
Health Center - Requirements

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FOREWORD

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

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

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

2. NORMATIVE REFERENCES

The latest editions of the following laws, regulations, directives and guidelines shall be taken as part and parcel of this Ethiopian Standard.

- 2.1. Ethiopian Food, medicine and Healthcare Administration and Control Proclamation No. 661/2009
- 2.2. Ethiopian Food, Medicine and Healthcare Administration and Control Regulation No. 189/2010
- 2.3. National Health Policy of the Transitional Government of Ethiopia, 1993
- 2.4. National Drug Policy of the Transitional Government of Ethiopia, November 1993
- 2.5. Commercial Code of Ethiopia
- 2.6. Criminal Code of Ethiopia
- 2.7. Medicines Waste Management and Disposal Directive No 2/2011
- 2.8. Ethiopian National Guideline for Health Waste Management, 2008
- 2.9. Ethiopian Building Proclamation, No. 624/2009

3. TERMINOLOGIES AND DEFINITIONS

3.1

Appropriate Organ

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

3.2

Authority

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

3.3

Proclamation

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

3.4

Appropriate Law

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

3.5

Person

Shall mean any physical or juridical person

3.6

Authorized Person

Shall mean any health center staff who is responsible for a given service

3.7

Health center

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

SECTION TWO: LICENSURE

2.1. GENERAL

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

2.2. APPLICATION FOR LICENSURE

- 2.2.1. No person shall operate a health center 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 health center shall:
 - a) Apply to the appropriate organ on prescribed forms;
 - b) Pay the prescribed license fee and
 - c) Provide additional information or document upon written request by the appropriate organ.
- 2.2.3. A person desiring to operate a new health center shall consult the appropriate organ on the plant design conformity with this standard before starting construction or renovation work.
- 2.2.4. An application for the initial licensure of health center shall be submitted to the appropriate organ no later than forty five (45) days prior to the stated date of operation.

- 2.2.5. The first pre-licensing inspection shall be conducted by the appropriate organ upon application without service fee. In case of failure to comply with this standard during the first pre-licensing inspection, the applicant has the right to reapply not more than two times upon paying service fee. If the applicant fails to comply with this standard for the third time, its application for licensure shall be suspended for three months.
- 2.2.6. The application for a health center license shall state each services to be given in the health center and the number of beds allocated, and shall furnish other information as may be required by the appropriate organ including,
- a) Health center location and address;
 - b) Name and address of the applicant (if the applicant is an authorized delegate, written delegation letter shall be submitted);
 - c) Previous owner, license number for existing health center;
 - d) Name, qualification and address of the licensee;
 - e) Total bed capacity;
 - f) Surrounding environment/ location;
 - g) Number, type, work experience and original release of all technical staffs;
 - h) Number of administrative staff;
 - i) Physical plant/ health center design and its description;
 - j) Proposed use of idle space;
 - k) Organization structure;
 - l) Owner of the building;
 - m) Professional license and registration certificate of the licensee and all other health professionals responsible for each service in the center;
 - n) Any other requirements set by the appropriate organ.

- 2.2.7. An application for a license or change in service shall be denied if the applicant cannot demonstrate that the premises, products, personnel and health care services are fit and adequate in accordance with this standard.
- 2.2.8. The appropriate organ shall consider an applicant's prior history in operating a health care facility in all the regions of the country in making licensure decision. Any evidence of licensure violations representing serious risk of harm to patients shall be considered by the appropriate organ, as well as any record of criminal convictions representing a risk of harm to the safety or welfare of patients.

2.3. INITIAL/ NEW LICENSURE

- 2.3.1. Every health center 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 health center license shall specify the following:
- a) Name and address of the health center;
 - b) The name and professional license and registration number of the licensee;
 - c) Ownership of the health center;
 - 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 health center, the appropriate organ shall conduct an on-site inspection to determine compliance with the applicable laws and standards governing the health center.
- 2.3.4. The appropriate organ shall send a written report of the findings to the health center after the conclusion of the inspection. If the health center complies with the laws and standards, initial license valid for one year shall be issued to the applicant.

- 2.3.5. A health center with deficiencies shall correct them and submit written proof of correction of deficiencies.
- 2.3.6. The appropriate organ shall deny the application for licensure to a health center that has not corrected deficiencies. The applicant shall reapply for licensure when deficiencies are corrected.
- 2.3.7. The appropriate organ shall conduct an on-site inspection of the health center to assess the center's continued compliance with the laws and standards governing the center.
- 2.3.8. The appropriate organ shall issue a replacement license where the originally issued license has been lost or destroyed upon the application supported by affidavit.
- 2.3.9. The original license shall be posted in a conspicuous place at reception at all times.

2.4. LICENSE RENEWAL REQUIREMENTS

- 2.4.1. A license, unless suspended or revoked or under consideration in pending case, shall be renewable annually and the Health center shall submit an application for license renewal to the appropriate organ no later than sixty (60) days before the expiration date of the current license.
- 2.4.2. Without prejudice to article 2.4.1;
 - (a) Subsequent to submitting renewal application, the owner shall pay the prescribed license fee
 - (b) License renewal shall be made during the first quarter of each fiscal year (Hamle 1 to Nehassie 30) based on routine inspection findings over the year
 - (c) In case of failure to renew license within the prescribed period, license may be renewed upon paying penalty (50% of renewal fee) within one month
 - (d) In case of failure to renew license as per article 2.4.2 (c), license shall be considered as cancelled
- 2.4.3. Every applicant who needs to renew a license shall:

- (a) Apply to the appropriate organ in the prescribed form;
- (b) Pay the prescribed license renewal fee and
- (c) Provide additional information or document upon written request by the appropriate organ.

2.4.4. The appropriate organ may conduct background checks on the applicant or licensee to determine its suitability or capability to operate or to continue operating a health care facility. Background checks shall consist of, but not be limited to, the following:

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

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

2.5. REMOVAL PERMITS, CHANGE OF OPERATION AND FORFEITURE OF LICENSE

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

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 health center or part of it as the appropriate organ may find to be in the interest of the public health.

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

2.5.4. The health center shall inform the appropriate organ any change in operation and profession. Change of operation means any alteration of services that is

different from that reported on the health center's most recent license application.

- 2.5.5. The license shall not be assignable or transferable to any other person or place without the prior approval of the appropriate organ and shall be immediately void if the health center ceases to operate, if its ownership or licensee changes, or if it is relocated to a different site.
- 2.5.6. When change of ownership of a health center is contemplated, the center shall notify the appropriate organ in writing and give the name and address of the proposed new owner.

2.6. SUSPENSION AND REVOCATION OF A LICENSE

- 2.6.1. The appropriate organ may suspend or revoke a license or order closure of a service/ unit within the health center or order removal of patients from the health center 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 health center is legally suspended;
 - b) Where the health center fails to practice medical ethics;
 - c) Where the health center engages in rendering services which are outside the scope of the health center for which the license is obtained;
 - d) Where the health center fails to allow inspection pursuant to relevant law and this standard;
 - e) Where the head of the health center and key staff members are convicted of a serious offence involving the management or operation of the health center, or which is directly related to the integrity of the facility or the public health or safety;
 - f) Where the health center fails to implement or fulfill comments and corrections given by the appropriate organ;
 - g) Where the health center has shown any act which constitutes a threat to the public health or safety;

- h) Where the health center allows a practitioner, who has been suspended by appropriate organ from practicing his profession;
- i) Where the health center fails to observe laws relating to health services and this standard;
- j) Where the health center 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 health center 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 health center 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 health center is legally closed or ceases operation;
- i) Where the health center is found operating while suspended by appropriate organ;
- j) Where the health center is found operating outside the scope of services stated under this standard;

2.6.4. At least 30 days prior to voluntary surrender of its license where approved by the appropriate organ, or order of revocation, refusal to renew, or

suspension of license, the health center must notify each patient and the patient's direct attendant 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 health center 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 health center 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 health center 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 health center a written notification on reasons for denial, suspension or revocation of the license.

2.7. RIGHT TO FAIR HEARING

2.7.1. Any applicant made subject to action by the appropriate organ for denial or suspension or revocation of license or who is assessed a fine under terms of this standard shall have the right to a fair hearing in accordance with relevant laws.

2.7.2. Fair hearing shall be provided/arranged by the appropriate organ whenever there is an official complaint submitted to this body.

2.8. INFORMATION TO BE DISCLOSED

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

SECTION 3: GOVERNANCE

3.1. MANAGMENT COMMITTEE OR GOVERNING BOARD

- 3.1.1. A health center shall have Management Committee or Governing Board, a head, an administrative head and necessary staffs indicated in this standard.
- 3.1.2. The Board of Management of non-governmental health center shall be deemed as Governing Board.
- 3.1.3. The Management Committee or Board shall have the authority and responsibility for the direction and policy of the health center.
- 3.1.4. The Management Committee or Board of the health center may issue its own rules and regulations of procedures.
- 3.1.5. Without prejudice to powers and duties provided by the relevant laws, the responsibilities of Management Committee or Board shall include:
 - (a) Formulate all policies and guidelines to be used in the health center;
 - (b) Maintaining the health center's compliance with all applicable laws, its policies, procedures and plans of correction;
 - (c) Systems are in place for ensuring the quality of all services, care and treatment provided to patients;
 - (d) Designating and defining duties and responsibilities of the head of the health center;
 - (e) Notifying the appropriate organ in writing within thirty (30) working days when a vacancy in the head of the health center position occurs, including who will be responsible for the position until another person is appointed;
 - (f) Notifying the appropriate organ in writing within thirty (30) working days when the head of the health center vacancy is filled indicating effective date of the appointment and name of person appointed;
 - (g) At least once a year, reviewing the medical care provided and the utilization of the health center resources;

(h) Establishing a means for effective communication and coordination among the board, head of the health center and the staffs;

- 3.1.6. Minutes of the Management Committee or Board Meeting shall be recorded, signed, and retained in the health center as a permanent record.
- 3.1.7. There shall be an organizational chart of the health center and each service that shows lines of authority, responsibility, and communication between and within services.
- 3.1.8. The health center shall establish a mechanism for involving consumers in the formulation of policies and implementation of activities.
- 3.1.9. The health center shall develop and implement a complaint procedure for patients, families, visitors, and others.

3.2. HEAD OF THE HEALTH CENTER

- 3.2.1. The head of the health center shall be responsible for planning, organizing, directing and controlling the day to day operation of the health center. The head shall report and be directly responsible to the management committee or Board in all matters related to the maintenance, operation, and management of the center.
- 3.2.2. Without prejudice to powers and duties provided in relevant laws, the head of the health center shall be responsible for:
 - (a) Providing for the protection of patients' safety and well-being;
 - (b) Maintaining staff appropriate to meet patient needs;
 - (c) Developing and implementing procedures on collecting and reporting information on abuse, neglect and exploitation;
 - (d) Ensuring that investigations of suspected abuse, neglect or exploitation are completed and that steps are taken to protect patients; and
 - (e) Ensuring appropriate response to reports from the appropriate organ other duties and responsibilities given by the management committee or Board;

3.3. ADVISORY MANAGMENT COMMITTEE

- 3.3.1. Any health center shall establish Advisory Management Committee consisting of heads of the medical and administrative departments. The head of the health center shall be the chairperson of the Committee.
- 3.3.2. The Committee shall be an advisor of the head of the health center.
- 3.3.3. The Committee shall meet upon regular basis. The minutes of the meeting shall be recorded and available to the appropriate organ upon request.

SECTION 4: PATIENT RIGHTS AND RESPONSIBILITIES

4.1. INFORMED CONSENT

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

treatment and shall document its assessment of each patient's ability to understand the scope and nature of the diagnosis and treatment needed.

4.2. PATIENT RIGHTS

Every patient shall at least have the following rights,

- 4.2.1. To receive reasonable, respectful and safe access to health services by competent personnel that the health center is required to provide according to this standard;
- 4.2.2. To receive treatment and medical services without discrimination based on race, age, color, religion, ethnicity, national or social origin, sex, disabilities, diagnosis, source of payment or other status;
- 4.2.3. To retain and exercise to the fullest extent possible all the constitutional and legal rights to which the patient is entitled by law;
- 4.2.4. To be informed of the names and functions of all clinical practitioners who are providing direct care to the patient. These people shall identify themselves by introduction or by wearing a name tag;
- 4.2.5. To receive, to the extent possible, the services of a translator or interpreter, if any, to facilitate communication between the patient and the center's health care personnel if the patient cannot understand the working language;
- 4.2.6. To receive from the patient's clinical practitioner(s) an explanation of his or her complete medical condition, recommended treatment, risk(s) of the treatment, expected results and reasonable medical alternatives in terms that the patient understands. If this information shall be detrimental to the patient's health, or if the patient is not capable of understanding the information, the explanation shall be provided to his or her next of kin or guardian and be documented in the patient's personal medical record;
- 4.2.7. To refuse medication and treatment and to be informed of the medical consequences of refusing treatment provided that he/she is mentally clear except conditions which are threatening the public health. The health center shall develop a procedure on the management of the cases of patients who refuse treatment.

- 4.2.8. To be informed if the health center has authorized other health care and educational institutions to participate in the patient's treatment. The patient also shall have a right to know the identity and function of these institutions, and may refuse to allow their participation in the patient's treatment;
- 4.2.9. To be informed by the attending clinical practitioner about any continuing health care requirements after the patient's discharge from the health center.
- 4.2.10. To be transferred to another health facility only for one of the following reasons, with the reason recorded in the patient's medical record:
- (a) The transferring health center is unable to provide the type or level of medical care appropriate for the patient's needs.
 - (b) The transfer is requested by the patient, or by the patient's next of kin or guardian when the patient is mentally incapacitated or incompetent;
- 4.2.11. To be treated with courtesy, consideration, and respect for the patient's dignity and individuality i.e. the right to care that respects the patient's personal values and beliefs;
- 4.2.12. To be free from physical and mental abuse, neglect, sexual harassment, violence and exploitation;
- 4.2.13. To have personal and physical privacy during medical treatment and personal hygiene functions, such as bathing and using the toilet, unless the patient needs assistance for his or her own safety. The patient's privacy shall also be respected during other health care procedures and when clinical personnel are discussing with the patient;
- 4.2.14. To get confidential treatment. Information in the patient's records shall not be released to anyone outside the health center except the followings;
- (a) If the patient has approved the request,
 - (b) If another health care facility to which the patient was transferred requires the information,
 - (c) If the release of the information is required and permitted by law.
 - (d) If the patient's identity is masked

- 4.2.15. To know the price of services and procedures,
- 4.2.16. To have prompt access to the information contained in the patient's medical record as per the medical record section stated under this standard, unless the clinical practitioner prohibits such access as detrimental to the patient's health, and explains the reason in the medical record. In that instance, the patient's next of kin or guardian shall have a right to see the record. This right continues after the patient is discharged from the health center for as long as a copy of the record is kept;
- 4.2.17. To obtain a copy of the patient's medical record, as per the standards set under the medical record section of this standard.
- 4.2.18. To receive a medical certificate in English or Amharic or in a working language of the place where the health center is located;
- 4.2.19. To present his or her suggestion or grievances, without fear of retribution, to the health center staff member designated by the center to respond to questions or grievances about patient rights and to receive an answer to those grievances within a reasonable period of time without discrimination.
- 4.2.20. To be informed and participate in decisions relating to their care and participates in the development and implementation of a plan of care and any changes.

4.3. PATIENT RESPONSIBILITIES

- 4.3.1. Every patient shall have the following responsibilities:
 - (a) To provide, to the best of the patient's knowledge, accurate and complete information regarding past medical history and issues related to the patient's health, including unexpected changes, to the health professional responsible for the patient's care;
 - (b) To follow the course of treatment and instructions proposed by the attending clinical practitioner or to accept the consequences if treatment instructions is refused;
 - (c) To report any changes in his/her condition or anything that appears unsafe to the responsible health professional;

- (d) To be considerate of the rights of other patients and to respect their privacy;
- (e) To respect their caregivers;
- (f) To fulfill the financial obligations as promptly as possible;
- (g) To keep all appointments and notify health center or the appropriate person when unable to do so;
- (h) To observe the health center policies and procedures, including those on smoking, alcohol or drug addiction, cellular phones, noise and visitors;
- (i) Be considerate of the health center facilities and equipment and to use them in such a manner so as not to abuse them;
- (j) Not to litter the health center premises.
- (k) To sign on "Against Medical Advice Notice" if he / she refuses the recommended treatment or intervention.

4.3.2. The list of a patient's rights and responsibilities shall be posted at various places of the health enter premises.

SECTION 5: HUMAN RESOURCE MANAGEMENT

5.1. GENERAL REQUIREMENTS

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

prior to entering active status and at least once every five (5) years thereafter. A health professional shall not conduct health examination for himself/ herself.

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

5.2. STAFFING PLAN

- 5.2.1. The health center shall avail as a minimum the staff requirement stated under this standard.
- 5.2.2. A staffing plan shall be developed collaboratively by the different service units and management, which identifies the number and types of the staff

- 5.2.3. The planning process shall use recognizable process for estimating the staffing need like Workload Indicator for Staffing Need (WISN) method.
- 5.2.4. The staffing plan shall be reviewed on an ongoing basis and updated as necessary.
- 5.2.5. The staffing plan shall define the following elements:
- (a) The total number and types of staff needed for the health center as a whole and for each service unit,
 - (b) The total number and types of staff currently available for the health center as a whole and each service unit,
 - (c) The required education, skills, knowledge, and experience required for each position,
 - (d) The process and time period for reviewing and updating the plan shall be indicated. (The plan is periodically reviewed and updated as required, but it shall be done at least every two years.)
 - (e) Expected workload.
- 5.2.6. The health center shall have at least the following summary of professionals:

Professionals required	Minimum number required
Health Officer	2
General Practitioner (optional)	1
Midwife	3
Nurse	5
Ophthalmic nurse	1
Psychiatry nurse	1
Environmental Health professional	1
Laboratory technician or technologist	2
Pharmacist or pharmacy technician	3
Cleaners	5

Archive workers	6
Maintenance officer	1
Morgue attendant	1

5.3. JOB DESCRIPTION AND ORIENTATIONS

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

5.4. STAFF EDUCATION:

- 5.4.1. The health center shall ensure that staffs receive training in order to perform assigned job responsibilities.
- 5.4.2. Each staff member shall receive ongoing Continuing Professional Development (CPD) to maintain or advance his or her skills and knowledge
- 5.4.3. The CPD shall be relevant to the setting in which they work as well as to the continuing advancement of the health center.
- 5.4.4. The health center 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 health center shall provide and maintain evidence of CPD for staff. A record shall be maintained including dates, topics, CPD providing institute and participants.
- 5.4.6. The health center shall periodically tests staff knowledge, skill and attitude through demonstration, mock events and other suitable methods. This testing is then documented.

5.5. MEDICAL STAFF

- 5.5.1. The medical staff shall be responsible to the governing authority for medical care and treatment provided in the health center in accordance with the standards stipulated under the health center administration and shall:
 - (a) Participate in a Quality Assurance/Performance Improvement program to determine the status of patient care and treatment;
 - (b) Abide by health center and medical staff policies;
 - (c) Establish a disciplinary process for infraction of the policies;
- 5.5.2. The medical staff shall see that there is adequate documentation of medical events and shall also insure that medical records meet the required standards of completeness, clinical pertinence and promptness or completion of following discharge.
- 5.5.3. The medical staff shall actively participate in the study of health center associated infections and infection potentials and must promote preventive and corrective programs designed to minimize their hazards.

- 5.5.4. There shall be regular medical staff meetings to review the clinical works of the members and to complete medical staff administrative duties.

5.6. EMPLOYEE'S HEALTH

- 5.6.1. The health center shall institute systems and processes that minimize employees' risks, protect employees and provide access to care when needed.
- 5.6.2. A comprehensive Occupational Health and Safety (OHS) program shall have the following components:
- (a) Staff assigned to coordinate OHS activities,
 - (b) Policies and Procedures that define components of the program,
 - (c) Training for staff on program components.
- 5.6.3. The health center shall have a full-time designated qualified individual (occupational health and safety officer) to coordinate and develop the health center's occupational health and safety activities.
- 5.6.4. The standards outlined below define the core elements of an OHS program and specify minimum requirements needed to address OHS issues.
- (a) The health center 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.
 - The health center assesses and documents safety risks through formalized, structured assessments that are done at regular intervals.
 - The assessments shall be logged in some format—for example a register or report.
 - The information gathered from the assessment shall be documented and reported to the management (management committee and boards).
 - Interventions shall be designed and implemented to address the risks that are identified.

- (b) The health center shall establish a means of communicating to staff their risks and prevention measures or interventions.
- (c) The health center shall regularly monitor its occupational health and safety activities to assess how effective it has been in reducing risk.
- (d) The health center shall have written policies and procedures to manage manual handling risks.
- (e) The health center shall have written policies and procedures which define how harassment, physical violence and/or aggression against staff (from patients, caregivers, other staff etc) are addressed.
- (f) The health center shall provide services to staff to minimize work-related stress.
- (g) The health center shall ensure all employees have access to full pre-employment health screening, and are declared fit for their respective roles prior to employment. This shall include having:
- Written instructions for health care workers to follow in notifying the health center's administration of infectious status.
 - Documentary evidence of vaccination records for all health care workers employed, including Hepatitis B status for all health care workers who perform exposure-prone procedures. All staff shall be tested for and vaccinated against Hepatitis B, if there is no evidence of previous vaccination produced.
- (h) The health center ensures that all employees are provided with immunization services to protect against infectious/communicable diseases.
- (i) The health center shall have a program in place to address injuries that could lead to the transmission of blood-borne viruses (needle stick and other injuries). The program shall include:
- Measures to prevent needle stick and other injuries,
 - Training on infection prevention techniques,
 - Sharps risk reduction,
 - Provision of post-exposure prophylaxis,

- Working hours and duty hours.
- 5.6.5. The health center shall provide personal protective equipment (please refer to standards for Infection Prevention and Control and Sanitation).
- 5.6.6. The health center shall provide the following facilities to employees
- a) Cafeteria and/or Break room (equipped with a television and other recreational equipment),
 - b) Green area,
 - c) Library, and
 - d) Adequate toilet and shower facilities.

5.7. DRESS CODE AND EMPLOYEE IDENTIFICATION BADGE

For areas involving direct patient contact:

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

SECTION 6: SERVICE STANDARDS

6.1. GENERAL MEDICAL SERVICES

6.1.1 Practices:

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

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

6.1.1.2 The service shall be directed by a licensed medical practitioner or health officer or professional nurse.

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

6.1.1.4 The medical assessment at OPD level shall include;

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

- 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 accordingly.
- 6.1.1.6 The general medical service shall have clinical protocols for management of at least common disease entities like malaria, hypertension and locally significant diseases and management of common dental, eye, ENT and mental health problems in line with the national and or international guidelines.
- 6.1.1.7 The service shall avail national guidelines for malaria (where prevalent), TB/Leprosy, HIV/ART, VCT/PMTCT, pain management, STD and others.
- 6.1.1.8 The outpatient service shall have functional referral system which include at least:
- SOP for selection of cases for referral
 - Procedure for referring patients directly to respective services
 - List of potential referral sites with contact address (referral directory)
 - Referral forms
 - Referral tracing mechanism (linkage)
 - Feedback providing mechanism
 - Documentation of referred clients
- 6.1.1.9 The health center shall have a system to report 'diseases under national surveillance' to nearest respective health office.
- 6.1.1.10 The health center shall provide basic rehabilitative service as part of integrated general medical service including contracture and foot ulcer prevention activity.
- 6.1.1.11 There shall be training service for patients on coping disability. It includes utilization of prostheses, orthoses, wheelchairs, walking aids.
- 6.1.1.12 There shall be patient education on prevention of:
- (a) pressure sores in clients with sensory loss,
 - (b) contractures in clients with limb and/or trunk paralysis,
 - (c) phantom limb pain for amputees,

6.1.2 Premises

- 6.1.2.1 The outpatient service shall have dedicated entrances.

- 6.1.2.2 All rooms shall have adequate light, water and ventilation.
- 6.1.2.3 The room arrangements of outpatient services shall consider proximity between related services.
- 6.1.2.4 The outpatient clinical setup shall have easy access to pharmacy, laboratory and other diagnostic services.
- 6.1.2.5 The medical service unit shall have at least one isolation room for treatment of conditions that require isolation.
- 6.1.2.6 The outpatient clinic shall be well marked and easily accessible for disabled clients.
- 6.1.2.7 The outpatient service shall be located where access for ambulatory patients is the easiest and where incoming client would not have to pass through other care service outlets.
- 6.1.2.8 The outpatient clinics shall have IEC and entertaining materials in the waiting area.
- 6.1.2.9 The outpatient examination rooms shall promote patient dignity and privacy.
- 6.1.2.10 The outpatient clinics shall have fire extinguishers placed in visible area.
- 6.1.2.11 Glass doors shall be marked to avoid accidental collision.
- 6.1.2.12 Potential source of accidents shall be identified and acted upon (slippery floors, misfit in doorways and footsteps etc).
- 6.1.2.13 The outpatient layout shall include the following:
 - a) Waiting area: with TV area, source for potable water, public telephone, and gender specific toilet as necessary;
 - b) Reception and Recording area/desk;
 - c) Dedicated patient examination rooms;
 - d) Room for minor procedures
 - e) Room for providing injections
 - f) Storage place for sterile supplies
 - g) Utility room for cleaning and holding used equipments and disposing patients specimen
 - h) Staff room (for changing cloth)

i) Janitors closet

6.1.3 Professionals

6.1.3.1 The health center shall be directed by a licensed General Practitioner or Health Officer or Professional Nurse.

6.1.3.2 The health center shall have licensed health officers for general health services. The health center may also have a General Practitioner.

6.1.4 Products

6.1.4.1 The outpatient service shall have the following equipment:

- a) Stethoscope
- b) Sphygmomanometer
- c) Thermometer
- d) Weighing scale
- e) Infantometer and height scale
- f) Otoscope
- g) Dressing set
- h) Specula of different sizes
- i) Stand lamp/ torch
- j) Reflex hammer
- k) Fetoscope
- l) Snellen's chart
- m) Ophthalmoscope
- n) Pickup forceps with jar
- o) Sterilization drum
- p) Infusion stand
- q) Instrument tray
- r) Instrument trolley

- s) Sterilizer (steam and dry)
- t) Kidney basin
- u) ENT set, mobile
- v) Tuning forks , 500Hz
- w) Packing nasal forceps,

6.2. MINOR SURGICAL SERVICES

6.2.1. Practices

- 6.2.1.1. The Health Center shall provide minor surgical services for common conditions provided that there are trained professionals.
- 6.2.1.2. The health centers shall have clear protocol for minor surgical procedures to be done at outpatient level. E.g., Circumcisions, lipoma excisions, abscess drainages, suturing of soft tissue injuries, external immobilization of closed and open fractures and other minor interventions.
- 6.2.1.3. Surgical records shall be kept for each patient and it shall be integrated with the patient's over-all health centers record.
- 6.2.1.4. The preoperative diagnosis shall be recorded in the medical record for all patients prior to minor surgery.
- 6.2.1.5. The general medical practitioner or health officer shall explain the disease condition, possible surgical intervention and outcome possibilities in clear, simple and understandable terms to the patient and/or next of kin or family.
- 6.2.1.6. There shall be processes and policies defining the appropriate safety before, during and immediately after minor surgery, including at least the following:
 - a) Aseptic technique,
 - b) Sterilization and disinfections,
 - c) Selection of draping and gowning,
- 6.2.1.7. The health center shall have acute burn management protocol,

- 6.2.1.8. The health centre shall have, pain management protocol,
- 6.2.1.9. The health center shall have protocol for handling trauma, arrest bleeding of all cases,
- 6.2.1.10. The minor procedure room shall be kept clean at all time and it shall be cleansed thoroughly at least weekly.
- 6.2.1.11. There shall be a written policy about administration of regional anesthesia in the health centre,
- 6.2.1.12. Minor regional blocks shall be monitored in accordance with the health centre's policy which shall include:
 - a) Prior to administration of any pre-anesthesia medication, a written informed consent for the use of anesthesia shall be obtained and documented in the medical record.
 - b) Each patient's physiologic status shall be continuously monitored during anesthesia and the results of the monitoring shall be documented in the patient's medical record on an anesthesia form including pulse rate and rhythm, and respiratory rate.
- 6.2.1.13. A written record of the anesthetic agent and outcome of the procedure shall be kept as a permanent record in the case notes.
- 6.2.1.14. Pain shall be assessed and controlled in discussion with trained GP, HO or licensed nurse.
- 6.2.1.15. Blood pressure, pulse rate, and respiratory rates shall be determined and charted in the patient records.

6.2.2. Premises

- 6.2.2.1. Health centers shall have minor procedure room.
- 6.2.2.2. The minor procedure room shall be composed of one room with minor procedure facilities including hand washing basin.
- 6.2.2.3. Minor procedure room shall have access- restricted environment with controlled access over all persons and materials entering and leaving the area.

6.2.3. Professionals

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

6.2.4. Products

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

- | | |
|--|---|
| a) Minor procedure Coach, | • Surgical, woven(1 x 1 m) |
| b) Minor surgical set, | • Surgical, woven(1 x 1.5 m) |
| c) Mobile operating lights, | • Surgical, woven(1.5 x 1.5 m)(fenestrated) |
| d) Adjustable Stools, | • Surgical, woven(45 cm x 70 cm)(fenestrated) |
| e) Oxygen cylinders, | • Surgical woven (2 x 1.5 m) |
| f) Dry oven and steam sterilizer, | |
| g) Suction machines (pedal, electrical), | |
| h) Ambu bag, adult and pediatrics, | s) Minor surgical procedure linen: |
| i) IV stands, | • Trousers, Surgical, woven, Small, Medium & Large |
| j) Drums, | • Top(shirts), Surgical, woven, Small, Medium & Large |
| k) Kick buckets, | • Gown, Surgical, woven(Plain) |
| l) Caps - Mop/Bonnet Type, | • Cap, Surgical, woven |
| m) Face mask, | • Masks, surgical, woven |
| n) Trolley, | |
| o) Bowls and stands, | t) Tongue depressors |
| p) Instrument tables (Mayo type) | u) Cabinets and shelves |
| q) Tourniquets, | v) Dressing trolley |
| r) Drape: | |

6.3. NURSING SERVICES

6.3.1. Practices

- 6.3.1.1. There shall be written policies describing the responsibilities of nurses for the nursing process (assessment, diagnosis, planning, implementation and evaluation). Such policies shall be reviewed at least once every three years.
- 6.3.1.2. There shall be assessable physical resources for nurses to implement the nursing process, as detailed under the products' section for nursing services.
- 6.3.1.3. There shall be appropriate arrangements for nurses to access to clinical supervision, support and participate in regular clinical services audit and reviews.
- 6.3.1.4. Nursing care service shall be directed by a licensed nurse with a minimum of diploma and who has at least two years of relevant experience.
- 6.3.1.5. Written copies of nursing procedure manual shall be developed and made available to the nursing staff in every nursing care unit. The manual shall be used at least to:
 - (a) Provide a basis for induction of newly employed nurses,
 - (b) Provide a ready reference on procedures for all nursing personnel.
 - (c) Standardize procedures and practice.
 - (d) Provide a basis for continued professional development in nursing procedures/techniques.
- 6.3.1.6. The health centre shall have established guidelines for verbal and written communication about patient care that involves nurses.
 - (a) Written communication includes proper use of clinical forms, nursing Kardex, progress notes, and/or nursing care plan for each patient and discharge instructions.
 - (b) Verbal and/or written communication includes reporting to physicians/health officers; nurse-to-nurse reporting; communication with other service units (laboratory, pharmacy, social work service), with patient and family education.

- 6.3.1.7. There shall be a procedure for standardized, safe and proper administration of medications by nurses or designated clinical staff including regular checks of patients' medications and proper documentation of administered medicines.

Nursing care: general patient services

- 6.3.1.8. Licensed nurses shall assess and document the holistic needs of patients; formulate, implement goal-directed nursing interventions and evaluate the plan of nursing care and involve patients, their relatives or next of kin in decisions about their nursing care. Nurses' documentation shall include:
- (a) Medication, treatment, and other items ordered by authorized house staff members.
 - (b) Nursing care needed.
 - (c) Long-term goals and short-term goals.
 - (d) Patient and family teaching and instructional programs.
 - (e) The socio-psychological needs of the patient.
 - (f) Preventative nursing care.
- 6.3.1.9. All patients shall be under the supervised care of a licensed nurse at all times.
- 6.3.1.10. Implementation of infection prevention procedures and provision of information on IP practices to patients, clients, family members and other caregivers, as appropriate, shall be done by the nurses; refers to infection prevention part of this standard.
- 6.3.1.11. Nurses shall work with others to protect and promote the health and wellbeing of those under their care.
- 6.3.1.12. Nurses shall be open and honest, act with integrity and uphold the reputation of their profession.
- 6.3.1.13. There shall be a policy that details health centre visiting hours and number of visitors allowed per bed at any one time.

- 6.3.1.14. Documentation and completion of all patient's recording, registers, and reporting formats shall be the responsibility of licensed nurses in the unit.
- 6.3.1.15. Nurses shall explain and seek informed consent from their patients or their relatives/next of kin (for incompetent patients) before carrying out any procedure.
- 6.3.1.16. Nurses shall find solutions to conflicts caused by deep moral, ethical and other beliefs arising from a request for nursing service through dialogue with patients.
- 6.3.1.17. Allergies shall be listed on the front cover of the patient's chart or, in a computerized system, highlighted on the screen.
- 6.3.1.18. There shall be written policies that state the procedures for communicating with laboratory and laundry services. The nurse shall communicate and follow up laboratory orders and lab specimens, and patient transfers.

Nursing care services related to pharmaceutical services

- 6.3.1.19. All medications administered by nursing personnel shall be prescribed by physician or health officer or any other authorized health professional and shall be administered in accordance with prescriber orders.
- 6.3.1.20. Medicines packaged in unit dose containers shall not be removed from the containers by nursing personnel until the time of administration. Such medicines shall be administered immediately after the dose has been removed from the container, and by the individual who prepared the dose for administration.
- 6.3.1.21. Each patient shall be identified prior to medicine administration. Medicines dispensed for one patient shall not be administered to another patient.
- 6.3.1.22. Nurses shall ensure patients under their care swallow their prescribed oral medicines as per the prescriber's order.

- 6.3.1.23. Regarding self-administration of medicines, nursing personnel shall directly observe self-administration and adhere to policies and procedures developed by the pharmacy and therapeutics committee.
- 6.3.1.24. There shall be a policy for reporting and documenting medication errors, quality defects and adverse drug reactions by attending nursing personnel or the prescriber immediately to the ADE (adverse drug event) focal person. The pharmacy personnel shall be responsible to report the reported ADE to the appropriate organ.
- 6.3.1.25. Medicines, needles and syringes in patient care areas shall be maintained under proper conditions as detailed in the pharmaceutical service standards.
- 6.3.1.26. Nursing personnel shall return unfit for use medicines to the central medical store of the health centre for disposal.
- 6.3.1.27. Nursing personnel shall store and use needles and syringes in accordance with the infection prevention standards.
- 6.3.1.28. There shall be a protocol/ procedure nurses to follow for copying the prescription of prescriber's order.

Nursing care: Dying patient

- 6.3.1.29. There shall be a policy or a protocol that state the procedure to be followed for dead body care which contain the minimum of:
 - (a) Confirmation of death by at least attending physician or any licensed practitioner and the nurse giving care (2 medical personnel),
 - (b) The time of death shall be documented on the patients chart,
 - (c) Care for the body shall be carried out according to the religion and culture of the patient as per the facility protocol,
 - (d) If there is need of pathologic examination the request shall be sent to the facility where pathology service is available,
 - (e) The body shall be taken to morgue immediately,

6.3.2. Premises

- 6.3.2.1. The health center shall have

- (a) Hand washing basin at each room,
- (b) Toilet rooms,
- (c) Procedure room,
- (d) Nurse changing room with cabinet, chairs, cupboard

6.3.3. Professional

- 6.3.3.1. The nursing staff shall have a minimum of diploma from a recognized college or university.
- 6.3.3.2. There shall be written discrete job descriptions that detail the roles and responsibilities of each nursing staff members.
- 6.3.3.3. All nursing staff shall receive orientation, training and/or update at least annually, including at least:
 - (a) Health centre's policies and procedures,
 - (b) Routine nursing procedures
 - (c) Emergency procedures and
 - (d) Infection prevention and control.
- 6.3.3.4. Professional Quality assurance: On-going internal institutional evaluation of outcome-based quality indicators related to nursing care shall be in place to assess and provide a safe and adequate level of patient care including at least:
 - (a) Patient injury rate;
 - (b) Medication process errors;
 - (c) Control of cross infections and nosocomial infection rates;
 - (d) Patient satisfaction with pain management; and

6.3.4. Products

- 6.3.4.1. The health centre shall ensure that the nursing personnel have access to all the consumables and equipment they require to provide professional nursing care to patients under their care, including at least:

- (a) Specimen collection set: tray, Tourniquets, disposable glove, cotton swabs,
- (b) Rubber sheets,
- (c) Restraining equipment in accordance with the standards under the use of restraints and mental health services. E.g., cushion, belt, vest, long sleeve pullover, etc.,
- (d) Emergency resuscitation sets: airway, ambu bag of different size,
- (e) Patient chart folders,
- (f) Vital sign equipments:
 - Trolley for vital sign monitoring,
 - Thermometer, BP apparatus, stethoscope, measuring tape
 - sphygmomanometer with sthetoscope,
 - wrist watch/ wall clock,
 - bedside weighing scale
- (g) Nursing procedure equipments:
 - Dressing trolley
 - Dressing set,
 - Minor set,
 - Enema set,
 - IV stand,
 - Suction machine: electrical/pedal,
 - Wheel chair,
 - Waste basket,
 - Safety boxes,
 - Bed screens,

- Kidney basin, 475ml x 5
- Bed pan x 10,
- Urinal x 5,
- Mobile Examination light,
- Plastic apron,
- Drapes,
- Rubber sheets,

(h) Soiled utility room:

- Soiled linen trolley
- Bin with lid
- Work table with laminated top
- Wash tub (65L)
- General purpose trolley, two trays

(i) Consumables as annexed

6.4. EMERGENCY SERVICES

6.4.1. Practices

- 6.4.1.1. The emergency service shall be available 24hrs a day and 365 days a year.
- 6.4.1.2. Triage shall be carried out by a nurse as soon as a sick adult/child arrives, before any administrative procedures are carried out.
- 6.4.1.3. Emergency clinic shall comply with the patient rights standards as stated under this standard
- 6.4.1.4. Infection prevention standards shall be implemented in the emergency room as per the IP standards

- 6.4.1.5. Every emergency patient shall get the service without any prerequisite and discrimination.
- 6.4.1.6. The emergency service shall have functional intra and inter facility referral system which encompasses SOP for selection of referral cases, referral directory, referral forms, referral tracing mechanism, feedback providing mechanism and documentation of referred clients.
- 6.4.1.7. If referral is needed it shall be done after providing initial stabilization and after confirmation of the required service availability in the facility where the patient is to be referred to.
- 6.4.1.8. If the patient to be referred needs to be attended by a physician or other professional in another health center, the Health Center shall arrange an ambulance service and accompanying professionals to transfer the patient.
- 6.4.1.9. Every procedure, medication and clinical condition shall be communicated to the patient or family member after responding for urgent resuscitation measures
- 6.4.1.10. There shall be a mechanism of quality improvement for the service at least by collecting feedback from clients and having a formal administrative channel through which clients place their complaints and grievances
- 6.4.1.11. The Health Center shall provide a complete emergency service that is expected at its level.
- 6.4.1.12. The emergency service shall have a procedure for easy access to pharmacy and laboratory services 24hrs a day and 365 days a year as per their respective standards stated under this standard.
- 6.4.1.13. For labour and delivery emergencies the health center shall follow the delivery service standards
- 6.4.1.14. The emergency service shall promote the dignity and privacy of patients.
- 6.4.1.15. There shall be a written protocol for emergency services and the provision of this service shall be done in accordance with the clinical protocols of the service

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

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

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

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

6.4.1.18. Other service that assist the emergency service shall be available for 24hrs with adequate staffing

6.4.2. Premises

- 6.4.2.1. The emergency room shall be located in a place where it is easily recognizable to the public and shall be labeled in bold.
- 6.4.2.2. The emergency premise shall be low traffic area and there shall be reserve parking place for ambulances.
- 6.4.2.3. The corridor to emergency rooms shall be spacious enough to allow easy transport of emergency patients.
- 6.4.2.4. The emergency area shall be spacious enough to provide a space for the following tasks:
 - (a) Triaging
 - (b) Accepting and providing immediate care including emergency procedures
 - (c) A minimum of two beds for emergency admission
 - (d) Access to emergency medicines, supplies and equipments
 - (e) Staff/duty room
- 6.4.2.5. The size of the door for the emergency room shall not be less than 1.5 meter
- 6.4.2.6. The emergency premise shall allow patient dignity and privacy.
- 6.4.2.7. The rooms shall be arranged in such a way that the first encounter to an emergency patient coming from outside will be the examination room or space
- 6.4.2.8. The emergency room shall have the following facilities
 - (a) Adequate water, light and ventilation.
 - (b) Fire extinguishers placed in visible area
 - (c) Hand washing basin in each room
- 6.4.2.9. Glass doors shall be marked to avoid accidental collision
- 6.4.2.10. Potential source of accidents shall be identified and acted upon (slippery floors, misfit in doorways and footsteps, etc)
- 6.4.2.11. Waiting area for attendants and caregivers

6.4.3. Professionals

- 6.4.3.1. The emergency service shall be opened for 24hrs a day and 365 days a year.
- 6.4.3.2. The emergency service shall have a minimum of health officer and nurse. And this service shall have access to laboratory and emergency medicines.
- 6.4.3.3. All health professionals working in the emergency room shall be trained on at least cardio-pulmonary resuscitation.
- 6.4.3.4. Drill-exercise of emergency case management shall be conducted on regular bases in the health center.

6.4.4. Products

- 6.4.4.1. Emergency medicines, supplies and equipments shall be always readily available for emergency services.
- 6.4.4.2. At least the following emergency equipment and supplies shall be available:
 - (a) NG tube
 - (b) Minor set
 - (c) Mobile examination lamp
 - (d) IV stands
 - (e) Resuscitation set on trolley
 - (f) Ambu bags
 - (g) Instrument drum
 - (h) Patient transfer, stretchers
 - (i) Dressing set and trolley
 - (j) Instrument table, Mayo type
 - (k) Surgical Splints
 - (l) Apron

- (m) Suture set
- (n) Supra-pubic puncture set
- (o) Bedpans
- (p) Kidney basin, 475 ml
- (q) Oxygen supply: oxygen, cylinder with flow meter, trolley and nasal prongs
- (r) Dry autoclave (hot air oven)
- (s) Four wheel mobile stretcher,
- (t) wheelchairs
- (u) Different types of splints
- (v) Patient screen, partition curtains

6.4.4.3. There shall be at least two coaches at emergency room

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

6.5. DELIVERY AND MCH SERVICE

6.5.1. Practices

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

6.5.1.2. Non emergency maternal health services shall be available during regular working hours at MCH clinics.

6.5.1.3. The health center shall provided MCH services during regular working hours which includes:

a) ANC and PMTCT services:

- Routine assessment of pregnant women, and lab investigation services according to the national protocol,
- Identify high risk mothers and referral,
- Provision of counseling and health education for pregnant women,

b) PNC services:

- Identification and management of complication after deliveries,
 - Link to FP,
- c) Immunization service:
- Routine & outreach EPI,
 - Cold chain management- maintenance of effectiveness of vaccines,
- d) Growth monitoring services:
- e) Sick baby clinic/ under five clinic services:
- f) Comprehensive Family planning services:
- Counseling on and provision of oral contraceptives, condoms,
 - Counseling, assessing and provision of injectables and implants,
 - Counseling on possible use of IUCD,
 - Comprehensive abortion care: Manual Vacuum Aspiration, Evacuation and curettage as per the country's law,

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

6.5.1.5. The Basic essential obstetric care including the following:

- a) Attend/ assist normal delivery,
- b) Prevention and follow of pre-eclampsia,
- c) Administration of parenteral sedatives for pre-eclampsia,
- d) Repair to perineal tears.
- e) Assist good breast feeding practices.

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

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

6.5.2. Premises

6.5.2.1. The health center shall have separate MCH service unit with the following minimum requirements:

- a) Two room for ANC/ PMTCT, PNC services:
- b) One room for Immunization Growth monitoring services, with Cold chain room/corner,
- c) One room for, Sick baby clinic/ under five clinic services:
- d) Two rooms for Family planning services: counseling & procedure,
- e) Group education/ Waiting area with shade,
- f) Toilet rooms (can be shared with other services),
- g) The MCH rooms shall respect the privacy and dignity of clients,
- h) Hand washing basin/ facility shall be available in the MCH premises,

6.5.2.2. The health center shall have 3 separate rooms for delivery service with the following minimum requirements:

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

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

6.5.3. Professionals

6.5.3.1. The MCH and delivery service of the health center shall be directed by midwife nurse.

6.5.3.2. There shall be licensed nurses available to meet the service demands in the delivery unit.

6.5.4. Products

6.5.4.1. The MCH service shall have the following equipments:

- a) Examination coaches
- b) Stethoscope
- c) Sphygmomanometer
- d) Thermometer
- e) Weighing scale, Adult
- f) Weighing scale, baby
- g) Specula of different size
- h) Measuring tape
- i) Fetostethoscope
- j) Stand lamp
- k) Refrigerator
- l) Cold chain boxes

6.5.4.2. The Delivery service have the following equipments:

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

6.6. LABORATORY SERVICES

6.6.1. Practices

- 6.6.1.1. The laboratory shall have written policies and procedures and include at least the followings:
- a) Procedure manuals (Standard Operating Procedure, SOP) or guidelines for all tests and equipment
 - b) Report times for results (Established turnaround time)
 - c) Quality assurance and control processes
 - d) Inspection, maintenance, calibration, and testing of all equipment
 - e) Management of reagents, including availability, storage, and testing for accuracy
 - f) Procedures for collecting, identifying, processing, and disposing of specimens
 - g) All normal ranges for all tests shall be stated
 - h) Laboratory safety program, including infection control
 - i) There shall be documentation of quality control data (internal and external quality control), calibration report, refrigerator readings and so on.
- 6.6.1.2. The health center shall have policies and procedures for the availability of laboratory services including the emergency services for 24 hours a day and seven days a week, including holidays.
- 6.6.1.3. The health center shall have policies and procedures for the availability of paper based or electronic laboratory information management system (LIMS). The data management system shall include the followings:
- a) Periodic reporting(monthly, quarterly)
 - b) Preliminary analysis and utilization of results
 - c) Collection of useful and appropriate information

- d) Archiving and retrieval
- 6.6.1.4. The health center shall have standardized data collection instruments and including at least the followings:
- a) Laboratory request forms
 - b) Laboratory report forms
 - c) Laboratory specimen and results registers
 - d) Quarterly/monthly reporting forms including
 - Summary of tests conducted
 - Summary of tests referred
 - Summary of quality assurance report
 - e) Equipment and supplies inventory registers
 - f) Quality assurance record forms
 - g) Referral forms
- 6.6.1.5. The health center shall develop monitoring and evaluation tools to assess activities including:
- a) adherence to SOPs
 - b) adherence to safety guidelines
 - c) QA activities
 - d) Laboratory performance and workload
 - e) Laboratory services
- 6.6.1.6. The laboratory shall have procedures or (SOP) for proper specimen collection that address specific collection requirements such as:
- a) Preferred sample type (venous, arterial, capillary, urine, spinal fluid)
 - b) Type of anticoagulant
 - c) Sample volume considered acceptable
 - d) Patient identification

- e) Requirements for patient preparation and storage of specimens.
- 6.6.1.7. Policies and procedures shall be documented and communicated to all personnel.
- 6.6.1.8. The laboratory shall follow standard operating procedures (SOP) and conduct routine quality assessments to ensure reliable and cost-effective testing of patient specimens.
- 6.6.1.9. Laboratory management shall review all operational procedures at regular intervals. The frequency should be every four month (at least annually).
- 6.6.1.10. The process of analysis shall be specified by validated written or electronic procedures maintained in and by the laboratory. Procedures may be written by the laboratory staff or may be adapted from previously published materials
- 6.6.1.11. Laboratory staff shall test quality control materials every eight hour and document in combinations suitable to detect analytical error.
- 6.6.1.12. The right patient with the right request form shall be identified during collection and delivery of result.
- 6.6.1.13. Requests for testing shall provide:
 - a) The name of the ordering physician or other person authorized to order testing
 - b) The clinician's working address
 - c) Type of primary sample collected
 - d) The anatomic site where appropriate
 - e) The test requested
 - f) Patient gender
 - g) Age
 - h) Pertinent clinical information as appropriate for purposes of test interpretation (Clinical Diagnosis)
 - i) Date and time of sample collection and receipt in the laboratory

- 6.6.1.14. There shall be SOP or criteria developed for acceptance or rejection of clinical samples.
- 6.6.1.15. The laboratory shall maintain a record of all samples received.
- 6.6.1.16. Laboratory shall have a procedure for storage of clinical samples if it is not immediately examined.
- 6.6.1.17. Patient samples shall be stored only for as long as necessary to conduct the designated tests (or other permitted procedure) according to fixed storage times, and shall be destroyed safely and confidentially after storage.
- 6.6.1.18. Once a sample is used, it shall be maintained in the laboratory for a specified period of time (or as required by regulation) and at a temperature that ensures stability of the sample in the event the sample is needed for retesting.
- 6.6.1.19. Provision shall be made to carry out adequate clinical laboratory examinations including hematology, parasitology, urinalysis and clinical microscopy either in the health center or licensed outside laboratory based on contractual agreement for the minimum tests required at health center
- 6.6.1.20. The laboratory should establish an external quality control system.
- 6.6.1.21. Laboratory report
 - a) All laboratory test result/reports shall have reference (normal) ranges specific for age and gender.
 - b) Copies or files of reported results shall be retained by the laboratory such that prompt retrieval of the information is possible. The length of time that reported data are retained shall be 5 years for legal reason minimal errors or loss of patient test results.
 - c) Reports shall be filed with the patient's medical record and duplicate copies shall be filed in the laboratory in a manner which permits ready identification and accessibility and with appropriate backup.

- d) In the case of laboratory tests performed by an outside laboratory, the original report from such laboratory shall be contained in the medical record.
 - e) Quality assured test results shall be reported on standard forms to the physician with the following minimum information:
 - Patient identification (patient name, age, gender,)
 - Date and time of specimen collection
 - The test performed and date of report.
 - The reference or normal range
 - The laboratory interpretation where appropriate,
 - The name and initial of the person who performed the test, and the authorized signature of the person reviewing the report and releasing the results.
 - Health center address
 - f) Laboratory results shall be legible, without transcription mistakes and reported only to persons authorized to receive them such as the ordering physician or nursing staff in a health center environment
 - g) The laboratory shall have policies and procedures in place to protect the privacy of patients and integrity of patient records whether printed or electronic. Policies shall be established which define who may access patient data and who is authorized to enter and change patient results, correct billing or modify computer programs.
- 6.6.1.22. When reports altered, the record shall show the time, date and name of the person responsible for the change.
- 6.6.1.23. Safe disposal of samples shall be in line with standards prescribed under infection prevention
- 6.6.1.24. No eating, drinking, smoking or other application of cosmetics in laboratory work areas or in any area where workplace materials are handled.

- 6.6.1.25. No food and drink to be stored in the laboratory (may be stored in the rest area)
- 6.6.1.26. Wearing of protective clothing of an approved design(splash proof), always fastened, within the laboratory work area and removed before leaving the laboratory work area
- 6.6.1.27. At regular intervals, the laboratory shall review any contracts for services to its clients (including but not limited to clinicians, health care bodies, pharmaceutical companies, other departments such as pharmacy or nursing within the health center structure) to ensure that the laboratory can meet the contractual requirements such as methodologies, turn-around times, availability of expert opinion, etc. Records of these reviews shall be kept and maintained by the laboratory, including deviations from contracts.
- 6.6.1.28. The medical laboratory shall have safety guideline. In addition, the laboratory shall protect the environment and public by assuring the health laboratory waste is disposed of legally and an environmentally friendly manner
- 6.6.1.29. Where services are provided by an outside laboratory, the conditions, procedures, and availability of services offered shall be in writing and available in the health center.
- 6.6.1.30. The laboratory shall meet regularly with clinical staff regarding services and clinical interpretations.
- 6.6.1.31. The laboratory must keep a record of the complaint. The record shall include the nature of the complaint, the date of occurrence, individuals involved, any investigations undertaken by the laboratory and resolution.

6.6.2. Premises

- 6.6.2.1. The health center shall have a well organized, adequately supervised and staffed clinical laboratory with the necessary space, facilities and equipment to perform those services commensurate with the health center's needs for its patients.
- 6.6.2.2. The laboratory working environment shall be kept organized and clean, with safe procedures for handling of specimens and waste

material to ensure patient and staff protection from unnecessary risks at all time.

- 6.6.2.3. The laboratory shall have space allocated so that its workload can be performed without compromising the quality of work, quality control procedures, and safety of personnel or patient care services.
- 6.6.2.4. The laboratory shall have adequate space and a safe environment to perform testing. It must provide adequate lighting, ventilation, water, waste and refuse disposal. Work areas shall be clean and well maintained. Precautions must be taken to prevent cross contamination.
- 6.6.2.5. The laboratory shall have controlled temperature of refrigerator for reagents, blood sample, calibrator, control materials which affect the analytical results.
- 6.6.2.6. Facilities shall provide a suitable environment to prevent damage, deterioration, loss or unauthorized access.
- 6.6.2.7. The laboratory shall be located and designed to
 - a) provide suitable, direct access for patients
 - b) Allow reception of deliveries of chemicals
 - c) Allow safe disposal of laboratory materials and specimens.
- 6.6.2.8. The health center laboratory shall have one room with the following arrangements
 - a) Recording and reporting area (4m²)
 - b) Specimen collection area (6m²)
 - c) Bacteriology, serology, parasitology and urinalysis area (16m²)
 - d) Hematology area (6m²)
 - e) Store-room (4m²)
 - f) Staff room and office-shared with other staff
 - g) Separate Toilets for patients (1 for Male and 1 for female)
 - h) Separate Toilet for staff-can be shared with other staff (Male and female)
 - i) There shall be access to emergency shower
- 6.6.2.9. The laboratory facilities shall meet at least the following:

- a) The laboratory shall have a reliable supply of running water. At least two sinks shall be provided in each room, one for general laboratory use and the other reserved for hand washing and at least 1000L reserve tank in case of interruption.
- b) Continuous power supply
- c) Working surface covered with appropriate materials
- d) Suitable stools for the benches. Bench tops shall be impervious to water and resistant to moderate heat and the organic solvents, acids, alkalis, and chemicals used to decontaminate the work surface and equipment.
- e) Internal surfaces, i.e. of floors, walls, and ceilings shall be :
 - Smooth, impervious, free from cracks, cavities, recesses, projecting ledges and other features that could harbor dust or spillage
 - Easy to clean and decontaminate effectively
 - Constructed of materials that are non-combustible or have high fire-resistance and low flame-spread characteristics
- f) Laboratory furniture is capable of supporting anticipated loading and uses. Spaces between benches, cabinets, and equipment are accessible for cleaning.
- g) Lockable doors and cupboards
- h) Closed drainage from laboratory sinks (to a septic tank or deep pit)
- i) Separate toilets/latrines for staff and patients
- j) Emergency of safety services such as deluge showers and eye-wash stations, fire alarm systems and emergency power supplies shall be included in the laboratory services design specifications

6.6.3. Professionals

- 6.6.3.1. All laboratory services shall be directed by a licensed medical Laboratory technologist or technician.

- 6.6.3.2. Medical Laboratory staff shall be present at the health center to provide laboratory service at all times.
- 6.6.3.3. Students and other staff on attachment shall work under the direct supervision of a licensed medical Laboratory Technicians.
- 6.6.3.4. The Laboratory service shall have and maintain job descriptions, including qualifications to perform specific functions.
- 6.6.3.5. The Laboratory management shall provide adequate training, continuing education or access to training for technical staff, and assess staff competency at regular intervals.
- 6.6.3.6. Laboratory staff shall, at all times, perform their functions with adherence to the highest ethical and professional standards of the laboratory profession.
- 6.6.3.7. The laboratory shall have supportive staff (cleaner).

6.6.4. Products

- 6.6.4.1. All equipment shall be in good working order, routinely quality controlled, and precise in terms of calibration.
- 6.6.4.2. Laboratory shall establish a programme that regularly monitors and demonstrates proper calibration and function of instruments, reagents and analytical system. It shall also have a document.
- 6.6.4.3. When equipment is removed from the direct control of the laboratory or is repaired or serviced, the laboratory shall ensure that it is checked and shown to be functioning satisfactorily before being returned to laboratory use.
- 6.6.4.4. Laboratory shall have a documented and recorded programme of preventive maintenance which at a minimum follows the manufacturer's recommendation.
- 6.6.4.5. Equipment shall be maintained in a safe working condition. This shall include examination of electrical safety, emergency stop devices. Whenever equipment is found to be defective, it shall be taken out of service and clearly labeled.

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

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

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

Tests	Major Equipment
<p><i>Parasitology:</i></p> <ul style="list-style-type: none"> • Stool microscopy • Blood film for malaria and other hemoparasite/ Malaria Rapid Test 	<ul style="list-style-type: none"> ➤ Binocular Microscope ➤ Slide ➤ Staining reagents ➤ Rapid test kits
<p>Urine and body fluid analysis:</p> <ul style="list-style-type: none"> • Urinalysis • CSF analysis 	<ul style="list-style-type: none"> ➤ Microscope (shared with parasitology) ➤ Slide ➤ Staining reagents ➤ CSF analysis reagents

<p>Hematology:</p> <ul style="list-style-type: none"> • Hemoglobin/ Hematocrit • Total WBC count • Differential white cell count • Peripheral blood film • ESR 	<ul style="list-style-type: none"> ➤ Haemoglobinometer/ Haemocytometer ➤ Binocular microscope x10, x40, x100 ➤ Microhematocrit centrifuge ➤ Microhematocrit reader ➤ Differential counter ➤ Tally counter, centrifuge, timer and ESR rack
<p>Serology:</p> <ul style="list-style-type: none"> ▪ ASO/RF/RPR/VDRL ▪ HIV-test ▪ Blood Group and Rh 	<ul style="list-style-type: none"> ➤ All serological test kits ➤ Shaker
<p>Bacteriology:</p> <ul style="list-style-type: none"> • Gram stain • Ziehl Neelson stain • Indian Ink 	<ul style="list-style-type: none"> ➤ Microscope (shared with hematology) ➤ Reagents
<p>Chemistry</p> <ul style="list-style-type: none"> • Blood glucose 	<ul style="list-style-type: none"> ➤ Rapid glucose test
<p>Mycology:</p> <ul style="list-style-type: none"> • KOH test 	<ul style="list-style-type: none"> ➤ Microscope (shared with parasitology) ➤ Slide ➤ KOH

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

6.7. PHARMACEUTICAL SERVICES

6.7.1. Practices

Dispensing and Medication Use Counseling

- 6.7.1.1. Standard operating procedure for dispensing and medication use counseling shall be established to ensure patients' safety and correct use of medications.
- 6.7.1.2. The dispensers shall make sure that prescriptions are legible, written by authorized prescriber and complete. Prescription papers shall be standardized as per the appropriate organ and must contain at least the following information and the prescriber shall complete all these information:
- Name of patient, sex, weight, age and card number
 - Diagnosis and allergy
 - Name of the medicine, strength, dosage form, dose, frequency, and route of administration
 - Duration of treatment
 - Prescriber's name, qualification, license number and signature
 - Dispenser's name, qualification, license number and signature
 - Health center name and address
- 6.7.1.3. The pharmacist or pharmacy technician shall check the correctness of prescriptions in terms of appropriateness for the patient, dosage, and medicine interactions based on national standard treatment guidelines before dispensing"
- 6.7.1.4. All medicines shall be dispensed with adequate and appropriate information and counseling to patients for correct use of their medications.
- 6.7.1.5. Pharmacist or pharmacy technicians shall be required to make sure that each medicine and its dosage form has all of its attributes of quality and an acceptable ratio of safety.

- 6.7.1.6. The containers used for dispensing shall be appropriate for the medicines dispensed and all containers intended for medicines shall be protected and kept free from contamination, moisture and light.
- 6.7.1.7. All medicines to be dispensed shall be labeled and the labels shall be unambiguous, clear, legible and indelible. The following minimum information shall be indicated on the label/sticker:
- The generic name of the medicines or each active ingredient, where applicable;
 - The strength, dose, frequency of administration and total quantity;
 - The name of the person for whom the medicines are dispensed;
 - The directions for use and route of administration tailored to patient or caregiver literacy and language;
 - The name and address of the dispenser;
 - Date of dispensing;
 - Expiry date/beyond use date and
 - Special precautions as applicable
- 6.7.1.8. Filled prescriptions shall be signed and accountability must be accepted by the dispensing pharmacist or pharmacy technician.
- 6.7.1.9. Each health center shall establish and implement policies, guidelines and procedures for reporting any errors or any suspicion in administration or provision of prescribed medications. Errors shall be reported to the prescriber in a timely manner upon discovery and a written report of the error prepared and documented. Any suspicion or error shall be communicated to the prescriber and clarified/corrected before dispensing without affecting patient's confidence on medical practices.
- 6.7.1.10. The pharmacy shall keep individualized information for patients with chronic illnesses medication program using standardized information tracking formats and update patient medication profile during each refill visit.

- 6.7.1.11. The counseling of patients or their caregivers shall be undertaken to promote the correct and safe use of medicines. The responsible pharmacist or pharmacy technician must ensure that patients are counseled before they receive medicines that they are to self-administer.
- 6.7.1.12. The pharmacist or pharmacy technician shall assess each patient's ability to understand the information imparted by question and answer and must be able to modify his/her approach accordingly. Care shall be taken with counseling where understanding is likely to be a problem.
- 6.7.1.13. Orders received by words of mouth or through telephone during emergency (in case of immediate administration is necessary, no appropriate alternative treatment is available and when it is not reasonably possible for the prescriber to provide a written prescription prior to dispensing) shall latter be endorsed by the prescriber and be documented in writing within 24 hours. The quantity shall be limited to emergency period only.
- 6.7.1.14. Cautionary instructions and ancillary information about medications shall be communicated in writing to the personnel responsible for administering medications.
- 6.7.1.15. The drug and therapeutic committee of the health center shall develop/adopt and implement antimicrobial prescribing, dispensing and usage policy.

Control of Drug Abuse, Toxic or Dangerous Drugs

- 6.7.1.16. The health center shall establish Policies and procedures to control the administration of these drugs with specific reference to the duration of the order and the dosage in accordance with relevant laws.
- 6.7.1.17. A record of the stock on hand and of the dispensing of all these drugs shall be maintained in such a manner that the disposition of any particular item may be readily traced.
- 6.7.1.18. All controlled substances (narcotic and psychotropic drugs) shall be dispensed to the authorized health professional designated to handle

controlled substances by a licensed pharmacist or pharmacy technician in the health center. When the controlled substance is dispensed, the following information shall be recorded into the controlled substance (proof-of-use) record.

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

6.7.1.19. When controlled substances are not in use, they shall be maintained in a securely locked, substantially constructed cabinet or area. All controlled substance storage cabinets shall be permanently affixed. Controlled substances removed from the controlled substance cabinet shall not be left unattended.

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

- The patient's name, card number
- The name of the controlled substance and the dosage administered.
- The date and time the controlled substance is administered.
- The signature of the practitioner administering the controlled substance
- The wastage of any controlled substance, if any

- The balance of controlled substances remaining after the administration of any quantity of the controlled substance
 - Day-ending or shift-evening verification of count of balances of controlled substances remaining and controlling substances administered shall be accomplished by two (2) designated licensed persons whose signatures shall be affixed to a permanent record.
- 6.7.1.21. All partially used quantities of controlled substances shall be recorded in to the control substance record and returned back to the responsible pharmacist or pharmacy technician for control substances for disposal.
- 6.7.1.22. All unused and unopened quantities of controlled substances which have been removed from the controlled substance cabinet shall be returned to the cabinet by the practitioner at the end of each shift.
- 6.7.1.23. Any return of controlled substances to the pharmacy in the health center shall be documented by a licensed pharmacist or pharmacy technician responsible for controlled substance handling in the health center.
- 6.7.1.24. The health center shall implement procedures whereby, on a periodic basis, a licensed pharmacist or pharmacy technician shall reconcile quantities of controlled substances dispensed in the health center against the controlled substance record. Any discrepancies shall be reported to the Head of the health center. Upon completion, all controlled substance records shall be returned to the health center's pharmacy by the designated responsible person.
- 6.7.1.25. The health center shall submit regular report to the appropriate organ regarding the consumption and stock of controlled drugs.

Adverse Drug event (ADE)/ Pharmacovigilance

- 6.7.1.26. The health center pharmacy shall appoint an ADE focal person responsible for the collection, compilation, analysis and communication of adverse drug reaction, medication error and product quality defect related information to the DTC appropriate organ.

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

Medicines Supply and Management

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

- Safety, quality and efficacy of medicines
 - Transparency of the procedure and documentation
 - Minimal decision points
 - Flexibility to respond for emergency situations
 - Compatibility with the state and national laws of the country
 - Effective batch recall of medicines when necessary
- 6.7.1.36. A pharmacist or pharmacy technician shall not purchase any medicinal product where he/she has any reason to doubt its safety, quality or efficacy.
- 6.7.1.37. The pharmacist or pharmacy technician shall ensure that both the supplier and the source of any medicine purchased are reputable and licensed by the appropriate organ.
- 6.7.1.38. The health center central medical store shall be responsible to display or disseminate new arrivals or alternative medicines to each service delivery points.
- 6.7.1.39. The health center shall be responsible to make sure that medicines promotion made by suppliers or manufacturers in the health center premises is made by a licensed pharmacist in accordance with the country's laws.
- 6.7.1.40. The health center shall be responsible to make sure that donation of medicines has been made in accordance with the country's laws.
- 6.7.1.41. The medicines storage areas of the health center shall be under the control of the responsible pharmacist or pharmacy technician
- 6.7.1.42. The storage condition shall provide adequate protection to the medicines from all environmental factors until the medicine is delivered to the patient.
- 6.7.1.43. The responsible pharmacist or pharmacy technician must ensure that all areas where medicines are stored are of acceptable standards (palletized or shelved, ease for free movement, ventilated, rodent free, temperature and moisture controlled and others) for a medicines store.

- 6.7.1.44. The responsible pharmacist or pharmacy technician shall ensure that all medicine storage areas are inspected regularly to ensure that:
- Medicines are stored and handled in accordance with the medicine manufacturer's requirements and these standards
 - Expired or obsolete medicines are stocked separately until disposition
 - Medicines requiring special environmental conditions shall be stored accordingly
 - Temperature and humidity are maintained according to manufacturer's requirement
 - Stock levels are adequate to ensure the continuous supply and acceptability of medicines at all times, including the availability of essential medicines.
 - Inflammable substance are stored separately and in an appropriate manner
 - Disinfectants and preparations for external use are stored separately from medicines for internal use.
- 6.7.1.45. Special storage conditions shall be maintained for medicines requiring cold chain system, controlled substances, inflammable substances and medical gases, if any.
- 6.7.1.46. Firefighting equipment or system shall be installed to medicines storage places
- 6.7.1.47. Distribution of medicines within a health center shall be under the direction and control of a pharmacist or pharmacy technician and must be in accordance with the policy developed by DTC. All issuing activities shall be made using official and serially numbered vouchers.
- 6.7.1.48. There shall be written SOPs on how supplies of stock are to be obtained from the medical store. Procedures must define normal action to be taken by pharmacy personnel staff for routine stock replacement and action to be taken in the case of incomplete documentation or other queries.

- 6.7.1.49. Written procedures shall be available for the return of expired, damaged, leftover and empty packs from outlets to medical store to prevent potential misuse.
- 6.7.1.50. The responsible pharmacist or pharmacy technician shall ensure that adequate control procedures are in place for all stock circulating at all outlets within the health center.
- 6.7.1.51. Daily medicine consumption at different outlets of the health center shall be recorded, compiled and analyzed for the appropriate supply and use of medicines.
- 6.7.1.52. The health center pharmacist or pharmacy technician should conduct regular medicines use studies to ensure maximum patient benefit from the health center medicine list.
- 6.7.1.53. The DTC should be responsible for developing policies and guidelines on how to organize and conduct medicines use studies.
- 6.7.1.54. The health center shall make every attempt to minimize the amount of medicines waste generated in the health center.

Medicines Waste Management and Disposal

- 6.7.1.55. The disposal of medicine wastes shall be in compliance with the appropriate medicines waste management and disposal directives by FMHACA.
- 6.7.1.56. Health center pharmacy shall take responsibility, through supportive policies and procedures for the environmental and societal safety by efficiently managing the medicine wastes.
- 6.7.1.57. All personnels involved in medicines waste handling shall be trained and/or well informed about the potential risks of hazardous medicines wastes and their management.
- 6.7.1.58. All personnels involved in handling of medicines waste shall wear protective devices like apron, plastic shoes, gloves, head gears and eye glasses when appropriate.
- 6.7.1.59. General wastes shall be collected daily from the pharmacy and placed in a convenient place outside the pharmacy to facilitate coordinated disposal by the health center.

- 6.7.1.60. Solid wastes from the pharmacy shall be categorized as “hazardous” and ‘non-hazardous” and shall be collected separately for proper treatment.
- 6.7.1.61. All hazardous chemicals spills shall be immediately reported to head of the pharmacy or responsible person for safety (if available) to minimize the risk and take immediate action.
- 6.7.1.62. Spillages of low toxicity shall be swept into a dust pan and placed into a suitable container for that particular chemical and dispose accordingly.
- 6.7.1.63. medicines in single dose or single use containers which are open or which have broken seals, medicines in containers missing medicine source and exact identification (such as lot number), and outdated medications shall be returned to the pharmacy for disposal.
- 6.7.1.64. The health center shall form a medicines disposal committee to ensure safety, accountability and transparency.
- 6.7.1.65. Disposal of medicines wastes shall be supported by proper documentation including the price of the products for audit, regulatory or other legal requirements.

Recording

- 6.7.1.66. Each health center shall maintain records to assure that patients receive the medications prescribed by a medical practitioner or other authorized prescriber and maintain records to protect medications against theft and loss.
- 6.7.1.67. There shall be a standardized Prescription Registration Book for recording prescriptions and dispensed medicine. A computerized dispensing and registration system with backup can be used instead if available.
- 6.7.1.68. Each patient with a chronic disease shall have a separate Patients Medication Profile Card (PMP) that should be filled appropriately with all the relevant information for each patient. A computerized system with backup can be used instead if available.
- 6.7.1.69. Controlled and non-controlled prescriptions shall be documented and kept in a secure place that is accessible only to the authorized personnel for at least five and three years respectively.

- 6.7.1.70. Patient and medication related records and information shall be documented and kept in a secure place that is easily accessible only to the authorized personnel
- 6.7.1.71. Every transaction related with medicines should be recorded on stock control cards and/or computerized stock control system in the medical store and dispensaries.

Billing

- 6.7.1.72. Medicines shall be received and issued using standard receiving and issuing vouchers with serial number licensed by the appropriate finance bureau of the government. Issuing and receiving of medicines has to be signed by both the receiver and issuer and approved by an authorized pharmacist or pharmacy technician. Receiving and issuing vouchers shall have the following minimum information.
- Name of medicines received and issued
 - Unit of measurement, quantity and source (supplier's or manufacturer's name) of medicines
 - Expiry date and batch number
 - Unit and total price
 - Date received and issued
 - Name and signature of receiver and issuer
 - Address of the health center
- 6.7.1.73. All medicines issued from the dispensary shall be dispensed/sold using standard sales ticket with serial number licensed by the appropriate finance bureau. Sales tickets have to be signed and stamped.
- 6.7.1.74. Dispensing pharmacies shall use a standard stamp and seal for approving legal transactions
- 6.7.1.75. Writing one bill for two clients shall be forbidden

- 6.7.1.76. The consumer has the right to know the exact price of a prescription before it is filled
- 6.7.1.77. The health center shall ensure that each customer has the right to get receipt which has the following minimum information about medicines dispensed.
- Name of patient
 - Name and dosage form of medicines dispensed
 - Unit of measurement and quantity
 - Unit and total prices
 - Date
 - Signature of dispenser and cashier
 - Address of the health center (if the receipt is not headed)

Organization Management and Quality Improvement

- 6.7.1.78. A multidisciplinary drug and therapeutic committee chaired by the medical director and supported by a licensed pharmacist/pharmacy technician representing the health center pharmacy services as a secretary must be functional for the overall improvement of pharmaceutical services in the health center
- 6.7.1.79. The pharmaceutical services shall be represented by a licensed pharmacist or pharmacy technician in every management meetings of the health center.
- 6.7.1.80. Customer satisfaction survey on pharmaceutical services shall be conducted at least once in a year and measures shall be taken in accordance with survey findings.
- 6.7.1.81. There shall be a program of continuous quality improvement for the pharmaceutical service that is integrated into the health center continuous quality improvement program and includes regularly collecting and analyzing data to help identify pharmaceutical service problems and their extent, and recommending, implementing, and monitoring corrective actions on the basis of these data.

- 6.7.1.82. The pharmaceutical service shall have in effect a patient profile system for monitoring medicine therapy. This system shall be used by the health center to identify inappropriate prescribing practices and develop interventions.
- 6.7.1.83. The pharmacy personnel shall inspect all patient care areas in the health center, where medicines intended for administration to patients are stored, dispensed, or administered at least once every two months. The pharmaceutical service shall maintain a record of the inspections and action taken for identified problems.
- 6.7.1.84. A quality improvement program of the pharmaceutical service shall monitor, at a minimum, the use of medicines, including medication errors and use of antibiotics. Serious or consistent patterns of medication error shall be reported to the drug and therapeutics committee or its equivalent for correction and this must be documented.

6.7.2. Premises

- 6.7.2.1. The design and layout of the pharmacy shall permit a logical flow of work, effective communication and supervision and ensure effective cleaning and maintenance and must minimize the risk of errors, cross-contamination and anything else which would have an adverse effect on the quality of medicines and service delivery.
- 6.7.2.2. Dispensing counter shall be designed to secure patient privacy and confidentiality
- 6.7.2.3. All parts of the premises shall be maintained in an orderly and tidy condition.
- 6.7.2.4. The external appearance of pharmacies shall be painted white and inspire confidence in the nature of the health care service that is provided and portray a professional image.
- 6.7.2.5. Entrances, dispensing counters and doorways shall be accessible to persons with disability.
- 6.7.2.6. A waiting area(s), which is under cover, shall be situated near the dispensing area, areas for counseling/consultation and the provision of information.

- 6.7.2.7. The pharmacy premises shall be clearly demarcated and identified from the premises of any other business or practice. The location of the pharmacy premises shall take into account patient convenience and ease of loading and unloading of medicines.
- 6.7.2.8. Careful consideration shall be given to the overall security of the pharmacy. It must be lockable and shall prevent any unauthorized entry.
- 6.7.2.9. A security policy shall be implemented which is designed to ensure the safety of both staff and medicines, and shall take account of local crime prevention advice.
- 6.7.2.10. The responsible pharmacist or pharmacy technician of a pharmacy shall ensure that every key which allows access to a pharmacy is kept only with him/her or the designated personnel.
- 6.7.2.11. A procedure shall be in place to ensure access to pharmacy premises in an emergency situation.
- 6.7.2.12. The ceiling, wall and floor shall be constructed to protect the safety of medicines from burglary, rodents, direct sunlight, moisture and damages.
- 6.7.2.13. Medicines shall be shelved a minimum of 20cm above the floor, 1m wide between shelves and 50cm away from the wall and ceiling.
- 6.7.2.14. The pharmacy premises shall have the following minimum space
 - a) Waiting area
 - b) Dispensing with counseling room
 - c) Cashier room
 - d) Medical store intended for medicines, vaccines, lab reagents and medical equipments storage
 - e) Office and duty room

6.7.3. Professionals

- 6.7.3.1. The health center pharmacy shall be directed by a licensed pharmacist or pharmacy technician

- 6.7.3.2. The dispensing of all prescriptions and medication use counseling shall be carried out by licensed pharmacist or pharmacy technicians.
- 6.7.3.3. The health center shall have written policies and procedures for pharmacy workforce determination, recruitment, performance evaluation, staff development and other related issues.
- 6.7.3.4. The health center pharmacy shall have pharmacy clerks, cashiers, cleaners and porters.
- 6.7.3.5. The responsible pharmacist or pharmacy technician shall ensure that written job descriptions are prepared for all staff and that all staff are acquainted with their job descriptions and responsibilities.
- 6.7.3.6. All staff shall receive appropriate training, information and orientation at the time of appointment to any position in the pharmacy
- 6.7.3.7. The requirements of the national and State medicine related laws with respect to persons handling medicine and related products shall be adhered.
- 6.7.3.8. Pharmacist or pharmacy technicians responsible for the practical training of pharmacy students shall comply with the necessary duties and responsibilities stated in the country's medicine related laws.
- 6.7.3.9. The pharmacy personnel shall wear white gown or any color accepted by the health center with easily readable name tag (badge) that include their name and status, such as junior pharmacist or pharmacy technician, senior pharmacist or pharmacy technician, or any other.
- 6.7.3.10. A pharmacist or pharmacy technician licensed to practice pharmacy shall be on duty or on call at all times outside working hours.

6.7.4. Products (Equipment and Facilities)

- 6.7.4.1. The health center may have its own medicine list in accordance with the prevailing diseases epidemiology and within the framework of the national health center's medicine list prepared by the FMHACA
- 6.7.4.2. There shall be adequate, suitable dispensing equipment in the dispensary. Each item must be clean, in good repair and of suitable

material. Equipment shall be specific for each service which may be provided in the pharmacy.

- 6.7.4.3. The health center's outpatient and its central medical store shall have fire extinguisher, refrigerators, deep freezers, security alarms and racks/shelves.
- 6.7.4.4. The pharmacy shall have a current collection of reference materials such as books, journals, medicine profiles, electronic information, relevant formularies and manufacturers' information.
- 6.7.4.5. Hand-washing facilities shall be provided in the toilet area together. Facilities must include readily available water, soap and clean towels or other satisfactory means of drying the hands.
- 6.7.4.6. The health center pharmacy shall be provided with consistent electricity, telephone, office furniture and optional facilities such as internet services, computers and other necessary supplies.
- 6.7.4.7. In summary, minimum standard for pharmacy equipment and facilities at different service delivery points shall be as follows.

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

6.8. PATIENT FLOW

6.8.1. Practices

6.8.1.1. The health center shall have a written protocol of patient flow which at least describes the following:

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

6.8.1.2. The health center shall follow its written patient flow procedures

6.8.2. Premises

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

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

6.8.3. Professionals

6.8.3.1. The health center shall have runners to facilitate patient flow

6.8.4. Products

6.8.4.1. Wheelchairs

6.8.4.2. Stretchers with wheels

6.9. HEALTH PROMOTION SERVICES

6.9.1. Practice

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

- 6.9.1.4. The health center shall provide patients with information on significant factors concerning their disease or health condition and health promotion interventions are established in all patient pathways.
- 6.9.1.5. The health center management shall establish conditions for the development of the health center as a healthy workplace.
- 6.9.1.6. The health center shall have a planned approach to collaborate with other health service levels and other institutions and sectors on an ongoing basis.
- 6.9.1.7. The health promotion committee shall highlight specific issues such as:
 - a. Health Promoting Health centers as partners in the health care chain / network and in healthy alliances; and
 - b. Investing in health for the future by promoting the health of children and youth.

6.9.2. Professionals

- 6.9.2.1. A designee shall coordinate health promotion activities in the health center.
- 6.9.2.2. All health professionals who have got a special training on health promotion and prevention may participate in health promotion activities
- 6.9.2.3. The respective medical services for health promotion to be performed by the staff shall be specified in their job descriptions

6.9.3. Products

- 6.9.3.1. The health center shall have the following:
 - a. Printed material (Posters, Brochures, Leaflets, News paper, Health bulletin)
 - b. IEC materials
 - c. Audio visual materials (Optional)

- d. Mini media(Optional)
- e. Radio
- f. Tape-recorder
- g. Public health journals
- h. Information desk(Optional)

6.10. MEDICAL RECORDING

6.10.1. Practices

- 6.10.1.1. Medical record shall be maintained in written form for every patient seen at all points of care including emergency, outpatient, labor & delivery, inpatient and minor operation theatre.
- 6.10.1.2. The Health center shall maintain individual medical records in a manner to ensure accuracy and easy retrieval. A patient shall have only one medical record in the health center.
- 6.10.1.3. The medical information of a patient during ambulance service including medication administered shall be documented and attached into the medical record
- 6.10.1.4. The health center shall establish a master patient index with a unique number for each patient
- 6.10.1.5. Each piece of paper that contains a medical record shall have the appropriate identification on the paper
- 6.10.1.6. The health center shall have a written policy and procedure that are reviewed at least once every three years which include at least:
 - (a) Procedures for record completion
 - (b) Conditions, procedures, and fees for releasing medical information
 - (c) Procedures for the protection of medical record information against the loss, tampering, alteration, destruction, or unauthorized use.

- 6.10.1.7. When a medical record is taken out and returned to the record room it shall be documented to create a good tracking mechanism
- 6.10.1.8. Any medical record shall be kept confidential, available only for use by authorized persons or as otherwise permitted by law.
- 6.10.1.9. All entries in the patient's medical record shall be written legibly in permanent ink, dated, and signed by the custodian/recording person.
- 6.10.1.10. The medical record forms shall be prepared in line with the national/Regional State guideline and approved by the Health center management.
- 6.10.1.11. Each 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) Consent form where applicable which shall be signed by the patient. In case where someone other than the patient signs the forms, the reason for the patient's not signing it shall be indicated on the face of the form, along with the relationship of the signer to the patient.
- 6.10.1.12. Any consent form for medical treatment that the patient signs shall be printed in an understandable format and the text written in clear, legible, non technical language.
- 6.10.1.13. There shall be a mechanism for medical record controlling and tracing, whenever patients medical records are taken from and returned to the central medical record room.
- 6.10.1.14. There shall be a mechanism to make medical records with appointment ready for use and return seen cards back to the central medical record room within 24hrs.
- 6.10.1.15. The patient's death shall be documented in the patient's medical record upon death.

- 6.10.1.16. Original medical records shall not leave Health center premises unless they are under court order or in order to safeguard the record in case of a physical plant emergency or natural disaster.
- 6.10.1.17. If a patient or the patient's legally authorized representative requests, in writing, a copy of the medical record shall be given.
- 6.10.1.18. If the patient is provided with medical certificates, copies of certificates and other records shall be documented and/or recorded on the original medical record
- 6.10.1.19. If the patient is transferred to another Health Facility on a non emergency basis, the Health Center shall maintain a transfer record reflecting the patient's immediate needs and send a copy of this record to the receiving Health Facility at the time of transfer.
- 6.10.1.20. If the health center ceases to operate, the appropriate organ shall be notified in writing about how and where medical record will be stored at least 15 days prior to cessation of operation. The patient choice on where to transfer his/her medical record shall be respected. Patient will get information from the appropriate organ regarding the location of their medical records.
- 6.10.1.21. The Health Center shall establish a procedure for removal of inactive medical records from the central medical record room.
- 6.10.1.22. Medical records shall be destroyed as per the law by using techniques that are effective enough to assure confidentiality of medical records. However, records which are active for more than ten years shall not be destroyed.

6.10.2. Premises

- 6.10.2.1. There shall be a separate medical record room
- 6.10.2.2. The premises shall have one meter wide space in between and around shelves. The medical records shall be shelved 20-30cm above from the floor.
- 6.10.2.3. The medical record room shall have adequate space to accommodate the following:
 - (a) Central filing space

- (b) Work space
 - (c) Archive space
 - (d) Supply/Storage room
- 6.10.2.4. The medical record room shall have adequate light and ventilation
- 6.10.2.5. The medical record room shall be built far from fire sources
- 6.10.2.6. There shall be a room for archiving dead files until they are permanently destroyed

6.10.3. Professionals

- 6.10.3.1. There shall be a full-time custodian/medical record personnel (Health Information Technician) with basic computer skill and ability to organize medical records responsible for medical records management. additional staffs like card sorter and runner may be available to perform patient registration, retrieving, filing and recording chart location may be .
- 6.10.3.2. The actual number of staff shall be determined based upon the total number of active charts in a day (Workload analysis)
- 6.10.3.3. The Health Center shall provide basic training on medical record keeping to the staffs

6.10.4. Products

- 6.10.4.1. The Medical record room shall have:
- (a) Shelves
 - (b) Master patient index boxes
 - (c) Master Patient Index (MPI) Cards
 - (d) Computer
 - (e) Cart
 - (f) Ladder

- (g) Patient folder
- (h) Log book
- (i) Fire extinguisher

6.11. MORGUE SERVICES

6.11.1. Practices

- 6.11.1.1. The health center shall have written policies and procedures for morgue (dead body care) services. These policies shall delineate the responsibilities of the medical staff, nursing, and morgue services staff, and shall include procedures for at least the following:
 - a. Identification of the body, recording and labeling;
 - b. Safe and proper handling of the body to prevent damage and this shall be according to the patient religion and culture;
 - c. Safeguarding personal effects of the deceased and release of personal effects to the appropriate individual;
 - d. Proper handling of toxic chemicals by morgue and housekeeping staff;
 - e. Infection control, including disinfection of equipment as per IP standard;
 - f. Identifying and handling high-risk and/or infectious bodies;
 - g. Treatment of dead body with formalin
 - h. Release of the body to the family shall be as immediately as possible;
- 6.11.1.2. There shall be a death certificate issued by authorized physician or health officer or nurse for each death and this shall be documented.
- 6.11.1.3. The service shall be available for 24 hours a day and 365 days of a year
- 6.11.1.4. Any dead body shall pass through morgue after the confirmation made by the physician or health officer.

6.11.2. Premises

6.11.2.1. The Morgue shall be preferably cold with adequate space to store at least for one body.

6.11.2.2. In addition, the morgue premises shall fulfill at least the followings:

(a) Dead body care taking room

(b) Adequate Water supply

(c) Well ventilated

(d) Adequate supply of light

6.11.3. Professionals

6.11.3.1. Morgue attendant and cleaner

6.11.4. Products

6.11.4.1. The following products shall be available for morgue services:

(a) Plastic sheets

(b) Aprons

(c) Stretcher

(d) Knives

(e) Scalpels

(f) Scissor

(g) Formalin

(h) Syringe 30cc,
50cc

(i) Detergents

(j) Cotton

(k) Gloves

(l) Boots

(m) Gowns

(n) Head cover

(o) Goggles

(p) Disinfectants

(q) Plastic bags

(r) White clothes

(s) Body table with
hot and cold water
sink

(t) Cupboard for
instrument

6.12. INFECTION PREVENTION

6.12.1. Practices

- 6.12.1.1. The infection control program shall review areas of potential risk and populations at risk and shall be effectively and efficiently governed and managed.
- 6.12.1.2. All activities performed for infection prevention shall comply with the national infection prevention guidelines.
- 6.12.1.3. The Health center shall identify the procedures and processes associated with the risk of infection and shall implement strategies to reduce infection risk.
- 6.12.1.4. Infection risk-reduction activities shall include:
 - a) equipment cleaning and sterilization;
 - b) laundry and linen management;
 - c) disposal of infectious waste and body fluids;
 - d) the handling and disposal of blood and blood components;
 - e) disposal of sharps and needles;
 - f) separation of patients with communicable diseases from patients and staff who are at greater risk due to immunosuppression or other reasons;
 - g) management of hemorrhagic (bleeding) patients;
 - h) Engineering controls.
- 6.12.1.5. The health center shall maintain policies and procedures for the following
 - a) Hand hygiene
 - Standard precautions for hand hygiene
 - Personal protective measures
 - Monitoring and surveillance of hand hygiene practices

- b) Transmission-based precautions
 - Contact precautions
 - Droplet precautions
 - Airborne precautions
- c) Post-Exposure Prophylaxis programming (PEP) for some communicable diseases like rabies, HIV, meningitis, hepatitis
 - Standard precautions to follow
 - Post-Exposure Prophylaxis programming policy
 - Procedures for Post-Exposure Prophylaxis programming
- d) Environmental infection prevention
 - General health center hygiene
 - Structural infection prevention
 - Physical health center organization
- e) Waste management
 - Cleaning medical instruments
 - Implementation of a disposal system
 - Handling medical waste
 - Waste removal

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

- a) Hand hygiene shall be performed after touching blood, body fluids, secretions, excretions, and contaminated items, both immediately after removing gloves and between patient contacts.
 - Thorough hand washing
 - Use disinfectants
 - Standard procedure for using anti-septic cleaner

- b) personal protective equipment such as gloves, mask, eye protection (goggles) and face shield
- Gloves shall be worn in the following situations but not limited to:
 - When there is direct contact with exposed wounds, blood, body fluids, body organs or any type of lesion.
 - When drawing blood or handling medical instruments involved with invasive procedures (catheters, IV insertion, probes, etc.).
 - When there is contact with a patient who might be infectious.
 - When handling contaminated items.
 - When cleaning patient areas.
 - Gowns shall be worn when but not limited to:
 - Performing surgical procedures,
 - Splattering of blood or body fluids is possible,
 - Handling bulk soiled linen (housekeeping),
 - Performing waste collection for infectious waste,
 - Handling any type of medical waste,
 - Conducting health center laundry washing.
 - Masks, goggles, or other types of face shields shall be worn when but not limited to:
 - Splattering of blood or body fluids to the face is possible,
 - Handling biohazardous and soiled linens
 - Performing waste collection for hazardous or non-hazardous waste.
- c) Soiled patient-care equipment, textiles and laundry shall be handled appropriately
- d) Any type of face shield that is apparently soiled or splattered with body fluids shall be washed and sterilized with a disinfectant.
- e) Procedures shall be developed and implemented for routine care, cleaning, and disinfecting environmental surfaces, especially frequently touched surfaces in patient care areas.

- f) Used needles shall not be recapped, bent, broken, or manipulated by hand. Single handed scoop technique shall only be used when recapping is required.
 - g) Safety features shall be used when available and used "sharps" shall be placed in a puncture-resistant container specially designated bin for hazardous waste.
- 6.12.1.7. There shall be transmission-based precautions and the health center shall have its own guideline for the followings:
- a) Contact precautions as described in article 6.18.1.6
 - b) Droplet precautions
 - c) Airborne precautions(for diseases like SARS ,TB, Swine flu, etc)
 - Isolation room
 - Negative pressure in relation to surrounding areas
 - A minimum of 6-9 air exchanges per hour
 - Air discharged outside the building and away from intake ducts, or through a high-efficiency filter if re-circulated
 - Door kept closed whether or not patient is in the room
 - After discharge door kept closed until sufficient time has elapsed to allow removal of airborne organisms
 - Patient confined to room
 - Room shall have toilet, hand washing and bathing facilities
- 6.12.1.8. The health center shall have procedures in place to minimize crowding and manage the flow of patients and visitors. This shall include
- a) Patient crowd control
 - b) Assess urgent and non-urgent cases
 - c) Patient sign-in
 - d) Caregiver and visitor control.
- 6.12.1.9. The health shall train all staff on how to minimize exposure to blood borne infections. These include:
- a) Immediate first aid
 - b) Reporting exposures

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

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

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

6.12.2. Premises

6.12.2.1. The health center may have the following facilities:

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

6.12.2.2. The health center shall have a designated sterilization room

6.12.3. Professionals

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

6.12.3.2. IP committee shall be trained on infection prevention.

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

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

6.12.4. Products

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

a) Waste management equipment and supplies:

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

b) Cleaning

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

c) Instrument processing

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

- Brushes (tooth

- brush for small items

d) Hand hygiene

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

e) Personal Protective Equipment

- Heavy duty glove
- Surgical glove
- Examination glove (latex or nitrile)
- Other types (ex. those worn by cleaning and laundry staff)
- Eye shield
- Goggle
- Visors
- Dust mask

- Surgical/Disposable
- Respiratory mask
- Other type of face mask
- Plastic apron
- Other types
- Boots
- Other protective shoes
- Caps
- Face shield

6.13. SANITATION AND WASTE MANAGEMENT

6.13.1. Practices

- 6.13.1.1. The health center shall be sanitary, clean and safe environment. There shall be regular basic cleaning such as dusting, sweeping, polishing and washing of the health post premises and equipments.
- 6.13.1.2. There shall be written procedures to govern the use of aseptic techniques and procedures in all areas of the health center.
- 6.13.1.3. Sanitation techniques shall be regularly reviewed by the infection prevention committee and documented as stated under Infection prevention section of this standard.
- 6.13.1.4. Infectious and medical wastes shall be handled and managed according to the recent Health Care Waste Management National Guideline.
- 6.13.1.5. Infectious and non infectious medical waste shall be placed for storage, handling, or transport in portable bins which is leak proof, have tight-fitting covers and be kept clean and in good repair until disposal.
- 6.13.1.6. Reusable containers for infectious medical waste and general medical waste shall be thoroughly washed and decontaminated each time and emptied according to the recent Health Care Waste Management National Guideline
- 6.13.1.7. Reusable pails, drums, or bins used for containment of infectious waste shall not be used for containment of waste to be disposed of as noninfectious waste or for other purposes except after being decontaminated by procedures described in Health Care Waste Management National Guideline.
- 6.13.1.8. Placenta disposal pit shall be available in the health center and shall be secured
- 6.13.1.9. Wastes shall be segregated and segregation of the healthcare waste shall includes the following procedures
 - a) Separate different types of waste
 - b) The health center shall provide colored waste receptacles specifically suited for each category of waste
 - c) Segregation shall take place at the source, like ward bedside, minor OR, laboratory etc

- d) There shall be 3 bin systems used to segregate different types of waste in the health center

Segregation category	Color	Container
Non risk waste	Black	bag or bin
Infectious waste	yellow	bag or bin
Sharp waste	yellow	safety box
Heavy Metal	red	secure container
medicine vials, ampoules	white	bag or bin
Hazardous medicines and cytotoxic wastes	yellow	bag or bin

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

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

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

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

- 6.13.1.13. In order to maintain a clean and safe environment, the health center shall have an organized method for the transport and washing of linens.
- 6.13.1.14. Housekeeping items shall be clean and sanitize regularly
- 6.13.1.15. The health center shall have an organized waste disposal and removal system and shall ensure the safe handling of all waste
- 6.13.1.16. Chemicals and radioactive waste if any shall be disposed according to national guidelines
- 6.13.1.17. All generators of infectious medical waste and general medical waste shall have a medical waste management plan that shall include the following:
- a) Storage of medical waste
 - b) Segregation of medical waste
 - c) Transport of medical waste
 - d) Disposal of medical waste
- 6.13.1.18. Sewage disposal shall be according to Health Care Waste Management National Guideline and fulfill the following conditions:
- a) The health center shall have a functional sewerage system
 - b) The health center shall dispose of all sanitary waste through connection to a suitable municipal sewerage system
 - c) The health center shall have only flushing toilet system
 - d) The health center shall have a designated waste storage area for solid waste or septic tank for liquid waste
 - e) There shall be written procedures defining instrument processing procedures (disinfection and sterilization).
 - f) There shall be written procedures to govern the use of aseptic techniques and procedures in all areas
- 6.13.1.19. The health center shall have supportive sanitation majors
- a) Clean water where there is no plumbing

- b) Hand hygiene practice
- c) Sterilization of medical instruments
- d) Isolating infectious patient in special isolation room
- e) Alternatives to protective equipment.

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

6.13.2. Premises

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

6.13.2.2. In addition, the health center sanitary system shall have

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

6.13.3. Professionals

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

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

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

6.13.3.4. Staff shall be oriented on personal protection methods

6.13.4. Products

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

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

6.14. HOUSEKEEPING, LAUNDRY AND MAINTENANCE SERVICES

6.14.1. Practices

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

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

- a) Basic cleaning such as dusting, sweeping, polishing and washing
- b) Special cleaning of
 - Different types of floors
 - Wall & Ceiling
 - Doors & Windows
 - Furniture & Fixtures

- Venetian Blinds
- c) Cleaning and maintenance of toilet.
 - d) Water treatment, filtering & purification.
- 6.14.1.3. The types and sources of unwanted odors in the premises shall be identified, controlled and removed
 - 6.14.1.4. Collection, transportation and disposal of wastes shall be supervised and controlled by appropriate professional.
 - 6.14.1.5. The safety of fire, electrical and natural hazards in the risk areas in the health center shall be monitored regularly, supervised and controlled.
 - 6.14.1.6. The environmental health professional shall identify, supervise and organize the control and eradication of pests, rodents and animal nuisance.
 - 6.14.1.7. The housekeeping staffs shall create pleasant environment to patients, visitors and staffs.
 - 6.14.1.8. The housekeeping staffs shall ensure proper lighting and ventilation in different areas of the health center.
 - 6.14.1.9. The following LINEN services shall be provided
 - a) Maintain an adequate supply of clean linens at all times
 - b) Obtain linen from stores and laundry.
 - c) Ensure proper storage of linen.
 - d) Supervise washing, sterilization in the laundry.
 - 6.14.1.10. Regular surveillance of overhead and underground tank, proper cover, regular chlorination and cleaning shall be undertaken
 - 6.14.1.11. The infection control measures shall be carried out in accordance with the infection prevention stated under this standards.
 - 6.14.1.12. The health center should have reserve generator for continuous power supply.
 - 6.14.1.13. Potable water and electrical services shall be available 24 hours a day and 365 days a year.

- 6.14.1.14. There shall be health center wide safety maintenance system.
- 6.14.1.15. The health center shall conduct regular routine and preventative maintenance for all facilities and operating systems. Maintenance shall consider the infection prevention and control principles and measures
- 6.14.1.16. Facility safety maintenance includes
- a) The building maintenance service shall have written policies and procedures for routine maintenance, preventive maintenance and renovation maintenance
 - b) The standby emergency generator shall be checked weekly, tested under load monthly, and serviced in accordance with accepted engineering practices.
 - c) Floors, ceilings, and walls shall be free of cracks and holes, discoloration, residue build-up, water stains, and other signs of disrepair.
- 6.14.1.17. There shall be written protocols and procedures for diagnostic equipment maintenance service including
- a) Plan for equipment maintenance (both preventive and curative), replacements, upgrades, and new equipments
 - b) Safe disposal procedures
 - c) An effective tracking system to monitor equipment maintenance activity.
 - d) A monitoring method that ensures diagnostic equipment operates with predicted specificity and sensitivity:
- 6.14.1.18. The maintenance personnel including the advisory management committee of the health center shall take basic trainings on the following issues and this shall be documented.
- a) Building fabrics and utilities
 - b) Building services and economics
 - c) Planning maintenance demand
 - d) Preventive and routine maintenance practice

e) Maintenance with regard to IP and hygiene

6.14.1.19. Fire and emergency preparedness

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

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

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

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

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

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

6.14.2. Premises

6.14.2.1. The laundry shall have separate areas for:

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

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

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

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

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

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

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

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

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

6.14.3. Professionals

- 6.14.3.1. The housekeeping, maintenance and laundry functions shall be under the direction of a licensed environmental health professional.
- 6.14.3.2. The designated officer shall plan, organize, co-ordinate, control and monitor all housekeeping, maintenance and laundry activities.
- 6.14.3.3. The housekeeping, maintenance and laundry personnels shall take basic trainings on the following issues and this shall be documented in their personal profile.
- 6.14.3.4. The following staff shall be available
 - a) Electrician, Plumber, Painter.
 - b) Maintenance technician
 - c) Laundry staff
 - d) Cleaners

6.14.4. Products

- 6.14.4.1. The health center shall have the following tools, equipment and raw materials for housekeeping services.
 - a) Equipment:
 - Reserve electrical generator (optional)
 - Floor cleaning brush air
 - Floor wiping brush
 - Hockey type brush
 - Counter brush.
 - Ceiling brush
 - Scrappers
 - Dustbins paddles.
 - Waste paper basket.
 - Plastic Mug
 - Plastic Bucket
 - Plastic drum
 - Wheel barrow
 - Water trolley
 - Ladder
 - Scraping pump

- Flit pump
- Rate trapping cage
- Gum boots

- Gown, Masks & Gloves
- Torch

b) Cleaning material

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

SECTION 7: PHYSICAL FACILITY STANDARDS

7.1. GENERAL

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

7.2. SITE SELECTION REQUIREMENTS

- 7.2.1. The entry point to the health center shall be clearly defined from all major exterior circulation modes (roadways, bus stops, vehicle parking).
- 7.2.2. The entrance and exit of the health center shall be easily accessible, clearly marked/labeled and located.
- 7.2.3. Boundaries of the health center between public and private areas shall be well marked and clearly distinguished. And clearly visible and understandable signage and visual land marks for orientation shall be provided
- 7.2.4. Health centers shall be located away from unordinary conditions of undue noises, smoke, dust or foul odors, and shall not be located adjacent to railroads, freight yards, grinding mills, chemical industries, gas depot and waste disposal sites.
- 7.2.5. The locations of a health center shall comply with all national and state level regulations applicable to health facilities.
- 7.2.6. In addition to these requirements stated above the site selection criteria shall consider or include the followings, but not limited to:
 - a) The minimum size of a health center premises shall be 2,000-5,000 m² with at least one adjacent road access.

- b) The health center shall be built preferably in a terrain with a gentle slope
- c) The foundation schemes, soil test and investigation shall be done and it shall comply with the national building code.
- d) The health center shall be provided with road access, water supply, electric city and communication facilities.
- e) The building shall be parallel to the wind direction, sun glare and heat.
- f) The surroundings of the health center shall be free from dangers of flooding, landslide, theft, intrusion of stray/wild animals, pollution of any kind (example air, water and sound) and health hazards.
- g) The health center shall be landscaped, therapeutic, appealing scenery, attractive with green areas/beautiful trees.

7.3. CONSTRUCTION REQUIREMENTS

- 7.3.1. The appropriate organ shall be consulted before commencement of any health facility physical development for new, remodeling and additions to an existing licensed health centers to ensure conformity to the standards.
- 7.3.2. The health center or the investor shall sign memorandum of understanding of plan agreement prepared by the appropriate organ stated under this standard.
- 7.3.3. Plans and specifications for any health center construction or remodeling shall comply with Ethiopian Building Code. Based on the plan agreement, the following plans shall be submitted to the appropriate organ for review:
 - a) Preliminary Design Report: Includes schematics of building designs, plot plans showing size and shape of entire site, existing structures, streets and location and characteristics of all needed utilities, floor plans of every floor dimensioned and with proposed use of each room or area shown and preliminary engineering estimates. If it is

for additions or remodeling, provide plan of existing building showing all proposed alterations, outline specifications to include a general description of the construction, type of finishes, and type of ventilating, plumbing and electrical systems proposed. In summary the design report shall include all requirements of the healthy facility premises stipulated under this document.

b) The health center or the investor shall get consensus on preliminary design report in writing from the appropriate organ.

7.3.4. The appropriate organ may be consulted on construction processes and milestones for conformity to the standards.

7.3.5. Upon completion of construction the appropriate organ shall inspect and issue a license for operation of the health center if all the findings are in conformity to this standard.

7.3.6. Buildings designed for other purposes shall not be used for the operation of a health center unless it is remodeled in accordance with this standard.

7.3.7. The construction shall comply with the following codes and guidelines to provide a safe and accessible environment that is conducive to the care and treatment to be provided:

a) The Ethiopian Building Proclamation 624/2009;

b) The Ethiopian Standard Building Code;

c) Life Safety Code (National Fire Protection Code);

d) National Electrical Design Code;

e) The Ethiopian Disability Code;

f) Other codes – ex. Sanitation codes, environmental protection laws, water codes

7.3.8. Utilization of proper construction materials should be used in conformity to the Ethiopian Building Code, that suit the health services delivery.

7.4. BUILDING SPACE AND ELEMENTS

- 7.4.1. All horizontal and vertical circulation areas that include stairs (if any), doors, windows, corridors, exits and entrances of the health center shall be kept clear and free of obstructions and shall not be used for other functional purposes that include storages.
- 7.4.2. All room size and space allocation shall consider room loadings based on the current staff, clients involved, usable medical equipments, furniture and applicable functions.
- 7.4.3. The health center circulation (main and sub corridors): shall be wide enough to allow passage for its function
- 7.4.4. Patient serving corridors: should not be less than 240cm wide, and proportionally the openings to the corridor needs to be designed to allow easy movement of coaches.
- 7.4.5. All doors shall be able to easily open and close, doors swing into corridors shall be avoided.
- 7.4.6. Delivery and emergency rooms: Each room shall meet the following requirements:
 - a) All rooms, toilet, bathing room and doors shall provide privacy yet not create seclusion or prohibit staff access for routine or emergency care.
 - b) Delivery room shall be 9.20m² (100ft²) of floor area for a single bedroom and 7.50m² (80ft²) per bed in multi-bedrooms.
 - c) Ceiling height needs to be determined based on the functional requirements considering air space, technical requirements, room size proportions, number of occupants and other parameters. The height of the ceiling of the rooms shall not less than 240cm high for support services, 220cm for technical corridors, 320 cm for X-ray and 280cm for other clinical rooms.
 - d) Windows: All delivery rooms shall have access to natural light and ventilation, or prove the availability of artificial ventilation and light at all times. Rooms shall have window area proportional to that of

floor areas which is equal to 1/8th of the floor area. The sill shall not be higher than 36 inches above the floor and shall be above grade.

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

- e) Furnishings: A health center shall provide comfortable patient trigonometric designs, applicable functions, and technical requirements. They have to be hygienic (washable, dust and bacteria protective and resistant for cleansing reagents) durable that can control vandalism and avoid accidents.
- f) Curtains: Delivery and emergency rooms shall be equipped with curtains or blinds at windows. All curtains shall have a flame spread of 25 or less or as per the national fire protection code. And all as per the national infection prevention guidelines requirements.
- g) Finishing
 - Walls, floors and ceilings of procedure rooms, sterile processing rooms, work room and laundry areas shall be suitable for easily washing. All floors of the clinical service area shall be washable, smooth, non- adsorptive, surfaces which are not physically affected by routine housekeeping cleaning solutions and methods. Acoustic lay-in ceilings, if used, shall be non-perforated.
 - Public spaces such as reception areas, waiting areas and cafeterias shall be designed with acoustic control and the lamination/lay shall be non-perforated.
 - All walls and ceiling finishing materials used shall have a 1-hour fire rating (One hour rated products offer more than "one hour's" worth of fire protection).
- h) Electrical Finishing

- Delivery bed light shall be controlled by the patients.
- Room light luminescence shall be bright enough for staff activities but needs to be controlled not to disturb the patients.
- All electrical fixtures inlets, outlets shall fulfill Ethiopia Electrical Safety requirements and if applicable fitted with guards

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

- a) Windows shall be a minimum of 50 cm wide x 100cm high.
However, in case of hot climate areas, this may not be applicable
- b) No window shall swing inside the room except those which require security and safety measures such as grid for theft and insect mesh for malaria prone areas.
- c) Windows that frequently left open for cross ventilation purpose (like TB clinic room windows) shall be equipped with insect screen.

7.4.8. **Vertical Circulation:** All functioning health center rooms shall be accessible horizontally.

- a) **Stairs:** All stairways and ramps shall have handrails and their minimum width shall be 120cm.
 - All stairways shall have a 2-hour fire enclosure with a "B" (1.5 hour) label door at all landings or as per the national fire protection code.
 - All stairways shall be fitted with non slippery finishing materials
 - All stair threads, riser and flight shall comply with patient type as per the Ethiopia Building proclamation
- b) In case of more than story building, the health center shall provide access to persons with disability (preferably elevators or ramps shall be available)

7.4.9. **Fire Safety Considerations:**

- a) **One-Story Building:** Wall, ceiling and roof construction shall be of 1-hour fire resistive construction as defined by National Fire Code. Floor systems shall be of non-combustible construction.
- b) **Multi-Story Buildings:** Must be of two-hour fire resistive construction as defined in National Fire Code as specified to health centers.

7.4.10. Parking areas:

- a) The health center shall have parking space for staff and patients
- b) General services of the health center that require loading unloading docks, heavier truck movement and temporary truck parking place shall be available.

7.5. BUILDING SYSTEMS

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

7.5.1. Water supply and plumbing:

- a) Continuously circulated , filtered and treated water systems shall be provided as required for the care and treatment in the health center
- b) All health centers subject to be connected to an approved water system whose purity has been certified by the concerned body. The water supplies must be sampled, tested, and its purity certified at least twice annually and immediately following any repair or modification to the underground lines, the elevated tank, or to the well or pump.
- c) The health center shall have and maintain an accessible, adequate both as to volume and pressure, safe and potable supply of water.
- d) The collection, treatment, storage, and distribution potable water system of a health center shall be constructed, maintained, and operated in accordance with all provisions of the Safe Drinking Water of the country.

- e) 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.
- f) A treated backup water supply shall be readily available in the health center like a reservoir or dedicated well in conditions when the main water supply is inaccessible. A contingency plan should be envisaged in severe cases where supply disconnected and backup finished.

7.5.2. Waste Management Systems

- a) The health center shall maintain a sanitary and functioning sewage system in accordance with the requirements prescribed under this standards and national healthcare waste management guidelines.
- b) In addition, the health facility shall fulfill the following requirements;
 - The health center shall dispose all sanitary wastes produced in the health center through connection to a suitable municipal sewerage system or through a private sewerage system if applicable. Where there is no municipal or private sewerage system the health center shall provide a designed and well marked septic tank, or other similar facility according to the local environment and protected method that require the approval of the appropriate organ
 - The health center sewage system shall be segregated from hazardous health center waste before it enters the municipal or private sewerage system.
 - The health center shall provide areas to collect, contain , process, and dispose of medical and general waste produced within the health center in such a manner as to prevent the

attraction of rodents, flies and other insects and vermin, and to minimize the transmission of infectious diseases in accordance with waste management standards of this health facility.

- The health center shall have all the required waste management facilities such as proper segregation and disposal system in accordance with the requirements prescribed under this standards and national healthcare waste management guidelines

7.5.3. Air-Conditioning Systems:

- a) Natural airflow shall move from clean to soiled locations. Air movement shall be designed to reduce the potential of contamination of clean areas.
- b) All health centers shall provide adequate ventilation and/or clean air to prevent the concentrations of contaminants which impair health or cause discomfort to patients and employees.

7.6. ELECTRICAL SYSTEM

7.6.1. The health center shall have an electrical system that has sufficient capacity to maintain the care and treatment services.

7.6.2. Essential Power System: if there is no central power supply system, the health centers shall have a simple power generator for all care and treatment locations.

- a) There shall be enough stored fuel to maintain power for at least 24 hours.
- b) If a generator is used, there shall be a trained staff member to operate the generator.
- c) Solar panels are also an acceptable if used as backup power option.

7.7. FIRE PROTECTION SYSTEM

7.7.1. The health center shall have fire extinguisher for safety protection.

7.7.2. Lightning Arrestor and Grounding System: Health centers shall have technically advised lightning protection system, comprises air

termination, down conductor and earth termination. Protection zone shall cover a minimum of the diameter of the building

- 7.7.3. All employees, including part-time and contract or temporary employees shall be trained in procedures to be followed in the event of a fire and instructed in the use of fire-fighting equipment and patient evacuation of health center buildings as part of their initial orientation and at least annually thereafter.
- 7.7.4. All employees, including part-time and contract or temporary employees shall receive printed instructions on procedures to be followed in case of emergency, including patient evacuation of the buildings.
- 7.7.5. A written evacuation diagram specific to the unit that includes evacuation procedure, location of fire exits, alarm boxes, and fire extinguishers shall be posted conspicuously on a wall in each patient care unit.
- 7.7.6. 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.

7.8. HEALTH CENTER ENVIRONMENT

- 7.8.1. The health center shall provide and maintain a safe environment for patients, personnel and the public.
- 7.8.2. Existing and new facilities shall comply with the physical facility standards contained in this chapter. The health center shall maintain all building materials and structural components so that total loads imposed do not stress materials and components more than one and one-half times the working stresses allowed in the building code for new buildings of similar structure, purpose, or location.
- 7.8.3. **Toilet Rooms:**
 - a) The health center shall have a separate toilet at delivery rooms and a common toilet rooms with hand-washing sinks.

- b) If there is a central water supply system, the health center shall provide flushable toilets. In addition the following requirements shall be ensured
- Posted signs (written and/or visual messages) shall be indicated describing which is for ladies and gentle
 - Indicating arrows shall be located on the corridors
- 7.8.4. Delivery Rooms: the health center shall provide rooms for delivery which allow the provision of medical intervention shall have space for sleeping, afford privacy, provide access to furniture and belongings
- 7.8.5. In addition the Rooms:
- a) Shall be arranged to maximize staff supervision and nursing assistances.
 - b) No patient room shall be located away from nursing stations
 - c) If they have multiple beds, shall allow for an accessible arrangement of furniture, which provides a minimum of three (3) feet between beds.
- 7.8.6. Examination Rooms: Each examination room shall have a minimum floor area of eighty (80) square feet and a minimum of three (3) feet clear dimension around three (3) sides of the examination table or chair.
- 7.8.7. Treatment Rooms: Treatment room for procedures performed under topical, local anesthesia without pre-operative sedation shall have a minimum floor area of one hundred and twenty (120) square feet and a minimum of ten (10) feet clear dimension.
- 7.8.8. Procedure Rooms: Procedure rooms for minor surgical procedures performed in conjunction with oral sedation or under analgesic drugs shall have a minimum floor area of two hundred (200) square feet and a minimum of fourteen (14) feet clear dimension.

7.9. CARE AND TREATMENT AREAS

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

7.10. ANCILLARY AREAS

7.10.1. **Laundry:** The health center shall provide laundry services by contract or on-site.

a) Contract:

- If contractual services are used, the health center shall have areas for soiled linen awaiting pickup and separate areas for storage and distribution of clean linen.
- Separate clean linen supply storage area shall be conveniently located in delivery services
- If contractual services are used, the health center shall have a clear contractual agreement and the contractor shall comply with all the requirements prescribed under this standards.

b) On-site: If on-site services are provided, the health center shall have areas dedicated to laundry in accordance with the following requirements:

- The health center shall provide a conveniently located sink for soaking and hand-washing of laundry.
- Health center laundry shall be divided into separate soiled (sort and wash areas) and clean (drying, folding, and mending areas) rooms. In new facilities a separate soaking

and hand-washing sink and housekeeping room shall be provided in the laundry area.

- In general the standards stipulated under housekeeping section of this document shall be respected.

7.10.2. **Administrative Areas:** Administrative Offices shall be located separately from care and treatment areas and it shall be clearly labeled and easily accessible to both patients and visitors. It includes;

- a) Administration office.
- b) Staff rooms with toilet separate for male and female
- c) General cafeteria
- d) Spaces for conferences and in-service training
- e) General Library

7.10.3. **General Storage areas.** There shall be a two hour fire rated lockable room large enough to store.

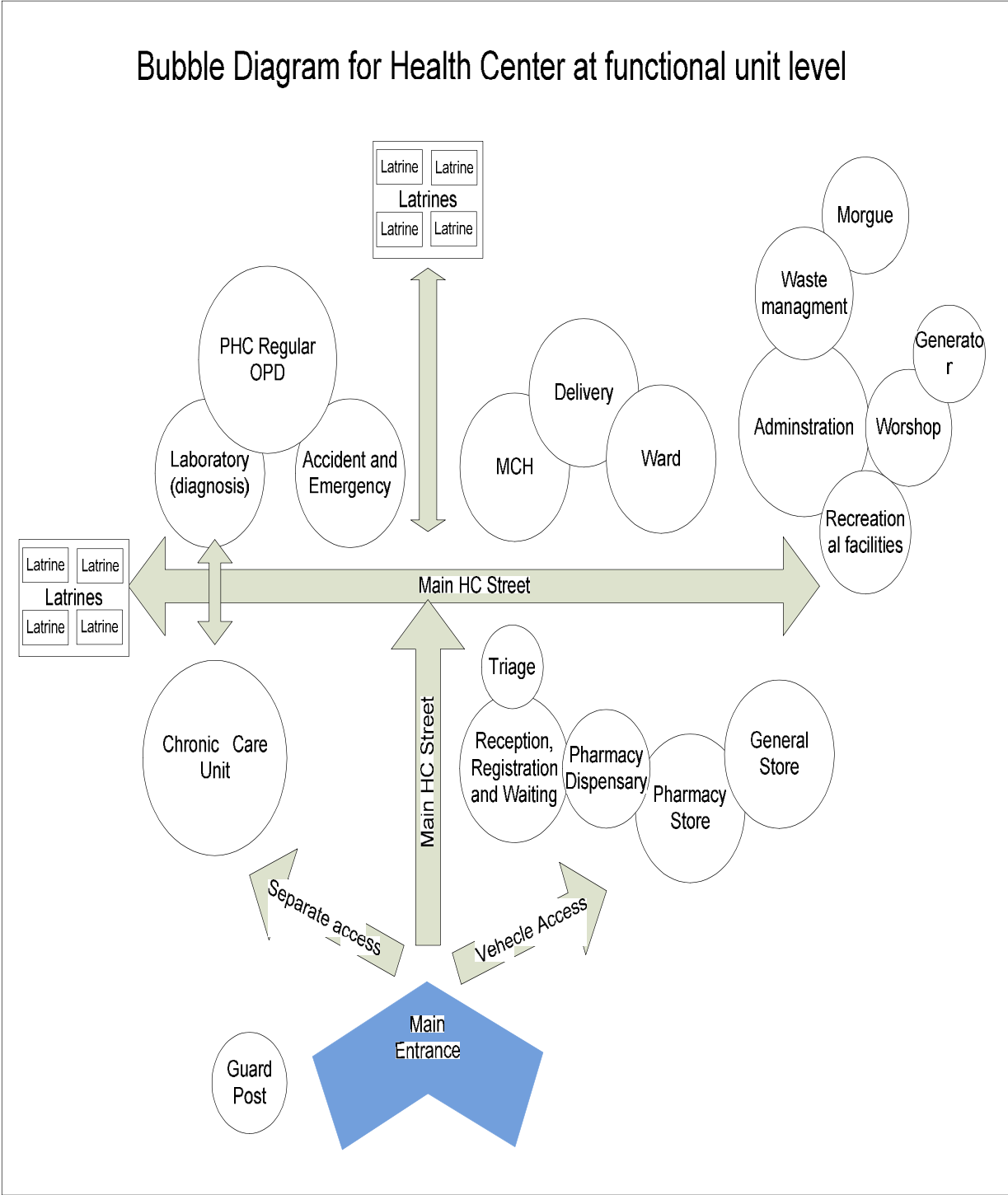
7.10.4. **Maintenance Area:** Sufficient area for performing routine maintenance activities shall be provided

7.10.5. **Janitor room:** the health center shall have separate janitor room.

7.10.6. **Green area:** The health center shall dedicate at least 20% of the total health center compound for green area.

Note: All dimension, sizes and quantities noted herein will be determined by rounding fractions to the nearest whole number and measuring units

7.11. BUBBLE DIAGRAMS



Bubble Diagram for Health Center at Case Team Scale

