CES 246

COMPULSORY ETHIOPIAN STANDARD

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Health Institutions General Requirement

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Contents

Foreword

This Ethiopian Standard has been prepared under the direction of the Technical Committee for Medical Science & Health care practices (TC 90) and published by the Ethiopian Standards Agency (ESA).

Application of this standard is COMPULSORY with respect to clause 4, 5, 6 and 7. A Compulsory Ethiopian standard shall have the same meaning, interpretation and application of a " Technical Regulation "as implied in the WTO-TBT Agreement.

Implementation of this standard shall be effective as of 03-04-2021

Health Institutions General Requirement

1. Scope

This Ethiopian standard covers the minimum general requirements for health institutions with respect to practices, premises, professionals and products or materials put into use.

This requirement shall be applicable for all new and existing health institutions.

2. Normative Reference

No normative reference is used for this document.

3. Terms and Definitions

For the purposes of this standard the following definitions shall apply.

3.1.
health institutions general requirement
Shall mean a requirement that includes patient rights and responsibilities, human resource and management, Health institutions (Blood transfusion, pre-facility, medical recording, health promotion, infection prevention and control, Food and dietary service, Morgue services and Social service).

4. Patient Rights and Responsibilities

4.1 Informed Consent

4.1.1. Each Health institution provider shall protect and promote every patient's rights. This includes the establishment and implementation of written policies and procedures for the patient right.

4.1.2. For undertaking any type of procedures and treatments an informed consent shall be required from the patient or patient's next of kin or guardian.

4.1.3. An informed consent may not be required during emergency cases or life threatening situations where the patient is not capable of giving an informed consent and his or her next of kin or guardian is not available.

4.1.4. Unless provided by the law or this standard or by the health institutions policies and procedures that an informed consent shall be given in written form, an informed consent of the patient can be given orally or inferred from an act.

4.1.5. A written consent shall be needed at least for the following:

a) Surgery and invasive procedures;
b) General anesthesia;
c) Blood transfusion; and
d) Blood or genetic testing in stigmatizing diseases.

4.1.6. The health institutions shall comply with relevant laws, national and international codes of ethics in the cases of vulnerable groups like children, women, geriatric patients etc when someone other than the patient can give consent.

4.1.7. Patient consent forms shall be available in all applicable locations like areas where surgery or invasive procedures are done or general anesthesia is used or chemotherapy is administered.

4.1.8. No photographic, audio, video or other similar identifiable recording is made of without prior informed consent of a patient.

4.1.9. Health institutions shall establish and implement a process to provide patients and/or their designee an appropriate education to assist in understanding the identified condition and the necessary care and treatment.

4.1.10. Health institutions shall document its assessment of every patient's ability to understand the scope and nature of the diagnosis and treatment needed.

4.2 Patient Rights

4.2.1 The Patients have the right to be informed by the attending medical practitioner and/or other clinical practitioner about any continuing Health institution requirements after the patient's discharge from the health institutions.

4.2.2 The patient shall also have the right to receive assistance from the general medical practitioner and/or other appropriate health institutions staff in arranging for required follow-up care after discharge;

4.2.3 The Patients have the right to be informed by the health institutions about any discharge appeal process to which the patient is entitled by law;

4.2.4 The Patients have the right to be transferred to another health institutions it shall be only for one of the following reason recorded in the patient's medical record:

4.2.5 The transferring health institutions to provide the type or level of medical care appropriate for the patient's needs.

4.2.6 The health institutions shall make an immediate effort to notify the patient's primary care general medical practitioner or other clinical practitioner and the next of kin, and document that the notifications were received; or

4.2.7 The transfer is requested by the patient, or by the patient's next of kin or guardian when the patient is mentally incapacitated or incompetent;

4.2.8 The Patients have the right to receive from a medical practitioner or other clinical practitioner an explanation of the reasons for transferring the patient to another health institution.

4.2.9 Explanation of the transfer shall be given in advance to the patient, and/or to the patient's next of kin or guardian except in a life-threatening situation where immediate transfer is necessary;

4.2.10 The Patients have the right to be treated with courtesy, consideration, and respect for the patient's dignity and individuality i.e. the right to care that respects the patient’s personal values and beliefs;

4.2.11 The Patients have the right to be free from physical and mental abuse, neglect, sexual harassment, sexual violence and exploitation;

4.2.12 The Patients have the right to be free from chemical and physical restraints that are not medically necessary, unless they are authorized by attending physician or other clinical practitioner for a limited period of time to protect the patient or others from injury;

4.2.13 The Patients have the right to have personal and physical privacy during medical treatment and personal hygiene functions, such as bathing and using the toilet, unless the patient needs assistance for his or her own safety.

4.2.14 The patient's privacy shall also be respected during other Health institution procedures and when the health institutions personnel are discussing the patient;

4.2.15 The Patients have the right to get confidential treatment, Information in the patient's records shall not be released to anyone outside the health institutions except the followings;

4.2.16 If the patient has approved the request,

4.2.17 If another health institutions to which the patient was transferred requires the information,

4.2.18 If the release of the information is required and permitted by law.

4.2.19 If the patient's identity is masked, the health institutions may release data about the patient for studies containing aggregated statistics.

4.2.20 The Patients have the right to be informed if the health institutions has authorized other health institutions and educational institutions to participate in the patient's treatment, The patient shall have a right to know the identity and function of these institutions, and may refuse to allow their participation in the patient's treatment;

4.2.21 The Patients have the right to receive reasonable, respectful and safe access to health services by competent personnel that the health institutions is required to provide according to this standard;

4.2.22 The Patients have the right to receive treatment and medical services without discrimination based on race, age, color, religion, ethnicity, national or social origin, sex, sexual preferences, handicap, diagnosis, source of payment or other status;

4.2.23 The Patients have the right to retain and exercise to the fullest extent possible all the constitutional and legal rights to which the patient is entitled by law;

4.2.24 The Patients have the right to be informed of the names and functions of all medical practitioners and/or other clinical practitioners who are providing direct care to the patient. These people shall identify themselves by introduction or by wearing a name tag;

4.2.25 The Patients have the right to receive an explanation of his or her complete medical condition from the patient's medical practitioner(s) or other clinical practitioner(s), recommended treatment, risk(s) of the treatment, expected results and reasonable medical alternatives in terms that the patient understands.

4.2.26 If information shall be detrimental to the patient's health, or if the patient is not capable of understanding the information, the explanation shall be provided to his or her next of kin or guardian and be documented in the patient's personal medical record;

4.2.27 The Patients have the right to know the price of services and procedures;

4.2.28 The Patients have the right to receive a copy of the payment rates of the health institutions, regardless of source of payment.

4.2.29 Upon request, the patient or responsible party shall be provided with an itemized bill and an explanation of the charges if there are further questions.

4.2.30 The Patients have the right to have prompt access to the information contained in the patient's medical record, as per the medical record section stated under this standard, unless a treating physician or other clinical practitioner prohibits such access as detrimental to the patient's health, and explains the reason in the medical record. In that instance, the patient's next of kin or guardian

shall have a right to see the record. This right continues after the patient is discharged from the Health institutions for as long as a copy of the record is kept;

4.2.31 The Patients have the right to obtain a copy of the patient's medical record, as per the standards set under the medical record section of this standard.

4.2.32 The Patients have the right to have access to individual storage space in the patient's room for the patient's private use.

4.2.33 If the patient is unable to assume responsibility for his or her personal items, there shall be a system in place to safeguard the patient's personal property until the patient or next of kin is able to assume responsibility for these items;

4.2.34 The Patients have the right to receive a medical certificate in English or Amharic or in a working language of the place where the health institutions is located;

4.2.35 The Patients have the right to present his or her suggestion or grievances, without fear of retribution, to the health institutions staff member designated by the health institutions.

4.2.36 The health institutions shall post the names, addresses, and telephone numbers of the government agencies to which the patient can complain and ask questions.

4.2.37 The Patients have the right to be given a summary of patient rights, as approved by the appropriate organ, and any additional policies and procedures established by the Health institutions involving patient rights and responsibilities.

4.2.38 The health institutions shall be obliged to ensure that,

4.2.38.1 The patient is informed of his or her rights during the admission process;

4.2.38.2 This summary include the name and phone number of the health institutions staff member to whom patients can complain about possible patient rights violations;

4.2.38.3 A summary of these patient rights is posted conspicuously in the patient's room and in public places throughout the health institutions ;

4.2.38.4 Complete summary copies of the patient right is available at nurse stations and other patient care registration areas in the Health institutions.

4.2.39 The Patients have the right to be informed and participate in decisions relating to their care and participates in the development and implementation of a plan of care and any changes.

4.2.40 The Patients have the right to choose their physician or nurse or any other health professional.

4.2.41 The list of a patient’s patient shall be posted at various places of the health institutions premises in local languages.

4.3 Patient Responsibilities

4.3.1 The Patients have the responsibility to provide, to the best of the patient’s knowledge, accurate and complete information regarding past medical history and issues related to the patient’s health, including unexpected changes, to the health professional responsible for the patient’s care;

4.3.2 The Patients have the responsibility to follow the course of treatment and instructions proposed by the medical practitioner or other clinical practitioner or to accept the consequences if treatment instructions is refused;

4.3.3 The Patients have the responsibility to report any changes in his/her condition or anything that appears unsafe to herself/himself or to the responsible health personnel's or others;

4.3.4 The Patients have the responsibility to be considerate of the rights of other patients and to respect their privacy;

4.3.5 When his/ her condition risks the public or when in epidemic situation, the patient has the responsibility to cooperate for the control measures.

4.3.6 The Patients have the responsibility to respect their caregivers;

4.3.7 The Patients have the responsibility to fulfill the financial obligations as promptly as possible;

4.3.8 The Patients have the responsibility to keep all appointments and notify health institutions or the appropriate person when unable to do so;

4.3.9 The Patients have the responsibility to observe the health institutions policies and procedures, including those on smoking, alcohol or drug use, cellular phones, noise and visitors;

4.3.10 The Patients have the responsibility to be considerate of the health institutions equipment and to use them in such a manner so as not to abuse them;

4.3.11 The Patients have the responsibility not to litter the health institutions premises;

4.3.12 The Patients have the responsibility to sign on "against medical advice Notice" if he/she refuses the recommended treatment or intervention.

4.3.13 The Patients have the responsibility to Cooperate with the clinic staff on the clinic's policies and procedure.

5. Human Resource and management

5.1 General

5.1.1 The health institutions shall have a responsible person who organizes /carries out the major functions of Human Resource Management (HRM).

5.1.2 The health institutions shall make sure each service unit shall maintain the minimum number of staff with the qualifications, training and skills during working hours as per this standard.

5.1.3 The inpatient and emergency services of the health institutions shall be staffed twenty-four (24) hours a day and 365 days a year.

5.1.4 The health institutions shall ensure that all health professionals recruited are licensed as per the registration and licensing requirement of the appropriate organ.

5.1.5 The health institutions shall ensure and maintain evidence of current active licensure, registration, certification or other credentials for employees and contract staff prior to letting to work and shall have procedures for verifying that the current status is maintained.

5.1.6 Whenever a licensed health-care professional is terminated as a result of a job-related incident, the health institutions shall refer a report of the incident to the appropriate organ.

5.1.7 Each person who is involved in the performance of duties involving direct patient care shall have an occupational health screening prior to entering active status and once every five (5) years thereafter.

5.1.8 A health professional shall not conduct health examination for himself/ herself.

5.1.9 Each health screening shall include a medical history, physical examination, and any indicated laboratory work and investigations.

5.1.10 A signed medical checkup report shall be made available.

5.1.11 The health institutions shall keep on file the medical checkup reports of all staff and shall make available during inspection by the appropriate organ.

5.1.12 The health institutions shall regularly follow the immunization status of all employees and all other persons who routinely come in contact with patients or patient areas against selected communicable disease.

5.1.13 The health institutions shall have documentation of staff credentials, licenses and training certificates.

5.1.14 The health institutions shall update the employment record for all staff.

5.1.15 The record shall contain to a minimum: information on credentials, health examination (fitness for duty), work history, current job description, and evidence of orientation, in-service education / training and copies of annual evaluation.

5.1.16 All health professionals shall abide with health professionals Code of conduct and their respective scope of practice.

5.1.17 The health institutions shall have a policy or procedure for all health professionals to report any suggestive signs of child abuse, substance abuse and /or abnormal psychiatric manifestations by the patients under their care.

5.1.18 The health institutions shall notify the appropriate organ while hiring or terminating medical staff.

5.2 Job Description and Orientations

5.2.1 All staffs shall be provided with current written job descriptions and be oriented to their specific job responsibilities at appointment.

5.2.2 The job description shall include the title and grade of the position, specific function of the job, job requirement, reporting mechanism, evaluation criteria and description of job site and work environment.

5.2.3 The orientation program for all employees shall include three levels of orientation: the facility wise, service wise and job specific.

5.2.4 Organizational and administrative structure of the health institutions shall be posted in a visible place and orientation to all staff working in the health institutions shall be provided by the health institutions management.

5.2.5 Orientation to health institutions policies, including all environmental safety programs, infection control, and quality improvement shall be provided.

5.2.6 Staff members who are not licensed to practice independently shall have their responsibilities defined in their updated job descriptions.

5.2.7 The health institutions shall organize a system to provide & maintain evidence of an orientation program for all new staff and, as needed, for existing staff who are given new assignments.

5.2.8 The orientation program shall include an explanation of:

5.2.8.1 Job duties and responsibilities,

5.2.8.2 Health institutions sanitation and infection control programs;

5.2.8.3 Organizational structure within the Health institutions;

5.2.8.4 Patient rights;

5.2.8.5 Patient care policies and procedures relevant to the job;

5.2.8.6 Personnel policies and procedures;

5.2.8.7 Emergency procedures;

5.2.8.8 Reporting requirements for abuse, neglect or exploitation

5.2.8.9 What to record and report.

5.3 Continuing staff education

5.3.1 The health institutions shall ensure and facilitate that its staffs receive training in order to perform assigned job responsibilities.

5.3.2 The professional in the health institutions shall receive ongoing Continuing Professional Development (CPD) to maintain or advance his or her skills and knowledge.

5.3.3 The CPD shall be relevant to the setting in which they work as well as to the continuing advancement of the clinic.

5.3.4 The health institutions shall decide the type and level of training for staff in accordance with National CPD guideline and then carry out and document a program for this training and education.

5.3.5 The health institutions shall provide and maintain evidence of CPD for staff. A record shall be maintained including dates, topics, trainers and participants.

5.3.6 The health institutions shall periodically test staff knowledge, skill and attitude through demonstration, mock events and other suitable methods. This testing shall be documented.

5.4 Medical Staff

5.4.1 The medical staff shall be responsible to the governing authority for medical care and treatment provided in the health institutions as per this standard and shall:

5.4.1.1 Participate in a Quality Assurance/ Performance Improvement program to determine the status of patient care and treatment.

5.4.1.2 Abide by health institutions and medical staff policies.

5.4.1.3 Establish a disciplinary process for infraction of the policies

5.4.2 The medical staff shall see that there is adequate documentation of medical events by a review of discharged patients that shall insure that medical records meet the required standards of completeness, clinical pertinence and promptness or completion of following discharge.

5.4.3 The medical staff shall actively participate in the study of nosocomial (facility associated) infections and infection potentials and must promote preventive and corrective programs designed to minimize their hazards.

5.4.4 There shall be regular medical staff meetings to review the clinical works & administrative duties.

5.4.5 Each patient shall be under the care of a treating physician, regardless of whether the patient is also under the care of an allied health professional licensed to practice.

5.5 Employee's Health

5.5.1 The health institutions shall institute systems and processes that minimize employees' risks; protect employees and provide access to care when needed.

5.5.2 A comprehensive Occupational Health and Safety (OHS) program shall have the following components:

5.5.2.1 Staff dedicated to coordinate OHS activities,

5.5.2.2 Policies and Procedures that define components of the program,

5.5.2.3 Training for staff on program components.

5.5.3 The requirements outlined below define the core elements of an OHS program and specify minimum requirements needed to address OHS issues.

5.5.3.1 The health institutions shall have an occupational health and safety policy and procedures in place to identify, assess and address identified health and safety risks to staff and prevent those risks that will potentially compromise their health and safety.

5.5.3.2 The health institutions assess and documents safety risks through formalized, structured assessments that are done at regular intervals.

5.5.3.3 Interventions shall be designed and implemented to address the risks that are identified.

5.5.4 The health institutions shall have a mechanism in place to address/ protect injuries that could lead to the transmission of blood-borne diseases (needle stick and other injuries).

5.5.5 The health institutions shall provide personal protective equipment and ensure access to prophylaxis measures to employees.

5.5.6 The health institutions shall provide the following facilities to employees:

5.5.6.1 Cafeteria (access to meal for duty),

5.5.6.2 Duty room (bed, table and chair, closet with lock),

5.5.6.3 Adequate toilet and shower facilities.

5.6 Dress Code and Identification Badge

For areas involving direct patient contact:

5.6.1 Footwear shall be safe, supportive, clean, and non-noise producing,

5.6.2 No open toe shoes shall be worn,

5.6.3 Artificial nails are prohibited. Natural nails must be kept short and no jewelry shall be worn on fingers and wrist,

5.6.4 Hair must be worn in a way that prevents contamination and does not present a safety hazard,

5.6.5 The health institutions shall avail uniforms and badges to employees and they shall wear all the time accordingly while on duty.

5.6.6 The dressing shall not interfere in any way in service provision.

5.6.7 The health institutions shall specify a particular style and/or color of uniform with different style/color code; separate for each human resource category, employee and trainees.

5.6.8 The employee shall keep the uniform neat, wrinkle free and in good repair,

5.6.9 The identification badge shall be worn at all times while at work and be easily visible with name & profession.

5.7 Part-Time Health Service

5.7.1 After completing the usual working hour's duties, the health institutions may arrange part-time service delivery limited to the scope of certificate of competency provided for the health institution.

5.7.2 The practices, premises, professionals and products required for part-time health institutions shall be similar at a minimum to those standards stipulated for working hour.

5.7.3 All other related services available in the health institutions and appropriate to part-time medical services shall be delivered during the part-time service schedule

5.7.4 The health institutions shall send a copy of part-time service provider' license to the appropriate organ and get approval before commencement of service delivery.

5.7.5 In cases, when the part-time services require advanced standards for practices, premises, products and professionals, the health institutions shall get approval from an appropriate organ before commencement of the service delivery.

5.7.6 The health institutions shall post the available part-time services, the name of the professionals rendering the service & the visiting hours in a visible area.

5.7.7 The health institutions shall maintain and update profiles of professionals providing part-time services and the profile shall contain to a minimum:

5.7.7.1 Copy of professional license,

5.7.7.2 Written contract agreement between the health institution and service provider,

5.7.7.3 Permission from the appropriate organ

5.7.7.4 Credentials

5.7.8 Part-time service delivery outside the scope of the health institutions is prohibited (For instance, a part-time neurology service is not allowed in gastroenterology health institutions). However, the center may provide on call consultancy services to admitted patients.

5.7.9 The health institutions shall be accountable for all part-time services provided in health institutions premises.

6 Specific Service Requirements

6.1 Blood Transfusion Service

6.1.1 Practices

6.1.1.1 The blood transfusion service shall be available in Comprehensive Specialized Hospital (CSH), General hospital (GH), Medical plaza, Primary Hospital, Specialty center and Health centers with surgical services for 24 hours a day and 365 days a year.

6.1.1.2 Transfusion of blood and blood products shall be provided or readily available consistent with the size and scope of operation of the health institution.

6.1.1.3 Blood shall be prescribed by licensed medical doctor/IESO's (Integrated Emergency Surgical Officers.

6.1.1.4 Blood transfusion service shall be provided under the supervision of licensed medical doctor /Integrated Emergency Surgical Officer who trained on blood transfusion.

6.1.1.5 There shall be written standard operating procedure (SOP) for blood grouping, cross-matching, storage and transportation activities.

6.1.1.6 There shall be protocol for adverse transfusion reactions (ATRs) identification, investigation and management.

6.1.1.7 Nationally standardize appropriate clinical use of blood products guideline shall be available.

6.1.1.8 For emergency situations the health institutions shall maintain at least a minimum blood stock level as per the health institution need.

6.1.1.9 Blood shall be transported in appropriate containers that can maintain the cold chain system throughout clinical blood transfusion process.

6.1.1.10 There shall be a system for visually inspection of blood units by health professional for proper labeling (expiry date, blood group, RH and pack number) and integrity of the product during the collection and transfusion.

6.1.1.11 The mini blood bank in the health institutions shall have a functional alarm system in case of power failure and out of range temperature, which is regularly inspected and recorded.

6.1.1.12 The health institutions shall monitor, evaluate, and report the ongoing blood unit supply and utilization every month to the catchment blood bank.

6.1.1.13 There shall be a functioning Health institutions Transfusion Committee (HTC)

6.1.1.14 Before the commencement of the blood transfusion written Consent shall be signed by the recipient or care giver in case the recipient is incompetent and this shall be recorded in the patient medical record.

6.1.1.15 There shall be written procedure for the disposal of unfit-for-use blood as per the waste management section of this standard.

6.1.1.16 There shall be a standardized blood request paper, blood disposition form, transfusion follow-up form prepared and approved by legally mandated body.

6.1.1.17 There shall be established haemovigillance system.

6.1.2Premises

6.1.2.1 The health institutions shall have a separated mini-blood bank room appropriate working space.

6.1.2.2 The mini blood bank shall be near to the emergency and OR units.

6.1.2.3 The mini-blood bank shall be clearly demarcated and identified from the premises of any other business or practice.

6.1.2.4 The health institutions mini-blood bank shall have record keeping and documentation facility.

6.1.2.5 The health institutions mini-blood bank shall have consistent electricity, telephone and water supply.

6.1.2.6 Hand-washing facilities shall be provided in the mini blood bank.

6.1.3Professionals

6.1.3.1 A licensed laboratory technologist/technician shall be responsible for the overall management of the mini blood bank.

6.1.3.2 A laboratory technologist/technician shall be delegated with formal letter as blood safety focal person and serve as a channel of communication

6.1.4Products

6.1.4.1 The health institutions blood storage unit shall have at least the following equipment and facilities:

a) Refrigerator which is specially designed for blood storage
b) A deep freezer
c) Platelet agitator /agitator with incubator
d) Thermometer
e) Timer
f) Test tube and slide
g) Pipette
h) Reagent dispenser
i) Cold boxes
j) Anti A Antisera
k) Anti B Antisera
l) Anti D Antisera (RH Typing)
m) Antihuman globulin antisera
n) Water bath
o) Blood warmer
p) Microscope
q) Infusion pump

6.2 Pre-facility Service

6.2.1Practice

6.2.1.1 Pre-facility service shall be available in Comprehensive Specialized Hospital, General Hospital, Medical plaza, Primary Hospital, Comprehensive Diagnostic centers, Fistula center, and Specialty center with some exceptions.

6.2.1.2 There shall be reserve parking place for ambulances in the following health institutions;

a) Health center
b) Primary, Specialty, VCT, SRH, Ophthalmic and medium clinic
c) Nursing home
d) Optometry medium clinic
e) ENT, Maxilla facial and Ophthalmology specialty centers
f) Advanced laboratory
g) Aesthetic specialty center

6.2.1.3 Pre-facility service shall not be delivered by Health institution consultancy center, psychological center; Home based care, basic laboratory and Office practice.

6.2.1.4 Basic Ambulances shall be available in required health institution indicated on clause 4.2.1.1.

6.2.1.5 Advanced and/or basic Ambulances that can provide advanced care services shall be available at comprehensive specialized hospital and Medical plaza.

6.2.1.6 The Pre-facility service shall be provided to every emergency patient who needs the service.

6.2.1.7 The Pre-facility service shall be available 24 hours a day and 365 days a year.

6.2.1.8 The Pre-facility service shall provide the following services to patients emergency;

a) Transportation service includes from house hold or any location where an incident has occurred to health institution and to other health institution.

b) Clinical examinations including brief history, vital signs, pertinent physical examination and supporting tests for patients to be transported to other health institution

c) Clinical lifesaving support that includes (based on type of ambulance):

- **Basic Ambulance: - BLS**
  - ABC of life threatening
  - Oxygen administration
  - Splinting
  - Delivery attending
  - Immobilization
  - Iv securing
  - pain management
  - Oxygen administration, monitoring of vital signs, basic emergency medical care
- **Advanced Ambulance/Advanced Care: - ACLS**
  - Advanced airway management
  - ECG monitoring; and defibrillation,
  - Ventilator management;
  - Circulatory management and support

6.2.1.9 The Pre-facility service shall comply with the patient rights standards stated under this standard.

6.2.1.10 Every procedure, medication and clinical condition shall be explained to the patient or family member or caregivers or next of kin

6.2.1.11 Informed consent shall be taken if the procedure required.

6.2.1.12 Up on arrival to the health institution the ambulance staff shall transfer the patient to the emergency service.

6.2.1.13 The handover of patients shall be accompanied by written a document which at least includes identification, date, time and services provided until arrival to the hospital.

6.2.1.14 The Health institution worker shall not discontinue management until the patient is fully handed over to the receiving health institution.

6.2.1.15 If death happens on the way to a health institution the dead body shall be taken to the nearest health institution and death shall be confirmed to provide death notification form.

6.2.1.16 Dead body care shall not be provided in the ambulances.

6.2.1.17 Before and after providing service the vehicle shall be cleaned and made standby.

6.2.1.18 The ambulance consumables shall be checked, refilled and functionality of equipment shall be checked every time before and after providing a service.

6.2.2Premises

6.2.2.1 The parking of the ambulance car shall be within the health institution around emergency service.

6.2.2.2 The health institution ambulance shall have telephone/radio communication means with the health institution liaison.

6.2.2.3 The health institution shall have a telephone to communicate with the ambulance team

6.2.2.4 The ambulance car shall not transport anyone else besides patient and health workers.

6.2.2.5 The ambulance car shall have adequate space for accommodating the following:

a) Single patient
b) Maximum of two Health institution worker
c) Medical Equipment's immediate lifesaving support

6.2.2.6 The vehicle shall be labeled and have a siren

6.2.2.7 The vehicle shall have adequate internal light and ventilation

6.2.2.8 The vehicle shall fulfill requirements of Ethiopian road transport authority

6.2.3Professionals

6.2.3.1 A minimum of one Health institution worker shall accompany the patient(sit beside the patient) at all times

6.2.3.2 Minimum standards for personnel of the Pre-facility service shall include:

a) Two professional who received emergency medical technician (EMT) course (level 1-3) or health professional trained on EMT.
b) One paramedic(Level 4) for advanced ambulance
c) Licensed driver for all shifts

6.2.3.3 The driver shall be trained on first aid and basic infection prevention and control.

6.2.4Products

6.2.4.1 The Pre-facility service shall include the following medicines, supplies and medical equipment's:

a) Ventilation and Airway Equipment
   - Oxygen cylinder(2),
   - O2 Face Mask(Adult & Pedi),
   - Non- re breather mask adult and Pedi,
   - O2 Nasal Catheter adult and Pedi,
   - Ambu bag Adult and pedi,
   - Nasopharyngeal Air Way different size ,
   - Oropharyngeal Air way(1-4),
   - Suction Catheter adult and child and Laryngeal mask (LMA)

b) Immobilization Devices
   - Cervical collars large medium and small
   - Arm and leg Splint Adult and pediatric
   - KED (Extrication Device)
   - Spinal Board

c) Hemorrhage Control/Trauma kit

- Cotton Roll 100gm, Elastic Bandage small, medium& large, Roll Bandage (Gauze Bandage)18cm x 5cm, Sterile Gauze 10 x 10, Adhesive Plaster, Triangular Bandage, Scissors and Arterial Tourniquet

d) Obstetrical Kit

- Kit (separate sterile kit), sterile scissors, Towels Large, sterile gloves, sterile gauze pads, clamps for cord, bulb suction, Container for carrying placenta, blanket small And Large and Oxytocin/ergometrine

e) Diagnostic and Miscellaneous

- Sphygmomanometer,Stethoscope,Thermometer,Pulsoximeter,Functional flash light, Linen, Pillows, Towels, NGT, Folly catheter, Cannula of different ssize (16-24), Syringe with needle 5ml &10ml and Glucometer

f) Infection Control

- Goggles, face shield/Mask e.g., N95 or N100, Gloves non sterile/disposable, overalls or gowns, Standard sharps containers and disposable trash bags/Basket

g) Injury prevention Equipment

- Restraint systems for all passengers and patients transported in ground
- Safety Shoes
- Reflective safety wear

h) Communication

- Phone and/or tablet

i) Emergency medicine and analgesics

- Adrenalin 1ml injection, 40% glucose, Nitroglycerin sublingual tablet, Aspirin 300 mg tab, Hydrocortisone 100mg injection, Tramadol 50mg injection, Diclofenac 75 mg injection and Diazepam 10mg in 2ml injection, R/L 1000ml, N/S 1000ml, D/W 1000ml and 40% Glucose

j) Log book containing demographic data, clinical data and time indicating elements.

k) Ambulance cot(stretcher) with fixed chair that is designed for ambulances ,emergency light

l) Stand by ambulances (depending on the workload):

6.2.4.2 In addition to the above list stated on clause 4.2.4.1 advanced care shall fulfill the following;

a) Intubation kit

b) Respirator

c) Chest tube set

d) Cardiac monitor

6.3 Medical Recording

6.3.1Practices

6.3.1.1 The medical recording shall be applicable for all health institutions (clinics, specialty centers, hospitals, health post, and health centers)

6.3.1.2 Medical record shall be maintained in written form for every patient seen at all points of care.

6.3.1.3 The health institutions shall maintain individual medical records in a manner to ensure accuracy and easy retrieval.

6.3.1.4 The health institutions shall have a unique medical record per patient

6.3.1.5 If the patient received medical intervention while on ambulance, the medical information of a patient during ambulance service including medication administered shall be documented properly and attached into the medical record,

6.3.1.6 The health institutions shall establish a master patient index with a unique medical number for each patient,

6.3.1.7 The health institutions shall have queue management system

6.3.1.8 The health institutions shall have a written policy and procedure which include at least:

a) Procedures for record completion,
b) Conditions, procedures, and fees for releasing medical information,
c) Procedures for the protection of medical record information against the loss, tampering alteration, destruction or unauthorized use.

6.3.1.9 Any medical record shall be kept confidential, available only for use by authorized persons or as otherwise permitted by law.

6.3.1.10 All entries in the patient's medical record shall be written legibly in permanent ink dated, and signed by the recording person.

6.3.1.11 The medical record forms shall be prepared in line with the national HMIS guidelines.

6.3.1.12 Each medical record shall at least contain the following information:

a) Identification (name, age, sex, address),
b) History, physical examination, investigation results and diagnosis,
c) Medication, procedure and consultation notes,
d) Name and signature of treating physician, date,
e) Consent form where applicable which shall be signed by the patient. In case where someone other than the patient signs the forms; the reason for the patient's not signing it shall be indicated on the face of the form, along with the relationship of the signer to the patient.

6.3.1.13 Any consent form for medical treatment that the patient signs shall be printed in an understandable format and the text written in clear, legible and non-technical language.

6.3.1.14 There shall be a mechanism for medical record controlling and tracing, whenever patients medical records are taken from and returned to the central medical record room.

6.3.1.15 There shall be a mechanism to make medical records with appointment ready for use and return seen cards back to the central medical record room within 24 hrs.

6.3.1.16 If death happens in the health institutions, the necessary information of the patient's death shall be documented in the patient's medical record upon death; date, time, any intervention.

6.3.1.17 Original medical records shall not leave health institutions premises unless they are under court order or in order to safeguard the record in case of a physical plant emergency or natural disaster.

6.3.1.18 If a patient or the patient's legally authorized representative requests in writing, a copy of the medical record shall be given.

6.3.1.19 If the patient is provided with medical certificates, copies of certificates and other records shall be documented and/or recorded on the original medical record.

6.3.1.20 If the patient is transferred to another facility on a non-emergency basis, the health institutions shall maintain a transfer record reflecting the patient's immediate needs and send a copy of this record to the receiving facility.

6.3.1.21 If the health institutions cease to operate, the appropriate organ shall be notified in writing about how and where medical record will be stored at least 15 days prior to cessation of operation. The patient choice on where to transfer his/her medical record shall be respected.

6.3.1.22 The health institutions shall establish a procedure for removal of inactive medical records from the central medical record room.

6.3.1.23 Medical records shall be destroyed as per the law by using techniques that assures confidentiality of the medical records. However, records which are active for more than ten years shall not be destroyed.

6.3.2 Premises

6.3.2.1 The premises for medical record room shall be suitable for movement

6.3.2.2 The medical records shall be shelved a minimum 3-4 inches from any outside wall, with lowest shelf at least 3-4 inches off the floor, and top of top shelf never used to store records.

6.3.2.3 The medical record room shall have adequate space to accommodate the following:

a) Central filing space
b) Work space
c) Archive space
d) Supply/Storage room

6.3.2.4 The medical record room shall be built far from fire and any damaging sources.

6.3.2.5 There shall be a room/area for archiving dead files until they are permanently destroyed.

6.3.3Professionals

6.3.3.1 There shall be full-time custodian/medical record personnel/Health Information Technician with basic computer skill and ability to organize medical records responsible for medical records management.

6.3.3.2 The actual number of staff shall be determined based upon the total number of active charts in a day (Workload analysis).

6.3.3.3 The health institutions shall provide basic training on medical record keeping to the staffs.

6.3.4Products

6.3.4.1 The Medical record room shall have a minimum of the following :

a) Shelves
b) Master patient index boxes
c) Computer and printer
d) Standard reporting formats
e) Cart
f) Ladder
g) Patient folder
h) MPI Cards
i) Log book
j) Fire extinguisher

6.4 Health Promotion Services

6.4.1Practice

6.4.1.1 The health promotion service shall be available in all health institutions.

6.4.1.2 The health institutions shall plan, schedule, coordinate, lead and monitor a minimum of health institutions specific health promotion activities.

6.4.1.3 The health institutions shall make sure that health promotion practice provides unbiased and evidence based information.

6.4.1.4 The health promotion activity of the health institutions shall respect the national health policy, legislations, protocols and directives.

6.4.1.5 A health professional shall be designated to coordinate health promotion activities.

6.4.2Premises

6.4.2.1 The health institutions shall have waiting area at reception with audio visual health promotion materials.

6.4.3Professionals

6.4.3.1 The health institutions technical manager shall take the lead to identify priority conditions to prepare or avail promotion materials.

6.4.3.2 The roles and responsibilities of the designee in relation to health promotion shall be specified in his/her job descriptions.

6.4.3.3 Health professionals shall provide health education in their specific discipline.

6.4.4Products

6.4.4.1 The specialty clinic shall have Audio visual materials and Printed material TV set, DVD/ VCD, Radio, Tape-recorded at reception area,

6.5 Infection P revention a nd control s ervice (not a pplicable f or h earing a id and consultancy service standard)

6.5.1Practices

Infection prevention and control

6.5.1.1 All activities performed for infection prevention shall comply with the national infection prevention and control guidelines.

6.5.1.2 Infection prevention and control shall be effectively and efficiently governed and managed according to IPC guideline.

6.5.1.3 The health institutions shall identify the procedures and processes associated with the risk of infection and shall implement strategies to reduce infection risk.

6.5.1.4 Infection risk-reduction activities shall include:

a) Appropriate use of personal protective equipment's
b) Equipment cleaning
c) sterilization, in particular, invasive equipment;(as appropriate)
d) Laundry and linen management(as appropriate) ;
e) Disposal of infectious waste and body fluids;
f) The handling and disposal of blood and blood components;
g) Kitchen sanitation and food preparation and handling;
h) Operation of the mortuary and postmortem area (as appropriate);
i) Disposal of sharps and needles;
j) Separation of patients with communicable diseases
k) Aseptic techniques for any invasive procedures
l) Biological hoods in laboratories(as appropriate);
m) Providing IPC training for all Health institution staffs as per the national infection prevention and control guideline recommendation.

6.5.1.5 A minimum of the following procedures shall be maintained;

a) Standard precautions

b) Transmission-based precautions
c) Hand hygiene
d) Personal protective equipment/PPE
e) Sharp and injection safety
f) Decontamination and reprocessing of medical devices (Instrument processing)
g) Processing of reusable textiles and laundry services
h) Environmental cleaning in Health institution setting
i) Health institution waste management

6.5.1.6 Isolation room (applicable for facilities having inpatient service)

a) A facility shall create negative pressure relative to the surrounding area
b) 12 air exchanges per hour for new construction and renovation , 6 air exchanges per hour for existing facilities, air exhausted directly to the outside, using a fan or other filtration system.
c) After discharge door kept closed until sufficient time has elapsed to allow removal of airborne organisms.
d) Patient confined to room
e) Room shall have toilet, hand washing and bathing facilities.

6.5.1.7 The health institutions shall train all staff on how to minimize exposure to blood-borne infections and provide documented evidence. The training includes a minimum of;

a) Immediate first aid
b) Reporting exposures
c) Counseling and testing for exposed staff
d) Reporting and monitoring protocols
e) Evaluate PEP program.

6.5.1.8 The health institutions shall have procedures in place to minimize crowding and manage the flow of patient's & visitors.

6.5.1.9 The health institutions shall provide basic or refreshment training on IPC for permanent and new staff at least once per year.

6.5.1.10 The health institutions shall provide regular health education on infection prevention and control practice to patients, and as appropriate, to family, visitors and caregivers.

6.5.1.11 The health institutions shall have a procedure and practice to identify health institutions acquired infection and conduct surveillance at least quarterly.

6.5.1.12 The infection prevention committee or designate shall have written protocols, procedures and oversee the following activities and this shall be documented:

a) Developing the health institutions annual infection prevention and control plan with costing, budgeting and financing
b) Monitoring and evaluating the performance of the infection prevention program by assessing implementation progress as well as adherence to IPC practice
c) Conducting surveillance to monitor nosocomial infections, antimicrobial resistance, antimicrobial use, and outbreaks of infectious diseases.
d) Formulating a system for surveillance, prevention, and control of nosocomial infections.
e) Reviewing surveillance data, reporting findings to management and other staff and identifying areas for intervention

f) Assessing and promoting improved practice at all levels of the health institutions
g) Developing an IEC (Information, Education and Communication) strategy for health-care workers
h) Ensuring the continuous availability of supplies and equipment for patient care management
i) Monitoring, providing data and measuring the overall impact of interventions on reducing infection risk
j) The health institutions overall quality improvement program and shall receive formal advice from all other services upon its request.

Sanitation and waste management

6.5.1.13 Infectious and non-infectious medical wastes shall be handled and managed.

6.5.1.14 The health institutions environment shall be clean and safe environment

6.5.1.15 There shall be access to continuous, safe and ample water supply.

6.5.1.16 There shall be written procedures for the use of aseptic techniques and procedures in all areas of the Health institution and the procedures and techniques shall be regularly reviewed and documented by the infection prevention committee.

6.5.1.17 If the health institution has ground water there shall be a written policy and procedures for ground water treatment.

6.5.1.18 Infectious and non-infectious medical waste containers shall be leak proof, have tight-fitting covers and be kept clean and in good repair until disposal.

6.5.1.19 Reusable containers for infectious medical waste and general medical waste shall be thoroughly washed and decontaminated each time.

6.5.1.20 Placenta disposal pit shall be available in the health institutions and shall be secured (Appropriate for Health institution facilities that provide delivery and abortion services).

6.5.1.21 Wastes shall be segregated and segregation of health institutions waste shall include the following procedures,

a) Separate different types of waste
b) The health institutions shall provide colored waste receptacles specifically suited for each category of waste
c) Segregation shall take place at the source, like ward bedside, OR, laboratory etc.
d) There shall be 3 bin systems used to segregate different types of waste in the health institutions.

6.5.1.22 Treatment or disposal of infectious medical waste shall be performed by one or more of the following methods:

a) By incineration
b) By steam sterilization
c) By discharge via approved sewerage system
d) Recognizable human anatomical remains shall be disposed of by incineration or internment, unless burial at an approved landfill is authorized.
e) Chemical sterilization
f) Gas sterilization
g) Secure land fill

6.5.1.23 The health institutions shall routinely clean and sanitize patient areas and waiting rooms at least twice daily and more whenever needed.

6.5.1.24 Health institutions waste which is not infectious shall be disposed according to Health institution Waste Management National directive.

6.5.1.25 Chemicals and radioactive wastes shall be disposed according to national guidelines or directives up on approval appropriate organ.

6.5.1.26 The facility shall have a waste management plan for all Health institution wastes that shall include the following:

a) Segregation of medical waste
b) Storage of medical waste
c) Treatment of medical waste
d) Transport of medical waste
e) Disposal of medical waste

6.5.1.27 Sewage disposal shall be according to Health institution Waste Management National directive and fulfill the following conditions:

a) The health institutions shall have a functional sewerage system
b) The health institutions shall have only flushing toilet system
c) The health institutions shall have septic tank for liquid waste
d) All fixtures located in the kitchen, including the dishwasher, shall be installed so as to empty into a drain which is not directly connected to the sanitary house drain.
e) Kitchen drain shall empty into a manhole or catch basin having a perforated cover with an elevation of at least 2 to 4 inches below the kitchen floor evaluation, and then to the sewer.

Housekeeping and Maintenance Services

6.5.1.28 The housekeeping service shall have the following sanitary activities.

a) Basic cleaning such as dusting, sweeping, polishing and washing
b) Special cleaning of
   - Different types of floors
   - Wall & Ceiling
   - Doors & Windows
   - Furniture & Fixtures
   - Venetian Blinds
c) Cleaning and maintenance of toilet and shower.
d) Water treatment, filtering & purification.

6.5.1.29 In the housekeeping service, the types and sources of unwanted odors in the health institutions premises shall be identified, controlled and removed

6.5.1.30 The designee/ environmental health professional shall identify, supervise and organize the control and eradication of pests, rodents and animal nuisance in the health institutions.

6.5.1.31 The housekeeping staffs shall create pleasant environment to patients, staffs and visitors

6.5.1.32 There shall be maintenance service for the health institutions.

6.5.1.33 The health institutions shall conduct regular routine, preventative and corrective maintenance for all facilities and operating systems (e.g., electrical, water, ventilation).

6.5.1.34 Regular surveillance of overhead and underground tank, proper cover, regular chlorination and cleaning shall be undertaken at least every three month.

6.5.1.35 Maintenance shall consider the infection prevention and control principles and measures.

6.5.1.36 The health institutions shall have water safety plan.

6.5.1.37 Facility maintenance services

a) The building maintenance service shall have written policies and procedures that are reviewed for routine maintenance, preventive maintenance and renovation maintenance.
b) Electrical services shall be available 24 hours a day and 365 days a year through regular or alternate sources.
c) The stand by emergency generator shall be checked weekly, tested under load monthly, and serviced in accordance with accepted engineering practices.
d) Floors, ceilings, and walls shall be free of cracks and holes, discoloration, residue build-up, water stains, and other signs of disrepair.
e) Routine inspections of elevators shall be conducted.

6.5.1.38 Construction and renovation

a) Whenever construction and renovation projects are planned in and around health institutions, a risk assessment shall be conducted to determine the impact of the project on patient areas, personnel, and mechanical systems.
b) The infection control program shall review areas of potential risk and populations at risk.

6.5.1.39 There shall be written protocols and procedures for medical equipment maintenance including:

a) Plan for equipment maintenance (both preventive and curative), replacements, upgrades, and new equipment's
b) Safe disposal procedures
c) An effective tracking system to monitor equipment maintenance activity.
d) A monitoring method that ensures diagnostic equipment operates with predicted specificity and sensitivity.

6.5.1.40 The maintenance personnel shall take basic trainings on the following issues and this shall be documented.

a) Building fabrics and utilities
b) Building services and economics
c) Planning maintenance demand
d) Preventive and routine maintenance practice
e) Maintenance with regard to IP and hygiene

Fire and emergency preparedness

6.5.1.41 The health institutions shall comply with the National Fire Protection standard.

6.5.1.42 All employees, including part-time employees shall be trained in procedures to be followed in the event of a fire and instructed in the use of fire-fighting equipment and patient evacuation of health institutions buildings as part of their initial orientation and shall receive printed instructions on procedures and at least annually thereafter.

6.5.1.43 A written evacuation diagram specific to the unit that includes evacuation procedure, location of fire exits, alarm boxes, and fire extinguishers shall be posted conspicuously on a wall in each patient care unit.

6.5.1.44 Fire extinguishers shall be visually inspected at least monthly; fully inspected at least annually, recharged, repaired and hydro-tested as required by manufacturer's instructions; and labeled with the date of the last inspection.

6.5.1.45 Fire detectors, alarm systems, and fire suppression systems shall be inspected and tested at least twice a year by a certified testing agency. Written reports of the last two inspections shall be kept on file.

6.5.1.46 There shall be a comprehensive, current, written preventive maintenance program for fire detectors, alarm systems, and fire suppression systems that includes regular visual inspection. This program shall be documented.

6.5.1.47 If the health institutions do not have its own housekeeping and maintenance services; there shall be a contract agreement with external organizations.

6.5.1.48 Housekeeping equipment or supplies used for cleaning in isolation or contaminated areas shall not be used in any other area of the health institutions before it has been properly disinfect and sterilized.

6.5.1.49 All areas of the health institutions, including the building and grounds, shall be kept clean and orderly.

6.5.1.50 Accumulated waste material and rubbish shall be removed within 24 hours during dry season and 48 hours for cold season.

6.5.1.51 No flammable cleaning agents or other flammable liquids or gases shall be stored in any area of the Health institution except in a properly fire rated and properly ventilated storage area specifically designed for such storage

Laundry service

6.5.1.52 Laundry service shall be applicable for hospitals, health centers and specialty centers

6.5.1.53 The laundry staff shall use Standard Precautions, including PPE (Personal protective equipment) when collecting, transporting, sorting and washing textiles.

6.5.1.54 The laundry staff shall collect used textiles at the point of use and shall use leak-proof containers for all textiles; cloth bags are adequate for patient care textiles not soaked with blood or body fluids.

6.5.1.55 The laundry staff shall not sort or rinse textiles in patient care areas.

6.5.1.56 The staff shall follow special guidelines for textiles used in isolation areas for patients with highly infectious diseases (e.g., viral hemorrhagic fever).

6.5.1.57 Laundry areas shall have hand hygiene facilities.

6.5.1.58 Processing areas for soiled textiles shall be physically separated from areas used for folding and storing clean textiles. If separate rooms are not possible, a physical barrier between the clean and soiled textile areas shall be constructed.

6.5.1.59 The health institutions shall label clearly or use color coded containers for collecting and transporting used textiles.

6.5.1.60 The laundry staff shall not shake soiled linen to avoid the spread of microorganisms in the environment and among HCWs and patient.

6.5.1.61 The staff shall transport collected soiled textiles to the processing area in closed bags, containers with lids, or covered carts.

6.5.1.62 There shall be a separate transportation means for soiled and clean textiles. If the health institutions uses separate carts, trolleys, or containers available for soiled and clean

textiles, they shall be labeled accordingly.

6.5.1.63 The following linen services shall be provided in the health institutions

a) Maintain an adequate supply of clean linens at all times
b) Obtain linen from stores and laundry.
c) Ensure proper storage of linen.
d) Supervise washing, sterilization in the laundry.
e) Maintain linen properly
f) Keep proper accounting of linen.
g) Ensure proper sorting of linen.
h) Differentiate color schemes.

6.5.1.64 If the health institutions do not have its own laundry services; there shall be a contract agreement with external organizations. The health institutions shall check and maintain the sanitary standards of the health institutions regarding the processing of its linens and shall maintain a satisfactory schedule of pickup and delivery.

Water supply

6.5.1.65 A reliable drinking-water point shall accessible for staff, patients and attendants at all times,

6.5.1.66 Ample and potable water services shall be available 24 hours a day and 365 days a year through regular or alternate sources.

6.5.1.67 A reliable water point, with soap or a suitable alternative, shall be available at all clinical service areas.

6.5.1.68 The operation and maintenance work shall be led by plumber or by a trained person. The water supply facility has to be operational round the clock,

6.5.1.69 Corrective maintenance also shall be done immediately when broken or malfunctioning observed,

6.5.1.70 There shall be covered and thoroughly screened tanks to exclude mosquitoes, birds and animals, especially in areas where mosquito-borne disease is an issue.

6.5.1.71 If rainwater and mains supply are both used then mains water shall be isolated from the rainwater system by a valve mechanism or tap.

6.5.1.72 The water in tanks shall be protected from sunlight

6.5.1.73 Plastic tanks should be kept out of the sun or painted.

6.5.1.74 The design and construction of the water facilities shall be very appropriate to patients,

6.5.2Premises

6.5.2.1 Working Office for IP officer shall be available

6.5.2.2 The health institutions laundry service shall have separate areas for:

a) Collection and sorting of soiled linen Washing, drying area.
b) Ironing and Clean linen storage and mending area room
c) Separate entry and exit door
d) Staff room
e) Toilet and shower

6.5.2.3 The laundry design and operation shall comply with the manufacturer's requirements and/or institutional sanitation guideline.

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

6.5.2.5 Soiled linen storage shall be well ventilated and shall be located convenient to the laundry or

service entrance of the health institutions. The storage of appreciable quantities of soiled linens is discouraged.

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

6.5.2.7 A separate office shall be available for the housekeeper personnel.

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

a) Surgical Suites
b) Delivery Suites
c) Newborn Nursery
d) Dietary Department
e) Emergency Service Area
f) Patient Areas
g) Laboratories, radiology, offices, locker rooms and other areas

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

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

6.5.2.11 Placenta disposal pit shall have dimension of length 2.5m, width 2.5m and 2m deep (Comprehensive specialized hospital, General hospital, Primary hospital, Medical plaza and Health center), 1m x1m & 2m deep (MCH Specialty center, MCH specialty clinic, Medium clinic and health post) lateral to the disposal pit the two sides shall be filled with concrete (applicable for health institutions having delivery and/or abortion service).

6.5.2.12 Surgical waste pit shall be available if the health institutions provide surgical services.

6.5.2.13 The health institutions waste management system shall have

a) Functional sewerage system including septic tank
b) Treatment plant as appropriate
c) Flushing toilets/VIP latrine
d) Plumbing setup stores as appropriate
e) Solid waste storage room/area
f) Ash pit
g) Burial pit (for pathological wastes)
h) Incinerator (small scale which have double chambered with >650-Tco)
i) Dumpster (Genda for solid waste accumulation)

6.5.2.14 There may be a workshop for maintenance as appropriate.

6.5.3Professionals

6.5.3.1 The health institutions shall have an IP committee coordinated by a full-time infection prevention and control officer.

6.5.3.2 The officer shall be a licensed infectious diseases specialist or IP trained health professional (Environmental health professional, Occupational health and safety, physician or health officer or BSc nurse), or a public health specialist.

6.5.3.3 IP committee shall be trained on infection prevention and control.

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

a) Nursing service
b) Medical services
c) Environmental health
d) Housekeeping
e) Administration
f) Pharmacy
g) Laboratory
h) Laundry
i) Kitchen
j) Instrument sterilization and supply
k) Occupational health and safety
l) Quality management

6.5.3.5 The health institutions shall have the following personnel.

a) Environmental health professional (for health center ,Specialty center, Primary Hospital, General hospital and comprehensive specialized hospital mandatory, Medical plaza and for the remaining optional)
b) Housekeeping staff such as cleaners and waste handlers
c) Laundry staff (as appropriate)
d) Gardeners
e) Incinerator operator
f) Engineer (electrical, civil ,electro mechanical) / Architect as appropriate
g) Plumber as appropriate
h) General Maintenance technologist/technician
i) Biomedical engineers (CSH, GH ,and Medical plaza)

6.5.3.6 All laundry and housekeeping staff shall be trained on waste handling and management, and personal protection methods.

6.5.3.7 The housekeeping, maintenance and laundry functions of the health institutions shall be under the direction of a licensed environmental health professional or engineer or IP officer.

6.5.3.8 The designated officer shall plan, organize, co-ordinate, control and monitor all housekeeping, maintenance and laundry activities.

6.5.3.9 The housekeeping, maintenance and laundry personnel's shall take basic trainings on the following issues and this shall be documented in their personal profile.

a) Basic principles of sanitation and peculiarity to hospital environment.
b) Basic principles of personal hygiene
c) Basic knowledge about different detergent and disinfectants
d) Different cleaning procedures applicable to different health institutions areas
e) Basic knowledge about cleaning equipments operation techniques and their maintenance.
f) Different processes of water treatment & purification, and removing bacteria.
g) Basic principles of ventilation, composition of Air, Air flow, Humidity and temperature.

h) Common types of odors and their sources of origin, identification and control.
i) Removal and control technique of different types of odors.
j) Various equipments and materials used for odor control operation.
k) Health institutions Waste, Source and generation of waste
l) Hazards of health institutions waste to Health institution population and community.
m) Principles of collection of different types of health institutions wastes
n) Operational procedures of equipment's
o) Safety measures in operation
p) Infection prevention principles
q) Health institution lay out, configuration work, flow of men, material and equipment in different health institutions areas. Air, water, noise, pollution, causes of pollution and their control and prevention in health institutions.

6.5.4Products

6.5.4.1 The health institutions shall insure that equipment & supplies necessary for infection prevention are available.

6.5.4.2 The health institutions shall have reserve electrical generator.

6.5.4.3 Equipment and tools for maintenance service shall be available

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

a)**Waste management equipment and supplies:**

- Color coded bins
- Waste baskets
- Garbage bin
- Plastic garbage bags
- Safety boxes
- Needle crasher (optional)

b)**Cleaning Products**

- Floor cleaning =brush air (optional)
- Floor wiping brush
- Counter brush.
- Ceiling brush
- Glass cleaning / wiping brush.
- Scrappers
- Dustbins paddles.
- Plastic Mug
- Plastic Bucket
- Plastic drum
- Wheel barrow
- Water trolley
- Ladder
- Scraping pump (optional)
- Spraying pump (optional)
- Flit pump.
- Rate trapping cage
- Bed pan washer
- Broom
- Dust mop
- Cleaning towel

c)**Laundry product**

- Washing machine (optional for medium and primary clinic)
- Sink
- Shelves
- Washing basin (for decontamination of linens)
- Dryer machine/ Drying rack/ line
- Irons
- Covered wheelbarrows (to transport linens to/from wards)
- Detergent
- Bleach

d)**Instrument processing**

- Autoclaves and steam sterilizers,
- Test strips
- Oven
- Drums different size
- Storage shelves for the medical equipment
- Chemicals and disinfectant chemicals
- Brushes

e)**Hand hygiene**

- Hand washing sinks (all service area)
- Tap water/water container with faucet
- Soap
- Alcohol based hand rub
- Paper Towels

f) **Personal Protective Equipment**

- Gown
- Heavy duty glove
- Surgical glove
- Examination glove
- Goggle
- Different mask
- Head cover
- Plastic apron
- Boots
- Face shield

6.6 Food and dietary services

6.6.1Practices

6.6.1.1 Food and dietary service shall be available for health institutions having inpatient service.

6.6.1.2 The health institutions shall provide nutritionally adequate meals, food supplement supplies for inpatients and staffs on duty

6.6.1.3 The dietary service shall be available for 24 hours a day and 365 days a year

6.6.1.4 The dietary service shall have written policies and procedures for all dietary services including

a) Preparation and handling
b) Meal distribution and/or request and receive special event service for inpatients.
c) Special diet order
d) Holidays
e) A diet manual detailing nutritional and therapeutic standards for meals and snacks, and a nutrient analysis of menus.
f) Nutritional assessment guide for patients' nutritional needs for food and food supplements.

6.6.1.5 A current diet manual shall be available at each nurse's station and in the dietary service unit and medical library.

6.6.1.6 There shall be a policy to promote the participation of the dietary service in meetings of multidisciplinary health institutions teams to assess patients.

6.6.1.7 All new admissions shall be listed with the dietary service.

6.6.1.8 Each patient's diet shall be recorded in the medical record. Records of diet instruction shall include:

a) The diet instruction provided to the patient and/or responsible person.
b) Patient response, participation and understanding.
c) Written instructional material provided to the patient and/or responsible person.

6.6.1.9 A physician shall write a specific dietary order and /or nutritional supplements for each patient.

6.6.1.10 All diets shall be prepared in conformity with the health institutions dietary manual.

6.6.1.11 At least three meals (breakfast, lunch and dinner) shall be served daily, and no more than 15 hours shall elapse between dinner and breakfast nourishment may be provided between meals and at night.

6.6.1.12 Changes in physician orders for diets shall be effected by the next mealtime,

6.6.1.13 The dietary service shall follow the policies and procedures developed by the drug and therapeutics committee or any responsible government body regarding possible food/medicine interactions.

6.6.1.14 There shall be a mechanism for evaluating patients on each nursing unit to ensure they are being adequately nourished.

6.6.1.15 There shall be a mechanism for the dietary service to be informed if the patient does not receive the diet that has been ordered, or is unable to consume the diet.

6.6.1.16 There shall be a mechanism for patients and their families to interact with the dietary service.

6.6.1.17 Patients with special dietary needs, based on criteria established by the health institutions, shall receive dietary instruction from a dietician or authorized Designee during hospitalization.

6.6.1.18 The dietitian shall provide diet information to the Canteen staff to help the nursing / rehabilitation staff guide appropriate purchase selections of food items.

6.6.1.19 The dietitian shall provide nutrition information as requested by the patient, family, or treatment team including

a) Diet instruction
b) Written instructional material,
c) Community dietary referrals regarding special diets
d) Current diet order,
e) Nutritional problems,
f) Appetite,
g) Nutritional counseling,
h) Comprehension of diet instruction,

6.6.1.20 The dietitian shall provide timely discharge diet instructions upon notification with a physician-ordered diet consultation or as planned by the treatment team.

6.6.1.21 Inpatient's or discharged patient's diet instructions shall include education involving

a) Therapeutic or modified diets
b) Food-drug interactions
c) Nutritional care for certain diagnoses/conditions
d) Recommendations for changes in diet order,
e) Treatment plan,
f) Significant food allergy (lactose, wheat gluten, soya ,egg, dairy)

6.6.1.22 The dietitian shall provide nutrition consultations upon notification with a physician-ordered consultation. The order shall include a brief reason for the consultation.

6.6.1.23 Nutrition consultations shall be completed immediately after physician's order.

6.6.1.24 Nutrition consultations shall be individual or group, and may include family and/or responsible person.

6.6.1.25 The dietitian shall determine the type and frequency of follow-up care after the initial consultation. Follow-up consultation may include evaluation of nutritional care, diet education, or other nutritional concerns.

6.6.1.26 Therapeutic goals related to nutritional needs shall be based on the following standards;

a) Height/Weight
b) Dietary Reference Intakes

c) Nutrition-related laboratory values
d) Body mass Index for Adults

6.6.1.27 The dietitian shall provide diet information to the Canteen staff to help the nursing / rehabilitation staff guide appropriate purchase selections of food items.

6.6.1.28 The dietitian shall provide nutrition information as requested by the patient, family, or treatment team including;

a) Diet instruction
b) Written instructional material,
c) Community dietary referrals regarding special diets
d) Current diet order,
e) Nutritional problems,
f) Appetite,
g) Nutritional counseling,
h) Comprehension of diet instruction,

6.6.1.29 Physician diet orders shall be legible, concise, and written in an understandable manner.

6.6.1.30 The following information shall be included in diet orders:

a) Patient Name
b) Unit
c) Date
d) Specific diet order; including food allergies/intolerances
e) Physician's signature

6.6.1.31 Dietary services shall receive written notification of:

a) New diet orders
b) Change in diet order
c) Discontinued or canceled diet orders
d) Unit transfers
e) Isolation or special trays

6.6.1.32 All written diet orders shall be sent to dietary services immediately.

6.6.1.33 Special requests for meals or supplemental foods shall be provided as ordered to accommodate alterations in diets or meal service schedules due to new admissions, personal dietary needs, or other circumstances.

6.6.1.34 Diabetic and Calorie-Controlled diet orders shall include the calorie level desired.

6.6.1.35 The dietitian shall recommend appropriate nutritional food supplement according to physician orders.

6.6.1.36 An electronic or manual spreadsheet of all diet orders shall be maintained by the dietitian to provide a current resource of all regular and therapeutic diets.

6.6.1.37 Dietary and nursing services shall be responsible to ensure dietary compliance and quality nutritional care of patients.

6.6.1.38 There shall be appropriate food safety and sanitations to ensure safe food service for the patients.

6.6.1.39 Dry or staple food items shall be stored at least 12 inches off the floor in a ventilated room which is not subject to sewage or waste water back-flow, or contamination by condensation, leakage, rodents or vermin.

6.6.1.40 All perishable foods shall be refrigerated at the appropriate temperature and in an orderly food safety manner (cold and hot holding principle).

6.6.1.41 Each refrigerator shall contain a thermometer in good working order.

6.6.1.42 Foods being displayed or transported shall be protected from contamination.

6.6.1.43 Three compartments dish washing procedures and techniques shall be developed and carried out in compliance with the national hotel and restaurants sanitary control guideline.

6.6.1.44 All garbage and kitchen refuse which is not disposed of shall be kept in leak proof non-absorbent containers with close fitting covers and be disposed of routinely in a manner that will not permit transmission of disease, a nuisance, or a breeding place for flies.

6.6.1.45 All garbage containers shall be thoroughly cleaned inside and outside each time emptied.

6.6.1.46 Requests for alternative food supplies shall be considered on an individual basis.

6.6.1.47 Foods shall be transported and served as close to preparation/ Re-thermalization time as possible. Maximum cold food temperatures shall be 41°F (5oC) and minimum hot food temperatures shall be 135° F (60oC) at time of service.

6.6.1.48 Dietary Services shall ensure prescribed diet compliance as well as minimize food-borne illness.

6.6.1.49 Cancellations of ordered diets shall be made as soon as possible to avoid possible spoilage and/or waste of food items.

6.6.1.50 The health institutions may provide dietary services by one of the followings:

a) In traditional configuration where the kitchen is located in the hospital premise;
b) Provide the service directly, but may prepare the bulk of the meals in a kitchen owned by the hospital, located off-site; and
c) Contract out for dietary services through an off-site vendor and the contract shall be documented. However, regardless of how the health institutions provide the service, the health institutions shall ultimately be responsible for meeting the dietary service standards.

6.6.1.51 When dietary services are provided from an off-site location, the health institutions shall be responsible to ensure:

a) Compliance with the quality assurance system
b) Compliance with the infection prevention and control standards.
c) Compliance with the dietetic policies and procedures in regards to meal service for off hours' admissions, late trays, food substitutions, reasonable meal schedules, posting of current menus in the hospital as well as in the off-site kitchen, tray accuracy, food handling

safety practices, emergency food supplies and deliveries, staffing and patient satisfaction,

d) The presence of a current therapeutic diet manual approved by the dietitian and medical staff,

e) The presence of nutritional assessment indicating nutritional needs are in accordance with recognized dietary practices as well as with orders of the practitioners responsible for the care of the patients.

6.6.1.52 There shall be guidelines for pest control and restricting the presence of animals (e.g. cats, dogs etc.) visibly posted in the kitchen.

6.6.1.53 There shall be a system to screen and control the health of kitchen personnel.

6.6.1.54 The kitchen personnel health shall be controlled for:

a) Personal hygiene including uniform (protective clothes)

b) Periodical medical check-up for acute and chronic diarrhea and other infectious diseases

c) Those with infected open skin lesions are not allowed to work as kitchen personnel.

6.6.2Premises

6.6.2.1 The following minimum facilities shall be available for dietary services

a) Food preparation room with all cooking appliances

b) Ventilating hood

c) Washing facility with three compartment

d) Pot washing facilities with appropriate Sink

e) Cart cleaning facilities

f) Can wash facilities

g) Storage room

h) Cart storage.

i) Dietitian's office.

j) Janitor's closet

k) Personnel toilets with hand washing facilities

l) Approved automatic fire extinguisher system in range hood.

m) Continuous electricity (power) supply

n) Ample and safe water supply

6.6.3Professionals

6.6.3.1 The health institutions shall be directed by a licensed dietitian or food sciences & /or food technologist.

6.6.3.2 In addition, the health institutions shall have the following food personnel:

a) Meal distributor

b) Catering chef

c) Kitchen workers

d) Store keeper

e) Bakers

f) Dishwashers

6.6.3.3 The adequate number of personnel, such as cookers, bakers, dishwashers and clerks shall be available in the health institutions (based on workload analysis).

6.6.3.4 There shall be procedures to control dietary employees with infectious and open lesions.

6.6.3.5 Food handlers shall meet routine health examinations according to the Ethiopian Food Handlers' Hygiene Guideline for food service personnel

6.6.3.6 There shall be an in-service training program on proper handling of food and personal grooming to dietary employees.

6.6.3.7 All kitchen workers shall wear protective kitchen clothes according to the Ethiopian Food Handlers' Hygiene Guideline.

6.6.3.8 Written job descriptions for all dietary employees shall be given, oriented and documented.

6.6.4Products

6.6.4.1 The following products shall be available for dietary services:

a) Refrigerator (size and number shall be based on demand)
b) Kitchen utensils
c) Pots and Jars
d) Carts
e) Dishes and Oven
f) Knives
g) Detergent materials
h) Pressure cooker
i) Stoves
j) Lockers convenient to, but not in the kitchen proper.
k) Working closes (like apron, boots, hair cover, gown, hand gloves)
l) Barrel (garbage containers) for kitchen rest handling

6.7 Morgue Services (Applicable for health institutions which have inpatient service)

6.7.1 Practices

6.7.1.1 The health institutions shall have written policies and procedures for morgue (dead body care) services for at least the following;

a) Confirmation of death by physician, identification of the body, recording and labeling;
b) Safe and proper handling of the body to prevent damage and this shall be according to the patient religion and culture;
c) Safeguarding personal effects of the deceased and release of personal effects to the appropriate individual or family;
d) Proper handling of toxic chemicals by morgue and housekeeping staff;
e) Infection control, including disinfection of equipment as per IP standard;
f) Identifying and handle high-risk and/or infectious bodies;
g) Release of the body to the family shall be as immediately as possible;

6.7.1.2 Autopsy service shall be available at Comprehensive Specialized Hospital

6.7.1.3 There shall be a death certificate issued by authorized physician for each death and this shall be documented.

6.7.1.4 The health institutions shall provide the necessary care for dead body until delivered to the relatives/care givers.

6.7.1.5 The service shall be available for 24 hours a day and 365 days of a year

6.7.1.6 Any dead body shall pass through morgue after the confirmation of death by the physician.

6.7.1.7 Dead body discharge shall be through the morgue exit.

6.7.2Premises

6.7.2.1 For Comprehensive Specialized Hospital and General Hospital, the morgue shall be equipped with refrigerated space or cold chain room to store at least two bodies.

6.7.2.2 Health institutions with more than 100 beds shall provide additional space using a ratio of one space to every additional 100 beds.

6.7.2.3 The health institutions other than comprehensive specialized hospitals should have dead body refrigerator or cold chain room.

6.7.2.4 The morgue premises shall fulfill at least the followings:

a) Dead body care taking room with minimum of 16 sq.m area
b) Postmortem room for Comprehensive Specialized Hospital and if autopsy service is available for General Hospital
c) Body table with hot and cold water sink
d) Adequate Water supply
e) Attendant office

6.7.2.5 Autopsy Unit for Comprehensive Specialized Hospital shall be together with morgue with the following requirements:

a) Procedure room
b) Dressing room with locker, toilet and shower
c) Reception & Record room,
d) post mortem technician/assistant room

6.7.3Professionals

6.7.3.1 The following staffing shall be maintained in Comprehensive Specialized Hospital

a) Pathologists
b) Laboratory technologist or technician with training in tissue processing,
c) Autopsy assistants,
d) Post mortem technicians/assistants,
e) Receptionist,
f) Cleaner

6.7.3.2 The following staffing shall be maintained for General Hospital

a) There shall be a licensed pathologist, in hospitals where autopsy service is available,
b) Morgue attendant and cleaner

6.7.3.3 For other health institutions morgue attendant shall be available

6.7.4Products

6.7.4.1 Refrigerated spaces in the morgue shall be maintained at temperatures between 32 and 45 degrees Fahrenheit (0 and 6.6 degrees Celsius) and shall have an automatic alarm system that monitors the temperature.

6.7.4.2 The following products shall be available for morgue services:

a) Plastic sheets
b) Aprons
c) Stretcher
d) Knives
e) Scalpels
f) Scissor
g) Formalin
h) Detergents
i) Disinfectants
j) Cotton
k) Gloves
l) Boots
m) Gowns
n) Head cover
o) Goggles
p) Plastic bags
q) White clothes
r) Cupboard for instrument
s) Syringe & long needle
t) Scale
u) Body table with hot and cold water sink

7 Physical Facility Requirement

7.1 General

7.1.1 The Health institution shall fulfill the minimum required standards for the building which contains the facilities required to render the services contemplated in the application for license.

7.1.2 The Health institution premises shall have dedicated territory or compound with entrances.

7.1.3 All rooms shall have adequate light and ventilation

7.1.4 All rooms shall have adequate heat and air conditioning as necessary.

7.1.5 All rooms for patient care shall promote patient dignity and privacy.

7.1.6 All patient care rooms shall be provided with running water supply & functional hand washing basin.

7.1.7 The arrangement of rooms shall consider proximity between related services.

7.1.8 Glass doors shall be marked to avoid accidental collision.

7.1.9 Potential sources of accidents shall be identified and acted upon like slippery floors, misfit in doorways and footsteps.

7.1.10 The Health institution shall be well marked and easily accessible for persons with disability.

7.1.11 The health institution shall have fire extinguishers placed in visible areas.

7.1.12 The Health institution layout shall be arranged in a way that ensures patients easily understand and comfort by label and service proximity.

7.1.13 The Internal surfaces of the Health institution (floors, walls, and ceilings) shall be:

a) Smooth, impervious, free from cracks ; avoid recesses, projecting ledges and other features that could harbor dust or spillage,

b) Easy to clean and decontaminate effectively,

c) Constructed of materials that are non -combustible or have high fire-resistance and low flame-spread characteristics.

7.1.14 The Health institution shall have a mechanism to have uninterrupted access to ambulance services and it shall have a designated and adequate parking area

7.1.15 The corridor to patient care areas shall be spacious enough to allow easy transport of emergency patients or patients with support.

7.1.16 There shall be a waste disposal mechanism for all categories of wastes generated by the health facility.

7.2 Site selection requirements

7.2.1 The entry points to the health institution shall be clearly defined from all major exterior circulation modes (roadways, bus stops, vehicle parking)

7.2.2 Boundaries of the health service between public and private areas shall be well marked and clearly distinguished.

7.2.3 Clearly visible and understandable signage and visual landmarks for orientation shall be provided.

7.2.4 The health institution shall be located away from unordinary conditions of undue noises, smoke, dust or foul odors, and shall not be located adjacent to railroads, freight yards, grinding mills, chemical industries, gas depot and waste disposal sites.

7.2.5 The locations of a health institution shall comply with all national and state level regulations applicable to health facilities.

7.2.6 The site selection criteria shall consider or include the followings:

7.2.7 The minimum size of a health institution premises shall comply with specific health institution requirements with two side adjacent road access.

7.2.8 The health institution shall be provided with road access, water supply, power supply electric city and communication and other required utilities facilities.

7.2.9 The surroundings of the health institution shall be protected from natural disasters and environmental pollution.

7.2.10 The Health institution premises shall integrate landscapes with green areas, trees and possible outdoor recreation facilities to create a healing environment.

7.3 Construction Requirements

7.3.1 Plans and specifications for construction or remodeling shall comply with Ethiopian Building Code and Standards.

7.3.2 The construction shall comply the appropriate laws, codes and standards

7.3.3 Ways, paths and corridors to and between Health institution buildings shall be well paved, smooth and friendly for people with disability.

7.3.4 All Health institution shall be designed, constructed, and maintained in a manner that is safe, clean, and functional for the type of care and treatment to be provided.

7.3.5 Health institution entry/exit gates shall be accessible to roads.

a) Main public entrance

b) Emergency entrance(Primary, General & Comprehensive Specialized Hospital)

c) Staff and service entrance(Optional)

d) Morgue entrance and/or exit(as appropriate)

7.3.6 Building entrances and exits used to reach the outpatient , inpatient, and diagnostic and other services shall be easily accessible, clearly marked/labeled and located

7.4 Building Space and Elements

7.4.1 Circulation: Horizontal and vertical circulation areas that include stairs, ramps, doorways, corridors, exits and entrances of the health institution shall be kept clear and free of obstructions and shall not be used for other functional purposes.

7.4.2 Corridor: Health institution corridors shall be designed to allow easy movement of coaches and assistive devices/equipment needed by the patient. Minimum corridor width should be 180cm.

7.4.3 Corridors may include: door stoppers, protecting girders, alarms, self-opening/closing doors.

7.4.4 Room Height: A clear height of rooms 270cm should be in work areas such as Patient treatment areas, Offices, Conference Rooms, Administrative areas and Kitchens.

7.4.5 The ceiling height in new areas such as corridors, passages and recesses shall be 2700mm with a minimum of 2400mm.

7.4.6 In existing facilities being renovated, ceiling heights in Corridors or Ensuites may be reduced to 2250mm, but only over limited areas such as where a mechanical duct passes over a corridor. Wherever possible, reduced ceiling heights adjacent to doors should be avoided.

7.4.7 A minimum clear height of 3000mm is required in Operating rooms, Interventional Imaging rooms and Birthing rooms. Ceiling mounted equipment must be able to achieve the required clearance height of 2150mm when in the stowed position, especially within circulation areas.

7.4.8 Minimum ceiling (soffit) heights of external areas such as canopies over main entries, ambulance entries and loading docks should suit the requirements of the anticipated vehicle traffic.

7.4.9 The clear room height of the ceiling of the rooms shall not be less than 240cm for utility support services, 245cm-220cm for technical corridors, Operation Theater 320 cm, X-ray 320 cm, room requiring interstitial floor needs to be more than 580cm and 280cm for other clinical rooms.

7.4.10 Rooms/Units: All unit/room size and space allocation should depend on clinical service plan and operational policy.

7.4.11 Doors: all Doors shall be able to easily open and close. Doors swinging towards corridors should not block movement of traffic. Swinging or double acting doors should incorporate self-closing mechanisms.

7.4.12 Corridor doors shall include 1/2 leaf observation panel.

7.4.13 Patient care area doors shall provide privacy yet not create seclusion or prohibit staff access for routine or emergency care.

7.4.14 Windows. Rooms housing patients shall have access to natural light and ventilation, or provide the availability of artificial ventilation and light at all times.

7.4.15 Rooms shall have window area proportional to that of floor areas which is equal to 1/81/'8" of the floor area.

7.4.16 The sill shall not be higher than 36 inches above the floor and shall be above grade.

7.4.17 For toilets and washing rooms, over desk laboratory tables, laundry and kitchen utensils, the height can be modified accordingly.

7.4.18 Windows shall not have any obstruction to vision (wall, cooling tower, etc.) within 50 feet as measured perpendicular to the plane of the window.

7.4.19 Storage: Each patient shall be provided with a hanging storage space.

7.4.20 Furnishings: A Health institution shall provide comfortable patient ergonomic designs as per technical requirements that ensure hygienic (washable, dust and bacteria protective and resistant for cleansing reagents), and durability that prevent vandalism and accidents.

7.4.21 Curtains: room windows shall be equipped with curtains or blinds at windows.

7.4.22 Cubicle curtains or equivalent built-in devices for privacy in multi-bed rooms shall be provided. They shall have a flame spread of 25 or less or as per the national fire protection code.

7.5 Surface and Finishing:

7.5.1 Walls, floors and ceilings areas shall be cleanable, smooth, non- adsorptive, surfaces which are not physically affected by routine housekeeping cleaning solutions and methods. Acoustic lay-in ceilings, if used, shall be non-perforated.

7.5.2 Scrub-able room finishes provided in operating rooms, intensive care units unit and isolation rooms shall have smooth, non-adsorptive, non-perforated surfaces that are not physically affected by harsh germicidal cleaning solutions and methods.

7.5.3 All walls and ceiling finishing materials used shall have a 1-hour fire rating (One hour rated products offer more than "one hour's" worth of fire protection).

7.6 Sanitary Finishing:

7.6.1 A lavatory equipped with wrist action handles, shall be located in the consultation and examination room(s) is in the same room such as; medical, surgical, treatment, obstetrical, dental, nurse station or similar rooms or in a private toilet room.

7.6.2 Floors and walls penetrated by pipes, ducts and conduits shall be tightly sealed to minimize entry of rodents and insects.

7.6.3 Patient toilet; a minimum of one male and one female toilet should be provided. At least one dedicated toilet for handicapped patients/visitors equipped with safety hand rails and suitable hand washing sink.

7.6.4 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 room.

7.7 Electrical Finishing:

7.7.1 Room light luminescence shall be bright enough for staff activities but needs to be controlled not to disturb the patients and shall fulfill Ethiopia Electrical building code.

7.7.2 All electrical fixtures inlets, outlets shall fulfill Ethiopia Electrical Safety requirements and if applicable fitted with guards.

7.7.3 For psychiatry service area light fixtures, sprinkler heads and other apparatus shall be of a tamper resistant type.

7.7.4 Outdoor Areas: The Health institution outdoor area shall be equipped and situated to allow for the safety and abilities of patients, care givers, staff and visitors.

7.7.5 The landscape shall be designed with patient room visual acquit or access.

7.7.6 Walkways, connection roads and elevation differences shall be designed to allow movements of coaches/stretchers and persons with disabilities.

7.7.7 The outdoor traffic arrangement shall not cross each other to avoid accidents

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

7.7.9 Windows shall be a minimum of 50 cm wide x 100cm high. However, in case of hot climate areas, this may not be applicable

7.7.10 No window shall swing inside the room except those which require security and safety measures such as a grid for theft and insect mesh for malaria porn areas.

7.7.11 Windows that are frequently left open for cross ventilation purposes (like TB clinic room windows) shall be equipped with insect screens. At least a top portion of a window shall be left open fitted with insect mesh for uninterrupted circulation of air.

7.7.12 Safety glass, tempered glass or plastic glass materials shall be used for pediatrics and psychiatric service units to avoid possible injuries.

7.7.13 Vertical Circulation: All functioning health institution rooms shall be accessible horizontally.

7.8 Stairs:

7.8.1 All stairways and ramps shall have handrails and their minimum width shall be 120cm.

7.8.2 All stairways shall have a 2-hour fire enclosure with a (1.5 hour) label door at all landings or as per the national fire protection code or law.

7.8.3 All stairways shall be fitted with non-slippery finishing materials.

7.8.4 All stair threads, riser and flight shall comply with patient type as per the Ethiopia Building code.

7.8.5 Ramps shall be designed with a slope of 6 to 9 percent, minimum width of 120 cm and the landing floor of 240cm wide on both sides.

7.9 Chutes:

7.9.1 Health institution buildings having two and above floors shall have shutes facility with two or more compartments as appropriate.

7.9.2 Shute shall be free of possible accidents and the inlets and outlets shall be confined in a lockable room.

7.10 Elevators:

7.10.1 The number and capacity of elevators shall be determined from a study plan and expected vertical transportation requirements.

7.10.2 Minimum cab dimensions required for elevators transporting patients is 195cm x 130cm inside clear measurements and minimum width for hatchway and cab doors shall be 100cm.

7.10.3 The Health institution shall have ramps for buildings having more than one floor (If it does not have an elevator.

7.11 Fire Safety Considerations:

7.11.1 One-Story Building: Wall, ceiling and roof construction shall be of 1-hour fire resistive construction as defined by National Fire Protection “Life Safety Code or law. Floor systems shall be of non-combustible construction.

7.11.2 Multi-Story Buildings: Must be of two-hour fire resistive construction as defined in National Fire Protection “Life Safety Code or laws.

7.11.3 Travel distances and alternative vertical circulation: Health institution facilities travel distance from service giving room to the stairs should be as specified in the National Fire Protection “Life Safety Code or laws. Alternative fire escape stair should be provided otherwise.

7.12 Parking and green areas:

7.12.1 The health institution shall have separate parking spaces for ambulances.

7.12.2 Parking space shall have a clear mark for staff, patients and visitors with a separate 10% of it for persons with disability parking all as per Ethiopia Building Proclamation and building code.

7.12.3 General services of the Health institution that require loading unloading docks, heavier truck movement and temporary truck parking place shall be available.

7.12.4 The parking space shall not cross pedestrian walkways, if it is mandatory to cross proper precaution measures such as Zebra Road, Speed Breaker, guiding notice and traffic stopping culverts or signals should be provided.

7.12.5 The health institution shall have a green area not less than 35-40% of the total premises.

7.12.6 The health institution shall have green area proportional to total premises area.

7.13 Building systems

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

7.14 Water supply and plumbing:

7.14.1 Continuously circulated as per the type of fixture used, filtered and treated water systems shall be provided as required for the care and treatment in the Health institution.

7.14.2 All Health institutions shall be connected to an approved municipal /groundwater system whose purity has been certified by the concerned body.

7.14.3 The water supplies must be sampled, tested, and its purity certified at least twice annually and immediately following any repair or modification to the underground lines, the elevated tank, or to the well or pump.

7.14.4 In house quality control shall be established, the water supplies must be sampled, tested, and its purity certified at least twice semi-annually and immediately following any repair or modification to the underground lines, the elevated tank, or to the well or pump.

7.14.5 The Health institution shall have and maintain an accessible, adequate both as to volume and pressure, safe and potable supply of water.

7.14.6 The collection, treatment, storage, and distribution of potable water system of a Health institution shall be constructed, maintained, and operated in accordance with all provisions of the Safe Drinking Water of the country.

7.14.7 Supply piping within the building shall be in accordance with plumbing standards.

7.14.8 A treated backup water supply shall be readily available in the Health institution like a reservoir or dedicated well.

7.14.9 The health institution shall have an approved method of supplying hot and distilled water for all Health institution consumption as appropriate.

7.14.10 The health institution shall avail separate drinking water area.

7.15 Healthcare Waste management Systems

7.15.1 The Health institution shall maintain a sanitary and functioning sewage system in accordance with the national healthcare waste management directive and Ethiopian building code.

7.15.2 The Health institution shall dispose all sanitary wastes produced in the Health institution through connection to a suitable municipal sewerage system or through a private sewerage system if applicable. Where there is no municipal or private sewerage system the health institution shall provide a designed and well-marked septic tank, or other similar facility according to the local environment and protected method that require the approval of the ministry

7.15.3 The health institution shall provide areas to collect, contain, process, and dispose of medical and general waste produced within the Health institution in such a manner as to prevent the attraction of rodents, flies and other insects and vermin, and to minimize the transmission of infectious diseases in accordance with waste management standards of this health facility.

7.15.4 The health institution shall have all the required waste management facilities (such proper segregation and disposal system by the nature of waste, as recommended by the national healthcare waste management directive.

7.15.5 The health institution shall provide safe storage and disposal of hazardous materials and biomedical waste.

7.15.6 Radioactive solid and liquid wastes shall be disposed of according to Ethiopian Radiation Authority Directive.

7.15.7 Corridors and materials handling systems should be designed to achieve an efficient movement of waste from points of generation to storage or treatment while minimizing the risk to personnel.

7.16 Heating Ventilating and Air-Conditioning Systems (HVAC):

7.16.1 The Health institution shall provide a heating and air conditioning system for the comfort of the patient and capable of maintaining the temperature in patient care and treatment areas.

7.16.2 In the health institution, the system shall be capable of producing a temperature of at least seventy five degrees Fahrenheit (75°F) during heating conditions and a temperature that does not exceed eighty-five degrees Fahrenheit (85°F) during cooling conditions.

7.16.3 The health institution shall have a central air distribution and return systems which have the following percent dust spot rated filters:

7.16.3.1 General areas: thirty (30) +%; and

7.16.3.2 Care, treatment, and treatment processing areas: ninety (90) +%.

7.16.3.3 Surgical areas shall have heating and cooling systems that are capable of producing a room temperatures at a range between sixty-eight Fahrenheit (68°F) and seventy-three degrees Fahrenheit (73°F) and humidity at a range between thirty (30%) and sixty percent (60%) relative humidity.

7.16.3.4 Airflow shall move from clean to soiled locations. Air movement shall be designed to reduce the potential of contamination of clean areas.

7.16.3.5 Floors in operating rooms, procedure rooms and other locations subject to wet cleaning methods or body fluids shall not have openings to the heating and cooling system.

7.16.3.6 All health institutions shall provide adequate ventilation and/or clean air to prevent the concentrations of contaminants which impair health or cause discomfort to patients and employees.

7.16.3.7 Health institutions shall provide a mechanical exhaust ventilation system for windowless toilets, baths, laundry rooms, housekeeping rooms, kitchens and similar rooms at ten air changes per hour.

7.16.3.8 Health institution shall provide mechanical ventilation system(s) capable of providing air changes per hour.

7.16.3.9 Health institutions shall provide an emergency backup ventilation system for all patient rooms without operable windows.

7.17 Electrical system

7.17.1 The health institution shall have an electrical system that has sufficient capacity to maintain the care and treatment services and other services that are provided and that properly grounds care and treatment areas.

7.17.2 All health institutions shall provide the minimum average illumination levels as follows or as per the Ethiopian Electrical Design Code:

7.17.2.1 General purpose areas: five (15) foot candles

7.17.2.2 General corridors: ten (10) foot candles

7.17.2.3 Personal care and dining areas: twenty (20) foot candles

7.17.2.4 Reading and activity areas: thirty (30) foot candles

7.17.2.5 Food preparation areas: forty (40) foot candles

7.17.2.6 Hazardous work surfaces: fifty (60) foot candles

7.17.2.7 Care and treatment locations: seventy (70) foot candles

7.17.2.8 Examination task lighting: one hundred (100) foot candles

7.17.2.9 Procedure task lighting: two hundred (100) foot candles;

7.17.2.10 Surgery task lighting: one thousand (100) foot candles; and

7.17.2.11 Reduced night lighting in patient rooms and corridors (15) foot candles

7.17.2.12 Three hours Emergency light shall be provided in exit, entry and in all landing of staircase.

7.18 Essential Power System:

7.18.1 Health institutions shall have an automatic power generator for all care and treatment locations which involve general anesthetics or electrical life support equipment and in emergency procedure and treatment rooms.

7.18.1.1 Different generators shall be available, at least diesel generator and white fuel generator.

7.18.1.2 There shall be enough stored fuel to maintain power for at least 24 hours.

7.18.1.3 If a generator is used, there must be a staff member assigned to the regular maintenance of the generator to guarantee it will function properly when needed.

7.18.1.4 Solar panels are also acceptable if used as a backup power option.

7.18.1.5 Central UPS system for outlets of selected areas (like ICU, delivery, Operation Theater, laboratory) shall be provided as a backup power option.

7.19 Fire protection system

7.19.1 The health institution shall comply with the National Fire Protection “Life Safety Code”.

7.19.2 The health institutions shall have an automatic fire alarm and smoke detector system for all care and treatment rooms.

7.19.2.1 Heat detectors used for car park, kitchen, transformer room lift pit area.

7.19.2.2 Sounder base photoelectric smoke detectors will be proposed for the bed –room and all other rooms.

7.19.2.3 Typical floor station located in a convenient location in the lobby.

7.19.3 Essential Public Address System: Health institutions shall have an automatic voice communication /evacuation signal, from different sources; automatic control signal from fire alarm system, tape/CD player for pre- recorded message to all care and treatment location rooms.

7.19.4 Lightning Arrester and Grounding System: Health institutions shall have technically advised lightning protection system, comprising air termination, down conductor and earth termination. Protection zone shall cover a minimum of the diameter of the building

7.19.5 All employees shall be trained in procedures to be followed in the event of a fire and instructed in the use of fire-fighting equipment and patient evacuation of Health institution buildings as part of their initial orientation and at least annually thereafter.

7.19.6 All employees shall receive printed instructions on procedures to be followed in case of emergency, including patient evacuation of the buildings.

7.19.7 A written evacuation diagram specific to the unit that includes evacuation procedure, location of fire exits, alarm boxes, and fire extinguishers shall be posted conspicuously on a wall in each patient care unit.

7.19.8 Fire extinguishers shall be visually inspected at least monthly; fully inspected at least annually, recharged, repaired and hydro tested as required by manufacturer's instructions; and labeled with the date of the last inspection.

7.19.9 Fire detectors and alarm systems shall be inspected and tested at least twice a year by a certified testing agency. Written reports of the last two inspections shall be kept on file.

7.19.10 There shall be a comprehensive, current, written preventive maintenance program for fire detectors, alarm systems, and fire suppression systems that include regular visual inspection and this program shall be documented.

7.19.11 There shall be a procedure for investigating and reporting fires.

7.19.11.1 All fires that result in a patient or patients being moved shall be reported to the Ministry, immediately in writing within 72 hours.

7.19.11.2 In addition, a written report of the investigation shall be forwarded to the Ministry as soon as it becomes available.

7.20 ICT &Call systems

7.20.1 Call systems shall be operable from all patient private spaces. Such as from patient beds (except at psychiatric or mental Health institution beds), procedure and operating rooms, and recovery bed, bathing and toilet locations.

7.20.2 The system shall transmit a receivable (visual, audible, tactile, or other) signal to on-duty staff which readily notifies and directs the staff to the location where the call was activated.

7.20.3 In locations where patients are unable to activate the call, a dedicated staff assists or code call device shall promptly summon other staff for assistance or continuous visual connection to supper attending staff should be provided.

7.21 Medical gas system

7.21.1 The health institution shall safely provide centrally managed medical gas and vacuum by means of portable equipment or building installation systems as required. Electromechanical system for central supply shall be installed for areas such as operation theater, Delivery, special procedure rooms, Intensive care unit, laboratory and sterilization.

7.21.2 The installation, testing, and certification of nonflammable medical gas, clinical vacuum, and air systems shall comply with the requirements of the Life Safety Code (National Fire Protection agency proclamation).

7.21.3 The health institution shall identify portable and system components, and periodically test and approve all medical gas piping, alarms, valves, and equipment for patient care and treatment. The Health institution shall document such approvals for review and reference.

7.22 Health institution environment

7.22.1 The health institution shall provide and maintain a safe environment for patients, caregivers, visitors, staff and the general public.

7.22.2 All health institutions shall comply with the following applicable codes, laws and standards for safe environment:

7.22.2.1 National Fire Protection Life Safety Code and laws; and

7.22.2.2 Ethiopian Radiation Authority Directives

7.22.2.3 Other related Regulations

7.22.3 The health institution shall maintain all building materials and structural components so that total loads imposed do not stress materials and components more than one and one-half times the working stresses allowed in the building code for new buildings of similar structure, purpose, or location.

7.23 Specific service areas

7.23.1 The health institution may have dining areas as per the following requirements:

7.23.1.1 Dining areas for patients shall have an outside wall with windows for natural light and ventilation.

7.23.1.2 Dining areas shall be furnished with tables and chairs that accommodate or conform to patient needs.

7.23.1.3 Dining areas shall have a floor area of at least 15-20 square feet (1.4m2 to1.9m2) per patient.

7.23.1.4 Dining areas shall allow for group dining at the same time in either separate dining areas or a common dining area, or dining in two (2) shifts, or dining during open dining hours.

7.23.1.5 Dining areas shall not be used for other services.

7.24 Bathing and Toilet Rooms:

7.24.1 A Health institution shall provide a bathing room consisting of a tub and/or shower adjacent to each bedroom or provide a central bathing room on each floor with patient rooms. Tubs and showers regardless of location shall be equipped with hand grips or other assistive devices as needed or desired by the bathing patient.

7.24.2 The health institution shall provide toilet rooms with hand-washing sinks for patients and staffs shall use separately for each service unit. In addition the following requirements shall be ensured.

7.24.3 In case of common bathing and toilet rooms, one shall be dedicated for seven to ten patients at all times.

7.24.4 Flushable/ventilated improved pit latrine shall be available throughout the workplace.

7.24.5 Indicating arrows located on the corridors and Posted signs (written and/or visual messages) shall be indicated describing which is for ladies and gentle (or female and male).

7.24.6 At least one toilet room shall be designated for patients with disability with all assisted services.

7.25 Patient Rooms:

7.25.1 The Health institution shall provide patient rooms which allow the provision of medical intervention, shall have space for sleeping, afford privacy, provide access to furniture and belongings, and accommodate inpatient care and treatment. In addition Patient Rooms:

7.25.1.1 Shall be arranged to maximize staff supervision and nursing assistants.

7.25.1.2 No patient room shall be located away from nursing stations without proper covered gang ways and travel premise requirements.

7.25.1.3 Shall not be accessed directly through a bathroom, food preparation area, laundry or another bedroom.

7.25.1.4 If they have multiple beds, shall allow for an accessible arrangement of furniture, which provides a minimum of three (3) feet or equivalent meter between beds.

7.25.2 The room used for admission shall have an area calculated using the following table and specifications unless otherwise stated in a specific service of this standard:

7.25.2.1 Distance of bed from fixed walls shall be 0.9 m

7.25.2.2 Distance between beds shall be 1.2 m (Conventionally inpatient beds have width of 0.9m and length of 2m)

7.25.2.3 In case of multiple beds, area per bed shall be 8.6 m2,

7.25.2.4 In case of single bed room, area shall be 9 m2

7.25.2.5 The maximum room capacity shall be 6 patients (beds) per room.

7.25.3 Depending on the size of the room, each inpatient room shall have at least one window.

7.25.4 All inpatient rooms shall have easy access to a bathroom and toilet.

7.25.5 The inpatient rooms shall provide call bells at each bed.

7.26 Isolation Rooms:

7.26.1 The number and type of isolation rooms in a Health institution shall be determined by the Health institution and direct caregiver.

7.26.2 The determination shall be based upon an infection control risk assessment, patients' requirements and patients influence on other room occupants. In addition:

7.26.2.1 Health institutions shall make provisions for isolating patients with infectious diseases prevention.

7.26.2.2 Rooms shall be fitted with Airlock system as appropriate.

7.26.2.3 An isolation room shall have an adjoining bath and toilet room.

7.26.2.4 Health institutions shall equip isolation rooms with hand-washing and gown changing facilities at the entrance of the room.

7.27 Emergency room:

7.27.1 The health institution shall have an emergency room which shall be easily recognizable to the public and shall be labeled in bold.

7.27.1.1 The emergency premises shall be a low traffic area and there shall be reserve parking place for ambulances

7.27.1.2 The emergency area shall be spacious enough to provide a space for the following tasks

7.27.1.3 Accepting patients and providing immediate care including emergency procedures

7.27.1.4 Access to emergency medicines, supplies and equipment

7.27.1.5 Resuscitation couches shall be arranged in a way 90cm away from walls and 1.2m gap.

7.27.1.6 At emergency room there shall be a sub waiting area for attendants and caregivers.

7.28 Observation Areas:

7.28.1 If the health institution provides medical observation, extended recovery or behavior intervention methods, the Health institution shall provide one or more appropriately equipped rooms for patients needing close supervision, and each room shall:

7.28.1.1 Have appropriate temperature control, ventilation and lighting

7.28.1.2 Be void of unsafe wall or ceiling fixtures and sharp edges

7.28.1.3 Have a way to observe the patient, such as an observation window or if necessary, flat wall mirrors so that all areas of the room are observable by staff from outside of the room

7.28.1.4 Have a way to assure that the door cannot be held closed by the patient in the room which could deny staff immediate access to the room

7.28.1.5 Be equipped to minimize the way of patient's escape, injury, suicide or hiding of restricted substances.

7.28.1.6 Be provided with proper safety communication systems and emergency signaling.

7.29 Critical Care Rooms/ICU:

7.29.1 If monitored complex nursing care is provided, the Health institution shall provide one or more rooms for patients needing the care.

7.29.2 Each room shall be appropriately located and equipped to promote staff observation of patients.

7.29.3 The room shall include provision for life support, medical gas, sleeping, and convenient bathing and toileting facilities.

7.30 Operation room

7.30.1 Vicinity of plumbing fixtures, floors and walls penetrated by pipes shall be sealed & smoothened. The health institutions hall have a minor operation room which shall have:

7.30.1.1 Standard size, with layout of change area, scrub area, operating/ procedure area when viewed from entrance

7.30.1.2 Washable walls; crack free and scrub-able Ceiling

7.30.1.3 Floor shall be smooth, easily cleanable and non-slippery, preferably made of marble or ceramic

7.30.1.4 Fitted with at least 2 fixed electric outlets

7.30.1.5 A line shall be clearly marked in red or green on the floor, beyond which no person shall be permitted to set foot without changing shoes or applying shoes cover

7.30.1.6 The scrub area which shall be provided with wide sink and taps for running water. The taps for running water shall be hand free, manipulated with elbow or knee. (e.g., long arm valve gate).

7.31 Cubicles:

7.31.1 Patient care and treatment cubicles shall have a minimum floor area of sixty (60) square feet with at least three (3) feet between bedsides and adjacent side walls.

7.32 Privacy:

7.32.1 In multiple bed patient rooms, visual privacy, and window curtains shall be fitted .The curtain layout shall totally surround each care and treatment location which will not restrict access to the entrance to the room, toilet or enclosed storage facilities.

7.33 Care and treatment areas

7.33.1 The care and treatment areas of the Health institution shall comply with the requirements stipulated under the premises of each service standards.

7.34 Ancillary areas

7.34.1 Dietary:

7.34.1.1 If food preparation is provided in the health institution, the health institution shall dedicate space and equipment for the preparation of meals and separate washing room (dishes and other food preparation equipment), refrigerated and non-refrigerated storage areas.

7.34.1.2 If contractual services are used, the health institution shall have a clear contractual agreement and the contractor shall comply with all the requirements prescribed under this standards.

7.34.2 Laundry:

7.34.2.1 The health institution shall provide laundry services by contract or on-site.

7.34.2.2 If contractual services are used, the following requirements shall be full filled:

7.34.2.2.1 The health institution shall have areas for soiled linen awaiting pickup and separate areas for storage and distribution of clean linen.

7.34.2.2.2 The health institution shall have separate clean linen supply storage area shall be conveniently located in each care and treatment locations.

7.34.2.2.3 If contractual services are used, the Health institution shall have a clear contractual agreement and the contractor shall comply with all the requirements prescribed under this standard.

7.34.2.3 If on-site services are provided, the health institution shall full fill the following requirements:

7.34.2.3.1 The health institution shall have areas 'dedicated to laundry in accordance with the following requirements:

7.34.2.3.2 The laundry areas shall be equipped with a washer and dryer. The Health institution shall provide a conveniently located sink for soaking and hand-washing of laundry.

7.34.2.3.3 The health institution laundry area for Health institution processed bulk laundry shall be divided into separate soiled (sort and wash areas) and clean (drying, folding, and mending areas) rooms. In new facilities a separate soaking and hand-washing sink and housekeeping room shall be provided in the laundry area.

7.34.2.3.4 The health institution shall have separate clean linen supply storage facilities shall be conveniently located in each care and treatment location.

7.34.2.4 In general the standards stipulated under housekeeping, laundry section of this standard shall be respected.

7.34.3 Administrative Areas:

7.34.3.1 Administrative offices shall be located separately from care and treatment areas and it shall be clearly labeled and easily accessible to patients, caregivers and visitors. It includes:

7.34.3.1.1 Finance and business office

7.34.3.1.2 Administration office

7.34.3.1.3 Human resource management office

7.34.3.1.4 Staff rooms with toilet separate for male and female

7.34.3.1.5 Staff cafeteria

7.34.3.1.6 Visitors cafeteria

7.34.3.1.7 Spaces for conferences and in-service training

7.34.3.1.8 General library

7.34.4 Storage areas:

7.34.4.1 There shall be a fire rated lockable room large enough to general store.

7.34.4.2 The Health institutions shall have different types of storage area in consideration to product types.

7.34.5 Boiler Room:

7.34.5.1 Boiler room space shall be adequate for the installation and maintenance of the required machinery as appropriate.

7.34.6 Maintenance Area:

7.34.6.1 Sufficient area for performing routine and preventive maintenance activities shall be provided (workshop area) and shall include office for maintenance personnel.

7.34.7 Incinerator:

7.34.7.1 There shall be a dedicated area for incinerators and the Health institution shall comply with the directives developed by the ministry for Health institution waste management.

7.34.8 Janitor rooms:

7.34.8.1 The Health institution shall have separate janitor rooms in each care and treatment areas.

7.34.8.2 There shall be a storage area for cleaning materials.

Bibliography

- Ethiopian Food, medicine and Healthcare Administration and Control Proclamation No. 661/2009
- Ethiopian Food, Medicine and Healthcare Administration and Control Regulation No. 189/2010
- Health Policy of Ethiopia
- Drug Policy of Ethiopia
- Commercial Code of Ethiopia
- Criminal Code of Ethiopia
- Medicines Waste Management and Disposal Directive No 2/2011
- Ethiopian National Guideline for Health Waste Management, 2008
- Ethiopian Building Proclamation, No.624/2009
- National blood bank service Guidelines for hospital transformation committees, February 2017
- National Fire Protection standard
- National hotel and restaurants sanitary control guidelines
- Ethiopian food handler's hygiene guiding for food service personnel

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Ethiopian Standards Agency

Organization and Objectives

The Ethiopian Standards Agency (ESA) is the national standards body of Ethiopia established in 2010 based on regulation No. 193/2010.ESA is established due to the restructuring of Quality and Standards Authority of Ethiopia (QSAE) which was established in 1970.

ESA's objectives are:-

- ❖ Develop Ethiopian standards and establish a system that enable to check whether goods and services are in compliance with the required standards,
- ❖ Facilitate the country's technology transfer through the use of standards,
- ❖ Develop national standards for local products and services so as to make them competitive in the international market.

Ethiopian Standards

The Ethiopian Standards are developed by national technical committees which are composed of different stakeholders consisting of educational Institutions, research institutes, government organizations, certification, inspection, and testing organizations, regulatory bodies, consumer association etc. The requirements and/ or recommendations contained in Ethiopian Standards are consensus based that reflects the interest of the TC representatives and also of comments received from the public and other sources. Ethiopian Standards are approved by the National Standardization Council and are kept under continuous review after publication and updated regularly to take account of latest scientific and technological changes. Orders for all Ethiopian Standards, International Standards and ASTM standards, including electronic versions, should be addressed to the Documentation and Publication Team at the Head office and Branch (Liaisons) offices. A catalogue of Ethiopian Standards is also available freely and can be accessed in from our website.

International Involvement

ESA, representing Ethiopia, is a member of the International Organization for Standardization (ISO), and Codex Alimentarius Commission (CODEX). It also maintains close working relations with the international Electro-technical Commission (IEC) and American Society for Testing and Materials (ASTM).It is a founding member of the African Regional Organization for Standardization (ARSO).

More Information?
Contact us at the following address.
The Head Office of ESA is at Addis Ababa.

☎ *011- 646 06 85, 011- 646 05 65*
🖷 *011-646 08 80*
✉ *2310 Addis Ababa, Ethiopia*
E-mail: info@ethiostandards.org,
Website: www.ethiostandards.org

Standard Mark