

UNITED ARAB EMIRATES
MINISTRY OF HEALTH & PREVENTION



الإمارات العربية المتحدة
وزارة الصحة ووقاية المجتمع

Hospital Regulations

Empowerment And Health Compliance Department
Ministry Of Health And Prevention

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Table of Contents

I. Introduction:	3
II. Scope	4
III. Purpose	4
IV. Definitions	4
V. Acronyms	8
CHAPTER ONE: HOSPITAL DESIGN REQUIREMENTS	9
Introduction	10
1. General Design Considerations	10
2. Operation Theatre (OT)	12
3. Critical Care	16
4. Airborne Infection Isolation (AII) Room	17
5. Emergency Area	19
6. Delivery Suite	21
7. Inpatient Service Areas	22
8. Outpatient Areas	24
9. Clinical Laboratory	26
10. Diagnostic Imaging	28
11. CSSD (Central sterile services department) control system	34
13. Allied Health	40
14. Administration Area	40
15. Mortuary Unit	40
SUPPORT SERVICES	42
16. Nutrition Services	42
17. Laundry Services	42
18. Sanitary Services	42
19. External Services	43



I. Introduction:

The Health Regulatory Authority in the United Arab Emirates (UAE) represented by: the Ministry of Health & Prevention (MOHAP), is pleased to present the unified Hospital Regulation which represents a milestone towards fulfilling the UAE strategic objectives to improve the healthcare service provision across the country. For the purpose of this document the Health Regulatory Authority in the UAE shall be referred to Ministry of Health & Prevention (MOHAP).

This Regulation places an emphasis on hospital care standards. It focuses on the quality of service provision as well as the safety of patients and healthcare professionals in addition to the design requirements of the hospitals in UAE. This regulation is compliant with UAE federal laws along with international hospital accreditation standards. This document provides a base for the Concerned Authority to assess the performance of hospitals within their geographical jurisdiction to ensure safe and competent delivery of services. It will also assist the hospitals in developing their quality management systems and in assessing their own competence to ensure compliance with regulatory requirements of the Concerned Authority.

The application of this regulation is subject to other local laws and policies as specified by the Concerned Authority within its geographic jurisdiction.

The Hospital Regulation was developed in collaboration with Subject Matter Experts whose contributions have been invaluable. The Concerned Authority would like to gratefully acknowledge those professionals and to thank them for its dedication to quality in health and its commitment in undertaking such a complex task.



II. Scope

This regulation is applicable to all hospital establishments in the UAE that are subject to licensure with the Concerned Authority governing the health sectors according to the geographical areas. All categories of hospitals, inclusive of general and specialty including all governmental, semi-governmental and private hospitals in the Northern Emirates shall comply with this regulation.

The Concerned Authority reserves the right to amend the Hospital Regulation stipulated herein without prior notice; the latest version of the regulation shall be published in the applicable website <http://www.moh.gov.ae>, and shall be referred to as the Hospital Regulation in the United Arab Emirates.

III. Purpose

The Concerned Authority is the responsible entity for regulating, licensing and monitoring health facilities and healthcare professionals in the UAE according to its specified geographic jurisdiction. Through the development, establishment, and enforcement of this regulation, which matches best practices for operating hospitals, the provision of the highest levels of quality and healthcare services at all times shall be ensured.

IV. Definitions

Accreditation shall refer to that process of evaluation conducted by international accredited organizations approved by the International Society for Quality in Health Care (ISQua) in which certification of competency and quality of service is given to hospitals.

Assisted Reproductive Techniques (ART) shall mean the process of intercourse is bypassed either by insemination (for example, artificial insemination) or fertilization of the oocytes in the laboratory environment (i.e., in vitro fertilization). This includes but not limited to following procedures: Intra Uterine Insemination (IUI), In vitro Fertilization (IVF),



Intracytoplasmic Sperm Injection (ICSI), Gamete Intra-fallopian Transfer (GIFT), Zygote Intra-fallopian Transfer (ZIFT).

Cohorting shall refer to grouping of infectious patients and nursing them within an area of a hospital ward. This is widely recommended as a strategy for controlling transmission of healthcare acquired infection and is often recommended as an overflow strategy when single room isolation is not available. The practice of ‘cohorting’, in common with other isolation procedures, is associated with successful infection control interventions.

Concerned Authority shall refer to the health regulatory Authority in the UAE that is responsible for licensure of health facilities and healthcare professionals according to the defined geographic jurisdictions, the Ministry of Health & Prevention (MOHP) with the jurisdiction over the Northern Emirates.

Conventional Radiography (General Radiology) shall mean images of the skull, chest, abdomen, spine, and extremities produced by the basic radiographic process.

Diagnostic Imaging Services shall mean the medical service that utilizes imaging examinations with or without ionizing radiation to affect diagnosis. Techniques include radiography, tomography, fluoroscopy, ultrasonography, mammography, interventional radiography (IR), computed tomography (CT), Positron emission tomography (PET) Scan and Nuclear Medicine.

Functional Program shall mean a detailed plan prepared by the hospital investors and management which describes the project purpose, delivery of care model, facility and service users, layout/operational planning, physical environment, projected operational use and demand, Relevant operational circulation patterns, departmental operational relationships and patient/resident, staff, and family/visitor needs.

Healthcare professional shall mean healthcare personal working in health facilities and required to be licensed as per the applicable laws in the UAE.



Health Care Worker (HCW) shall mean an individual employed by the hospital, (whether directly, by contract with another entity), provide direct or indirect patient care, this includes but not limited, healthcare professionals, medical and nursing students, administrative staff and contract employees who either work at or come to the hospital site.

Hospital A health facility in a standalone building with inpatient services for 24 hours use or longer by patients in the treatment of diseases, injuries, deformities, abnormal physical or mental status, maternity cases, nurseries and dispensaries. A hospital provides critical services such as emergency and intensive patient care. A hospital has higher level of health care management in different fields of medicine and surgery and has ancillary services such as clinical laboratory, radiology and pharmacy. A hospital should have medically equipped ambulance.

Hospitals Subtypes:

1. **General hospital:** A facility at which a range of outpatient and inpatient services are offered, mostly within the scope of general medical practitioners. In addition to the following basic specialties of surgery, medicine, orthopedics, pediatrics, obstetrics and gynecology and psychiatry.
2. **Specialized hospital:** A hospital providing one or two focused specialties/ specialized services. There are wide a range of possible specialties that could be focused in a hospital, including spinal injuries, maternity, pediatric, heart, infectious diseases and so on.
3. **Nursing Home:** A nursing home is a place of residence for people who require constant nursing care and have significant deficiencies with activity of daily.
4. **Rehabilitation Hospital:** A rehabilitation hospital is devoted to the rehabilitation of patients with various neurological, musculoskeletal, orthopedic and other medical conditions following stabilization of their acute medical issues. The provided rehabilitation care to patients is on an inpatient basis.orthopedic and other medical conditions following stabilization of their acute medical issues. The provided rehabilitation care to patients is on an inpatient basis.



Medical Complaint shall mean expressions of dissatisfaction or concern about a healthcare service made by patients, or their relatives.

Outcome relates to the state of health of the individual or population resulting from their interaction with the healthcare system. It can include lifestyle improvements, emotional responses to illness or its care, alterations in levels of pain, morbidity and mortality rates, and increased level of knowledge.

Patient shall mean any individual who receives medical attention, care or treatment by any healthcare professional or admitted in a health facility.

Patient Safety Solutions are defined as: "Any system design or intervention that has demonstrated the ability to prevent or mitigate patient harm stemming from the processes of healthcare."

Process relates to what is actually done for the service user and how well it is done. Process indicators measure the activities carried out in the assessment and treatment of service users and are often used to measure compliance with recommended practice, based on evidence or the consensus of experts.

Risk Management is defined as 'a logical and systematic method of establishing the context, identifying, analyzing, evaluating, treating, monitoring and communicating risks associated with any activity, function or process in a way that will enable organizations to minimize losses and maximize opportunities.

Sentinel Event is defined as an unanticipated occurrence involving death or major permanent loss of function unrelated to the nature course of the patient illness or underlying condition.



V. Acronyms

AII	:	Airborne Infection Isolation
CCTV	:	Closed Circuit Television
CCU	:	Coronary Care Unit
CFCs	:	Chlorofluorocarbons
CPD	:	Continues Professional Development
CPR	:	Cardio Pulmonary Resuscitation
CT	:	Computer Tomography
CSD	:	Central Supply Department
CSSD	:	Central Sterile Services Department
FANR	:	Federal Authority Nuclear Regulation
GP	:	General Practitioner
HCW	:	Healthcare worker
HEPA	:	High Efficiency Particulate Air
HTM	:	Health Technical Memorandum
ICU	:	Intensive Care Unit
IR	:	Interventional Radiology
IV	:	Intravenous
LDR	:	Labor-Delivery-Recovery
LDRP	:	Labor-Delivery-Recovery-Postpartum
MOHP	:	Ministry of Health & Prevention
MRI	:	Magnetic Resonance Images
NICU	:	Neonatal Intensive Care Unit
OPD	:	Outpatient Department
OT	:	Operation Theatre
TPN	:	Total Parenteral Nutrition



CHAPTER ONE: HOSPITAL DESIGN REQUIREMENTS



Introduction

This chapter contains the design requirements for hospitals in the UAE. For further information regarding specific design requirements for the concerned authority please visit the website: www.moh.gov.ae

1. General Design Considerations

This section contains elements that are common to most types of hospitals. Additional specific requirements are mentioned further in this chapter.

- 1.1 The hospital building shall be a freestanding facility; located on a main road.
- 1.2 Access to the building shall be easy and convenient to people using both public transportation and vehicles.
- 1.3 The hospital shall provide parking on the premises to satisfy the needs of both patients and staff. The parking area shall be approved by the local authorities having jurisdiction.
- 1.4 Consideration shall be given to the anticipated disabled patients as determined by the functional program of the hospital.
- 1.5 Signage shall be provided to direct people unfamiliar with the facility to entrances and parking areas.
- 1.6 Departments' size and layout shall depend on the functional program requirements and organization of services within the hospital.
- 1.7 Sharing of certain hospital functions shall be permitted, provided the layout does not compromise safety standards or medical and nursing practices.
- 1.8 Hospital design shall ensure appropriate levels of patient acoustical and visual privacy and dignity throughout the care process. In multiple-bed rooms, visual privacy from casual observation by other patients and visitors shall be provided for each patient.



- 1.9 The design, construction, renovation, expansion, equipment, and operation of health facilities are subject to compliance with concerned local and federal laws. This includes but not limited: to hazardous waste materials storage handling, and disposal, medical waste storage and disposal, asbestos use in building materials, elimination the use of Mercury and chlorofluorocarbons (CFCs) in healthcare, etc.
- 1.10 Color contrast between walls, floors and doors shall be considered as it may reduce falling risk of blurred vision patients.
- 1.11 Stairways flooring shall have slip-resistant surfaces.
- 1.12 Slip-resistant flooring products shall be considered for flooring surfaces in wet areas (e.g. ramps, shower and bath areas) and areas that include water for patient services.
- 1.13 Carpet cannot be used in examination and treatment rooms, if used in patient waiting areas and corridors carpet shall be glued or stretched tight and free of loose edges or wrinkles and it shall be made from antibacterial material.
- 1.14 Selected flooring surfaces shall be easy to maintain, readily washable, and appropriately wear-resistant for the location.
- 1.15 Wall finishes shall be washable, bacteria and fungus resistant, moisture-resistant and smooth, wall finish treatments shall not create ledges or crevices that can harbour dust and dirt.
- 1.16 Joints for floor openings for pipes and ducts shall be tightly sealed.
- 1.17 Floor drains shall not be installed in operating and delivery rooms. If floor drain is installed in cystoscopy, it shall contain a non-splash, horizontal-flow flushing bowl beneath the drain plate.
- 1.18 Wired glass; or plastic, break-resistant material that creates no dangerous cutting edges when broken shall be used in certain areas such as glass doors and sidelights.
- 1.19 Highly polished flooring, walls or finishes that create glare shall be avoided.



- 1.20 All doors between corridors, rooms, or spaces subject to occupancy shall be of the swing type or shall be sliding doors.
- 1.21 Patient's room door swings should be oriented to provide patient privacy.
- 1.22 Curtains used throughout the hospital shall be washable/cleanable, bacteria resistant, fireproof and maintained clean at all times.
- 1.23 Each in-patient shall have access to a toilet room without having to enter a corridor.
- 1.24 Bedpan-washing fixtures shall be installed in dedicated rooms, separate from patient care areas unless located in a toilet room.
- 1.25 The minimum ceiling height shall be 2.7meters.
- 1.26 Door opening to inpatient bedrooms shall be wide enough for easy movement of bed or stretcher, a minimum clear width of 1.12 meters (3 feet 8 inches) with a frame that is 2.13 meters (7 feet) high is required
- 1.27 Toilets shall be provided for each department. Dedicated toilets should be provided for disabled individuals as per the standards and guidelines.

2. Operation Theatre (OT)

- 2.1 At least two Operation Theatres shall be available in a general hospital.
- 2.2 The dimension of hospital operation room are the following (Minimum areas) :
 - Minor 36 square meters
 - Normal 42 square meters
 - Major 58 square meters
- 2.3 OT numbers shall be sufficient to accommodate the functional program of the hospital and shall meet the total bed capacity of the hospital according to the following:
- 2.4



Hospital Bed capacity	Minimum Number of OT
Up to 50	2
51-100	3
>100	4

- 2.5 There should be sufficient space to accommodate all necessary equipment and personnel to allow for swift access to patients and all monitoring equipment.
- 2.6 The OT entrance door shall be wide preferably consisting of two parts, which can be opened in either sides or automatic one. Independent dirty exit is recommended in OT.
- 2.7 The floors, ceilings, and walls shall be created by a continuous connection. Interior surfaces should be constructed of materials that are monolithic and impervious to moisture.
- 2.8 The floors and walls should be anti-static, heat resistant, anti-bacterial, anti-fungal and resistant to disinfectants.
- 2.9 OT shall be equipped with the following, but not limited to:
- 2.9.1 Multi-purpose operation table
 - 2.9.2 Anesthesia machine with adequate vital sign monitors (minimum of one back up anesthesia machine).
 - 2.9.3 Adequate medical gases supply
 - 2.9.4 X-Ray Viewer
 - 2.9.5 Cautery equipment
 - 2.9.6 ECG machine
 - 2.9.7 Emergency/crash cart
 - 2.9.8 Suction machine
 - 2.9.9 Pulse oximeter
 - 2.9.10 Appropriate size pediatric medical equipment shall be available if services are provided to infants/children



- 2.9.11 Calling station
- 2.10 Operation table location shall permit easy movement of patients' trolleys however, if obstetric services are provided, an extra dedicated OT is recommended.
- 2.11 Adequate ventilation and air exchange (with at least 25 air changes per hour as per American Society of Heating, Refrigerating and Air-Conditioning Engineers (ASHRAE) requirement) shall be maintained in the OT which should be at positive pressure relative to the adjacent preparation areas.
- 2.12 Minimum of two (2) air supply inlets with proper contamination control filters i.e. High Efficiency Particulate Air (HEPA) filters delivered at or near the ceiling, which should not be directed over the operation table, in addition to a minimum of two exhaust outlets located near floor level, bottom exhaust outlets should be at least 75mm above the floor. Differential pressure indicating device, humidity indicator, and thermometers should be installed and should be located for easy observation.
- 2.13 OT temperature shall be maintained between 18-22 °C with room humidity between 35-70% and the temperature and relative humidity set points should be adjustable.
- 2.14 Anesthesia scavenging systems: Each space routinely used for administering inhalation anesthesia and inhalation analgesia shall be served by a scavenging system to vent waste gases.
- 2.15 The scrub facility shall be located adjacent to the OT(s). Ceiling, surfaces or tiles at this area shall be smooth, washable and free of particular matter that can be contaminated.
- 2.16 Staff changing area shall be separate for males and females. It shall contain special entrance for the staff and suitable place for changing of clothes with a minimum of one toilet for the staff in this area. Toilets air pressure should be kept



- negative pressure with respect to any adjoining areas and should have minimum 10 air changes per hour.
- 2.17 Sterilizing area can be located near OT(s) with adequate high-speed autoclave machine. Additional equipment for drying the tools before sterilization may also be provided however, they shall be well secured to avoid injuries. Biomedical engineers shall keep indicators such as chemical tubes or strips to ensure the quality of autoclaving. Operation instruments and trolleys can be arranged in this area.
- 2.18 Sterilizing area air pressure should be kept negative pressure with respect to any adjoining areas and should have minimum 10 air changes per hour. Relative humidity should be maintained at 30% to 60%. High efficiency filters should be installed in the air handling system, with adequate facilities provided for maintenance, without introducing contamination to the delivery system or the area served.
- 2.19 An independent and adequate induction room can be provided at operation facility.
- 2.20 Suitable medical store area shall be located in operation facility, adequate number of all types of intravenous solutions, emergency medications, required anesthesia medications, etc. shall be maintained. Store's air pressure should be kept positive pressure with respect to any adjoining areas and should have minimum 4 air changes per hour. Relative humidity should be maintained at 30% to 60%. High efficiency filters should be installed in the air handling system, with adequate facilities provided for maintenance, without introducing contamination to the delivery system or the area served. (OT medication should be regularly checked for expiry)
- 2.21 Sufficient supply of different medical gases should be available and adequate for procedure(s) performed (centralized medical gas system in accordance to HTM 2022 or its equivalent internationally accepted standard is preferable).



- 2.22 Recovery area shall be properly equipped with at least one bed for each operation room. Each recovery area shall be at least 9.0 square meters per bed.
- 2.23 Recovery area air pressure should be kept at balanced pressure with respect to any adjoining areas and should have minimum 6 air changes per hour. Relative humidity should be maintained at 45% to 55%. High efficiency filters should be installed in the air handling system, with adequate facilities provided for maintenance, without introducing contamination to the delivery system or the area served.
- 2.24 Back-up emergency power supply sufficient to ensure patient protection and safety in the event of an emergency power cut should be available.
- 2.25 The OT entrance door must be wide (about 2.13 meters width) preferably consisting of two parts, which can be opened in either sides or automatic one.

3. Critical Care

- 3.1 All general hospital shall provide critical care services that include Intensive Care Unit (ICU) and may include; Coronary Care Unit (CCU), Neonatal Intensive Care Unit (NICU) or Burns Unit based on the scope of services available at the hospital.
- 3.2 Number of beds per critical care services shall be based on many factors such as: type of services provided in the hospital, bed occupancy rate, etc. In general the hospital should provide one critical care bed for each operation theater, but it should not be less than one critical care bed for every twenty (20) general beds.
- 3.3 The critical care unit has the following necessary equipment and supplies:
- 3.3.1 Ventilators
- 3.3.2 Tracheotomy set
- 3.3.3 Emergency/crash cart with a plastic breakable seal that can be easily removed during emergency. It shall be equipped with defibrillator, necessary drugs and other Cardio Pulmonary Resuscitation (CPR)



equipment and test strips. A log book shall be nearby to indicate the maintenance and regular check of the crash cart and its components.

3.3.4 Pulse Oximetry and vital signs monitor

3.3.5 Transfusion pumps

3.3.6 Vital Signs Monitors

3.3.7 Blood gas analyzer with capability for electrolytes measuring should be available in the hospital (preferably at ICU facility).

3.4 The critical care beds shall be supplied with medical gases outlets (O₂, Air, Suction), enough numbers of electrical outlets, examination lights. Supply of medical gases should be available and centralized medical gas system shall be according to HTM 2022 or its equivalent internationally accepted standard.

3.5 Adequate ventilation and air exchange, with at least 6 air changes per hour as per ASHRAE requirement, shall be maintained in Intensive Care Unit area. Intensive Care Unit should be kept at positive pressure relative to the adjacent areas. The area temperature should be maintained at 21 °C 24 °C and relative humidity 30 % to 60% and should be adjustable. High efficiency filters should be installed in the air handling system, with adequate facilities provided for maintenance, without introducing contamination to the delivery system or the area served.

4. Airborne Infection Isolation (AII) Room

4.1 The hospital should specify airborne infection isolation (AII) room(s) for treatment of infectious diseases based on the needs of specific community and patient populations served by the hospital.

4.2 At least one (1) airborne infection isolation room in the critical care area shall be provided in all general hospitals.

4.3 Isolation rooms design requirements shall include but not limited to the following:

4.3.1 Each patient room shall contain only one (1) bed.

4.3.2 The isolation room should be independent from other critical care area.



- 4.3.3 A separate toilet with bathtub (or shower) shall be provided for each patient room.
- 4.3.4 A hand-washing station shall also be provided for each patient room.
- 4.3.5 Additional hand-washing or hand-rub station outside the room entrance maybe provided.
- 4.3.6 All room perimeter walls, ceilings, and floors, including penetrations, shall be sealed tightly so that air does not infiltrate the environment from the outside or from other spaces.
- 4.3.7 Isolation room (Ant room) with access control system
- 4.3.8 An area for gowning and storage of clean and soiled materials shall be located either directly outside or inside the entry door to the patient room.
- 4.3.9 There should be an oxygen source and first-aid kit available inside the room.
- 4.3.10 Isolation Room Instruments shall include, but not limited to: Intravenous (IV) solutions, needles of various gauges, lumbar puncture kit, liver biopsy kit, liver abscess aspiration kit and pleural fluid and ascitic fluid aspiration kit.
- 4.4 An AII room shall be provided in or near at least one level of nursery care. It shall be separated from the nursery unit with provisions for observing the infant from adjacent nurseries or control area(s).
- 4.5 Adequate ventilation and air exchange, with at least 12 air changes per hour as per ASHRAE requirements, shall be maintained in the Isolation Room. The room should be kept at negative pressure relative to the adjacent areas. The area temperature should be maintained at 24 °C plus or minus 1 °C. High-efficiency filters should be installed in the air handling system, with adequate facilities provided for maintenance, without introducing contamination to the delivery system or the area served.



5. Emergency Area

General Hospital emergency area shall fulfill the following requirements:

- 5.1 Emergency Entrance: A well-marked, easily accessible entrance at ground level shall be available for emergency services. Access shall be provided for both emergency vehicles and pedestrian separately.
- 5.2 Waiting Area: Patients and visitors waiting area(s) shall be located in a way that can be under direct observation of the reception staff, triage station, or control station, with access to a public phone.
- 5.3 Consultation room shall be fitted with a wash basin and the attached faucet can be sensor-regulated or single-lever elbow operated. Care shall be taken in location and arrangement of fittings to provide the clearance required for operation of blade-type handles.
- 5.4 One (1) Triage room
- 5.5 Observation bed area with suitable patient privacy
- 5.6 Minimum of two (2) treatment rooms
- 5.7 Resuscitation Area: with adequate space area, appropriate equipment and emergency medication.
- 5.8 At least one (1) Airborne Infection Isolation (AII) Room
- 5.9 In the emergency area shall be provided with independent exit.
- 5.10 Patient toilet: minimum one (1) for male and another for female. Dedicated toilets should be provided for disabled individuals as per the standards and guidelines.
- 5.11 Storage areas: for general medical/surgical supplies, medications and equipment. The area shall be under staff control and out of the path of normal traffic.
- 5.12 Ambulance vehicle: well-equipped ambulance vehicle(s) should be ready with qualified medical staff for patient transportation if required, for more details see



ambulance requirements in the Ministry of Health & Prevention website:
www.moh.gov.ae.

- 5.13 Sufficient electrical outlets to meet medical equipment functional requirements. Electrical outlets shall be clearly labeled and connected to an emergency power supply.
- 5.14 Source of Oxygen:
- 5.14.1 There should be in each location a reliable source of oxygen.
- 5.14.2 Oxygen piped from a central source is strongly recommended.
- 5.14.3 There should be backup supply of oxygen equivalent to at least a full cylinder.
- 5.15 Adequate ventilation and air exchange, of at least six (6) air changes per hour as per ASHRAE requirements, shall be maintained in Emergency/Casualty Department. The Department should be kept at equal pressure relative to the adjacent areas. The area temperature should be maintained at 24 °C plus or minus 1 °C and relative humidity 30% to 50% and should be adjustable. High-efficiency filters should be installed in the air handling system, with adequate facilities provided for maintenance, without introducing contamination to the delivery system or the area served.
- 5.16 Emergency unit/department shall be equipped with the following, but not limited to:
- 5.16.1 Emergency/crash cart shall be available, with a plastic breakable seal that can be easily removed during emergency. It must be equipped with defibrillator, necessary drugs and other CPR equipment and test strips. A log book must be nearby to indicate the maintenance and regular check of the crash cart and its components.
- 5.16.2 Resuscitation Kit, Cardiac board and Oral airways
- 5.16.3 Laryngoscope with blades
- 5.16.4 Diagnostic set
- 5.16.5 X-ray viewer



- 5.16.6 Patient trolley with IV stand
- 5.16.7 Wheelchair
- 5.16.8 Nebulizer
- 5.16.9 Autoclave
- 5.16.10 Refrigerator with temperature control
- 5.16.11 Floor Lamp (Operating light mobile)

6. Delivery Suite

- 6.1 Obstetrical program models vary widely in their delivery methodologies. The models are essentially of three types:
 - 6.1.1 Traditional Model
 - 6.1.2 Labor-Delivery-Recovery (LDR) Model
 - 6.1.3 Labor-Delivery-Recovery-Postpartum (LDRP) Model¹
- 6.2 The obstetrical unit shall be located and designed to prohibit nonrelated traffic through the unit. LDR rooms may be located in a separate LDR suite, as part of the cesarean delivery suite, and in the postpartum unit.
- 6.3 When cesarean delivery rooms are located within the obstetrical suite, access and service arrangements shall be such that neither staff nor patients shall travel through the cesarean delivery area to access other services.
- 6.4 For LDR and LDRP: minimum clear floor area of 28 square meters (301 square feet) with a minimum clear dimension of 3 meters (32 feet). This includes an infant stabilization and resuscitation space.
- 6.5 LDR and LDRP rooms shall include an infant stabilization and resuscitation space and the rooms shall be equipped with the following:
 - 6.5.1 Hand washing sink
 - 6.5.2 Satisfactory equipment and supplies required for delivery

¹ LDRP and LDR is a single-room maternity care in one room, equipment is moved into the room as needed, rather than moving the patient to the equipped room.



- 6.5.3 Call systems
- 6.5.4 Medications
- 6.6 Postpartum unit shall be constructed to meet the needs of the functional program of the hospital with minimum 5 square meters per baby bed.
- 6.7 Newborn nursery equipped with adequate infant beds and incubators for the premature babies.
- 6.8 Adequate ventilation and air exchange, with at least 25 air changes per hour as per ASHRAE requirements, shall be maintained in Delivery Suite area. Delivery Suite should be kept at positive pressure relative to the adjacent areas. The area temperature should be maintained at 20 - 23 °C and relative humidity 45% to 55% and should be adjustable. High-efficiency filters should be installed in the air handling system, with adequate facilities provided for maintenance, without introducing contamination to the delivery system or the area served.

7. Inpatient Service Areas

All hospitals shall provide inpatient service in distinct areas. The following requirements shall be provided:

- 7.1 Each inpatient room shall include enough space for patient bed(s) and other medical equipment.
- 7.2 Walls shall be painted with lead free color with no sharp edges. Every patient room shall have a window.
- 7.3 Single patient rooms shall have exclusive toilets, closets, lockers, wardrobes, alcoves, or vestibules. These spaces should accommodate comfortable furniture for one or two family members without blocking staff member access to patients. The minimum area is 14.9 square meter (width 3.65m & length 3.96 m).
- 7.4 Shared rooms maybe provided in general hospitals and should not exceed two (2) beds in one room ensuring the minimum bed area to be at least 9.5 sq. meters.



- 7.5 In shared inpatient rooms, the enclosed area for each bed shall be provided with curtains to ensure patient privacy. The curtains shall be washable/cleanable, fireproof and maintained clean at all times.
- 7.6 A hand-washing station for the exclusive use of the staff shall be provided to serve each patient room and shall be placed outside the patient toilet.
- 7.7 Door opening to inpatient bedrooms shall be wide enough for easy movement of bed or stretcher.
- 7.8 In multi-story hospital buildings, adequate family visiting areas shall be provided at each floor.
- 7.9 Patient beds shall be of good quality, foldable and mobile. Next to each bed there shall be a food table and a bedside cabinet/ locker.
- 7.10 All toilet doors and setting in inpatient rooms i.e. door opening, safety rails etc. shall comply with disability requirements to ensure patient safety.
- 7.11 Calling system shall be next to each bed.
- 7.12 Adequate electrical sockets for each bed are required.
- 7.13 A reading light shall be provided for each patient.
- 7.14 Suitable area for bathing, dressing and hand washing, etc, (minimum of one (1) toilet for inpatient room with two beds and one (1) toilet in private inpatient rooms).
- 7.15 Appropriate dedicated area for medical equipment, medications and supplies shall be provided near the inpatient area.
- 7.16 Overnight accommodation for family members can be provided in private inpatient bedrooms.
- 7.17 Nurse station should be provided as space.
- 7.18 Adequate ventilation and air exchange, with at least 6 air changes per hour as per ASHRAE requirements, shall be maintained in inpatient care area. Inpatient care



area should be kept at positive pressure relative to the adjacent areas. The area temperature should be maintained at 24 °C or less and relative humidity 30 % to 60% and should be adjustable. High efficiency filters should be installed in the air handling system, with adequate facilities provided for maintenance, without introducing contamination to the delivery system or the area served.

8. Outpatient Areas

Outpatient Department/Services shall be in a distinct area in the hospital premises that consist of:

- 8.1 Reception/information counter or desk shall be located to provide visual control of the entrance to the outpatient unit and shall be immediately apparent from that entrance; the information counter shall provide access to patient files and records.
- 8.2 Male and Female waiting area for patients and escorts:
 - Shall be under staff visual control.
 - Shall be provided with provision of drinking water and public telephone.
 - Shall contain not less than two spaces for each examination and/or treatment room.
 - Where pediatrics services are provided, a separate controlled area for pediatric patients shall be provided.
 - Wheelchairs shall be accommodated within the waiting area.
- 8.3 Toilet(s) for public use shall be conveniently accessible from the waiting area without passing through patient care or staff work areas or suites. A hand-washing station shall be provided in the toilet room. Dedicated toilets should be provided for disabled individuals as per the standards and guidelines.
- 8.4 Consultation, and Treatment Rooms space requirements shall depend on the services provided and shall meet the following, but not limited to:
 - 8.4.1 For the consultation room, the minimum width is 3.0m and the minimum area with bed is 12.0 square meter and without bed is 9.0 square meter.



8.4.2 For the treatment room, the minimum width is 2.0 meter and the minimum area of 7.5 square meters. Rooms for minor treatment, procedures & casting are 15 square meters. In addition, the treatment room arrangement shall permit a minimum clearance of 0.91 meter (3 feet) at each side and at the foot of the bed.

8.4.3 A counter or shelf space for writing and documentation shall be provided.

8.4.4 Hand washing stations shall be provided. The hand-washing station shall be equipped with a sensor-regulated or single-lever elbow operated faucet and appropriate soap dispensers. Sinks shall be designed with deep basins, made of porcelain, stainless steel, or solid surface materials.

8.4.5 Hand sanitization dispensers shall be provided in addition to hand-washing stations.

8.4.6 Provisions for hand drying shall be available at all hand-washing stations.

Initial

8.5 Treatment rooms for minor procedures, specific treatment or casting shall have:

8.5.1 Hand-washing station shall be provided in all treatment rooms.

8.5.2 Documentation space or counter for writing shall be provided.

8.5.3 A lockable refrigerator for medication use.

8.5.4 Locked storage for controlled drugs (if used) shall be provided.

8.6 Consultation, examination and treatment rooms shall maintain adequate ventilation and air exchange, with at least 6 air changes per hour as per ASHRAE requirements, shall be maintained in Outpatient Service area. Outpatient Service area should be kept at positive pressure relative to the adjacent areas. The area temperature should be maintained at 23 °C plus or minus 1°C and relative humidity 30% to 60% and should be adjustable. High efficiency filters should be installed in the air handling system, with adequate facilities provided for maintenance, without introducing contamination to the delivery system or the area served.



8.7 Use of the toilet room provided within the examination and treatment room shall be permitted for specimen collection.

9. Clinical Laboratory

9.1 Clinical Laboratory facilities shall be provided for the performance of tests. Each lab shall be able to cover the following minimum specialties: hematology, clinical chemistry, Immunology and serology, microbiology, anatomic pathology, cytopathology, and blood banking to meet the expected workload in the hospital functional program.

9.1.1 To add microbiology lab specification (2 doors, separate air condition, negative pressure)

9.2 Other services may be available on the hospital premises or with written agreement with an external provider. If radiology and diagnostic imaging services outsourced to another diagnostic imaging facility, it shall meet the outsourcing requirements.

9.3 Certain procedures may be performed on-site or provided through a contractual arrangement with external laboratory service. These procedures/tests shall be documented.

9.4 A specimen collection facility may be located outside the clinical laboratory area. The blood collection area shall have a work counter, space for patient seating, and hand-washing stations.

9.5 The urine and feces collection facility shall be equipped with a water closet and hand-washing station.

9.6 Chemical safety provisions. These shall include emergency shower, eye-flushing devices, and appropriate storage for flammable liquids, etc.

9.7 Laboratory work areas shall include sinks with water and access to vacuum, gases, tele/data service, and electrical service as needed. Work benches shall be 0.75 wide.



- 9.8 Work countertops should be made from monolithic, heat resistant, antimicrobial and impermeable material to moisture e.g. Corian, Epoxy resin or Trespa countertops. The floor and walls should be anti-static, heat resistant, anti-bacterial, anti-fungal and resistant to chemicals used for disinfection purposes.
- 9.9 Selected flooring surfaces shall be easy to maintain, readily cleanable, and appropriately fire-resistant. Tiles, wooden planks, carpet are not appropriate. However the joints should be tightly closed
- 9.10 Wall finishes shall be washable, moisture-resistant and smooth.
- 9.11 Facilities and equipment shall be provided for terminal sterilization of contaminated specimens before transport (autoclave or electric oven)
- 9.12 Laboratory fume hoods shall meet the following general standards:
- 9.12.1 An average fan velocity of at least 75 feet per minute (0.38 meters per second).
 - 9.12.2 Connection to an exhaust system to the outside that is separate from the building exhaust system.
 - 9.12.3 Location of an exhaust fan at the discharge end of the system.
 - 9.12.4 Inclusion of an exhaust duct system of noncombustible corrosion-resistant material as needed to meet the planned usage of the hood.
- 9.13 If radioactive materials are employed, facilities for long-term storage and disposal of these materials shall be provided.
- 9.14 Storage facilities for reagents, standards, supplies, and stained specimen microscope slides, etc. shall be provided.
- 9.15 Refrigerated blood storage facilities.
- 9.16 Lounge, locker, and toilet facilities shall be conveniently located for male and female laboratory staff.
- 9.17 Food items or cosmetics must not be stored in testing areas.



9.18 Adequate ventilation and air exchange, with at least 6 air changes per hour as per ASHRAE requirements, shall be maintained in all Clinical Laboratory service area. The Laboratory area should be kept at positive pressure relative to the adjacent areas. The area temperature should be maintained at 21 °C to 24 °C and relative humidity 30% to 60% and should be adjustable. High-efficiency filters should be installed in the air handling system, with adequate facilities provided for maintenance, without introducing contamination to the delivery system or the area served.

For further information regarding Clinical Laboratory requirements visit Ministry of Health & Prevention website: www.moh.gov.ae.

10. Diagnostic Imaging

10.1 The imaging modalities associated with the Radiology Service can include, but not limited to conventional radiography (general radiology), Fluoroscopy, Computer Tomography (CT), Magnetic Resonance Images (MRI) Interventional Radiology (IR), Ultrasound, and Mammography.

10.2 Hospital shall provide conventional radiography (general radiology), ultrasound services and CT within the premises of the hospital to meet the patient needs.

10.3 Patient convenience and accessibility should be considered for the planning and design of the Radiology Department.

10.4 The imaging modalities associated with the Radiology service can include the following:

10.4.1 Conventional radiography room should be with shielded door and at least one (1) designated patient gowning area for patient changing with safe storage for valuables and clothing. The gowning area shall be with immediate access to the conventional radiography room.

10.4.1.1 At least 15 square meters. Room entrance shall not be less 1.20 m and 2 meters height with shielded door. At least one designated



patient gowning area for patient changing with safe storage for valuables and clothing shall be provided.

10.4.2 Ultrasound room shall have minimum of one examination bed and Patient's toilet shall be accessible.

10.4.2.1 The minimum area for the room is 7.5 square meters.

10.4.3 Computed Tomography (CT) :

10.4.3.1 Shall be at least 24 square meters depending on the machine type and the functional program.

10.4.3.2 Patient gowning area for patient changing shall be provided.

10.4.3.3 At least one space should be large enough for staff-assisted dressing.

10.4.3.4 A control room shall be provided that is designed to accommodate the computer and other controls for the equipment.

10.4.3.5 A view window (Lead glass) shall be provided to permit full view of the patient.

10.4.3.6 The angle between the control and equipment shall permit the control operator to see the patient's head all the time.

10.4.3.7 A patient toilet shall be provided.

10.4.3.8 If contrast media are used, this area shall include provision for appropriate emergency equipment and medications must be immediately available and central oxygen or oxygen cylinder to treat adverse reactions associated with administered medication. Also the area shall include; crash cart, sink, counter, and storage area.

10.4.3.9 One preparation room, if conveniently located, shall be permitted to serve any number of rooms.



10.4.4 Mammography room; the space requirement is at least 9 square meters depending on the machine type. Patient gowning area shall be inside the room.

10.4.5 Interventional Radiology (IR) can be performed only in hospital base diagnostic setting.

10.4.5.1 The IR and /or cardiac catheterization laboratory is normally located in a separate suite, but location in the diagnostic imaging area can be permitted provided the appropriate sterile environment is provided.

10.4.5.2 Space requirements shall meet the following:

10.4.5.2.1 Procedure rooms: The number of procedure rooms shall be based on expected utilization. The procedure room shall be a minimum of 400 square feet (37.16 square meters) exclusive of fixed cabinets and shelves

10.4.5.3 Prep, holding, and recovery rooms. The size of the prep, holding, and recovery areas shall be based on expected utilization.

10.4.5.4 Electrophysiology labs. If electrophysiology labs are also provided in accordance with the approved functional program, these labs may be located within and integral to the catheterization suite or located in a separate functional area proximate to the cardiac care unit.

10.4.5.5 Support areas for the IR suite/ cardiac catheterization lab:

10.4.5.5.1 Scrub facilities with hands-free operable controls shall be provided adjacent to the entrance of procedure rooms, and shall be arranged to minimize incidental splatter on nearby personnel, medical equipment, or supplies.

10.4.5.5.2 Patient prep, holding, and recovery area or room.



10.4.5.5.3 A patient preparation, holding, and recovery area or room shall be provided and arranged to provide visual observation before and after the procedure.

10.4.5.5.4 Control room or area. A control room or area shall be provided and shall be large enough to contain and provide for the efficient functioning of the x-ray and image recording equipment. A view window permitting full view of the patient from the control console shall be provided.

10.4.5.5.5 Electrical equipment room. An equipment room or enclosure large enough to contain x-ray transformers, power modules, and associated electronics and electrical gear shall be provided.

10.4.5.5.6 Viewing room. A viewing room shall be available for use by the cardiac catheterization suite.

10.4.5.5.7 A clean workroom or clean supply room shall be provided.

10.4.5.5.8 A soiled workroom shall be provided.

10.4.5.5.9 Film file room shall be available for use by the cardiac catheterization suite.

10.4.5.5.10 Housekeeping closet shall be provided.

10.4.5.6 Support areas for staff clothing and change area(s) shall be provided and arranged to ensure a traffic pattern so that personnel can enter from outside the suite, change their clothing, and move directly into the cardiac catheterization suite.

10.4.6 Magnetic Resonance Imaging (MRI);



10.4.6.1 The MRI room shall be permitted to range from 30.0 square meters to 57.5 square meters, depending on the machine type and functional program.

10.4.6.2 Patient gowning area shall be provided.

10.4.6.3 There should be a control room with full view of the MRI room.

10.4.6.4 At least one space should be large enough for staff-assisted dressing shall be provided.

10.4.6.5 A patient holding area according to work load shall be provided.

10.4.6.6 Hand-washing stations convenient to the MRI room, but need not be within the room should be provided.

10.4.6.7 A computer room is required.

10.4.6.8 Cryogen storage is required.

10.4.6.9 Equipment installation requirements;

- Power conditioning.

- Magnetic shielding.

- For super-conducting MRI, cryogen venting and emergency exhaust in accordance with the original equipment manufacturer's specifications.

- Adequate space for Coils storage based on the on these anatomic applications.

10.4.6.10 Magnetic door interlock should be provided.

10.4.6.11 MRI Warning light and signs should be provided.

10.4.6.12 Compatible MRI medical equipment including Anesthesia machine should be provided.

10.4.6.13 Magnetic shielding may be required to restrict the magnetic field plot.



- 10.4.6.14 Radio frequency shielding may be required to attenuate stray radio frequencies.
- 10.4.6.15 The area around, above and below the MRI suite shall be reviewed and evaluated for the following;
- Possible occupancy by person(s) who could have pacemakers or other metal implants.
 - Equipment that can be disrupted by a magnetic field. Examples include but are not limited to personal computers, monitors, CT scanners, and nuclear cameras.
- 10.5 Sharing support areas for diagnostic imaging services (e.g. Control desk, reception area, and Consultation area) is permitted.
- 10.6 Corridors and doors shall be wide and accommodate wheelchair (at least 0.9 meters for doors and 1.5 meters for corridors width).
- 10.7 Minimum of two Toilets one for males and the other for females (based on the radiology services, but one toilets preferably shall be located next to or with direct access from the radiology room).
- 10.8 Patient gowning area with safe storage for valuables and clothing shall be provided (At least this area shall be 1.5 meters x 1.2 meters)
- 10.9 Diagnostic imaging services shall comply with the FANR laws and regulations regarding the use of ionizing radiation and radioactive materials. For further information regarding FANR regulations and requirements please visit FANR website www.fanr.gov.ae.
- 10.10 Radiation safety protection requirements shall be incorporated into the specifications and the building plans. To meet the FANR requirements; in certain diagnostic imaging services (e.g. Nuclear medicine, Radiotherapy) the health facility needs a certified physicist or a qualified expert to specify the type, location, and amount of radiation protection to be installed in accordance with the final approved layout and equipment selections.



10.11 Adequate ventilation and air exchange, with at least 6 air changes per hour as per ASHRAE requirements, shall be maintained in all Diagnostic Imaging service area. The area should be kept at positive pressure relative to the adjacent areas. The area temperature should be maintained at 21 °C to 24 °C and relative humidity 30% to 60% and should be adjustable. High-efficiency filters should be installed in the air handling system, with adequate facilities provided for maintenance, without introducing contamination to the delivery system or the area served.

For further information regarding Diagnostic Imaging Services requirements visit Ministry of Health & Prevention website: www.moh.gov.ae. to see the Diagnostic Imaging Services Licensure and Regulatory Standards.

11. CSSD (Central sterile services department) control system

- 11.1. The central sterile services department also called sterile processing department (SPD), sterile processing, central supply department (CSD) or central supply. It is integrated area in hospitals and other health care facilities. The operations usually consist of cleaning of previously used devices such as stainless steel tools, with a sterilizing liquid. After drying the device it gets wrapped in a specialized paper bag called aseptic bag, tape-sealed and then sterilized by gas or in steam autoclave.
- 11.2. Air volume will change at least (10) time per hour.
- 11.3. A computer system will be implemented to control.
- 11.4. Hospital can implement Infection Control Policy using CSSD module in the hospital management software, which improves patient safety and checking the controls from time to time.
- 11.5. Responsibility: In charge nurse.
- 11.6. All staff of the central sterile services department is required to follow a strict dress code. No staff is allowed to enter the department with normal clothes.
- 11.7. It contain of the following:
 - Cleaning and decontamination area for surgical instruments (Negative pressure)



- Clean area for inspecting instruments and package chemic with the best quality control system in the world (Positive pressure).
- A Sterile store to store the items (Extra positive pressure).

11.8. There are common types of equipment used to ensure sterile medical equipment:

- Decontaminators: Is usually come in the form of a washer/decontaminator combo and is used to clean items that are heat-tolerant.
- Ultrasonic washer
- Tunnel washer
- Cart washer

12. Pharmacy

12.1 The size and type of services to be provided in the pharmacy unit shall depend upon the type of drug distribution system used, number of patients to be served, and extent of shared or purchased services.

12.2 If the functional program of the hospital requires dispensing of medication to outpatients, an area for consultation and patient education may be provided. In facilities where the main Pharmacy cannot be located in a position readily accessible to outpatient's areas due to site constraints, then a dedicated outpatient pharmacy may be provided.

12.3 The pharmacy unit shall be located for convenient access, staff control, and security. Direct access to loading dock and bulk storage is required if not located within the main pharmacy unit.

12.4 The work environment should promote orderliness and efficiency and minimize the potential for medication errors and contamination of products.

12.5 Pharmacy unit shall include: pharmacy, medication storage, compounding, patient counseling, offices, information technology and drug information as follow:

12.5.1 Pharmacy: Adequate space, equipment, and supplies shall be available for all professional and administrative functions relating to pharmacy services. These resources shall meet all applicable laws and regulations;



shall be located in areas that facilitate the provision of services to patients, nurses, prescribers, and other healthcare providers; and shall be integrated with the hospital's communication and delivery or transportation systems.

- 12.5.2 Medication Storage and Preparation Areas: There shall be suitable facilities to enable the receipt, storage, and preparation of medications under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security to ensure medication integrity and personnel safety throughout the hospital.
- 12.5.3 Compounding Areas: suitable to enable the compounding, preparation, and labeling of sterile and non-sterile products, including hazardous drug products, in accordance with established quality-assurance procedures.
- 12.5.4 Patient Assessment and Consultation Area: In outpatient settings, a private area for pharmacist–patient consultations shall be available to confidentially enhance patients' knowledge of and adherence to prescribed medication regimens.
- 12.5.5 Office and Meeting Space: Adequate office and meeting areas shall be available for administrative, educational, and training activities.
- 12.5.6 Information Technology: A comprehensive pharmacy computer system shall be employed and should be integrated to the fullest extent possible with other hospital information systems and software, including computerized provider order-entry, medication administration, electronic health record, and patient billing systems
- 12.5.7 Drug Information: Adequate space, current resources, and information-handling and communication technology shall be available to facilitate the provision of drug information.

12.6 The pharmacy area shall consist of the following, but not limited to:

- 12.6.1 Dispensing areas which may include separate areas for inpatients and outpatients if applicable



- 12.6.2 Active store for imprest stock storage, including assembly and dispatch areas with space allocated for trolley parking
 - 12.6.3 Bulk stores including unpacking area
 - 12.6.4 Secured stores for accountable drugs, refrigerated stores and flammable goods storage
 - 12.6.5 Dispatch area for deliveries to inpatient units
 - 12.6.6 Drug information areas
 - 12.6.7 Staff areas including offices, workstations, staff room, changing room and toilets
 - 12.6.8 Reception and separate waiting areas (male and female) for outpatients
 - 12.6.9 Patient counseling and consult areas
 - 12.6.10 A compounding area with a sink and sufficient counter space for drug preparation.
 - 12.6.11 An area for reviewing and recording
 - 12.6.12 An area for temporary storage, exchange, and restocking of carts
 - 12.6.13 Security provisions for drugs and personnel in the dispensing counter area, if one is provided.
- 12.7 Optional components and areas may include:
- 12.7.1 Satellite Pharmacy Units: a series of rooms/ suites in a hospital which is remotely positioned from the main Pharmacy and yet managed by the staff of the main Pharmacy.
 - 12.7.2 Unit dose systems: involves packaging of each dose of each medication for patients in a blister pack to provide easy and uniform medication dispensing. For a unit dosage system, the Pharmacy shall include additional space and equipment for supplies, packaging, labeling and storage.
 - 12.7.3 Aseptic room and cytotoxic room: are clean rooms for preparing, manufacturing of medications, cytotoxic, Total Parenteral Nutrition



(TPN) and IV admixture in a sterile environment. The following features shall be considered while designing sterile manufacturing facility:

12.7.3.1 The room shall contain laminar flow cabinets and or isolators for sterile manufacturing.

12.7.3.2 The room shall be positive pressure and be accessed via an anteroom.

12.7.3.3 The room shall be ideally located on the perimeter of the facility with an external outlook. Access via an anteroom is required.

12.7.3.4 Electronic door management system to prevent the opening of both doors in the anteroom at the same time.

12.7.3.5 Hand washing facilities shall be provided immediate outside the aseptic (clean) rooms in adjoining anteroom; hand basins are not to be located within the aseptic (clean) rooms.

12.7.3.6 Provide an intercom system shall be provided between aseptic (clean) rooms and anteroom

12.7.3.7 High-resolution Close Circuit Television (CCTV) cameras for remote monitoring

12.7.3.8 Comply with room requirements in relevant international clean room standards for sterile and cytotoxic manufacturing.

12.7.3.9 Automated dispensing stations may be provided on an inpatient or CCU to dispense prescriptions for patients in that unit. The dispensing station remains under the control of the pharmacy unit.

12.8 Hand-washing facilities shall be provided within each separate room where open medication is handled. Sterile suites shall have scrub facilities.

12.9 All drug storage areas shall have temperature and humidity controls; internal room temperature shall be kept below 25°C.



- 12.10 The following minimum storage elements, in the form of cabinets, shelves, and/or separate rooms or closets, shall be included, but not limited to:
- 12.10.1 Bulk storage
 - 12.10.2 Active storage
 - 12.10.3 Refrigerated storage
 - 12.10.4 Volatile fluids and alcohol storage with construction as required by the relevant regulations for substances involved
 - 12.10.5 Secure storage shall be provided for narcotics and controlled drugs as per MOHAP laws and regulations
 - 12.10.6 Storage for general supplies and equipment not in use
 - 12.10.7 Storage for prescriptions and any documents required by relevant legislation
 - 12.10.8 Cabinets, shelves, and/or separate rooms or closets shall be provided for bulk and refrigerated storage.
- 12.11 Pharmacy units and pharmacies are required to be constructed so as to be as secure as practicable from unauthorized access through doors, windows, walls and ceilings, and to be fitted with a security intrusion detector alarm which is control room monitored to a central agency on a 24 hour basis.
- 12.12 Security measures for consideration will include:
- 12.12.1 Electronic door controls
 - 12.12.2 Movement sensors
 - 12.12.3 Duress alarms to dispensing counters
 - 12.12.4 Security glazing or shutters to dispensing counters
 - 12.12.5 CCTV monitoring for remote monitoring

For further information regarding pharmacy requirements visit Ministry of Health & Prevention website: www.moh.gov.ae.



13. Allied Health

13.1 Hospital shall provide necessary allied health services to meet patient needs based on the functional program.

13.2 Such services may be provided on the hospital premises or by an external provider with written agreement. The provided services shall be in accordance with the Concerned Authority. For further information, please visit Ministry of Health & Prevention website: www.moh.gov.ae.

14. Administration Area

The hospital should specify a separate department for administration. It shall have a suitable area for the hospital manager, assistants, administration and finance employees.

14.1 Reception Office: There should be a reception office with minimum of one (1) supervisor to direct and answer the visitor's enquiries

14.2 Admission Office: The hospital may have an admission office for inpatients

14.3 Medical Insurance Office.

15. Mortuary Unit

15.1 Each general hospital with more than twenty-five (25) beds shall provide a Mortuary Unit within the hospital premises. The number of body slots per hospital capacity is 1:25.

15.2 Mortuary Unit equipment shall be operated and maintained in accordance with manufacturer specifications and shall meet the medical equipment requirements in this document.

15.3 Mortuary Unit fridge temperature shall be maintained between 2- 6 °C, the temperature gauges shall be monitored and recorded daily in a log kept near the fridge; records shall be maintained by the unit for at least 3 years. In case of temperature variation, biomedical engineers/department shall be contacted



- 15.4 Mortuary Unit shall be maintained clean and disinfected on daily basis, infection control policy shall be available and implemented in the mortuary area.
- 15.5 The hospital shall place a high priority on the care and management of patient and family/patient representative at the end of life.
- 15.6 The hospital shall have a system to ensure that the care of dying and deceased patients is managed with dignity and comfort.
- 15.7 The hospital shall maintain also a policy for handling amputated body parts which assure proper management and disposal.
- 15.8 A written policy and procedure shall exist for the management and care of terminally ill patients consistent with Federal and Local regulations.
- 15.9 Withholding and withdrawing life sustaining treatment is not permitted even if it's requested by the patient or his family.
- In case of death, the patient's family wishes have to be totally respected and considered; requests for relatives/friends to view the deceased are made by ward staff or in the Mortuary Unit.
- 15.10 Deceased's family shall make arrangements with the mortuary for the removal of the deceased from the hospital mortuary.
- 15.11 The hospital Mortuary services shall be responsible for overseeing the transportation of deceased patients from wards/departments. Deceased registration shall be maintained by the hospital.
- 15.12 All Cadaver shall be considered infectious, strict infection control measures shall be considered during all body handling procedures. Body should be cleaned and wrapped/placed in mortuary bag if required.
- 15.13 Transportation of deceased patient infected with communicable disease shall be conducted according to article 18 of the UAE Federal Law number 27/1981 concerning the Prevention of Communicable Diseases.



15.14 All medical apparatus shall be removed prior to placing the cadaver in the mortuary unit.

SUPPORT SERVICES

16. Nutrition Services

16.1 Strict hygienic conditions should be maintained in the hospital kitchen during preparing, storing and serving food. Such services may be provided on the hospital premises or by an external provider with written agreement. However, if such services are out-sourced it should fulfill the Concerned Authority and hygiene requirements of the concerned jurisdiction.

17. Laundry Services

17.1 Hospital shall provide laundry services either on the hospital premises or by an external provider with written agreement. If the laundry is in-house it shall be fully equipped with machines used for cleaning and washing clothes, sheets and covers.

17.2 Adequate ventilation and air exchange, with at least 10 air changes per hour as per ASHRAE requirements, shall be maintained in Laundry Service area. Laundry Service area should be kept at negative pressure relative to the adjacent areas. High-efficiency filters should be installed in the air handling system, with adequate facilities provided for maintenance, without introducing contamination to the delivery system or the area served.

18. Sanitary Services

18.1 Clean and hygienic water supply should be provided in the hospital. Water tanks should be maintained, clean and well closed.

18.2 Clean Bathrooms for outpatients should be provided (separate for men and women), every bathroom should have at least one washbasin and commode with soap and



hand dryer. All the staff and patients' toilets should be kept clean. Water drainage and sanitation should be hygienic.

18.3 Hand rubs must be available in the toilets and patient rooms.

18.4 All hospital drainage and sewage should be connected to general sewerage and be according to the regulations of concerned jurisdiction.

19. External Services

19.1 External services provider shall be managed effectively to provide safe, quality care and services. Many health facilities use external contractor and / or services to provide specific services that are essential to the ongoing operation of the organization e.g. Radiology, laboratory, oncology, pathology, allied health, transport, laundry, food, cleaning, maintenance, security, and education.

19.2 While a contracted or services agreement is important for both the health facility and service provider to ensure good quality services, the fundamental responsibility for quality shall remain with the main health facility. The health facility should outline in its services agreements / contracts exactly what services what level of services is expected and evidence with compliance with that service's regulatory or industry standards e.g. compliance with standards for laundry or food services from concerned jurisdiction.