



**HEALTH PROFESSIONS AUTHORITY
ZIMBABWE**

INSPECTION MANUAL

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INSPECTION MANUAL

1. INTRODUCTION

1.1. Title

This document may be cited as Health Profession Authority (HPA) Registration, Inspection and Renewal Manual. The document is an improvement of the Statutory Instrument 132 of 1995, which outlined the Registration of Health Institutions Requirements.

1.2. Interpretation of terms

In this Registration, Inspection and Renewal Manual:

"Clinic" (or **outpatient clinic** or **ambulatory care clinic**) means:

- a) A health care facility that is primarily devoted to the care of outpatients.
- b) Clinics can be privately operated or publicly managed and funded, and typically cover the primary health care needs of populations in local communities and can admit inpatients for overnight stays.
- c) Some clinics grow to be institutions as large as major hospitals, while retaining the name "clinic."

"Hospital" means:

- a) A health care institution providing patient treatment by specialized staff and equipment, under a medical doctor as the practitioner in charge. Hospitals are largely staffed by professionals such as physicians, surgeons and nurses.

"HPA"- means Health Professions Authority

"Health Institution"- means:

- a) Any hospital, clinic, medical laboratory, consultation room or other premises or part thereof which is used by a health practitioner for any purpose connected with the diagnosis, treatment, mitigation or prevention of illnesses, injury or disability or abnormal physical or mental state or the symptoms thereof in human beings;
- b) Any premises in or on which a pharmacist practices or carries on business as such;
- c) Any premises in or on which medicine, as defined in the Medicines and Allied Substance Control Act (Chapter 15:03) is manufactured.

“Health Practitioner”- means any person in respect of whose profession or calling a register is kept in terms of the Health Professions Act.

“Health Practitioner in charge”- means a qualified registered health practitioner who applies for registration on behalf of the Health Institution and has the responsibility and accountability for the day to day clinical operations of the institution.

“Registration Fee” – means the amount payable on application.

“Health Institution File” - means the information package created from the documents received from the respective council and any other documents added by the Health Professions Authority that relate to the particular Health Institution.

1.3. Aims and Objectives of the Registration, Inspection and Renewal of Health Institutions Manual

The aims and objectives of this Manual shall be:

- a) To highlight the registration process of Health Institutions.
- b) To highlight the different types of inspections.
- c) To highlight the minimum requirements for the different types of Health Institutions.
- d) To highlight the licence renewal process.

2. REGISTRATION OF A HEALTH INSTITUTION

2.1 Registration process of private institutions

- a) Acquire premises and make needed renovations.
- b) Have premises inspected by the local authority Health Department and get a positive Health Report.
- c) Health Report along with the practitioner in charge’s valid practising certificate and qualifications and two (2) passport size photos must be submitted to the **practitioner’s (applicant’s) council** to apply to register the facility.

- d) Once the council's Practice Control Committee has met and approved the application, they will forward the application to HPA for the Health Institution to be registered.

Applicants are not allowed to start operations until after the HPA inspection and registration.

- e) After HPA receipt of the application from the relevant council, they shall inform the applicant to come in and fill in a Registration Form and pay the registration fee. (The fee will depend on the category of the Health Institution).
- f) The application papers from the Council shall be attached together with the Registration Form to create an "HPA Health Institution File".
- g) The HPA shall conduct an inspection of the health institutions within two (2) weeks of receiving the application in the order they were received. (First come, first served).
- h) An urgent inspection may be conducted for an additional fee.
- i) If all is well, the facility will be issued with an HPA licence which will need to be renewed every year. Renewal fees also vary with the type of facility.

2.2 Registration process of Government, Mission and Local Authority institutions

- a. Have premises inspected by the local authority Health Department and get a positive Health Report.
- b. Health report along with the practitioner in charge's valid practising certificate and qualifications must be submitted to HPA for registration of the facility.
- c. The paperwork referred in (a) and (b) does not go through Council PCC as is the case with private health institutions, the paperwork comes direct to HPA for registration approval.
- d. The facility shall pay a registration fee that will depend on the category of the Health Institution.
- e. HPA Inspectors will inspect the facility within 2 weeks of receipt of application form and write a report for consideration by the Registration Committee.
- f. If all is well, the facility will be issued with an HPA licence which will need to be renewed every year. Renewal fees also vary with the type of facility.
- g. Government, mission and local authority health institutions shall not pay noncompliance fees.

2.3 Registration of a health facility with more than one (1) unit/department

Hospitals and clinics with more than one (1) unit or department (for example Dental, X-ray, Pharmacy) will be registered separately. All additional units after the initial registration will require a separate registration fee and inspection prior to use.

2.4 Change of premises

Registration certificates are not transferable. When the practitioner moves premises from one place to another, they have to restart the application process from the inspection of premises, via the council until it gets to the HPA.

Even if a practitioner moves into premises that have been registered before by a different practitioner, the new practitioner will have to go through the registration process.

The practitioner can be granted going concern status whereby they begin operations in the new premises as they go through the registration process.

2.5 Sharing of premises

Practitioners may register their premises as individuals or as partners operating from the same physical/local address, depending on their situation as defined below:

a) Health practitioners with the same qualifications sharing premises

When two (2) or more health practitioners of the same qualification have a room each in the same premises and share the reception, their premises would be registered as one entity. The Health Institution will be issued one (1) Registration Certificate bearing the names of both practitioners. Each partner pays full registration fees. The partners shall share the liabilities of the practice.

b) Health practitioners from different councils sharing premises

When 2 health practitioners from different councils have rooms in the same premises and share the reception (e.g. a medical doctor and a Radiographer or Sonographer), their rooms are registered as separate Health Institutions.

Extra requirements for medical practitioners

c) General Medical Practitioner and Specialist Practitioner

When a General Medical Practitioner and Specialist Practitioner have a room each in the same premises, the rooms will be registered as separate Health Institutions. Each room will be issued with own Registration Certificate.

d) Specialist Medical Practitioners sharing premises

When two (2) or more Specialist Medical Practitioners share premises and have a common reception, they are issued with one (1) Registration Certificate bearing the names of both practitioners; and **they shall share the liabilities of the practice.**

3. RENEWAL OF HEALTH INSTITUTION CERTIFICATE

3.1 Validity of the HPA Registration Certificate

The Registration Certificate is valid for a calendar year, that is, it is valid up to the 31st of December of that year. Late payments will attract a penalty fee. If the Health Institution has defaulted in payments, there will be a noncompliance fee as per Statutory Instrument 78 of 2017 for every year not paid.

Health practitioners who are full time government employees are exempted from paying noncompliance fees, however the yearly renewal fee remains payable.

3.2 Changes in the practitioner in charge

In health institutions where the practitioner in charge changes, before the new practitioner may be added on to the certificate, the relevant council must be informed about the change first. The change shall be effected at HPA only when a letter has been received from the relevant council approving the changes.

A representative of the health institution shall fill in a ***Material Change form*** indicating the changes being made, and pay the material change fee. ***NB- the new practitioner in charge may not fill in the Material change form.*** The new

practitioner in charge's current practising certificate and photo must be attached to the application form.

Special notes for pharmacies: when the directorship has changed, the Pharmacist Council of Zimbabwe (PCZ) must be informed of the change and the change will only be effected at HPA once a letter has been received from the PCZ accepting the changes.

4. INSPECTIONS

4.1 Initial inspections

These are inspections conducted for Health Institutions applying for registration with the HPA to assess if they meet the minimum requirements of their category.

- a) Two (2) Health Professions Authority (HPA) Inspectors and any other members as appointed by Councils shall conduct the inspection within two (2) weeks of receiving the application at HPA. (Councils may appoint members for a joint initial inspection).
- b) Inspectors shall use specific guidelines for the type of Health Institution. (See appendix II for minimum requirements for different institutions)
- c) The typed inspection report shall be ready within seven (7) days from the date of inspection.
- d) The inspection report shall be tabled at the next HPA Registration Committee meeting, which sits once a month.
- e) The Health Institution application is either:
 - ❖ Approved for registration with the HPA or
 - ❖ Requested to attend to the noted shortfalls prior to registration with the HPA.
- f) The practitioners in charge of the Health Institutions shall be informed in writing of the outcome of the Registration Committee.
- g) For those asked to attend to shortfalls prior to registration, the Health Institution shall have to inform the HPA when they have attended to the shortfalls so that a follow-up visit may be conducted.
- h) Where possible, a follow-up inspection shall be conducted. If all shortfalls have been attended to, the inspectors will recommend registration which will be approved by either the full Registration Committee or by the Registration Committee chairperson resulting in the registration of the Health Institution.

- i) When a follow-up visit is not possible at the time, as the case with **some out of Harare institutions with minor shortfalls**, the Registration Committee shall rely on the Health Institution's written word and proceed to register the Health Institution pending verification at a later stage.

At the later stage when the follow-up inspection is done and Inspectors find out that the practitioner had misinformed the Authority and had not attended to the shortfalls; the practitioner shall be asked to meet all costs incurred.

When the registration of an institution is approved, the Registration Certificate shall be available within one (1) week from date of approval.

4.2 Routine inspections

These are inspections conducted for existing Health Institutions to check if standards are being maintained.

- a) Two (2) Health Professions Authority (HPA) Inspectors shall conduct the inspection.
- b) The Inspectors shall use specific guidelines for the type of Health Institution.
- c) The typed inspection report shall be ready within seven (7) days from the date of inspection.
- d) The inspection report shall be tabled at the next HPA Registration Committee meeting, which sits once a month.

4.3 Joint inspections

These are usually done after the recommendation of the HPA Registration Committee.

- a) This is when council representatives and the HPA Inspectors conduct an inspection of a particular Health Institution together/jointly.
- b) The Inspectors shall use specific guidelines for the type of Health Institution.
- c) The typed inspection report shall be ready within seven (7) days from the date of inspection.
- d) The inspection report shall be tabled at the next HPA Registration Committee meeting, which sits once a month.
- e) All inspectors shall have input in the report and recommendations.

4.4 Multidisciplinary inspections

These are usually done after the recommendation of the HPA Registration Committee.

- a) Depending on the size and services offered at the health facility, either all councils or the relevant councils will be asked to nominate an inspector for the upcoming multi-discipline inspection. The inspectors are usually nominated on the basis of their expertise and experience in the subject matter.
- b) The Inspectors shall use specific guidelines for the type of Health Institution.
- c) The typed inspection report shall be ready within seven (7) days from the date of inspection.
- d) The inspection report shall be tabled at the next HPA Registration Committee meeting, which sits once a month.
- e) All inspectors shall have input in the report and recommendations.

4.5 Investigative inspections

These are inspections conducted following a complaint of either malpractices or substandard premises from the public or other health professionals.

At the inspection, the intention will be to carry out an investigation on matters raised and also check on the general condition of the Health Institution.

- a) Depending on the type and size of the Health Institution, the following inspection may be done:
 - ❖ The HPA Inspectors may conduct the inspection.
 - ❖ A Joint inspection.
 - ❖ A multi- disciplinary inspection.
- b) The Inspectors shall use, but should not be limited to, specific guidelines for the type of Health Institution.
- c) The typed inspection report shall be ready within seven (7) days from the date of inspection.
- d) The inspection report shall be tabled at the next HPA Registration Committee meeting, which sits once a month.

4.6 Follow-up inspections

Follow up inspections will be carried out to check institutions progress in correcting shortfalls noted on previous inspection. The inspection is usually conducted by the HPA Inspectors only.

4.7 Verification inspections

These are inspections conducted by either HPA inspectors or jointly with concerned Council representatives to check the Health Institution's registration status.

5. SHORTFALLS AND PRESCRIBED TIME FRAME TO RECTIFY THEM

Depending on the criticality of the shortfalls, the practitioners are usually given from two (2) weeks to a month in which to attend to the shortfalls. For those critical shortfalls, a shorter time frame is given to rectify the shortfalls.

It is the practitioner in charge's responsibility to attend to the shortfalls within the given time frame; and inform the HPA once all shortfalls have been attended to so that a follow-up visit/inspection may be conducted.

6. CLOSURES

6.1 Reasons for closures

HPA avoids closure by all possible means but will be forced to close for the following reasons only:

- a) Unregistered Health Institution.
- b) When the Health Institutions poses health hazards to the public.
- c) The facility is being run by a person masquerading as health practitioner.
- d) When a Health Institution poses health hazards to the public, such institutions shall be closed with immediate effect in the interest of the public.
- e) When the Health Institution fails to meet minimum requirements. This happens when a health Institution has been advised to take steps to meet the registration and minimum requirements within a given time frame and they have not done so.

6.2 Closure procedure

- a) Unregistered institutions shall be closed by the Authority through the police.
- b) Closure of registered institutions shall be recommended to the relevant Council Practice Control Committee.

6.3 Voluntary closure of health institutions

When the institution must be voluntarily closed for any reason, it is the responsibility of the practitioner in charge to inform HPA of the closure in writing so that the institution account does not continue to be billed. In cases where the Authority is not informed of the closure, the institution will have to pay the renewal fees due for the year in question.

CATEGORIES OF HEALTH INSTITUTIONS

CLASS A

Clinics (up to 50 beds)
Consulting rooms (Specialist)
Consulting rooms with theatres
Dental surgeries (Specialist)
Diagnostic X-ray rooms
Emergency rooms
Hospitals with 101 beds and above
Hospital with 51-100 beds
Hospital with up to 50 beds
Industrial clinics
Manufacturing Pharmaceuticals/Wholesalers
Maternity homes (outpatients)
Maternity hospital
Medical research laboratories
Multidisciplinary medical laboratories
Nursing homes
Radiological centres
Retail pharmacy
Ultra-sound scanning rooms

CLASS B

Clinics (out patients only)
Optical and dispensing rooms
Dental surgeries (general practice)
Consulting rooms (general practice)
Rehabilitation centres
Medical laboratory collection point
VCT clinics
Mobile clinics
Psychological rooms
Clinical Social Worker
Natural Therapists rooms
Natural/ Herbal/ Organic Manufacturers Wholesalers and Retailers
Orthopaedic Technologist rooms
Biokinetics rooms
Dieticians Private Practice
Hospital Food Services Private Practice
Single discipline medical laboratories

CLASS C - Government, Local Authority and Mission Hospitals

Clinics (out patients only)
Hospital 51-100 beds
Hospital 101 beds and above

Fees for each Health Institution depend on its class and type of practise.

MINIMUM REQUIREMENTS- FOR ALL TYPES OF HEALTH INSTITUTIONS

General

- ❖ A health practitioner must only practice in registered Health Institutions (Section 99 of the Health Professions Act – Chapter 27:19 of 2000)
- ❖ A health practitioner must practice with a valid practising certificate (Section 92 of the Health Professions Act – Chapter 27:19 of 2000)
- ❖ A health practitioner must display the HPA licence and relevant professional council practising certificates and in a conspicuous position (Section 106 (i) of the Health Professions Act – Chapter 27:19 of 2000)
- ❖ Failure to display HPA Certificate will result in a fine.

Front entrance

- ❖ Access for the disabled.

Reception/Waiting Area

- ❖ Minimum floor 4 x 4m
- ❖ Adequate ventilation and lighting provided by both natural and artificial means.
 - Natural Ventilation - window on external wall capable of being opened- openable area must be at least 25% of the window area. The window area must be at least 10% of the floor area.
 - Artificial Ventilation - where natural ventilation is not possible, there must be a provision for artificial ventilation (fans/air conditioners).
 - Lighting – where natural lighting is not possible, there must be a provision for artificial lighting.
- ❖ Floors must be impervious and non-slippery.
- ❖ Floors for executive clinics which attend to executives must have some comfort such as sofas.
- ❖ Walls must be brought to a smooth, impervious and washable finish.
- ❖ Desk and chair for receptionist.
- ❖ Sitting area for patients (where applicable). Number of seats depends on how busy the rooms are.
- ❖ Chairs must be covered with washable material.
- ❖ Patient register
 - All attendances on daily basis (Section 5a of Statutory Instrument 132 of 1995).
 - Clinical records of all doctor-patient encounters must be kept and filed.

- Records must be on site and readily available to the Practitioners when needed and to the Inspectors.
- A blend of electronic and hard copy records is allowable. Automated medical records improve patient queue management, record keeping and paperless office.
- ❖ Lockable cupboard for patients files.
- ❖ Computer and printer (optional).
- ❖ Foot operated receptacle with self-closing devices, with plastic lining for ease of cleaning and infection control purposes.
- ❖ Displayed on the wall: valid practitioner's practising certificate and other relevant licences.
- ❖ The HPA certificate should be displayed at a conspicuous place and a non-compliance fee shall be charged for failure to comply with this requirement.

Sanitary facilities

- ❖ Where possible separate facilities for patients and staff.
- ❖ Where possible separate facilities for male and female patients.
- ❖ Facilities to be labelled.
- ❖ Wash hand basin
 - Connected to running tap water
 - Splash back tiles
 - Liquid soap
 - Non-reusable hand drying facilities (i.e. paper towels).
- ❖ Foot operated receptacle with self-closing devices, with plastic lining for ease of cleaning and infection control purposes.

Medical waste disposal (where applicable)

- ❖ Arrangement for medical waste disposal and sharps with a reputable company/ nearest hospital.
- ❖ Arrangement for general waste disposal.

Fire extinguishers

- ❖ Appropriate firefighting equipment.
- ❖ To have a valid Service Date.
- ❖ Fire hose reel : for multi-storey buildings as applicable.

Power Backup

- ❖ Appropriate and adequate backup power.

Water backup

- ❖ Adequate backup water (minimum 200 litres).

Laundry and Linen Services (where applicable)

On-site laundry

- ❖ Soiled linen sluicing facilities.
- ❖ Specific facilities for the disinfection of infected linen.
- ❖ Washing machine.
- ❖ Drying facilities – external drying line is acceptable.
- ❖ Worktops for manual ironing.
- ❖ Minimum of one socket outlet per iron.
- ❖ Linen storeroom of not less than 4m² with open shelving and ventilation.
- ❖ Trolley for the collection of dirty linen.
- ❖ Adequate light and ventilation.
- ❖ Foot operated receptacle with self-closing devices, with plastic lining for ease of cleaning and infection control purposes.

Off-site laundry

- ❖ A contract to be available.

On-site requirements

- ❖ Soiled linen sluicing facilities.
- ❖ Specific facilities for the disinfection of infected linen.
- ❖ Linen store room of not less than 4m² with open shelving and ventilation.
- ❖ Trolley for the collection of dirty linen.
- ❖ Linen skip.

PLEASE NOTE:

- ❖ Practitioners shall not to open their premises until they have been registered with the Health Professions Authority.
- ❖ Facilities with the following shortfalls shall be registered while they attend to the shortfalls within a week as the items are not critical and will not affect the functioning of the facilities:
 - Bin liners
 - Liquid soap and appropriate non-usable hand drying facilities.
 - Proof of medical waste disposal.

- Screens and footstools.
- ❖ **Where facilities are considered grossly inadequate** (failing to meet the minimum requirements), the Health Institution shall be closed.
- ❖ **For Routine Inspections**, practitioners are usually given a month in which to attend to the noted shortfalls.

MINIMUM REQUIREMENTS- MEDICAL CONSULTING ROOMS

Other requirements are as stated under "Minimum Requirements for all types of Health Institutions

Consulting room

- ❖ Impervious and non-slippery floors.
- ❖ Walls must be brought to a smooth, impervious and washable finish.
- ❖ Ceiling- 2.6m to 3m off the floor.
- ❖ Adequate ventilation and lighting provided by both natural and artificial means.
- ❖ Desk, doctor's chair and 2 chairs (for patient and a relative). Chairs must be covered with washable material.
- ❖ Couch.
- ❖ Footstool.
- ❖ Screens.
- ❖ Suitable linen and proper laundry arrangements and disinfections.
- ❖ Foot operated receptacle with self-closing devices, with plastic lining for ease of cleaning and infection control purposes
- ❖ Emergency tray
 - 50% Dextrose x 2 vials
 - Adrenaline x 2 vials
 - Calcium Chloride
 - Sodium Bicarbonate
 - Midazolol (dormucum)
 - Hydrocortisone x vials
 - Prednisolone
 - Stemetil x 2 vials
 - Oxygen cylinder with connectors, tubing and mask.
 - Oropharyngeal airways (3 sizes- infants, paediatrics, adults)
 - Bag valve mask (BVM) for adult
 - Transparent masks (various sizes)
 - Automated electrical defibrillator (optional)
 - Cannulas (various sizes)
 - Fluid giving sets
 - Vacolitres (Normal Saline)
- ❖ Sharps box (for those without treatment room)

- ❖ Equipment to have:
 - Trial frame and trial set/phoroptor
 - Slit lamp
 - Vertometer/lensmeter
 - Tonometer
 - Retinoscope and ophthalmoscope
 - Sphygmomanometer
 - Stethoscope
 - Fetoscope
 - Bathroom scale
 - Glucometer
 - Tape measure
 - Wheel Chair
 - Heater
 - Auroscope
 - Fundoscope
 - Gloves
 - Other diagnostic equipment suitable for the practice.

- ❖ Reference books- electronic books are acceptable, EDLIZ and ARV Guidelines, BNF, TB Manuals
- ❖ X-ray viewing box

Treatment room (optional)

Depending with the practice, this may be incorporated into the consulting room

- ❖ Adequate ventilation and lighting provided by both natural and artificial means
- ❖ Couch with screen and foot stool
- ❖ Dressing trolley with sterile dressing packs, suture pack, gloves etc
- ❖ Emergency tray
- ❖ Sharps box
- ❖ Autoclave machine/ arrangements for sterilization of instruments
- ❖ Drip stand
- ❖ Wash hand basin
 - Connected to running tap water
 - Splash back tiles
 - Liquid soap

- Non-reusable hand drying facilities (i.e. paper towels)
- ❖ Foot operated receptacle with self-closing devices, with plastic lining for ease of cleaning and infection control purposes

MINIMUM REQUIREMENTS- DENTAL CONSULTATION ROOMS

Other requirements are as stated under "Minimum Requirements for all types of Health Institutions

Consulting room/ Procedure room

- ❖ Room size 4 x 4
- ❖ Impervious and non-slippery floors
- ❖ Walls must be brought to a smooth, impervious and washable finish
- ❖ Adequate ventilation and lighting provided by both natural and artificial means
- ❖ Desk with Medical Practitioner's chair and two (2) chairs for the patient and a relative. Chairs must be covered with washable material
- ❖ Reclining dental chair
- ❖ Two (2) stools for the practitioner and the assistant (**adjustable**)
- ❖ Emergency tray
 - 50% Dextrose x 2 vials
 - Adrenaline x 2 vials
 - Calcium Chloride
 - Sodium Bicarbonate
 - Midazolol (dormicum)
 - Hydrocortisone x vials
 - Prednisolone
 - Stemetil x 2 vials
 - Oxygen cylinder with connectors, tubing and mask.
 - Oropharyngeal airways (3 sizes- infants, paediatrics, adults)
 - Bag valve mask (BVM) for adult
 - Transparent masks (various sizes)
 - Automated electrical defibrillator (optional)
 - Cannulas (various sizes)
 - Fluid giving sets
 - Vacolitres (Normal Saline)
- ❖ Sharps box

- ❖ Foot operated receptacle with self-closing devices, with plastic lining for ease of cleaning and infection control purposes
- ❖ Wash hand basin
 - Connected to running tap water
 - Splash back tiles
 - Liquid soap
 - Non-reusable hand drying facilities (i.e. paper towels)
- ❖ Suitable facilities for washing and cleansing instruments
- ❖ Camera and monitor screen (optional)

Facilities necessary for dental procedures to be performed

- ❖ Work counters with underneath cupboards for storage of supplies
- ❖ X-ray machine
- ❖ X-ray viewing box
- ❖ Autoclave machine

MINIMUM REQUIREMENTS – PHARMACY

Other requirements are as stated under "Minimum requirements for all types of Health Institutions

Front Shop (Optional)

- ❖ Impervious and non-slippery floors
- ❖ Walls must be brought to a smooth, impervious and washable finish
- ❖ Adequate ventilation and lighting provided by both natural and artificial means
- ❖ Provision of measuring/controlling temperature and humidity
- ❖ All working surfaces to be of smooth, impervious and washable material
- ❖ Secure shelves away from light and moisture (for packing/displaying over the counter items)
- ❖ Appropriate record keeping system
- ❖ Foot operated receptacle with self-closing devices, with plastic lining for ease of cleaning and infection control purposes

Dispensary area

- ❖ Impervious and non-slippery floors
- ❖ Walls must be brought to a smooth, impervious and washable finish

- ❖ Adequate ventilation and lighting provided by both natural and artificial means
- ❖ Secure shelves away from light and moisture (for packing/displaying over the counter items)
- ❖ All working surfaces to be of smooth, impervious and washable material
- ❖ Foot operated receptacle with self-closing devices, with plastic lining for ease of cleaning and infection control purposes
- ❖ Stainless sink for preparations
 - Connected to running tap water
 - Splash back tiles
 - Liquid soap
 - Non-reusable hand drying facilities (i.e. paper towels)
- ❖ Dangerous Drug Cupboard
 - A fixed and lockable drug cupboard
 - Updated registers corresponding with medicines in stock
- ❖ Fridge for medicines and vaccines
- ❖ Fridge thermometer
- ❖ Appropriate prescription temperature recording system
- ❖ Pestle and mortar
- ❖ Measuring cylinders/beakers (at least one (1) for external and (1) for oral preparations)
- ❖ Adequate counting trays and spatulas
- ❖ Sharps box
- ❖ Balancing scale
 - ❖ Appropriate prescription recording system
- ❖ Dispensing register

MINIMUM REQUIREMENTS- OPTICAL ROOMS

Other requirements are as stated under "Minimum requirements for all types of Health Institutions

Consulting room

- ❖ Impervious and non-slippery floors
- ❖ Walls must be brought to a smooth, impervious and washable finish
- ❖ Ceiling
- ❖ Adequate ventilation and lighting provided by both natural and artificial means.
- ❖ Desk

- ❖ Practitioner/Optician's chair
- ❖ 2 Chairs (for patient and a relative). Chairs must be covered with washable material
- ❖ Foot operated receptacle with self-closing devices, with plastic lining for ease of cleaning and infection control purposes
- ❖ V/A Chart
- ❖ PD Rule
- ❖ Occluder
- ❖ Near vision charts
- ❖ Trial lens set and frame / phoropter
- ❖ Retinoscope and ophthalmoscope (diagnostic set)
- ❖ Prism bar / Prism lenses
- ❖ Stereo test
- ❖ Colour vision test
- ❖ Slit lamp biomicroscope
- ❖ Tonometer
- ❖ Keratometer
- ❖ Vertometer

Dispensing Area

- ❖ PD rule
- ❖ Mirror
- ❖ Lens meter / vertometer
- ❖ Frame heater
- ❖ Screw drivers set
- ❖ Frame adjustment tool set
- ❖ Job trays
- ❖ Patient chairs
- ❖ Dispenser's chair
- ❖ Spectacle frames
- ❖ Frame cabinets / display units

MINIMUM REQUIREMENTS- MATERNITY HOME

Other requirements are as stated under "Minimum requirements for all types of Health Institutions

Early Labour Ward

- ❖ Adequate ventilation and lighting provided by both natural and artificial means
- ❖ Standard hospital bed and mattress
- ❖ Foot operated receptacle with self-closing devices, with plastic lining for ease of cleaning and infection control purposes
- ❖ Bench under bed
- ❖ Infusion stand, single hook
- ❖ Foot stool, one step
- ❖ Dressing trolley, small
- ❖ Patient trolley with mattress and side rails
- ❖ Wash hand basin
 - Connected to running tap water
 - Splash back tiles
 - Liquid soap
 - Non-reusable hand drying facilities (i.e. paper towels)

Equipment

- ❖ Sphygmomanometer
- ❖ Stethoscope, binaural
- ❖ Stethoscope, foetal pinnard
- ❖ Foetal detector, Doppler
- ❖ Suction machine- single bottle, electric
- ❖ Scale- bathroom type
- ❖ Glucometer
- ❖ Urine test kit
- ❖ Haemoglobin meter
- ❖ Tape measure/pelvimetry
- ❖ Oxygen cylinder- complete
- ❖ Adult wheel chair
- ❖ Heater
- ❖ Emergency tray
 - 50% Dextrose x 2 vials

- Adrenaline x 2 vials
- Calcium Chloride
- Sodium Bicarbonate
- Midazolam (dormicum)
- Hydrocortisone x vials
- Prednisolone
- Stemetil x 2 vials
- Oxygen cylinder with connectors, tubing and mask.
- Oropharyngeal airways (3 sizes- infants, paediatrics, adults)
- Bag valve mask (BVM) for adult
- Transparent masks (various sizes)
- Automated electrical defibrillator (optional)
- Cannulas (various sizes)
- Fluid giving sets
- Vacolites (Normal Saline)

Labour Ward

- ❖ Delivery bed - mackintosh
- ❖ Foot operated receptacle with self-closing devices, with plastic lining for ease of cleaning and infection control purposes
- ❖ Bedside locker
- ❖ Bassinet with mattress on trolley
- ❖ Baby weighing scale
- ❖ Clock- battery operated
- ❖ Infusion stand, single hook
- ❖ Foot stool, one step
- ❖ Dressing trolley, small
- ❖ Kick about receptacle
- ❖ Mobile lamp, angle poise
- ❖ Stand, single bowl
- ❖ Revolving stool
- ❖ Sterile packs- sterilization equipment
- ❖ Wash hand basin
 - Connected to running tap water
 - Splash back tiles
 - Liquid soap

- Non-reusable hand drying facilities (i.e. paper towels).

Equipment

- ❖ Cardiocotograph
- ❖ Stethoscope, binaural
- ❖ Stethoscope, foetal pinnard
- ❖ Sphygmomanometer
- ❖ Resuscitation kit, manual
- ❖ Resuscitation- baby warning system
- ❖ Oxygen cylinder- complete
- ❖ Oxygen unit- wall mounted and piped
- ❖ Vacuum unit- wall mounted and piped
- ❖ Vacuum extractor
- ❖ Suction machine- single bottle, electric.
- ❖ Foetal heart detector
- ❖ Vacuum piped outlet
- ❖ Oxygen pipe outlet
- ❖ Cervical dilation chart
- ❖ Apgar score chart
- ❖ Tape measure
- ❖ Plastic aprons
- ❖ Prevention of Parents to Child Transmission (PPTCT) of HIV medicines

Nursery

Equipment

- ❖ Bassinets with mattress, on trolley
- ❖ Baby bath, mobile
- ❖ Room thermometer
- ❖ Baby weighing scale
- ❖ Foot operated receptacle with self-closing devices, with plastic lining for ease of cleaning and infection control purposes

Nursery intensive care unit

- ❖ Infant incubator
- ❖ I.C.U paediatric ventilator
- ❖ Apnoea alarm

- ❖ Pulse oximeter
- ❖ Infusion pump, volumetric
- ❖ Syringe pump
- ❖ Baby weighing scale
- ❖ Room thermometer
- ❖ Resuscitator- infant set, manual
- ❖ Oxygen units- wall mounted and piped
- ❖ Vacuum units- wall mounted and piped
- ❖ Phototherapy area

Furniture

- ❖ Dressing trolley
- ❖ Infusion rods
- ❖ Foot operated receptacle with self-closing devices, with plastic lining for ease of cleaning and infection control purposes
- ❖ Utility trolley
- ❖ Clean linen trolley
- ❖ Dirty linen trolley or single canvas bag
- ❖ Medicine trolley
- ❖ Vacuum piped outlet
- ❖ Oxygen pipe outlet

Postnatal Ward

- ❖ Standard hospital bed with mattress
- ❖ Bed side locker
- ❖ Bed lifter
- ❖ Bench under bed
- ❖ Bassinet with mattress on trolley
- ❖ Foot operated receptacle with self-closing devices, with plastic lining for ease of cleaning and infection control purposes
- ❖ Clean linen trolley
- ❖ Clock- battery operated
- ❖ Infusion stand, single hook
- ❖ Infusion stand, double hook
- ❖ Over bed table (cardiac table)
- ❖ Foot stool, one step

- ❖ Dressing trolley, small
- ❖ Medicine trolley
- ❖ Food Bain-marie trolley
- ❖ Patient records trolley
- ❖ Adult wheel chair

- ❖ Wash hand basin
 - Connected to running tap water
 - Splash back tiles,
 - Liquid soap
 - Non-reusable hand drying facilities (i.e. paper towels).

Equipment

- ❖ Sphygmomanometer
- ❖ Stethoscope, binaural
- ❖ Examination lamp- angle poise, mobile
- ❖ Oxygen cylinder , complete with attachments
- ❖ Oxygen cylinder , spare
- ❖ Haemoglobin meter
- ❖ Sluice room

Ambulance transport

- ❖ Arrangement for transportation of patients with complications to nearest hospital

Staffing

- ❖ At least 2 midwives who are on permanent employment
- ❖ The centre should be covered by a Gynaecologist
- ❖ ***PCNs and nurse aides should not do deliveries***

MINIMUM REQUIREMENTS- DIAGNOSTIC SERVICE IN OUTPATIENT CARE FACILITIES

Other requirements are as stated under "Minimum requirements for all types of Health Institutions

- ❖ Outpatient Care facilities may provide specific range of diagnostic imaging services within the premises, such as ultrasound, conventional radiography (general radiology), Computer Tomography (CT), or Magnetic Resonance Images (MRI)
- ❖ The facility shall meet design and building requirements for the specific diagnostic imaging service
- ❖ Sharing reception, waiting area and support areas for diagnostic imaging services (e.g. toilets, medical records / files area, etc.) are permitted
- ❖ If the facility is providing any diagnostic imaging service where contrast media may be used; the facility must provide easy access for parking and emergency ambulance pickup area within the premises

MINIMUM REQUIREMENTS- CONVENTIONAL RADIOLOGY

Other requirements are as stated under "Minimum requirements for all types of Health Institutions

- ❖ Conventional radiography room size shall be at least 20 square meters in floor area and more than 3m in height
- ❖ Room entrance shall not be less 1.2m and 2 meters height with shielded door
- ❖ At least one designated patient gowning area for patient changing with safe storage for valuables and clothing shall be provided. At least this area shall be 1.5 meters x 1.2 meters with immediate access to the conventional radiography room
- ❖ Wall finish shall be general paint
- ❖ Floor Finish: vinyl composition tile
- ❖ Shielded viewing window from the Control Area to the conventional radiography room
- ❖ Minimum X-ray room surfaces and shielding thicknesses in compliance with RPAZ requirement
- ❖ Fluorescent lights will provide higher illumination level up to 540 Candela during patient transfer on and from the table, equipment setting, room cleaning, and equipment maintenance
- ❖ If film systems are used, a darkroom shall be provided for processing films (at least 2 meters square) with water basin, table, benches, film holder and safe light

- ❖ When daylight processing is used, the darkroom shall be permitted to be minimal for emergency and special uses
- ❖ Film processing shall be located near the procedure rooms and to the quality control area
- ❖ Contrast media preparation:
 - If contrast media are used, this area shall include provision of sink, counter, and storage area for medication and crash cart
 - Provision for central oxygen or oxygen cylinder
 - Appropriate emergency equipment and medications must be immediately available to treat adverse reactions associated with administered medication
 - One preparation room, if conveniently located, shall be permitted to serve any number of rooms
 - Where pre-prepared media are used, this area shall be permitted to be omitted, but storage shall be provided for the media
- ❖ Convenient clerical offices/spaces as per the facility demand
- ❖ Hand-washing stations shall be provided within each procedure room unless the room is used only for routine screening such as chest X-rays where the patient is not physically handled by the staff
- ❖ Radiology equipment and supplies include but not limited to:
 - X-ray machine with X- Ray table with wall block
 - Lead aprons
 - Gonad shields
 - Immobilizers
 - Cassette and grids
 - Emergency trolley
 - Working table with bench
 - X-ray viewer
 - Foot step to help Patients to step in to X-ray table
 - Computed Radiography (CR)
 - Lead apron hanger
 - Computer work station
- ❖ Green/Red warning light sign indicating when the X-ray beam is OFF/ON
- ❖ X-ray caution sign on the tube housing
- ❖ Designated supply storage and housekeeping area

MINIMUM REQUIREMENTS- RADIOGRAPHY/FLUOROSCOPY, TOMOGRAPHY

Other requirements are as stated under "Minimum requirements for all types of Health Institutions

- ❖ Combined Radiography and Fluoroscopy space requirement is at least 20 square meters
- ❖ Separate toilets with hand-washing stations shall be provided with direct access from each fluoroscopic room so that a patient can leave the toilet without having to re-enter the fluoroscopic room
- ❖ Rooms used only occasionally for fluoroscopic procedures shall be permitted to use nearby patient toilets if they are located for immediate access
- ❖ Patient gowning area with safe storage for valuables and clothing shall be provided in the facility
- ❖ At least one space should be large enough for staff-assisted dressing

MINIMUM REQUIREMENTS- ULTRASOUND

Other requirements are as stated under "Minimum requirements for all types of Health Institutions

- ❖ Ultrasound room shall be not less than 10 meters square space providing that at least one examining bed is available
- ❖ Patient toilet shall be accessible within the ultrasound room with nursing call system
- ❖ Lighting: Fluorescent lights will provide illumination level up to 540 Candela during patient transfer on and from the table, equipment setting, room cleaning, and equipment maintenance

MINIMUM REQUIREMENTS- COMPUTERIZED TOMOGRAPHY (CT) SCANNING

Other requirements are as stated under "Minimum requirements for all types of Health Institutions

- ❖ CT scan room space requirement is at least 25 square meters
- ❖ The room shall be sized to allow a minimum clear dimension of 1m on three sides of the table for access to the patient and to facilitate transfer
- ❖ The door swing shall not encroach on the equipment, patient circulation, or transfer space

- ❖ Patient gowning area with safe storage for valuables and clothing shall be provided in the facility
- ❖ At least one space should be large enough for staff-assisted dressing
- ❖ A control room shall be provided that is designed to accommodate the computer and other controls for the equipment
- ❖ A view window shall be provided to permit full view of the patient
- ❖ The angle between the control and equipment shall permit the control operator to see the patient's head
- ❖ The control room shall be located to allow convenient film processing (if such method is used)
- ❖ A patient toilet shall be provided. It shall be close to the procedure room (directly accessible to the scan room is recommended so a patient can leave the toilet without having to re-enter the scan room)
- ❖ Emergency Power Off push button station
- ❖ Door switch with NO/NC contacts Connect to CT system control circuit. CT should shut-off upon opening of the entrance door
- ❖ Magnetic door interlock with CT controller to prevent interruption of scanning procedure
- ❖ Warning light with wording "CT IN USE, DO NOT ENTER". Provide interface with CT controller via interface relay
- ❖ CT warning light interface relay with low voltage power supply to match CT equipment requirements
- ❖ Radiation warning signs should be posted on the entrance door of CT scanner room

MINIMUM REQUIREMENTS- MAMMOGRAPHY

Other requirements are as stated under "Minimum requirements for all types of Health Institutions

- ❖ Mammography room space requirement is at least 12 square meters with patient gowning area with safe storage for valuables and clothing shall be immediately accessible to the room
- ❖ Door to the mammography room should be with interlock to prevent interruption of scanning procedure
- ❖ Warning light with wording "X-RAY IN USE, DO NOT ENTER"

- ❖ Each X-ray room shall include a shielded control alcove. For mammography machines with built-in shielding for the operator, the alcove shall be permitted to be omitted if approved by FANR

MINIMUM REQUIREMENTS- MAGNETIC RESONANCE IMAGING (MRI)

Other requirements are as stated under "Minimum requirements for all types of Health Institutions

- ❖ The MRI room shall be permitted to range from 30 square meters to 60 square meters, depending on the vendor and magnet strength
- ❖ A control room shall be provided with full view of the MRI
- ❖ Patient gowning area with safe storage for valuables and clothing shall be provided. At least one space should be large enough for staff-assisted dressing
- ❖ A patient holding area shall be provided
- ❖ Hand-washing stations shall be provided convenient to the MRI room, but need not be within the room
- ❖ A computer room
- ❖ Cryogen storage shall be provided
- ❖ Equipment installation requirements:
 - Power conditioning shall be provided
 - Magnetic shielding shall be provided
 - For super-conducting MRI, cryogen venting and emergency exhaust must be provided in accordance with the original equipment manufacturer's specifications
 - Adequate space for Coils storage based on the on these anatomic applications
 - Magnetic door interlock
 - MRI Warning light and signs
 - Compatible MRI medical equipment including but not limited to sphygmomanometer, wheelchair and injector

MINIMUM REQUIREMENTS- INTERVENTIONAL IMAGING FACILITIES

Other requirements are as stated under "Minimum requirements for all types of Health Institutions

- ❖ Interventional Radiology (IR) can be performed only in hospital base diagnostic setting
- ❖ The IR and /or cardiac catheterization laboratory is normally located in a separate suite but any location in the diagnostic imaging area can be permitted provided the appropriate sterile environment is provided
- ❖ Space requirements shall meet the following:
 - Procedure rooms
 - The number of procedure rooms shall be based on expected utilization
 - The procedure room shall be a minimum of 38 square meters exclusive of fixed cabinets and shelves
 - Prep, holding, and recovery rooms. The size of the prep, holding, and recovery areas shall be based on expected utilization
- ❖ Electrophysiology labs. If electrophysiology labs are also provided in accordance with the approved functional program, these labs may be located within and integral to the catheterization suite or located in a separate functional area proximate to the cardiac care unit
- ❖ Support areas for the IR suite/ cardiac catheterization lab:
 - Scrub facilities with hands-free operable controls shall be provided adjacent to the entrance of procedure rooms, and shall be arranged to minimize incidental splatter on nearby personnel, medical equipment, or supplies
 - ❖ Patient prep, holding, and recovery area or room
 - ❖ A patient preparation, holding, and recovery area or room shall be provided and arranged to provide visual observation before and after the procedure
 - Control room or area. A control room or area shall be provided and shall be large enough to contain and provide for the efficient functioning of the X-ray and image recording equipment
 - A view window permitting full view of the patient from the control console shall be provided
 - Electrical equipment room. An equipment room or enclosure large enough to contain X-ray transformers, power modules, and associated electronics and electrical gear shall be provided
 - Viewing room. A viewing room shall be available for use by the cardiac catheterization suite

- A clean workroom or clean supply room shall be provided
- A soiled workroom shall be provided
- Film file room shall be available for use by the cardiac catheterization suite
- Housekeeping closet shall be provided
- ❖ Support areas for staff clothing and change area(s) shall be provided and arranged to ensure a traffic pattern so that personnel can enter from outside the suite, change their clothing, and move directly into the cardiac catheterization suite

MINIMUM REQUIREMENTS- NUCLEAR MEDICINE FACILITY

Other requirements are as stated under "Minimum requirements for all types of Health Institutions

- ❖ Nuclear medicine procedure room(s) shall accommodate the equipment specified in the functional program of the hospital providing the services, a stretcher, exercise equipment (treadmill and/or bicycle), and staff workspace
- ❖ Space Dimensions: Reasonable size room and space for:
 - Imaging (\approx 6 m x 7 m)
 - Processing and Analysis (\approx 2 m x 2m , it can be included within the imaging room)
 - Dispensing Laboratory (\approx 2 m x 3 m)
 - Injection room
 - Waiting Room: Injected Female Patients
 - Waiting Room: Injected Male Patients
 - Waiting area: Non-injected Patients
- ❖ The minimum Nuclear Medicine facility requirements are as follows:

Imaging room

- Gamma Camera and Imaging Table
- Gamma Camera Computer workstation
- Lead Screen Barrier
- Radiation Survey Monitor (one portable monitor shall be enough for small Nuclear Medicine facilities)

Radiation dispensing laboratory

- Radioactive Generator (Mo/Tc) and its Extra Shielding / Supply of Radiopharmaceuticals,
- Dose Calibrator

- Shielding Tools and Containers (for vials, syringes, L-shape shield for dose labelling area, radioactive storage and waste, etc)
- Clean and Smooth working surface
- Protective clothing (Gloves, Lab coat, etc)
- Absorbent tissues
- Radiation Signs for labelling
- Radiation warning signs for controlled area
- Pregnancy radiation warning signs in the waiting areas
- Radio pharmaceutical labelling Quality Control requirements
- Syringes and needles
- Ventilated fume hood for handling large doses of Iodine-131 solution
- Decontamination Kit
- Radiation Survey Monitor (one portable monitor shall be enough for small Nuclear Medicine facilities; for imaging area and lab)
- In case of using I-131 liquid form (for labelling): Alkalizing solution to be used in case of I-131 spills (such as: 25 g of sodium thiosulphate plus 2 g of sodium iodide in 1 litre of 0.1N sodium hydroxide, with a small amount of detergent added.)
- Stable iodine handy to block the thyroid uptake in case of significant personal contamination with I-125 or I-131. A pharmacy should be able to supply potassium iodide tablets (KI)

Injection room:

- Injection chair
- Spill tray lined with absorbent paper
- Shielded radioactive waste container
- Patient gowning area with safe storage for valuables and clothing shall be provided
- At least one space should be large enough for staff-assisted dressing.

MINIMUM REQUIREMENTS- RADIOTHERAPY SUITE

Other requirements are as stated under "Minimum requirements for all types of Health Institutions

- ❖ Space requirements:
 - Rooms and spaces shall be provided as necessary to accommodate the functional program
 - Simulator, accelerator, and cobalt rooms shall be sized to accommodate the equipment and patient access on a stretcher, medical staff access to the equipment and patient, and service access
- ❖ Radiation protection requirements. Cobalt, linear accelerators, and simulation rooms require radiation protection
 - Layouts shall be designed to prevent the escape of radioactive particles
 - Openings into the room, including doors, ductwork, vents, and electrical raceways and conduits, shall be baffled to prevent direct exposure to other areas of the facility
- ❖ Construction requirements:
 - Flooring shall be adequate to meet load requirements for equipment, patients, and personnel
 - Provision for wiring raceways, ducts, or conduit shall be made in floors and ceilings
 - Ceiling-mounted equipment shall have properly designed rigid support structures located above the finished ceiling
- ❖ Support areas for the radiotherapy suite shall be provided. Sharing of these areas between the radiotherapy suite and other areas is permitted if required by the functional program of the health facility:
 - Exam rooms for each treatment room. Each exam room shall be a minimum 10 square metres, and equipped with a hand-washing station
 - A stretcher hold area located adjacent to the treatment rooms screened for privacy, and combined with a seating area for outpatients
 - Patient gowning area with safe storage for valuables and clothing shall be provided. At least one space should be large enough for staff-assisted dressing
 - Reception/control area
 - Darkroom should be convenient to the treatment room(s) and the quality control area. Where daylight processing is used, the darkroom may be minimal for emergency use. If automatic film processors are used, a receptacle of adequate size with hot and cold water for cleaning the processor racks shall be provided either in the darkroom or nearby
 - Film file area
 - Film storage area for unprocessed film

- Housekeeping room equipped with service sink or floor receptor and large enough for equipment or supplies storage

MINIMUM REQUIREMENTS- DUAL ENERGY X-RAY ABSORPTIOMETRY (DXA)

Other requirements are as stated under "Minimum requirements for all types of Health Institutions

- ❖ A room size of 15-20 square meters may be required, depending on the design of the equipment. If limited space is available, 10 square metres may suffice for a compact pencil beam DXA system
- ❖ A protective shield for the operator's console

MINIMUM REQUIREMENTS- PHYSIOTHERAPY ROOMS

Other requirements are as stated under "Minimum requirements for all types of Health Institutions

Should also have the following:

- ❖ Wide entrance that allows free movement of a wheel chair
- ❖ Should be on the ground floor unless there is an elevator at the premises

Treatment room

- ❖ Ceiling- accepted height and condition
- ❖ Adequate ventilation and lighting provided by both natural and artificial means
- ❖ Walls must be brought to a smooth, impervious and washable finish
- ❖ Impervious and non-slippery floors
- ❖ Adequate furniture
- ❖ Reference material
- ❖ Plinth or treatment mat
- ❖ Footstool where necessary
- ❖ Screens to allow privacy when necessary
- ❖ Sharps box for physiotherapists practising acupuncture
- ❖ Clean and suitable linen
- ❖ Trolleys

NB: Neighbouring treatment rooms may share a sink

- ❖ Foot operated receptacle with self-closing devices, with plastic lining for ease of cleaning and infection control purposes.

Equipment

- ❖ Appropriate exercise or electrotherapy equipment for the type of treatment practice.
- ❖ Appropriate mobility aids
- ❖ Goniometer, patella hammer, tape measure and massage oil
- ❖ Stethoscope
- ❖ First aid kit box
- ❖ Examination gloves

Physiotherapists only doing Occupational Health / Home Visits / Community Work / Nursing Homes / Inpatients must have the following:

- ❖ A registered office by the local authority and HPA
- ❖ Adequate furniture
- ❖ Adequate ventilation and lighting
- ❖ Reference material
- ❖ Lockable filing cabinet
- ❖ Appropriate equipment and tools

MINIMUM REQUIREMENTS- OCCUPATION THERAPY ROOMS

Other requirements are as stated under "Minimum requirements for all types of Health Institutions

Should also have the following:

- ❖ Disability friendly ramps
- ❖ Wide entrance that allows free movement of a wheel chair
- ❖ Should be on the ground floor unless there is an elevator at the premises

Occupational therapy practises are different in the nature of their specialities. Below is a general practice. Occupational Therapists intending to specialize will require additional equipment in line with their specialisation.

Treatment room

- ❖ Adequate ventilation and lighting provided by both natural and artificial means
- ❖ Impervious and non-slippery floors
- ❖ Walls must be brought to a smooth, impervious and washable finish
- ❖ Ceiling
- ❖ Minimum 4 chairs
- ❖ Treatment table
- ❖ Plinth
- ❖ Universal exercise
- ❖ Assessment tools standardised and non-standardised (at least five of the following):
 - Goniometer
 - Dynamometer
 - Sensation testing kit
 - Tape measure (3m)
 - Pinch gauge
 - Visual perceptual assessment kit
 - Hand function test kit
 - Motor proficiency test kit
 - Cognitive assessment kit
- ❖ Activity based treatment equipment (at least five of the following):
 - Shoulder wheel
 - FEPS machine
 - Sander and stand
 - Skate board
 - OB help arm
 - Therapeutic balls (minimum set of 3 different sizes)
 - Pulley system
 - Sensory re-education kit
 - Board game
 - Hand exercising activities e.g. therapeutic putty, digiflex set, power web set, etc.
- ❖ A variety of toys for different children needs
- ❖ Foot operated receptacle with self-closing devices, with plastic lining for ease of cleaning and infection control purposes

MINIMUM REQUIREMENTS- LABORATORY

Other requirements are as stated under "Minimum requirements for all types of Health Institutions

Premises

- ❖ Main laboratory minimum space – 15m² per room. Laboratory design and equipment arrangement should be compatible
- ❖ Floors- non-absorbent, non-slippery and easily washable
- ❖ Adequate ventilation and lighting provided by both natural and artificial means
- ❖ Provision to prevent unauthorized access to the laboratory
- ❖ Patient reception and bleeding room – separate from other room. To cater for disabled people
- ❖ Work benches- non-absorbent and easily washable
- ❖ Separate incompatible activities i.e. office and laboratory work
- ❖ Storage facilities
- ❖ Examination and processing of highly infectious material to be carried out in appropriate containment level laboratories
- ❖ Media preparation room (microbiology) - separate from rest of laboratory
- ❖ Sharps boxes at each working area
- ❖ Separate patients and staff toilets
- ❖ Staff kitchen/tea room with sink– for meals and teas

Environment

- ❖ Controlled lighting, temperature and ventilation – as per relevant act
- ❖ Location of laboratory shall comply with local authority laws
- ❖ Constant supply of clean water, power supply and backup
- ❖ Use of environmentally friendly reagents and methods

Safety

- ❖ Recruitment of qualified and competent staff responsible for safety
- ❖ Employ pest control measures methods to prevent vermin, insects and other pests
- ❖ Provide the following items:
 - Safety Manual/Handbook
 - Guideline Operating Procedures
 - Work instructions
 - Personal Protective Equipment (PPE) i.e. gloves, respirators, safety shoes, laboratory coats
 - Disinfectants at appropriate concentrations for various uses

- Biological Safety cabinets
 - Guidelines procedures for decontamination (where applicable)
 - Maintained Eye-Wash facilities
 - Serviced fire extinguisher
 - Facilities for containment and disposal of waste
 - Procedure for management of accidents i.e. spill kit
 - Maintained first aid kit equipment and items
- ❖ Specimen collection and handling, transportation, reception and referral to other laboratories in accordance with adequate safety measures (outlined in safety manual, local and international regulations)
 - ❖ Well documented procedure for decontamination of equipment and laboratory surfaces
 - ❖ Sufficient safety notices and labelling of laboratory environment
 - ❖ Well documented procedure for dealing with exposure of staff to hazardous material
 - Vaccination
 - Immunization protocol
 - Post – exposure prophylaxis (PEP)
 - ❖ Policies and procedures for relevant vaccination and medical examinations for staff. (Adequate consent and counselling must be provided)
 - ❖ Procedure for appropriate use and disposal of obsolete equipment
 - ❖ Procedure for action in the event of fire (fire drill/control)
 - ❖ Procedure for action in event of major spillage of dangerous chemicals or clinical materials
 - ❖ Clean, uncluttered and well maintained work areas (have good housekeeping procedures)
 - ❖ Gases, acids and alcohols used in laboratory or testing site must be kept in safety containment areas in accordance with existing laws and regulations
 - ❖ Procedure for disposal of health care waste

Quality assurance

- ❖ Workable internal quality control systems- able to verify that best intended quality is achieved
- ❖ Participation in external quality assurance programmes for each analyte and keep records
- ❖ Evaluation of internal and external quality assurance
- ❖ Program for calibration and validation of measuring systems
- ❖ Detailed SOPs for all diagnostic tests

Equipment management

- ❖ Sufficient and appropriate service to equipment

- ❖ Established procedures for procurement and management of equipment:
 - Specifications and selection
 - Training
 - Maintenance, service and repair
 - Recording of commissioning, details of machine, services, instrument failure and subsequent corrective action.

MINIMUM REQUIREMENTS OF ACCIDENT AND EMERGENCY UNITS

Other requirements are as stated under "Minimum requirements for all types of Health Institutions

Patient waiting area

- ❖ Dedicated minimum area 90m²: with sitting as appropriated
- ❖ Litter bins

Examination cubicles

- ❖ Minimum area per cubicle 7m²
- ❖ Examination couch, desk, chair
- ❖ Wash hand basin, towel rail/dispenser

Procedure room

- ❖ Minimum area 12m²
- ❖ 3m bedhead wall space
- ❖ Clinical basin, handless taps, towel rail/dispenser
- ❖ Oxygen and Suction per bed (piped)
- ❖ Oxygen and Suction per bed (cylinder/portable)
- ❖ Electrical supply
- ❖ 4 x switched socket outlets per bed

Resuscitation room/Examination cubicle/Procedure room

- ❖ Minimum area 12m²
- ❖ 3m bedhead wall space
- ❖ Adjacent to ambulance entrance area
- ❖ Clinical basin, handless taps, towel rail/dispenser
- ❖ Oxygen and Suction per bed (cylinder/portable with control apparatus)

- ❖ Temperature control (warm): Air condition or wall mounted heater
- ❖ Electrical Supply: 4 x switched socket outlets
- ❖ Clock
- ❖ Emergency call system (for staff)

Observation ward

- ❖ Single Ward (15m² minimum)
- ❖ Two or more beds (6m² per bed minimum -1m between each bed minimum)
- ❖ Adequate ventilation and lighting provided by both natural and artificial means
- ❖ Artificial light for general area, individual bed lighting, night lighting in adjacent corridors, dimmable
- ❖ Nurse Call System
- ❖ Wall – mounted bell push at bed head with light operated in corridor at ward door and at Management Base. Clearly audible tone
- ❖ Electrical outlets
 - 2 x switched socket outlets per bed, minimum
 - 1 x switched socket outlet per bed minimum
- ❖ Bed lighting, individual patient controlled
- ❖ Oxygen and Suction
 - Piped suction and oxygen -1 outlet with apparatus per bed
 - Oxygen cylinder/portable suction with apparatus: minimum 1 set per four beds
- ❖ Wash hand basin
 - 1 per ward, with handless taps, hot and cold running water
 - 1 per ward, with hot and cold running water
- ❖ Toilets
 - 1 per 6 patients, minimum, with hand basin
 - Hot and cold running water, towel rail/ dispenser

Equipment

Examination cubicles

- ❖ BP Machine manual
- ❖ Diagnostic set
- ❖ Procedure light
- ❖ Piped light
- ❖ Piped oxygen flow meter device – per cubicle
- ❖ Oxygen cylinder with regulator and flow meter – 1 set per four cubicles

Resuscitation room

- ❖ Treatment trolley
- ❖ BP machine
- ❖ BP machine, automatic
- ❖ Diagnostic set
- ❖ Pulse oximeter
- ❖ Foot stool (step up)
- ❖ Surgeon's stool
- ❖ Infusion stand/ceiling hook
- ❖ Procedure light – theatre type
- ❖ Procedure light simple
- ❖ X-Ray viewing panel
- ❖ Piped oxygen flow meter device –per cubicle
- ❖ Oxygen cylinder with regulator and flow meter – 1 set per four cubicle
- ❖ Piped suction controller
- ❖ Suction machine, portable
- ❖ Emergency Trolley as set out on page 4 with defibrillator
- ❖ Procedure Packs
 - CVP Insertion
 - Tracheostomy
 - Chest drain

Procedure room

- ❖ Treatment trolley or theatre table
- ❖ BP machine
- ❖ BP machine, automatic
- ❖ Foot stool (step up)
- ❖ Surgeon's stool
- ❖ Infusion stand/ceiling hook
- ❖ Procedure light – theatre type
- ❖ X-Ray viewing panel
- ❖ Piped oxygen flow meter device – per cubicle
- ❖ Oxygen cylinder with regulator and flow meter – 1 set per 4 cubicles
- ❖ Piped suction controller
- ❖ Suction machine portable

- ❖ Emergency Trolley as set out on Page 4 – without defibrillator
- ❖ Anaesthetic machine, simple

Common to Unit

- ❖ Refrigerator – dedicated to medicines and vaccines
- ❖ Wheel chairs – adequate number for demand
- ❖ Patient trollies – adequate number for demand

MINIMUM REQUIREMENTS- AMBULANCES

Other requirements are as stated under "Minimum requirements for all types of Health Institutions

Reception

- ❖ Washable, impervious and non-slippery floor
- ❖ Desk and chairs for receptionist

Call room

- ❖ Washable, impervious and non-slippery floor
- ❖ Walls to be brought to a smooth, impervious and washable finish
- ❖ Ceiling
- ❖ Adequate ventilation and lighting provided by both natural and artificial means
- ❖ Desk and chair
- ❖ Call system
- ❖ Foot operated receptacle with self-closing devices, with plastic lining for ease of cleaning and infection control purposes
- ❖ Bed and appropriate linen for person on call

Vehicles

- ❖ A couch with clean linen
- ❖ Defibrillator
- ❖ First aid response bag
- ❖ A drug reference book
- ❖ Oxygen cylinders
- ❖ Nebulizer
- ❖ Suction machine

- ❖ Intubation equipment for the adults and children
- ❖ Face masks and ambu bag
- ❖ Catheters
- ❖ Spinal board and a scoop
- ❖ Ambulance partitioning to separate the driver and the patient
- ❖ Functional ambulance beacon and siren
- ❖ Stretcher

Service area

- ❖ Area for servicing vehicles
- ❖ Car servicing records
- ❖ Wash bay- for decontaminating the vehicles

MINIMUM REQUIREMENTS- CLINIC

Other requirements are as stated under "Minimum requirements for all types of Health Institutions

Consulting rooms

- ❖ Washable, impervious and non-slippery floors
- ❖ Ceiling- dust proof type
- ❖ Adequate ventilation and lighting provided by both natural and artificial means
- ❖ Desk, doctor's chair and 2 chairs (for patient and a relative). Chairs must be covered with plastic or washable impervious material
- ❖ Examination couch and double step stool
- ❖ Screens or heavy curtains
- ❖ Suitable linen and proper laundry arrangements and disinfections.
- ❖ Sharps box
- ❖ Foot operated receptacle with self-closing devices, with plastic lining for ease of cleaning and infection control purposes
- ❖ Emergency tray with register/checklist of drugs
- ❖ Diagnostic equipment relevant to the practice
- ❖ Reference books

Treatment room

Can be used as consulting room or procedure room

- ❖ Adequate ventilation and lighting provided by both natural and artificial means
- ❖ Couch with screen and foot stool
- ❖ Dressing trolley with sterile dressing packs, suture pack, gloves, injections etc
- ❖ Emergency tray register/checklist of drugs
 - 50% Dextrose x 2 vials
 - Adrenaline x 2 vials
 - Calcium Chloride
 - Sodium Bicarbonate
 - Midazolol (dormicum)
 - Hydrocortisone x vials
 - Prednisolone
 - Stemetil x 2 vials
 - Oxygen cylinder with connectors, tubing and mask.
 - Oropharyngeal airways (3 sizes- infants, paediatrics, adults)
 - Bag valve mask (BVM) for adult
 - Transparent masks (various sizes)
 - Automated electrical defibrillator (optional)
 - Cannulas (various sizes)
 - Fluid giving sets
 - Vacolitres (Normal Saline)
- ❖ Sharps box
- ❖ Autoclave machine/ arrangements for sterilization of instruments
- ❖ Drip stand
- ❖ Resuscitation equipment
- ❖ Foot operated receptacle with self-closing devices, with plastic lining for ease of cleaning and infection control purposes
- ❖ Lockable cabinet from which drugs may be dispensed

MINIMUM REQUIREMENTS- VOLUNTARY COUNSELLING AND TESTING SITES (VCT)

Other requirements are as stated under "Minimum requirements for all types of Health Institutions

Counselling room/s

Walls painted with light coloured washable paint

- ❖ White washed ceiling
- ❖ Washable, impervious and non-slippery floors
- ❖ Adequate ventilation and lighting provided by both natural and artificial means
- ❖ Foot operated receptacle with self-closing devices, with plastic lining for ease of cleaning and infection control purposes
- ❖ Desk and chair and two chairs for the patient and relative, covered with washable material
- ❖ Lockable cupboard with HIV/AIDS testing kits, clean linen and consumables which were well arranged in the cupboard
- ❖ Sharps container

MINIMUM REQUIREMENTS OF CRITICAL CARE UNITS (ICU)

Other requirements are as stated under "Minimum requirements for all types of Health Institutions

Staffing

- ❖ Sister in charge who is ICU trained
- ❖ At least 1 RGN per patient at all times (at least 30% ICU trained)
- ❖ Nurse aides
- ❖ Physiotherapist ICU experienced- 24 hour availability

Fittings

- ❖ Adequate ventilation and lighting provided by both natural and artificial means
- ❖ Artificial light to be of correct colour and temperature, with dimming facilities. Separately controllable individual bed lighting
- ❖ Wash hand basin with handleless taps
- ❖ Telephone line for medical use
- ❖ Intercom with adjustable volume to related areas- staff rest rooms
- ❖ Medicine storage and administration facilities
- ❖ Patients notes storage facility

- ❖ Emergency trolley
- ❖ Electrical sockets (3-4 per bed)
- ❖ Refrigerator for storage of medicines- with thermometer and Appropriate prescription temperature recording system
- ❖ Staff rest room

Additional support

- ❖ Sterilization facilities
- ❖ Laboratory services - 24 hours
- ❖ Kitchen

EQUIPMENT

Monitoring equipment

- ❖ ECG monitor
- ❖ Pressure monitor with transducers
- ❖ Sphygmomanometer, manual or automatic- 1 per bed
- ❖ Oximetry with plethysmograph display
- ❖ Glucometer or equivalent
- ❖ Apnoea alarm

System support equipment

- ❖ ICU Ventilator with PEEP, heated humidifier and air/ O² mixer
- ❖ CPAP with air/O² mixer
- ❖ Resuscitator, manual

Other equipment

- ❖ Beds- adjustable height, head end tilt up or down
- ❖ Infusion controller
- ❖ Syringe pump
- ❖ Suction controller, with – 66.6Kpa & 40l/min
- ❖ Defibrillator
- ❖ Procedure light, high intensity, pivot
- ❖ Warming blanket, electrical, water or forced air
- ❖ Diagnostic set (ophthalmoscope, auroscope etc.)
- ❖ Chest drainage & suction apparatus
- ❖ Stethoscope

- ❖ Clock
- ❖ Spirit level
- ❖ Spirometer

Emergency trolley- 1 per unit

- ❖ Defibrillator
- ❖ Laryngoscope x (with small, medium and large blades)
- ❖ Endotracheal tubes, selection of sizes
- ❖ Tracheostomy tubes, selection of sizes
- ❖ Endotracheal tube introducer
- ❖ Mcgills forceps
- ❖ Mouth gag and wedge
- ❖ Lignocaine solution 4% or 10% metered spray
- ❖ Mackintosh spray or equivalent
- ❖ Mosquito forceps with protected jaw
- ❖ Tracheostomy dilator
- ❖ Strapping for ETT
- ❖ Tracheostomy tape
- ❖ Suction machine with suitable tubing
- ❖ Resuscitation drugs (with list and check dates for expiry). As per list agreed by users- see EDLIZ for guidelines).
- ❖ Syringes and needles
- ❖ Infusion sets, IV cannulae, including CVC sets
- ❖ Resuscitator with catheter mounts and masks
- ❖ Chest drain pack, must be underwater ICD

MINIMUM REQUIREMENTS – THEATRE

Other requirements are as stated under "Minimum requirements for all types of Health Institutions

Duty station

- ❖ To be within in the restricted area
- ❖ Desk and chairs for staff

Change room

- ❖ Separate change rooms for male and female practitioners
- ❖ Lockable cupboards for storage of practitioners' belongings
- ❖ A cupboard for storage of medicines including antibiotics.
- ❖ A lockable dangerous drug cupboard with dangerous drugs and a register.
- ❖ Sterile theatre linen for the day's allocation was neatly packed in shelves
- ❖ Gumboots and head gear
- ❖ Foot operated receptacle with self-closing devices, with plastic lining for ease of cleaning and infection control purposes
- ❖ Door to lead directly into the restricted area

RESTRICTED AREA

Scrub area

- ❖ Wash hand basins with splash back tiles and elbow tapes
- ❖ Scrubbing solutions
- ❖ Foot operated receptacle with self-closing devices, with plastic lining for ease of cleaning and infection control purposes
- ❖ To be separated from theatre by swing doors

Main Theatre

- ❖ Area to be restricted by a red demarcated line
- ❖ Walls to be continuous, smooth and impervious
- ❖ Floors must be smooth, continuous, impervious and non-slippery
- ❖ Minimum area of 29m²

Equipment:

- ❖ Theatre lights- independent battery backup (UPS), luminaire to comply with BS4533: Section 103.2:1986, Para 4)
- ❖ X – Ray view screen
- ❖ Air conditioner – filtered to 5 micron@20% efficiency
- ❖ Gases- Nitrogen, Oxygen, Compressed air and vacuum
- ❖ Operating table
- ❖ Anaesthetic ventilator
- ❖ Electro surgical apparatus (diathermy)
- ❖ Clock with sweeping second hand/digital seconds

- ❖ Refrigerator dedicated to theatre
- ❖ BP machine
- ❖ Thermometer
- ❖ Oxygen failure alarm/device
- ❖ ECG monitor
- ❖ Emergency trolley with:
 - Defibrillator
 - Laryngoscopes (small, medium and large)
 - Endotracheal tubes – various sizes
 - Endotracheal tube introducer
 - Strapping for ETT
 - Tracheostomy tubes – selection tubes
 - Tracheostomy dilator
 - Tracheostomy tape
 - Magills forceps
 - Mouth gag and wedge
 - Lignocaine solution 4% or 10% metered spray
 - Mackintosh spray or equivalent
 - Mosquito forceps with protected jaw
 - Suction machine with tubing
 - Syringes and needles
 - Infusion sets, IV cannulae, CVC sets
 - Resuscitator with catheter mounts and masks
 - Chest drain pack
 - Resuscitation medicines accompanied by a register for monitoring of use.

- ❖ Kick about bowls
- ❖ Two (2) washable stools
- ❖ A sharps container
- ❖ A Foot operated receptacle with self-closing devices, with plastic lining for ease of cleaning and infection control purposes
- ❖ Step stool

Recovery room

- ❖ To be within the restricted area
- ❖ One bed per operating room

- ❖ Oxygen and suction machine
- ❖ Emergency call system
- ❖ Screens
- ❖ Adequate lighting
- ❖ Drip stand
- ❖ Wash hand basin
 - Connected to running tap water
 - Handless tapes
 - Splash back tiles
 - Liquid soap
 - Non-reusable hand drying facilities (i.e. paper towels).
- ❖ Foot operated receptacle with self-closing devices, with plastic lining for ease of cleaning and infection control purposes

Equipment

- Ventilator
- ECG monitor
- BP machine
- Pulse oximeter
- Clock with sweeping second hand/digital seconds
- Insulated/warming blanket

Cleaning and disposal room

The room must be dedicated to the operating suite:

- ❖ A sluice hopper was provided
- ❖ Deep bowl stainless steel sink/slop hopper connected to running tap water supplies and splash back tiles
- ❖ Cleaning detergents

Sterilization room

Room to be adjustment to operating suite

- ❖ Sterilizing machine
- ❖ Surgically clean instruments

Sanitary facilities

- ❖ Separate water closets for females and males

- ❖ Wash hand basin
 - Connected to running tap water
 - Splash back tiles
 - Liquid soap
 - Non-reusable hand drying facilities (i.e. paper towels).
- ❖ Foot operated receptacle with self-closing devices, with plastic lining for ease of cleaning and infection control purposes

POLICY ON RECOVERY ROOM STAFF

Staffing

- ❖ Anaesthetic and post anaesthetic care is administered in specifically designated, equipped, and staffed registered hospital / institutions by appropriately qualified and registered personnel or trainees under supervision of registered clinicians.
- ❖ The Anaesthetist leads a team of medical and nursing practitioners that are charged with the responsibility of ensuring complete recovery from the now undesired effects of anaesthetic drugs. Pain control and stabilisation of vital functions is also an important consideration for this team especially in the first 24 hours.
- ❖ Staff qualifications, staffing levels, use of standardised minimum equipment, clinical techniques and clinical competence to decide the next therapeutic manoeuvres (such as discharge or call anaesthetist for advise etc) is critically important for successful outcomes.
- ❖ There is no absolute numbers of staffing levels, but state of occupancy and condition of patients dictate how best to deal with staffing levels. This should be determined at the point of providing anaesthetic service.
- ❖ The key is that the recovery room charge Nurse should be able to vary staff levels very quickly and almost instantly, and call out for help if needed in a matter of an instant.
- ❖ As patient emerges from unconsciousness, and condition improves and begins to cooperate, one nurse could look after two patients on adjacent stations.
- ❖ Should patient condition deteriorate suddenly and unexpectedly, the Nurse immediately calls the Doctor and resuscitation team for help which should be accorded in a matter of seconds. In this circumstance one patient may be attended to by a team of medical professionals as is assessed to be appropriate in a rapidly changing situation e.g cardio pulmonary resuscitation (CPR).

Recovery room

Following anaesthesia, a patient is placed in a recovery area, under intense monitoring in order to satisfy or assure that the patient has gained basic minimum vital functions before discharge to further areas of post operative care (Ward HDU/ICU).

- ❖ In transporting a postoperative patient to recovery room the anaesthetist, the scrub nurse and a porter shall transport a stable patient lying in a hospital bed, appropriately monitored.
- ❖ A patient arriving in the recovery room has a variable level of consciousness from a fully conscious (having been operated under local or regional) to a comatose patient sedated by drugs and perhaps an existing disease process such as head injury. Under the circumstances, the recovery room should receive the patient with the a natural airway.
- ❖ Upon arrival, the anaesthetist attached minimum monitors and fully evaluates the patient. These are pulse oximetry, conscious electrocardiograph pulse, automated interval blood pressure monitor and temperature, amongst others.
- ❖ The anaesthetist physically hands over explained written down post-operative instructions for the care of the patient to a Nurse taking care of the patient in the recovery room, and ensures that there is complete understanding of the instructions. The Nurse examines the patient.
- ❖ The Nurse may point out areas they are concerned with or seek clarification. Some patients may be restless or agitated for various reasons post operatively (pain, fear, full bladder, child) and may require more than one staff member till they are settled. Self-injury is a risk if they are not settled or controlled. Upon accepting responsibility, the vital functions observations are documented.
- ❖ An accurate times observation of respirations, pulse, blood pressure, pulse oximetry amongst others is documented.

Minimum staffing levels

- ❖ Reception of patient: (the patient may be unconscious or emergent from that state) Staff ratio: 1:2 (one patient / two nurses) – to undertake handover / prioritise immediate care/set up monitoring). The skills of the first nurse must be appropriate for the acuity of case. The helper may be a novice nurse or member of the perioperative team.
- ❖ Stabilisation period: (self ventilating with no airway adjuncts or needing respiratory assistance; the patient's clinical condition stabilises through this period to full recovery but may regress back along the clinical continuum). Staff ratio: 2:1 (two patients / one nurse) skills of nurse must be appropriate to acuity of cases. If patient's condition deteriorates staff must be reallocated promptly.

- ❖ Fit for discharge: (has met all local discharge criteria – is stable and comfortable). Staff ratio: 3:1 (three patients / one nurse). The nurse looking after three patients must be experienced and may be assisted by novice or member of the perioperative team.
- ❖ No fewer than two staff (of whom at least one must be a registered practitioner) should be present when there is a patient in the recovery room, who does not fulfil the criteria for discharge to the ward.
- ❖ Until patients can maintain their airway, breathing and circulation they must be cared for on a one-to-one basis.
- ❖ At least two appropriately trained staff should be present in the recovery room while there is a patient who does not fulfil the criteria for discharge to the ward.
- ❖ It is difficult to give guidance on the exact numbers of staff required for any particularly recovery areas. The staffing levels will depend on factors such as the case mix, numbers of patients and the number of operating lists per session.
- ❖ Staffing the recovery room is an ongoing intractable problem. All statements on staffing are based on minimal staff to patient ratios which are dependent on the clinical status of the patient. However, to adjust staff numbers to patient accurately throughout the shift, matching patient acuity to staff expertise is very difficult. It remains doubtful that a 'magic formula' can be developed to fit this constantly changing, dynamic clinical area. Auditing variables that affect staff-patient ratios is recommended (delayed discharge being one important factor). Safe staffing in the recovery room is still dependent on the expertise of the Charge Nurse who can adjust staffing if necessary on a day to day basis.

Discharge from recovery

- ❖ The anaesthetist is responsible for the discharge of the patient to a suitable ward from the recovery room. In the alternative, the nurse attending the patient shall use agreed on preferably written down discharge criteria to send the patient to a prescribed place of further care.
- ❖ The Nurse will read out instructions of care to ward nurse upon handover, verify that the patient is stable and in satisfactory condition and may point out any areas of care requiring closer attention.
- ❖ Often, fully recovered patients who should go to the wards are not collected by ward staff for various reasons. These remain the responsibility of recovery room nursing staff. One nurse can look after 4 such coherently communicating, comfortable patients. Again, patients must be in adjacent care stations, and help from a nurse aid afforded.
- ❖ The general supervision of the patient condition is the responsibility of the anaesthetist, who shall be easily accessible to the patient in an appropriate time to deal with complications as requested by the nursing staff.

MINIMUM REQUIREMENTS – PHARMACEUTICAL WHOLESALERS

Other requirements are as stated under "Minimum requirements for all types of Health Institutions

General

- ❖ A health practitioner must only practice on registered Health Institutions (Section 99 of the Health Professions Act – Chapter 27:19 of 2000)
- ❖ A health practitioner should practice with a valid practising certificate (Section 92 of the Health Professions Act – Chapter 27:19 of 2000)
- ❖ A health practitioner should display the HPA licence, relevant professional council practising certificates and the local authority licences in a conspicuous position (Section 106 (i) of the Health Professions Act – Chapter 27:19 of 2000)

Grounds

- ❖ Grounds to be established and maintained so as to minimize entry of dust, soil and other contaminants into the building
- ❖ To be maintained in an orderly condition- free of accumulated waste, dirt and debris
- ❖ Waste to be collected in proper and closed containers and disposed of regularly

Reception/Waiting area

- ❖ Adequate space for the purpose
- ❖ Adequate ventilation and lighting provided by both natural and artificial means
- ❖ Floors must be impervious and non-slippery
- ❖ Walls must be brought to a smooth, impervious and washable finish

Buildings

- ❖ Floors must be impervious and non-slippery
- ❖ Walls must be brought to a smooth, impervious and washable finish
- ❖ Adequate ventilation and lighting provided by both natural and artificial means
- ❖ Sufficient space for orderly receipt, warehousing and dispatching of goods
- ❖ Provision for receiving and dispatching bays, both areas must be protected from dust, dirt and rain

- ❖ Provision for protection for the "goods" (pharmaceuticals and other products handled by wholesaler), from contamination and deterioration, including exposure to excessive heat and direct sunlight
- ❖ Provision for quarantine area for isolation of faulty packs and recalled goods when necessary.
- ❖ Free of rodents, vermin, birds, pets and pests
- ❖ Sufficient security, clean and well maintained
- ❖ Means of monitoring/controlling temperature or humidity

Facilities

- ❖ Storage of goods should be off the floor
- ❖ Storage of goods must be compatible with the storage conditions specified on their labels
- ❖ Controlled storage environments- deep freezers and fridge temperatures should be monitored
- ❖ To have thermometers and appropriate prescription temperature recording systems
- ❖ Fridges should be fitted with signals to indicate when the refrigerator has failed. The signals should only allow resetting by authorized personnel only
- ❖ Should temperatures have deviated from the required level for an extended period. The wholesaler must consult the manufacturer for suitability of the products for use or disposal
- ❖ Thermometers to be calibrated on regular basis to ensure accuracy
- ❖ Provide special storage for poisons, drugs of addiction and other categories of goods as required by applicable legislation
- ❖ Separate manufacture and repacking or handling of toxic elements from other products

MINIMUM REQUIREMENTS – NATURAL THERAPIST ROOMS

Other requirements are as stated under "Minimum requirements for all types of Health Institutions

Consulting rooms

- ❖ Space must be adequate to suit the practice +/- 9m².
- ❖ Washable, impervious and non-slippery floors (including washable carpets)
- ❖ Ceiling- dust proof type
- ❖ Adequate ventilation and lighting provided by both natural and artificial means
- ❖ Desk, Therapist's chair and 2 chairs (for patient and a relative). Chairs must be covered with plastic or washable impervious material
- ❖ Examination couch and double step stool if couch is taller than 70cm

- ❖ Privacy of patient must be maintained by use of screens, heavy curtains, frosted glass windows, hedge, etc
- ❖ Suitable linen and proper laundry arrangements and disinfections
- ❖ Hygienic storage of Acupuncturist's needles (where applicable)
- ❖ Sharps box (where applicable)
- ❖ Foot operated receptacle with self-closing devices, with plastic lining for ease of cleaning and infection control purposes
- ❖ Non-reusable hand drying facilities (i.e. paper towels)
- ❖ Diagnostic equipment relevant to the practice
- ❖ Reference books

- ❖ Equipment may include the following, depending on area of focus:
 - Bioresonance Machines (EDS, Vega, Rife)
 - Iriscope
 - LBA- Darkfield Microscope
- ❖ Reference Books: Drug /Herb / Vitamin Interactions, Prescription for Herbal/Botanical Medicines, Merck Manual, Homeopathic Materia Medica
- ❖ Equipment (Optional)
 - Computer
 - Printer
 - Scale

Treatment room (optional)

Can be used as consulting room or procedure room

- ❖ Adequate ventilation and lighting provided by both natural and artificial means
- ❖ Examination / Treatment table and double step stool if table is taller than 70cm
- ❖ Privacy of patient must be maintained though screens, heavy curtains, frosted glass windows, hedge etc

MINIMUM REQUIREMENTS – NATURAL/HERBAL/ ORGANIC MANUFACTURERS, WHOLESALERS AND RETAILERS

Other requirements are as stated under "Minimum requirements for all types of Health Institutions

- ❖ All involved in retail sales of Herbal Medicines must have some academic study or sufficient experience in Herbal Medicines and must sell from a registered licensed outlet
- ❖ They must also have some consultation facility to consult and assess a patient's medical background, lifestyle, diet and nutrition, and current ailments prior to selling any herbal/natural medicines
- ❖ Where a practitioner or retailer does not have any electronic medical equipment as Bio Resonance machines or does not have the scope of practice to diagnose/access a patient, that practitioner or retailer must be authorised to write referrals for any medical examination deemed necessary such as Bloods, Ultra Sound Scans, Blood Pressure & Blood Sugar and any other medical testing, imaging; these referrals must be made to an approved professional laboratory or Radiologist or Ultra Sound Centre or other relevant health professional

MINIMUM REQUIREMENTS – ORTHOPAEDIC TECHNOLOGIST

Other requirements are as stated under "Minimum requirements for all types of Health Institutions

Should also have the following:

- ❖ Disability friendly ramps
- ❖ Wide entrance that allows free movement of a wheel chair
- ❖ Should be on the ground floor unless there is an elevator at the premises

The following rooms are recommended: reception/waiting area, consulting/fitting room and laboratory.

Reception / Waiting area

- ❖ Receptionist desk and chair
- ❖ Waiting room chairs
- ❖ Clip boards and pens

Consulting room

- ❖ Washable, impervious and non-slippery floors
- ❖ Ceiling- dust proof type
- ❖ Adequate ventilation and lighting provided by both natural and artificial means
- ❖ Practitioner's desk and chair
- ❖ Chairs for patient and a relative. Chairs must be covered with plastic or washable impervious material
- ❖ Examination couch and double step stool
- ❖ Screens or heavy curtains
- ❖ Suitable linen and proper laundry arrangements and disinfections
- ❖ Sharps box
- ❖ Foot operated receptacle with self-closing devices, with plastic lining for ease of cleaning and infection control purposes
- ❖ Non-reusable hand drying facilities (i.e. paper towels)
- ❖ Relevant equipment – scale, sphygmomanometer, stethoscope, tape measure, dish, plaster of paris cutter
- ❖ Full length mirror
- ❖ Examination gloves
- ❖ Adjustable parallel bars
- ❖ First aid kit

Laboratory

- ❖ Plastics oven
- ❖ Grinding machine (hand or fitted)
- ❖ Drilling machine (hand or fitted)
- ❖ Work bench
- ❖ Bench vice
- ❖ Assorted hand tools

MINIMUM REQUIREMENTS – CHIROPODISTS/PODIATRISTS

Other requirements are as stated under "Minimum requirements for all types of Health Institutions

Should also have the following:

- ❖ Disability friendly ramps

- ❖ Wide entrance that allows free movement of a wheel chair
- ❖ Should be on the ground floor unless there is an elevator at the premises

Treatment room

- ❖ Washable, impervious and non-slippery floors. Should be tiled and non-slip to withstand high strength disinfectant, no carpeting
- ❖ Ceiling- dust proof type
- ❖ Adequate ventilation and lighting provided by both natural and artificial means
- ❖ Wheel chair
- ❖ Parallel bars
- ❖ Suitable patient and Chiropodist chairs
- ❖ Autoclave compulsory, no cold / liquid sterilisation
- ❖ Instrument trolley and suitable tray for single use autoclaved sterile instruments
- ❖ Adequate storage of sterilization fluids for the skin, (antiseptics and other relevant materials)
- ❖ Clean towels one for each patient, disposable paper towels for single use
- ❖ Record keeping system
- ❖ Foot operated receptacle with self-closing devices, with plastic lining for ease of cleaning and infection control purposes
- ❖ Sharps box
- ❖ Scrub area in treatment room compulsory
 - Stainless steel sink with drainer
 - Splash back tiles
 - Elbow operated mixer taps
 - Liquid antiseptic soap dispenser
 - Non-reusable hand drying facilities (i.e. paper towels)

MINIMUM REQUIREMENTS – HOSPITAL FOOD SERVICES PRIVATE PRACTICE

Other requirements are as stated under "Minimum requirements for all types of Health Institutions

Recommended facilities

- ❖ Reception
- ❖ Counselling room
- ❖ Storeroom
- ❖ Toilet

- ❖ Washable, impervious and non-slippery floors
- ❖ Ceiling- dust proof type
- ❖ Adequate ventilation and lighting provided by both natural and artificial means.

Requirements

- ❖ Scales (bathroom, baby, salter and ration)
- ❖ Heightometer
- ❖ MUAC tape
- ❖ Household measuring equipment
- ❖ Calculator
- ❖ Sample food dummies
- ❖ Food pyramid charts
- ❖ Food composition table
- ❖ Information, education and communication material
- ❖ Current calendar
- ❖ Secure filing cabinet
- ❖ Glucometer
- ❖ Sharps box
- ❖ Couch
- ❖ Chairs ad desk
- ❖ Screen curtains
- ❖ Telephone
- ❖ List of emergency telephone number
- ❖ Foot operated receptacle with self-closing devices, with plastic lining for ease of cleaning and infection control purposes

MINIMUM REQUIREMENTS – BIKINETICS ROOMS

Other requirements are as stated under "Minimum requirements for all types of Health Institutions

Should also have the following:

- ❖ Disability friendly ramps
- ❖ Wide entrance that allows free movement of a wheel chair
- ❖ Should be on the ground floor unless there is an elevator at the premises

Treatment room

- ❖ Ceiling – accepted height and condition
- ❖ Adequate ventilation and lighting
- ❖ Impervious and washable floors – tiles or cement
- ❖ Walls must be brought to washable finish
- ❖ Practitioner’s desk and chair: two chairs for patient and a relative, covered with washable material
- ❖ Reference books
- ❖ Plinth
- ❖ Footstool
- ❖ Screens or suitable room to allow privacy
- ❖ Clean and suitable linen

Equipment

- ❖ Appropriate exercise equipment – minimum requirements
 - Exercise ball
 - Resistance bands
 - Aerobic step
 - Mat for floor exercises
- ❖ Goniometer and tape measure
- ❖ Blood pressure monitor
- ❖ First aid box

MINIMUM REQUIREMENTS – AUDIOLOGIST AND SPEECH PATHOLOGIST

Other requirements are as stated under “Minimum requirements for all types of Health Institutions

Speech therapists can do home visits and can work in the following places:

- ❖ Schools
- ❖ Preschools
- ❖ Hospitals
- ❖ Rehabilitation centres
- ❖ Private practice

Room requirements

- ❖ A quiet room (but not soundproof)
- ❖ A door that closes and ensures privacy
- ❖ Access to either a basin or hand sanitizer (can use one nearby)
- ❖ Adequate ventilation and lighting provided by both natural and artificial means
- ❖ Chairs and desk

Other requirements are as stated under "Minimum requirements for all types of Health Institutions (Appendix I). Should also have the following:

- ❖ Disability friendly ramps
- ❖ Wide entrance that allows free movement of a wheel chair
- ❖ Should be on the ground floor unless there is an elevator at the premises

MINIMUM REQUIREMENTS – DIETICIAN'S PRIVATE PRACTICE

Other requirements are as stated under "Minimum requirements for all types of Health Institutions

Recommended facilities

- ❖ Reception
- ❖ Counselling room with the following
 - ❖ Washable impervious and non-slippery floors
 - ❖ Ceiling dust proof type
 - ❖ Adequate ventilation and lighting provided by both natural and artificial means

Essential equipment

- ❖ Chairs and desk
- ❖ Scales – mother to child scale
- ❖ Height board or stedeometer
- ❖ MUAC tape
- ❖ Household measuring equipment
- ❖ Calculator
- ❖ Information, education and communication material
- ❖ Secure filing cabinet

MINIMUM REQUIREMENTS – PSYCHOLOGIST ROOMS

Other requirements are as stated under “Minimum requirements for all types of Health Institutions

Recommended facilities

- ❖ With adequate ventilation and lighting provided by both natural and artificial means

Equipment

- ❖ Psychologist’s desk
- ❖ At least two chairs
- ❖ Lockable filing cabinet for patient/client information
- ❖ Security for psychological tests, client’s psychological reports – psychometric test results
- ❖ Facial tissues

MINIMUM REQUIREMENTS – CLINICAL SOCIAL WORKER

Other requirements are as stated under “Minimum requirements for all types of Health Institutions

Recommended facilities

- ❖ With adequate ventilation and lighting provided by both natural and artificial means

Equipment

- ❖ Desk and chair for the practitioner
- ❖ At least two more chairs for patients
- ❖ Lockable filing cabinet
- ❖ Box of tissues

MINIMUM REQUIREMENTS – AIR AMBULANCE SERVICE (CHECKLIST)

Item #	INSPECTION AREA 1 Management and Administration This inspection area encompasses a description of the management and administration of the aeromedical service. The following checklist items are provided for guidance and should be used during the Inspection.	REQUIRES ACTION		COMMENT/ FINDING
		YES	NO	
1-01	Does the management include a qualified Pilot?			
1-02	Does the management have an operations office in Zimbabwe?			
1-03	Does the service have a documented disaster responsiveness procedure?			
1-04	Does the service have a quality assurance program in place?			
1-04	Does the service have an AHPCZ registered practitioner in- charge in their decision making structure?			
1-05	Does the practitioner in charge hold a current practicing certificate issued by the AHPCZ?			
1-06	Does the practitioner in charge, and all personnel who conduct direct aeromedical work, understand, read, write, and fluently speak English?			
1-07	Does the service own the aircraft or aircrafts to be used as an air ambulance, if not do they have a current lease agreement or memorandum of understanding (MOU)with the owner?			
1-08	Does the service have a local authority certificate for the premises authorizing use for medical service activities			
1-09	Does the operator have an HPA certificate, if not see Area 5 below			

Item #	INSPECTION AREA 2 Aviation Regulations Compliance This inspection area encompasses review of the content of the CAAZ specifications (Regulations) issued to the service. The following checklist items are provided for guidance and should be used during the Inspection.	REQUIRES ACTION		COMMENT/ FINDING
		YES	NO	
		2-01	Has the service been properly issued with a Civil aviation authority of Zimbabwe, (CAAZ) aviation operator's certificate (AOC)?	
2-02	Is the AOC current and in the name of the service provider? (See 1-07)			
2-03	Does the service or operator's AOC allow for or specify air ambulance work in Zimbabwe?			
2-04	Does the operator have CAAZ issued airport access passes?			
2-05	Are the vehicles, including ambulances issued with airport access passes?			
2-06	Do all drivers gaining access onto the apron/tarmac have permission from CAAZ, for ramp safety?			

Item #	INSPECTION AREA 3 Patient Handling Equipment This inspection area encompasses a review of the equipment used by the Service in conducting its approved aeromedical operations. The following checklist items are provided for guidance and should be used during the Inspection. This is a minimum requirement list	REQUIRES ACTION		COMMENT/ FINDING
		YES	NO	
		3-01	A defibrillator equipped with pacing and cardioversion capabilities	
3-02	Electronic Multi parameter vital signs monitor, ECG, SPO2, RR, NIBP etc			
3-03	Manual BP monitor aneroid			
3-04	Thermometer electronic			
3-05	Transport ventilator Adult IPPV, SIMV,			
3-06	Transport ventilator Paediatric (if 3-05 has no paediatric mode)			
3-07	Advanced Air Management Kit- laryngoscope, BVM, ETTs, Suction, OPAs, NPAs, Chest drains (one way flutter valves)			

3-08	Trauma Management Kit-Motion restrict kit, splints, vacuum mattress			
3-09	Iv management Kit-Iv fluids, infusion sets, infusion pumps			
3-10	Child Delivery and infant management Kit- cord clamps, towels, pr. scissor,			
3-11	Oxygen and oxygen delivery equipment			
3-12	Dressings and haemorrhage control kit			
3-13	Baby incubator			
3-14	Patient stretcher with straps			
3-15	Emergency and resuscitation drugs			
3-16	Burns management kit			
3-17	Linen Kit			
3-18	Double lock Dangerous Drugs Cupboard, eg Morphine, Fentanyl, Pethidine etc.			
3-19	Refrigerator for drugs at Base and Portable cooling container			

Item #	INSPECTION AREA 4 Flight Crew Qualifications and Fitness This inspection area encompasses a brief description of the Crew members and qualifications. The following checklist items are provided for guidance and should be used during the Inspection.	REQUIRES ACTION		COMMENT/ FINDING
		YES	NO	
4-01	A minimum of two pilots approved by CAAZ for the aircraft where the service operates a day light flights only			
4-02	A minimum of 4 pilots approved by CAAZ where the service is engaged in a twenty four hour day and night operation			
4-03	A minimum of one flight Doctor holding an Aviation Health Care Provider's certificate and a valid ACLS certificate.			
4-04	The doctor must be registered with MDPCZ and has an OPC.			
4-05	A minimum of one flight nurse or flight medic registered with AHPCZ			
4-06	The flight Nurse or flight medic holds a post basic qualification in critical			

	patient care and Aviation health care provider certificate.			
4-07	Current medical fitness test certificate for all crew members			
4-08	Does the service employ a CAAZ rated Flight operations officer			

Item #	INSPECTION AREA 5 Facilities This inspection area encompasses a review of the facilities utilized by the service. The following checklist items are provided for guidance and should be used during the Inspection.	REQUIRES ACTION		COMMENT/ FINDING
		YES	NO	
5-01	Does the service have a control centre with ground to air communication equipment – e.g. VHF radio, maps, (Tracking systems), satellite phone, other telephones			
5-02	Is the control centre separated from human traffic for privacy and confidentiality			
5-03	Does the service provide rest rooms for males and for females with beds and linen for twenty-four-hour service?			
5-04	Does the service provide staff catering facilities at their premises			
5-05	Does the service have separate ablution facilities for males and females at the premises			
5-06	Does the service have a medical waste disposal / management system in place			
5-07	Does the service have an approved sluicing facility on site (sluice area)			