

IHRA Standards For Hospitals

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IHRA Standards for Hospitals

1 SCOPE

This IHRA Standards prescribe the service management and service provision standards for hospitals. These standards provide the basis for organizational assessment of the delivery of quality patient care and services, and utilization of available resources. These standards are applicable to all types of hospitals – public and private, large and small, urban and rural. Each standard is described through indicator(s), which are colour coded as red (critical) and yellow (not mandatory or part of minimal requirement).

2 NORMATIVE REFERENCES

IHRA 1001:2020 IHRA Standards for Hospitals

3 TERMS AND DEFINITIONS, AND ABBREVIATIONS

For terms and definitions, please see IHRA 1010:2020 (IHRA Standards – Terms and Definitions on Healthcare).

PART A: MANAGEMENT

4 MANAGEMENT OF HOSPITAL

4.1 Mission and Strategic Planning

Standard 1: The hospital is directed and managed effectively and efficiently in accordance with its objectives and mission statement.

Indicator 1: Mission statement is available.

Indicator 2: The mission and values are available and disseminated to the staff and general public in languages and forms appropriate to the local population and their needs.

Indicator 3: Goals and objectives of the services are reflected in the strategic plan.

Indicator 4: Policies and annual plans are in line with strategic plan.

Indicator 5: Five-year strategic plans are developed with an annual update.

4.2 General Management

Standard 2: Responsibilities for operating the organization, managing its resources and for complying with applicable laws and regulations, which are clearly documented.

Indicator 6: There is a Governing Board for the hospital.

Indicator 7: Governing Board must be responsible for establishing and reviewing of mission goal, setting quality culture, resources, legislation and monitoring and evaluation of achievement of strategic and annual plans.

Indicator 8: Performance of the Board will be evaluated on annual basis.

Indicator 9: Hospital In-charge (Chief Executive Officer, Medical Superintendent, Hospital Administrator) has appropriate qualification and requisite experience.

Indicator 10: Job descriptions clearly defines accountability and responsibility of the In-charge.

Indicator 11: Current Organizational Chart identifies the chain of communication.

Indicator 12: Organizational chart are reviewed and communicated to the relevant staff.

Indicator 13: Mechanisms and protocols are defined within hospital for internal and external services.

Indicator 14: Staff follows the policies of confidentiality and release of information.

Indicator 15: Scope, roles and functions of each clinical services/unit/department are stated.

Indicator 16: Each service in the hospital is led by an identified manager with appropriate qualification and experience.

Indicator 17: Duty rosters are published at least two weeks in advance.

4.3 Risk and Quality Management

Standard 3: *The hospital prevents and manages risks, identifies opportunities to continuously improve its processes and services, makes improvements and evaluates their effectiveness.*

Indicator 18: Risk management plan for safe healthcare delivery is available.

Indicator 19: Incidents, accidents, near misses and adverse events/reactions are reported and recorded.

Indicator 20: Body for Continuous Quality Improvement (CQI) meets on regular basis.

Indicator 21: Quality group develop plan for CQI with defined roles and responsibilities.

Indicator 22: Performance indicators for all services (clinical and non-clinical), priority diseases and key processes are available.

Indicator 23: Regular assessment is conducted of patient satisfaction on key process.

Indicator 24: Policy and procedures are developed with inputs of the staff.

Indicator 25: Staff follows documented policies and procedures.

Indicator 26: Appropriate and evidence based clinical guidelines are available.

Indicator 27: Staff is trained to follow the guidelines.

Indicator 28: Clinical audit and its process is agreed between management and clinical staff.

Indicator 29: The effectiveness of the of improvement plan is evaluated.

Indicator 30: Sufficient financial resources are allocated for CQI.

4.4 Financial Management

Standard 4: *Financial resources are managed efficiently and effectively in order to optimize services that can be provided and results can be achieved.*

Indicator 31: A qualified Financial Manager is responsible for developing rules and procedures for financial management

Indicator 32: In-charge (Medical Superintendent, CEO, Director or COO) and departmental heads are involved for setting annual targets for the budgets of the financial years

Indicator 33: Accounting system is in place to indicate revenues and expenditures

Indicator 34: Internal control audit system is in place.

Indicator 35: External financial audit is undertaken on annual basis.

Indicator 36: A mechanism is used to safeguard of assets in accordance with financial rules and regulation.

4.5 Human Resources Management

Standard 5: Staff are appointed, trained, evaluated and promoted in accordance with documented procedures, job descriptions and service needs.

Indicator 37: The hospital develops and implements policies and procedures for the management of staff, which includes appointment, selection, training, appraisal, promotion, and retention of appropriately qualified staff to meet the service objectives of the organisation.

Indicator 38: Staff availability and skill mix are consistent with the on-going role and functions of each unit.

Indicator 39: Records are available which show:

- Staff levels and skill mix
- Workload and complexity
- Sickness and absence
- Training

Indicator 40: Staff appointments are made in line with the required qualification and experience for the job.

Indicator 41: Staff are treated in accordance with an equal opportunities policy and as per Government rules.

Indicator 42: Current job descriptions and responsibilities for all staff are available and all staff have a copy of their job description.

Indicator 43: All new staff have their professional registration papers checked on appointment and regularly thereafter to ensure employees have a current valid registration with the relevant professional accreditation body.

Indicator 44: All staff are oriented to the hospital and their specific positions through a documented induction program.

Indicator 45: The induction programme includes:

- The hospital's mission, values, goals and relevant planned actions for the year
- Services provided
- Roles and responsibilities
- Relevant policies and procedures, including confidentiality
- Use of equipment
- Safety
- Emergency preparedness
- Quality improvement

Indicator 46: Every staff member in the hospital can be identified by appropriate mechanisms, E.g., uniforms, name tags, hats.

Indicator 47: Staff performance is evaluated annually with the staff member against their job description and agreed targets and is used to identify strengths, areas for improvement and training needs.

Indicator 48: The hospital identifies staff authorised as competent to undertake admissions, carry out assessments, provide treatment in different services and maintain and manage waiting lists.

Indicator 49: Student nurses, doctors or other health professionals are supervised by a qualified nurse, doctor or other health professional as appropriate.

Indicator 50: There are appropriate facilities for staff representatives including access to a meeting room.

Indicator 51: A training needs assessment exercise is conducted every two years with the objective of developing training plans for all staff groups in order to meet the development needs of individual health professionals and the service needs of the organisation.

Indicator 52: A continuing education programme is accessible to all staff. Participation is encouraged and monitored by the hospital.

Indicator 53: There is a training budget, which is calculated to allow appropriate training to take place.

Indicator 54: Accurate and complete personnel records, including records of training, are kept in a secure location and treated as confidential.

Indicator 55: Key indicators such as absenteeism and staff turnover are measured and the results analysed and used for improvement.

5 PATIENT RIGHTS

5.1 Information for Patients

Standard 6: Patients have the right to receive all information relevant to their care management to enable them to make informed decisions.

Indicator 56: Patient right and responsibility charter is developed and displayed in patient area.

Indicator 57: There is documented process to inform about patient rights.

Indicator 58: Guidance and advice is provided at the registration point.

Indicator 59: There is display of information in reception area and wards about the rights of the patients, services and facilities available in the hospital, cost of services, and feedback and complaints pathways.

Indicator 60: Information on hospital areas is displayed at prominent places through appropriate signage.

Indicator 61: Patient and their families are informed about the status of their health and clinical conditions.

Indicator 62: Information is provided about the treatment and its cost, effects, side effects and alternatives.

Indicator 63: List is prepared and available of the procedures where written consents are needed.

Indicator 64: Up to date evidence-based information is provided for disease prevention and health promotion.

Indicator 65: Relevant health messages are displayed at prominent places.

Indicator 66: Patients have informed choices and preferences.

Indicator 67: Precautions and information about the hospital's responsibility of personal

belongings.

Indicator 68: An interpreter is available at the hospital.

5.2 Patient Feedback on Services

Standard 7: Patients have the right to complain about the services and treatment and their complaints are investigated in a fair and timely manner.

Indicator 69: Patients are informed about their right to express their concerns or complains verbally or written.

Indicator 70: Patients are provided with mechanisms for submission of complaints.

Indicator 71: There is documented process of complaint handling and the patients are informed about the progress.

Indicator 72: The results of the complaints investigation are submitted on monthly basis and used for quality improvement.

5.3 Privacy and Dignity of Patients

Standard 8: Patients' privacy and dignity are respected throughout the entire care process.

Indicator 73: Patient has right of individual bed.

Indicator 74: Consultation, treatment room and washing facilities allow privacy.

Indicator 75: In-patient changing facilities are appropriate and allow privacy.

Indicator 76: No procedure is carried out in presence of unconcerned person.

Indicator 77: Processes are in place to identify and respect of values and beliefs of patients.

Indicator 78: The patients are relieved of pain and suffering according to current knowledge.

Indicator 79: The needs of end-of-life care is assessed and documented.

Indicator 80: Staff is made aware of the needs of end-of-life care.

PART B: SERVICE DELIVERY

6 CARE CONTINUUM

6.1 Access to Health Services

Standard 9: Services are continuously available and the hospital minimizes physical, economic, social, cultural, organizational or linguistic barriers to access.

Indicator 81: Access ways and passageways are kept clear at all times.

Indicator 82: Functional, clean and disinfected wheel chairs and stretchers are available at the gate/reception for patients who are unable to walk.

Indicator 83: All patient areas of the hospital are easily accessible by wheelchair.

Indicator 84: Multi-storey buildings have ramps or functional lifts with an operator.

Indicator 85: The hospital and its departments are clearly signposted and a site plan is displayed at a central place for orientation of staff and patients.

Indicator 86: A reception with a male and/or female receptionist to guide the patients is open during operating hours.

Indicator 87: The hospital specifies visiting hours and communicates these to the public.

Indicator 88: Rules for numbers and kind of visitors and attendees are clearly defined and visibly posted and facilities to enable relatives to sit at the bedside and to stay overnight if needed.

Indicator 89: Documented policies and procedures for prioritizing the patient examination and treatment, bed availability, referrals, waiting time and support to special persons.

Indicator 90: On admission to hospital, patients are introduced to the nurse on duty and given an orientation to the unit to which they are admitted including the location of toilets, pantry and other facilities and services.

Indicator 91: Patients admitted to the hospital have access to an allotted bed with fresh linen and do not have to double up with other patients.

Indicator 92: Elective admissions, including waiting list management and cancellations are managed in accordance with documented policies and procedures and based on patient need.

6.2 Continuity of Care

Standard 10: Patients have the right to continuity of care, including cooperation between all health care providers and/or establishments which may be involved in their diagnosis, treatment and care.

Indicator 93: Every patient is registered and issued the appropriate form for recording various details of symptoms, diagnosis, treatment and services being provided.

Indicator 94: All patients and visitors to the hospital receive courteous and prompt attention from the staff at reception and in ward or department.

Indicator 95: Each patient should have a named responsible doctor for that admission.

Indicator 96: The nurse on duty is responsible for patient assessment, care planning and evaluation of care in coordination with other care providers and services.

Indicator 97: A stock of essential drugs is available at all times in each treatment area

Indicator 98: Doctors, qualified nurses and appropriate support staff are available on-site 24 hours per day.

Indicator 99: There should be clear processes for nurses to summon urgent medical help if required.

Indicator 100: Regular meetings of different care providers are held to share information on patients' progress and patient care is formally handed over with the transfer of all relevant information when responsible physician for that admission changes duties.

Indicator 101: The patient's record is available to all care providers.

Indicator 102: Planning for discharge or end of service begins at admission and involves the patients and their family and potential providers of follow-up services.

6.3 Assessment

Standard 11: All patients have their health care needs identified through an established assessment process.

Indicator 103: Assessments are carried out by qualified professionals identified by the hospital as competent to do assessments.

Indicator 104: Criteria to prioritise emergency patients exist and are implemented.

Indicator 105: Patients' choice regarding examination by a male or female is respected as far as possible.

Indicator 106: A nurse/chaperon is available when patients are being examined by members of the opposite sex.

Indicator 107: An assessment of the patient's needs is systematically completed on an agreed form including, for example, medical, psychological, social, physical, environmental, educational, spiritual and cultural needs.

Indicator 108: The patient's relatives and carers are included in the assessment by providing information wherever possible.

Indicator 109: A history and full medical examination, including vital signs, weight, height and significant findings, is entered in the patient records by a member of the medical staff as soon as possible but within maximum 6 hours of admission. All patient assessments should preferably be reviewed and approved by the attending consultant within 24 hours of admission.

Indicator 110: After examining the patient, the doctor legibly endorses the assessment findings, records the provisional diagnosis and the course of action on the OPD card or the patient record and dates and signs it.

Indicator 111: Except in an emergency, admission notes are completed prior to any surgical procedure.

Indicator 112: Following examination, written as well as verbal information is provided for patients regarding future visits, treatment and medication.

Indicator 113: Patients are re-assessed at certain intervals, at least once every 24 hours by the medical team and at least once every 8 hours by the nursing team, to determine their response to treatment and to plan for continued treatment or discharge and re-assessment results are documented in the patient's record.

6.4 Care Planning, Monitoring and Evaluation

Standard 12: *Health Care Providers develop and implement a written, up-to-date plan of care/service for each patient and monitor the care provided against this plan.*

Indicator 114: A written care plan for each patient is prepared in collaboration with the patient, carers/relatives and other appropriate health professionals.

Indicator 115: Care plans identify the goals of care and treatment and reflect the patient's assessed needs, perceptions and priorities, agreed philosophy of care, current practice guidelines and evidence-based practice.

Indicator 116: The care plan is evaluated and updated in accordance with the findings of re-assessment and progress in meeting identified goals.

Indicator 117: The care plan is used by doctors, nurses and other health professionals to facilitate continuity of care and on-going appropriate treatment.

6.5 Treatment

Standard 13: *The organization delivers services to the patients that meet their individual assessed needs, reflect current best practice and are coordinated to minimize potential risks and interruptions in provision.*

Indicator 118: Clinical guidelines/treatment protocols are used to guide patient care processes.

Indicator 119: Policies and procedures guide the care of high-risk patients with age cut offs for adults and children, such as:

- emergency patients
- those who are comatose or on life support
- those with communicable diseases or who are immune suppressed
- patients on dialysis
- vulnerable elderly and children
- Seriously ill patients

Indicator 120: Written procedures to ensure that the right medication is administered to the right patient. These must include:

- Identification of the patient before medications are administered
- Verification of the medication and the dosage amount with the prescription
- Verification of the routes of administration
- Verification of the time of administration

Indicator 121: Medication effects (including adverse effects) and medication errors are monitored, reported and analysed.

Indicator 122: Parental medication must be given under strict aseptic conditions, observing hand hygiene

Indicator 123: Appropriate and sufficient manpower, equipment and support services are available to allow nursing staff to meet the care needs of patients, with minimum nurse9s) present round the clock according to mandatory nurse to patient ratio.

Indicator 124: Patients are not disturbed unnecessarily except for medical reason.

6.6 Documentation of Care

Standard 14: *The patient record contains sufficient information to identify the patient, support the diagnosis, justify the treatment and care, document the course and results of the treatment and care, and promote continuity of care among health care providers.*

Indicator 125: A clinical record is initiated for every patient admitted to the hospital and wherever possible there is only one set of case notes for each patient.

Indicator 126: Patient records are maintained through the use of a unique number or other form of identification unique to the patient.

Indicator 127: Entries in the patient records are legible, dated, signed and identifiable.

Indicator 128: The use of symbols and abbreviations is kept to a minimum in accordance with an agreed list of abbreviations within the hospital.

Indicator 129: There is an agreed format for filing of information within the patient record.

Indicator 130: The hospital respects information about a patient's health status, medical condition, diagnosis, prognosis and treatment and all other information of a personal kind as confidential, even after death. Confidential information is only disclosed if the patient gives explicit consent or if the law expressly provides for this.

Indicator 131: The patients' record can be used for research purposes only if the patient has given a written consent and/or if there is an approval by the Ethics Committee.

Indicator 132: The original patient record may not be removed from the hospital premises, except by court order. Policies and procedures are in place to prevent the loss and/or misuse of patient records.

Indicator 133: The patient record is sufficiently detailed to enable the patient to receive effective coordinated treatment and care and includes:

- Details of admission, date and time of arrival
- Patient assessment and medical examination

- Sheet containing history pertinent to the condition being treated including details of present and past history and family history
- Diagnosis by a registered health professional for each entry to the hospital
- Details of the patient care or treatment plan and follow-up plans
- Diagnostic test orders and results of these tests
- Progress notes written by medical, nursing and allied health staff to record all significant events such as alterations in the patient's condition and responses to treatment and care
- Record of any near misses, incidents or adverse events
- Medication sheet recording each dose given
- Treatment record
- Observation charts, E.g., temperature chart, input and output chart, head injury chart, diabetic chart
- Specialist consultation reports
- Mode of discharge, E.g., left against medical advice or discharged on request
- In case of death, details of circumstances leading to the death of patients

Indicator 134: For surgical patients, the clinical record additionally includes anaesthetic notes, operation record and consent form.

Indicator 135: Where referrals have been made, the patient record includes the referral letter and indications for referral.

Indicator 136: An 'alert' notation for conditions such as allergic responses to medications or food, adverse drug reactions, radioactive hazards and infection risks is prominently displayed in the record.

Indicator 137: A completed discharge summary signed by the doctor (full name) who authorized the discharge is submitted to the records department within 72 hours of the patient's discharge.

Indicator 138: All diagnoses/procedures are coded using international standards and a yearly summary report is prepared and used for planning.

Indicator 139: Patient records (hard copies) are retained for a minimum of 7 years and disposed of according to existing rules and legislation.

Indicator 140: All patient records should preferably be saved in a computer system and be available for perpetuity.

Indicator 141: Appropriate policies and procedures are in place to govern access to and storage of patient records.

Indicator 142: There is a clear policy which allows patients access to their records.

Indicator 143: All patient records are filed in a central medical record filing / computer system.

Indicator 144: There is a provision of a separate storage area for keeping medico-legal case records.

Indicator 145: There is a system for easy retrieval of records.

Indicator 146: The storage area for patient records is protected against fire, flooding and damage by insects consistent with the Govt. of Pakistan norms.

Indicator 147: A tracking system monitors the removal, movement and replacement of patient records between internal users and the Medical Records Department.

6.7 Discharge, Transfer and Referral

Standard 15: Safe and appropriate discharge, transfer or referral of patients is based on the patient's health status and need for continuing care.

Indicator 148: A written and dated procedure including criteria to determine readiness for discharge, transfer or referral of patients is used and specifies who is authorised to do it.

Indicator 149: Reasonable time, preferably 12 hours, of notice of discharge or transfer is given to patients and carers.

Indicator 150: Follow up arrangements, agreed with the patient and/or the family, are noted in the patient record prior to discharge.

Indicator 151: A discharge card/slip containing relevant information such as reason for admission, findings, diagnosis, treatment, medication, condition at discharge, date of discharge and name of attending practitioner is signed and given to the patient and/or his family prior to discharge, with a copy retained in the patient record.

Indicator 152: The patient and/or the appropriate carer or attendant is advised on any necessary skills for care after discharge such as moving and handling techniques or catheter care.

Indicator 153: If patients are transferred to another hospital or doctor, copies of their clinical notes and the discharge slip accompany them to provide sufficient information for continuity of care and feedback

Indicator 154: Patients being transferred to other facilities are provided with necessary resources such as transport, walking aids and documentation.

Indicator 155: Before transfer the facility to which the patient is being transferred is informed about receiving the patient, their status and the time of arrival and afterwards the hospital checks with the facility that the transfer has been safely made.

7 OPERATION THEATRE DEPARTMENT

7.1 Service Management

Standard 16: Operation Theatres provide safe, hygienic and appropriate services for patients and are coordinated with other services of the hospital to provide continuity of care.

Indicator 156: The operation theatre(s) and/or department are managed by a suitably qualified, registered and experienced nurse, doctor or senior operating department assistant.

Indicator 157: A list of hospital-approved surgical procedures, equipment and other inputs, like supplies, and SOPs is communicated to staff.

Indicator 158: Anaesthetic services are provided by qualified, registered and experienced anaesthetists.

Indicator 159: An anaesthetist is present/available for all surgical procedures 24 hours a day.

Indicator 160: A designated, suitably trained member of staff (Operating Theatre Assistant, anaesthesia technician) is available to assist the anaesthetist at all times.

Indicator 161: A visiting consultant surgeon or assistant provide surgery, assistance and advice through a signed agreement specifying the limits of their consultation.

Indicator 162: Regular documented audits of the operating theatre are carried out and the information is used by relevant management, safety and/or quality improvement committees, including:

- Admissions and discharges by specialty
- Diagnosis-specific bed utilisation
- Procedure-specific operating rates
- Post-operative infections
- Post-operative deaths
- Unplanned return to theatre
- Post-operative pulmonary embolism
- Post-operative CVA
- Post-operative cardiac myocardial infarction
- Unplanned re-admission within 28 days of discharge
- Unplanned transfer to ICU
- Unplanned transfer to another unit
- Unplanned second operation within 6 weeks of surgery
- Damaged organs following surgical procedure

Indicator 163: Any changes required to practice, provision or organisation as a result of the audits are discussed with all staff concerned before implementation.

Indicator 164: Coded data available to OT staff from audits.

Indicator 165: Mechanism/process of patients' safety are in place and followed, including:

- Identification of the right surgical site
- Swab and instruments counting before incision and stitching
- Time out with all its components

7.2 Policies, Procedures and Records

Standard 17: Operational policies and procedures clearly describe the key processes of the Operation Theatre and/or department, the responsibility of the staff and expected results, and records provide accurate information for analysis and evaluation.

Indicator 166: Written up-to-date procedures are available, followed by staff and include but are not limited to the following:

- Signage of OT as a restricted area and identification of persons allowed in the OT
- Sterilisation and identification of sterilised OT equipment
- Separation and transport of dirty linen
- Pre-operative assessment and instructions
- Routine equipment checks and preparation
- Annual review of functioning equipment in line with the services offered by the OT
- Sending for and the transportation of patients from ward to OT
- Admission to the operating department
- Identification of patients
- Identification of operation site

- Recovery
- Inoculation injury
- Staff protection against exhaust from anaesthetic gases
- Post-operative care
- Handover procedures for pre-operative and post-operative patients
- Diathermy use
- Tourniquet use
- X-ray use
- Laser use
- Swab, needle and instrument count
- Infected patients

Indicator 167: The following formal documentation/records are available in the department:

- Theatre register (anaesthesia register and surgeons' register)
- Prosthesis register
- Electro medical equipment register
- Record of correct swab/instrument count
- Controlled drugs
- Specimens register
- Record of weekly/monthly analyses of surgeries (including the ICD 10 code)
- Next-day schedule for operations
- Maintenance of stock levels of drugs and consumables
- Number and type of emergency procedures
- Duty roster

Indicator 168: Specific safety rules and instructions are displayed and followed by staff for the following:

- Storage and use of hazardous chemicals, E.g., glutaraldehyde, formalin
- Storage and use of compressed gases
- Laser and radiation safety
- Appropriate shielding and protective clothing, E.g., for image intensification
- Emergency electrical power supply (UPS, inverters, generators and emergency electric lights)

Indicator 169: Surgical patients are managed by surgeons, anaesthetists and nurses with appropriate qualifications and experience.

Indicator 170: Children have (the right of) access to a parent prior to and during induction of anaesthesia, and during recovery.

Indicator 171: All patients undergoing surgery are identified by a bracelet or other unique identification method secured to the patient.

Indicator 172: Full, non-abbreviated preoperative notes are kept for all patients and include but are not limited to:

- Signed evidence that informed consent to surgery has been obtained by a doctor for critical surgery and by the nurse for routine surgery
- Signed evidence that the correct procedure was followed when obtaining consent for children under the age of 18 years
- Details of the site and side of an operative procedure

Indicator 173: There has a separate fully functioning and equipped recovery room.

Indicator 174: A trained recovery nurse is present for each anaesthetic session and remains in the recovery area until the last patient has been discharged back to the ward.

Indicator 175: Sufficient, qualified and experienced staff monitor patients in the recovery room to ensure individual patient supervision at all times.

Indicator 176: Documented discharge criteria are used to assess patients' readiness to leave the recovery room.

Indicator 177: The anaesthetist is available in the hospital until the patient has recovered from anaesthetic.

Indicator 178: The anaesthetist provides the final authorization for the patient to leave the recovery area.

Indicator 179: There are clear, formal instructions on how to contact a doctor in an emergency.

Indicator 180: A documented visit is made to each in-patient at least once every day by the surgeon, anaesthetist or doctor between the first post-operative day and discharge.

Indicator 181: A record of the operation for the patient record is made immediately following surgery and a copy is retained in the OT. The record includes the following:

- Date and duration of operation
- Anatomical site/place where surgery is undertaken
- The name of the operating surgeon(s), operating assistants including scrub nurse and the name of the consultant responsible
- The coded diagnosis made and the procedure performed
- Description of the findings
- Details and serial numbers of prosthetics used
- Details of the sutures used
- Swab and equipment count
- Immediate post-operative instructions
- The surgeon's and scrub nurse's signatures

Indicator 182: Anaesthetic records contain:

- Date and duration of anaesthesia
- Name of surgical operation performed
- The name of the anaesthetist, anaesthesia assistant and, where relevant, the name of the consultant anaesthetist responsible
- Pre-operative assessment by the anaesthetist
- Drugs and doses given during anaesthesia and route of administration
- Monitoring data
- Intravenous fluid therapy
- Post-anaesthetic instructions
- Any complications or incidents during anaesthesia
- Signatures of anaesthetist and anaesthesia assistant

7.3 Facilities and Equipment

Standard 18: Safe and adequate facilities and equipment are provided to meet the needs and volume of patients undergoing procedures in the operating theatre(s).

Indicator 183: Arrangements are made so that hospital OTs are situated separately from areas accessible to the general public.

Indicator 184: Hazard and/or warning notices are clearly displayed before restricted and high-risk areas.

Indicator 185: Changing facilities are provided for theatre staff to enable those entering the theatre to not cross “dirty” areas.

Indicator 186: Separate male and female changing and rest rooms are available.

Indicator 187: There is a clear separation of ‘dirty’ areas in OT(s) and only persons wearing theatre dress enter the OT(s).

Indicator 188: Staff use a separate space for maintaining records and other office activities.

Indicator 189: The anaesthetic induction area/room and operating theatre are equipped with safe and well-maintained equipment specific for OT activities including but not restricted to the following:

- Anaesthetic machine and ventilator
- Laryngoscopes
- Endotracheal tubes/laryngeal masks
- Airways
- Nasal tubes
- Suction apparatus and connectors
- Oxygen
- Drugs and IVs required for planned anaesthesia
- Drugs for emergency situations
- Monitoring equipment including ECG, ETCO₂, temperature monitoring, pulse oximeter and blood pressure
- Accessible defibrillator
- Anaesthetic gas scavenger system
- Tipping/tilting trolleys/beds
- Multi positioned table with radiolucent tops
- Suction machine
- Instrument cleaning/decontamination facilities
- Temperature and humidity control
- IV Cannulas and CV lines in different sizes
- Blood warmer
- Adequate light sources
- Special equipment for particular age groups, E.g., neonate resuscitation table

Indicator 190: A list of additional items needed for special procedures and surgeries carried out by the OT is available in the theatre.

Indicator 191: The recovery area is well lit and adjacent to the operating theatre.

Indicator 192: Resuscitation equipment and drugs are immediately accessible in the recovery area and operation theatre.

Indicator 193: A list of functioning equipment available in the recovery room includes:

- Airways (Ambu bags) and other intubation material and equipment
- Suction
- Oximeter
- ECG
- Tipping/tilting trolleys/beds

- Blood pressure measurement apparatus
- Defibrillator
- Anaesthesia machine
- Oxygen concentrator
- Emergency ventilator

8 EMERGENCY SERVICES / CASUALTY DEPARTMENT

8.1 Service Management

Standard 19: *The Casualty Department provides safe, timely and efficient live-saving emergency care and minor treatment and surgery for patients.*

Indicator 194: The casualty department is managed at all times by a suitably qualified and experienced nurse, doctor or senior casualty department assistant.

Indicator 195: Deputising arrangements for suitably qualified and experienced deputies are documented and used.

Indicator 196: A signed agreement and close professional links with other emergency units offering more comprehensive services enables the provision of necessary emergency services.

Indicator 197: Data and outcome indicators are systematically recorded and aggregated for analysis. These include a documented review of volume of activity, source and appropriateness of referrals and adverse events.

Indicator 198: Data available for clinical review includes:

- Number of attendances
- Repeat visits (visit within 7 days of first arrival)
- Patients who died in the casualty department

Indicator 199: The expenditure/cost of procedures in the Emergency / Casualty Department is clearly defined, and available.

8.2 Policies, Procedures and Records

Standard 20: *Operational policies and procedures clearly describe the key processes of the casualty department, the responsibility of the staff and expected results. Records provide accurate information for analysis and evaluation.*

Indicator 200: Written procedures and guidelines are used consistent with the policy for:

- Identifying which patients should be seen immediately by a doctor in the department
- How medical help is summoned in emergency
- Dealing with life threatening emergencies before medical help arrives
- The transfer of patients
- The transfer of records
- The use of tele-medical techniques

Indicator 201: The hospital disaster plan clearly identifies the role, procedures and individual staff responsibilities within the casualty department in the event of a nearby major incident or disaster.

Indicator 202: All patients are seen within fifteen minutes of arrival for initial assessment and treatment prioritisation.

Indicator 203: Each patient is informed of the approximate waiting time after the need for treatment has been assessed.

Indicator 204: A process is used to monitor patient waiting times.

Indicator 205: Patients are examined in privacy by a doctor of the same sex as the patient (if available), or have the service of a chaperone if desired.

Indicator 206: Relatives are kept informed of the patient's condition with the agreement of the patient where they are able to give such consent.

Indicator 207: Locally agreed policies and procedures, consistent with local and/or national guidelines, are used for:

- All major acute emergencies commonly falling in the scope of hospital.
- Road traffic accidents
- Major incidents
- Assault
- Domestic violence
- Child protection
- Rape
- Psychiatric emergencies
- Drug abuse
- Suspected criminals
- Suspected victims of crime
- Police enquiries
- X-ray requests
- Requests for reports
- Tetanus immunisation
- Death in the unit

Indicator 208: An individual record of attendance is completed which contains:

- Name
- Address
- Age/Date of birth
- Next of kin
- Occupation/School
- Case number
- Telephone number
- Date and time of arrival
- Time of examination
- Diagnoses
- Treatment
- Minor surgery carried out
- Specimens taken
- Instructions for follow up
- Doctor's or nurse's names and signatures
- Medication given to/or taken away
- Advice given on discharge

Indicator 209: A departmental register identifies all attendances, reason for attendance, diagnostic tests, treatment given and any referrals.

Indicator 210: A formal mechanism (roster) known to all staff is used for identifying medical staff on duty and on call and is prominently displayed in the emergency care area.

Indicator 211: A procedure exists for referral for specialist care if necessary.

Indicator 212: An agreed policy is followed which defines under what circumstances, if any, nurses may issue or administer specific drugs (including tetanus toxoid) without a specific doctor's order.

Indicator 213: The type and extent of minor surgery to be undertaken is defined and is consistent with the facilities, equipment and skills available on site.

Indicator 214: A written, dated, signed policy on the referral, selection and treatment of patients for minor surgery is followed.

8.3 Facilities and Equipment

Standard 21: Safe and adequate facilities and equipment are provided to meet the needs and volume of patients attending the emergency services /casualty department.

Indicator 215: A mechanism exists for regular review of the design and appropriateness of the treatment facilities and medical and surgical supplies to assess whether they are sufficient for the work undertaken in the unit.

Indicator 216: The casualty entrance is clearly signposted from outside the hospital.

Indicator 217: A call bell is available if the entrance to the unit is locked.

Indicator 218: Parking is available for patients, including designated space for the disabled.

Indicator 219: There is a canopy over the casualty entrance used by ambulances.

Indicator 220: The doorways and access are suitable for wheelchairs and trolleys.

Indicator 221: Emergency alarms are strategically sited within the unit to summon help.

Indicator 222: Contemporary basic clinical textbooks and information are available for staff.

Indicator 223: There is appropriate equipment for:

- Resuscitation
- Monitoring
- Minor operations
- Sterilisation
- X-rays and other imaging (either locally or by referral)

Indicator 224: Hallways, clinical and public areas are clear of equipment, beds or other obstructions.

Indicator 225: Treatment areas afford the patients' privacy.

Indicator 226: A private area/room is available for interview and examination.

Indicator 227: The waiting area:

- Has drinking water facility
- Has comfortable and adequate seating
- Is clean and secure

Indicator 228: There are toilet facilities suitable and available for males, females and disabled.

Indicator 229: A public telephone is available for the use of patients and relatives.

9 INTENSIVE CARE UNIT

9.1 Service Management

Standard 22: *The Intensive Care Unit is managed by suitably qualified staff and organized to provide safe and efficient care for seriously ill patients who need to be continuously monitored.*

Indicator 230: A qualified professional with relevant training in intensive care is responsible for overall co-ordination of the unit and is accessible for specialist advice.

Indicator 231: A designated deputy is responsible for the management of the ICU in the absence of the manager.

Indicator 232: An appropriately qualified, registered and experienced nurse is responsible for the day-to-day management of nursing care in the unit.

Indicator 233: Staff are allocated on the basis of a systematic analysis of patient dependency and number of patients.

Indicator 234: All staff working in the unit are appropriately qualified and experienced for the work they do and have attended specialist high dependency care courses and continuous medical education for updating their skills.

Indicator 235: Registered nurses in the unit have completed formal in-service training or a recognised course in intensive care and at least one is present on allshifts.

Indicator 236: A suitably experienced doctor is immediately available at all times.

Indicator 237: The Unit has a person who leads on infection control issues.

Indicator 238: Relevant current texts are available for all staff for reference on the unit.

Indicator 239: The expenditure/cost of procedures in the ICU is clearly defined, and available.

9.2 Policies and Procedures

Standard 23: *Operational policies and procedures which clearly describe the key processes of the ICU, the responsibility of the staff and expected results are followed by staff.*

Indicator 240: Specific policies and procedures include emergency admission to ICU from:

- Theatres
- Wards
- Other departments
- Outside

Indicator 241: Management policies and/or procedures are available and followed by staff for the following:

- Airway management
- Conscious Sedation

- Ventilators/respirators
- Central oxygen supply and oxygen cylinders
- CVP readings (central venous pressure)
- Infusion pump management
- Pulse oximeters
- Cardiac monitors
- Arterial lines
- X-ray and other imaging investigations
- Epidural care
- Recovery facilities for all surgical cases where there is no dedicated recovery unit
- Recovery care of major surgical cases

Indicator 242: Specific emergency procedures are available and followed for:

- Apnoea/respiratory arrest
- Cardiac arrest
- Laryngeal spasm/stridor

Indicator 243: There are written criteria defining who is authorised to perform the following emergency clinical activities:

- Intubation
- Tracheotomy
- Insertion of central lines
- Defibrillation

Indicator 244: There are written policies and procedures agreed and followed for the following:

- Clothing of staff and visitors
- Filtering of patients' respired air
- Changing of catheters, humidifiers and ventilator tubing
- Isolation of at-risk or infected patients
- Cleaning of the unit

Indicator 245: Regular meetings take place to review cases and patient management, both within the unit and in conjunction with other departments.

Indicator 246: The Unit will have defined visiting hours.

9.3 Facilities and Equipment

Standard 24: Safe and adequate facilities and equipment are provided to meet the needs and volume of patients in the ICU.

Indicator 247: There is sufficient space for storing disposable and consumable items.

Indicator 248: A functional resuscitation trolley and defibrillator are available on the unit

Indicator 249: Within the Unit, a designated member of staff is responsible for checking and recording daily and after each use:

- Resuscitation equipment
- Stockholding and date of resuscitation drugs

Indicator 250: Each bed has a central line facility for:

- Oxygen
- Suction
- Compressed air
- ECG monitoring

Indicator 251: Beds in the unit are arranged to allow ready access for routine and emergency procedures and are within direct vision of supervising staff at all times.

Indicator 252: Adequate (at least three) numbers of power sockets are available for each bed.

Indicator 253: Facilities in the unit include:

- CVP monitoring
- Pulse oximetry
- Blood pressure monitoring (automatic)
- Urometry
- Ambient and patient temperature monitoring
- Arterial blood gases
- Glucometer
- Electrolyte machine

10 RESUSCITATION

10.1 Service Management

Standard 25: *All professional staff are trained in resuscitation at least to basic life support levels. Those working in higher risk areas, E.g., casualty department, operation theatres and ICU are trained in advanced life support.*

Indicator 254: There is a written, agreed description of the scope and operation of resuscitation services provided within the Hospital.

Indicator 255: A resuscitation training team exists within the Hospital and is responsible for the co-ordination of procedures, equipment and training of health staff both in the hospital and in the community.

Indicator 256: The provision of resuscitation conforms to the recommendations of the Health Department and/or international guidelines.

Indicator 257: There is a formal mechanism for obtaining specialist clinical advice on resuscitation issues.

Indicator 258: There is a programme for regular in-service training of clinical staff in handling equipment and procedures for resuscitation throughout the hospital.

Indicator 259: Records on training status are maintained for individual staff members.

Indicator 260: Identified medical staff have received advanced resuscitation training at least every three years, by a trainer who has undertaken a recognised course and documentation is provided to show evidence of this.

10.2 Policies and Procedures

Standard 26: Policies and procedures related to resuscitation exist and are known to the staff.

Indicator 261: Policies and procedures are reviewed as necessary but at least once every two year.

Indicator 262: An agreed, defined clinical procedure for resuscitation of adults (and children, if appropriate) exists and is followed by the staff.

Indicator 263: There is a policy for providing paramedic and medical assistance for resuscitation to the community

10.3 Facilities and Equipment

Standard 27: The Hospital provides adequate and functioning equipment for resuscitation in emergencies.

- **Indicator 264:** Facilities available for resuscitation

include but not limited to:

Mechanical

- Resuscitation trolley containing equipment and medication for advanced life support
- Defibrillator
- Laryngoscopes (including for children, if appropriate)
- Suction apparatus
- Manual ventilation equipment E.g., bag, valve-mask, pocket mask
- ECG monitor and leads

Supplies (including for children if relevant)

- Intravenous infusion sets
- Endotracheal tubes and/or laryngeal masks
- Oral airways
- IV Cannulae

Medications

- Oxygen
- Intravenous fluid
- Resuscitation drugs.

Indicator 265: All equipment is checked on a daily basis and after each use by suitably qualified staff. Records of the checks are kept with the equipment and monitored. All drugs must be replenished after each use.

Indicator 266: Endotracheal Intubation, cricothyroidotomy set and chest drainage equipment is only used by those experienced and trained in their use.

11 MATERNITY SERVICES

11.1 Service Management

Standard 28: Maternity services provide safe, timely and efficient maternity care for patients.

Indicator 267: The maternity department is managed by a suitably qualified, registered and experienced staff.

Indicator 268: Deputising arrangements for suitably qualified and experienced deputies are documented and used.

Indicator 269: A signed agreement and close professional links with a referral hospital offering more comprehensive services ensures provision of necessary emergency maternity services not available in the hospital.

Indicator 270: The maternity department has 24 hour on-site cover from qualified medical doctors and an anaesthetist.

Indicator 271: Consultant obstetricians provide assistance and advice through a signed agreement.

Indicator 272: Data for clinical audits and reviews is collected, analyzed and used for quality improvement activities and includes:

- Relevant quality indicator.
- Number of women in ante-natal clinics
- Number of women with medical or surgical disorders in ante-natal clinics
- Number of women transferred to higher-level care during pregnancy
- Number of deliveries
- Number of live and still births
- Perinatal mortality figures
- Maternal mortality figures
- Number of transfers to specialist care during labour
- Number of still births
- Birth Registration records
- Number of Caesarean sections
- No. of difficult labour cases

11.2 Policies, Procedures and Records

Standard 29: Operational policies and procedures clearly describe the key processes of the maternity unit, the responsibility of the staff and expected results. Records provide accurate information for analysis and evaluate

Indicator 273: Written procedures and guidelines are used consistent with the hospital policies and functions for:

- Ante natal care and booking/registration
- Post-natal care

- Peri-natal care
- Counselling for parenthood (E.g., family planning, genetic referral)
- Identifying high risk pregnancy
- Admission to labour room/ward
- Planning, treatment and mode of delivery
- Plan for managed pain during labour and delivery
- Delivery monitoring process
- Referral
- Discharge including discharge summary
- Birth record and certificate
- Labour register
- Immunization for mother and baby
- Infection control
- Disposal of placentas

Indicator 274: A paediatrician is involved in the team developing and reviewing policies and procedures.

Indicator 275: Each woman accessing the maternity department is cared for by a suitably qualified, registered and experienced nurse, doctor or senior midwife who she can contact for advice and help throughout her pregnancy.

Indicator 276: Anaesthetists with relevant qualifications and experience available for mothers with epidural, C Section, emergency breech and instrumental deliveries, emergency resuscitation and women with eclampsia.

Indicator 277: A trained mid-wife/nurse is present at every birth.

Indicator 278: A record of regular training in maternal and neonatal resuscitation is kept in the department for medical and nursing staff attending deliveries

Indicator 279: A guideline on requesting medical assistance at any time during labour is used by nurses and midwives

Indicator 280: A roster indicates 24-hour arrangements for on-site availability of a suitably qualified and experienced doctor and an anaesthesiologist in case of an emergency.

Indicator 281: Separate records are initiated and used for each baby.

Indicator 282: Records kept after discharge include the combined:

- Maternity notes (including care plans)
- Birth registration(s)
- Labour register
- Admission register
- Neonatal and perinatal morbidity
- Neonatal and perinatal mortality
- Maternal morbidity and mortality

11.3 Facilities and Equipment

Standard 30: Facilities and equipment are safe and adequate in design and number for the purpose and quantity of patients attending/in the maternity department.

Indicator 283: The delivery room is equipped with functioning, safe and well-maintained equipment specific for deliveries including but not restricted to the following:

- Fetoscope
- Ultrasound machine
- Delivery table which can be turned to the Trendelenburg position
- An anesthetics machine with emergency oxygen supplies
- Endotracheal tubes, laryngoscope
- An incubator, with temperature adjustable for infants in need
- Separate oxygen supply to the incubator
- Resuscitation equipment and drugs for infants and for adults
- Intravenous crystalloid and plasma expanders
- Weighing machine for the baby

Indicator 284: Privacy for mothers is possible, E.g., when breast-feeding.

Indicator 285: A separate room for seriously ill or intensive patients, E.g., eclampsia, is available.

Indicator 286: The area for labour provides for:

- Space for the woman and a female companion
- Alternative birthing methods
- Ambulation throughout labour
- Washing and toilet facilities for the comfort of the mother and companion

Indicator 287: Lighting is versatile enough to provide a restful environment and allow birthing procedures to be performed.

Indicator 288: The post-natal ward provides sufficient room for babies to room-in with mothers.

Indicator 289: Nursery facilities with an even temperature and humidity are available, and are adequate in size with appropriate supplies and equipment for teaching mothers about caring for their babies.

PART C: AUXILIARY SERVICES

12 LABORATORY SERVICES

12.1 Service Management

Standard 31: The medical testing laboratory is managed and organised to provide efficient and effective laboratory care to patients and support services to clinicians.

Indicator 290: The medical testing laboratory is managed by a suitably qualified and registered pathologist, experienced medical technologist or other suitably qualified and registered laboratory scientist.

Indicator 291: A suitably qualified deputy is designated in the temporary absence of the laboratory manager.

Indicator 292: Sufficient and appropriately qualified staff are available to fulfil the job descriptions of the defined service.

Indicator 293: Laboratory staff participate in the health and safety committee, hospital quality committee and other relevant committees.

Indicator 294: Departmental staff attends meetings of appropriate advisory /consultative bodies and have input into decisions affecting the laboratory.

Indicator 295: A pamphlet outlines the list and prices of services offered, the types of specimen's required and approximate reporting time for tests.

Indicator 296: Laboratory staff inform in writing the designated hospital infection control committee of any infection identified in in-patient samples that could provide a risk to the hospital staff or patients.

Indicator 297: The service has a continuing education programme for staff development enabling staff to meet the needs of the hospital, the department, the individual and the patients.

Indicator 298: Staff follow written policies and procedures for collection, transport and controlling, storing, reporting and disposing of all samples and tests in compliance with legal requirements.

Indicator 299: Staff are involved on a regular basis in a quality management programme to monitor and improve the laboratory quality

Indicator 300: Any outstation laboratory equipment is subject to the same quality control procedures as in the main laboratory.

Indicator 301: The department has planned and systematic activities for the monitoring and evaluation of its services.

12.2 Samples and Tests

Standard 32: Laboratory samples and tests are managed to maximize accuracy of testing and minimise risks to patients and staff.

Indicator 302: A requisition form is used and includes the following:

- Patient information

- Patient location
- Investigations required
- Type of sample
- Clinical
- Probable diagnosis
- Requesting physician
- Sample collection time
- Name of person collecting the sample

Indicator 303: Staff follow and communicate to patients, verbally and in writing, procedures for the patients' preparation for tests.

Indicator 304: Samples collected are labelled with the patient's name, registration number, date and time of collection.

Indicator 305: Separate labels are used for high-risk samples.

Indicator 306: Specimen trays are designed to enable safe transport.

Indicator 307: The sample reception area receives, records, and verifies the samples or specimens.

Indicator 308: A laboratory register records:

- Patient name, location
- Identification of sample source(s)
- Full name of the investigation(s)
- Number of investigations
- Investigation results

Indicator 309: Samples are safely and accurately distributed to the respective sections of the laboratory.

Indicator 310: Results are recorded in the laboratory register and on the reporting/result form.

Indicator 311: Patient Results Registers are readily accessible to staff.

Indicator 312: Results are made available to the main reception of the laboratory to enable picking up by OPD, wards or patients.

Indicator 313: Signed and dated SOPs for each test and patient preparation for each test are readily available to staff in the laboratory.

Indicator 314: Staff follow written, dated and signed procedures for:

- Patient preparation for tests
- Completion of test request forms
- Reporting of test results
- Reporting results verbally
- Dealing with out-of-hours test requests
- Investigating transfusion reactions
- Emergency and urgent requests
- Storage of specimens and blood on the wards and in other departments
- Dispatch of samples to other laboratories
- Posting of samples
- Acceptable parameters for response to test requests and reporting times

Indicator 315: Staff follow written procedures for samples:

- Sample collection
- Handling
- Labelling
- Transportation
- Retention
- Storage
- Disposal of samples, including blood and body fluids

Indicator 316: The service is able to give expert advice on:

- The appropriateness of tests
- The samples required
- The interpretation of results
- Further recommended tests

Indicator 317: Instructions are clearly displayed describing the safe disposal of clinical, toxic and radioactive waste.

Indicator 318: Clearly labelled, separate containers are used for disposal of hazardous and infectious waste.

Indicator 319: A written agreement exists, and staff follow this agreement, between the hospital and external laboratory covering all aspects of tests including time scales for reporting results.

Indicator 320: The lab has a list of critical values for which a defined SOP is followed to convey the result.

12.3 Safety

Standard 33: *All persons are protected from potential hazards in the laboratory.*

Indicator 321: A mechanism is in place to restrict access to the laboratory to authorised personnel only.

Indicator 322: Health and safety policies, current relevant hazard notices and safety action bulletins are displayed as required or are readily available to staff, including but not limited to:

- Safety regulations
- Fire precautions
- AIDS/HIV/
- Hepatitis

Indicator 323: Appropriate equipment is used for the safe handling of hazardous materials.

Indicator 324: Action to be taken in the event of an infection emergency is known to all staff and is clearly stated in writing.

Indicator 325: Staff are offered immunisations relevant to their type of work and emergency immunisations based on written policies.

12.4 Facilities and Equipment

Standard 34: *Safe and adequate facilities and equipment are provided to meet the needs and volume of patients served by the laboratory.*

Indicator 326: Laboratory and office space are sufficient to enable staff to carry out their jobs safely, including eye wash station and emergency shower in the lab area.

Indicator 327: The laboratory environment is well lit ventilated.

Indicator 328: Staff have access to sufficient laboratory equipment to carry out their jobs safely.

Indicator 329: Storage facilities for specimens and reagents are sufficient to enable staff easy access.

Indicator 330: Refrigerated storage facilities are used for specified samples, specimens, and blood samples.

Indicator 331: Functioning emergency electrical supply for refrigerators is available and there is a procedure in place to regularly assess its readiness.

Indicator 332: Inspection, calibration and maintenance schedules are completed and used for all laboratory equipment.

Indicator 333: Staff facilities include:

- Locker space
- Toilet and washing/shower facilities
- Staff rest room
- Overnight accommodation for on call staff

13 RADIOLOGY

13.1 Service Management

Standard 35: Radiology services are managed and organised to provide safe and efficient care for patients and support to clinical specialties.

Note: Radiology services cover all services provided by a radiology department.

Indicator 334: A radiologist is responsible for the clinical direction of the department and the safety of the patients.

Indicator 335: Radiology services are administered by an identified qualified, registered radiologist or radiographer with clearly defined responsibility for all non-clinical aspects of the department.

Indicator 336: Trained, qualified radiographers, or in some cases radiologists, are the only staff who may take images.

Indicator 337: There are on-call staff for mobile radiography and other imaging at all times.

Indicator 338: Radiation protection is supervised by the radiologist and monitored by the Hospital in-charge and the Nuclear Regulatory Authority.

Indicator 339: Staff follow written policies and procedures for all aspects of radiology services, including:

- Reception and registration of the patient
- Preparation of the patient for imaging
- Processing and interpreting the film or scan
- Reporting on the film or scan
- Documentation and despatch

Indicator 340: Up to date reference manuals, radiation regulations and guidelines, radiation safety reports, are available within the department.

Indicator 341: The department participates in the Hospital's quality improvement system and monitors the quality of its services using an internal quality control programme which includes:

- Equipment utilisation review
- Performance checks on equipment, including processors
- A record of maintenance checks for all items of equipment
- Film and scan reject rates
- Clinical audit
- Turnaround times for the reporting of films and scans

Indicator 342: Radiology Department takes action on the results of its quality control programme, in a radiology quality committee and participate in the hospital health and safety committee and other relevant committees.

13.2 Service Provision

Standard 36: Patients are systematically registered, receive radiological services in line with written requests and have their x-rays reported promptly and accurately.

Indicator 343: Patients are registered, assigned a registration number and given special instructions in a systematic way.

Indicator 344: Request Forms are of a standard format and contain:

- Patient's name
- Identification number
- Date of birth (if not available, age)
- Examination requested
- Previous examinations
- Clinical diagnosis/indications/relevant history
- Information relating to the pregnancy rule in women of childbearing age
- Identity of requesting physician
- History of allergy
- For medico legal cases mark of identification of the patient and name of police official bringing the patient

Indicator 345: Diagnostic imaging is performed only upon a signed written request from a qualified medical practitioner.

Indicator 346: Arrangements are in place for dealing with out of hours or emergency requests.

Indicator 347: A written policy agreed with the radiologist defines the terms under which pregnant women may be subjected to radiological examination

Indicator 348: All films are read by a radiologist and the written radiologists' reports are received by the hospital within a defined time after examination.

Indicator 349: Required reporting times are based on the urgency of the situation, e.g. films or scans for emergency patients are reported within one hour and routine reports are reported within 24 hours.

Indicator 350: If a radiologist is unable to report on the film in a timely manner a written, signed interpretation of the radiograph is made by an appropriate clinician whose skills are relevant to the area radio graphed, E.g., chest radiography by a chest physician or bone/joint radiography by an orthopaedic surgeon.

Indicator 351: Critical or unexpected findings are discussed with the referring doctor.

Indicator 352: Radiology reports or copies of the reports are placed in patients' medical files in the wards.

13.3 Safety

Standard 37: Radiological services are provided in accordance with current radiation rules and regulations, risks are minimised and the safety of patients and staff are protected.

Indicator 353: Signs warning women of childbearing age of the dangers of radiation in pregnancy are prominently displayed.

Indicator 354: All examinations using ionising radiation are performed by suitably trained personnel.

Indicator 355: Staff provide services in accordance with current ionising radiation regulations and statutory requirements.

Indicator 356: Emergency drugs and equipment including all resuscitation equipment are functioning, are readily accessible and are monitored.

Indicator 357: All staff working in radiology services attend update courses on resuscitation, current radiology trends and evidence-based practice.

Indicator 358: Protective clothing is provided and used where biohazards or radiographic equipment are present.

Indicator 359: The radiologist in charge is responsible for ensuring that compliance with national guidelines is monitored:

- Staff working with radiological equipment wear radiation monitoring devices
- These devices are assessed and maintained in accordance with statutory regulations
- Records of these tests are kept for the working lifetime of staff employed by the service

Indicator 360: The facility will have a radiation safety programme and a designated radiation safety officer.

13.4 Facilities and Equipment

Standard 38: Facilities and equipment are provided and maintained to maximise patient comfort and safety.

Indicator 361: A separate registration area for patients is provided and a toilet with washing facilities for special investigations is located adjacent to the examination room.

Indicator 362: A separate waiting area for males and females with adequate seating and separate male and female toilets and washing facilities are provided for the comfort of patients waiting for services and for their families.

Indicator 363: The appropriate hospital advisory committee (or its equivalent) with representation of radiology staff is consulted before any diagnostic equipment is installed.

Indicator 364: All equipment is subject to tests on installation to ensure the equipment meets with contract specifications and confirms mechanical, electrical and radiation safety.

Indicator 365: Records of these tests are kept in the department for reference.

Indicator 366: The workload of each piece of diagnostic equipment and staff is defined and used for determining the resources needed for the department.

Indicator 367: Radiology equipment is stable, functioning and installed only in properly lead protected rooms.

Indicator 368: A planned preventative maintenance plan is in line with the manufacturer guidance and is followed to keep equipment in sound working order.

Indicator 369: The radiation safety of essential equipment is regularly monitored and reported.

14 PHARMACY SERVICES

14.1 Management

Standard 39: *The pharmaceutical service is managed and organised to provide efficient and effective pharmaceutical services through rational use of drugs within the hospital.*

Indicator 370: The pharmaceutical service is managed by a qualified, graduate and registered pharmacist.

Indicator 371: A suitably qualified deputy with specified duties and responsibilities is designated in the absence of the pharmacist.

Indicator 372: Sufficient and appropriately qualified staff are available to fulfil the job descriptions and the defined services.

Indicator 373: A qualified pharmacist or designated deputy is on duty or on call outside normal working hours to provide a pharmaceutical service.

Indicator 374: Staff follow written policies and procedures for ordering and purchasing, controlling, storing, dispensing and disposing of all medicines within the hospital in compliance with legal requirements.

Indicator 375: The department monitors the quality of its services using an internal quality control program and staff participate in the Hospital's quality improvement system.

Indicator 376: The pharmacy service provides a regular prescription monitoring service, locally, to ensure the safe, effective and economic use of medicines. This includes:

- Identifying inappropriate medication
- Monitoring adverse reactions
- Monitoring dispensing errors
- Checking adequacy of labelling of drugs and information on package inserts
- Physical examination of drugs to assess their quality and expiry dates
- A mechanism to encourage prescription of cost-effective and economical drugs

Indicator 377: The pharmacist is a member of the purchase committee.

14.2 Selection, Ordering and Purchasing of Medication

Standard 40: Selection and procurement of medication is appropriate to the scope of service, patient needs, and cost-effectiveness.

Indicator 378: The hospital formulary is prepared in a collaborative process considering patient needs, services provided in the hospital, cost-effectiveness and evidence-based criteria.

Indicator 379: The hospital formulary is in accordance with existing provincial/national guidelines, E.g., National Essential Drugs List (NEDL).

Indicator 380: Written policies and procedures exist and are implemented for the following processes:

- Tendering
- Evaluation of tenders
- Selection
- Ordering
- Reception and physical examination of delivered drugs

Indicator 381: Evaluation of tenders and selection of the provider occurs through a transparent process based on specific criteria including quality and cost.

Indicator 382: The quality, quantity and expiry date of purchased medicines are checked upon receipt.

Indicator 383: Samples of delivered drugs sent to the Drugs Testing Laboratory for quality check.

Indicator 384: The list of medications available in the hospital pharmacy is available to all units

Indicator 385: A process exists to obtain required medications not stocked or normally available in the hospital pharmacy.

14.3 Storage and Stock Management

Standard 41: Stock is stored and managed to ensure that medications are current, kept safe and are continuously available to meet the needs of clinical staff and patients.

Indicator 386: Medicines are stored on shelves enabling:

- Protection from the adverse effects of light, dampness and temperature extremes
- Freedom from vermin and insects
- Adequate ventilation

Indicator 387: Medicines for emergency use are stored in sealed tamper evident containers in all patient areas.

Indicator 388: Adequate and secure storage facilities provided include:

- A suitable cupboard or container for the storage of flammable and/or hazardous material
- A functioning pharmacy refrigerator

Indicator 389: Controlled drugs are stored separately in a cupboard, securely fixed to the wall or floor, to comply with drugs regulations.

Indicator 390: Stocks of controlled and high alert medicines are ordered by authorized personnel with mandating steps for their safe usage.

Indicator 391: A formal stock control system is used by the department and for the hospital.

Indicator 392: There is a stock list with agreed par levels for all wards and departments.

Indicator 393: Medicines required in an emergency are available and replaced promptly after use.

Indicator 394: All expired or recalled medicines, including unwanted medicines returned by patients and unused controlled medicines, are safely disposed of in accordance with a written procedure.

Indicator 395: A formal, written procedure is followed to action hazard warnings and medicine recalls.

Indicator 396: A formal, written procedure is followed for retention of order forms, copy of delivery notes, stores receipt, and issue vouchers, and book of records (controlled drugs book/prescription drugs book) on the premises as provided for in the relevant laws.

14.4 Prescribing, Administration and Dispensing of Medicines

Standard 42: Prescribing, dispensing and administration of medications are safe, efficient and effective and promote best possible treatment outcome.

Indicator 397: A system is in place to ensure that:

- Prescriptions are only issued by authorized prescribers
- Administration of medicine is done by, or under the supervision of, competent health personnel

Indicator 398: All prescriptions are legible and duly signed by a doctor, including the following:

- Name and additional identifier
- Age, Sex and weight (where applicable)
- Diagnosis
- Name of Medication, dose, route, frequency and duration
- Clear identification of prescriber

Indicator 399: Staff follow a written policy for the verbal ordering of medicines in emergencies which has been agreed by medical, nursing and pharmacy staff.

Indicator 400: Medicines are dispensed by, or under the supervision of, a pharmacist in accordance with a written prescription from a qualified registered medical practitioner.

Indicator 401: The patient is provided with written and verbal information on the prescribed medicine including:

- The costs
- The potential benefits and adverse effects
- How to use medicine safely and properly
- Risks of ignoring instructions

Indicator 402: There is an approved hospital prescription/medication chart on which all medicines for an individual patient are prescribed and their administration recorded.

Indicator 403: A pharmacy register records:

- Patient name and registration number
- Date
- Diagnosis
- Medicine dispensed
- Name of the pharmacist

Indicator 404: Staff follow written, dated and signed procedures on the following:

- What medicines may be administered without a prescription and under what circumstances
- Self-medication
- Use of antibiotics
- Administration of IV drugs, narcotics, psychotropic substances and cytotoxics
- Obtaining medicines after hours from hospital pharmacy
- Obtaining medicines that are not available within the hospital pharmacy
- Dealing with patients' own medicines

Indicator 405: Medical practitioners follow policies for antibiotic prescribing which include:

- Restricting the use of broad-spectrum agents to minimise the development of resistant viruses and bacteria
- Using prophylactic antibiotics only where their efficacy has been established

Indicator 406: Current editions of reference books, including pharmacopoeia, the copy of the National Essential Drugs List (NEDL)/hospital own formulary, standard treatment guidelines and other information booklets are available.

14.5 Facilities

Standard 43: Facilities and equipment are safe and adequate for the purpose and the number of patients attending the pharmacy.

Indicator 407: All doors, windows and hatches within the pharmacy can be locked.

Indicator 408: There is a designated area for:

- The receipt and unpacking of goods in wards
- Segregation of expired and recalled drugs
- Dispensing of medicines

Indicator 409: The pharmacy has an administrative area

Indicator 410: There is a specific drug information/reference area for use by hospital staff.

Indicator 411: There is a designated waiting area for patients.

Indicator 412: A box or trolley containing those medicines which may be urgently required in the event of a cardiac arrest is available.

Indicator 413: Where a medicine trolley is used to store medicines, it is lockable and secured when not in use.

Indicator 414: Lockable medicine refrigerators with maximum and minimum thermometers are provided for medicines requiring cool storage. They are used solely for this purpose.

Indicator 415: Temperatures are regularly monitored and recorded and action is taken where a temperature varies from an acceptable range.

PART D: INFECTION CONTROL, HYGIENE AND WASTE MANAGEMENT

15 INFECTION CONTROL

Standard 44: *The organisation designs and implements a coordinated program to reduce the risks of nosocomial infections in patients, visitors/attendants, contractors and staff.*

Indicator 416: The hospital establishes an infection control program designed to prevent or reduce the incidence of nosocomial infection, based on current scientific knowledge and accepted practice guidelines and developed and monitored with multidisciplinary involvement.

Indicator 417: The infection control program includes all areas of the hospital and describes the scope, objectives, annual activities, surveillance methods, resources and processes associated with infection risks, including respiratory tract, urinary tract and surgical wound infections, are identified and included in the infection control program.

Indicator 418: Responsibility for coordinating the infection control program is assigned to an infection control committee with representatives of all relevant disciplines and departments including medical, nursing, microbiology/pathology, kitchen and laundry staff.

Indicator 419: The infection control committee has clear written Terms of Reference that include the following responsibilities:

- Coordination of infection control activities
- Developing and implementing an epidemic plan with regular drills
- Development, implementation and monitoring of the infection control program
- Approval of infection control policies and procedures
- Approval of surveillance activities
- Reviewing and analysing infection control data
- Following up identified infection control issues with relevant action, including education
- Evaluating the effectiveness of actions taken

Indicator 420: The infection control committee is linked with Waste Management Control

Indicator 421: The infection control program is adequately resourced and staffed with appropriately qualified health professionals (nurses and/or doctors) with responsibilities defined in a job description for:

- Implementing the infection control program in consultation with staff and patients
- Implementing policies
- Educating staff
- Providing infection control advice
- Developing and implementing methods of surveillance, including reviewing infection control practices
- Providing reports and making recommendations to the infection control committee

Indicator 422: Infection risks, rates and trends are tracked, analyzed and reported.

Indicator 423: Surveillance of multiple resistant organisms and organisms associated with antimicrobial use is conducted as part of the infection control program.

Indicator 424: There is evidence of regular infection control audit.

Indicator 425: Cultures are obtained regularly from designated sites in the hospital with significant infection risks and action taken to minimise any identified infection.

Indicator 426: Relevant support staff are appropriately inducted and trained in basic aspects of infection control relevant to their work including:

- Basic concept of microbes
- Proper handwashing
- Segregation of waste and hazards associated with waste

Indicator 427: Staff are appropriately inducted and trained in all aspects of infection control relevant to their work, including proper handwashing.

Indicator 428: Written and dated organisation wide infection control and waste management policies and procedures are used by staff. Procedures include, but are not limited to, the following topics:

- Use of standard precautions including handwashing techniques
- Sterilisation and decontamination of equipment
- Food hygiene
- Laundry and linen management
- Identification and management of organisation-acquired infections
- Management of outbreaks of infection
- High risk and communicable diseases
- Operation of the mortuary, where applicable
- Collection, storage and disposal of infectious waste, body fluids, tissues, blood and blood products
- Disposal of sharps and needles
- Cleaning of all hospital surfaces, supplies and equipment, E.g., floor, walls, ceilings, beds and basins
- Management and cleaning of spillage
- Vaccination of staff

Indicator 429: Gloves, gowns, masks, soap and disinfectants are available and correctly used in situations where there is a risk of infection.

Indicator 430: Procedures are used for the isolation of patients specific to the reason for isolation and PPE will be provided to staff visiting patients in isolation.

Indicator 431: There are procedures in place for identifying and treating patients admitted with MRSA.

16 STERILE SUPPLIES

Standard 45: Equipment and supplies are sterilised to minimise risk of infection in patients and staff.

Indicator 432: The Infection Control Committee oversees the provision of sterile supplies.

Indicator 433: There is a defined department or area for sterilisation which physically separates the functions of cleaning, processing and sterile storage and distribution.

Indicator 434: In all areas where instruments are cleaned there is airflow to prevent cross-contamination and to keep material within the area.

Indicator 435: There is at least one functioning steriliser with a drying cycle.

Indicator 436: The responsibilities of relevant staff members managing the provision of sterile supplies are clearly defined and specified in writing.

Indicator 437: Staff responsible for the decontamination, inspection, function testing, assembly and packaging, terminal processing, storage and distribution of supplies are adequately trained.

Indicator 438: Current written policies and procedures covering the functions of sterilisation, including the following, are available with documented evidence of routine compliance:

- Receiving, cleaning and disinfection of used items
- Preparation and processing of sterile packs
- Storage of sterile supplies and expiry dates
- Decontamination of instruments prior to sending for repair, maintenance or servicing
- Handling of instruments following an infected case
- Handling of equipment identified as "bio-hazard"
- Product labelling, batch numbering and identification
- Restricted personnel access to the clean production area
- Cleaning procedures, manual methods
- Housekeeping procedures
- Infestation control
- Personal hygiene
- Microbiological and environmental monitoring
- Criteria for testing and replacing air filters
- Recall procedures

Indicator 439: Sterilisation procedures are based on existing provincial or national/international guidelines.

Indicator 440: The sterilisation status of sterilised goods is assessed by the use of temperature sensitive tapes, using indicators as recommended by the manufacturer.

Indicator 441: Reports of quality control tests on sterilisers are reported to the infection control committee at least quarterly.

Indicator 442: The person using sterilised equipment checks that the decontamination of the equipment has been done before using that equipment.

Indicator 443: Stock levels of sterilised goods are checked by an ongoing inventory management process.

Indicator 444: Records are available for:

- Acceptance of load procedures
- Sterilisation plant history records
- Sterile goods issued to wards/departments
- Sterilisers and autoclaves (history and servicing)
- Servicing and calibration

Indicator 445: All trays/packs/containers are stored in conditions that preserve the integrity of their packaging to prevent damage and/or contamination.

Indicator 446: All packs are marked with:

- Name of the article
- Contents of the pack
- Initials of the person who packed it
- Date and initials of the person who sterilised it

Indicator 447: Each tray, container or pack of instruments has a completed checklist which is used at the time of packing, at the time of use in the OT, and at the time of return of the instruments for re-sterilisation.

Indicator 448: Eye wash stations are available in areas used for sterilization and handling dirty equipment.

17 CLEANLINESS AND SANITATION

Standard 46: All hospital facilities, equipment and supplies are kept clean and safe for patients, visitors/attendants and staff.

Indicator 449: Staff follow written policies and procedures and schedules for:

- Disinfection and cleaning of all equipment, furniture, floors, walls, storage areas and other surfaces and areas
- Cleaning of specialised areas, E.g., OT, Labour Room, Emergency Ward, Dressing Room, Laboratory and ICU

Indicator 450: Hospital premises are free from litter and other refuse.

Indicator 451: Sufficient covered, clean dustbins are provided for patients, visitors/attendants and staff and the dustbins are emptied on a regular basis.

Indicator 452: Equipment, floors and walls are free from bodily fluids, dust and grit and the masonry is intact.

Indicator 453: Cleaners are trained and provided with sufficient appropriate equipment and cleaning material and work according to cleanliness and sanitation policies and procedures.

Indicator 454: Laundry staff are trained and work according to linen and laundry policies and procedures including but not restricted to the following:

- Collection of sluiced and dirty linen from the individual departments
- Transportation with clear separation of clean and dirty laundry
- Separate storage of clean and dirty linen
- Sorting of linen into soiled, infected and foul linen and washing processes and washing processes for this linen
- Removal of blood stains/sluicing
- Disinfection/autoclaving
- Washing / hydro extraction
- Drying
- Repairs of linen if required
- Pressing
- Distribution to individual departments
- Storage in individual departments
- Record keeping for receipt and distribution of clean linen

Indicator 455: Kitchen staff and/or those handling foods are trained and work according to policies and procedures including but not limited to the following:

- Cleaning of all areas and surfaces on which food is stored and prepared, E.g., all preparation surfaces are cleaned and dried between uses for different activities
- Food storage, E.g., all food is stored separately from non-foods, cooked food is stored separately from uncooked/raw food and the covering and labelling of food
- Use and cleaning of equipment for food preparation, handling and transport, E.g., separate cutting boards are used for raw and cooked foods

- Testing and monitoring of safe temperatures for cooked food
- Testing and monitoring of refrigerator temperatures for safe food storage

Indicator 456: Access to the kitchen is restricted.

Indicator 457: All staff handling food have health checks prior to appointment and at regular intervals during their employment and records are kept.

Indicator 458: A written Dress Code for those working in the kitchen is enforced including wearing of head cover for hair, clean uniforms and appropriate footwear.

Indicator 459: The kitchen and food stores have proper ventilation.

Indicator 460: All windows in food preparation and storage areas have suitable fly screens and insectocutors (ultra-violet electric flying insect removers) are present in designated problem areas.

Indicator 461: Kitchen walls are made of washable material.

Indicator 462: Kitchen waste is put in covered secure containers and removed immediately from places where food is prepared pending disposal.

Indicator 463: Kitchens are arranged to be away from waste storage, ward areas, laboratories and other areas of risk of contamination and infection.

18 WASTE MANAGEMENT

Standard 47: Clinical and other infectious or injurious waste is handled, stored and disposed of to minimise harm and risk of infection/injury to patients, visitors, contractors, staff and the community.

Indicator 464: The hospital has a written waste disposal plan, specifying procedures, responsibilities, timetable for waste collection and necessary equipment such as bins and bags.

Indicator 465: The waste disposal plan includes written guidelines for the regulation, identification, containment and storage, transport, treatment and subsequent disposal of different categories of infectious waste in accordance with the relevant national/provincial laws, including if appropriate:

- Pathology waste
- Cytotoxic and chemical liquid waste
- Heavy metals, radio-active or any other form of high-risk waste

Indicator 466: Infection control and waste management personnel use the required PPE.

Indicator 467: Suitably qualified and experienced person(s) with designated responsibility lead the development and regular updating of plans and policies and procedures for waste management and the process is overseen by the Infection Control Committee and infection control personnel.

Indicator 468: Responsibilities for waste management are defined in all job descriptions.

Indicator 469: Staff are trained in and use procedures for different types of waste:

- Collection
- Segregation at source
- Storage
- Transportation
- Disposal

Indicator 470: All staff who work in areas where infectious waste is handled are trained on hazards of waste, management of waste and infection control.

Indicator 471: Incineration facilities, where provided, are certified as conforming to health and safety and environmental health requirements by the Local Authority.

Indicator 472: If contractors are used for the removal and incineration of clinical waste, a written contractual agreement and consignment procedure is used which includes identification of the origin, contents and quantity of the waste.

Indicator 473: All waste is protected from theft, vandalism or scavenging by persons or animals.

Indicator 474: A clear guide for waste segregation and storage is visibly posted in area(s) where this waste is generated and includes waste segregation in clearly labelled coded bins in accordance with the relevant national/provincial laws.

Indicator 475: Prior to collection and disposal, waste is kept in a suitable location which does not cause a hazard.

Indicator 476: Records on the quantity of waste generation in each category of waste are maintained, analyzed and the resulting information is used for statistical and quality improvement activities by the Hospital.

PART E: SAFE AND APPROPRIATE ENVIRONMENT

19 HEALTH AND SAFETY

Standard 48: Promotion of health and safety and the avoidance of risk to human life as well as to the property of the Hospital are integrated within the organisation and among all levels of staff.

Indicator 477: The responsibility for health and safety of hospital management and other relevant staff is included in their job descriptions and performance reviews.

Indicator 478: A Health and Safety Committee meets on a regular basis, includes representatives of management and staff from different departments and enables two-way communication between management and employees on issues of interest and concern related to health and safety.

Indicator 479: Health and Safety Committee meetings follow a set agenda that includes follow-up from the last meeting, minutes of each meeting are kept and the agendas and minutes are readily available to all staff.

Indicator 480: The Health and Safety Committee participates in the development of the Facility Risk Management Plan.

Indicator 481: All new employees are trained in Health and Safety procedures relevant to their duties within one month of taking up their post.

Indicator 482: All staff attend continuing training for health and safety and records are kept of the trainings

Indicator 483: Each department uses a systematic process to:

- Regularly identify and record actual and potential hazards in a hazard register (at least annually)
- Assess identified hazards to determine which are significant
- Eliminate, isolate or minimise the impact of the significant hazards
- Submit the record to the Health and Safety Committee for review

Indicator 484: Staff review significant hazards that have been isolated or minimised in accordance with a set timetable appropriate for the identified hazards.

Indicator 485: All emergency telephone numbers concerned with Health and Safety are displayed prominently.

Indicator 486: Health and Safety policies and procedures are followed by staff and include:

- Contamination incidents
- Sharps and needle-stick injuries
- Drug dependence
- HIV/AIDS
- Hepatitis B and C
- Lifting and manual handling of patients and equipment
- Basic life support

Indicator 487: Organisation wide health and safety policies and procedures contain comprehensive information, instruction and safety protocols for:

- Control of waterborne diseases
- Storing and handling of inflammable liquid

- Personal protective equipment and clothing
- Review of pressure vessels and systems
- Body fluid spillage
- First aid procedures at work
- Violence and aggression towards staff
- Outbreak and prevention of fire
- Other internal accidental events such as explosion
- Safe use of electrical equipment
- Safe disposal of clinical waste
- Safe handling of gas cylinders
- Safety precautions necessary when storing, handling and using liquefied gases, E.g., nitrogen and oxygen
- Control and prevention of spillage of hazardous substances, like mercury and gluteraldehyde
- Cytotoxic drugs
- introduction of new technology
- Disaster management plan and drills

Indicator 488: Current health and safety notices, including hazard notices, and key extracts from the Health and Safety manual are prominently displayed in relevant areas and brought to the attention of staff.

Indicator 489: There is a procedure for ensuring that all contractors are provided with relevant information regarding health and safety issues within the hospital.

Indicator 490: A written policy and procedure on pest control including measures to prevent, detect and remove pests is available and implemented.

Indicator 491: Security measures are taken in accordance with written policies and procedures to protect:

- Staff working alone or in isolation
- Patients, visitors and staff from assault and loss of property during the day and at night
- Drugs from being taken illegally
- Hospital's facilities and assets from damage and loss

Indicator 492: A procedure ensures that all hospital keys are available at all times to the relevant staff on duty.

Indicator 493: An internal communication system connecting all units of the hospital enables a continuous flow of communication and immediate reporting of any incident.

Indicator 494: The Hospital develops a disaster plan with all departments/services and is reviewed and revised at least every two years.

Indicator 495: The plan outlines individual responsibilities, linkages with external institutions, resources required in the case of a disaster and individuals within the hospital who must be informed in the case of a disaster.

Indicator 496: Rehearsals of the disaster plan are carried out in association with the emergency services and local authorities.

20 FIRE SAFETY AND EMERGENCY PREPAREDNESS

Standard 49: *The organisation minimises the risks of fire and protects patients, visitors*

and staff in case of fire and is prepared for disasters and emergencies.

Indicator 497: A fire safety plan exists including prevention/risk reduction, early detection, suppression, abatement, and safe exit from fire.

Indicator 498: The hospital building, E.g., doors, exits and corridors, is constructed in a way to minimise the risk of fire and conform to fire safety rules, including:

- Doorways, corridors, ramps and stairways being wide enough for the evacuation of non-ambulatory patients
- Fire and smoke doors being able to be opened and closed manually or by an electric release system
- Doors to patient rooms and exit doors not being locked from the inside

Indicator 499: Access and exit ways are kept free of obstruction at all times to allow for safe evacuation in a fire or other emergency.

Indicator 500: An annual inspection of fire safety in the Hospital results in identification of fire risks and strategies to minimise the risks and prevent fire.

Indicator 501: A person responsible for Hospital Safety carries out and records regular tests of alarm systems, fire extinguishers and other facilities and equipment for fire prevention and control.

Indicator 502: Action is taken to address any recommendations made during inspections and testing.

Indicator 503: All hospitals have a fire alarm system.

Indicator 504: Pictograms indicating fire exits and escape routes are properly illuminated, clearly visible, unobstructed and are displayed at appropriate locations.

Indicator 505: Potentially explosive, flammable or highly combustible material are clearly identified, securely stored and storage areas are clearly signed.

Indicator 506: Areas where smoking is dangerous, restricted and allowed are clearly signed and monitored.

Indicator 507: Hydrants are provided in the hospital.

Indicator 508: Staff are trained at least annually in fire safety and other emergency procedures.

Indicator 509: Fire procedures and evacuations are tested and disaster and emergency drills are practiced regularly.

21 SAFE AND APPROPRIATE EQUIPMENT

Standard 50: There are clear and documented responsibilities, policies and procedures for procurement, use, maintenance, repair and disposal of equipment to minimise the potential for harm.

Indicator 510: A team with clearly defined roles meets as required and includes those in charge of the hospital, nursing, maintenance and stores and other relevant departmental representatives.

Indicator 511: Basic responsibilities of the team include:

- Assessment of need for new equipment
- Consultation with the requesting department on their requirements and specifications for the equipment

- Procurement of equipment
- Assessment of utilisation of equipment
- Condemnation of equipment as appropriate
- Conducting regular equipment audits

Indicator 512: The procurement policy for equipment and supplies includes the criteria that equipment and supplies purchased are consistent in type and brand with others in the Hospital to facilitate maintenance and repair.

Indicator 513: Placement of supply orders of equipment is done in accordance with the hospital rules or GFR (Government Financial Rules) in case of public hospitals and a copy of supply orders for equipment is kept in the Hospital records.

Indicator 514: A written procedure is used for receiving ordered equipment and includes at least the following activities:

- At time of delivery the equipment is inspected as per specifications given in the supply order by the equipment committee/user department.
- On satisfactory receipt, installation and commissioning of the equipment a certificate to that effect is given by the equipment committee/user department.
- Payment of the supplier is only made on production of such a certificate
- Originals or a copy of the service contract and operational manual are kept in the maintenance department or other designated department

Indicator 515: Equipment is certified as conforming to health and safety requirements and regulations.

Indicator 516: For costly equipment annual maintenance contracts are made including:

- Regular service and maintenance for at least five years after the warranty period
- Warranty with cost-free provision of spares
- Continuous supply of consumables
- Training of staff to handle the equipment
- Reliable and prompt after-sale service
- Penalty clause if any delay occurs due to the negligence of the supplier

Indicator 517: The suppliers contact details and emergency telephone number is available.

Indicator 518: Staff allowed to operate equipment or machinery are appropriately trained

Indicator 519: Records of equipment are kept including procurement, equipment defects and failures, maintenance, repair and disposal.

Indicator 520: A maintenance workshop with qualified and experienced persons having basic knowledge of physics and electronics has defined responsibilities for maintenance and repair of smaller equipment.

Indicator 521: The equipment maintenance staff are trained by the suppliers in the following issues:

- Use and practice of equipment including proper handling of the equipment
- Preventive maintenance and trouble shooting
- Following the instruction manual in day-to-day use of the equipment
- Common and recurrent causes of break-down
- Common spare parts responsible for frequent break-downs
- Inspection and routine maintenance

- Calibration
- Testing and safety guidelines
- Technology up-gradation
- Documentation of procedures for maintenance (SOPs)

Indicator 522: A list of all electrical equipment that requires routine testing is used and a record of maintenance and testing of this equipment is kept for three years, e.g. generator, emergency lighting.

Indicator 523: Regular and routine checks of equipment (equipment audit) are carried out in accordance with the operational manual, maintenance contract and/or a history sheet of the equipment by the Store in-charge.

Indicator 524: Safeguards for electronic equipment are used such as:

- Voltage stabilizer
- Automatic switch over for emergency (generator)

Indicator 525: A logbook for all critical equipment is kept and a record of incidence of defects and failures in equipment is maintained

Indicator 526: There is a form known to all staff and used to request equipment repairs and defects

Indicator 527: An adequate and sufficiently large room and supplies are available for maintenance and minor repairs. Supplies include but are not limited to:

- A bank of spare parts
- Toolkit

Indicator 528: A list of maintenance/backlog items is kept and reviewed regularly.

Indicator 529: Written procedures exist for

- Requests for repair from outside agencies if equipment cannot be repaired in-house
- Condemnation and disposal of obsolete equipment

Indicator 530: A list of approved external repair workshops is kept and regularly updated

Indicator 531: All requests for repair, work carried out and response time to reported defects is monitored and documented.

Indicator 532: The procedure for condemnation and disposal of obsolete equipment includes criteria for defining 'condemned' and 'obsolete' equipment, such as:

- Non-functional and beyond economical repair
- Non-functional and obsolete
- Functional but obsolete
- Functional but hazardous
- Functional but no-longer required

Indicator 533: An annual budget is provided for the maintenance and scheduled replacement of equipment.

22 SAFE AND APPROPRIATE FACILITIES

Standard 51: The Hospital's physical environment contributes to the safety and well-being of patients, staff and visitors.

Indicator 534: The hospital complies with relevant laws and regulations related to design and layout of the facility and inspection requirements are fulfilled.

Indicator 535: Corridors, storage areas, passageways and stairways are well lit.

Indicator 536: Access ways and exits are unobstructed at all times.

Indicator 537: Signage allows safe passage through the hospital and exit from the facility in case of an emergency, disaster or fire.

Indicator 538: The environment in all patient areas is clean, well lit, ventilated with adjustable controls for lighting and heating, and decor is in good repair.

Indicator 539: Floor surfaces are non-slip and even.

Indicator 540: Facilities and equipment for the safety and comfort of patients and visitors are available and functioning and include:

- Refreshment facilities and canteen
- Quiet rooms for consultations
- A public telephone
- Baby changing/feeding facilities
- Wheel chair / stretcher
- Defined and understandable signage system
- Adequate Chairs
- Cooling device, fans
- Separate queues for male and females wherever required
- Safe drinking water facilities
- Sheltered outside areas with planting and greenery

Indicator 541: A functional call bell system is available for use in all wards, private rooms and isolated wards within easy reach of the patient.

Indicator 542: Each nursing area has a clean storage and preparation space and is separate from soiled materials, domestic equipment and sluice areas.

Indicator 543: Separate male and female toilets and bathrooms are available and adequate for the number of patients in the ward or department (at least one toilet for every twelve patients). The toilets and bathrooms:

- Are kept clean
- Are lockable by the patient from the inside but unlockable from the outside
- Have doors that open outwards
- Ensure privacy at all times
- Have a non-slip base
- Have grab rails positioned on either side of the toilet
- Have an alarm-call within easy reach of the bath and toilet

Indicator 544: Shower facilities are available, with warm water for winter months.

Indicator 545: Separate male and female functioning, clean toilets are available for use by visitors/attendants.

Indicator 546: Bed tables are available.

Indicator 547: Potable water and electrical power are available 24 hours a day, seven days a week.

Indicator 548: Alternate sources of water and power for heat and lighting in case of breakdown of the systems are identified, functioning and regularly tested. Priority areas such as ICU and Operating Theatres are identified.

Indicator 549: Electrical, water, ventilation, medical gas, and other key systems are regularly inspected, maintained and improved, if necessary.

Bibliography

1. National Standards on Hospital (PS 5257-2013) by Pakistan Standards & Quality Control Authority (PSQCA), Ministry of Science and Technology, Pakistan
2. Sindh Service Delivery Standards for Hospitals, Sindh Healthcare Commission
3. International Principles for Healthcare Standards. 3rd Edition. December 2007. Published by International Society for Quality in Healthcare (ISQua)