

UNITED ARAB EMIRATES  
MINISTRY OF HEALTH & PREVENTION



الإمارات العربية المتحدة  
وزارة الصحة ووقاية المجتمع

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# Rehabilitation Center Regulations

**Empowerment And Health Compliance Department**

**Ministry Of Health And Prevention**

**(2018)**



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## Acknowledgment

Ministry of health and prevention (MOHAP) is pleased to present the **Outpatient Care Regulation** which represents a milestone towards fulfilling the MOHAP strategic objectives in providing “A world class integrated health system that ensures excellence in health and healthcare for the Emirates that follow MOHAP.

This Regulation places an emphasis on facility design and services criteria with a focus on quality of services and safety of professionals based on the local and federal laws in addition to international accreditation standards.

Therefore, this document provides a base for the Ministry of health and prevention (MOHAP) to assess the rehabilitation center performance and to ensure safe and competent delivery of services. It will also assist the rehabilitation center in developing their quality management systems and in assessing their own competence to ensure compliance with MOHAP regulatory requirements.



## Scope

This regulation applies to all rehabilitation center services subject to licensure under the Ministry of health and prevention (MOHAP) establishment law which includes semi- governmental, and private rehabilitation center Facilities.

The MOHAP reserves the right to amend the **rehabilitation center Regulation** stipulated herein without prior notice; the latest version of the regulation shall be published on the MOHAP website [www.moh.gov.ae](http://www.moh.gov.ae).

The MOHAP is the sole responsible entity for regulating, licensing and monitoring all healthcare facilities and healthcare professionals in the emirates that follow federal authority. Through the development, establishment, and enforcement of this regulation which matches best practices for operating rehabilitation center Facilities, the MOHAP will ensure provision of the highest levels of quality and healthcare services at all times.



**CHAPTER ONE:**  
**REHABILITATION CENTER DESIGN**  
**REQUIREMENTS**



**The space is required the following:**

• **Reception:**

- The reception desk should be clearly signed and adequately illuminated and should provide a low, open, friendly facility that does not give any sense of a physical or organizational barrier. One section of the desk should be low enough for children and people in wheelchairs.

• **Waiting Space:**

- This area will cater for patients who need to wait with escorts prior to changing or proceeding to treatment areas. Patients may require walking aids or may be in wheelchairs. The area should contain a bay for the safe and secure parking of wheelchairs used for the internal transport of patients. It should also contain a selection of chairs of varying heights and types suitable for patients with varying disabilities.
- The facility should have separate male and female waiting area in each department.

• **Bathrooms:**

- WC facilities should be provided for staff, patients and visitors. Their location should be obvious, to spare people the need to ask directions.
- Maintaining privacy is important. Individual toilets should be designated as single-sex.
- Dedicated toilets should be provided for disabled individuals as per the standards and guidelines.



- **Clean utility room**
  - This room may be used to store clinical supplies and possibly medications. The room serves as the temporary storage point and testing area for specimens.
- **Dirty utility**
  - The waste disposal of used items should be consistent with the current hospital policy for the disposal of clinical waste. Adequate space should be provided for the storage of clinical waste. Where wheelie bins are used. The Room should have good ventilation.
- **Staff area:**
  - Rest room should be provided for the staff to rest with good ventilation.
  - The staff changing area with locker and bathrooms should be provided.
  - Access to a seminar room will be needed for informal conferences, discussions and tutorials. This room can also be used as appropriate for instruction to, or discussion with, groups of patients. This may be dedicated to the department or, with careful planning, might be a shared facility with an adjacent department.
- **Storage area:**
  - Storage areas should be provided in all spaces (As needed).
- **Consultation/examination room(s):**
  - A consultation/examination room(s) may be used for procedures of a clinical nature, as well as for preadmission assessment clerking and examination of patients on admission.
  - The minimum area will be 12 square meters with bed and wash hand basin.
  - The medical curtains near each examination bed should be provided for privacy issues.



- **Assessment/interview room(s):**

- A room is required in which patients who require privacy can be assessed and treated. Treatments include psychological assessment, perceptual training and the use of a personal computer. The room should also be used for general interviewing purposes and study. It should be carpeted.

**Clinical and therapeutic spaces:**

**Physiotherapy spaces**

- **Patients' changing facilities**

- Some patients will need to change for treatment.
- They will require the privacy of changing accommodation for this. Others may be directed into individual treatment cubicles or into the activity area.
- A WC must be provided which is suitable for use by disabled people with shower.

- **Activity areas**

- The treatment may involve using equipment which needs an ample amount of space. Some items of equipment are free-standing, others are fixed. Some equipment will need all-round space, for example exercisetables, benches, parallel bars, weight systems and exercise ergometers. In addition to the space for free-standing equipment there must be room for patients to participate in group exercises, including activities using and throwing balls.
- The overall space will need to accommodate a wash hand basin, some chairs and a small desk/table for use by therapists.
- Two distinct activity areas may be required, described in this document as the “large” and “small” activity areas. Each area requires a direct entrance from the circulation corridor.
- Equipment storage space may be common if the areas are adjacent.





- The main requirements for the layout of the equipment are for sufficient wall space, and enough floor space around apparatus for patients to be assisted by therapists from two, three or four sides depending on the piece of equipment being used. It is important to ensure free wheelchair circulation space between items of equipment.
- The space should provide a sufficient ceiling height for some activities.
- The walls and floors need to be strong enough to take the load from equipment. As there will be a lot of movement, a hard, smooth, non-slip floor finish should be provided.
- Lighting should be protected and recessed where necessary.
- The activity area should be easily accessible from the sub-waiting area, the staff base, physiotherapists' office and the patients' changing accommodation. It should be adjacent to the individual cubicle area.
- **Treatment area:**
  - Cubicle curtains around each individual treatment area shall be provided.
  - Hand washing station(s) shall also be provided. One hand washing station may serve more than one cubicle.
  - As a minimum, one individual treatment area shall be enclosed within walls and have a door for access—minimum size 7.5 square meters.
  - **Individual treatment room(s):**
    - An individual treatment room or rooms will be needed for extra privacy, and for some treatments such as ultra-violet light, laser irradiation and respiratory therapy.
    - Good ventilation, blackout, and hand-washing facilities are necessary. An oxygen supply and medical vacuum will be required for respiratory therapy. These may be provided by either portable apparatus or by terminal outlets from the hospital medical gases installations if the latter are located nearby.
  - **Wax treatment and ice preparation:**



- The use of paraffin wax and ice will require the provision of a room adjacent to treatment cubicles, and with easy access to the activity areas. This must have a washable non-slip floor from which wax, ice and water can be easily cleared. The area should be very well ventilated.
- The ice-making machine will require appropriate plumbing.
- Storage space for wax, treatment towels and packs is essential, together with arrangements for drying towels.
- A sink which will also allow the safe filling of a foot bath and draining board are required. Facilities for the washing of patients' hands and feet are also needed.
- **Splint preparation**
  - The splint preparation room is required for the construction of made-to-measure splints.
  - The room should be large enough to accommodate a patient on a trolley, and should ensure privacy for patients being measured and fitted with splints.
  - Adequate space for the storage of equipment and materials is required.
  - If plaster is used, a sink with a drainage filter must be installed.
  - A workstation for making wheelchair-pushing gloves or pressure garments for patients may be needed.
  - The facilities will be used by both physiotherapists and occupational therapists, and should be easily accessible from the physiotherapy and occupational therapy treatment areas. They may therefore be located within the occupational therapy spaces rather than here within the physiotherapy spaces.

**Hydrotherapy spaces:**

- Hydrotherapy should have water in a specific temperature. The suite should be a self-contained operational unit so that it can be closed for maintenance or other reasons without affecting the rest of the physiotherapy facilities.



• **The pool:**

- There is no single pool design that will cater for the needs of all categories of patient with entire satisfaction. Consideration should be given to a wide range of available options of size, shape and depth at the planning stage. The requirements of prime users should be identified and met.
- The pool arrangement is usually classified according to whether it is constructed above floor level with the water contained behind a parapet, or sunk below floor level.
- A parapet pool needs a “freeboard” of at least 100–150 mm to prevent water escaping when the level is displaced by persons entering the pool.
- Scum channels should be positioned at this level to control the water depth and remove pool surface contaminants.
- Access to and exit from a deck-level pool is often easier for patients with disabilities and in an emergency evacuation, but eye-level surveillance of patients in the water may be better in a parapet pool.
- Hydrotherapy pools generally need to be between 1.0 and 1.2 m deep, but no single pool depth can meet the optimum requirements for the treatment needs of all patients. Two different depths can be provided in one pool by constructing a “stepped” bottom, but it will be necessary to define clearly these different areas by means of contrasting pool floor and wall colours.
- The structure forming the hydrotherapy pool tank is usually reinforced concrete, but other forms of construction have been used for parapet-type pools. The cost allowances assume a reinforced concrete tank construction, finished with ceramic tiles using water- and chlorine-resistant adhesive and grouting. Tile finishes should be matte, and tiles for the floor should contrast with the walls.
- Continuous filtration and disinfection of the hydrotherapy pool water is essential to control water quality within acceptable limits. Details of the guidance on the



chemical and microbiological aspects of the health risks to patients and staff, and of the engineering plant and chemical dosing equipment required.

- The hydrotherapy suite air environment will be demanding because evaporation from the pool will produce an excessive chemically-aggressive humidity at a high ambient temperature. The hydrotherapy pool hall should have a supply and extract ventilation system dedicated to this accommodation.
- Natural lighting of the hydrotherapy pool hall is desirable, but privacy and safety should be considered.
- An emergency alarm call system should be provided, and pull cords to activate it, both from within the pool and from the surrounding area, need to be sited within reach of the therapist.
- **Patients' changing**
  - An area in which patients can change in privacy with nearby lockers to securely store their clothing and valuables is required.
  - It should be adjacent to the showers.
  - Changing cubicles should be provided for use by ambulant patients who need little or no assistance
- **Patients' rest area**
  - An area where patients can lie down, rest and rehydrate on couches after treatment is necessary.
  - Couches should be provided in curtained cubicles, some of which should be large enough to accommodate a patient on a trolley.
  - A drinking-water point and beverage station should be provided in this area in accordance with whole hospital policies.
- **Showers**
  - Shower facilities are required for all users before entering and on leaving the pool.
- **Storage area** is required to keep the equipment not used.



- **Utility room:** Space and facilities are required for clothing to be rinsed and dried after use.

**Occupational therapy spaces:**

- **Activity areas:**
  - It can be one large area which can contain both functions (light and heavy activity) and it is important that the layout of the room allow for heavy and noisy activities. In addition to that the safety of patients and the need to comply with all regulations and requirement.
  - The space should contain all the items required of these activities.
  - A hard, resistance to oil spillages and smooth floor finish is required. Walls should be washable and capable of taking adjustable wall fixings. Many of the activities will be intricate and will require a good standard of natural and artificial light as well as a pleasant external aspect to allow eyes to rest after a period of concentration
  - The area requires a ready access to stores and needs to be easily supervised. An open, rectangular plan rather than an L-shape or long and narrow plan should be adopted.
- **IT therapy room**
  - Access to IT systems has been found to have several benefits. It:
    - Develops new skills which can be used to obtain employment or for numerous leisure purposes.
    - Provides a source of education and information
    - Aids communication with other people in similar circumstances
    - Provides a welcome source of recreation
    - Supports creative activities
    - Frees up specialist staff and carers' time.



- The IT therapy room will include one (or more) computer bays which are accessible to patients in wheelchairs. A braille keyboard and/or keyboard with large function keys should be available for blind/partially-sighted patients, as well as speech facilities for those with reduced manual dexterity. The room could be adjacent to or part of a library/information centre.

### Speech and language therapy spaces

- **Individual treatment room:**

- This room should be large enough to accommodate a therapist and patient (who may be in a wheelchair) plus a family member and/or an assistant speech and language therapist. The room should have natural light. It must also be mechanically ventilated and acoustically treated, making it suitable for recording and sound-sensitive equipment.
- Handwashing facilities and a full-length mirror, either fixed or free-standing, are also required.

- **Group treatment room:**

- The group treatment room should be sufficiently large (some of whom may be in wheelchairs) plus a therapist and two assistants.
- As groups of patients may attend for several hours, beverage making and hand-washing facilities should be provided.