

**ETHIOPIAN  
STANDARD**

**ES 3620:2012**

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**Specialty Clinic - Requirements**

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FINAL DRAFT

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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 Specialty clinic 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 specialty clinics 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 specialty clinics.
- 1.3. Requirements of a specialty clinic are stipulated under section two to eight 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. Health Policy of Ethiopia
- 2.4. Drug Policy of Ethiopia
- 2.5. Commercial Code of Ethiopia
- 2.6. Criminal Code of Ethiopia
- 2.7. Medicines Waste Management and Disposal Directive No 2/2011
- 2.8. Ethiopian National Guideline for Health Waste Management, 2008
- 2.9. Ethiopian Building Proclamation, No. 624/2009

### **3. Terminologies and Definitions**

#### **3.1**

#### **Appropriate Organ**

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

#### **3.2**

**Authority**

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

**3.3****Proclamation**

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

**3.4****Appropriate Law**

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

**3.5****Person**

Shall mean any physical or juridical person

**3.6****Authorized Person**

Shall mean any specialty clinic staff who is responsible for a given service

**3.7****Cross Cutting Services**

Shall mean those services which shall be provided in all types of specialty clinics.

**3.8****Specialty Services Standards**

Shall mean those service requirements & specifications peculiar for different specialty clinics.

**3.9****Specialty Clinic**

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



## **SECTION TWO: LICENSURE**

### **2.1. General**

- 2.1.1 This standard provides minimum requirements for the establishment and maintenance of specialty clinic in order to protect the public interest by promoting the health, welfare, and safety of individuals.
- 2.1.2 No specialty clinic 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.
- 2.1.4 All health professionals shall respect & abide with the code of professional practice of their respective profession.
- 2.1.5 Any information or complaint regarding this standard may be presented to the Authority or any appropriate organ.
- 2.1.6 In the absence of the licensee or his /her equivalent the clinic shall not deliver those services stated by the license.
- 2.1.7 Specialty clinics' shall provide services in accordance with this standard. These health facilities shall not provide specialty services except those services stated on the license.
- 2.1.8 Specific public health program related services/interventions may be delivered in specialty clinic upon approval if supported with additional trainings.

### **2.2. Application for Licensure**

- 2.2.1. No person shall operate a Specialty clinic 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 Specialty clinic shall:
  - a) Complete the application form which shall contain information stated under article 2.2.6;
  - b) Pay the prescribed license fee; and
  - c) Provide any information or document stated on the application form.
- 2.2.3. A person desiring to operate a Specialty clinic shall consult the appropriate organ on the plant design conformity with this standard before starting new construction,

renovation or expansion work. In case of using rental building, the applicant is responsible to make sure that the premise is in accordance with these regulatory standards before entering into any commitment.

- 2.2.4. An application for the initial licensure of specialty clinic shall be submitted to the appropriate organ no later than ninety (90) days prior to the stated date of operation. The license fee shall accompany the application.
- 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 Specialty clinic license shall state the following:
- a) Identification of the applicant/owner (name, citizen, address) and evidence for ownership (if the applicant is an authorized delegate, written delegation letter shall be submitted);
  - b) Previous owner and license number for existing specialty clinic;
  - c) Name and location of the specialty clinic;
  - d) Surrounding area of the specialty clinic;
  - e) Types of services to be rendered (specialty and cross-cutting services);
  - f) Responsible person for each service in the specialty clinic;
  - g) Name, qualification, nationality and license copy of licensee;
  - h) Staffing (Number, type, qualification, work experience & original release and license copy of all health professionals);
  - i) Number and type of administrative staff;
  - j) Organizational structure;
  - k) Name of CEO/Manager and person in charge in absence of the CEO/Manager;
  - l) Type of ownership: (Governmental, non- governmental, private for profit, private for non- profit, other governmental);
  - m) Physical facility design and its description;
  - n) Proposed use of idle space;

- o) Owner of the building; (if rental, the agreement paper shall be submitted);
  - p) And other requirements which shall be made in close consultation with the stakeholders and according to the rules and regulations of the region and the country as well.
- 2.2.7. All applicants shall demonstrate that they have the capacity to operate a Specialty clinic in accordance with this standard.
- 2.2.8. An application for a license or change in service shall be denied if the applicant cannot demonstrate that the premises, products, personnel and health care services are fit and adequate in accordance with this standard.
- 2.2.9. 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.
- 2.2.10. A license issued by the appropriate organ shall not be applicable for use by any other person or at any facility other than the designated one in the license. Whenever, there is change in licensee or premises, the license shall be updated.
- 2.2.11. A license issued to a specialty clinic in a specified address can't be used for another facility.
- 2.2.12. In addition, a specialty clinic may have a license to provide two or more specialty services in one premise (site). In such scenario, the clinic shall abide with all the requirements of the specialty clinic stipulated under section seven of this document.

### **2.3. Initial/ New Licensure**

- 2.3.1. Every specialty clinic 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 Specialty clinic license shall specify the following:
- (a) The name, and professional license and registration number of the licensee;
  - (b) The name and address of the Specialty clinic;
  - (c) Ownership of the Specialty clinic;
  - (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 specialty clinic, the appropriate organ shall conduct an on-site inspection to determine compliance with the applicable laws and standards governing the specialty clinics.
- 2.3.4. The appropriate organ shall give a written report of the findings to the Specialty clinic upon the conclusion of the inspection.
- 2.3.5. A specialty clinic with deficiencies shall correct them and submit written proof of correction of deficiencies.
- 2.3.6. The appropriate organ shall conduct a follow-up inspection to determine correction of deficiencies cited within ten (10) days following the one hundred and eighty (180) day correction period or upon notification from the specialty clinic that the deficiencies have been corrected.
- 2.3.7. The appropriate organ shall deny the application for licensure to a Specialty clinic that has not corrected deficiencies. The applicant shall reapply for licensure when deficiencies are corrected.
- 2.3.8. The appropriate organ shall conduct an unannounced on-site inspection of the Specialty clinic shortly after the beginning of operation to assess the specialty clinic's continued compliance with the laws and standards governing Specialty clinics.
- 2.3.9. The original license shall be posted in a conspicuous place at reception at all times.
- 2.3.10. The appropriate organ shall issue a replacement license where the originally issued license has been confirmed as lost or destroyed upon submission of an application supported by an affidavit.

## **2.4. Requirements for License Renewal**

- 2.4.1. A license, unless suspended or revoked or under consideration in pending case, shall be renewable annually and the specialty clinic 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 filling the form prescribed by the appropriate organ ;
  - (b) Pay the prescribed license renewal fee;
  - (c) Provide copies of professional licenses for all permanent and temporarily employed health professionals of the clinic and
  - (d) 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 Specialty clinic in substantial compliance with the applicable laws and this standard.
- 2.4.6. When the licensee can not avail himself for a period not more than 30 days for any reason, he/she shall assign an equivalent specialist temporarily but with prior notification to the appropriate organ. If the licensee is going to be absent for more than the stated period, he/she shall replace the license

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

- 2.5.1. No Specialty clinic or part thereof shall move from the premises for which a license has been issued to any other premises without first having obtained a permit to move from the appropriate organ to the premises not covered by the license issued to the Specialty clinic.
- 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 specialty clinic or part of it as the appropriate organ may find to be in the interest of the public health.
- 2.5.3. Without prior approval of the appropriate organ, change of licensee shall not be made.
- 2.5.4. The clinic shall notify the appropriate organ whenever there is change of owner.
- 2.5.5. The licensee shall inform the appropriate organ any change in operation. Change of operation means any alteration of services that is substantially different from that reported on the Specialty clinic's most recent license application.

- 2.5.6. Any transfer as to person or place without the approval of the appropriate organ shall cause the immediate forfeiture of the license. That is the license shall not be assignable or transferable and shall be immediately void if the Specialty clinic ceases to operate, if its ownership changes, or if it is relocated to a different site.
- 2.5.7. When change of ownership of a Specialty clinic is contemplated, the Specialty clinic shall notify the appropriate organ in writing and give the name and address of the proposed new owner.
- 2.5.8. When change of licensee of a Specialty clinic is contemplated, the Specialty clinic 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 of the Specialty clinic, cease admissions to a Specialty clinic, order removal of patients from a Specialty clinic 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 specialty clinic is legally suspended;
  - (b) Where the specialty clinic fails to practice medical ethics;
  - (c) Where the specialty clinic engages in rendering services which are outside the competence of the clinic for which the license is obtained;
  - (d) Where the specialty clinic fails to allow inspection pursuant to the law and this standard;
  - (e) When the specialty clinic allows a practitioner who has been suspended by appropriate organ from practicing his profession;
  - (f) Members of the Governing Board or the Chief Executive Officer or other key staff member are convicted of a serious offence involving the management or operation of a specialty clinic, or which is directly related to the integrity of the facility or the public health or safety;
  - (g) When the specialty clinic fails to implement or fulfill comments and corrections given by the appropriate organ;
  - (h) When the specialty clinic shown any act which constitutes a threat to the public health or safety;

- (i) When the specialty clinic fails to observe laws relating to health services and this standard;
  - (j) When the specialty clinic 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 specialty clinic 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 specialty clinic 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 specialty clinic is legally closed or ceases operation;
  - (i) Where the specialty clinic is found operating while suspended by appropriate organ;
  - (j) Where the specialty clinic is found operating out of 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 specialty clinic must notify each patient and the patient's physician 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 specialty clinic 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 clinics 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 specialty clinic 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 specialty clinic 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 section 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 and it shall be open for media.

## **2.8. Information to be disclosed**

- 2.8.1. Evidence based information received by the appropriate organ through inspection and other true sources about the specialty clinic 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 specialty clinic 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 specialty clinic from the appropriate organ.
- 2.8.4. Anyone who is interested in establishing a specialty clinic shall have the right to be provided with information concerning the standards required by the appropriate organ at any working day.



## **Section Three: Governance**

### **3.1. Organization & Management**

- 3.1.1. The Specialty clinic shall have organizational structure with written roles and responsibilities of each unit.
- 3.1.2. The governance/ organizational structure of specialty clinic shall be according to the Commercial Code of the country.
- 3.1.3. Except for Share Company where its Board of Directors shall be deemed as Governing Board, other private Specialty clinics licensed otherwise under the Commercial Code shall not be required to have organizational structure requiring board.
- 3.1.4. Technically the specialty clinic shall be led/ managed by the Licensee (technical manager or CCO) as specified under each specialty clinic standard.
- 3.1.5. For specialty clinic which provides multiple specialty services, there shall be a technical manager or Director or Chief clinical officer (CCO) who shall take responsibility for all specialty services. Anyone of the specialists working in the clinic may be the licensee & the CCO.
- 3.1.6. The specialty clinic shall submit periodic reports as per the national surveillance and reporting policy to the respective organ.

### **3.2. Chief Clinical Officer (CCO)**

- 3.2.1. The Chief Clinical Officer, technical manager shall be responsible for the overall management of the Clinic including the administration of its technical affairs.
- 3.2.2. The Chief Clinical Officer shall have the following duties and responsibilities:
  - (a) Lead the process of formulation of policies and guidelines to be used in the Clinic,
  - (b) Maintain the Clinic's compliance with all applicable laws, standards, its own policies, procedures and plans of correction,
  - (c) Ensure systems are in place for maintaining the quality of all services- care and treatment provided to the patients,
  - (d) Design and define duties and responsibilities of heads/ coordinators of different clinical service units if they exist,
  - (e) Notify the appropriate organ in writing before he leaves for a period not more than three months stating the information of equivalent substitute he assign for the specified period.
  - (f) Establish a means for effective communication and coordination among the Clinic staff, and
  - (g) Ensure smooth working relationship exists within the clinic & outside with the appropriate organ.

## Section Four: Client Rights and Responsibilities

### 4.1. Informed Consent

- 4.1.1. Each Specialty clinic shall protect and promote every 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 Specialty clinic 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) Blood transfusion; and
  - (c) Blood or genetic testing in stigmatizing diseases.
- 4.1.5. The specialty clinic 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 the clinic at any time.
- 4.1.7. No photographic, audio, video or other similar identifiable recording is made of without prior written informed consent of a patient. (sample consent form attached)
- 4.1.8. A Specialty clinic shall establish a system of providing clients &/ or their designees an appropriate education to assist in understanding the identified condition (or problem) & the necessary measure (treatment or procedure).
- 4.1.9. A Specialty clinic shall establish a system of documenting the assessment of every patient's ability to understand the scope and nature of the diagnosis and treatment needed.
- 4.1.10. A specialty clinic shall post list of fees & Service charges for clients in a visible place.

### 4.2. Client Rights

Every client of a specialty clinic shall at least have the following rights to:

- 4.2.1. Receive reasonable, respectful and safe access to health services by competent personnel that the Specialty clinic is required to provide according to this standard;
- 4.2.2. Receive treatment and medical services without discrimination based on race, age, color, religion, ethnicity, national or social origin, sex, sexual preferences, disability, or other status;
- 4.2.3. Retain and exercise to the fullest extent possible all the constitutional and legal rights to which the client is entitled by law;
- 4.2.4. Be informed of the names and functions of the specialty clinic staff who are providing direct or indirect care to the patient/ client. The staff shall identify themselves by introduction or by wearing a name tag;
- 4.2.5. Receive from the specialty clinic technical staff an explanation of his or her health condition, recommended treatment, risks 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 medical record;
- 4.2.6. Give informed written consent prior to the start of specified nonemergency procedures or treatments only after a specialty clinic staff/ 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 specialty clinic staff or clinical practitioner shall enter an explanation in the patient's medical record;
  - 4.2.7. Refuse medication and/ or treatment and to be informed of the medical consequences of refusing vaccination or treatment provided that the client is mentally clear. Exceptional conditions for right to refuse are when the disease conditions are threat to the general public.
  - 4.2.8. Be informed if the specialty clinic has authorized other health care and educational institutions to participate in the patient's treatment. The patient shall have a right to know the identity and function of these institutions, and may refuse to allow their participation in his/ her treatment;
  - 4.2.9. 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 specialty clinic is unable to provide the type or level of medical care appropriate for the patient's needs. The treating physician or specialist in the Specialty clinic shall notify the patient, the guardian or next of kin about the transfer, & document that the notifications were received; or
    - (b) The transfer is requested by the client, or by the client's next of kin or guardian when the patient is mentally incapacitated or incompetent;
  - 4.2.10. Receive from a treating physician or specialist an explanation of the reasons for transferring the patient to another facility, information about alternatives to the transfer if any, 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;
  - 4.2.11. 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;
  - 4.2.12. Be free from physical and mental abuse, neglect, sexual harassment, sexual violence and exploitation;
  - 4.2.13. Be free from chemical and physical restraints unless they are authorized by attending physician or specialist to protect the patient or others from injury for a limited period of time;
  - 4.2.14. Have personal and physical privacy during medical evaluation, treatment and personal hygiene functions, such as using the toilet unless the patient needs assistance for his or her own safety. The patient's privacy shall also be respected during any health care procedures and when Specialty clinic personnel are discussing the patient;
  - 4.2.15. Get confidential treatment. Information in the patient's records shall not be released to anyone outside the specialty clinic except for the following conditions:
    - (a) If the client has approved the request.

- (b) If another health care facility to which the client 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 for research or study purposes.
- 4.2.16. Know the detail price of services & procedures & receive copy of financial details for services received;
- 4.2.17. Obtain a copy of his or her medical record, as per the standards set under the medical record section of this standard.
- 4.2.18. Present his/ her suggestions and/ or lodge his/ her grievances or complaints to the specialty clinic or relevant external body.
- 4.2.19. **To choose their treating physician or nurse or any other health professional if**  
**(a) there is conflict among the patient and these staff or**  
**(b) the patient has justifiable reason or**  
**(c) the clinic has another alternative.**

### **4.3. Client Responsibilities**

- 4.3.1. The specialty clinic shall post client's rights and responsibilities at visible place in the specialty clinic premises.
- 4.3.2. Every client shall have the following responsibilities to:
- (a) Cooperate with the clinic staff on the clinic's policies and procedures.
  - (b) Provide, to the best of the his/ her knowledge, accurate and complete information regarding present & past medical history, including unexpected changes, to the health professional responsible for the patient's care;
  - (c) Follow the course of treatment and instructions proposed by the specialist or other clinical practitioner or to accept the consequences if refuse the treatment instruction;
  - (d) Report any changes in his/her condition or anything that appears unsafe to herself/ himself or others;
  - (e) When his/ her condition risks the public or when in epidemic situation, the patient has the responsibility to cooperate for the control measures.
  - (f) Be considerate of the rights of other patients and to respect their privacy;
  - (g) Respect the clinic staff & their caregivers;
  - (h) Fulfill the financial obligations as promptly as possible;
  - (i) Keep all appointments and notify the clinic when unable to do so;
  - (j) Observe the clinic policies and procedures, including those on smoking, alcohol or drug use, cellular phones, noise and visitors;

- (k) Be considerate of the clinic facilities and equipment to use them in such a manner so as not to abuse them;
- (l) Not litter the clinic premises.
- (m) To sign on “against medical advice Notice” if he/she refuses the recommended treatment or intervention.

## **Section Five: Human Resource Management**

### **5.1. General Requirements**

- 5.1.1 The specialty clinic shall have a responsible person who organizes & carries out the major functions of Human Resource Management (HRM).
- 5.1.2 The specialty clinic shall make sure the clinic & each service unit shall maintain a sufficient number of staff with the qualifications, training and skills during regular working hours **as per this standard**.
- 5.1.3 The specialty clinic shall ensure that all health professionals recruited & working are licensed as per the registration and licensing requirement of the appropriate organ.
- 5.1.4 The specialty clinic shall ensure and maintain evidence of current active licensure, registration, certification or other credentials for employees and contract staff prior to letting to work and shall have procedures for verifying that the current status is maintained.
- 5.1.5 Whenever a licensed health-care professional is terminated as a result of a job-related incident, the specialty clinic shall refer a report of the incident to the appropriate organ.
- 5.1.6 **Each person who is involved in the performance of duties involving direct patient care shall have an occupational health screening prior to entering active status and once every five (5) years thereafter. A health professional shall not conduct health examination for himself/ herself.**
- 5.1.7 The specialty clinic shall keep on file the medical checkup reports of all staff and shall make available during inspection by the appropriate organ.
- 5.1.8 Each person who is involved in direct patient care and who has been absent from duty because of an illness that is communicable & required to be reported to the MOH shall, prior to returning to duty, obtain certification from a physician or other qualified health professional, as provided for in the specialty clinic's policies, that he or she may return to duty without apparent danger of transmitting the cause of the illness to any patient.
- 5.1.9 The specialty clinic shall regularly follow the immunization status of all employees and all other persons who routinely come in contact with patients or patient areas against selected communicable disease. Immunizations shall be in accordance with current guidelines developed by the MOH.
- 5.1.10 The specialty clinic shall update the employment record for all staff. The record shall contain to a minimum: copy of license or information on credentials, health examination

(fitness for duty), work history, current job description, and evidence of orientation, in-service education / training and copies of annual evaluation.

5.1.11 All health professionals shall abide with health professionals Code of conduct and their respective scope of practice.

5.1.12 The specialty clinic shall have a policy or procedure 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.

5.1.13 The specialty clinic shall notify the appropriate organ while hiring or terminating medical staff.

## 5.2. Staffing plan

5.2.1. The specialty clinic shall avail as a minimum the staff requirements stated under this standard.

5.2.2. In addition to article 5.2.1, the staffing plan shall define the following elements:

- (a) The total number and types of staff needed for the specialty clinic as a whole and for each service unit in particular,
- (b) The total number and types of staff currently available for the specialty clinic as a whole and each service unit in particular,
- (c) The required education, knowledge, skills 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/ existing workload.

## 5.3. Job Description and Orientations

5.3.1. All staff in the specialty clinic shall be provided with written current job descriptions that detail the roles and responsibilities and be oriented to their specific jobs at appointment by unit head or CCO.

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: the facility wise, service wise and job specific.

5.3.4. Organizational and administrative structure of the specialty clinic shall be posted in a visible place and orientation to all staff working in the clinic shall be provided by the clinic management.

5.3.5. Orientation on specialty clinic policies, including environmental safety programs, infection control, and quality improvement shall be provided.

5.3.6. Staff members who are not licensed to practice independently shall have their responsibilities defined in their updated job descriptions.

5.3.7. The specialty clinic shall organize a system of providing & maintaining an evidence of orientation program for new staff and, as needed, for existing staff who are given new assignments. The orientation program shall include an explanation of:

- (a) Job duties and responsibilities,
- (b) specialty clinic's sanitation and infection control programs;
- (c) Organizational structure within the specialty clinic;
- (d) Patient rights;

- (e) Patient care policies and procedures relevant to the job;
- (f) Personnel policies and procedures;
- (g) Emergency procedures;
- (h) Reporting requirements for abuse, neglect or exploitation;
- (i) **What to record and report.**

#### **5.4. Continuing Staff Education**

- 5.4.1. The specialty clinic shall ensure **and facilitate** that its staffs receive training in order to perform assigned job responsibilities.
- 5.4.2. The professional working in the specialty clinic shall receive ongoing Continuing Professional Development (CPD) or continuous medical education (CME) to maintain & update or advance his/ her skills and knowledge.
- 5.4.3. The CPD/ CME shall be relevant to the setting in which they work as well as to the continuing advancement of the clinic.
- 5.4.4. The clinic 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 clinic shall provide and maintain evidence of CPD for staff. A record shall be maintained including dates, topics and participants
- 5.4.6. **The clinic shall periodically test staff knowledge, skill and attitude through demonstration, mock events and other suitable methods. This testing shall be documented.**

#### **5.5. Medical Staff**

- 5.5.1. The medical/ technical staff shall be responsible to the governing authority for medical care and treatment provided in the clinic in accordance with the standards stipulated under the clinic administration and shall:
  - a) Participate in a Quality Assurance/ Performance Improvement program to determine & improve the status of patient care and treatment;
  - b) Abide by clinic and medical staff policies; &
  - c) Establish a disciplinary process for infraction of the policies.
- 5.5.2. There shall be regular medical staff meetings to review the clinical works of the members and to complete medical staff administrative duties.
- 5.5.3. Each patient shall be under the care of a physician regardless of whether the patient is also under the care of an allied health professional authorized to practice.

#### **5.6. Employee's Health**

- 5.6.1. The clinic shall institute **policy, system or procedure** that minimizes employees' risks, protect employees and provide access to care when needed (I.e., Occupational Health Safety program).
- 5.6.2. A comprehensive Occupational Health and Safety (OHS) program shall have the following components:
  - a) Staff dedicated to coordinate OHS program activities,
  - b) Policies and Procedures that define components of the program,
  - c) Training for staff on program components,
- 5.6.3. The standards outlined below define the core elements of an OHS program and specify minimum requirements needed to address OHS issues.
  - a) The clinic 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 clinic assesses and documents safety risks through formalized, structured assessments that are done at regular intervals.
  - c) Interventions shall be designed and implemented to address the risks that are identified.
- 5.6.4. **The specialty center shall have a mechanism in place to address/ protect injuries that could lead to the transmission of blood-borne diseases (needle stick and other injuries).**
- 5.6.5. The clinic shall provide personal protective equipment for all employees, and facilitate access to prophylaxis measures.
- 5.6.6. The clinic shall provide the following facilities to employees:
- d) Break room,
  - 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 no jewelry shall be worn on fingers and wrist,
- 5.7.4. Hair must be worn in a way that prevents contamination and does not present a safety hazard,
- 5.7.5. The clinic shall avail uniforms and badges to employees and they shall wear all the time accordingly while on duty.
- 5.7.6. The dressing shall not interfere in any way in service provision.
- 5.7.7. **The clinic shall specify a particular style and/or color of uniform with different style/color code; separate for each human resource category, employee and trainees**
- 5.7.8. The employee shall keep the uniform neat, wrinkle free and in good repair,
- 5.7.9. The identification badge shall be worn at all times while at work and be easily visible with name & profession.



## Section Six: Cross Cutting Service for Specialty Clinics

### 6.1 Outpatient Services

#### 6.1.1. Practices:

- 6.1.1.1. The specialty clinic shall provide the following outpatient services/ functions as per the standards below:
  - a) Care of ambulatory patients and follow up of ambulatory patients for conditions in their respective discipline/ specialties,
  - b) Preventive and health promotion services in their respective disciplines/ specialties.
  - c) Care for patients with chronic illnesses in their respective discipline/ specialties and do follow ups.
- 6.1.1.2. The outpatient service delivered in specialty clinic shall be provided by licensed specialist.
- 6.1.1.3. The outpatient service shall be available during working hours. For clinic which is open extra hours, the time & the type of service available during after-working hours shall be posted at a visible place to the public.
- 6.1.1.4. Patient assessment at specialty clinic shall include;
  - a) Comprehensive medical and social history,
  - b) Physical examination including at least:
    - Vital sign (BP, PR, RR, T°) and weight,
    - Clinical examination pertinent to the illness,
  - c) Diagnostics impression, and
  - d) Laboratory and other medical workups when indicated.
- 6.1.1.5. The range of relevant treatment options and the clinical impression shall be fully described to client and/or their families and documented on patient's medical record accordingly.
- 6.1.1.6. The specialty clinic shall have national clinical protocols for management of at least common disease entities and locally significant diseases if any.
- 6.1.1.7. The specialty clinic shall keep its staff updated with current knowledge and practice and observe utilization of national guidelines for the services it renders.
- 6.1.1.8. The specialty clinic shall have functional referral system which includes at least:
  - a) List of conditions indicative for urgent referral,
  - b) SOP for selection of cases for referral,
  - c) Procedure for referring patients directly to respective (higher) services,
  - d) List of potential referral sites with contact address (i.e., referral directory),
  - e) Referral forms,
  - f) Referral tracing mechanism (linkage),
  - g) Feedback providing mechanism,
  - h) Documentation of referred clients.

- 6.1.1.9. The specialty clinic is obliged to report diseases under national surveillance to the MOH through a responsible person/office at sub-city/ woreda/ town health offices.
- 6.1.1.10. The services rendered at specialty clinic shall comply with the standards prescribed under the section on patient rights and responsibilities.
- 6.1.1.11. The scope of the outpatient services shall be limited to those specialty services stated on the license.
- 6.1.1.12. Specific public health program related services/interventions may be delivered in medium clinic upon approval if supported with additional trainings.

### 6.1.2. Premises

- 6.1.2.1. The outpatient service of the specialty clinic shall have examination room with the following facilities/ conditions:
  - a) All rooms shall have adequate light and ventilation.
  - b) All rooms for patient care shall promote patient dignity and privacy.
  - c) All rooms for patient care shall be provided with running water supply & functional hand washing basin.
  - d) The arrangement of rooms shall consider proximity between related services.
  - e) Potential source of accidents shall be identified and acted upon (floors shall not be slippery; there shall not be misfit in doorways and footsteps etc).
  - f) All rooms shall be well labeled/ marked and easily accessible for persons with disability.
  - g) There shall be a fire extinguisher placed at the reception & recording area in visible place.
  - h) The corridor to examination rooms shall be spacious enough to allow easy transport of emergency patients or patients with support.

### 6.1.3. Professionals

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

No	Personnel	Number
	Specialist	1
	General practitioner (Optional)	1
	Nurse	1
	Cleaner	1
	Receptionist	1

## 6.1.4. Products

6.1.4.1. The examination room shall have the following materials:

- a) Diagnostic Equipments for examination room(s): the list can be specific to the specialty & refer to specific specialty for detail.
  - a. Stethoscope
  - b. Otoscope
  - c. Ophthalmoscope
  - d. BP apparatus
  - e. Thermometer
  - f. Tuning fork
  - g. Tape measure
  - h. Snellen's chart
  - i. Magnifying glass
  - j. Reflex hammer
  - k. Examination/ pen torch
  - l. Time clock
  - m. Mobile examination light
- b) Examination couch & accessories specific to the specialty if necessary,
  - a. Gynecology bed- only for Obs & Gyn clinic,
  - b. ENT table/ chair- for ENT
  - c. Dental unit,
  - d. Adjustable stool- for ophthalmology clinic, ENT clinic, dermatology clinic
  - e. X-Ray viewer,
  - f. Dust bin,
  - g. A table & chairs,

## 6.2 Minor Surgical Services

### 6.2.1. Practices

- 6.2.1.1. The specialty clinic may provide minor surgical services.
- 6.2.1.2. Any specialty related minor surgical interventions performed under the specialty clinic shall be done by licensed specialist.
- 6.2.1.3. At specialty clinic level use of General Anesthesia (GA), or performing major surgeries that need GA with or without use of anesthesia machines are strictly prohibited.
- 6.2.1.4. The specialty clinic shall have list of minor surgical procedures that are allowed to be done at outpatient level. E.g., Circumcisions, lipoma excisions, abscess drainages, suturing of soft tissue injuries, external immobilization of closed and open fractures and other minor interventions.
- 6.2.1.5. Surgical interventions shall be recorded for each patient and documentation shall be integrated with the patient's medical record.
- 6.2.1.6. The preoperative (pre-procedure) assessment finding and diagnosis shall be recorded in their medical records for all patients prior to surgical intervention.
- 6.2.1.7. The specialist practitioner shall explain the disease condition, possible surgical intervention and outcome possibilities in clear, simple and understandable terms to the patient and/or next of kin or family/ guardian.

6.2.1.8. There shall be protocols that ensure & define the appropriateness and safety of the procedure before, during and immediately after minor surgery, including at least the following:

- a) Aseptic technique,
- b) Sterilization and disinfections,
- c) Selection of draping and gowning,

6.2.1.9. The specialty clinic shall have copy of management protocols at least for,

- a) pain management,
- b) emergency/acute trauma management,
- c) emergency resuscitation, Cardio Pulmonary Resuscitation (CPR),

6.2.1.10. The minor OR shall be kept clean at all time; clean after every procedure and it shall be cleansed thoroughly at least weekly.

6.2.1.11. Administration of minor regional blocks shall be monitored, which shall include:

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

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

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

## **6.2.2. Premises**

6.2.2.1. The premises for surgical services in specialty clinic shall have Minor OR/ or procedure room with the following:

- a) Layout shall be with flow from change area, scrub area, to operating/ procedure area when viewed from entrance.
- b) Washable walls; crack free and of scrub-able Ceiling.
- c) Vicinity of plumbing fixtures, floors and walls penetrated by pipes shall be sealed & smoothed,

- d) Floor shall be smooth, easily cleanable and non-slippery, preferably made of marble or ceramic.
- e) Fitted with at least 2 fixed electric outlets,
- f) A line shall be clearly marked in red or green on the floor, beyond which no person shall be permitted to set foot without changing shoes or applying shoes cover.
- g) The scrub area shall be provided with sink and taps for running water. The taps for running water shall be hand free, manipulated with elbow or knee. (e.g., long arm valve gate).

### 6.2.3. Professional

- 6.2.3.1. Any specialty related minor surgical procedures shall be performed by licensed specialist in the discipline.

### 6.2.4. Products

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

- |                               |                                       |
|-------------------------------|---------------------------------------|
| a) Minor OR/ procedure table, | n) Galley pots,                       |
| b) Instrument tray,           | o) Surgical drape, fenestrated        |
| c) IV stand,                  | p) Bowls with stands,                 |
| d) Mobile operation light,    | q) Glass medicine cabinet and shelve, |
| e) Oxygen source,             | r) Kick buckets,                      |
| f) Adjustable stool,          | s) Minor OR Linen:                    |
| g) Steam sterilizer,          | • Trousers, Surgical,                 |
| h) Sterilization Drums,       | • Top(shirts), Surgical,              |
| i) Suction machine,           | • Gown, Surgical, (Plain)             |
| j) Resuscitation set, ,       | • Cap, Surgical,                      |
| k) Dressing trolley,          | • Masks, surgical,                    |
| l) Minor surgical set,        |                                       |
| m) Kidney basin, 475ml,       |                                       |

- 6.2.4.2. Supplies:

- |                          |                              |
|--------------------------|------------------------------|
| a) Catheters,            | g) Zink oxide,               |
| b) S/ gloves,            | h) Surgical blades,          |
| c) Disposable glove,     | i) Suturing materials:       |
| d) Gauze: sterile, roll, | absorbable, non- absorbable, |
| e) Cotton,               | j) Vigo/ IV cannula,         |
| f) lidocaine             |                              |

- 6.2.4.3. Medicines: the clinic shall have local anesthesia & emergency medicines according to the emergency drug lists prepared by EFMHACA for the specific specialty.

## 6.3 General Nursing Service

### 6.3.1. Practice

- 6.3.1.1. Nursing care shall be available in the specialty clinic for emergency care, patients unable to support themselves and other clients who need the care.
- 6.3.1.2. There shall be accessible physical resources for nurses to implement the nursing process, as detailed under the products' section.
- 6.3.1.3. The Nursing service to a minimum shall include:
  - a) Taking vital signs for all clients visiting the clinic,
  - b) Perform psycho social assessment & care evaluation,
  - c) Provide psychosocial support for patients on the disease condition & recommended treatment,
  - d) Provide basic health education to clients,
- 6.3.1.4. Written copies of nursing procedure manual shall be available to the nursing staff. The manual shall be used at least to:
  - (a) Provide a basis for induction of newly employed nurse(s),
  - (b) Provide a ready reference on procedures for all nursing personnel.
  - (c) Standardize procedures and practice.
  - (d) Provide a basis for continued professional development in nursing procedures/techniques.
- 6.3.1.5. The specialty clinic shall have established system for verbal and written communication about patient care.
  - (a) Verbal communication includes the communication with treating physician & other service units (like Laboratory & X-Ray units) & giving education for clients & families.
  - (b) Written communication includes use of clinical forms and nursing care plan for patients.
- 6.3.1.6. There shall be a procedure for standardized, safe and proper administration of medications by nurses or designated clinical staff including proper documentation of administered drugs.
- 6.3.1.7. All patients kept for observation/resuscitation shall be under the supervision/ care of a licensed nurse at all times.
- 6.3.1.8. Implementation of infection prevention (IP) procedures and provision of information on IP practices to patients, clients, family members and other caregivers, as appropriate, shall be done by the nurses;
- 6.3.1.9. Copies of Nurses' code of professional practice shall be available and all nurses shall abide by the code of professional practice.
- 6.3.1.10. Nurses shall explain and seek informed consent from their patients or their relatives/ next of kin (for incompetent patients) before carrying out any procedure.
- 6.3.1.11. Allergies shall be listed on the front cover of the patient's chart or, in a computerized system, highlighted on the screen.
- 6.3.1.12. There shall be a mechanism for nurses to report any suggestive signs of child abuse, substance abuse and /or abnormal psychiatric manifestations by the patients to treating physician.

### **6.3.2. Premises**

- 6.3.2.1. The nursing service in specialty clinic shall be rendered integrated with other services. There may not be a separate premise for nursing service.

### **6.3.3. Professional**

- 6.3.3.1. The nurse(s) working in the specialty clinic is/are responsible for the nursing services to be available in the clinic.

### **6.3.4. Products**

- 6.3.4.1. The nursing service in specialty clinic shall have the following equipment & supplies in each unit that needs the nursing service.

- 6.3.4.2. The clinic shall have the following equipment for nursing services (can be shared):
- a) Vital sign equipments: thermometer, BP apparatus with stethoscope, weighing scale,
  - b) Dressing set #2
  - c) Bowels/ buckets for instrument processing #3,
  - d) Pickup forceps with jar #2
  - e) Instrument tray #2
  - f) Instrument trolley #1
  - g) Kidney basin #2
  - h) IV Infusion stand #2
  - i) Sterilization drums with stands #3
  - j) Autoclave/ Steam Sterilizer #1
  - k) Minor surgical set #1
  - l) Personal protective equipments,

## **6.4 General Emergency Services**

### **6.4.1. Practices**

- 6.4.1.1. The specialty clinic shall provide emergency services related to the specialty at least during working hours without any prerequisite and discrimination.
- 6.4.1.2. Examination room(s) shall be ready and accessible for emergency and shall comply with the patient rights as stated under this standard.
- 6.4.1.3. Infection prevention standards shall be implemented during emergency handling and management as per the IP standards.
- 6.4.1.4. The emergency service of the specialty clinic shall have functional intra and inter facility referral system which encompasses SOP for selection of referral cases, referral directory, referral forms, and documentation of referred clients; referral tracing and feedback getting mechanism.
- 6.4.1.5. If referral is urgent, it shall be done after providing initial stabilization and after confirmation of availability of the required service in the facility where the patient is to be referred to.
- 6.4.1.6. Every procedure, medication and clinical condition shall be communicated to the patient or family member or next of kin after responding for urgent resuscitation measures.
- 6.4.1.7. 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.
- 6.4.1.8. The specialty clinic shall have a system that facilitates emergency patients to get priority access to services.
- 6.4.1.9. The specialty clinic shall provide emergency observation service for conditions that do not need admission for more than 24 hours.
- 6.4.1.10. The emergency service shall provide basic life support as indicated for any emergency cases, which may include:

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

6.4.1.11. The specialty clinic emergency service shall have protocol for initial management of common emergency conditions in the specialty. The protocols shall be specialty specific as the example indicated below:

- a) Ophthalmology clinic- glaucoma, corneal laceration, uveitis, Shock, Severe Bleeding, Trauma,
- b) Internal medicine clinic- Coma, Cardiac emergencies, severe respiratory distress, Seizure disorder, Hypertension emergencies, Cerebro-vascular accidents, Meningitis, Poisoning.
- c) Orthopedic/ surgery clinic- immobilization, Fracture and injuries, Burn, Dehydration, Acute abdomen, Tetanus,

#### **6.4.2. Premises**

- 6.4.2.1. Except dental clinic, dermatology clinic, psychiatry clinic, neurology clinic and rheumatology clinic there shall be emergency observation room for all specialty clinics.
- 6.4.2.2. The emergency or observation room premises shall be low traffic area and there shall be reserve parking place for ambulances.
- 6.4.2.3. The emergency area shall be spacious enough to provide a space for the following tasks:
  - (a) Accepting patients and providing immediate care including emergency procedures,
  - (b) Admitting to provide resuscitation or observation for a maximum of 24 hours,
  - (c) Access to emergency medicines, supplies and equipment.
- 6.4.2.4. Resuscitation/ observation couches shall be arranged in a way 90cm away from walls and with a minimum of 1.2m space in between.

#### **6.4.3. Professional**

- 6.4.3.1. The specialty clinic shall avail medical staff for emergency conditions whenever need arises.
- 6.4.3.2. All medical staff handling emergencies shall have basic knowledge & skills on emergency management under the specialty.

#### **6.4.4. Products**



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

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

6.4.4.2. The specialty clinics shall have emergency medicines as per the list of emergency medicines prepared by FMHACA.

## **6.5 Emergency Medication Management**

### **6.5.1. Practice**

- 6.5.1.1. Specialty clinics shall have emergency medicines at all times. List of these medicines shall be according to the Authority's Emergency Medicines list specific to the specialty clinic.
- 6.5.1.2. Emergency medicines & supplies shall be kept ready to use in Emergency room or observation room if available.
- 6.5.1.3. These health facilities shall get emergency medicines from suppliers licensed by the Authority.
- 6.5.1.4. Emergency medications shall be prescribed by an authorized prescriber and administered by nursing personnel with adequate information and counseling to the patient or care giver.
- 6.5.1.5. The specialty clinic shall be responsible to report suspected Adverse Drug Reaction (ADR) cases to the Authority and all adverse medication effects shall be noted in the patient's medication record.
- 6.5.1.6. It is prohibited to hold or dispense emergency medicines which are not registered or included in the emergency medicines list by the Authority.
- 6.5.1.7. It is prohibited to hold or dispense non-emergency medicines in specialty clinic at any time.
- 6.5.1.8. Specialty clinics are not allowed to hold or dispense any donated medications without prior permission from the Authority.
- 6.5.1.9. Specialty clinics shall keep documentation which shows description of medicines, medicines source, date of purchase and receipt, inventory records, medicines waste disposal records and other relevant information and produce whenever requested.

- 6.5.1.10. Specialty clinics shall keep medication records for emergency medicines which contains at least:
- a) Name of patient, sex, age and medical record number,
  - b) Diagnosis and allergy, if any,
  - c) Name of the drug, strength, dosage form and total dose given and route of administration,
  - d) Date dispensed,
  - e) Prescriber's name, qualification and signature,
  - f) Prescriber's address (name and address of health facility)
  - g) Name & signature of the dispenser/ administrator of the drug.
- 6.5.1.11. Specialty clinics shall be responsible to make sure that medicines promotion made by suppliers or manufacturers in their premises is made by a licensed pharmacist in accordance with the country's laws.
- 6.5.1.12. Any clinical trial without the permission of the Authority is prohibited in these health facilities.
- 6.5.1.13. The storage condition for emergency medicines shall provide adequate protection to the medicines and supplies from all environmental factors until time of use.
- 6.5.1.14. Medicines shall be kept in a secured, clean, ventilated cabinet and in accordance with the manufacturers' recommendation for storage conditions.
- 6.5.1.15. Disinfectants and other chemicals shall be stored separately from emergency medicines.
- 6.5.1.16. Specialty clinics shall manage and dispose medicines waste in accordance with the directive issued by the Authority.
- 6.5.1.17. The emergency medicines & supplies for the specialty clinics shall be accessible to authorized inspector of an appropriate organ.

## **6.5.2. Premises**

- 6.5.2.1. The specialty clinic shall have lockable cabinet for emergency medications storage with proper storage conditions.

## **6.5.3. Professional**

- 6.5.3.1. The medical staff shall be accountable /responsible to administer emergency medications whenever required.
- 6.5.3.2. The assigned responsible staff shall check & refill the emergency cabinet for medicines & supplies daily & after use.

## **6.5.4. Products**

- 6.5.4.1. The specialty clinics shall have emergency medicine cabinet.

6.5.4.2. The specialty clinic shall hold emergency medicines allowed for that particular specialty. List of these medicines shall be provided by the Authority's Emergency Medicines list specific to the specialty clinics.

## 6.6 Clinical laboratory service

### 6.6.1. Practices

6.6.1.1. Except Dental, Ophthalmology, Dermatology, Psychiatry, ENT, Orthopedics, Neurology and Rheumatology clinics, specialty clinics shall have clinical laboratory services. (N.B.: Dental specialty clinic can have dental laboratory as optional service)

6.6.1.2. The clinical laboratory in the specialty clinic shall provide basic laboratory services for hematology, chemistry, bacteriology and serology tests.

6.6.1.3. The clinical laboratory shall have the following minimum test descriptions; test descriptions can be larger based on the specialty:

a) **HEMATOLOGY TESTS:**

- White blood cell count
- Hemoglobin
- Hematocrit
- Differential count
- Reticulocyte count
- Platelet
- Hemoparasite
- RBC morphology
- Erythrocytes Sedimentation Rate (ESR)

b) **CLINICAL CHEMISTRY:**

- Glucose
- Creatinine
- Blood Urea
- Alkaline Phosphatase
- Aspartate Aminotransferase (AST)
- Alanine Aminotransferase (ALT)
- Bilirubin, Direct
- Bilirubin, Total
- Glucose Tolerance Test (GTT)
- $\gamma$ -Glutamine Transferase
- Total protein, 24 hr. Urine

c) **URINALYSIS AND BODY FLUID ANALYSIS**

- Urine analysis Qualitative
- Urine Microscopy
- Body fluid Analysis

d) **PARASITOLOGY**

- Stool Examination
- Special parasitological tests

e) **BACTERIOLOGICAL EXAMINATION**

- Gram Stain
- AFB Stain
- Special Stain

f) **SEROLOGICAL TESTS AND OTHER TESTS**

- Widal-weli flieix
- HBsAg
- H.pylori
- RPR (syphilis)
- HIV/Ag/Ab

- 6.6.1.4. The specialty clinic laboratory shall have written policies and procedures for the followings:
- a) Quality assurance and control processes,
  - b) Inspection, maintenance, calibration, and testing of all equipment,
  - c) Management of reagents, including availability, storage, and testing for accuracy.
  - d) Statement on Normal ranges for all tests.
  - e) Laboratory safety program, including infection control.
  - f) Documentation of calibration report, refrigerator readings and so on.
- 6.6.1.5. The specialty clinic laboratory shall follow standard operating procedures (SOPs) and conduct routine quality assessments to ensure reliable and cost-effective testing of patient specimens.
- 6.6.1.6. Manuals, guidelines or Standard Operating Procedures (SOPs) shall be available for all tests and equipments available in the specialty clinic laboratory.
- 6.6.1.7. The specialty clinic laboratory shall have procedures (SOPs) for proper collection, identification, transport & disposal of specimen that address specific collection requirements.
- 6.6.1.8. Specialty clinic laboratory team/ management shall review all operational procedures at regular intervals.
- 6.6.1.9. The process of specimen analysis shall be specified by validated written or electronic procedures maintained in the laboratory. Procedures may be written by the laboratory staff or may be adapted from existing published materials.
- 6.6.1.10. There shall be SOP or criteria developed for acceptance or rejection of clinical samples.
- 6.6.1.11. The specialty clinic laboratory shall maintain a record of all samples received and tests run.
- 6.6.1.12. Specialty clinic laboratory staff shall test quality control materials every day for equipment requiring frequent calibration.
- 6.6.1.13. Specialty clinic laboratory shall have a procedure for storage of clinical samples that are not examined immediately.
- 6.6.1.14. Specialty clinic laboratory report shall be made as follows;
- a) All laboratory test results/reports shall have reference (normal) ranges specific for age and gender if applicable.
  - b) Copies/ 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.

- c) Reports shall be filed with the patient's medical record and duplicate copies shall be filed in the laboratory.
- d) In the case of laboratory tests performed by an outside laboratory, the original report from such laboratory shall be filed in the medical record.
- e) Quality assured test results shall be reported on standard forms 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 who reviewed the report and releases the results, and
  - Address of the laboratory/ clinic.
- f) Laboratory results shall be legible, without transcription mistakes and reported only to persons authorized to receive them such as the ordering physician or nursing staff in the specialty clinic.

6.6.1.15. No eating, drinking, smoking or other application of cosmetics in the laboratory work area is allowed.

6.6.1.16. No food and drink shall be stored in the laboratory.

6.6.1.17. Temperature of the refrigerator used to store laboratory reagents shall be strictly maintained below 8°C & daily temperature readings shall be documented.

6.6.1.18. The lab professional shall wear protective clothing of an approved design (splash proof), always fastened, within the laboratory work area and removed before leaving the laboratory.

6.6.1.19. Where services are provided by an outside laboratory, the types of services & procedures available & offered shall be documented in writing and available in the Specialty clinic.

## **6.6.2. Premises**

6.6.2.1. Except for dental, ophthalmology, dermatology, psychiatry, ENT, Orthopedics, neurology and rheumatology clinics, specialty clinics shall have a dedicated premise/ room for clinical laboratory services.

6.6.2.2. The specialty clinic laboratory shall have the necessary space & facilities to collect specimens & perform testing in a safe environment.

6.6.2.3. The laboratory working environment shall be kept organized, clean, and safe for handling specimens and waste materials.

6.6.2.4. The following shall be minimum space allocation for specialty clinic laboratory:

Premises required	No of room required	Minimum Area required
• Big room,	1	<b>22 sq m</b>
○ Specimen collection area,		4 sq. m
○ Hematology area		4 sq. m
○ Serology area		4 sq. m
○ Parasitology and urinalysis area		4 sq. m
○ Store place for chemicals (wall mounted cabinets can be used)		<b>6 sq. m</b>
○ Toilet room (male & female)	1	8sq. m (can be shared)

6.6.2.5. The laboratory facilities for specialty clinic shall meet at least the following:

- a) The laboratory shall have a reliable supply of running water.
- b) The laboratory shall be well illuminated and ventilated,
- c) At least two sinks shall be provided in the big room, one for general laboratory use and the other reserved for hand washing.
- d) Lab bench working surface covered with appropriate materials.
- e) Interior of the lab; floor, walls and ceiling shall be:
  - Smooth, free from cracks, cavities, recesses, projecting ledges and other features that could harbor dust or spillage,
  - Washable, easy to clean,
  - Constructed of materials that are non-combustible or have high fire-resistance characteristics,
- f) Laboratory furniture shall be capable of supporting anticipated loading and uses.
- g) Spaces between benches, cabinets, and equipment shall be accessible for cleaning.
- h) There shall be Lockable doors and cupboards,
- i) The lab sinks shall drain to closed drainage,
- j) Emergency of safety services such as deluge showers and eye-wash stations shall be included in the laboratory services design specifications.

### 6.6.3. Professionals

6.6.3.1. The laboratory service at specialty clinic shall be directed by at least a licensed medical Laboratory Technician with 3 years of experience or laboratory technologist with 2 years of experience.

- 6.6.3.2. Laboratory professional is not mandatory for Specialty clinics where clinical laboratory service is considered as optional.
- 6.6.3.3. All laboratory tests and analyses rendered at the clinic shall be done by laboratory professional.
- 6.6.3.4. Laboratory staff shall, at all times, perform their functions with adherence to the highest ethical and professional standards of the laboratory profession.
- 6.6.3.5. The clinic shall facilitate upgrade and continuous education access for its laboratory staff.

#### **6.6.4. Products**

- 6.6.4.1. Products for clinical laboratory service shall be available for specialty clinics where clinical lab service is mandatory.
- 6.6.4.2. All clinical laboratory equipment in specialty clinic shall be in good working order, and routinely quality control and regularly calibrated.
- 6.6.4.3. Clinical Laboratory shall have a program of preventive maintenance for every machine which at a minimum follows the manufacturer's recommendation.
- 6.6.4.4. Minimum tests: Hematology, Clinical chemistry, Parasitology, urinalysis & body fluid analysis, KOH, bacteriology, serology,
- 6.6.4.5. The specialty clinic laboratory service shall have the following equipments:
 

<ul style="list-style-type: none"> <li>a) Binocular microscope #2</li> <li>b) Micro HCT centrifuge,</li> <li>c) Micro HCT reader,</li> <li>d) Centrifuge,</li> <li>e) Differential chamber,</li> <li>f) Differential counter,</li> <li>g) Bunsen burner,</li> <li>h) ESR rack,</li> <li>i) Refrigerator,</li> <li>j) Tally counter,</li> <li>k) Timer,</li> <li>l) Shaker,</li> <li>m) Water bath,</li> </ul>	<ul style="list-style-type: none"> <li>n) Photometer,</li> <li>o) Micro pipettes,</li> <li>p) Dry oven,</li> <li>q) Steam sterilizer,</li> <li>r) Fully automated chemistry machine (optional)</li> <li>s) Hematology machine (Optional)</li> <li>t) Dropper/ pipettes,</li> <li>u) Slide rack,</li> <li>v) Test tube racks,</li> </ul>
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- N.B.:**
1. If a fully automated clinical chemistry machine is available, shaker, water bath, and photometry shall not be requested.
  2. If hematology machine is available, differential chamber, differential counter, tally counter, micro HCT centrifuge & reader shall not be requested.

6.6.4.6. The laboratory reagents shall be stored labeled & properly.

- 6.6.4.7. The specialty clinic laboratory shall have the following consumables and kits:
  - a) Urine strip of 10 parameter,
  - b) Vacutainer EDTA tube, 4ml,
  - c) Vacutainer needle,

- d) Vacutainer needle holder,
- e) Slide and cover slide,
- f) Test kits: HCG, HIV, HBsAg, H.pylori, HCAg,
- g) Reagents,

6.6.4.8. Micropipette tips of different sizes (5 $\mu$ l -1000 $\mu$ l)

FINAL DRAFT



## 6.7 Health Promotion Services

### 6.7.1. Practice

- 6.7.1.1. The specialty clinic shall plan, schedule and carry out health promotion activities in the respective specialty.
- 6.7.1.2. The specialty clinic shall have a written policy and procedures for health promotion. Which shall include:
- a) Content of health promotion package, the implementation media aiming at improving health outcomes for patients, relatives, staff and community.
  - b) Allocating resources to the processes of implementation & regular review of the promotion package.
  - c) Enlightening staffs on health promotion package.
  - d) Ensuring that the clinic staff has relevant competences to perform health promotion activities and supports the acquisition of further competences as required.
- 6.7.1.3. The specialty clinic shall provide patients with information on significant factors concerning their health condition. Health promotion interventions shall be established in all patient pathways, & to a minimum shall include:
- a) Based on the health promotion needs assessment, the patient is informed of factors impacting on his/ her 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 health condition, treatment, care and factors influencing their health.
  - c) Health promotion is systematically offered to all patients based on the assessed needs.
  - d) Information given to the patient and all 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 health promotion plan for a medical services shall be drawn up and documented into the patient's medical file;
- 6.7.1.4. The specialty clinic shall have policy for the establishment of a healthy workplace which 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.

6.7.1.5. The specialty clinic health promotion practice shall provide unbiased and evidence based information.

6.7.1.6. The specialty clinic shall prepare &/ or avail health promotional materials which shall be customer focused.

### **6.7.2. Premises**

6.7.2.1. The specialty clinic shall have waiting area at reception with audio visual health promotion materials.

### **6.7.3. Professionals**

6.7.3.1. It is not mandatory to assign staff for promotion in particular,

6.7.3.2. The specialist shall take the lead to identify priority conditions to prepare or avail promotion materials.

6.7.3.3. The nurse shall collect available promotion materials from respective parties and coordinate health promotion activities.

6.7.3.4. The expected health promotional activities shall be specified in the job description(s) of the nurse(s).

### **6.7.4. Products**

6.7.4.1. The specialty clinic shall have Audio visual materials, TV set, DVD/ VCD, Radio, Tape-recorded at reception area,

6.7.4.2. The specialty clinic may have the following health promotional materials:

- a) Printed material (Posters, Brochures, Leaflets, Newspaper, Health bulletin),
- b) Audio- video IEC materials (audio cassettes, video cassettes),

## 6.8 Radiography Imaging Services

The specialty clinic may have any of the radiography imaging services based on the following table.

Type of clinic	Conventional X-Ray	Fluoroscope	U/ S	CT Scan	MRI	Mammography
Internal medicine	Mandatory	Not necessary	Optional	Optional	Optional	Optional
Surgery	Mandatory	Optional	Mandatory	Optional	Optional	Optional
Orthopedics	Mandatory	Mandatory	Optional	Optional	Optional	Not necessary
Obs & Gyn	Optional	Not applicable	Mandatory	Not necessary	Not necessary	Optional
Pediatrics	Optional	Optional	Optional	Not necessary	Not necessary	Not necessary
Ophthalmology	Not necessary	Not necessary	Optional	Not necessary	Not necessary	Not necessary
ENT/ otorhino	Optional	Not necessary	Not necessary	Not necessary	Not necessary	Not necessary
Psychiatry	Optional	Not necessary	Not necessary	Not necessary	Not necessary	Not necessary
Dermatology	Not necessary	Not necessary	Not necessary	Not necessary	Not necessary	Not necessary
Neurology	Mandatory	Not necessary	Not necessary	Not necessary	Not necessary	Not necessary
Cardiology	Mandatory	Optional	Mandatory	Optional	Optional	Not necessary
Rheumatology	Optional	Not necessary	Optional	Optional	Optional	Not necessary
Nephrology	Mandatory	Optional	Mandatory	Optional	Optional	Not necessary
Gastroenterology	Mandatory	Optional	Mandatory	Optional	Optional	Not necessary
Chest clinic	Mandatory	Not necessary	Optional	Optional	Optional	Not necessary
Dental clinic	Not necessary	Not necessary	Not necessary	Not necessary	Not necessary	Not necessary

### 6.8.1. Practice

6.8.1.1. Basic Radiology service shall be available for specialty clinics where the service is mandatory.

6.8.1.2. The radiology service shall have written policies and procedures that are reviewed at least once every three years, and which shall include at least:

- a) Radiology Safety practices;
- b) Adverse reactions;
- c) Management of the critically ill patient during imaging procedures;
- d) Infection control, including patients in isolation;
- e) Timeliness of the availability of diagnostic imaging procedures and the results;

- f) Quality control program covering the inspection, maintenance, and calibration of all equipment.

6.8.1.3. There shall be a written protocol for managing medical emergencies in the radiological suite.

6.8.1.4. The radiology service unit shall be free of hazards to patients and personnel.

6.8.1.5. Proper safety precautions shall be maintained against fire and explosion hazards, electrical hazards, and radiation hazards.

6.8.1.6. The Specialty clinic shall post in easily visible place all the necessary signs & the approval certificate from the Ethiopian Radiation Protection Authority through periodic inspection.

6.8.1.7. The specialty clinic radiology unit shall keep documentation of the report for periodic readings of employee's exposure for radiation by the use of exposure meters or badge tests.

6.8.1.8. The specialty clinic shall make sure that the radiographer(s) put on personal TLD(s) whenever on operating the radiation emitting machines and TLD(s) are regularly monitored.

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

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

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

## 6.8.2. Premises

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

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

## 6.8.3. Professional

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

- a) Radiological technologist #1
- b) Radiographer #1

6.8.3.2. A radiologist shall be available in specialty clinic where radiological interventions like U/S studies, Fluoroscopic study, and administration of radiologic contrasts are performed.

## 6.8.4. Products

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

- a) Standard conventional x-ray machine,

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

6.8.4.2. The X-Ray machine shall be regularly inspected, maintained, and calibrated by licensed organ or ERPA; appropriate records of maintenance shall be maintained.

6.8.4.3. All radiation generating equipments shall be installed within a room/ building with wall thickness that protects radiation to the surroundings, i.e., the minimum criteria set by the Ethiopian Radiation Protection Authority / **International Atomic Energy Agency (IAEA)**.

6.8.4.4. Installation and un-installation of radiation emitting machines like X-Ray shall follow the safety procedures set by the Ethiopian Radiation Protection Authority during all procedures.

## 6.9 Record keeping & reporting services

### 6.9.1. Practice

6.9.1.1. The specialty clinic shall maintain individual patient records,

6.9.1.2. The Specialty clinic shall maintain individual medical records in a manner to ensure accuracy and easy retrieval.

6.9.1.3. If a patient received medical intervention while on ambulance, the medical information of a patient & medication administered during ambulance service shall be documented in written and attached into the medical record.

6.9.1.4. The Specialty clinic shall establish a master patient index with a unique medical number/ record for each patient

6.9.1.5. Patient medical record shall at least contain the following information:

- a) Identification (name, age, sex, address),
- b) History, physical examination, investigation results and diagnosis,
- c) Medication, procedure and consultation notes,
- d) Name and signature of treating physician ,
- e) **If applicable, a signed Consent form(s). 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 signee to the patient.**

6.9.1.6. Every piece of paper or format that contains a patient medical information shall carry the appropriate identification,

- 6.9.1.7. All medical records shall be kept confidential, available only for use by authorized persons or as otherwise permitted by law.
- 6.9.1.8. The clinic shall have a mechanism to track a medical record taken out for use until returned to the record room.
- 6.9.1.9. All entries in the patient's medical record shall be written legibly in permanent ink (blue or black color), dated, and signed by the recording person.
- 6.9.1.10. Consent forms that patient sign shall be printed in an understandable format and the text written in clear, legible and non-technical language.
- 6.9.1.11. There shall be a mechanism to make medical records ready on appointment for use and to return seen cards back to the central medical record room within 24hrs.
- 6.9.1.12. If death happens in the clinic, the necessary information of the patient's death shall be documented in the patient's medical record upon death; date, time, any intervention, etc.,
- 6.9.1.13. Original medical records shall not leave Specialty clinic premises unless they are under court order or in order to safeguard the record in case of a physical emergency or natural disaster.
- 6.9.1.14. If a patient or his legally authorized representative requests in writing, a copy of the medical record shall be given.
- 6.9.1.15. If a patient is provided with medical certificates, copies of the certificate and other records shall be documented and/or recorded on the patient's medical record.
- 6.9.1.16. If the patient is referred to another facility on a non-emergency basis, the Specialty clinic shall prepare a transfer/ referral note reflecting the patient's immediate needs; send a copy of this record to the receiving facility & maintain a copy to the medical record.
- 6.9.1.17. If the Specialty clinic ceases to operate, it shall notify the **appropriate organ** in writing about how and where medical records are stored at least 15 days prior to cessation of operation. The patient choice on where to transfer his/her medical record shall be respected.
- 6.9.1.18. The Specialty clinic shall establish a procedure for removal of inactive medical records from the medical record room.
- 6.9.1.19. The specialty clinic shall destroy old medical records as per the law by using techniques that assure confidentiality. However, records which are active for more than ten years shall not be destroyed.
- 6.9.1.20. The specialty clinic shall have a written policy and procedure for medical record keeping which include at least:
  - (a) Procedures for record completion,
  - (b) Conditions & procedures for releasing medical information,
  - (c) Procedures for the protection of medical record information against the loss, tampering, alteration, destruction or unauthorized use.

6.9.1.21. The specialty clinic shall have procedure for keeping records, collecting data and reporting regularly specified reportable surveillance disease conditions for concerned public body- Zone/ Town/Sub-city.

6.9.1.22. Prescriptions and different request forms for investigation like laboratory, x-ray, etc. shall be revised and updated as per service need at least every five years.

## **6.9.2. Premises**

6.9.2.1. The specialty clinic shall have a well secured, ventilated & illuminated room with adequate space for shelves for archiving medical records. This room can be together with the reception based on the volume.

6.9.2.2. The premises for medical record shall have enough space between and around shelves. The medical records shall be kept in shelves which are to a minimum 10cm above the floor.

6.9.2.3. The medical record room shall have the following areas:

- a) Working area for Recording & sorting ( can be the reception area)
- b) Archive space with shelves

6.9.2.4. The medical record room shall have adequate light and ventilation.

6.9.2.5. There shall be fire extinguisher kept in a visible and identified place near the medical record room,

6.9.2.6. For facilities where medical records area shared with reception, medical records shall be stored in cabinets with locks.

## **6.9.3. Professional**

6.9.3.1. The specialty clinic receptionist shall function as record room personnel with proper orientation.

## **6.9.4. Products**

6.9.4.1. The record room of specialty clinic shall have the following materials:

- a) Shelves,
- b) Lockable cabinet,
- c) Cardex,
- d) Patient medical records,
- e) Standard request papers & formats,

## **6.10 Housekeeping & Maintenance Services**

### **6.10.1. Practices**

6.10.1.1. The housekeeping service shall have the following 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.
- 6.10.1.2. Maintain an adequate supply of clean white coat and gauns at all times
- 6.10.1.3. In the housekeeping service, the types and sources of offensive odors shall be identified, controlled and removed immediately
- 6.10.1.4. Collection, transportation and disposal of specialty clinic wastes shall be supervised and controlled
- 6.10.1.5. The safety of fire, electrical and natural hazards in the risk areas in the specialty clinic shall be supervised and controlled and shall work closely with specialty clinic fire brigade and safety committee.
- 6.10.1.6. The designee shall identify, supervise and organize the control and eradication of pests, rodents and animal nuisance in the specialty clinic.
- 6.10.1.7. The housekeeping staffs shall create pleasant environment to patients, staffs and visitors
- 6.10.1.8. The housekeeping staffs shall ensure proper lighting and ventilation in different specialty clinic areas.
- 6.10.1.9. Regular surveillance of overhead and underground tank, proper cover, regular chlorination and cleaning shall be undertaken
- 6.10.1.10. The infection control measures shall be carried out in accordance with the specialty clinic infection prevention standard
- 6.10.1.11. There shall be reserve electrical generator for power supply for continuous 24 hours.
- 6.10.1.12. Potable water and electrical services shall be available 24 hours a day and 365 days a year through regular or alternate sources.
- 6.10.1.13. There shall be a plant safety maintenance organization as described below:
- a) A safety committee that develops a comprehensive clinic-wide safety program and reviewed.
  - b) A mechanism to report all incidents, injuries and safety hazards to the safety committee.



- c) The safety committee shall review all reports and be responsible for ensuring that all reports are referred appropriately and follow-up action is documented.
- 6.10.1.14. Facility maintenance services
- a) The building maintenance service shall have written policies and procedures that are reviewed for routine maintenance, preventive maintenance and renovation maintenance.
  - b) The standby emergency generator shall be checked weekly, tested under load monthly, and serviced in accordance with accepted engineering practices.
  - c) Floors, ceilings, and walls shall be free of cracks and holes, discoloration, residue build-up, water stains, and other signs of disrepair.
  - d) Routine inspections of elevators shall be conducted.
- 6.10.1.15. Construction and renovation
- a) Whenever construction and renovation projects are planned in and around a health care facility, a risk assessment shall be conducted to determine the impact of the project on patient areas, personnel, and mechanical systems.
  - b) The infection control program shall review areas of potential risk and populations at risk.
- 6.10.1.16. There shall be written protocols and procedures for specialty clinic equipment maintenance including:
- a) Plan for equipment maintenance (both preventive and curative), replacements, upgrades, and new equipments
  - b) Safe disposal procedures
  - c) An effective tracking system to monitor equipment maintenance activity.
  - d) A monitoring method that ensures diagnostic equipment operates with predicted specificity and sensitivity.
- 6.10.1.17. The maintenance personnel including the management of the clinic 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
- 6.10.1.18. Fire and emergency preparedness
- a) The clinic shall comply with the National Fire Protection standard
  - b) All employees, including part-time employees shall be trained in procedures to be followed in the event of a fire and instructed in the use of fire-fighting equipment and evacuation from the building 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.

- 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.
- 6.10.1.19. Housekeeping equipment or supplies used for cleaning in contaminated areas shall not be used in any other area of the clinic before it has been properly cleaned and sterilized.
- 6.10.1.20. All areas of the clinic, including the building and grounds, shall be kept clean and orderly.
- 6.10.1.21. There shall be frequent cleaning of floors, walls, woodwork and windows.
- 6.10.1.22. The premises shall be kept free of rodent and insect infestations.
- 6.10.1.23. Accumulated waste material and rubbish shall be removed at frequent intervals.
- 6.10.1.24. No flammable cleaning agents or other flammable liquids or gases shall be stored in any janitor's closet or other area of the clinic except in a properly fire rated and properly ventilated storage area specifically designed for such storage.
- 6.10.1.25. If the clinic does not have its own housekeeping and maintenance services; it may have a contract agreement with external organizations.
- 6.10.1.26. If the clinic has given the housekeeping and maintenance services to a contractor, the contractual agreement shall be filed and made accessible in the clinic premises. In such cases the clinic shall make sure that the standards mentioned for housekeeping and maintenance are adhered by the contractor.

#### **6.10.2. Premises**

- 6.10.2.1. There shall be separate space provided for the storage of housekeeping equipment and supplies
- 6.10.2.2. Office shall be available for the maintenance and the housekeeper.
- 6.10.2.3. Adequate space shall be available for janitor's closets and cleaning equipment & supplies.
- 6.10.2.4. Exits, stairways, doors and corridors shall be kept free of obstructions.

6.10.2.5. The clinic 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.

### **6.10.3. Professionals**

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

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

6.10.3.3. In summary, if the service is not outsourced, the clinic shall have

- a) Designated personnel for housekeeping,
- b) General maintenance personnel (electrician, plumber, painter, building maintenance technician and
- c) Biomedical equipment maintenance technician.

### **6.10.4. Products**

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

6.10.4.2. The clinic shall have the following tools, equipment & materials for housekeeping services.

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

## 6.11 Infection Prevention

### 6.11.1. Practices

- 6.11.1.1. All activities performed for infection prevention shall comply with the national infection prevention guidelines.
- 6.11.1.2. Infection prevention and control shall be effectively and efficiently governed and managed.
- 6.11.1.3. The specialty clinic shall identify the procedures and processes associated with the risk of infection and shall implement strategies to reduce infection risk.
- 6.11.1.4. The specialty clinic shall perform the following infection risk-reduction activities:
  - a) equipment cleaning and sterilization in particular invasive equipment
  - b) disposal of infectious waste and body fluids
  - c) handling and disposal of blood and blood components
  - d) disposal of sharps and needles
  - e) Engineering controls, such as positive ventilation systems, biological hoods in laboratories and thermostats on water heaters.

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

- a) Hand hygiene
  - Standard precautions for hand hygiene
  - Personal protective measures
  - Monitoring and surveillance of hand hygiene practices
- b) Transmission-based precautions
  - Contact precautions
  - Droplet precautions
  - Airborne precautions
- c) Post-Exposure Prophylaxis programming (PEP) for some communicable diseases like rabies, HIV, meningitis
  - Standard precautions to follow
  - PEP policy
  - Procedures for PEP
- d) Environmental infection prevention
  - General specialty clinic hygiene
  - Structural infection prevention
  - Physical specialty clinic organization
- e) Waste management
  - Cleaning medical instruments
  - Implementation of a disposal system
  - Handling medical waste
  - Waste removal

6.11.1.6. The following specific standard precautions shall be practiced and the specialty clinic shall have its own guidelines:

- a) Hand hygiene shall be performed after touching blood, body fluids, secretions, excretions, and contaminated items, both immediately after removing gloves and between patient contacts.
  - Thorough hand washing
  - Use disinfectants
  - Standard procedure for using anti-septic cleaner
- b) The specialty clinic staff shall consider that every patient is infectious
- c) The specialty clinic shall have personal protective equipment such as gloves, mask, eye protection (goggles) and face shield
  - Gloves shall be worn in the following situations but not limited to:
    - When there is direct contact with exposed wounds, blood, body fluids, body organs or any type of lesion.

- When drawing blood or handling medical instruments
- 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:
  - Splattering of blood or body fluids,
  - Performing waste collection for infectious waste,
  - Handling any type of medical waste,
- 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,
  - Handling biohazardous
  - Performing waste collection for hazardous or non-hazardous waste.
- 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 cleaning, and disinfecting environmental surfaces especially frequently touched surfaces by patients.
- 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.

6.11.1.7. There shall be transmission-based precautions and the specialty clinic shall have its own guideline for the followings:

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

- Clean surfaces used by patients on daily basis
  - Wash linens and surfaces after patient discharge
  - Clean medical equipment
- b) Droplet precautions
- c) Airborne precautions (for diseases like SARS ,TB, Swine flu, etc)
- 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
- 6.11.1.8. Each specialty clinic site shall train all staff on how to minimize exposure to blood-borne diseases. These include:
- a) Immediate first aid
  - b) Reporting exposures
  - c) Assign area for starter packs 24-hours access per day
  - d) Counseling and testing for exposed staff
  - e) Reporting and monitoring protocols
  - f) Evaluate PEP program
- 6.11.1.9. The infection prevention committee or designate shall have written protocols, procedures and shall oversee the following activities and this shall be documented:
- a) Developing the health facility annual infection prevention and control plan with costing, budgeting and financing
  - b) Monitoring and evaluating the performance of the infection prevention program by assessing implementation progress as well as adherence to IPC practice
  - c) Formulating a system for surveillance, prevention and control of nosocomial infections.
  - d) Reviewing surveillance data, reporting findings to management and other staff and identifying areas for intervention
  - e) Assessing and promoting improved IPC practice within the specialty clinic
  - f) Developing an IEC strategy on IP for health-care workers

- g) Ensuring the continuous availability of supplies and equipment for patient care management
  - h) Monitoring, providing data and measuring the overall impact of interventions on reducing infection risk
- 6.11.1.10. The specialty clinic shall provide regular training on infection prevention and control practice to staff, patients and as appropriate, to family and caregivers
- 6.11.1.11. The following training guidelines shall be available
- a) Prevention of the spread of infections
  - b) Improving the quality of client service
  - c) Promoting safe environment for both patients and staff
- 6.11.1.12. The specialty clinic shall have procedures in place to minimize crowding and manage the flow of visitors. This shall include
- a) Patient crowd control
  - b) Assess urgent and non-urgent cases
  - c) Patient sign-in
  - d) Caregiver control.

#### **6.11.2. Premises**

- 6.11.2.1. The specialty clinic shall have a dedicated office for IP officer,
- 6.11.2.2. The specialty clinic shall have a room or area for temporary storage of waste containers,
- 6.11.2.3. The specialty clinic shall have a centralized sterilization room
- 6.11.2.4. The specialty clinic shall have incinerator with ash and burial pits.

#### **6.11.3. Professionals**

- 6.11.3.1. The specialty clinic shall have a designated staff to serve as IP infection prevention and control officer.
- 6.11.3.2. The officer shall be a licensed IP trained nurse and knowledgeable of infection prevention principles and health care epidemiology.

#### **6.11.4. Products**



6.11.4.1. The specialty clinic shall have the following adequate supplies and equipment needed for infection prevention and control practice.

a) Waste management equipment and supplies:

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

b) Cleaning

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

c) Instrument processing:

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

d) Hand hygiene

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

e) Personal Protective Equipment

- Heavy duty glove
- Surgical glove
- Latex or Nitrile glove
- Eye shield
- Goggle
- Visors
- Dust mask
- Respiratory mask
- Other types of face mask
- Plastic apron
- Other types
- Boots
- Other protective shoes
- Caps
- Face shield

## 6.12 Sanitation and Waste Management

### 6.12.1. Practices

- 6.12.1.1. Specialty clinic environment shall ensure the following conditions:
- Clean sanitation and safe environment,
  - Access to continuous, safe and ample water supply
- 6.12.1.2. There shall be written procedures to govern the use of sanitation techniques in all areas of the specialty clinic.
- 6.12.1.3. If the clinic has ground water source, there shall be a written policy and procedures for ground water treatment,
- 6.12.1.4. Infectious and medical wastes shall be handled and managed according to the recent Health Care Waste Management National Guidelines/Directives.
- 6.12.1.5. Infectious and non infectious medical waste contained in disposable containers shall be placed temporarily for disposal or transport in leak proof drums, pails or portable bins. The containment system shall be leak proof, have tight-fitting covers and be kept clean and in good repair.
- 6.12.1.6. Reusable containers for infectious medical waste and general medical waste shall be thoroughly washed and decontaminated each time emptied according to the recent Health Care Waste Management National Guidelines/Directives
- 6.12.1.7. Reusable pails, drums, or bins used for containment of infectious waste shall not be used for containment of waste to be disposed of as noninfectious waste or for other purposes except after being decontaminated by procedures described in the latest Health Care Waste Management National Guidelines/Directives.
- 6.12.1.8. Segregation of health care waste shall includes the following procedures:
- Separate different types of waste as per the guideline,
  - The specialty clinic shall provide colored waste receptacles specifically suited for each category of waste,
  - Segregation shall take place at the source.
  - There shall be 3 bin systems used to segregate different types of waste in the specialty clinic:

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
Chemical bottles	White	bag or bin
Hazardous chemical wastes	yellow	bag or bin

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

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

6.12.1.10. The specialty clinic shall have an organized waste disposal and/ or removal system and shall ensure the safe handling of all wastes.

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

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

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

6.12.1.13. The specialty clinic shall routinely clean and sanitize waiting areas at least twice daily and more when ever needed. Areas where there is blood splash shall be cleaned immediately.

6.12.1.14. The specialty clinic shall ensure appropriate ventilation system.

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

6.12.1.16. Housekeeping items shall be cleaned and sanitized regularly.

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

- a) A functional sewerage system,
- b) Dispose of sanitary waste through connection to a suitable municipal sewerage system,

- c) Flush toilet system,
  - d) A designated waste storage room for solid waste &/ or a septic tank for liquid waste,
  - e) Written procedures defining instrument processing procedures (disinfection and sterilization).
- 6.12.1.18. The clinic shall have Plumbing system that fulfill the following conditions:
- a) An approved municipal water system,
  - b) An approved method of supplying hot water,
  - c) Supply piping within the building shall be according to the requirements in the standard mentioned under the physical facility,
- 6.12.1.19. The specialty clinic 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) Alternatives to protective equipment.

### **6.12.2. Premises**

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

### **6.12.3. Professionals**

- 6.12.3.1. Specialty clinic sanitation service shall be administered together with infection prevention activities.
- 6.12.3.2. In addition, the specialty clinic shall have:
- a) Housekeeping staff such as cleaners and waste handlers,
  - b) Gardeners,
- 6.12.3.3. The specialty clinic shall officially designate staff in charge of handling waste on a regular basis.
- 6.12.3.4. The assigned staff shall be responsible for the collection and disposal of waste products in the specialty clinic.
- 6.12.3.5. Continuing education shall be provided to all personnel engaged in sanitation activities on the relevant procedures.
- 6.12.3.6. Staff shall be oriented on personal protection methods.

#### **6.12.4. Products**

6.12.4.1. The specialty clinic shall have the following equipment and supplies required for sanitation activities but not limited to:

- a) Incinerator
- b) Safety boxes
- c) Leak proof containers for waste
- d) Trolley to transport waste
- e) PPE (personal protective equipments)
- f) Autoclave.
- g) Pressure cooker/dry oven.
- h) Cleaning supplies (detergents, disinfectants and other cleaning solutions etc).
- i) Mops and dust bins

## Section Seven: Specific Specialty Standards

### 7.1. Eye/ ophthalmology Specialty Clinic

#### 7.1.1. Practices:

- 7.1.1.1. The ophthalmology specialty clinic shall provide ophthalmology services at outpatient level only at least during regular working hours
- 7.1.1.2. The medical assessment for eye shall include at least;
- Comprehensive medical and social history,
  - Physical examination for ophthalmology including at least:
    - Visual acuity,
    - Vital sign (BP), as necessary
    - Clinical examination pertinent to the illness,
    - Slit lamp examination/ Fundo-ophthalmoscope examination,
  - Diagnostic impressions
  - Visual Field test,
  - Intra ocular pressure (IOP)/ Tonometry,
  - Keratometry and ultrasound (optional)
- 7.1.1.3. There shall be minor surgical procedures with local and regional anesthesia as stated by minor surgical standards of this document
- 7.1.1.4. There shall be optometry service available in the clinic.
- 7.1.1.5. The clinic may have laser therapy service.
- 7.1.1.6. The Ophthalmology Service shall be provided by a licensed ophthalmologist.
- 7.1.1.7. The clinic shall have client medical records, registers and reporting formats as per the national system.

#### 7.1.2. Premises:

- 7.1.2.1. The ophthalmology/ Eye clinic shall have rooms (outpatient service areas) as specified below:

Premises required	# required	Area required
Reception, Recording & Waiting area	1	30 sq. m
Examination room(s) with Slit lamp	1	12 sq. m
Procedure/minor surgery room with Scrub room	1	20 sq. m
Observation room with 2 couches for observation	1	16 sq. m
Keratometry and Ultrasound examination room,(Optional)	1	20 sq. m
Workshop for Optometry (Optional)	1	20 sq. m
Sterilization room	1	12 sq. m
Eyeglass dispensing corner or room,(Optional)		

Toilet room (staff/ patient) (male & female)	2	4 sq. m each
Store room for medical supplies,	1	any
Incinerator (mobile/fixed),	1	3 sq. m

7.1.2.2. A Corridor with a minimum of 3m long for visual acuity examination,

7.1.2.3. All rooms shall have washing basin with running water

### 7.1.3. Professionals

7.1.3.1. The eye clinic shall be directed by licensed ophthalmologist with two years of relevant clinical experience,

7.1.3.2. An ophthalmologist shall be available at all working hours,

7.1.3.3. A licensed nurse shall be available at all times to assess, evaluate, and supervise the nursing care provided.

7.1.3.4. The nurse practicing in eye clinic shall be trained and experienced on ophthalmology services,

7.1.3.5. The eye clinic shall have the following minimum number of staffing:

- a) Ophthalmologist # 1,
- b) Nurse # 1,
- c) Optometrist/Refractionist #1 (conditional if optometry is available)
- d) Receptionist #1,
- e) Cleaner # 1,

### 7.1.4. Product:

7.1.4.1. The examination room shall have the following functional equipments:

- a) One examination bed/coach
- b) Adjustable Stand for Slit lamp,

7.1.4.2. The eye clinic shall have the following equipments, diagnostic medicines and supplies:

a) Diagnostic Equipment/ Instruments:

- Ophthalmoscope,
- Slitlamp
- Schiotz Tonometry or Applanation tonometry (optional),
- Torch (light),
- Standard Snellen test chart,
- Near point Acuity test card,
- Ishara's Color test,
- Trial set with trial frame (children and adult), Cross cylinder (optional),
- Stereo test,
- PD meter/ ruler,
- Autorefractometer (optional),
- Lensometer (optional),

- Aspheric fundus lenses  
volk: 78 /90 dpt.
  - Gonioscopy lens,
  - Three mirror Lens,
  - Probung set/ Lacrimal  
dilator and probe,
  - A-scan ultrasound  
(optional),
- b) Diagnostic Medicines:
- Adrenalin inj.
  - Phenyneprine,
  - Tropicamide eye drops,
  - Atropin drops,
  - Fluorescein strips /drops,
  - Fluorescein Injection ( optional)
  - Cyclopentolate drops,
  - Tetracaine drops,
- c) Minor procedure Equipment/Instrument:
- Lid surgery set,
  - Chalazion set,
  - Cataract set (optional),
  - Glaucoma set (optional),
- d) Consumables:
- Suture different size and  
type
  - Viscoelastic jel,
- B-scan ultrasound  
(optional),
  - BP apparatus
  - Glucometer
  - Autoclave,
  - Keratometry (Optional)
  - Visual field (Optional)
- Irrigation solution  
(Ringer, saline),
  - Lidocain injection,
  - Pilocarpin inj./ drops,
  - Acetazolamide/ Diamox  
tab,
- Eye pad,
  - OR table,
  - Operation microscope  
(optional),
- Alcohol injection 96%,

7.1.4.3. Emergency medicines (not for dispensing):

- a) Acetazolamide/ Diamox, tab/ inj.(optional),
- b) Pilocarpin, drop,
- c) Lidocaine/ tetracaine,
- d) Dexamethazone inj. (intraoperative medications),
- e) Gentamycin inj. (intraoperative medication),
- f) Povidin Iodin
- g) Teracortril eye suspension/ Ointment



## **7.2. Specialty Dental Clinic**

### **7.2.1. Practices**

7.2.1.1. Dental services shall be available at least during the regular working hours. This includes:

- a) Restorative,
- b) Prosthetic,
- c) Endodontic therapy,
- d) Orthodontic therapy,
- e) Periodontal therapy,
- f) Exodontia,
- g) Oral Health Education

7.2.1.2. The clinic shall have dental medical records for each patient,

7.2.1.3. Information contained in the dental record shall be complete respect to the patient's history, physical examination, oral (Intra & Extra) examination, diagnosis, diagnostic procedures, medication administration, and treatment to facilitate continuity of care.

7.2.1.4. Informed Consent (written/verbal) shall be obtained and documented for every dental procedure.

7.2.1.5. The clinic shall have a system that the nurse takes vital sign and other necessary assessments to make the patient ready for dental service.

7.2.1.6. The dental service shall be provided in accordance with infection prevention standards

7.2.1.7. 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.

7.2.1.8. This clinic may have dental laboratory service as per the standard described for dental laboratory.

## 7.2.2. Premises

7.2.2.1. The facility for Dental clinic shall have the following premises:

Premises required	# required	Area required
Reception, Recording & Waiting area for oral health education	1	30 sq. m
Examination and treatment room with dental unit	2	20 sq. m each
Dental X-ray room ( if the X-Ray is separate)	1	16 sq. m
Dental Laboratory room for orthodontics and prostodontics	1	16 sq. m
Cleaning and Sterilization room	1	8 sq. m
Toilet room (staff/ patient) (male & female)	2	8 sq. m each
Store room for medical supplies,	1	6sq. m
Incinerator (mobile/fixed)	1	

- 7.2.2.2. Specified places for air compressor and equipment for evacuation, & electric generator,
- 7.2.2.3. All rooms shall have adequate light, water and ventilation.
- 7.2.2.4. The dental clinic shall be well marked and easily accessible for disabled clients.
- 7.2.2.5. The dental clinics shall have IEC and entertaining materials in the waiting area.
- 7.2.2.6. The dental clinic premises shall promote patient dignity and privacy.

## 7.2.3. Professionals

- 7.2.3.1. The specialty Dental clinic shall be directed by a licensed Dental Specialist, Dental surgeon, Doctor of dental medicine with a minimum of two years, three years & four years of relevant work experiences, respectively.
- 7.2.3.2. This clinic shall have the following minimum number of staffing summary:
  - a) Dental specialist/Dental Surgeon/DDM #1
  - b) BDDSc (Optional) # 1
  - c) Dental Therapist/ # 1
  - d) Dental Technician # 1
  - e) Cleaner # 1
  - f) Receptionist # 1

7.2.3.3. Professionals in dental service unit shall have good clinical and laboratory practice.

## 7.2.4. Products

7.2.4.1. The dental clinic shall have the following equipment and instruments:

- a) The dental unit,
  - b) Instruments for examining,
  - c) Plastic instruments for filling treatment,
  - d) Materials & instruments to keep the area free from moistures & to improve visibility,
  - e) Dental hand pieces,
  - f) Instruments for root canal treatment,
  - g) Materials for root canal treatment,
  - h) Rotating instruments & hand cutting instruments,
  - i) Forceps for Dental Extractions (Deciduous teeth)
  - j) Mandibular forceps for anterior & posterior teeth extraction
  - k) Right-angled forceps for mandibular Extraction
  - l) Maxillary Forceps for anterior & posterior teeth extraction
  - m) Forceps for Maxillary and mandibular root extraction
  - n) Orthodontics instrument
  - o) Periodontal instruments
  - p) Prosthodontics Instruments
  - q) Basic Dental Laboratory Equipments
  - r) Equipment for radiology service
- Dental X-ray unit
  - Panoramic radiography
  - Cephalometric radiolgraphy (Optional)
  - s) View box for radiography (Negatoscope)
  - t) Automatic film processing
  - u) Lead Aprone
  - v) Equipments for sterilization
    - Autoclave
    - Dry heat sterilization (Oven)
    - Ultrasonic cleaner system
    - Cotton roll sterilizer
    - Different pans use for disinfections & sterilization of instruments
  - w) Equipment used for amalgam restoration (**Amalgamator**)
  - x) Different operatory cabinets
  - y) Thermometer, stethoscope, measuring tape
  - z) BP apparatus /sphygmomanometer with stethoscope,
  - aa) Suction machine **inbuilt with the unit,**
  - bb) Ultrasound scalar,

7.2.4.2. The dental service shall have the following materials

- a) Dental materials: Temporary & permanent fillings
- b) Dental films (Periapical, occlusal & panoramic view)
- c) Light curing unit with composite materials
- d) Local anesthesia (Spray, or Cartridge)
- e) Other consumables (analgesics, disposable syringe & gloves etc)
- f) Dental hand pieces
  - Low speed hand pieces
  - Straight & Contra angle and pieces
  - High speed hand pieces
  - Polishing hand pieces unit
  - Ultrasonic Scaler (optional)
- g) Prosthodontics Instruments:
  - Crown remover
  - Trays-(perforated, rim lock, acrylic, metallic, different sizes, for the upper & lower jaws)
  - Wax carvers & Wax spatula

- h) Equipment for Dental Radiology Department: (when there is separate Dental X-Ray from the dental unit)
  - Intraoral X-rays system
  - Dental X-ray unit

7.2.4.3. The clinic shall have the following supplies and equipment needed for infection prevention and control practice.

- a) Waste management equipment and supplies:
  - Incinerator (mobile)
  - Ash pit
  - Garbage bins
  - Plastic garbage bags (optional)
  - Safety boxes
- b) Cleaning appliances
  - Laundry appliances
  - Sink
  - Washing basin
  - (for decontamination of linens)
  - Drying rack/line
  - Irons
- c) Instrument processing
  - Autoclaves and steam sterilizers,
  - Test strips
- d) Personal Protective Equipment
  - Heavy duty glove
  - Surgical glove

## 7.3. Medium Dental Clinic

### 7.3.1. Practices

7.3.1.1. Dental services at medium clinic level shall be available at least during the regular working hours. This includes

- a) Restorative & endodontic,
- b) Prosthetic,
- c) Orthodontics therapy (Optional)
- d) Periodontal therapy,
- e) Exodontia,
- f) Oral Health Education

7.3.1.2. The clinic shall have dental medical records for each patient

7.3.1.3. Information contained in the dental record shall be complete respect to the patient's history, physical examination, oral (Intra & Extra) examination, diagnosis, diagnostic procedures, medication administration, and treatment to facilitate continuity of care.

7.3.1.4. Informed Consent (written/verbal) shall be obtained and documented for every dental procedure.

7.3.1.5. The clinic shall have a system that the nurse takes vital sign and other necessary assessments to make the patient ready for dental service.

7.3.1.6. The dental service shall be provided in accordance with infection prevention standards

7.3.1.7. 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.

### 7.3.2. Premises

7.3.2.1. The facility for Medium Dental clinic shall have the following premises:

Premises required	No of room required	Area required
• Reception, Recording & Waiting area for oral health education	1	30 sq. m
• Examination and treatment room with dental unit	1	20 sq. m
• Dental x-ray room(optional)	1	12 sq. m
• Cleaning and Sterilization room	1	8sq. m,
• Toilet room (staff/ patient) (male & female)	2	8 sq. m each

• Store room for medical supplies,	1	6 sq. m,
• Incinerator (mobile/fixed)	1	

- 7.3.2.2. All rooms shall have adequate light, water and ventilation
- 7.3.2.3. The dental clinic shall be well marked and easily accessible for disabled clients.
- 7.3.2.4. The dental clinics shall have IEC and entertaining materials in the waiting area.
- 7.3.2.5. The dental clinic premises shall promote patient dignity and privacy.
- 7.3.2.6. Specified places for air compressor and equipment for evacuation, & electric generator,

### 7.3.3. Professionals

- 7.3.3.1. The clinic shall be directed by a licensed Bachelor of Dental Sciences (BDSc) with a minimum of 3 years of experience OR a Dental Therapist with minimum of 5 years of experience.
- 7.3.3.2. The clinic shall have the following minimum number of profession:
  - a) Bachelor of Dental Sciences (BDSc) or Dental therapist #1
  - b) Dental Technician #1 (OPTIONAL)
  - c) clinical nurse # 1
  - d) Cleaner # 1
  - e) Receptionist # 1
- 7.3.3.3. Professionals in dental service unit shall have good clinical practice.

### 7.3.4. Products

- 7.3.4.1. The dental clinic shall have the following equipment and instruments:
  - a) The dental unit with dental chair, dental stool
  - b) Instruments for examining,
  - c) Plastic instruments for filling treatment,
  - d) Materials & instruments to keep the area free from moistures & to improve visibility,
  - e) Dental hand pieces, (High & Low speed)
  - f) Instruments for root canal treatment,
  - g) Materials for root canal treatment,
  - h) Rotating instruments & hand cutting instruments (bone rongers, bone files periodontal elevators etc),
  - i) Forceps for Dental Extractions (Deciduous teeth)
  - j) Mandibular forceps for anterior & posterior teeth extraction
  - k) Right-angled forceps for mandibular Extraction
  - l) Maxillar Forceps for anterior & posterior teeth extraction

- m) Forceps & elevators for Maxillary and mandibular root extraction
- n) Orthodontics instrument (optional)
- o) Periodontal instruments (Scalers)
- p) Prosthodontics Instruments (ex. Impression tray)
- q) Basic Dental Laboratory Equipments
- r) Equipment for Radiology Department
  - Dental X-ray unit (periapical)
  - Panoramic radiography (Optional)
  - Cephalometric radiolgraphy (Optional)
- s) View box for radiography (Negatoscope)
- t) Automatic film processing (Optional)
- u) Lead Aprone
- v) Equipments for sterilization
  - Autoclave
  - Dry heat sterilization (Oven)
  - Ultrasonic cleaner system (Optional)
  - Cotton roll sterilizer
  - Different pans use for disinfections & sterilization of instruments
- w) Equipment used for amalgam restoration
- x) Different operatory cabinets, drum, kidney dish
- y) Thermometer, stethoscope, measuring tape (optional)
- z) BP apparatus /sphygmomanometer with stethoscope,

7.3.4.2. The dental service shall have the following consumable materials:

- a) Dental films (Periapical, occlusal & panoramic view)
- b) Light curing unit with composite materials
- c) Local anesthesia (Spray, Dental syringe, Lidocaine multi-dose with/without adrenalin, or Cartridge with & without adrenalin)
- d) Other consumables (analgesics, disposable syringe & gloves etc).

## 7.4. Dental Laboratory

### 7.4.1. Practices

- 7.4.1.1. All services rendered in dental laboratory shall be in accordance with request/ prescription issued by authorized dental personnel (DDM/ DDS/ BDS/ Dental Therapist).
- 7.4.1.2. Dental lab shall have protocols & SOPs for services rendered in the lab.
- 7.4.1.3. Dental laboratory shall give produce the following preparations:
  - a) Negative impression and positive dental cast,
  - b) Dental models, artificial denture and plate,
  - c) Filling materials from gold and other metals approved for denture purpose,
- 7.4.1.4. The service in the dental lab shall be provided in accordance with infection prevention standards.
- 7.4.1.5. The dental laboratory shall have records for client dental models.
- 7.4.1.6. The Dental laboratory shall be functional at least during working hours.
- 7.4.1.7. All activities performed in the dental lab shall comply with the national infection prevention guidelines.
- 7.4.1.8. Any procedures related to dental extraction and treatment are strictly prohibited at dental laboratory level.

### 7.4.2. Premises for Dental Laboratory

- 7.4.2.1. The facility for Dental laboratory shall have the following premises:

	Premises required	# required	Minimum Area required
1	Reception, recording and patient waiting room	1	9sq. m
2	Dental Laboratory room	1	9sq. m
3	Store room with shelves	1	6sq. m
4	Toilet room (separate Male & female)	2	8 sq. m

- 7.4.2.2. All rooms shall have adequate light, water and ventilation

- 7.4.2.3. The dental laboratory premises shall promote patient dignity and privacy.

### 7.4.3. Professionals

- 7.4.3.1. The Dental laboratory shall be directed by a licensed Dental technician with a minimum of 3 years experience.

- 7.4.3.2. The dental clinic shall have the following minimum number of staff:

No	Personnel	Number
----	-----------	--------



1	Dental technician	1
2	Cleaner	1
3	Assistance	1
4	Receptionist	1

#### 7.4.4. Products

7.4.4.1. The dental laboratory shall have the following equipment and instruments:

a) Prosthodontics Instruments (ex. Impression tray)

b) Basic Dental Laboratory Equipments:

- Model trimmer Vibrator
- Bench lathe
- Vacuum Spatulator
- Bench motor with Hand piece
- Casting unit
- Arch articulator
- Set up & units for heating & processing dentures materials
- Laboratory Knife
- Coping saw
- Laboratory spatula
- Different pans used for disinfections & sterilization of instruments
- Boiler or Dry heat oven
- Porcelain carvers
- Acrylic stones
- Stones for gold alloy
- Bunsen burner

c) The clinic shall have the following supplies and equipment needed for infection prevention and control practice.

- **Waste management equipment and supplies:**
  - Incinerator (mobile) with Ash pit
  - Garbage bins
  - Plastic garbage bags (optional)
  - Safety box
- **Cleaning appliances**
- **Laundry appliances**
  - Sink
  - Washing basin
  - Drying rack/line
  - Irons
- **Instrument processing**
  - Autoclaves and steam sterilizers,
  - Test strips
- **Personal Protective Equipment**
  - Heavy duty glove
  - Surgical glove
  - Surgical mask

## 7.5. Obstetrics & Gynecology Clinic

### 7.5.1. Practice:

- 7.5.1.1. The specialty Obs/ Gyn clinic shall have outpatient service for obstetric care and gynecology services;
- 7.5.1.2. The outpatient service of this clinic shall provide the following services:
- Gynecological service in ambulatory basis,
  - Ante Natal Care (ANC) service,
  - Post Natal Care (PNC) service,
  - Family planning service,
  - Infertility work up and treatment without manipulation,
  - Newborn resuscitation,
  - Immunization,
  - PMTCT services
  - Referral service
- 7.5.1.3. The Gyn/Obs clinic shall provide the following obstetric services;
- Delivery service for normal (spontaneous vertex) delivery
  - Manual removal of the placenta
  - Removal of retained conceptus products following miscarriage or abortion
  - Assisted delivery using outlet forceps and/or vacuum
- 7.5.1.4. In this clinic, any major surgical procedures, like Caesarian Section & use of general & spinal anesthesia is prohibited.
- 7.5.1.5. The clinic shall have written policies and procedures that shall include:
- Infection control specified under this standard,
  - Monitoring and follow-up of patients,
  - Transfer and referral of patients.
- 7.5.1.6. The clinic shall avail updated reference materials, treatment guidelines and manuals,
- 7.5.1.7. Diseases under national surveillance shall be notified to the FMOH through the proper reporting channel.

### 7.5.2. Premises:

- 7.5.2.1. The premise for Gyn/Obs specialty clinic shall have a minimum of the following premises set up:

Premises required	Number of rooms required	Area required
Reception, Recording & Waiting area	1	30 sq. m
Examination room(s),	1	12 sq. m
Treatment/ procedure/ minor surgery room,	1	20 sq. m
Delivery room with 1 delivery couch	1	20 sq. m

Laboring/ prenatal room with beds	1	12 sq. m
Observation/ Post natal room with bed and baby crib	1	12 sq. m
Emergency room	1	12 sq. m,
Laboratory room	1	30 sq. m
Ultrasound room	1	8 sq. m
Toilet room (staff/ patient) (male & female)	2	4 sq. m each
X-Ray room(s) (Optional),	5	As per ERPA
Store room for medical supplies,	1	6 sq. m,
A room designated for instrument processing HLD or Steam sterilization,	1	20 sq. m
General purpose room,	1	
Incinerator (mobile/fixed),	1	
Placenta pit	1	

7.5.2.2. The examination rooms shall promote patient dignity and privacy.

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

7.5.2.4. The clinic premise shall have transport facility for emergency case.

7.5.2.5. The corridor to examination (and delivery) rooms shall be spacious enough to allow easy transport of emergency patients.

### 7.5.3. Professional:

7.5.3.1. A licensed obstetrician and gynecologist (Ob/Gyn specialist) with two years of relevant clinical experience shall be in charge of overall gynecology and obstetrics services in the clinic.

7.5.3.2. Respective service units of the clinic shall be run by licensed medical and nursing professionals.

7.5.3.3. The clinic shall have the following minimum staffing as follows:

No	Personnel	Number
1	Obstetrician/ Gynecologist	1
2	Midwives	1
3	Nurses	1
4	Laboratory technician	1
5	Cleaner	2
6	Receptionist	1

### 7.5.4. Product:

7.5.4.1. The gyn/ obs clinic shall have the following equipments:

a) Examination coaches

b) X-Ray viewer,

- |                              |                                  |
|------------------------------|----------------------------------|
| c) Gynecologic coaches       | i) Otoscope                      |
| d) Stethoscope               | j) Fetoscope                     |
| e) Sphygmomanometer          | k) Stand lamp                    |
| f) Thermometer               | l) Ultra sound,                  |
| g) Adult Weighing scale,     | m) Refrigerator with thermometer |
| h) Specula of different size | n) Dry oven autoclave            |

7.5.4.2. The Delivery service shall have the following equipments:

- |                                     |                                  |
|-------------------------------------|----------------------------------|
| a) Delivery coaches                 | q) Infusion stand                |
| b) Stethoscope                      | r) Instrument tray               |
| c) Sphygmomanometer                 | s) Instrument trolley            |
| d) Fetoscope                        | t) Sterilizer (steam)            |
| e) Fetal Doppler                    | u) Baby crib                     |
| f) Thermometer                      | v) Pickup forceps with jar       |
| g) Weighing scale, Adult            | w) Vacuum extractors             |
| h) Weighing scale, Baby             | x) Ball suction (Neonatal),      |
| i) Specula of different size        | y) Airway                        |
| j) Episiotomy set                   | z) Manual/ Suction apparatus     |
| k) Delivery sets different size     | aa) Resuscitation set (Ambu bag, |
| l) Delivery forceps (high & outlet) | endo-tracheal tube, laryngoscope |
| m) Measuring tape                   | set)                             |
| n) Stand lamp                       | bb) Neonatal resuscitation set,  |
| o) Refrigerator                     | cc) Oxygen source                |
| p) Autoclave                        |                                  |

7.5.4.3. Emergency medicines shall be available as per emergency list of medicines for specialty clinic prepared by FMHACA.

## 7.6. Pediatric Specialty Clinic

### 7.6.1. Practice:

- 7.6.1.1. The general outpatient service at pediatric clinic shall include:
- a) Assessment and treatment of sick babies,
  - b) Immunization,
  - c) Growth monitoring,
  - d) Consultation on Nutrition and infant feeding,
  - e) Achievements and milestones,
  - f) Follow up of babies and children with common or chronic conditions like diabetes, asthma, congenital problems, etc
- 7.6.1.2. Emergency care with a qualified staff shall be available during working hours,
- 7.6.1.3. The pediatric clinic shall avail updated reference materials, treatment guidelines and manuals,
- 7.6.1.4. Medical records shall be kept in line with standards,
- 7.6.1.5. Information contained in the medical record shall be complete and sufficiently detailed relative to the patient's history, achievements/ milestone, physical examination, diagnosis, diagnostic procedures, medication administration, and treatment.
- 7.6.1.6. Growth monitoring activities and nutritional advice and management shall be available.
- 7.6.1.7. All children with reportable diseases shall be notified through the proper channel to FMoH.
- 7.6.1.8. The medical record for pediatric patients shall include, but not limited to,
- a) Documentation of Growth assessment: record of weight & height or length,
  - b) Documentation of a basic developmental assessment: sensory screenings, cognitive, &
  - c) Record of immunization status.

### 7.6.2. Premises:

7.6.2.1. Premises for the pediatric clinic shall contain a minimum of the following:

<b>Premises required</b>	<b>No. required</b>	<b>Area required</b>
• Reception/ Recording & Waiting area/ play ground	1	30 sq. m
• Examination/ Consultation room(s),	1	12 sq. m
• Treatment/ procedure room	1	12 sq. m
• Emergency Observation room with 2 beds	1	20 sq. m
• Laboratory room	1	30 sq. m
• Nurse station/ instrument processing/ immunization room	1	12 sq. m
• Toilet room (male & female)	2	8 sq. m
• X-Ray room(s)	5	As per ERPA
• Store room for medical supplies,	1	6 sq. m
• General purpose room (Utility room for cleaning and holding used equipments and/or Staff room for changing clothes),	1	
• Incinerator (mobile/fixed),	1	

- 7.6.2.2. Patient waiting area & children play ground or Corridor shall be safe and child friendly.
- 7.6.2.3. There shall be child friendly play area with toys.

**7.6.3. Professional:**

- 7.6.3.1. The pediatric clinic shall be directed by a licensed pediatrician with a minimum of two years relevant clinical experience.
- 7.6.3.2. The clinic shall have the following minimum staffing as follows:

No	Personnel	Number
1	Pediatrician (Licensee)	1
2	Clinical nurse	2
3	X-ray technician	1
4	Laboratory technician	1
5	Cleaner	1
6	Receptionist	1

**7.6.4. Product:**

7.6.4.1. The pediatric clinic shall have the following Equipments:

- a) Baby weighing scale,
- b) Examination coach (child friendly),
- c) Thermometer, digital
- d) Stethoscopes, infant & pediatric
- e) BP apparatus, pediatric
- f) Reflex hammer,
- g) Examination light,
- h) X-Ray viewer,
- i) Stadiometer/ infantometer,
- j) Measuring tape,
- k) Otoscope,
- l) Ophthalmoscope,
- m) Growth curves,
- n) Suction machine,
- o) Pulseoximeter,
- p) Oxygen source,
- q) Minor set,
- r) Dressing set,
- s) Pick up forceps,
- t) Forceps,
- u) Drum,
- v) Kidney dish,
- w) Bowel,
- x) Infant dressing table,
- y) Pediatric surgery kit,
- z) Infant resuscitation bag,
- aa) Bed pan (children),
- bb) Urine bottle (children),
- cc) Steam/ dry oven sterilizer,
- dd) X-Ray machine
- ee) Oxygen source:

7.6.4.2. Vaccine cold chain & refrigerator,

7.6.4.3. Equipment for children Play ground/ room:

- (a) Play mat,
- (b) Rocker,
- (c) Washable toys/ dolls,
- (d) Safety guard/ fence,

7.6.4.4. Emergency medicines shall be available as per list of emergency medicines for pediatric specialty clinic prepared by FMHACA.

## 7.7. Dermatology Clinic

### 7.7.1. Practice:

- 7.7.1.1. Dermatological services shall be available at Outpatient level at least during working hours,
- 7.7.1.2. Dermatological outpatient services shall include:
- (a) Consultation,
  - (b) Thorough physical Examination,
  - (c) Diagnosis and treatment of skin problems,
  - (d) Skin care & education on prevention of skin problems,
  - (e) Examination and diagnosis of skin cancers/pigmented lesions,
  - (f) Diagnosis and Treatment of Sexually transmitted infections (STIs),
  - (g) Dermatoscopy,
  - (h) Photo dermatology (Optional),
  - (i) Dermatological therapeutic procedures:
    - Electrocautery,
    - Cryo therapy,
    - Dermojet (for intra-lesional administration of drugs),
    - Iontophoresis (Optional),
    - **Photodynamic therapy** (Optional).
- 7.7.1.3. Dermatologic interventions shall be rendered by licensed dermatologists,
- 7.7.1.4. For the dermatology clinic which provide phototherapy or LASER therapy the clinic/unit shall make sure the following conditions are fulfilled:
- a) The deliver narrowband UVB (TL 01), BBUVB, UVA1 and PUVA (Psoralen plus UVA) light treatment shall be supervised by a named consultant thus ensuring accuracy of dosimetry,
  - b) Have a yearly evaluations and calibrations of the output of each unit by medical physicist.
  - c) Proper Training and monitoring of the staff who administer the treatments.
  - d) There shall be proper document for the professional providing these treatments are Supervised by a named consultant thus ensuring accuracy of Lasers irradiance dose and time for specific disorders.
  - e) All these equipments are calibrated and evaluated by medical physicist annually.

### 7.7.2. Premises:

- 7.7.2.1. Premises for the dermatology clinic shall contain to a minimum of:

Premises required	# required	Area required
• Reception/ Recording & Waiting area	1	30 sq. m
• Examination/ Consultation room(s),	1	12 sq. m
• Room or a corner to examination room with shade for changing clothes,	1	4 sq. m
• Treatment room/ Procedure room	1	12 sq. m
• Toilet room (male & female)	2	8 sq. m
• General purpose room (Utility room for cleaning and holding used equipments and/or Staff room for changing clothes),	1	6 sq. m
• Incinerator (mobile/fixed),	1	

- 7.7.2.2. The examination room shall have good natural light source,
- 7.7.2.3. The examination room(s) shall maintain privacy and confidentiality,
- 7.7.2.4. Hand washing facility at each examination room,

**7.7.3. Professionals**

- 7.7.3.1. The dermatology clinic shall be directed by a licensed dermatologist with two years of relevant clinical work experience.
- 7.7.3.2. The clinic shall have the following minimum staffing summary:

<b>Professionals</b>	<b>Number of professionals</b>
Dermatologist	1
Nurse	1
Cleaner	1
Reception	1

**7.7.4. Products:**

- 7.7.4.1. The dermatology clinic shall have the following equipments:
  - a) Magnifying glass/ hand lens,
  - b) Probe,
  - c) Diagnostic equipments,
  - d) Examination light,
  - e) Examination coach,
  - f) Resuscitation coach,
  - g) Adjustable swivel Stool,
- 7.7.4.2. The dermatology clinic shall have Emergency medicines as per the list of emergency medicines set by FMHACA.



## 7.8. Psychiatry Clinic/ Mental Health Clinic

### 7.8.1. Practice:

- 7.8.1.1. The Psychiatric service shall be directed by licensed psychiatrist with two years clinical work experience.
- 7.8.1.2. The psychiatric clinic shall provide the service strictly at outpatient level during working hours.
- 7.8.1.3. The outpatient psychiatric service shall include the following core functions:
- Consultation to patients with acute and ongoing mental problem & their relatives,
  - Consultation with child and adolescent psychiatry service,
  - Consultation on addictive substances' detoxification, treatment and rehabilitation services,
  - Psychological services,
  - Rehabilitative services;
  - Recreational therapy,
  - Family education schedules,
  - Follow up of patients on maintenance treatment and interventions,
- 7.8.1.4. There shall be written protocols and procedures for management of mental health problem.
- 7.8.1.5. The clinic shall have service for patients with psychiatric emergency conditions during working hours.
- 7.8.1.6. Nursing functions shall be the responsibility of licensed psychiatric nurses and other mental health workers (e.g. psychiatric nurses with BSc) and shall be supervised by a licensed psychiatrist.
- 7.8.1.7. Psychiatric clinic shall have written policies and procedures which include:
- Treatment protocols,
  - Referral criteria specific to the service,
  - Monitoring and follow-up of patients.
- 7.8.1.8. The clinic shall have medical records for each patient. Information contained in the medical record shall be complete and shall contain the patient's:
- psychiatric history,
  - mental state examination,
  - relevant physical examination,
  - diagnosis and diagnostic procedures,
  - treatment and medication administration,
- 7.8.1.9. The caretakers and/or patients shall be included in the development of the nursing plan for the care of each and every patient

### 7.8.2. Premises

- 7.8.2.1. The Psychiatric clinic (outpatient service) layout shall include the following:

<b>Premises required</b>	<b># required</b>	<b>Area required</b>
• Reception/ Recording & Waiting area	1	30 sq. m
• Examination/ Consultation room(s),	1	12 sq. m
• Treatment/ Observation/ Injection room	1	20 sq. m
• Toilet room (male & female)	2	8 sq. m
• Janitors closet	1	
Incinerator	1	

- 7.8.2.2. The examination, treatment & observation rooms in psychiatric clinic shall be temper resistant and with protection.

- 7.8.2.3. The clinic/rooms shall be provided with restraint equipments for patients with harmful act.
- 7.8.2.4. The psychiatric examination/ emergency/ Observation room(s) shall have additional doors through which escape is possible for mental health professional working there in the case of imminent assault by acutely disturbed violent patient. Restraint of such patients shall be carried out by trained paramedical staff so that emergency medication shall be possible.
- 7.8.2.5. The outpatient Psychiatry clinic layout shall include a waiting area, can be a room or lobby with public telephone, TV area, drinking tap water, and gender specific toilets.

**7.8.3. Professionals**

- 7.8.3.1. The psychiatry clinic shall be directed by a licensed psychiatrist with two years of relevant clinical work experience
- 7.8.3.2. There shall be licensed psychiatrist available at all working times to meet the service needs.
- 7.8.3.3. A psychiatrist or licensed independent practitioner shall be responsible for the follow-up clinics.
- 7.8.3.4. The clinic shall have the following minimum staffing summary:

No	Personnel	Number
1	Psychiatrist	1
2	Psychiatry nurse	1
3	Nurse Professional	1
4	Psychologist (Optional)	1
4	Receptionist	1
	Cleaner	1

**7.8.4. Products**

- 7.8.4.1. The psychiatric clinic shall have the following supplies and functional equipment in addition to office furniture's:
  - a) Torch,
  - b) Weighing scales
  - c) Tape meter,
  - d) Reflex hammer
  - e) thermometer
  - f) Stethoscopes
  - g) Sphygmomanometer
  - h) Examination couch
- 7.8.4.2. Equipments required as option for psychiatric clinic:
  - a) Video Tape recorder,
  - b) Restraint equipments,
  - c) Nursing care equipments,
- 7.8.4.3. Emergency medicines for psychiatry clinic shall be available as per list of medicines prepared by FMHACA.

## **7.9. Oto-Rhino Laryngo (ORL)/ Ear-Nose-Throat (ENT) Specialty Clinic**

### **7.9.1. Practices**

- 7.9.1.1. The ENT specialty clinic shall provide specialty services at outpatient level only,
- 7.9.1.2. The clinic shall perform minor surgery under local anesthesia listed as follows. The list may not be exhaustive but limited to minor surgery.
- |  |  |
|--|--|
| a) Stapedectomy,                             | i) Septal hematoma (abscess) drainage, |
| b) Myringoplasty,                            | j) Soft tissue trauma repair (H&N),    |
| c) Tympanoplasty,                            | k) Keloid excision (Ear lobe),         |
| d) Peri-auricular sinus excision,            | l) Tongue tie release,                 |
| e) Auricular trauma repair (reconstruction), | m) Tongue trauma repair,               |
| f) Nasal trauma repair (reconstruction),     | n) Small nasal polypectomy,            |
| g) Simple head & neck cyst excision,         |  |
| h) External head & neck tumor biopsy,        |  |
- 7.9.1.3. The clinic may perform life saving procedures when found absolutely necessary:
- Cricothyrotomy,
  - Tracheostomy,
- 7.9.1.4. The clinic may perform the following diagnostic procedures:
- Laryngeal endoscopy,
  - Stroboscopy,
- 7.9.1.5. The clinic shall provide audiometry services.
- 7.9.1.6. Whenever, there is minor surgical procedure, the interventions/ procedures shall be written in the patient's record and in the procedure room register immediately after each procedure and the documentation shall include at least the following:
- Patient identification,
  - Diagnosis,
  - Procedure performed,
  - Anesthesia used,
  - Surgical specimens removed if any,
  - Date and time minor operation done,
  - Pain management,
  - Name of surgeon and assistant if any,
  - Signature of the ENT surgeon,
- 7.9.1.7. If specimen shall be sent for pathology examination:
- The ENT surgeon shall fill the pathology form and the specimen container shall be properly labeled. The container shall be filled with 10% formalin.
  - The specimen shall be sent to appropriate pathology service by the patient or a family member or a relative.

### **7.9.2. Premises:**

- 7.9.2.1. The examination and procedure room(s) shall have good ventilation, continuous water and electric supplies,
- 7.9.2.2. Premises for ENT clinic shall have a mechanism to make the service accessible to persons with disability.
- 7.9.2.3. The patient care rooms shall have functional hand wash basins.
- 7.9.2.4. The premises for ENT clinic shall have a minimum of the following set up:

Premises required	# required	Area required
• Reception/ Recording/ Waiting room	1	30 sq. m
• Examination/ Procedure room(s)	1	12 sq. m
• Minor Operation Room with couch	1	20 sq. m
• Observation room, with two beds	1	20 sq. m
• Audiometer Room (can be sound proof Box)	1	9 sq. m
• Laboratory room (Optional)	1	30 sq. m
• Toilet room (male & female)	2	8 sq. m
• X-Ray room(s) (Optional),	5	As per ERPA
• A room designated for instrument processing (Steam sterilization room)	1	12 sq. m
• General purpose room (Utility room for cleaning and holding used equipments and/or Staff room for changing clothes),	1	12 sq. m
• Incinerator (mobile/fixed),	1	

### 7.9.3. Professional:

- 7.9.3.1. The ENT clinic shall be lead by licensed ENT specialist with two years of relevant clinical work experience,
- 7.9.3.2. The ENT clinic shall have the following staffing summary:

Professionals	Number of professionals
ENT specialist	1
Nurses	2
Cleaner	1
Reception	1

### 7.9.4. Product:

- 7.9.4.1. The ENT clinic shall have the following Equipments or instruments:
- |                                    |                                  |
|------------------------------------|----------------------------------|
| a) Light Source                    | k) Nasal forceps                 |
| b) Head light                      | l) Tongue depressor (metal)      |
| c) Sterilizer (steam/dry)          | m) X- Ray Viewer                 |
| d) Suction machine                 | n) Ear Hooks                     |
| e) ENT Patient's examination chair | o) Cotton applicator             |
| f) ENT doctor's Chair              | p) Laryngeal mirrors (diff size) |
| g) Audiometer                      | q) Mirror heater                 |
| h) Tuning fork (512 Hz)            | r) Gauze scissors                |
| i) Nasal specula (adult/ped)       | s) Minor Surgical Sets           |
| j) Ear Specula (diff size)         | t) Tracheostomy set              |

- u) Otoloscope Set
- v) Gauze Drums
- w) B/P apparatus
- x) Resuscitation set (Ambu Bag, Endo-tracheal tube, Laryngoscope)
- y) Pulse oximeter(optional)

- z) IV stand
- aa) Pick up forceps
- bb) Pickup forceps Jar
- cc) Refrigerator(OPTIONAL)
- dd) Oxygen source
- ee) O<sub>2</sub> face Mask
- ff) Cup- Board for Storage

7.9.4.2. Minor OR instruments:

- a) Light source,
- b) Cold light,
- c) Mobile OR light,
- d) Operating microscope,
- e) Cautery machine,
- f) Suction machine,
- g) Pulse oximeter,

- h) BP apparatus,
- i) Sthetoscope,
- j) Ambu bag,
- k) Minor OR table,
- l) Trolley,
- m) Doctor's chair/ stool,

7.9.4.3. The clinic shall have emergency medicines as per the list of medicines prepared by FMHACA.

## **7.10. Surgery Specialty Clinic**

### **7.10.1. Practices**

- 7.10.1.1. The surgery specialty clinic shall provide services limited to minor surgical procedures.
- 7.10.1.2. Surgery Services for minor surgical cases shall be available only when all the necessary experts are available;
- 7.10.1.3. There shall be written list of minor surgical procedures and interventions provided in the clinic.
- 7.10.1.4. Surgery Clinic shall provide minor surgical procedures under local anesthesia and minor regional blocks. Surgical procedures under general anesthesia & Spinal anesthesia and use of General anesthesia and spinal in this clinic are strictly prohibited.
- 7.10.1.5. The surgical procedures allowed for surgery specialty clinic are the following:
  - a. Excision of Mass/cyst- (breast, sub mandibular, uncomplicated lipoma, ganglion),
  - b. Ligation- hydrocele, varicocele & varicose vein,
  - c. Incision/ excision- wart removal, tattoo removal, abscess drainage, biopsy,
  - d. Orthopedics- immobilization, splinting, POP, (external fixation, wire removal),
  - e. Others which can be performed under LA such as Cystoscopy,
- 7.10.1.6. There shall be protocols for the management of minor surgical conditions in the clinic.
- 7.10.1.7. There shall be a clear policy for handling emergency surgical conditions.
- 7.10.1.8. All surgical procedures and interventions shall be documented on medical record of the patient.
- 7.10.1.9. Any surgical procedure shall be performed only after appropriate history, physical examination, and indicated diagnostic tests are completed and documented in the patient's medical record.
- 7.10.1.10. The surgeon shall explain the disease condition, possible surgical intervention and outcome possibilities in clear, simple and understandable terms to the patient and/or next of kin or family.
- 7.10.1.11. Except in life-threatening emergencies, the surgeon shall obtain an informed & written consent and this must be documented in the patient's medical record. For the case with life threatening condition or mental derangement, consent shall be obtained from next of kin, spouse, family member or guardian.
- 7.10.1.12. The nursing care of patients undergoing minor surgery including pain management shall be planned and documented in the patient's medical.
- 7.10.1.13. Surgical interventions/procedures shall be written in the patient's record and in the procedure room register immediately after each procedure and shall include at least the following:
  - (a) Patient identification,
  - (b) Diagnosis,
  - (c) Procedure performed,
  - (d) Anesthesia used,
  - (e) Surgical specimens removed if any,

- (f) Date and time minor operation done,
  - (g) Post procedure diagnosis,
  - (h) Pain management,
  - (i) Name of surgeon and assistant if any,
  - (j) Signature of the surgeon,
- 7.10.1.14. If specimen shall be sent for pathology examination:
- (a) The surgeon shall fill the pathology form and the specimen container shall be properly labeled. The container shall be filled with 10% formalin.
  - (b) The specimen shall be sent to appropriate pathology service by the patient or a family member or a relative.
- 7.10.1.15. The clinic shall make available all the equipments and supplies for minor surgery.

**7.10.2. Premises**

- 7.10.2.1. A surgery specialty clinic shall have one organized minor operating room (MOR).
- 7.10.2.2. Minor Operation room shall have:
- a) Lay out of change area, scrub area, procedure area when viewed from entrance.
  - b) Washable walls; crack free and of scrub-able Ceiling.
  - c) Vicinity of plumbing fixtures, floors and walls penetrated by pipes shall be sealed & smooth,
  - d) Floor shall be smooth, easily cleanable and non-slippery, preferably made of marble or ceramic.
  - e) At least 2 fixed electric outlets,
  - f) A line shall be clearly marked in red on the floor, beyond which no person shall be permitted to set foot without changing clothes and shoes.
  - g) The Scrub area shall be adjacent to the operating room,
  - h) The scrub area shall be provided with wide sink and taps for running water. The taps for running water shall be hand free, manipulated with elbow or knee. (e.g., long arm valve gate)
  - i) There shall be a laundry area with washing, drying facilities.
  - j) There shall be separate male female toilets and showers,
- 7.10.2.3. The premise for Surgery specialty clinic shall have a minimum of the following set up:

<b>Premises required</b>	<b># required</b>	<b>Area required</b>
• Reception, Recording & Waiting area	1	30 sq. m
• Examination room(s),	1	12 sq. m
• Minor Operation Room with MOR table,	1	20 sq. m
• Observation room, with two beds	1	20 sq. m
• Laboratory room	1	30 sq. m
• Toilet room (male & female)	2	8 sq. m
• X-Ray room(s)	5	As per ERPA
• A room designated for instrument processing	1	20 sq. m

(Steam sterilization room)		
• General purpose room (optional) (Utility room for cleaning and holding used equipments and/or Staff room for changing clothes),	1	12 sq. m
• Incinerator (mobile/fixed),	1	

### 7.10.3. Professional

- 7.10.3.1. Surgery Specialty clinic shall be directed by a licensed surgeon with two years of relevant clinical work experience,
- 7.10.3.2. All surgical procedures shall be done by a licensed surgeon. In case of procedures done by other health professional it has to be done under direct supervision of a licensed surgeon,
- 7.10.3.3. The surgery clinic shall have a minimum number of the following staffing summary:

Professionals	Number of professionals
Surgeon	1
GP	1
Nurse	2
Radiographer	1
Laboratory personnel	1
Anesthetist (Optional)	1
Cleaner	2
Reception	1

### 7.10.4. Products

7.10.4.1. The Surgery specialty clinic shall have the following Equipment and instruments:

- |   |                              |
|---|------------------------------|
| a) Examination table  | l) Pulse oximeter (optional) |
| b) Examination Light  | m) IV stand                  |
| c) Stethoscope  | n) Pick up forceps with jar  |
| d) BP apparatus   | o) Refrigerator              |
| e) X- Ray Viewer  | p) Oxygen source, shared     |
| f) Steam Sterilizer, shared                                       | q) O <sub>2</sub> face Mask  |
| g) Dry autoclave, shared  | r) Minor Surgical Sets       |
| h) Tongue depressor (metal)                                       | s) Tracheostomy set          |
| i) Cup- Board for Storage   | t) Splints, various types    |
| j) Gauze Drums  | u) Resuscitation couches     |
| k) Resuscitation set (Ambu Bag, Endo-tracheal tube, Laryngoscope) |                              |

7.10.4.2. Minimum equipment list for minor operating theatre:

- |                             |                           |
|-----------------------------|---------------------------|
| (a) Mobile operation light, | (g) Oxygen source.        |
| (b) Procedure couch,        | (h) Adjustable Stools,    |
| (c) Glass cabinet,          | (i) IV stands,            |
| (d) Shelf,                  | (j) Drums,                |
| (e) Time clock,             | (k) Kick buckets,         |
| (f) Anesthesia trolley,     | (l) Leak proof container, |



- |  |  |
|--|--|
| (m) Swab rack with drip trays,                         | (v) Surgical drape, fenestrated/<br>un-fenestrated |
| (n) Bowls and stands                                   | (w) Dressing trolley                               |
| (o) Instrument tables, Mayo type                       | (x) Minor surgical set                             |
| (p) Tourniquets  | (y) Kidney basin, 475 ml                           |
| (q) Suction machines                                   | (z) Galley pots                                    |
| (r) Autoclave  | (aa) Sterilizer,                                   |
| (s) Resuscitation set (Ambu bag,<br>laryngoscope set), | (bb) Tracheostomy set,                             |
| (t) Mouth gauge  | (cc) Pulse-oximeter.                               |
| (u) Dual head stethoscope                              |  |

7.10.4.3. Emergency medicines for surgery specialty clinic shall be available as per the list prepared by FMHACA.

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## 7.11. Orthopedic Specialty Clinic

### 7.11.1. Practices

- 7.11.1.1. Orthopedic specialty clinic shall only provide services that shall be done at ambulatory/ outpatient level. Any surgical operative procedures under general anesthesia or major regional blocks shall not be done at orthopedic specialty clinic.
- 7.11.1.2. Administration of regional blocks and general anesthesia is prohibited. Any Orthopedic surgery/ procedure shall be done only by local anesthesia.
- 7.11.1.3. There shall be written protocols and procedures for:
- Management of orthopedic cases and follow up programs,
  - Management of minor orthopedic surgical conditions.
  - Reduction & immobilization of patients sustaining trauma and referrals.
  - Handling emergency orthopedic surgical conditions.
  - Other key minor operations, orthopedic procedures and manipulations to be done at outpatients level,
- 7.11.1.4. The orthopedic clinic shall be directed by a licensed orthopedic surgeon.
- 7.11.1.5. All orthopedic procedures shall be performed only after appropriate history, physical examination, and indicated diagnostic tests are completed and documented in the patient's medical record.
- 7.11.1.6. The orthopedic surgeon shall explain the disease condition, possible orthopedic intervention and outcome possibilities in clear, simple and understandable terms to the patient and/or family.
- 7.11.1.7. The orthopedic surgeon shall obtain an informed written consent for all procedures, manipulations and interventions and this must be documented in the patient's medical record.
- 7.11.1.8. There shall be a policy for preparing and availing appropriate and properly functioning supplies, equipment, and instruments available for all procedures.

### 7.11.2. Premises

- 7.11.2.1. Premise for orthopedic specialty clinic shall have a minimum of the following set up:

Premises required	# required	Area required
• Reception, Recording & Waiting area	1	30 sq. m
• Examination room(s),	1	20 sq. m
• Minor Operation Room	1	20 sq. m
• Observation/ procedure room,	1	20 sq. m
• Instrument processing and sterilization room	1	20sq.m
• Physiotherapy room (Optional)	1	Refer physiotherapy standard
• Laboratory room (Optional)	1	Refer laboratory standard
• Toilet room (male & female)	2	8sq. m
• X-Ray room(s)	5	As per ERPA standard
• Store room for medical supplies,	1	12sq. m
• General purpose room (Utility room for cleaning and holding used equipments and/or Staff room for changing clothes),	1	

• Incinerator (mobile/fixed),	1	
-------------------------------	---	--

- 7.11.2.2. The procedure room shall be provided with POP preparation sink/ area.
- 7.11.2.3. The minor OR shall have one big room partitioned for procedure area with operation table, scrub area with hand washing basin and a changing room with direct communication.
- 7.11.2.4. Minor Operation room shall have:
  - Washable walls; crack free and of scrub-able ceiling.
  - Vicinity of plumbing fixtures, floors and walls penetrated by pipes shall be sealed & smooth,
  - Floor shall be smooth, easily cleanable and non-slippery, preferably made of marble or ceramic.
  - At least 2 fixed electric outlets,
  - A line shall be clearly marked in red on the floor, beyond which no person shall be permitted to set foot without changing clothes and shoes.
  - The scrub area shall be provided with wide sink and taps for running water. The taps for running water shall be hand free, manipulated with elbow or knee. (e.g, long arm valve gate)

### 7.11.3. Professionals

- 7.11.3.1. Orthopedic specialty clinic shall be directed by a licensed orthopedic surgeon with a minimum of two years of relevant clinical work experience.
- 7.11.3.2. All orthopedic surgical procedures shall be done by licensed orthopedic surgeon. In case of orthopedic procedures done by other professional, it has to be done under direct supervision of the orthopedic surgeon.

7.11.3.3. The clinic shall have a minimum number of the following staffing summary:

Professionals	Number of professionals
Orthopedic surgeon	1
Nurses	2
Radiographer	1
Laboratory personnel	1
Cleaner	1
Reception	1

- 7.11.3.4. All the clinical staff shall be available at all working hours.
- 7.11.3.5. The orthopedic surgeon shall be responsible for the follow-up clinics.
- 7.11.3.6. The specialist working in the clinic shall update her/ himself through attending related CMEs, seminars and reading journals.

### 7.11.4. Products

- 7.11.4.1. The Orthopedic specialty clinic shall have the following minimum equipment & instruments:
  - a) Orthopedic Hip Spica bed
  - b) IV stands
  - c) IP & PPE materials: Kick buckets ,Safety boxes, Apron, protective mask, goggle
- 7.11.4.2. Minor Operating theatre: Minimum equipment list for performing minor orthopedic procedures:
  - (a) Mobile operating lights
  - (b) Minor Operating table, 3 sections
  - (c) Drill- manual
  - (d) Wire cutter

- (e) Rush pin
- (f) Hand surgery set with Microsurgery instruments(optional),
- (g) External fixator (optional)
- (h) Arthroscope (optional)
- (i) Orthopedic Minor set
- (j) Auto claves
- (k) POP tray with POP
- (l) POP cutter, electrical/ manual
- (m) POP spreader
- (n) Bowls and stands
- (o) Drums, metallic shelves, cabinets
- (p) Walking rail,
- (q) Traction,
- (r) Crutches,
- (s) Thomas splints,
- (t) Brown's frame,
- (u) Tendon hammer,
- (v) Orthopedic surgical Splints
- (w) Gonio meter
- (x) Braun Splints (Arm)
- (y) Minor Operating Room Linen:
  - Gown, Orthopedic surgical, woven(Plain)
  - Cap, Orthopedic surgical, woven
  - Masks, orthopedic surgical, woven
- (z) Drapes:
  - Orthopedic surgical, woven(1 x 1 m)
  - Orthopedic surgical, woven(1 x 1.5 m)
  - Orthopedic surgical, woven(1.5 x 1.5 m)(fenestrated)
  - Orthopedic surgical, woven(45 cm x 70 cm)(fenestrated)

7.11.4.3. Renewable/Consumables for orthopedic surgical service:

- (a) Tongue depressors
- (b) Bandage -
- (c) POP
- (d) Hand wash Antiseptic Liquid
- (e) Hand wash Povidone (Bethadine)
- (f) Spray Bottles - Plunger Operated
- (g) Tape:
  - Elastic Adhesive Plaster - White 5cm and 10 cm
  - Micro-pore tape
  - Orthopedic surgical Adhesive Hypo-Allergenic
  - Adhesive, zinc oxide,

7.11.4.4. The specialty clinic shall avail emergency medicines as per the list of emergency medicines prepared by FMHACA.

## 7.12. Internal Medicine Specialty Clinic

### 7.12.1. Practices

- 7.12.1.1. The specialty clinic shall provide internal medicine services at ambulatory/outpatient level only
- 7.12.1.2. There shall be written protocols/ procedures for the consultation and management of cases that shall include:
- Identifying critical cases,
  - Handling critically ill patients at working time,
  - Infection control specified under this standard and National IP guideline,
  - Referral of patients,
  - Monitoring and follow-up of patients.
- 7.12.1.3. There shall be Emergency medical service available during the regular working time.
- 7.12.1.4. Information contained in the medical record shall be complete and sufficiently detailed relative to the patient's history, physical examination, diagnosis, diagnostic procedures, medication administration and treatment.
- 7.12.1.5. The Internal Medicine specialty clinic shall have a follow-up service for patients with chronic ailments.
- 7.12.1.6. The Internal Medicine specialty clinic shall provide Nursing care to clients.
- 7.12.1.7. The internal medicine specialty clinic shall arrange proper transport facility for emergency cases (arrange ambulance or outsource the service).

### 7.12.2. Premises

- 7.12.2.1. Premise for Internal Medicine specialty clinic shall have a minimum of the following set up:

Premises required	# required	Area required
• Reception, Recording & Waiting room	1	30sq. m
• Examination room	1	12sq. m
• Treatment/ procedure/ Emergency room	1	16 sq. m
• Observation room with 2 Resuscitation coaches & a clearance of 1.2 meter in between	1	20 sq. m
• Dressing/ Injection room	1	8 sq. m
• Laboratory room	1	30 sq. m
• Toilet rooms (separate male/ female)	2	8 sq. m
• X-Ray room(s),	5	As per ERPA standard
• Store room for medical supplies,	1	12sq. m
• General purpose room (Utility room for cleaning and holding used equipments and/or Staff room for changing clothes),	1	
• Incinerator (mobile/fixed),	1	

- 7.12.2.2. The arrangement of rooms shall consider proximity between related services.
- 7.12.2.3. Educational IEC materials shall be placed in the waiting area.

- 7.12.2.4. The internal medicine specialty clinic shall secure clear area near the entrance for ambulance transport access for emergency case.
- 7.12.2.5. The corridor to examination rooms shall be spacious enough to allow easy transport of emergency patients.

**7.12.3. Professionals**

- 7.12.3.1. The Internal Medicine Specialty clinic shall be directed by a licensed internist with a minimum of two years of relevant clinical experience.
- 7.12.3.2. The clinic shall have a minimum number of the following staffing summary:

<b>Professionals</b>	<b>Number of professionals</b>
Internist	1
GP (optional)	1
Nurse	2
Laboratory personnel	1
ECG trained/experienced nurse	1
Radiographer	1
Cleaners	2
Receptionist	1

- 7.12.3.3. The number and type of technical staff shall be determined by the volume and type of work carried out (Workload Analysis).
- 7.12.3.4. The internal medicine service shall have support staff such as receptionist & cleaner as per the service need.
- 7.12.3.5. An internist shall be physically available during regular working hours in the internal medicine specialty clinic.
- 7.12.3.6. An internist shall be responsible for the follow-up clinics.
- 7.12.3.7. The internist working in the clinic shall update her/ himself through attending CMEs, seminars and reading journals,

**7.12.4. Products**

- 7.12.4.1. The internal medicine specialty clinic shall have the following supplies and functional equipments:

- a) Diagnostic Equipment:
  - Stethoscope,
  - Otoscope,
  - Ophthalmoscope,
  - Pen torch/ Examination light,
  - Sphygmomanometer,
  - Weighing scales for adults,
  - Height Measurement,
  - Tape meter,
  - Thermometer
  - Hand lens,
  - Snellen chart,
  - Reflex/patellar hammer,
  - Tuning fork,
- e) Lumbar puncture, bone marrow aspiration (and biopsy) set,
- f) Pulse oximeter,
- g) EKG machine,
- h) Defibrillator,
- b) X-Ray viewer,
- c) Examination couch,
- d) Examination light,

- i) Resuscitation kits: Ambu bag,  
endo-tracheal tube, air ways,  
Laryngoscope,
- j) Oxygen source: concentrator/  
Oxygen cylinder, Flow-meters for  
oxygen,
- k) O<sub>2</sub> mask/ Nasal prongs/  
catheters,

7.12.4.2. The internal medicine specialty clinic shall avail emergency medicines as per the list of emergency medicines prepared by FMHACA for this clinic.

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## 7.13. Neurology Specialty Clinic

### 7.13.1. Practices

- 7.13.1.1. The Neurology specialty clinic shall have the following services:
- (a) Outpatient neurology service
  - (b) Follow-up neurology service
  - (c) Neurologic consultations
  - (d) Emergency care
  - (e) Headache and pain management
- 7.13.1.2. There shall be written protocols and procedures for the consultation and management of the neurological conditions in the clinic
- 7.13.1.3. For emergency neurological condition the service shall be available throughout the working hours.
- 7.13.1.4. Nursing functions shall be the responsibility of a licensed nurse and shall be supervised by the practicing neurologist.
- 7.13.1.5. The clinic shall have written policies and procedures that shall include
- (a) The management of acute neurologic conditions,
  - (b) Care for comatose patients,
  - (c) Infection control as per National IP guideline, (See IP section),
  - (d) Transfer and Referral of patients,
  - (e) Monitoring and follow-up of patients,
- 7.13.1.6. The neurologic specialty clinic shall have individual patient record with integrated neurological records,
- 7.13.1.7. Information contained in the neurological record shall be complete and sufficiently detailed relative to the patient's history, physical examination, diagnosis, diagnostic procedures, medication administration, and treatment. Refer to the medical record section for details of the information that needs to be recorded.
- 7.13.1.8. The neurologic specialty clinic shall have a follow-up service for patients with chronic ailments.
- 7.13.1.9. Diseases under surveillance shall be reported through the proper channel to the respective FMOH office.
- 7.13.1.10. The clinic shall avail updated reference materials, treatment guidelines and manuals in the specialty (e.g., National TB and leprosy, pain management, Malaria treatment, ART, meningitis etc)

### 7.13.2. Premises

- 7.13.2.1. Premise for Neurology specialty clinic shall have a minimum of the following set up:

Premises required	# required	Area required
• Reception, Recording & Waiting area	1	30 sq. m
• Examination room(s),	1	12 sq. m
• Treatment/ emergency/ procedure room,	1	16 sq. m
• Observation room with 2 couches	1	20 sq. m
• Laboratory room	1	30 sq. m



• Toilet room (male & female)	2	8 sq. m
• X-Ray room(s),	5	As per ERPA standard
• Doppler Ultrasound room (can be in Ex room or X-Ray room)	1	8 sq. m
• Room for Nerve conduction test/ EEG	1	12 sq. m
• Store room for medical supplies,	1	12 sq. m
• General purpose room (optional) (Utility room for cleaning and holding used equipments and/or Staff room for changing clothes),	1	
• Incinerator (mobile/fixed),	1	

- 7.13.2.2. Educational IEC materials need to be placed in the waiting area.
- 7.13.2.3. The neurology specialty clinic shall secure clear area by the entrance to access transport facility for emergency case.
- 7.13.2.4. The corridor to examination rooms shall be spacious enough to allow easy transport of emergency patients.

### 7.13.3. Professionals

- 7.13.3.1. The neurology Specialty clinic shall be directed by a licensed neurologist with two years of relevant clinical experience.
- 7.13.3.2. The clinic shall have at least the following minimum staffing summary:

Professionals	Number of professionals
Neurologist	# 1
GP (optional)	# 1
Radiographer	# 1
Nurse	# 2
EEG trained nurse/ technician	# 1
Nerve conduction test assistant nurse	# 1
Cleaner	# 1
Reception	# 1

- 7.13.3.3. The number and type of technical staff shall be determined by the volume and type of work carried out (Workload Analysis)
- 7.13.3.4. The neurologist shall be:
- Responsible for the services provided to each patient;
  - Perform & supervise procedures & tastes,
  - Responsible for the follow-up of patients.
- 7.13.3.5. A licensed nurse shall be available at all times to assess, evaluate, and supervise the nursing care provided and assist the neurologist.

### 7.13.4. Products

- 7.13.4.1. The neurology specialty clinic shall have at least the following instruments:
- Diagnostic Equipments:
    - Stethoscope,
    - Otoscope,
    - Ophthalmoscope,
    - Examination light,

- Sphygmomanometer,
  - Tape meter,
  - Thermometer,
  - hand lens,
- (b) X-ray viewer,
- (c) Weighing scales for adults,
- (d) Height Measurement,
- (e) Examination couch,
- (f) Examination light,
- (g) EEG machine (Optional)
- (h) Nerve conduction/  
electromyography,
- (i) Doppler ultrasound,
- Snellen chart,
  - Reflex hammer,
  - Tuning fork,
- (j) Lumbar puncture set with  
manometer,
- (k) Resuscitation kits: Ambu bag,  
air ways, endotracheal tube,  
laryngoscope
- (l) Oxygen source: cylinder, Flow-  
meters for oxygen,
- (m) O<sub>2</sub> mask/ Nasal prongs/  
catheters

7.13.4.2. The neurology specialty clinic shall have emergency medicines as specified by the Authority for the specialty.

## **7.14. Cardiovascular specialty clinic**

### **7.14.1. Practices**

- 7.14.1.1. The Cardiovascular Specialty clinic shall provide cardiovascular sub- specialty **non-interventional and** non- invasive interventional services.
- 7.14.1.2. There shall be written protocols/ procedures for the consultation and management of cardiovascular and related cases that shall include:
  - (a) Identifying critical cases,
  - (b) Handling critically ill patients at working time,
  - (c) Infection control specified under this standard and National IP guideline,
  - (d) Referral of patients,
  - (e) Monitoring and follow-up of patients.
- 7.14.1.3. There shall be Emergency cardiovascular services available during the regular working time.
- 7.14.1.4. Information contained in the medical record shall be complete and sufficiently detailed relative to the patient's history, physical examination, diagnosis, diagnostic procedures, medication administration, and treatment. Refer to the medical record section of this standard.
- 7.14.1.5. The cardiovascular specialty clinic shall have a follow-up service for patients with chronic ailments.
- 7.14.1.6. Reportable diseases shall be reported through the proper channel to the respective government office (hence to the FMOH).
- 7.14.1.7. The Cardiovascular specialty clinic shall avail updated reference materials, treatment guidelines and manuals within its scope of practice.
- 7.14.1.8. Nursing functions shall be the responsibility of licensed nurses and shall be supervised by the licensed cardiologist.
- 7.14.1.9. Emergency cardiovascular services under the scope of the clinic shall be available during working times.
  - a) Resuscitation of patients with sudden cardiac events (angina/ myocardial infarction) for referral,
  - b) Treatment, including defibrillation or cardio-version for patients with sudden life threatening rhythm disturbances,
  - c) Resuscitation of patients with cardiogenic shock and severe hemodynamic instability.
- 7.14.1.10. Regular cardiovascular services under the scope of the clinic shall be available during working hours:
  - a) Acceptance and evaluation of patients with heart diseases,
  - b) Follow-up of patients on whom medical or conservative management has been decided,
  - c) Diagnostic services like EKG, Echocardiography, US Doppler study for heart and vascular system shall be available in the cardiac clinic.
  - d) Stress testing with continuous monitoring shall be available as diagnostic services.
  - e) **Arrhythmia diagnosis shall be available.**

### **7.14.2. Premises**

- 7.14.2.1. Premises for cardiovascular clinic shall have the following minimum setup:

<b>Premises required</b>	<b># required</b>	<b>Area required</b>
• Reception, Recording & Waiting area	1	30 sq. m
• Examination room(s),	1	20 sq. m
• Emergency & resuscitation room	1	50 sq. m
• Treatment/ procedure room,	1	20 sq. m
• Laboratory room,	2	30 sq. m
• X-Ray room(s),	5	As per ERPA standards
• US/ Echocardiography room,	1	20 sq. m
• Stress test Room (can be shared)	1	20 sq. m
• Store room for medical supplies,	1	12 sq. m
• General purpose room (Utility room for cleaning and holding used equipments and/or Staff room for changing clothes)	1	12 sq. m
• Toilet room (male & female)	2	8 sq. m
• Incinerator (fixed),	1	

7.14.2.2. The examination room(s) shall be provided with a table and at least three chairs, and a hand washing sink plus a recline-able patient examination couch.

7.14.2.3. Stress testing room: (if separately available)

- a) There shall be a Treadmill or a bicycle ergo meter, the stress test recording panel, couch and a chair.
- b) There shall be resuscitation equipment on trolley and a defibrillator available for immediate use.

### **7.14.3. Professionals**

7.14.3.1. The cardiovascular Specialty clinic shall be directed by a licensed cardiologist with a minimum of two years relevant clinical experience.

7.14.3.2. The number and type of technical staff shall be determined by the volume and type of work carried out (Workload Analysis).

7.14.3.3. The cardiologist shall be:

- (a) Responsible for the services provided to each patient,
- (b) Responsible for the follow-up of patients.

7.14.3.4. A licensed nurse shall be available at all times to assess, evaluate, and supervise the nursing care and assist the cardiologist.

7.14.3.5. The clinic shall have at least the following minimum staffing summary:

<b>Professionals</b>	<b>Number of professionals</b>
Cardiologist	1
Internist (Optional)	1
GP (optional)	1
Radiographer	1
Nurses	2
ECG and stress test trained/ experienced nurse	1

Laboratory technologist	1
Laboratory technician	1
Cleaner	2
Reception	1

#### 7.14.4. Products

7.14.4.1. The Cardiovascular specialty clinic shall have at least the following Equipments & instruments:

- a) Diagnostic equipments:
- Cardiology Stethoscope,
  - Ophthalmoscope,
  - Sphygmomanometer,
  - Tape meter,
  - Thermometer,
  - Reflex hammer
  - Tuning fork,
  - Hand lens,
  - Otoscope,
- b) Weighing scales for adults,
- c) Height Measurement,
- d) X-ray viewer,
- e) Examination couch,
- f) Examination light,
- g) Standard 12 lead EKG machine,
- h) Echocardiography facility,

7.14.4.2. Equipments for Emergency/ observation room:

- a) Resuscitation couches #2,
- b) Cupboards and shelves,
- c) Wheelchair and patient transporter stretcher,
- d) Defibrillator,
- e) ECK machine,
- f) Cardiac Monitor,
- g) X-Ray viewer,
- h) Resuscitation set: Ambu bag, air ways, endo-tracheal tubes, laryngoscope,
- i) Resuscitation trolleys,
- j) Glucometer,
- k) Oxygen source,
- l) O<sub>2</sub> face mask/ Nasal prongs/ catheter

7.14.4.3. Equipment for Stress test room:

- a) Holter monitors (24 hour ambulatory EKG),
- b) Pulse oximeter,
- c) Resuscitation set on trolley,
- d) Defibrillator,
- e) Thread mill,
- f) Couch,

7.14.4.4. The Cardiovascular specialty clinic shall have emergency medicines as per the list prepared by FMHACA.

## 7.15. Gastroenterology specialty clinic

### 7.15.1. Practices

- 7.15.1.1. The gastroenterology Specialty clinic shall provide gastroenterology sub- specialty services.
- 7.15.1.2. There shall be written protocols/ procedures for the consultation and management of cases that shall include:
- (a) Identifying critical cases,
  - (b) Handling critically ill patients at working time,
  - (c) Infection control specified under this standard and National IP guideline,
  - (d) Procedures and special investigations like Endoscopy, sigmoidoscopy, proctoscopy,
  - (e) Referral of patients,
  - (f) Monitoring and follow-up of patients.
- 7.15.1.3. There shall be Emergency medical service available during the regular working time.
- 7.15.1.4. Information contained in the medical record shall be complete and sufficiently detailed relative to the patient's history, physical examination, diagnosis, diagnostic procedures, medication administration, and treatment. Refer to the medical record section of this standard.
- 7.15.1.5. The Gastroenterology specialty clinic shall have a follow-up service for patients with chronic ailments.
- 7.15.1.6. Reportable diseases shall be reported through the proper channel to the respective government office (hence to the FMOH).
- 7.15.1.7. The Gastroenterology specialty clinic shall avail updated reference materials, treatment guidelines and manuals within the scope of practice.
- 7.15.1.8. Nursing functions shall be the responsibility of licensed nurses and shall be supervised by the licensed internist.
- 7.15.1.9. Nurses shall make sure the process of instrument processing follow the protocol for sterilization of invasive equipments like Endoscope.

### 7.15.2. Premises

- 7.15.2.1. The Gastroenterology specialty clinic shall secure clear area near the entrance for ambulance transport access for emergency case.
- 7.15.2.2. Relevant Educational IEC materials shall be placed in the waiting area.
- 7.15.2.3. The corridor to examination rooms shall be spacious enough to allow easy transport of emergency patients.
- 7.15.2.4. Premise for Gastroenterology specialty clinic shall have a minimum of the following set up:

Premises required	# required	Minimum Area required
• Reception, Recording & Waiting area	1	30 sq. m
• Examination room(s),	1	12 sq. m
• Endoscopy procedure room,	1	20 sq. m
• Instrument processing & sterilization room	1	16 sq. m
• Emergency room with 2 Resuscitation coaches with a clearance of 1.2 meter in between,	1	20 sq. m

• Laboratory room (can be contracted to existing and/ or standalone lab)	1	30 sq. m
• Toilet room (staff/ patient) (male & female)	2	8 sq. m
• X-Ray room(s)	5	As per the ERPA
• Ultrasound room	1	12 sq. m
• Store room for medical supplies,	1	6 sq. m
• General purpose room (Utility room for cleaning and holding used equipments and/or Staff room for changing clothes),	1	
• Incinerator (mobile/fixed),	1	

### 7.15.3. Professionals

- 7.15.3.1. The Gastroenterology specialty clinic shall be directed by a licensed Gastroenterologist with a minimum two years of experience.
- 7.15.3.2. A gastroenterologist shall be physically available during regular working hours in the Gastroenterology specialty clinic.
- 7.15.3.3. The gastroenterologist shall be responsible for the follow-up clinics.
- 7.15.3.4. The specialist working in the clinic shall update her/ himself through attending CMEs, seminars and reading journals, on the specialty.
- 7.15.3.5. The number and type of technical staff shall be determined by the volume and type of work carried out (Workload Analysis).
- 7.15.3.6. The clinic shall have at least the following minimum staffing summary:

Professionals	No. of professionals
Gastroenterologist	1
GP/ internist (optional)	1
Radiographer	1
Radiologist (Optional)	1
Nurses	2
Endoscopy assistant/ technician	1
Laboratory technologist	1
Laboratory technician	1
Cleaner	2
Receptionist	1

### 7.15.4. Products

- 7.15.4.1. The gastroenterology specialty clinic shall have the following supplies and functional equipments:
- a) Diagnostic Equipments:
- Stethoscope,
  - Sphygmomanometer,
  - Tape meter,
  - Thermometer,
  - Reflex/patellar hammer,
  - b) Weighing scales for adults,
  - c) Height Measurement,
  - d) Examination couch,
  - e) Examination light,
  - f) X-Ray viewer,

- 7.15.5. Emergency/ resuscitation room shall have the following equipments:
- a) X-ray viewer,
  - b) Resuscitation kits: Ambu bag, air ways,
  - c) Oxygen source,
  - d) O<sub>2</sub> mask/ Nasal prongs/ catheters,
  - e) Glucometer and glucosticks,
  - f) IV stand,
  - g) Electrolyte analyzer,
- 7.15.6. Treatment/ procedure room shall have the following equipments:
- a) X-ray viewer,
  - b) Endoscope,
  - c) Proctoscope,
  - d) Biopsy set,
  - e) Laryngoscope,
  - f) Plastic bowels for chemical disinfection,
- 7.15.7. The gastroenterology specialty clinic shall have emergency medicines as per the list prepared by FMHACA.

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## 7.16. Rheumatology clinic

### 7.16.1. Practices

- 7.16.1.1. The rheumatology Specialty clinic shall provide rheumatology sub-specialty services.
- 7.16.1.2. There shall be written protocols/ procedures for the consultation and management of cases that shall include:
- (a) Identifying critical cases,
  - (b) Identify & treat patients with acute case,
  - (c) Follow up of patients with chronic problem,
  - (d) Handling critically ill patients at working time,
  - (e) Infection control specified under this standard and National IP guideline,
  - (f) Procedures and special investigations related to rheumatology,
  - (g) Chronic pain management,
  - (h) Prevention and management of disabilities caused by rheumatoid,
  - (i) Referral of patients,
  - (j) Monitoring and follow-up of patients.
- 7.16.1.3. There shall be Emergency medical service available during the regular working time.
- 7.16.1.4. Information contained in the medical record shall be complete and sufficiently detailed relative to the patient's history, physical examination, diagnosis, diagnostic procedures, medication administration, and treatment. Refer to the medical record section of this standard.
- 7.16.1.5. The Rheumatology specialty clinic shall have a follow-up service for patients with chronic ailments.
- 7.16.1.6. Reportable diseases shall be reported through the proper channel to the respective government office (hence to the FMOH).
- 7.16.1.7. The Rheumatology specialty clinic shall avail updated reference materials, SOPs, treatment guidelines and manuals within the scope of practice.

### 7.16.2. Premises

- 7.16.2.1. Patient information and relevant Educational IEC materials need to be placed in the waiting area.
- 7.16.2.2. The corridor to examination rooms shall be spacious enough to allow easy transport of emergency patients.
- 7.16.2.3. Premise for Rheumatology specialty clinic shall have a minimum of the following set up:

Premises required	# required	Area required
• Reception, Recording & Waiting area	1	30 sq. m
• Examination room(s),	1	12 sq. m
• Procedure room,	1	12 sq. m
• Emergency room with Resuscitation coaches	1	20 sq. m

with a clearance of 1.2 meter in between,		
• Laboratory room (can be contracted to existing and/ or standalone lab)	1	20sq. m
• U/Sound room	1	12 sq. m
• Toilet room (staff/ patient) (male & female)	2	8 sq. m
• X-Ray room(s)	5	As per the ERPA standards
• Store room for medical supplies,	1	6 sq. m
• General purpose room (Utility room for cleaning and holding used equipments and/or Staff room for changing clothes),	1	
• Incinerator (mobile/fixed),	1	

### 7.16.3. Professionals

- 7.16.3.1. The Rheumatology specialty clinic shall be run by a Rheumatologist with minimum of two years of experience.
- 7.16.3.2. The number and type of technical staff shall be determined by the volume and type of work carried out (Workload Analysis).
- 7.16.3.3. A Rheumatologist shall be physically available during regular working hours in the Rheumatology specialty clinic.
- 7.16.3.4. The Rheumatologist shall be responsible for the follow-up clinics.
- 7.16.3.5. The specialist working in the clinic shall update her/ himself through attending CMEs, seminars and reading journals, on the specialty.
- 7.16.3.6. The clinic shall have at least the following minimum staffing summary:

Professionals	No. of professionals
Rheumatologist	1
Internist /GP (optional)	1
Radiology technologist	1
Radiologist (Optional)	1
Nurses	2
Laboratory technologist	1
Laboratory technician	1
Cleaner	1
Receptionist	1

### 7.16.4. Products

- 7.16.4.1. The Rheumatology specialty clinic shall have the following supplies and functional equipments:
- a) Diagnostic Equipments:
- Stethoscope,
  - Sphygmomanometer,
  - Weighing scales for adults,
  - Height Measurement,
  - Tape meter,
  - Thermometer,
  - Tuning fork,
  - Reflex/patellar hammer,

- b) X-ray viewer,
- c) Examination couch,
- d) Examination light,
- e) Laryngoscope (optional),
- f) Resuscitation kits: Ambu bag,  
air ways,
- g) Oxygen source,
- h) O<sub>2</sub> mask/ Nasal prongs/  
catheters,
- i) Glucometer and glucostick,

7.16.4.2. The Rheumatology specialty clinic shall have emergency medicines as per the list prepared by FMHACA.

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## 7.17. Nephrology clinic

### 7.17.1. Practices

- 7.17.1.1. The Nephrology Specialty clinic shall provide nephrology sub-specialty services.
- 7.17.1.2. There shall be written protocols/ procedures for the consultation and management of cases that shall include:
- (a) Identifying critical cases,
  - (b) Identify & treat patients who need urgent dialysis,
  - (c) Follow up of patients who need chronic dialysis,
  - (d) Handling critically ill renal failure patients at working time,
  - (e) Infection control specified under this standard and National IP guideline,
  - (f) Procedures and special investigations related to renal system,
  - (g) Referral of patients,
  - (h) Monitoring and follow-up of patients.
- 7.17.1.3. There shall be Emergency medical service available during the regular working time.
- 7.17.1.4. Information contained in the medical record shall be complete and sufficiently detailed relative to the patient's history, physical examination, diagnosis, diagnostic procedures, medication administration, and treatment. Refer to the medical record section of this standard.
- 7.17.1.5. The Nephrology specialty clinic shall have a follow-up service for patients with chronic renal conditions/ ailments.
- 7.17.1.6. The nephrology specialty clinic may have dialysis service available during working hours.
- 7.17.1.7. Reportable diseases shall be reported through the proper channel to the respective government office (hence to the FMOH).
- 7.17.1.8. The Nephrology specialty clinic shall avail updated reference materials, SOPs, treatment guidelines and manuals within the scope of practice.
- 7.17.1.9. Nurses shall make sure the process of instrument processing follow the protocol for sterilization of invasive equipments like dialysis machine.

### 7.17.2. Premises

- 7.17.2.1. The corridor to examination rooms shall be spacious enough to allow easy transport of emergency patients.
- 7.17.2.2. Relevant Educational IEC materials need to be placed in the waiting area.
- 7.17.2.3. Premise for Nephrology specialty clinic shall have a minimum of the following set up:

Premises required	No. required	Area required
• Reception, Recording & Waiting area	1	30 sq. m
• Examination room(s),	1	12 sq. m
• Dialysis rooms (Optional),	2	16 sq. m each
• Emergency room with 2 Resuscitation coaches with a clearance of 1.2 meter in between,	1	20 sq. m

• Laboratory room	1	30 sq. m
• Toilet room (staff/ patient) (male & female)	2	8 sq. m
• X-Ray room(s)	5	As per the ERPA standards
• Ultrasound room	1	12 sq. m
• Store room for medical supplies,	1	12 sq. m
• General purpose room (Utility room for cleaning and holding used equipments and/or Staff room for changing clothes),	1	12 sq. m
• Incinerator (mobile/fixed),	1	

### 7.17.3. Professionals

- 7.17.3.1. The Nephrology specialty clinic shall be directed by a nephrologist with a minimum of two year of experience.
- 7.17.3.2. A Nephrologist shall be physically available during regular working hours in the Nephrology specialty clinic.
- 7.17.3.3. The Nephrologist shall be responsible for the follow-up clinics.
- 7.17.3.4. The specialist working in the clinic shall update her/ himself through attending CMEs, seminars and reading journals, on the specialty.
- 7.17.3.5. The clinic shall have at least the following minimum staffing summary:

<b>Professionals</b>	<b>No. of professionals</b>
Nephrologist	1
Internist /GP (optional)	1
Radiography technologist	1
Nurses	2
Hemodialysis technician (Optional)	1
Laboratory technologist	1
Laboratory technician	1
Cleaner	1
Receptionist	1

- 7.17.3.6. **The number and type of additional technical staff shall be determined by the volume and type of work carried out (Workload Analysis).**

#### 7.17.4. Products

7.17.4.1. The Nephrology specialty clinic shall have the following supplies and functional equipments:

a) Diagnostic Equipments:

- Stethoscope,
- Sphygmomanometer,
- Tape meter,
- Thermometer,
- Reflex/patellar hammer
- Laryngoscope (optional)
- Resuscitation kits: Ambu bag, air ways,
- Weighing scales for adults,
- Oxygen source,
- O<sub>2</sub> mask/ Nasal prongs/ catheters

b) X-ray viewer,

c) Examination couch,

d) Examination light,

e) Emergency & resuscitation room:

- Biopsy set,

7.17.4.2. The dialysis service shall have the following equipments:

a) Hemodialysis machine,

b) Distiller,

7.17.4.3. The Nephrology specialty clinic shall have emergency medicines as per the list prepared by FMHACA.

## 7.18. Chest Specialty Clinic

### 7.18.1. Practices

- 7.18.1.1. The chest specialty clinic shall provide sub-specialty services.
- 7.18.1.2. There shall be written protocols/ procedures for the consultation and management of cases that shall include:
- Identifying critical cases,
  - Handling critically ill patients at working time,
  - Airborne Infection control specified under this standard and National IP guideline,
  - Management of chronic obstructive lung diseases,**
  - Referral of patients,
  - Monitoring and follow-up of patients.
- 7.18.1.3. There shall be Emergency medical service available during the regular working time.
- 7.18.1.4. Information contained in the medical record shall be complete and sufficiently detailed relative to the patient's history, physical examination, diagnosis, diagnostic procedures, medication administration and treatment.
- 7.18.1.5. The Chest specialty clinic shall have a follow-up service for patients with chronic ailments.
- 7.18.1.6. The chest specialty clinic shall provide nursing care to clients those need pulmonary exercise and/ or lavage.

### 7.18.2. Premises

- 7.18.2.1. The chest specialty clinic shall secure clear area near the entrance for ambulance transport access for emergency case.
- 7.18.2.2. Educational IEC materials shall be placed in the waiting area.
- 7.18.2.3. The corridor to examination rooms shall be spacious enough to allow easy transport of emergency patients.
- 7.18.2.4. Premise for chest specialty clinic shall have a minimum of the following set up:

Premises required	No. of rooms required	Area required
• Reception, Recording & Waiting room	1	30sq. m
• Examination room(s)	1	12sq. m each
• Treatment/ procedure/ Emergency room	1	16 sq. m
• Observation room (with 2 Resuscitation coaches & a clearance of 1.2 meter in between)	1	20 sq. m
• Dressing/ Injection room	1	8 sq. m
• Laboratory room	1	30 sq. m
• X-Ray room(s)	5	As per ERPA standard
• Breathing exercise/ Spirometry room	1	12 sq. m
• Toilet rooms (separate male/ female)	2	8 sq. m
• Store room for medical supplies,	1	6 sq. m
• General purpose room	1	
• Incinerator (mobile/ fixed),	1	

### 7.18.3. Professionals

- 7.18.3.1. The Chest Specialty clinic shall be directed by a licensed Pulmonologist or chest specialist with a minimum of two years of experience.
- 7.18.3.2. The chest specialist shall be physically available during regular working hours in the Chest specialty clinic.
- 7.18.3.3. The pulmonologist shall be responsible for the follow-up clinics.
- 7.18.3.4. The pulmonologist working in the clinic shall update her-/ himself through attending CMEs, seminars and reading journals.
- 7.18.3.5. The clinic shall have a minimum of the following staffing summary:

Professionals	No. of professionals
Pulmonologist	1
GP/ internist (optional)	1
Radiographer	1
Nurses	2
Laboratory technologist	1
Cleaners	2
Receptionist	1

- 7.18.3.6. The number and type of additional technical staff shall be determined by the volume and type of work carried out (Workload Analysis).

### 7.18.4. Products

- 7.18.4.1. The Chest specialty clinic shall have the following supplies and functional equipments:

- a) Diagnostic Equipment:
- Stethoscope,
  - Otoscope,
  - Ophthalmoscope,
  - Sphygmomanometer,
  - Tape meter,
  - Thermometer
  - Hand lens,
  - Snellen chart,
  - Reflex/patellar hammer,
  - Tuning fork,
- b) The chest specialty clinic Emergency & Resuscitation room shall have:
- Resuscitation couches, #2
  - Suction machine,
  - IV stands,
  - Pulse oximeter,
  - EKG machine,
  - Oxygen source,
  - O<sub>2</sub> mask/ Nasal prongs/ catheters,
  - Resuscitation kits: Ambu bag, endo-tracheal tube, air ways, Laryngoscope
  - Defibrillator,
  - Humidifier,
  - X-Ray viewer,
- c) Examination room(s) shall have the following:



- X-Ray viewer,
- Weighing scales for adults,
- Height Measurement,
- Examination couch,
- Examination light,
- Lumbar puncture set,
- Bone marrow aspiration (and biopsy) set,

7.18.4.2. The Chest specialty clinic shall have emergency medicines as per the list prepared by FMHACA.

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## **7.19. Physiotherapy Clinic**

### **7.19.1. Practices:**

- 7.19.1.1. A physiotherapy clinic shall provide physiotherapy service with trained professional.
- 7.19.1.2. At least physical therapy/ physiotherapy services shall be available.
- 7.19.1.3. The clinic shall have procedures/ protocols for physiotherapy services available.
- 7.19.1.4. The physical therapist shall discuss the plan of care with the patient and family.
- 7.19.1.5. The physical therapy service shall be available during working time.
- 7.19.1.6. Visual and auditory privacy shall be offered and provided to all patients during evaluation and treatment.
- 7.19.1.7. There shall be training service for patients on coping disability. It includes utilization of prostheses, orthoses, wheelchairs, walking aids.
- 7.19.1.8. 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).
- 7.19.1.9. 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,
- 7.19.1.10. There shall be a referral system in place to ensure that patients/ clients can access the service.
- 7.19.1.11. There shall be a policy/ procedure for interdisciplinary consultation.
- 7.19.1.12. **The physiotherapy clinic shall render the service at outpatient level.**

### **7.19.2. Professionals:**

- 7.19.2.1. The service shall be directed by a licensed physiotherapist with a minimum of two years of experience.
- 7.19.2.2. The clinic may have one assistant therapist.
- 7.19.2.3. There shall be a multidisciplinary team approach in the physical rehabilitation service planned for individual clients. Referring medical practitioner shall be involved in this process.
- 7.19.2.4. Continued improvement of technical skills and knowledge shall be encouraged and such opportunities shall be facilitated for professionals by the health facility.

### **7.19.3. Premises**

- 7.19.3.1. The premises shall be friendly for people with disability and with smooth pavement rail for wheelchairs.
- 7.19.3.2. The premises shall be located with direct access and clear labels.
- 7.19.3.3. There shall be enough space for assistive devices and appropriate accessories.
- 7.19.3.4. Private area for patients and staff when they need to change clothing before and after treatment shall be available.
- 7.19.3.5. The clinic shall have separate toilet with hand washing facility in an accessible location, which shall be accessible, adapted and friendly for people with disability.
- 7.19.3.6. Rooms of the clinic shall be well ventilated.
- 7.19.3.7. Call bells shall be provided to patients in the physical therapy service who are not under visual supervision.

7.19.3.8. Workshop for production of orthosis- prostheses, walking sticks, axillary and/or elbow crutches is optional. If there is no workshop, there shall be variety of walking aids.

7.19.3.9. The premises of physiotherapy clinic shall have the following minimum set up:

Premises required	No. required	Area required
• Reception, Recording & Waiting area	1	20 sq. m
• Consultation/ Examination room	1	12sq. m
• Exercise room	1	20 sq. m
• Physiotherapy room	1	20 sq. m
• Toilet room (male & female)	1	8 sq. m
• General purpose room	1	
• Store room	1	
• Incinerator (fixed/ mobile)	1	

#### 7.19.4. Products

7.19.4.1. All equipments shall be clean and functional.

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

7.19.4.3. Physiotherapy clinic shall have the following minimum standard equipments and consumables:

- |  |   |
|--|---|
| (a) Physiotherapy mats   | (j) Walking aids/ walking frames (adjustable) |
| (b) Massaging coach  | (k) POP cutter                                |
| (c) Splinting materials  | (l) Pulley                                    |
| (d) Balance boards   | (m) Chair and table                           |
| (e) Bobath Ball  | (n) Diagnostic sets                           |
| (f) Mirror   | (o) Infrared,                                 |
| (g) Walking rail/ parallel bars, adult and pediatric or adjustable | (p) Ultrasound,                               |
| (h) Sticks   | (q) Disposable glove                          |
| (i) Crutches   | (r) Cotton roll                               |
|  | (s) Plastic apron                             |
|  | (t) POP                                       |

## **Section eight: Physical Facility Standard**

### **8.1. General**

A Specialty clinic shall fulfill the minimum standard for building which contains 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.

### **8.2. Site Selection Requirements**

- 8.1.1. Entrance to the Specialty clinic shall be:
  - a) Clear & easy to road access,
  - b) away from highways, railways, construction areas, any hazard,
- 8.1.2. There shall be secured boundaries, no access for animals,
- 8.1.3. The surrounding environment shall be free of undue conditions like excess sound/ noise, smoke, light (welding & cutting), smells, etc.
- 8.1.4. Specialty clinic shall not be located adjacent to railroads, freight yards, airports, grinding mills, traffic pools, industrial plants and disposal plants.
- 8.1.5. Specialty clinic shall be provided with water supply, electricity and communication facilities.

### **8.3. Construction Requirements**

- 8.3.1. The appropriate organ shall be consulted before commencement of any physical development or remodeling of existing building planned for Specialty clinic.
- 8.3.2. Plans and specifications for construction or remodeling shall comply with Ethiopian Building Code.
- 8.3.3. Upon completion of construction the appropriate organ shall inspect and issue an approval for operation of the Specialty clinic if all the findings are in conformity with the standards.
- 8.3.4. There shall be an approval from the appropriate organ when buildings constructed for other purposes are used for the operation of Specialty clinic.
- 8.3.5. The construction shall comply with the following codes and guidelines to provide a safe and accessible environment:
  - 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 –Sanitation codes, environmental protection laws, water codes
- 8.3.6. Ways, paths and corridors to and between Specialty clinic buildings shall be paved, smooth and friendly for people with disability.
- 8.3.7. The construction materials shall be used for special services in conformity to the Ethiopian Building Code.

## **8.4. Building Space and Elements**

8.4.1. Size of rooms and space allocation shall consider room loadings based on the number of staff and clients involved, usable medical equipments available, and furniture and applicable functions.

### **8.4.2. Corridors:**

- a) Patient serving corridors shall not be less than 1.2 m wide,
- b) The openings to the corridor shall be designed to allow easy movement of stretchers/ coaches,
- c) The circulation ways and corridors shall be a minimum 2m wide.

### **8.4.3. Doors:**

- a) Doors shall be easy to open and close,
- b) Doors shall swing away from corridors.
- c) Glass doors shall be marked to avoid accidental collision.

### **8.4.4. Ceiling:**

- a) Height: The ceiling height shall not be less than 2.4 m.
- b) Ceiling height needs to be determined based on the climate, the functional requirements considering air space, technical requirements, room size proportions and number of occupants.
- c) Ceiling shall be smooth, impervious & free from cracks, recesses, projecting ledges and other features that could harbor dust or spillage.

### **8.4.5. Floor:**

- a) The floor shall be made of non-combustible materials or material with high fire-resistance and low flame-spread characteristics.
- b) The floor shall be made of washable materials that are resistant to cleaning materials,

### **8.4.6. Finishing:**

- a) Finishing of all rooms shall be suitable for easy washing.
- b) Floors shall be easily cleanable, smooth, non- adsorptive & non-slippery.

- c) All wall 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).
- d) Potential source of accidents shall be identified & acted upon (slippery floors, misfits in doorways & footsteps).

**8.4.7. Sanitary Finishing:**

- a) Toilet rooms shall be fitted with functional flush. If the toilet is pit latrine, ventilation shall be provided,
- b) Toilet rooms shall be provided with hand washing facilities.
- c) Toilet rooms shall have floors, walls and ceilings fitted with washable non slippery finishing materials.
- d) Floors and walls penetrated by pipes, ducts, siphons and conduits shall be tightly sealed & smooth.

8.4.8. **Furnishings:** The furniture shall be washable and resistant for cleansing reagents that can control vandalism and avoid accidents.

8.4.9. **Windows:** 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 by 100cm height. However, dimension shall be adjusted for the climate.
- b) Windows for medium clinic shall be open able or shall be fitted with opening at top portion, fitted with wire mesh, for cross ventilation & uninterrupted circulation of air. Advanced technology can be used that maintain the air circulation.
- c) The window sill shall not be higher than 91cm above the floor.
- d) Windows shall not have any obstruction to vision (wall, cooling tower, etc.) within 1.52m as measured perpendicular to the plane of the window.
- e) Windows shall have opening at top portion, fitted with wire mesh, for cross ventilation & uninterrupted circulation of air. Advanced technology can be used that maintain the air circulation.
- f) Windows shall be equipped with curtains or blinds; wire mesh shall be fitted on windows where necessary, e.g., in malaria prone area.

8.4.10. **Vertical Circulation:** All functioning rooms shall be accessible horizontally.

- a) Specialty clinic where functional units are at different floor shall have a mechanism of accessing all the functioning rooms horizontally- either by stairs, ramp or elevator.

- b) **Stairs** All stairways and ramps shall have handrails and their minimum width shall be 120cm.
  - All stairways shall be fitted with non slippery finishing materials
  - All stair threads, risers and flights shall comply with the Ethiopia Building proclamation.
- c) **Elevators (optional):** Minimum cab dimensions required for elevator is 195cm x 130cm inside clear measurements and minimum width for hatchway and cab doors shall be 100cm.
- d) **Ramp (Optional):** 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.

8.4.11. **Outdoor Areas:** the outdoor area shall be equipped and situated to allow safe movement of patients, care givers, staff and visitors.

- a) Walkways, connection roads and elevation differences shall be designed to allow smooth movements of coaches/stretchers and persons with disabilities.
- b) The outdoor traffic arrangement shall not cross each other.

8.4.12. **Fire Safety Considerations:**

- a) **One-Story Building:** Wall, ceiling and roof construction shall be of one-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.

8.4.13. **Parking areas:**

- a) The Specialty clinic shall have reserved parking spaces for ambulance.
- b) The parking space shall not cross pedestrian walkways; if it is mandatory to cross, proper precaution measures such as Zebra cross, Speed Breaker, guiding notice and traffic stopping culverts or signals shall be provided.

## 8.5. Building Systems

Specialty clinic shall have building systems that are designed, installed and operated in such a manner as to provide safety, comfort and wellbeing of the patient.

### 8.5.1. Water supply and plumbing:

- a) Specialty clinic connected to municipal water system shall maintain the patency of the system whenever there is any repair or modification to the underground lines and to the elevated tank or to the well or pump.

- b) Specialty clinic connected to its own separate water supply system shall maintain the safety & shall have certificate for safety by the concerned body.
- c) Water reserves used in Specialty clinic shall be protected from external contamination, cleaned and washed every 6month.
- d) 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.

#### **8.5.2. Sewerage and Waste Processing Systems**

- a) The Specialty clinic shall maintain a sanitary and functioning sewage system in accordance with the national healthcare waste management guidelines and Ethiopian building code.
- b) The Specialty clinic shall provide secure and secluded area to contain, process, and dispose of medical and general waste.
- c) Segregation of hazardous wastes shall be done from the time of generation.
- d) The Specialty clinic shall dispose all sanitary wastes produced in the clinic through closed connection to a septic tank or a suitable municipal sewerage system,
- e) The Specialty clinic shall have incinerator with proper ash pit for solid waste.

#### **8.5.3. Ventilating and Air-Conditioning Systems:**

- a) Specialty clinic shall provide adequate ventilation and/or clean air circulation for all patient care rooms.
- b) Allocation of rooms shall be in such a way that airflow moves from clean to soiled locations. Air movement shall be designed to reduce the potential contamination of clean areas.
- c) There shall be a mechanical exhaust ventilation system for rooms with no window or rooms that need intense ventilation at ten air changes per hour (toilets, baths, laundry rooms, housekeeping rooms, kitchens).
- d) If mechanical ventilation system(s) is applied, the air changes per hour (hereafter "ACH") shall be as follows:
  - Care and treatment areas: five (5) ACH;
  - Procedure and airborne isolation areas: fifteen (15) ACH;
  - Toilets, janitors' closets, soiled linen and similar areas shall have six (6) air changes per hour.



- General areas occupied by patients shall have two (2) air changes per hour.

## **8.6. Electrical System**

8.6.1 All facilities shall provide the minimum average illumination levels as follows or as per the Ethiopian Electrical Design Code:

- a) General purpose areas: five (5) foot candles;
- b) General corridors: ten (10) foot candles;
- c) Hazardous work surfaces: fifty (50) foot candles;
- d) Care and treatment locations: seventy (70) foot candles;
- e) Examination task lighting: one hundred (100) foot candles;

8.6.2 Essential Power System:

- a) The electric installation in the Specialty clinic shall fulfill the criteria set by ELPA.
- b) The electric outlets shall be up to the safety standard of country,
- c) The Specialty clinic can have functional generator with fuel and assigned attendant.
- d) Solar panels can also be used as backup power option where appropriate.

## **8.7. Fire Protection System**

8.7.1. The Specialty clinic shall comply with the National Fire Protection "Life Safety Code".

8.7.2. There shall be functional fire extinguisher placed in a visible area with attached clear instruction on how to use.

8.7.3. All employees shall be trained/ oriented in procedures to be followed in the event of a fire and instructed in the use of fire-fighting equipment and patient evacuation shall be added as part of their initial orientation and at least annually thereafter.

8.7.4. Regular periodic inspection of Fire extinguishers shall be performed by licensed body and the inspection and calibration shall be labeled with the date of the last inspection.

## **8.8. Health Facility Environment**

8.8.1. The Specialty clinic shall provide and maintain a safe environment for patients and the public.

8.8.2. Existing and new facilities shall comply with the physical facility standards contained in this chapter.

## 8.9. Specific Service Areas

- 8.9.1. **Reception:** bigger room with corner for reception & registry, patient waiting area with chairs, & free area for movement. Minimum area shall be 30sq. m.
- 8.9.2. **Examination Room(s):** Each examination room shall have a minimum floor area of 12 square meters (4 m x 3m) and a minimum of 90 cm clear dimension around three sides of the examination table or chair.
- 8.9.3. **Emergency room:** this room shall have a minimum floor area of 12 square meters (4 m x 3m) and a minimum of 90 cm clear dimension around three sides of the examination couch.
- 8.9.4. **Observation room:** this room shall have a minimum floor area of 20 square meters (4 m x 5m) and a minimum of 90 cm clear dimension around two sides of the resuscitation couches & 1.2 m space in between.
- 8.9.5. **Injection & Dressing room:** this room shall have a minimum floor area of 10 square meters (2.8m x 2.8m or 3m x 2.6m) and a minimum of 2 meter clear dimension.
- 8.9.6. **Procedure room/ Minor OR** (if service available): Procedure rooms for minor surgical procedures performed under topical, local, or minor regional block/ anesthesia without pre-operative sedation shall have a minimum floor area of 16 square meters and a minimum of four meter clear dimension.
- 8.9.7. **Toilet Rooms:** The Specialty clinic shall provide separate toilet rooms with hand-washing sinks for patient and staffs separately. In addition the following requirements shall be ensured:
- Flush toilets or VIP latrines shall be available throughout the workplace.
  - Posted signs (written and/or visual messages) shall be indicated describing which is for ladies and gents.
  - Indicating arrows shall be located on the corridors.
- 8.9.8. In addition the following requirements for toilet rooms shall be ensured:
- Flush toilets or VIP latrines shall be available throughout the workplace.
  - Posted signs (written and/or visual messages) shall be indicated describing for ladies and gents.
  - Indicating arrows shall be located on the corridors.

## 8.10. Ancillary areas

- 8.10.1. **Laundry:** The Specialty clinic shall have a dedicated area for laundry service in accordance with the following requirements:

- a) Separate areas for washing and drying clean.
- b) There shall be separate soaking and hand washing sinks.
- c) Separate facility for transport & storage of clean linen supply.

**8.10.2. Administrative Areas:** there shall be separate Administrative Offices and shall be clearly labeled.

**8.10.3. General Storage areas:** There shall be a two hour fire rated room with lock and large enough to store.

**8.10.4. Incinerator:** The Specialty clinic shall have functional incinerator with dedicated ash pit. The incinerator area shall be not less than 3 sq. m & shall be clean and secured from easy access.

**8.10.5. Green area:** The Specialty clinic shall have a green area or plantation if the facility is on a building.

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