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**Psychiatry specialty clinic**

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FINAL DRAFT

## Psychiatric Specialty clinic Requirement

### 1. Scope

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

### 2. Normative Reference

### 3. Terms and Definitions

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

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

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

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

**3.5 Person:** Shall mean any physical or juridical person

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

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

#### 4. General requirement

- 4.1.1. The psychiatry speciality clinic shall be directed by Psychiatrist/ subspecialist.
- 4.1.2. The psychiatry specialty clinic shall provide or facilitate access to relevant trainings, continuing education and assess staff competency at regular intervals.
- 4.1.3. Diseases under national surveillance shall be notified to the FMOH through the proper reporting channel.
- 4.1.4. The specialty clinic shall have a program of continuous quality improvement for the service which includes regularly collecting and analyzing data to help identify health-service problems and their extent, and recommending, implementing, and monitoring corrective actions on the basis of these data
- 4.1.5. The specialty clinic shall establish quality team to improve quality of service deliveries.
- 4.1.6. The specialty clinic shall display the following at visible place:
  - (a) List of Services available in the specialty center during working hours & after working hours,
  - (b) List of Professionals and specialties working in the clinic during & after working hours,
  - (c) Updated list of Various fees and prices,
- 4.1.7. The psychiatry specialty clinic facilities shall be well marked and easily accessible for persons with disability.
- 4.1.8. The clinic shall have fire extinguisher placed in visible area.
- 4.1.9. All employees, including part-time and contract shall be trained in fire-fighting equipment and patient evacuation of clinic's buildings as part of their initial orientation and at least annually thereafter.
- 4.1.10. Fire extinguishers shall be visually inspected at least monthly; fully inspected at least annually, recharged, repaired and hydro-tested as required by manufacturer's instructions; and labeled with the date of the last inspection.
- 4.1.11. Potential source of accidents shall be identified and acted upon like slippery floors, misfit in doorways and footsteps.
- 4.1.12. All patient care rooms shall be provided with running water supply & functional hand washing basin.
- 4.1.13. The Internal surfaces of the center (floors, walls, and ceilings) shall be:
  - a. Smooth, impervious, free from cracks, recesses, projecting ledges
  - b. Easy to clean and decontaminate effectively,

c. Constructed of materials that are non-combustible or have high fire-resistance and low flame-spread characteristics.

4.1.14. The circulation ways and sub corridors shall be a minimum 2m wide.

4.1.15. Patient serving corridors shall not be less than 240cm wide,

4.1.16. Safety glass, tempered glass or plastic glass materials shall be used for psychiatry service units to avoid possible injuries.

4.1.17. Glass doors shall be marked to avoid accidental collision.

4.1.18. Psychiatry specialty clinic where functional units are at different floor shall have a mechanism of accessing all the functioning rooms horizontally either by stairs and ramp or stair and elevator.

General Nursing Service

**General nursing practice**

4.1.19. Nursing care shall be available in the specialty clinic for emergency care, patients unable to support themselves and other clients who need the care.

4.1.20. There shall be accessible physical resources for nurses to implement the nursing process, as detailed under the products' section.

4.1.21. The Nursing service to a minimum shall include:

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

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

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

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

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

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

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

- 4.1.26. 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;
- 4.1.27. Copies of Nurses' code of professional practice shall be available and all nurses shall abide by the code of professional practice.
- 4.1.28. Nurses shall explain and seek informed consent from their patients or their relatives/ next of kin (for incompetent patients) before carrying out any procedure.
- 4.1.29. Allergies shall be listed on the front cover of the patient's chart or, in a computerized system, highlighted on the screen.
- 4.1.30. 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.

## 5. Specific requirement

### 5.1. Outpatient service

#### 5.1.1. Practice:

- 5.1.1.2. The Psychiatric service shall be directed by licensed **sub specialist** /psychiatrist.
- 5.1.1.3. The psychiatric clinic shall provide the service strictly at outpatient level during working hours.  
The outpatient psychiatric service shall include the following core functions:
- a) Consultation to patients with acute and ongoing mental problem & their relatives,
  - b) Consultation with child and adolescent psychiatry service,
  - c) Consultation on addictive substances' detoxification, treatment and rehabilitation services,
  - d) Psychological services,
  - e) Outpatient rehabilitative services;
  - f) Recreational therapy,
  - g) Consultation on Forensic assesement
  - h) Family education schedules,
  - i) Follow up of patients on maintenance treatment and interventions,
- 5.1.1.4. There shall be written protocols and procedures for management of mental health problem.
- 5.1.1.5. The clinic shall have service for patients with psychiatric emergency conditions 24hr a day and 365 days a year.
- 5.1.1.6. The outpatient service shall be available during working hours. For clinic which is open extra hours, the time & the type of service available during after-working hours shall be posted at a visible place to the public.
- 5.1.1.7. The range of relevant treatment options and the clinical impression shall be fully described to client and/or their families and documented on patient's medical record accordingly.

5.1.1.8. Nursing functions shall be the responsibility of licensed psychiatry professional nurse/ psychiatric nurses and shall be supervised by a licensed psychiatrist.

5.1.1.9. Psychiatric clinic shall have written policies and procedures which include:

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

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

- a) psychiatric history,
- b) mental state examination,
- c) relevant physical examination,
- d) diagnosis and diagnostic procedures,
- e) treatment and medication administration,

5.1.1.11. The specialty clinic shall have functional referral system which includes at least:

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

5.1.1.12. The caretakers and/or patients shall be included in the development of the management plan for the care of each and every patient

5.1.1.13. 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.

#### **5.1.2. Premises**

5.1.2.1. 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.

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

5.1.2.3. The clinic/rooms shall be provided with restraint equipments for patients with harmful act.

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

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

Premises required	# required	Area required
• Reception/ Recording & Waiting area	1	30 sq. m
• Examination/ Consultation room(s),	1	12 sq. m
• <b>Rehabilitation/recreational room</b> (optional)	1	16 sq.m
• <b>Staff room/changing room</b>	1	9 sq.m
• Injection /dressing room	1	9 sq. m
• Toilet room (male & female)	2	4 sq. m each
• Janitors closet	1	

**5.1.3. Professionals**

5.1.3.1 The psychiatry clinic shall be directed by a licensed psychiatrist/Sub specialis.

5.1.3.2 There shall be licensed psychiatrist available at all working times to meet the service needs.

5.1.3.3 A psychiatrist or licensed independent practitioner shall be responsible for the follow-up clinics.

5.1.3.4 The clinic shall have the following minimum staffing summary:

No	Personnel	Number
1	Psychiatrist	1
2	Mental health professional specialist (optional)	1
3	Psychiatry professional /Psychiatry nurse	1
4	Professional nurse/clinical nurse	2
4	Laboratory technologist/technician	1
5	Psychologist (Optional)	1
6	Social worker (optional)	1
7	Receptionist	1
8	Cleaner	1



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

#### **5.1.4. Products**

5.1.4.1. The psychiatric clinic shall have the following supplies and functional equipment in addition to office furniture's:

- |                                   |                          |
|-----------------------------------|--------------------------|
| a. Torch,                         | e. thermometer           |
| b. Weighing scales                | f. Stethoscopes          |
| c. Tape meter,                    | g. Sphygmomanometer      |
| d. Reflex hammer                  | h. Examination couch     |
| i. Video Tape recorder (optional) | j. Restraint equipments, |

#### **5.2. Emergency Services**

##### **5.2.1. Practices**

5.2.1.1. The specialty clinic shall provide emergency services related to the specialty 24hr a day and 365 days a year without any prerequisite and discrimination.

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

5.2.1.3. The emergency service of the specialty clinic shall have functional intra and inter facility referral system which encompasses SOP for selection of referral cases, referral directory, referral forms, and documentation of referred clients; referral tracing and feedback getting mechanism.

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

5.2.1.5. 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.

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

5.2.1.7. The specialty clinic shall have a system that facilitates emergency patients to get priority access to services.

5.2.1.8. The specialty clinic shall provide emergency admission service for conditions that do not need admission for more than 10 days.

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

- a. Cardiopulmonary resuscitation (CPR),
- b. Airway management,

- c. Bleeding control,
- d. Shock management/ IV fluid resuscitation.

**5.2.1.10.** On top of the above article (5.1.2.9), the psychiatry and rehabilitation center shall avail advanced emergency services specific to the specialty which shall include but not limited to:

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

**5.2.1.11.** The specialty clinic emergency service shall have protocol for initial management of common emergency conditions in the specialty .

#### **Emergency Medication Management**

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

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

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

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

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

**5.2.1.17.** It is prohibited to hold or dispense emergency medicines which are not registered or included in the emergency medicines list by the Authority.

**5.2.1.18.** It is prohibited to hold or dispense non-emergency medicines in specialty clinic at any time.

**5.2.1.19.** Specialty clinics are not allowed to hold or dispense any donated medications without prior permission from the Authority.

**5.2.1.20.** Specialty clinics shall keep documentation which shows description of medicines, medicines source, date of purchase and receipt, inventory records, medicines waste disposal records and other relevant information and produce whenever requested.

**5.2.1.21.** Specialty clinics shall keep medication records for emergency medicines which contains at least:

- a. Name of patient, sex, age and medical record number,
- b. Diagnosis and allergy, if any,

- c. Name of the drug, strength, dosage form and total dose given and route of administration,
  - d. Date dispensed,
  - e. Prescriber's name, qualification and signature,
  - f. Prescriber's address (name and address of health facility)
  - g. Name & signature of the dispenser/ administrator of the drug.
- 5.2.1.22.** Specialty clinics shall be responsible to make sure that medicines promotion made by suppliers or manufacturers in their premises is made by a licensed pharmacist in accordance with the country's laws.
- 5.2.1.23.** Any clinical trial without the permission of the Authority is prohibited in these health facilities.
- 5.2.1.24.** The storage condition for emergency medicines shall provide adequate protection to the medicines and supplies from all environmental factors until time of use.
- 5.2.1.25.** Medicines shall be kept in a secured, clean, ventilated cabinet and in accordance with the manufacturers' recommendation for storage conditions.
- 5.2.1.26.** Disinfectants and other chemicals shall be stored separately from emergency medicines.
- 5.2.1.27.** Specialty clinics shall manage and dispose medicines waste in accordance with the directive issued by the Authority.
- 5.2.1.28.** The emergency medicines & supplies for the specialty clinics shall be accessible to authorized inspector of an appropriate organ.
- 5.2.2. Premises**
- 5.2.2.1.** The emergency room premises shall be low traffic area and there shall be reserve parking place for ambulances.
- 5.2.2.2.** The emergency area shall be spacious enough to provide a space for the following tasks:
- 5.2.2.3.** The emergency area shall be spacious enough to provide a space for the following tasks:
- a) Accepting, triaging and providing immediate care including emergency procedures.
  - b) Admitting for a maximum of 24 hrs to 10 days to provide emergency care with 2 to 9 beds at emergency department.
  - c) Emergency medicines, supplies and equipments.
  - d) Staff/duty room
- 5.2.2.4.** Resuscitation/ observation couches shall be arranged in a way 90cm away from walls and with a minimum of 1.2m space in between.
- 5.2.2.5.** The emergency room shall have the following facilities:
- a) Adequate water, light and ventilation.
  - b) Fire extinguishers placed in visible area.
  - c) Telephone

- d) Functional Hand washing basin in each room
- e) Sub waiting area for attendants and caregivers.

**5.2.2.6.** The emergency room shall have the following premise summery:

Room required	Number of rooms	Area required
Emergency examination room	1	12sq.m
Emergency admission room with two beds	1	16sq.m
Staff /duty room	1	9 sq.m
Toilet male & female (if ER is adjustment to OPD it can be shared)	2	4 sq.m each

### **5.2.3. Professional**

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

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

### **5.2.4. Products**

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

- |  |                                |
|--|--------------------------------|
| a) Dressing set #2                           | l) Stethoscope                 |
| b) Bowels/ buckets for instrument processing | m) Splints,                    |
| c) Pickup forceps with jar                   | n) Dressing set                |
| d) Instrument tray                           | o) Suture set                  |
| e) Instrument trolley                        | p) IV stands,                  |
| f) IV Infusion stand                         | q) Resuscitation couches       |
| g) Sterilization drums with stands           | r) Suction machine ,           |
| h) Autoclave/ Steam Sterilizer               | s) Emergency medicine cabinet, |
| i) Personal protective equipments            | t) Bed screens, 3 section,     |
| j) Resuscitation set, adult, pediatrics      | u) Kidney basin                |
| k) BP apparatus                              | v) Oxygen supply,              |
|  | w) EKG machine (optional)      |

**5.2.4.2.** The specialty clinics shall have emergency medicines as per the list of emergency medicines prepared by EFDA.

### 5.3. Clinical laboratory service (optional)

#### 5.3.1. Practices

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

5.3.1.2. 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

- Urine analysis Qualitative
- Urine Microscopy

##### d) PARASITOLOGY

- Stool Examination
- Special parasitological tests

##### e) BACTERIOLOGICAL EXAMINATION (optional)

- Gram Stain
- AFB Stain
- Special Stain

##### f) SEROLOGICAL TESTS AND OTHER TESTS

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

- 5.3.1.3. 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.
- 5.3.1.4. 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.
- 5.3.1.5. Manuals, guidelines or Standard Operating Procedures (SOPs) shall be available for all tests and equipments available in the specialty clinic laboratory.
- 5.3.1.6. The specialty clinic laboratory shall have procedures (SOPs) for proper collection, identification, transport & disposal of specimen that address specific collection requirements.
- 5.3.1.7. Specialty clinic laboratory team/ management shall review all operational procedures at regular intervals.
- 5.3.1.8. 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.
- 5.3.1.9. There shall be SOP or criteria developed for acceptance or rejection of clinical samples.
- 5.3.1.10. The specialty clinic laboratory shall maintain a record of all samples received and tests run.
- 5.3.1.11. Specialty clinic laboratory staff shall test quality control materials every day for equipment requiring frequent calibration.
- 5.3.1.12. Specialty clinic laboratory shall have a procedure for storage of clinical samples that are not examined immediately.
- 5.3.1.13. 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.
- 5.3.1.14. No eating, drinking, smoking or other application of cosmetics in the laboratory work area is allowed.
- 5.3.1.15. Temperature of the refrigerator used to store laboratory reagents shall be strictly maintained below 8°C & daily temperature readings shall be documented.
- 5.3.1.16. 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.
- 5.3.1.17. 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.

### 5.3.2. Premises

- 5.3.2.1. The laboratory working environment shall be kept organized, clean, and safe for handling specimens and waste materials.
- 5.3.2.2. 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
○ <b>Store place for</b>		<b>6 sq. m</b>

chemicals (wall mounted cabinets can be used)		
○ Toilet room (male & female)	1	8sq. m (can be shared)

- 5.3.2.3. 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.

### 5.3.3. Professionals

- 5.3.3.1. 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.
- 5.3.3.2. Laboratory professional is not mandatory for Specialty clinics where clinical laboratory service is considered as optional.
- 5.3.3.3. All laboratory tests and analyses rendered at the clinic shall be done by laboratory professional.
- 5.3.3.4. Laboratory staff shall, at all times, perform their functions with adherence to the highest ethical and professional standards of the laboratory profession.
- 5.3.3.5. The clinic shall facilitate upgrade and continuous education access for its laboratory staff.

### 5.3.4. Products

- 5.3.4.1. Products for clinical laboratory service shall be available for specialty clinics where clinical lab service is mandatory.



- 5.3.4.2. All clinical laboratory equipment in specialty clinic shall be in good working order, and routinely quality control and regularly calibrated.
- 5.3.4.3. Clinical Laboratory shall have a program of preventive maintenance for every machine which at a minimum follows the manufacturer's recommendation.
- 5.3.4.4. Minimum tests: Hematology, Clinical chemistry, Parasitology, urinalysis & body fluid analysis, KOH, bacteriology, serology,
- 5.3.4.5. The specialty clinic laboratory service shall have the following equipments:
- |                            |   |
|----------------------------|---|
| a. Binocular microscope #2 | n. Photometer,                                  |
| b. Micro HCT centrifuge,   | o. Micro pipettes,                              |
| c. Micro HCT reader,       | p. Dry oven,                                    |
| d. Centrifuge,             | q. Steam sterilizer,                            |
| e. Differential chamber,   | r. Fully automated chemistry machine (optional) |
| f. Differential counter,   | s. Hematology machine (Optional)                |
| g. Bunsen burner,          | t. Dropper/ pipettes,                           |
| h. ESR rack,               | u. Slide rack,                                  |
| i. Refrigerator,           | v. Test tube racks,                             |
| j. Tally counter,          |   |
| k. Timer,                  |   |
| l. Shaker,                 |   |
| m. Water bath,             |   |

**N.B.: 1**

- If a fully automated clinical chemistry machine is available, shaker, water bath, and photometry shall not be requested.
- If hematology machine is available, differential chamber, differential counter, tally counter, micro HCT centrifuge & reader shall not be requested.

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

5.3.4.7. 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,
- h. Micropipette tips of different sizes (5µl -1000µl)

#### **5.4. Ambulance Service standards**

##### **5.4.1. Practice**

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

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

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

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

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

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

5.4.1.6. If death happens on the way to a Specialty clinic, the dead body shall be taken to this specialty clinic and death shall be confirmed. Dead body care shall be provided.

5.4.1.7. Ambulances of the Specialty clinic shall serve only for designated emergency medical services

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

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

#### 5.4.2. Professionals

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

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

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

#### 5.4.3. Products

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

- a) A foldable stretcher
- b) Ambulance Bed (couches) with security belts, fixed chair that is designed for ambulances
- c) Medical box for items needed for providing immediate life saving support.
- d) Log book (stating time of call, time of arrival, time of return)

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

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

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

5.4.3.5. Ambulance kit:

(a) Medicines:

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

(b) Supplies

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

(c) Equipment:

- Minor surgical set,
- Oxygen supply,
- Ambu bag,
- suction machine,
- Stethoscope,
- sphygmomanometer,
- thermometer,
- Portable radio or telephone,
- C-collar
- Log roller
- Emergency tracheostomy (wide bore needle insertion),

## **5.4. Health Promotion Services**

### **5.5.1. Practice**

5.5.1.1. The specialty clinic shall plan, schedule and carry out health promotion activities in the respective specialty.

5.5.1.2. 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.

5.5.1.3. 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. Health promotion is systematically offered to all patients based on the assessed needs.
- c. Information given to the patient and all health promoting activities are documented and evaluated, including whether expected and planned results have been achieved.
- d. All patients, staff and visitors have access to general information on factors influencing health.
- e. When necessary, an individual health promotion plan for a medical services shall be drawn up and documented into the patient's medical file;

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

### **5.5.2. Premises**

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

### 5.5.3. Professionals

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

### 5.5.4. Products

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

## 5.5. Medical recording

### 5.6.1. Practice

5.6.1.1. The specialty clinic shall maintain individual patient records,

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

5.6.1.3. 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.

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

5.6.1.5. 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.

- 5.6.1.6. Every piece of paper or format that contains a patient medical information shall carry the appropriate identification,
- 5.6.1.7. All medical records shall be kept confidential, available only for use by authorized persons or as otherwise permitted by law.
- 5.6.1.8. The clinic shall have a mechanism to track a medical record taken out for use until returned to the record room.
- 5.6.1.9. 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.
- 5.6.1.10. Consent forms that patient sign shall be printed in an understandable format and the text written in clear, legible and non-technical language.
- 5.6.1.11. 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.
- 5.6.1.12. 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.,
- 5.6.1.13. 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.
- 5.6.1.14. If a patient or his legally authorized representative requests in writing, a copy of the medical record shall be given.
- 5.6.1.15. 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.
- 5.6.1.16. 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.
- 5.6.1.17. If the Specialty clinic ceases to operate, it shall notify the appropriate organ in writing about how and where medical record 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.

5.6.1.18. The Specialty clinic shall establish a procedure for removal of inactive medical records from the medical record room.

5.6.1.19. The specialty clinic shall destroy old medical records as per the law by using techniques that assures confidentiality. However, records which are active for more than ten years shall not be destroyed.

5.6.1.20. 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.

5.6.1.21. 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.

5.6.1.22. 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.

## **5.6.2. Premises**

5.6.2.1. 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.

5.6.2.2. 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.

5.6.2.3. 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

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



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

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

### **5.6.3. Professional**

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

### **5.6.4. Products**

5.6.4.1. 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,

## **5.6. Housekeeping & Maintenance Services**

### **5.7.1. Practices**

5.7.1.1. 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.

5.7.1.2. Maintain an adequate supply of clean white coat and gauns at all times

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

5.7.1.4. Collection, transportation and disposal of specialty clinic wastes shall be supervised and controlled

- 5.7.1.5. 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.
- 5.7.1.6. The designee shall identify, supervise and organize the control and eradication of pests, rodents and animal nuisance in the specialty clinic.
- 5.7.1.7. The housekeeping staffs shall create pleasant environment to patients, staffs and visitors
- 5.7.1.8. The housekeeping staffs shall ensure proper lighting and ventilation in different specialty clinic areas.
- 5.7.1.9. Regular surveillance of overhead and underground tank, proper cover, regular chlorination and cleaning shall be undertaken
- 5.7.1.10. The infection control measures shall be carried out in accordance with the specialty clinic infection prevention standard
- 5.7.1.11. There shall be reserve electrical generator for power supply for continuous 24 hours.
- 5.7.1.12. Potable water and electrical services shall be available 24 hours a day and 365 days a year through regular or alternate sources.
- 5.7.1.13. 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.
- 5.7.1.14. Facility maintenance services
- a. The building maintenance service shall have written policies and procedures that are reviewed for routine maintenance, preventive maintenance and renovation maintenance.
  - b. The standby emergency generator shall be checked weekly, tested under load monthly, and serviced in accordance with accepted engineering practices.
  - c. Floors, ceilings, and walls shall be free of cracks and holes, discoloration, residue build-up, water stains, and other signs of disrepair.
  - d. Routine inspections of elevators shall be conducted.
- 5.7.1.15. Construction and renovation
- a. Whenever construction and renovation projects are planned in and around a health care facility, a risk assessment shall be conducted to determine the impact of the project on patient areas, personnel, and mechanical systems.

b. The infection control program shall review areas of potential risk and populations at risk.

5.7.1.16. 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.

5.7.1.17. 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

5.7.1.18. 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.

5.7.1.19. 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.

5.7.1.20. All areas of the clinic, including the building and grounds, shall be kept clean and orderly.

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

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

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

5.7.1.24. 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.

5.7.1.25. If the clinic does not have its own housekeeping and maintenance services; it may have a contract agreement with external organizations.

5.7.1.26. 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.

## **5.7.2. Premises**

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

5.7.2.2. Office shall be available for the maintenance and the housekeeper.

5.7.2.3. Adequate space shall be available for janitor's closets and cleaning equipment & supplies.

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

5.7.2.5. 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.

## **5.7.3. Professionals**

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

5.7.3.2. 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.
- e. Different processes of water treatment & purification, removing bacteria.
- f. Basic principles of ventilation, composition of air, air flow, humidity and temperature.
- g. Common types of odors and their sources of origin, identification and control.
- h. Removal and control technique of different types of odors.
- i. Various equipments and materials used for odor control operation.
- j. Medical waste, source and generation of waste
- k. Hazards of medical waste to population and community.
- l. Principles of collection of different types of medical wastes
- m. Operational procedures of equipments
- n. Safety measures in operation
- o. 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.

5.7.3.3. 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.

#### **5.7.4. Products**

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

5.7.4.2. 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

## 5.7. 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

- o 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

FINAL DRAFT

## Sanitation and Waste Management

### 6.12.1. Practices

- 6.12.1.1. Specialty clinic environment shall ensure the following conditions:
  - a. Clean sanitation and safe environment,
  - b. 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:
  - a. Separate different types of waste as per the guideline,
  - b. The specialty clinic shall provide colored waste receptacles specifically suited for each category of waste,
  - c. Segregation shall take place at the source.
  - d. 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