sanitation activities which includes:

- | | |
|--|---|
| a) Incinerator | j) Autoclave |
| b) Ash pit | k) Pressure cooker/dry oven |
| c) Burial pit | l) Cleaning supplies (detergents, disinfectants and other cleaning solutions etc) |
| d) Placenta pit | m) Laundry washers, |
| e) Garbage bins | n) Laundry dryers, |
| f) Safety boxes | o) Mops and dust bins |
| g) Trolley | |
| h) Dumpster (Genda) shall be placed in a clean isolated and fenced area. | |
| i) PPE(personal protective equipments) | |

6.20 Food and Dietary Services

6.20.1. Practices

- 6.20.1.1. The hospital shall provide nutritionally adequate meals, food supplement supplies for inpatients and staffs on duty
- 6.20.1.2. The dietary service shall be available for 24 hours a day and 365 days a year
- 6.20.1.3. The dietary service shall have written policies and procedures for all dietary services including
 - a) Purchasing, preparation and handling
 - b) Meal distribution and/or request and receive special event service for inpatients.
 - c) Special diet order
 - d) A diet manual detailing nutritional and therapeutic standards for meals and snacks, and a nutrient analysis of menus.
 - e) Nutritional assessment guide for patients' nutritional needs for food and food supplements.
- 6.20.1.4. A current diet manual shall be available at each nurse's station and in the dietary service unit.
- 6.20.1.5. There shall be a policy to promote the participation of the dietary service in meetings of multidisciplinary health care teams to assess patients.
- 6.20.1.6. All new admissions shall be listed with the dietary service immediately
- 6.20.1.7. Each patient's diet shall be recorded in the medical record. records of diet instructions shall include:
 - a) The diet instruction provided to the patient and/or responsible person.
 - b) Patient response, participation and understanding.
 - c) Written instructional material provided to the patient and/or responsible person.

- 6.20.1.8. A general medical practitioner/health officer shall write a specific dietary order and /or nutritional supplements for each patient.
- 6.20.1.9. All diets shall be prepared in conformity with the hospital's dietary manual.
- 6.20.1.10. At least three meals (breakfast, lunch and dinner) shall be served daily, and no more than 15 hours shall elapse between dinner and breakfast.
- 6.20.1.11. Nourishment may be provided between meals and at night.
- 6.20.1.12. Changes in diet orders made by a general medical practitioner or health officer shall be effected by the next mealtime.
- 6.20.1.13. The dietary service shall follow the policies and procedures developed by the drug and therapeutics committee regarding possible food/drug interactions.
- 6.20.1.14. There shall be a mechanism for evaluating patients on each nursing unit to ensure they are being adequately nourished.
- 6.20.1.15. There shall be a mechanism for the dietary service to be informed if the patient does not receive the diet that has been ordered, or is unable to consume the diet.
- 6.20.1.16. There shall be a mechanism for patients and their families to interact with the dietary service.
- 6.20.1.17. Patients with special dietary needs, based on criteria established by the hospital, shall receive dietary instruction from a general medical practitioner or health officer during hospitalization.
- 6.20.1.18. The dietitian or hospital catering chef shall provide diet information to the Canteen staff for appropriate selections of food items during purchase.
- 6.20.1.19. The dietitian or hospital catering chef shall provide nutrition information as requested by the patient, family, or treatment team including
- a) diet instructions,
 - b) written instructional material,
 - c) community dietary referrals regarding special diets,
 - d) current diet order,
 - e) nutritional problems,

- f) appetite,
 - g) nutritional counseling,
 - h) comprehension of diet instruction,
- 6.20.1.20. The dietitian or hospital catering chef shall provide dietary information to the discharging patient as per the general medical practitioner or health officer instructions or as planned by the treatment team.
- 6.20.1.21. Inpatient's or discharged patient's diet instructions shall include education involving:
- a) Therapeutic or modified diets
 - b) Food-drug interactions
 - c) Nutritional care for certain diagnoses/conditions
 - d) Recommendations for changes in diet order,
 - e) Treatment plan,
 - f) Significant food allergy (lactose, wheat gluten, Soya ,egg, dairy)
- 6.20.1.22. Nutrition consultations
- a) Nutrition consultations shall be completed immediately after general medical practitioner's order.
 - b) Nutrition consultations shall be individual or group, and may include family and/or responsible person.
 - c) The dietitian or hospital catering chef shall determine the type and frequency of follow-up care after the initial consultation. Follow-up consultation may include evaluation of nutritional care, diet education, or other nutritional concerns.
- 6.20.1.23. Treatment Planning
- a) Therapeutic goals related to nutritional needs shall be based on the following standards
 - Standard Height/Weight
 - Dietary Reference Intakes
 - Nutrition-related laboratory values
 - Body Mass Index for Adults
- 6.20.1.24. Diet Orders and Nutritional Supplements

- a) General medical practitioner/health officer diet orders shall be legible, concise and written in an understandable manner. The following information shall be included in diet orders:
- Patient Name
 - Unit
 - Date
 - Specific diet order; including food allergies/intolerances
 - General medical practitioner's or health officer signature
- b) Dietary services shall receive written notification of:
- New diet orders
 - Change in diet order
 - Discontinued or canceled diet orders
 - Unit transfers
 - Isolation or special trays
- c) All written diet orders shall be sent to dietary services immediately.
- d) Special requests for meals or supplemental foods shall be provided as ordered to accommodate alterations in diets or meal service schedules due to new admissions, personal dietary needs, or other circumstances.
- e) Diabetic and Calorie-Controlled diet orders shall include the calorie level desired.
- f) The dietitian or hospital catering chef shall recommend appropriate nutritional supplemental foods according to general medical practitioner or health officer orders..
- g) Dietary and nursing services shall be responsible to ensure dietary compliance and quality nutritional care of patients

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

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

- 6.20.1.27. All perishable foods shall be refrigerated at the appropriate temperature and in an orderly food safety manner (cold and hot holding principle).
- 6.20.1.28. Each refrigerator shall contain a thermometer in good working order.
- 6.20.1.29. Foods being displayed or transported shall be protected from contamination.
- 6.20.1.30. Three compartments washing procedures and techniques shall be developed and carried out in compliance with the national hotel and catering sanitary control guideline.
- 6.20.1.31. All garbage and kitchen refuse which is not disposed of shall be kept in leak proof non-absorbent containers with close fitting covers and be disposed of routinely in a manner that will not permit transmission of disease, a nuisance, or a breeding place for flies.
- 6.20.1.32. All garbage containers shall be thoroughly cleaned inside and outside each time emptied.
- 6.20.1.33. Requests for alternative food supplies shall be considered on an individual basis.
- 6.20.1.34. Foods shall be transported and served as close to preparation/re-thermalization time as possible. Maximum cold food temperatures shall be 5°C and minimum hot food temperatures shall be 60° C at time of service.
- 6.20.1.35. Dietary services shall ensure prescribed diet compliance as well as minimize food-borne illness.
- 6.20.1.36. Cancellations of ordered diets shall be made as soon as possible to avoid possible spoilage and/or waste of food items.
- 6.20.1.37. Hospitals may provide dietary services by one of the followings:
- a) In traditional configuration where the kitchen is located in the hospital premise;
 - b) Provide the service directly, but may prepare the bulk of the meals in a kitchen owned by the hospital, located off-site; and
 - c) Contract out for dietary services through an off-site vendor and the contract shall be documented. However, regardless of how

the hospital provides the service, the hospital shall ultimately be responsible for meeting the dietary service standards.

6.19.4.2. If the food dietary service is provided from an off-site location, the hospital shall be responsible for the safety and quality of the foods, Compliance with the dietetic policies and procedures in regards to meal service for off hours' admissions, late trays, food substitutions, reasonable meal schedules, posting of current menus in the hospital as well as in the off-site kitchen, tray accuracy, emergency food supplies and deliveries

6.19.4.3. Catering hygiene shall fulfill the following conditions

- a) There shall be guidelines for pest control and restricting the presence of animals (eg. cats, dogs etc) visibly posted in the kitchen.
- b) There shall be a system to screen and control the health of kitchen personnel.
- c) The responsible kitchen personnel health shall be controlled for:
 - Personal hygiene including uniform (protective clothes)
 - Periodical medical check-up for acute and chronic diarrhea and other infectious diseases
 - Those with infected open skin lesions are not allowed to work as kitchen personnel.

6.20.2. Premises

6.20.2.1. The following minimum facilities shall be available for dietary services

- a) Food preparation room
 - All cooking appliances shall have ventilating hood
 - Washing sink with three compartment
 - Dish washing sink
 - Pot washing sink
 - Cart cleaning sink
 - Can washing sink
- b) Storage room
- c) Cart storage.
- d) Dietitian's or chef office.

- e) Janitor's closet
- f) Personnel toilets with hand washing facilities
- g) Approved fire extinguisher system in range hood.
- h) Continuous electricity (power) supply
- i) safe and adequate water supply

6.20.3. Professionals

- 6.20.3.1. The hospital shall have an organized dietary service unit directed by a dietitian or hospital catering chef.
- 6.20.3.2. In addition, the hospital shall have the following food handlers:
 - (a) Meal distributors
 - (b) Catering Chef
 - (c) Kitchen workers
 - (d) Store keeper
 - (e) Bakers
 - (f) Dishwashers
- 6.20.3.3. The number of personnel, such as cooks, bakers, dishwashers and clerks shall be adequate to perform effectively all defined functions (based on workload analysis).
- 6.20.3.4. There shall be procedures to control dietary employees with infectious and open lesions (controlling personal hygiene).
- 6.20.3.5. Food handlers shall meet routine health examinations according to the Ethiopian Food Handlers' Hygiene Guideline for food service personnel.
- 6.20.3.6. There shall be an in-service training program on proper handling of food and personal grooming to dietary employees.
- 6.20.3.7. All kitchen workers shall wear protective kitchen clothes according to the Ethiopian Food Handlers' Hygiene Guideline.
- 6.20.3.8. A dietitian or hospital catering chief shall be a full-time employee.
- 6.20.3.9. Written job descriptions for all dietary employees shall be given, oriented and documented.

Final

6.20.4. Products

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

- a) Refrigerator
- b) Kitchen utensils
- c) Pots
- d) Jars
- e) Carts
- f) Dishes
- g) Oven
- h) Knives
- i) Detergent materials
- j) Pressure cooker/dry oven
- k) Stoves
- l) Working clothes (apron, boots, hair cover, gown, hand gloves, etc)
- m) Lockers convenient to, but not in the kitchen proper
- n) Barrel (garbage containers) for kitchen rest handling

6.21 Housekeeping, Laundry and Maintenance Services

6.21.1. Practices

- 6.21.1.1. All areas of the primary hospital including the building and grounds shall be kept clean and orderly.
- 6.21.1.2. 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.
- 6.21.1.3. In the housekeeping service, the types and sources of offensive odors in hospital premises shall be identified, controlled and removed immediately
- 6.21.1.4. Collection, transportation and disposal of hospital wastes shall be supervised and controlled
- 6.21.1.5. The safety of fire, electrical and natural hazards in the risk areas in the hospital shall be supervised and controlled and shall work closely with hospital fire brigade and safety committee.
- 6.21.1.6. The designee/ environmental health professional shall identify, supervise and organize the control and eradication of pests, rodents and animal nuisance in the hospital.
- 6.21.1.7. The housekeeping staffs shall create pleasant environment to patients, staffs and visitors
- 6.21.1.8. The housekeeping staffs shall ensure proper lighting and ventilation in different hospital areas.
- 6.21.1.9. The following LINEN services shall be provided in the hospital

- a) Maintain an adequate supply of clean linens at all times
 - b) Obtain linen from stores and laundry.
 - c) Ensure proper storage of linen.
 - d) Supervise washing, sterilization in the laundry.
 - e) Maintain linen properly
 - f) Issues linen in service units like wards.
 - g) Keep proper accounting of linen.
 - h) Ensure proper sorting of linen.
 - i) Understand different color scheme.
- 6.21.1.10. If the hospital uses a laundry which is not owned by the hospital, it shall maintain the sanitary standards of the hospital regarding the processing of its linens and shall maintain a satisfactory schedule of pickup and delivery.
- 6.21.1.11. Regular surveillance of overhead and underground tank, proper cover, regular chlorination and cleaning shall be undertaken
- 6.21.1.12. The infection control measures shall be carried out in accordance with the hospital infection prevention section of this standard.
- 6.21.1.13. There shall be reserve electrical generator for power supply for continuous 24 hours.
- 6.21.1.14. Potable water and electrical services shall be available 24 hours a day and 365 days a year.
- 6.21.1.15. The hospital shall conduct regular preventative maintenance for all facilities and operating systems (e.g., electrical, water, ventilation) to ensure patient and staff safety and comfort.
- 6.21.1.16. There shall be 24 hours maintenance service for all facilities
- 6.21.1.17. There shall be a hospital facility safety maintenance organization as described below:
- a) A multidisciplinary safety committee that develops a comprehensive hospital-wide safety program and reviewed at least once every three years and implemented accordingly.
 - b) A mechanism to report all incidents, injuries and safety hazards to the safety committee.

- c) The committee shall review all reports and be responsible for ensuring that all reports are referred appropriately and follow-up action is documented.

6.21.1.18. The primary hospital shall conduct regular routine and preventative maintenance for all facilities and operating systems. Maintenance shall consider the infection prevention and control principles and measures

6.21.1.19. Facility maintenance services

- 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.
- d) Routine inspections of elevators (if any) shall be conducted.

6.21.1.20. Construction and renovation

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

6.21.1.21. 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.

6.21.1.22. The maintenance personnel including the management of the hospital 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

6.21.1.23. Fire and emergency preparedness

- a) The hospital shall comply with the National Fire Protection 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 hospital 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.

- 6.21.1.24. The hospital does not have its own housekeeping, laundry and maintenance services; it may have a contract agreement with external organizations. The hospital shall check and maintain the sanitary standards of the hospital regarding the processing of its linens and shall maintain a satisfactory schedule of pickup and delivery.
- 6.21.1.25. If the hospitals contract out for housekeeping, laundry and maintenance services there shall be documented contractual agreement.
- 6.21.1.26. Housekeeping equipment or supplies used for cleaning in isolation or contaminated areas shall not be used in any other area of the hospital before it has been properly cleaned and sterilized.
- 6.21.1.27. There shall be frequent cleaning of floors, walls, woodwork and windows.
- 6.21.1.28. The premises shall be kept free of rodent and insect infestations.
- 6.21.1.29. Accumulated waste material and rubbish shall be removed at frequent intervals.
- 6.21.1.30. No flammable cleaning agents or other flammable liquids or gases shall be stored in any janitor's closet or other area of the hospital except in a properly fire rated and properly ventilated storage area specifically designed for such storage.

6.21.2. Premises

- 6.21.2.1. If the hospital maintains its own laundry, it shall have separate areas for:
 - a) Collection of soiled linens.
 - b) Washing, drying and ironing.
 - c) Clean linen storage and mending area.
- 6.21.2.2. The laundry design and operation shall comply with the manufacturer's requirements and/or institutional sanitation guideline
- 6.21.2.3. Clean linen storage shall be readily accessible to nurses' stations

- 6.21.2.4. Dirty linen storage shall be well ventilated and shall be located convenient to the laundry or service entrance of the hospital. The storage of appreciable quantities of soiled linens is discouraged.
- 6.21.2.5. There shall be separate space provided for the storage of housekeeping equipment and supplies
- 6.21.2.6. A separate office shall be available for the maintenance and the housekeeper.
- 6.21.2.7. Adequate space shall be available for service specific janitor's closets and cleaning equipment & supplies which shall be maintained separately for the following areas (shall not be used for cleaning in any other location):
 - f) Surgical suites
 - g) Delivery suites
 - h) Dietary service unit
 - i) Emergency service unit
 - j) Patient areas
 - k) Laboratories, pharmacy, radiology, offices, locker rooms and other areas
- 6.21.2.8. Exits, stairways, doors and corridors shall be kept free of obstructions.
- 6.21.2.9. The hospital shall have an alternate emergency power supply. If such emergency power supply is a diesel emergency power generator, there shall be enough fuel to maintain power for at least 24 hours.

6.21.3. Professionals

- 6.21.3.1. The housekeeping, maintenance and laundry functions of the hospital shall be under the direction of a licensed environmental health professional.
- 6.21.3.2. The designated officer shall plan, organize, co-ordinate, control and monitor all housekeeping activities.
- 6.21.3.3. The housekeeping, maintenance and laundry personnel shall take basic trainings on the following issues and this shall be documented in their personal profile.
 - a) Basic principles of sanitation and peculiarity to hospital environment.

- b) Basic principles of personal hygiene
- c) Basic knowledge about different detergent and disinfectants
- d) Different cleaning procedures applicable to different hospital areas
- e) Basic knowledge about cleaning equipments operation techniques and their maintenance.
- f) Different processes of water treatment & purification, removing bacteria.
- g) Basic principles of ventilation, composition of air, air flow, humidity and temperature.
- h) Common types of odors and their sources of origin, identification and control.
- i) Removal and control technique of different types of odors.
- j) Various equipments and materials used for odor control operation.
- k) Hospital waste, source and generation of waste
- l) Hazards of hospital waste to hospital population and community.
- m) Principles of collection of different types of hospital wastes
- n) Operational procedures of equipments
- o) Safety measures in operation
- p) Hospital lay out, configuration work, flow of men, material and equipment in different hospital areas. Air, water, noise, pollution, causes of pollution and their control and prevention in hospital.

6.21.3.4. In addition the hospital shall have electrician, plumber, painter, building maintenance technician, diagnostic equipment maintenance technician

6.21.4. Products

6.21.4.1. The hospital shall have the following tools, equipment & materials for housekeeping services.

- a) Equipment:
 - Reserve electrical generator
 - Floor cleaning brush air
 - Floor wiping brush
 - Hockey type brush

- Counter brush.
- Ceiling brush
- Glass cleaning / wiping brush.
- Scrappers
- Dustbins paddles.
- Waste paper basket.
- Plastic Mug
- Plastic Bucket
- Plastic drum
- Wheel barrow
- Water trolley
- Ladder
- Scraping pump
- Spraying pump
- Flit pump.
- Rate trapping cage
- Gum boots
- Gown, Masks & Gloves
- Torch
- Manual sweeping machine.
- Floor scrubbing/polishing machine
- Wet vacuum cleaner.
- Dry vacuum cleaner portable
- Fumigation machine (Oticare)
- Bed pan washer.

- b) Cleaning material
- c) Deodorants & disinfectant
- d) Laundry cleaning material
- e) Insecticides & rodenticides
- f) Stain removal

SECTION SEVEN: PHYSICAL PLANT STANDARDS

7.1. General

Every primary hospital subject to these Minimum Standards shall be housed in a safe building which contains all the facilities required to render the services contemplated in the application for license. The term "safe" used in this Section shall be interpreted in the light of compliance with the requirements of the latest country building codes presently in effect.

7.2. Site Selection Requirements

- a) The entry points to the hospital shall be clearly defined from all major exterior circulation modes (roadways, bus stops, vehicle parking)
- b) Boundaries of the hospital between public and private areas shall be well marked and clearly distinguished. And clearly visible and understandable signage and visual land marks for orientation shall be provided

7.1.1. The primary hospitals shall be located away from unordinary conditions of undue noises, smoke, dust or foul odors, and shall not be located adjacent to railroads, freight yards, grinding mills, chemical industries, gas depot and waste disposal sites.

- c) The locations of a hospital shall comply with all national and state level regulations applicable to facilities.
- d) In addition to these requirements stated above the site selection criteria shall consider or include the followings, but not limited to:
 - a) The minimum size of a primary hospital premises shall be 5,000 -10,000 m² with at least one side adjacent road access.
 - b) The hospital shall be built preferably in a terrain with a gentle slop
 - c) The foundation schemes, soil test and investigation shall be done and it shall comply with the national building code.
 - d) The hospital shall be provided with road access, water supply, electric city and communication facilities.
 - e) The building shall be parallel to the wind direction, sun glare and heat. In case difficulties to fulfill these, there shall be technical solutions for such natural effects.

- f) The surroundings of the hospital shall be free from dangers of flooding, landslide, theft, intrusion of stray/wild animals, pollution of any kind (example air, water and sound) and health hazards.
- g) The hospital shall be landscaped, therapeutic, appealing scenery, attractive with green areas/beautiful trees and possible outdoor recreation facilities.

7.3. Construction Requirements

- a) The appropriate organ shall be consulted before commencement of any facility physical development for new, remodeling and additions to an existing licensed hospital to ensure conformity to the standards.
- b) The hospital shall sign memorandum of understanding of plan agreement prepared by the appropriate organ in line with these regulatory standards.
- c) Plans and specifications for any hospital construction or remodeling shall comply with Ethiopian Building Code. Based on the plan agreement, the following plans shall be submitted to the appropriate organ for review:
 - a) Preliminary Design Report: Includes schematics of building designs, plot plans showing size and shape of entire site, existing structures, streets and location and characteristics of all needed utilities, floor plans of every floor dimensioned and with proposed use of each room or area shown and preliminary engineering estimates. If it is for additions or remodeling, provide plan of existing building showing all proposed alterations, outline specifications to include a general description of the construction, type of finishes, and type of heating, ventilating, plumbing and electrical systems proposed. In summary the design report shall include all requirements healthy facility premises stipulated under this document.
 - b) The hospital or the investor shall get consensus on preliminary design report in writing from the appropriate regulatory body.
- d) The appropriate organ may be consulted on construction processes and milestones for conformity to the standards.

- e) Upon completion of construction the appropriate organ shall inspect and issue a license for operation of the hospital if all the findings are in conformity to this standard.
- f) In case of partial completion of construction, the appropriate organ may be consulted to start lower level of health services in line with other standards. This is applicable if only if the completed portion of the construction will not be affected during the completion of the remaining part of construction.
- g) Buildings designed for other purposes shall not be used for the operation of a hospital unless it is remodeled in accordance with this standard.
- h) All hospitals shall be designed, constructed, and maintained in a manner that is safe, clean, and functional for the type of care and treatment to be provided.
- i) All hospitals shall have at least two entry/exit sites and they shall be accessible to roads.
 - a) Main public entrance
 - b) Emergency entrance
- j) The construction shall comply with the following codes and guidelines to provide a safe and accessible environment that is conducive to the care and treatment to be provided:
 - a) The Ethiopian Building Proclamation 624/2009;
 - b) The Ethiopian Standard Building Code;
 - c) Life Safety Code (National Fire Protection Code);
 - d) National Electrical Design Code;
 - e) The Ethiopian Disability Code;
 - f) Other codes – ex. Sanitation codes, environmental protection laws, water codes
- k) Building entrances used to reach the outpatient & inpatient services and exit sites shall be easily accessible, clearly marked/labeled and located, in order to patients and visitors will have clear way finding.
- l) Utilization of proper construction materials should be used in conformity to the Ethiopian Building Code, that suit the health services delivery.

7.4. Building Space and Elements

- a) All horizontal and vertical circulation areas that include stairs, doors, windows, corridors, exits and entrances of the hospital shall be kept clear and free of obstructions and shall not be used for other functional purposes that include storages.
- b) All room size and space allocation shall consider room loadings based on the current staff, clients involved, usable medical equipments, furniture and applicable functions.
- c) The hospital circulation (main and sub corridors) shall be wide enough to allow passage for its function.
- d) Patient serving corridors should not be less than 240cm wide, and proportionally the openings to the corridor needs to be designed to allow easy movement of coaches and be equipped as needed by the patient with safety and all assistive devices (it includes door stopper, protecting girders, alarms, self opening electronic devices, etc).
- e) All doors shall be able to easily open and close and doors swing into corridors shall be avoided.
- f) Each patient room shall meet the following requirements:
 - a) All patient functioning rooms, toilet, and bathing room doors shall provide privacy yet not create seclusion or prohibit staff access for routine or emergency care.
 - b) Room area shall be 9.20m² (100ft²) for a single bedroom and 7.50m² (80ft²) per bed in multi-bedrooms.
 - c) Ceiling height needs to be determined based on the functional requirements considering air space, technical requirements, room size proportions, number of occupants and other parameters. The height of the ceiling of the rooms shall not less than 240cm high for support services, 220cm for technical corridors, 320 cm for Operation Theater and X-ray and 280cm for other clinical rooms.
 - d) Windows: All rooms housing patients shall have access to natural light and ventilation, or prove the availability of artificial ventilation and light at all times. (Please refer the annex regarding detail lux requirements for functional rooms). Rooms shall have window area proportional to that of floor areas which is equal to 1/8th of the floor area. The sill shall not be

higher than 36 inches above the floor and shall be above grade. For toilets and washing rooms, over desk laboratory tables, laundry and kitchen utensils, the height can be modified accordingly. Windows shall not have any obstruction to vision (wall, cooling tower, etc.) within 50 feet as measured perpendicular to the plane of the window.

- e) Storage: Each patient shall be provided with a hanging storage space of not less than 40.cm x 60.cm x 130cm (16" x 24" x 52") for his personal belongings.
- f) Furnishings: A hospital shall provide comfortable patient trigonometric designs, applicable functions, and technical requirements. They have to be hygienic (washable, dust and bacteria protective and resistant for cleansing reagents) durable that can control vandalism and avoid accidents.
- g) Curtains: rooms shall be equipped with curtains or blinds at windows. All curtains shall have a flame spread of 25 or less or as per the national fire protection code. And all as per the national infection prevention guidelines requirements.
- h) Cubicle curtains or equivalent built-in devices for privacy in all multi-bed rooms shall be provided. They shall have a flame spread of 25 or less or as per the national fire protection code.
- i) Finishing
 - Walls, floors and ceilings of procedure rooms, isolation rooms, sterile processing rooms, work room, laundry and food-preparation areas shall be suitable for easily washing. All floors of the hospital clinical service areas shall be washable, smooth, non- adsorptive, surfaces which are not physically affected by routine housekeeping cleaning solutions and methods. Acoustic lay-in ceilings, if used, shall be non-perforated.
 - Public spaces such as reception areas, waiting areas, cafeterias, areas requiring silence and areas like psychiatry shall be designed with acoustic control and the lamination/lay shall be non-perforated.
 - Scrub-able room finishes provided in operating rooms and isolation rooms shall have smooth, non-adsorptive, non-perforated surfaces

that are not physically affected by harsh germicidal cleaning solutions and methods.

- All walls and ceiling finishing materials used shall have a 1-hour fire rating (One hour rated products offer more than "one hour's" worth of fire protection).

j) Sanitary Finishing

- A lavatory equipped with wrist action handles, shall be located in the room or in a private toilet room.
- For hospitals with multiple bed wards without private toilet room shall provide bedpan washer.
- All sanitary room facilities floors, walls and ceilings shall be completed with washable finishing materials
- Floors and walls penetrated by pipes, ducts and conduits shall be tightly sealed to minimize entry of rodents and insects

k) Electrical Finishing

- Patient bed light shall be controlled by the patients.
- Room light luminescence shall be bright enough for staff activities but needs to be controlled not to disturb the patients.
- All electrical fixtures inlets, outlets shall fulfill Ethiopia Electrical Safety requirements and if applicable fitted with guards
- If there is psychiatry service, its area light fixtures, sprinkler heads and other apparatus shall be of a temper resistant type.

g) **Outdoor Areas:** the hospital outdoor area shall be equipped and situated to allow for the safety and abilities of patients, care givers, staff and visitors.

a) The landscape shall be designed with patient room visual acquit or access

b) Walkways, connection roads and elevation differences shall be designed to allow movements of coaches/stretchers and persons with disabilities.

c) The outdoor traffic arrangement shall not cross each other to avoid accidents

h) **Windows:** In all rooms, windows shall comply with lux requirements of room space without compromising room temperature and ventilation.

a) Windows shall be a minimum of 50 cm wide x 100cm high. However, in case of hot climate areas, this may not be applicable

- b) No window shall swing inside the room except those which require security and safety measures such as grid for theft and insect mesh for malaria prone areas.
- c) Windows that frequently left open for cross ventilation purpose (like TB clinic room windows) shall be equipped with insect screen. At least a top portion of a window shall be left open fitted with insect mesh for uninterrupted circulation of air.
- d) Safety glass, tempered glass or plastic glass materials shall be used for pediatrics and psychiatric service units (if any separate unit) to avoid possible injuries.
- i) **Vertical Circulation:** All functioning hospital rooms shall be accessible horizontally.
- a) **Stairs:** All stairways and ramps (if any) shall have handrails and their minimum width shall be 120cm.
- All stairways shall have a 2-hour fire enclosure with a "B" (1.5 hour) label door at all landings or as per the national fire protection code.
 - All stairways shall be fitted with non slippery finishing materials
 - All stair threads, riser and flight shall comply with patient type as per the Ethiopia Building proclamation
- b) **Elevators:** at least one hospital type elevator shall be installed where patient beds are located in the upper floors. Minimum cab dimensions required for elevators transporting patients is 195cm x 130cm inside clear measurements and minimum width for hatchway and cab doors shall be 100cm.
- c) **Ramp:** Ramps shall be designed with a slope of 6 to 9 percent, minimum width of 120 cm and the landing floor of 240cm wide on both sides.
- j) **Fire Safety Considerations:**
- a) **One-Story Building:** Wall, ceiling and roof construction shall be of 1-hour fire resistive construction as defined by National Fire Code. Floor systems shall be of non-combustible construction.
- b) **Multi-Story Buildings:** Must be of two-hour fire resistive construction as defined in National Fire Code as specified to hospitals.
- c) **Travel Distances and alternative vertical circulation:** Hospital facilities travel distance from service giving room to the stairs should be as specified

in the National Fire Code. Alternative fire escape stair should be provided otherwise.

k) Parking areas:

- a) The hospital shall have separate parking spaces for hospital ambulance.
- b) Parking space shall available within the hospital premises.
- c) General services of the hospital that require loading unloading docks, heavier truck movement and temporary truck parking place shall be available.
- d) The parking space shall not cross pedestrian walkways, if it is mandatory to cross proper precaution measures such as Zebra Road, Speed Breaker, guiding notice and traffic stopping culverts or signals should be provided.

7.5. Building Systems

Hospitals shall have building systems that are designed, installed and operated in such a manner as to provide for the safety, comfort and well being of the patient.

a) Water supply and plumbing:

- a) Continuously circulated as per the type of fixture used, filtered and treated water systems shall be provided as required for the care and treatment in the hospital
- b) All hospitals subject to be connected to an approved municipal water system whose purity has been certified by the concerned body. The water supplies must be sampled, tested, and its purity certified at least twice annually and immediately following any repair or modification to the underground lines, the elevated tank, or to the well or pump.
- c) All hospitals subject to be connected to its own separate water supply system shall qualify and certified by the concerned body regulatory. The water supplies must be sampled, tested, and its purity certified at least twice semi-annually and immediately following any repair or modification to the underground lines, the elevated tank, or to the well or pump.
- d) The hospital shall have and maintain an accessible, adequate both as to volume and pressure, safe and potable supply of water. Where an authorized public water supply of satisfactory quantity, quality, and

pressure is available, the hospital shall be connected to it and its supply used exclusively. Deficiencies in either safety and adequacy in volume or pressure must be remedied by the provision of auxiliary pumps, pressure tanks or elevated tanks as may be required.

- e) The collection, treatment, storage, and distribution potable water system of a hospital shall be constructed, maintained, and operated in accordance with all provisions of the Safe Drinking Water of the country.
- f) Supply piping within the building shall be in accordance with plumbing standards. Special care must be taken to avoid use of any device or installation which might cause contamination of the supply through back-siphonage or cross connections or the water distribution system shall be protected with anti-siphon devices, and air-gaps to prevent potable water system and equipment contamination.
- g) A treated backup water supply shall be readily available in the hospital like a reservoir or dedicated well. In case, if for any reason the main water supply is inaccessible. A contingency plan should be envisage in severe cases where supply disconnected and backup finished.
- h) The hospital shall have an approved method of supplying hot water for all hospital consumption. Water to lavatories and scrub sinks must be 37.8 - 54°C. Water to mechanical dishwashers must be delivered at 82 °C for rinsing.

b) Sewerage and Waste Processing Systems

- a) The hospital shall maintain a sanitary and functioning sewage system in accordance with the national healthcare waste management guidelines and Ethiopian building code.
- b) In addition, the health facility shall fulfill the following requirements;
 - The hospital shall dispose all sanitary wastes produced in the hospital through connection to a suitable municipal sewerage system or through a private sewerage system if applicable. Where there is no municipal or private sewerage system the hospital shall provide a designed and well marked septic tank, or other similar facility according to the local

environment and protected method that require the approval of the regulatory appropriate regulatory body

- The hospital sewage system shall be segregated from hazardous hospital waste before it enters the municipal or private sewage system.
- The hospital shall provide areas to collect, contain, process, and dispose of medical and general waste produced within the hospital in such a manner as to prevent the attraction of rodents, flies and other insects and vermin, and to minimize the transmission of infectious diseases in accordance with waste management standards of this health facility.
- The hospital shall have all the required waste management facilities (such proper segregation and disposal system by the nature of waste, over 600 degree Celsius combustor incinerator or sterilizer steam grinder, etc) as recommended by the national healthcare waste management guidelines.

c) Heating and Cooling, Ventilating and Air-Conditioning Systems:

- a) The hospital shall provide a heating and air conditioning system for the comfort of the patient and capable of maintaining the temperature in patient care and treatment areas.
- b) In the hospital, the system shall be capable of producing a temperature of at least seventy five degrees Fahrenheit (75°F) during heating conditions and a temperature that does not exceed eighty-five degrees Fahrenheit (85°F) during cooling conditions.
- c) The hospital to have a central air distribution and return systems which have the following percent dust spot rated filters:
 - General areas: thirty (30) +%; and
 - Care, treatment, and treatment processing areas: ninety (90) +%.
- d) Surgical areas shall have heating and cooling systems that are capable of producing a room temperatures at a range between sixty-eight Fahrenheit (68°F) and seventy-three degrees Fahrenheit (73°F) and humidity at a range between thirty (30%) and sixty percent (60%) relative humidity.
- e) Airflow shall move from clean to soiled locations. Air movement shall be designed to reduce the potential of contamination of clean areas.

- f) Floors in operating rooms, procedure rooms and other locations subject to wet cleaning methods or body fluids shall not have openings to the heating and cooling system.
- g) All hospitals shall provide adequate ventilation and/or clean air to prevent the concentrations of contaminants which impair health or cause discomfort to patients and employees.
- h) Hospitals shall provide a mechanical exhaust ventilation system for windowless toilets, baths, laundry rooms, housekeeping rooms, kitchens and similar rooms at ten air changes per hour.
- i) hospitals shall provide mechanical ventilation system(s) capable of providing air changes per hour (hereafter "ACH") as follows:
 - Care and treatment areas: five (5) ACH;
 - Procedure and airborne isolation areas: fifteen (15) ACH; and
 - Operating rooms: twenty (20) ACH.
- j) Hospitals shall provide an emergency backup ventilation system for all patient rooms without operable windows.
- k) Toilets, janitors' closets, soiled linen, dishwashing and similar areas shall have six (6) air changes per hour. Areas occupied by patients shall have two (2) air changes per hour.

7.6. Electrical System

- a) The hospital shall have an electrical system that has sufficient capacity to maintain the care and treatment services and other services that are provided and that properly grounds care and treatment areas.
- b) All facilities shall provide the minimum average illumination levels as follows or as per the Ethiopian Electrical Design Code:
 - General purpose areas: five (5) foot candles;
 - General corridors: ten (10) foot candles;
 - Personal care and dining areas: twenty (20) foot candles;
 - Reading and activity areas: thirty (30) foot candles;
 - Food preparation areas: forty (40) foot candles;
 - Hazardous work surfaces: fifty (50) foot candles;
 - Care and treatment locations: seventy (70) foot candles;
 - Examination task lighting: one hundred (100) foot candles;

- Procedure task lighting: two hundred (200) foot candles;
 - Surgery task lighting: one thousand (1000) foot candles; and
 - Reduced night lighting in patient rooms and corridors.
 - Three hours Emergency light shall be provided in exit, entry and in all landing of staircase.
- c) **Essential Power System:** Hospitals shall have an automatic power generator for all care and treatment locations which involve general anesthetics or electrical life support equipments, and in emergency procedure and treatment rooms.
- Different generators shall be available, at least diesel generator and white fuel generator.
 - There shall be enough stored fuel to maintain power for at least 24 hours.
 - If a generator is used, there must be a staff member assigned to the regular maintenance of the generator to guarantee it will function properly when needed.
 - Staff member will also ensure a sufficient supply of diesel gas and charged batteries for start-up purposes
 - Solar panels are also an acceptable if used as backup power option.
 - Central UPS system for ups outlets of selected area (like delivery, Operation Theater, laboratory) shall be provided as backup power option

7.7. Fire Protection System

- a) The hospital shall comply with the National Fire Protection "Life Safety Code".
- b) The Hospitals shall have an automatic fire alarm and smoke detector system for all care and treatment rooms.
 - Heat detectors used for car park, kitchen, transformer room lift pit area.
 - Sounder base photo electric smoke detector will be proposes for the bed – room and all other rooms.
 - Typical floor station located to convenient location in the lobby.

- c) Essential Public Address System: Hospitals shall have an automatic voice communication /evacuation signal, from different sources; automatic control signal from fire alarm system, tape/CD player for pre recorded message to all care and treatment locations rooms.
- d) Lightning Arrestor and Grounding System: Hospitals shall have technically advised lightning protection system, comprises air termination, down conductor and earth termination. Protection zone shall cover a minimum of the diameter of the building
- e) All employees, including part-time and contract or temporary 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 hospital buildings as part of their initial orientation and at least annually thereafter.
- f) All employees, including part-time and contract or temporary employees shall receive printed instructions on procedures to be followed in case of emergency, including patient evacuation of the buildings.
- g) 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.
- h) Fire extinguishers shall be visually inspected at least monthly; fully inspected at least annually, recharged, repaired and hydrotested as required by manufacturer's instructions; and labeled with the date of the last inspection.
- i) Fire detectors and alarm 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.
- j) 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.
- k) There shall be a procedure for investigating and reporting fires. All fires that result in a patient or patients being moved shall be reported to the appropriate organ. Immediately in writing within 72 hours. In addition, a

written report of the investigation shall be forwarded to the appropriate organ as soon as it becomes available.

7.8. Call Systems

- a) Call systems shall be operable from all patient private spaces. Such as from patient beds procedure and operating rooms, and recovery bed, bathing and toilet locations.
- b) The system shall transmit a receivable (visual, audible, tactile, or other) signal to on-duty staff which readily notifies and directs the staff to the location where the call was activated.
- c) In locations where patients are unable to activate the call, a dedicated staff assists or code call device shall promptly summon other staff for assistance or continuous visual connection to supper attending staff should be provided.

7.9. Health Facility Environment

- a) The hospital shall provide and maintain a safe environment for patients, personnel and the public.
- b) All facilities shall comply with the following applicable codes and standards to provide a safe environment:
 - Ethiopian Environmental requirements for hospital facilities
 - Life Safety Code (National Fire Protection agency); and
 - *The Food standard*, Ethiopia, FMHACA Regulations
- c) Existing and new facilities shall comply with the physical facility standards contained in this chapter. The hospital shall maintain all building materials and structural components so that total loads imposed do not stress materials and components more than one and one-half times the working stresses allowed in the building code for new buildings of similar structure, purpose, or location.

7.10. Specific Service Areas

- a) The hospital may have dining areas as per the following requirements:
 - Dining areas for patients shall have an outside wall with windows for natural light and ventilation.

- Dining areas shall be furnished with tables and chairs that accommodate or conform to patient needs.
- Dining areas shall have a floor area of at least 15-20 square feet (1.4m² to 1.9m²) per patient.
- Dining areas shall allow for group dining at the same time in either separate dining areas or a common dining area, or dining in two (2) shifts, or dining during open dining hours.
- Dining areas shall not be used for other services.

b) Bathing and Toilet Rooms:

- In case of common bathing and toilet room, one shall be dedicated for seven patients at all times.
- A hospital shall provide a bathing room consisting of a tub and/or shower adjacent to each bedroom or provide a central bathing room on each floor with patient rooms. Tubs and showers regardless of location shall be equipped with hand grips or other assistive devices as needed or desired by the bathing patient.
- The hospital shall provide toilet rooms with hand-washing sinks for patient and staffs shall use separately for each service units. In addition the following requirements shall be ensured
 - Flushable toilets shall be available throughout the workplace.
 - Posted signs (written and/or visual messages) shall be indicated describing which is for ladies and gentle
 - Indicating arrows shall be located on the corridors
 - At least one toilet room shall be designated for patients with disability with all assisted services.

c) Patient Rooms: the hospital shall provide patient rooms which allow the provision of medical intervention shall have space for sleeping, afford privacy, provide access to furniture and belongings, and accommodate inpatient care and treatment. In addition Patient Rooms:

- Shall be arranged to maximize staff supervision and nursing assistances.
- No patient room shall be located away from nursing stations without proper covered gang ways and travel premise requirements.

- Shall not be accessed directly through a bathroom, food preparation area, laundry or another bedroom;
 - Shall be located on an outside wall with a window with a minimum glass size of 8 square feet or equivalent meter square per patient.
 - If they have multiple beds, shall allow for an accessible arrangement of furniture, which provides a minimum of three (3) feet or equivalent meter between beds.
- d) Isolation Rooms: The number and type of isolation rooms in a hospital shall be determined by the hospital and direct caregiver. The determination shall be based upon an infection control risk assessment, patients requirements and patients influence on other room occupants. In addition:
- Hospitals shall make provisions for isolating patients with infectious diseases prevention.
 - An isolation room shall have an adjoining bath and toilet room.
 - Hospitals shall equip isolation rooms with hand-washing and gown changing facilities at the entrance of the room.
- e) Observation Areas: If the hospital provides medical observation, extended recovery or behavior intervention methods, the hospital shall provide one or more appropriately equipped rooms for patients needing close supervision. Each room shall:
- Have appropriate temperature control, ventilation and lighting;
 - Be void of unsafe wall or ceiling fixtures and sharp edges;
 - Have a way to observe the patient, such as an observation window or if necessary, flat wall mirrors so that all areas of the room are observable by staff from outside of the room;
 - Have a way to assure that the door cannot be held closed by the patient in the room which could deny staff immediate access to the room; and
 - Be equipped to minimize the potential of the patient's escape, injury, suicide or hiding of restricted substances.
 - Shall be provided with proper safety communication systems and emergency signaling.

- f) Cubicles: Patient care and treatment cubicles shall have a minimum floor area of sixty (60) square feet with at least three (3) feet between bedsides and adjacent side walls.
- g) Examination Rooms: Each examination room shall have a minimum floor area of eighty (80) square feet and a minimum of three (3) feet clear dimension around three (3) sides of the examination table or chair.
- h) Treatment Rooms: Treatment room for procedures performed under topical, local, or regional anesthesia without pre-operative sedation shall have a minimum floor area of one hundred and twenty (120) square feet and a minimum of ten (10) feet clear dimension.
- i) Procedure Rooms: Procedure rooms for and minor surgical procedures performed in conjunction with oral, parenteral, or intravenous sedation or under analgesic or dissociative drugs shall have a minimum floor area of two hundred (200) square feet and a minimum of fourteen (14) feet clear dimension.
- j) Operating Rooms: Operating rooms for major surgical procedures that require or regional block anesthesia and support of vital bodily functions shall have a minimum floor area of three hundred (300) square feet and a minimum of sixteen (16) feet clear dimension.
- k) Privacy: In multiple bed patient rooms, visual privacy, and window curtains shall be provided for each patient. The curtain layout shall totally surround each care and treatment location which will not restrict access to the entrance to the room, lavatory, toilet, or enclosed storage facilities.

7.11. Care and Treatment Areas

- a) The hospital shall not share care and treatment areas for those services which require dedicated space
- b) The hospital shall not provide services in detached structures unless the way of service delivery allows or proper building configuration established.
- c) The care and treatment areas of the hospital shall comply with the requirements stipulated under the premises of each service standards.

7.12. Ancillary areas

- a) **Dietary:** If food preparation is provided in the hospital (in case of inpatient services), the hospital shall dedicate space and equipment for the preparation of meals and separate washing room (dishes and other food preparation equipments), refrigerated and non-refrigerated storage areas in accordance with the standards mentioned under the Food and dietary services of this health facility.
- If contractual services are used for dietary services, the hospital shall have areas for immediate storage spaces, cleaning and disposal spaces.
 - If contractual services are used, the hospital shall have a clear contractual agreement and the contractor shall comply with all the requirements prescribed under this standards.
- b) **Laundry:** The hospital shall provide laundry services by contract or on-site.
- a) **Contract:**
- If contractual services are used, the hospital shall have areas for soiled linen awaiting pickup and separate areas for storage and distribution of clean linen.
 - Separate clean linen supply storage area shall be conveniently located in each care and treatment locations
 - If contractual services are used, the hospital shall have a clear contractual agreement and the contractor shall comply with all the requirements prescribed under this standards.
- b) **On-site:** If on-site services are provided, the hospital shall have areas dedicated to laundry in accordance with the following requirements:
- The laundry areas shall be equipped with a washer and dryer for use by patients. The hospital shall provide a conveniently located sink for soaking and hand-washing of laundry.
 - Hospital laundry area for hospital processed bulk laundry shall be divided into separate soiled (sort and wash areas) and clean (drying, folding, and mending areas) rooms. In new facilities a separate soaking and hand-washing sink and housekeeping room shall be provided in the laundry area.

- Separate clean linen supply storage facilities shall be conveniently located in each care and treatment location.
 - In general the standards stipulated under housekeeping section of this document shall be respected.
- c) **Administrative Areas:** Administrative Offices shall be located separately from care and treatment areas and it shall be clearly labeled and easily accessible to both patients and visitors. It includes;
- Finance and business office.
 - Administration office.
 - Staff rooms with toilet separate for male and female
 - Staff cafeteria
 - Visitors cafeteria
 - Spaces for conferences and in-service training
 - General Library (at least 40m²)
- d) **General Storage areas.** There shall be a two hour fire rated lockable room large enough to store.
- e) **Boiler Room.** Space shall be adequate for the installation and maintenance of the required machinery.
- f) **Maintenance Area:** Sufficient area for performing routine maintenance activities shall be provided and shall include office for maintenance engineer.
- g) **Incinerator:** The hospital shall comply with the directives developed by the appropriate organ for health care waste management.
- h) **Janitor rooms:** the hospital shall have separate janitor rooms in each care and treatment areas.
- i) **Green area:** The hospital shall dedicate at least 20% of the total hospital compound for green area.

***Note:** All dimension, sizes and quantities noted herein will be determined by rounding fractions to the nearest whole number and measuring units like feet can be converted to country specific measuring units.*

Final

7.13. Bubble Diagrams

