

THE UNITED REPUBLIC OF TANZANIA

**MINISTRY OF HEALTH, COMMUNITY DEVELOPMENT, GENDER,
ELDERLY AND CHILDREN**



HEALTH QUALITY ASSURANCE DIVISION

BASIC STANDARDS FOR HEALTH FACILITIES

VOLUME 3

**HOSPITALS AT LEVEL I & II AND
STAND ALONE FACILITIES AT LEVEL I & II**

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ABBREVIATIONS

AMO	Assistant Medical Officer
ANO	Assistant Nursing Officer
APOT	Association of Prosthetists and Orthotists in Tanzania
APTA	Association of Physiotherapists Tanzania
BP	Blood Pressure
BSHFs	Basic Standards for Health Facilities
CH	Council Hospital
CHMT	Council Health Management Team
CSSD	Central Sterilisation and Supply Department
CTC	Care and Treatment Centre
DCS	Division of Curative Services
DMO	District Medical Officer
ENT	Ear, Nose and Throat
FBO	Faith Based Organisation
HMT	Hospital Management Team
HRH	Human Resource for Health
IP	Inpatient
IT	Information Technology
LGA	Local Government Authority
MA	Medical Attendant
MDAs	Ministries, Departments and Agencies
MNH	Muhimbili National Hospital
MO	Medical Officer
MO ¹ / _c	Medical Officer In-Charge
MoHCDGEC	Ministry of Health, Community Development, Gender, Elderly and Children
MOI	Muhimbili Orthopaedic Institute
NCDSA	Non-Communicable Diseases and Substance Abuse
NEHCIP-Tz	National Essential Health Care Intervention Package in Tanzania
NEMLIT	National Essential Medicines List
NGOs	Non Governmental Organisations
NO	Nursing Officer
OPD	Out-Patient Department
PHAB	Private Hospitals Advisory Board
PHSDP	Primary Health Services Development Programme
PMTCT	Prevention of Mother- to-Child Transmission
POP	Plaster of Paris
PPE	Personal Protective Equipment
RCH	Reproductive and Child Health
RF	Radio Frequency
RHMT	Regional Health Management Team
RMO	Regional Medical Officer
RRH	Regional Referral Hospital
SOP	Standard Operating Procedures
TENS	Trans-cutaneous Electrical Nerve Stimulation
TOTA	Tanzania Occupational Therapists Association
VCT	Voluntary Counselling and Testing

FOREWORD

Development of Health Services in Tanzania Mainland has come a long way. The first efforts were established by the German Colonial Government and later taken over by British Colonial Government. During that time, health services were mainly owned by the state with limited number of private for profit services provided in major towns while not-for-profit services were provided in rural areas by Voluntary Agencies including Religious Institutions.

After Independence (1961) and the Arusha Declaration (1967) health care facilities were re-directed towards rural areas and universal free medical services for all Tanzanians were declared. As a result of a policy of equitable distribution of health facilities, the number of health facilities increased significantly from 1961 to 1991. Hospitals increased from 98 to 175, Health Centres from 22 to 276, and Dispensaries from 875 to 3,014. On the other hand, the nationalization of some private health facilities in 1970 retarded the growth of the private sector. The government collaboration with Not-for-Profit Organizations was also limited. In 1977, private medical practice for-profit was banned through the establishment of the Private Hospitals Act No. 6 and its Regulations. Some of For-Profit Health Facilities were opened under the umbrella of “approved organizations”. Later, the importance of private health care delivery was recognized with enactment of the amendment of Private Hospitals Act, No. 26 of 1991. This has resulted in increase in the number of health facilities in the country that was further enhanced with the start of Primary Health Services Development Programme (PHSDP) in 2007.

The PHSDP (2007-2017) aims at promoting access to basic health care for all as well as empowering and involving the community in the provision of health services. Specifically, the PHSDP aims at having a dispensary at each village, a health centre at each ward, a district hospital at each LGA level and upgrade regional hospitals to provide referral services while the specialized hospitals are to provide super specialized services. According to HMIS, up to 2014 there were 6,804 health facilities comprising of 256 hospitals (103 are owned by the Government, 103 are Faith Based Organizations, 38 Private and 12 are owned by the Parastatal Organizations); 709 health centres (458 belong to the Government, 154 Faith Based Organizations, 71 Private and 26 Parastatal); and 5,839 dispensaries (4251 are owned by the Government, 766 are Private, 613 Faith Based, and 209 Parastatal) in Tanzania Mainland.

The expansion of the health infrastructure necessitated the Ministry of Health, Community, Development, Gender, Elderly and Children (by then Ministry of Health in 1996) to take initiative to establish guideline standards for health facilities. The BSHFS (2015) update the requirements contained in the guideline standards for health facilities (1996) based on developments in the health sector in terms of policy, guidelines, resource requirements and technology. The BSHFs are grouped into four volumes from community level to national level. The inputs covered in these volumes have financial implication to all stakeholders. Health facilities are required to use BSHFs as a reference tool for their strategic planning, yearly planning and operational budget.

These BSHFs Volume Three (3) will be used by all stakeholders in Government, Private for Profit and Not for Profit Organizations to guide them in establishment and running of hospitals at level I and II. The standards will also help the hospitals to participate in accreditation system. Therefore, the Ministry of Health, Community,

Development, Gender, Elderly and Children urges all stakeholders to use these standards consistently when planning to establish or running the hospital at level I and II.



Ummy A. Mwalimu (MP)

**MINISTER OF HEALTH, COMMUNITY DEVELOPMENT, GENDER, ELDERLY
AND CHILDREN**

ACKNOWLEDGEMENT

The BSHFs reflect the Vision and Mission of the Ministry of Health, Community, Development, Gender, Elderly and Children (MoHCDGEC). They focus on what needs to be in place at all levels of care (from Community/Household level to hospital at level IV) to meet the vision.

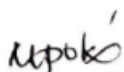
Development of the standards is a product of an extensive consultation that started in 2011 with coordination of the Health Quality Assurance Division – through the Health Services Inspectorate and Quality Assurance Section, and the Curative Services Division – through the Hospital Reforms Unit and the Coordinator of Palliative and Rehabilitation Services in the Non Communicable Diseases and Substance Abuse Section. The Standards for Rehabilitation Medicine Services involved extensive consultations with the Experts in Physiotherapy, Prosthetics and Orthotics, Occupational Therapy, and Speech and Language Therapy from the following organisations – Association of Prosthetists and Orthotists in Tanzania (APOT), Association of Physiotherapists in Tanzania (APTA), Tanzania Occupational Therapists Association (TOTA), Muhimbili National Hospital (MNH), Kairuki Hospital, Muhimbili Orthopaedic Institute (MOI), Mwananyamala Regional Referral Hospital, and London Health Centre. The tireless coordination efforts facilitated experts from various organizations and within the MoHCDGEC to provide inputs that have culminated in printing of the standards.

The MoHCDGEC would like to acknowledge the contributions of experts from the following organizations:

i. Association of Private Health facilities in Tanzania (APHFTA);	xvii. National Health Laboratory Quality Assurance Training Centre;
ii. Bagamoyo District Council;	xviii. Optometry Council;
iii. Baraza Kuu la Waislamu wa Tanzania (BAKWATA);	xix. PharmAccess International;
iv. Christian Social Services Commission (CSSC);	xx. Pharmacy Council;
v. Eastern Zonal Health Resource Centre – Morogoro;	xxi. Prime Minister’s Office Regional Administration and Local Government;
vi. Environment Health Practitioners Council;	xxii. Private Health Laboratories Board;
vii. Hubert Kairuki Memorial University;	xxiii. Private Hospital Advisory Board;
viii. Jhpiego;	xxiv. Tanzania Association of Radiographers (TARA);
ix. Mbeya Referral Hospital;	xxv. Tanzania National Nursing Association (TANNA);
x. Medical Association of Tanzania (MAT);	xxvi. Tanzania Nursing and Midwifery Council (TNMC) and
xi. Medical Laboratory Scientists Association of Tanzania (MeLSAT);	xxvii. Tanzania Public Health Association (TPHA).
xii. Medical Radiology and Imaging Professionals Council;	xviii. Tanzania-Netherlands project to Support AIDS control – Mwanza Region;
	xxix. Tumbi Regional Referral Hospital;

xiii.	Medical Women Association of Tanzania (MEWATA);	xxx.	London Health Centre
xiv.	Ministry of Health, Community, Development, Gender, Elderly and Children –Departments, Sections, Units and Programmes;	xxxi.	Hubert Kairuki Memorial Hospital
xv.	Muhimbili National Hospital;	xxii.	Muhimbili Orthopaedic Institute
xvi.	National Health Insurance Fund;	xxiii.	Mwananyamala Regional Referral Hospital
		xxiv.	Tanzania Occupational Therapists Association (TOTA)
		xxv.	Association of Physiotherapists in Tanzania (APTA)
		xxvi.	Association of Prosthetists and Orthotists in Tanzania (APOT)

Lastly but not least, the Ministry would like to thank all stakeholders (Public, Private-for-Profit, and Not-for-Profit) that will consistently use these BSHFs. I reiterate sincere appreciation from MoHCDGEC to everyone who in one-way or another contributed to drafting, finalization and printing of the standards.



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INTRODUCTION

The National Health Policy (2007) advocates for access to quality health and social welfare services for all and at all service provision levels starting from household level to advanced levels. To facilitate the efforts of both public and private health sectors in delivering quality health services, the MoHCDGEC has compiled Basic Standards for Health Facilities (BSHFs) at each level of the Tanzanian health system. Therefore, the BSHFs were developed in order to:

1. Respond to the health and social welfare needs of the population in a consistent national health care delivery coverage plan (accessibility, equity, affordability and sustainability).
2. Adequately address the current and future public health challenges.
3. Ensure that each level is prepared and equipped to implement the corresponding interventions with the required level of quality.
4. Facilitate appropriate health financing mechanism through proper categorisation of the health facilities.
5. Address challenges arising out of increasing number of the health facilities and the advancement of the science and technology of health care delivery.
6. Respond appropriately to changing social, economic and political environment whereby the government has adopted the free economic system hence greater need of developing clear standards for guiding the delivery of quality health care services.

During the development process various guidelines were referred including the National Essential Health Care Interventions Package – Tanzania (NEHCIP–Tz). At each level, the list of interventions to be performed (services and management) is defined by the NEHCIP-Tz. (2013). The package defines health intervention as a complex procedure that requires specific inputs to be performed satisfactorily in terms of quality and quantity of the following required resources:

- Premises
- Staffing
- Management
- Office and Information Communication Technology (ICT) equipment
- Vehicle
- Medical equipment:
 - General Medical Equipment
 - Dental services
 - Laboratory
 - Radiology and Imaging

These standards have been presented into four (4) volumes namely:

Volume 1: Community/Household Level.

Volume 2: Dispensary; Health Centre; Stand alone Dental Clinic (run by Dental Therapist, ADO); and Stand alone Rehabilitation Medicine Facilities (Physiotherapy, Prosthetics and Orthotics, Occupational Therapy, and Speech and Language Therapy) Level.

Volume 3: Level I and II Hospitals, Level 1 Clinics (Medical Clinic, GP-Clinic, Polyclinics, Comprehensive Dental Clinic run by MO, DO, etc.); and Level 2 Clinics (Specialised Clinics Run by Medical Specialists).

Volume 4: Level III and IV Hospitals; and Level 3 Clinics (run by Super Specialists).

Volume 3 defines the minimum requirements for establishing/operating Hospitals at Level I (Council Level) and Hospitals at Level II (Regional Level); Clinics at Level I and II; and Mortuary and Funeral Services. The standards will also constitute the basis and serve the licensing requirement for this level of facilities.

Policy makers, Planners, Councils, Facility Governing Committees/Boards, individuals, companies, Private for profit and non-profit are encouraged to use this Guideline as a planning and resource allocation tool to ensure provision of quality health care at council and regional level.

This Volume is organised into five parts as follows:

- Part One – Basic Standards for Hospitals at Level I and Level II
- Part Two – Stand Alone Clinics at Level I
- Part Three – Stand Alone Clinics at Level II
- Part Four – Stand Alone Diagnostic Services at Level I & II
- Part Five - Mortuary and Funeral Homes

PART ONE: BASIC STANDARDS FOR HOSPITALS AT LEVEL I AND LEVEL II

CHAPTER 1.0: NEHCIP-TZ AT LEVEL I HOSPITAL AND SERVICES PROVIDED AT LEVEL II HOSPITAL

1.1 NEHCIP-TZ at Level I Hospital

Hospitals at level I refers to a hospital with a capacity of providing all basic health care services including Medical, Paediatric and Child Health, Obstetrics and Gynaecology, Dental and Surgical services. The hospitals at level I are divided into two sub-levels (level IA & Level IB) whereby:

- **Level IA** has bed capacity of **26 - 150**
- **Level IB** has bed capacity of **61-150** and also shall serve a defined geographical area containing a defined catchments population of 200,000 to 500,000 people.

Minister responsible for health matters has the mandate to designate one of the hospitals at level I to serve as referral centre for health services within the Council.

National Essential Health Care Intervention Package (NEHCIP)-Tz at council and regional levels encompass promotive, preventive, curative and rehabilitative services, all adapted to the needs of the community and based on public health concerns. These Hospitals can also be used for training purposes.

1.2 Services Provided at Level II Hospital

Hospitals at level II refers to a hospital with a capacity of providing core **specialized services** - Internal Medicine; Paediatric and Child Health; Obstetrics and Gynaecology; Dental; and General Surgical services; and **basic health care services**. These specialized services are expected to be supported by the specialized personnel, sophisticated diagnostic services and advanced therapeutic technology. The hospitals at level II are divided into two sub-levels (level IIA & Level IIB) whereby:

- **Level IIA** has bed capacity of **80 - 400**
- **Level IIB** has bed capacity of **151 – 400** and also shall serve a defined geographical area containing a defined catchment population of 1,000,000 to 3,000,000 people.

Minister responsible for health matters has the mandate to designate one of the hospitals at level II to serve as Regional Referral Hospital for health services within the Region and other hospitals with the capability of providing services as level II hospitals to be Referral Hospital at Regional level.

CHAPTER 2.0: GENERAL REQUIREMENT FOR RESPECTIVE LEVEL

2.1 Ownership

- 2.1.1 The owner has to be Government or licensed medical practitioner or an organisation or registered company and supervised by a Licensed Medical Doctor.
- 2.1.2 Each licensed health facility must be supervised by a registered medical practitioner (Medical Doctor) who should supervise five health facilities.

2.2 Staffing and operating environment

- 2.2.1 There should always be authorised health-care professionals at the health facility whenever it is open and according to the types of services provided.
- 2.2.2 Facilities should only provide those authorised services according to their registration and licensure by the competent authority. If the owner wishes to offer more services in addition to those already approved, then the owner will have to re-apply for the new registration of the additional service
- 2.2.3 The health facility must employ the minimum number of health workers according to these guidelines.
- 2.2.4 Hospital buildings must be constructed according to the specifications provided by the MoHCDGEC.
- 2.2.5 Safety and security system of the buildings should be observed. There should be fire extinguishers and the facility should be fenced where necessary.
- 2.2.6 The health facility should be located in an environment that is conducive and free from noises and other disturbances. Places such as bar, petrol station and market areas should be avoided.
- 2.2.7 No person shall operate hospitals at level I and level II, without approval by appropriate authority.
- 2.2.8 The facility should have adequate supply of safe water, adequate space, effective ventilation and adequate lighting system for the rooms offering different kinds of services.
- 2.2.9 The facility should have toilets; shower or bathrooms that are friendly to physically challenged individuals.
- 2.2.10 The facility should have sluice rooms and laundry.
- 2.2.11 The facility should have equipment, supplies and structures compliant with IPC guidelines.
- 2.2.12 The health facility should always use various current guidelines issued by the MoHCDGEC.
- 2.2.13 The health facility must have essential equipment and supplies before offering different kinds of services. Also it shall ensure periodic calibration, verification, validation and maintenance of all medical equipment.
- 2.2.14 There should be an established effective communication and referral system for the facility.
- 2.2.15 The facility should own an ambulance or there should be working arrangements for emergency transfer of patients.
- 2.2.16 Each facility shall keep records on patients and other health information and produce reports on disease morbidity and mortality promptly as required by the MoHCDGEC.
- 2.2.17 Medicines must be stored according to the manufacturer's recommendation, should always be accompanied with records showing the source, proof of

- purchase, manufacturer, date of manufacture and date of expiry. Expired medicines should not be dispensed and should be disposed in accordance to medicines disposal guidelines
- 2.2.18 All health care professionals shall abide to their Professionals Code of Conduct and respective scope of practice. High-risk cases should be identified early and referred immediately to a facility, which can handle such cases.
- 2.2.19 Any professional mal-practice, misconduct or negligence may result in closure of the facility and/or criminal charges may be filed. In addition, an appropriate disciplinary action will be taken to a health care provider involved by the relevant regulatory authority.
- 2.2.20 The costing mechanisms for various health services provided should be made available to the MoHCDGEC on demand. Patients have the full right to get an invoice with full details on how the total cost is reached. Each charged component must be shown separately and not only the total final cost.
- 2.2.21 There should be no advertisement in mass media for marketing and publicity purposes. Any signs or posters should only be for educational, information and directional purposes.

CHAPTER 3.0: LICENSURE

1.1 Application

- 1.1.1 Registered organisation/company desiring to operate a new hospital at level I and level II shall consult the MoHCDGEC through CHMTs on the design before starting construction or renovation work.
- 1.1.2 Registered organization/company desiring to operate a hospital at level I and level II shall:
- Apply to the appropriate authority through CHMT on prescribed forms;
 - Pay the prescribed fee and
 - Provide additional information if requested.
- 1.1.3 The first pre-licensing inspection shall be conducted by the CHMT upon application.
- 1.1.4 An application for a license or change in service shall be denied if the applicant cannot demonstrate that the premises, products, personnel and health care services are compliant in accordance with these standards.
- 1.1.5 The CHMT shall consider an applicant's prior history of operating a health care facility in all the regions of the country in making licensure decision. Any evidence of licensure violations representing serious risk of harm to patients shall be considered by the appropriate organ, as well as any record of criminal convictions representing a risk of harm to the safety or welfare of patients.

1.2 Renewal of license

A license, unless suspended or revoked or under consideration in pending case, shall be renewable annually and the hospital at level I and level II shall submit an application for license renewal to the appropriate organ before the expiration date of the current license.

- 1.2.1 Every applicant who needs to renew a license shall:
- a) Apply to the CHMT in the prescribed form;
 - b) Pay the prescribed license renewal fee; and
 - c) Provide additional information or document upon written request by the CHMT.
- 1.2.2 The CHMT may conduct background checks on the applicant or licensee to determine its suitability or capability to operate or to continue operating a health care facility. Background checks shall consist of, but not be limited to, the following:
- a) Verification of licensure status;
 - b) Verification of educational credentials;
 - c) Verification of residency status;
- 1.2.3 The CHMT shall renew a license for the hospital at level I and level II in substantial compliance with the applicable laws, guidelines and these standards.

1.3 Disciplinary actions

- 1.3.1 The appropriate organ may suspend or revoke a license or order closure of a service/ unit within the hospital at level I and level II or order removal of patients from that hospital where it finds that there has been a substantial failure to comply with prescribed standards.
- 1.3.2 Without prejudice to grounds of suspension provided under relevant laws, the appropriate organ shall take the relevant action in any of the following grounds:
- a) Where the hospital is legally suspended;
 - b) Where the hospital fails to practice medical ethics;
 - c) Where the hospital fails to allow inspection pursuant to relevant law and these Standards;

- d) Where the head of the hospital and key staff members are convicted of a serious offence involving the management or operation of the health center, or which is directly related to the integrity of the facility or the public health or safety;
- e) Where the hospital fails to implement or fulfill comments and corrections given by the appropriate organ;
- f) Where the hospital has shown any act which constitutes a threat to the public health or safety;
- g) Where the hospital allows a practitioner, who has been suspended by appropriate organ from practicing his profession;
- h) Where the hospital fails to observe laws relating to health services and these standards;
- i) Where the hospital fails to submit relevant information required under these standards.

CHAPTER 4.0: MANAGEMENT OF HOSPITALS AT LEVEL I AND LEVEL II

4.1 General overview

4.1.1 In providing health care services, hospitals face a number of management challenges such as:

- Efficient use of available resources
- Meeting client needs and expectation
- Dedication of the personnel
- Strategic planning for sustainability/progressiveness
- Integration in the national health system e.g., vertical programs

4.1.2 To address these challenges, modern management practices should be applied. These practises should be oriented towards a positive user-provider interaction with reference to the following basic concerns:

- Involvement of the stakeholders: clients/users, local enterprises (corporate social responsibility), other health facilities within the catchment area, facility staff, and local authorities, based on a shared vision.
- Client-oriented services: set in the expression of the mission and core values driven by quality improvement mechanisms.
- Accountability with the corresponding autonomy: applied to the facility as an entity as well as to each individual staff.
- Transparency: Clients should be provided with information regarding their rights and responsibilities.
- Performance according to evidence-based processes: standard operating procedures, flow charts, algorithms
- Performance linkage: applied to the facility as an entity as well as to each individual staff.
- Business-like management for finances and stocks: planning/budgeting, expenditure protocol, accounting practices, reporting, monitoring.
- Social concerns: equitable access to care, exemption mechanisms
- Safety: safe procedures, safe disposal of facility wastes should adhere to National IPC standards.
- Planned preventive maintenance (PPM)
- Operational plans to deal with prioritised gaps

4.2 Recommended Good practice for council and regional level

Below are general practices that are expected to be found at facility level:

4.2.1 Governance

4.2.1.1 Hospital resources both human and non-human shall be managed by Hospital Management Teams (HMTs). HMT is accountable to a higher body known as Hospital Governing Board in which the stakeholders including the community served are represented. The role of Hospital Governing Board is to provide overall guidance to the hospital management team based on shared vision, mission and core values.

4.2.1.2 Responsibilities of the governing body should be well defined and known to the facility management.

4.2.2 Autonomy and Accountability

4.2.2.1 The Facility (and its management team) is responsible in managing its resources and organizing the services.

4.2.2.2 Facilities shall abide to the laid down policy guidelines, rules and regulations of the respective council.

4.2.3 Planning

4.2.3.1 Based on the shared Vision and Mission, the required resources must be stipulated in a 5-year Strategic Plan and in an annual Comprehensive Hospital Operational Plan.

4.2.3.2 Plans shall be based on evidence from data generated during service delivery and other pertinent observations in the community.

4.2.4 Human Resources

4.2.4.1 Through its successive planning cycles the facility aims at achieving and sustaining the right skill mix of personnel per establishment. Adequate funding for recruitment, retention mechanisms, and continuing professional development are necessary.

4.2.4.2 Modern human resource management practices are expected comprising not less than: (1) endorsed job-description for each staff, (2) yearly performance appraisal and (3) reward/sanction scheme.

4.2.5 Client Service Charter

4.2.5.1 Services should be client oriented; the facility shall sustain high-level standard of ethical conduct amongst the personnel.

4.2.5.2 The Client Service Charter, particularly clients' rights should be adhered and known to clients.

4.2.6 Communication

4.2.6.1 The HMT shall maintain transparent and efficient communication with the personnel, clients and stakeholders and to organize effective ways for the client's feedback.

4.2.6.2 Information related to service provision should be displayed /or made available to clients.

4.2.7 Quality of Care

4.2.7.1 Continuous quality improvement mechanisms shall be institutionalized in the Facility, and coordinated with the supportive supervision from the higher level.

4.2.7.2 A primary focus of health care should be on safety of both internal and external clients as well as on effectiveness of care.

4.2.8 Data Management

4.2.8.1 The health facility shall pay attention to all data collection systems. The data collection should be appropriate, timely, accurate, complete and retrievable.

4.2.8.2 The data collected should be processed to inform the HMT and other stakeholders to support evidence-based decision-making.

4.2.9 Supplies & Stocks

4.2.9.1 The HMT should put in place mechanisms to check and monitor quantity and quality of medicines and supplies upon delivery as well as during usage.

4.2.9.2 The mechanism should also be able to proactively minimize stock-outs of medicines and supplies by monitoring status of stocks and planned orders.

4.2.10 Maintenance

4.2.10.1 The facility shall be accountable for getting the best of its assets over time.

4.2.10.2 Planned Preventive Maintenance (PPM) principles should apply to all assets of the facility for example: premises, buildings, medical equipment and vehicles.

4.2.11 Waste Disposal

4.2.11.1 The management should ensure that waste disposal is done in compliance to respective council regulations.

4.2.11.2 The principles of Infection Prevention Control should be applied during collection and disposal of waste.

4.2.12 Transport

4.2.12.1 Transport is a vital resource for the hospital due to their multiple roles. In order to adequately manage referral services, a hospital must have at least one ambulance (preferably a four-wheel-drive).

CHAPTER 5.0: HUMAN RESOURCE MANAGEMENT

11.1 General requirement

- 11.1.2 The hospital shall have a focal person who carries out the major functions of Human Resource Management (HRM).
- 11.1.3 Each service units of the hospital shall maintain a sufficient number of staff with the qualifications, training and skills necessary to meet patient needs.
- 11.1.4 No health professional shall practice his/her profession in the hospital without having professional license from the appropriate organ. The hospital shall ensure that all health professionals recruited by the hospital are licensed as per the registration and licensing requirement of the appropriate organ.
- 11.1.5 Each hospital shall ensure and maintain evidence of current active licensure, registration, certification or other credentials for employees and contract staff prior to staff assuming job responsibilities and shall have procedures for verifying that the current status is maintained.
- 11.1.6 Whenever a licensed health-care professional is terminated as a result of a job-related incident, the hospital shall refer a report of the incident to the appropriate professional disciplinary organ.
- 11.1.7 Every health professional shall report to the hospital whenever he/she is infected with contagious diseases. The hospital shall also establish a mechanism for screening health professionals with contagious diseases. The health professional shall not practice his/her profession during the period of such infection and his/her rights provided under the relevant employment law and the hospital human resource manual shall be respected.
- 11.1.8 Each person involved in direct patient care shall have an occupational health screening by a physician or other qualified health professional prior to entering active status and at least once every five (5) years thereafter. A health professional shall not conduct health examination for himself/ herself.
- 11.1.9 Immunization against communicable disease shall be required of all employees and all other persons who routinely come in contact with patients or patient areas. Immunizations shall be in accordance with current national immunization guidelines.
- 11.1.10 Each hospital shall maintain a current employment record for each staff. The record shall contain, at 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.
- 11.1.11 All health professionals shall abide to health professionals Code of conduct and respective scope of practice.
- 11.1.12 There shall be a policy or procedures for all health professionals to report any suggestive signs of abuse of vulnerable clients and substance abuse by patients under their care or other staff.

11.2 Staffing level for hospital at council and regional level

- 11.2.2 Staffing for hospitals at council and regional levels should be consistent with the current guidelines of MoHCDGEC staffing levels. The development of staffing levels has considered many factors amongst them being the type of services provided at the hospital, number of shifts and workload, type of equipment used and skills mix required to deliver quality services. (See Annex 1 (a) and 1 (b) for staffing level)

11.3 Job description and orientation for hospital at council and Regional level

- 11.3.2 All staff shall be provided with current written job descriptions and be oriented to their specific responsibilities at appointment.

- 11.3.3 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.
- 11.3.4 The orientation program for all employees shall include three levels of orientation: facility wide, service unit and job specific.
- 11.3.5 Orientation to facility policies, including all environmental safety programs, infection control and quality improvement shall be provided
- 11.3.6 Each hospital shall provide and maintain evidence of an orientation program for all new staff and, as needed, for existing staff who are given new assignments. The orientation program shall include:
- a) Job duties and responsibilities;
 - b) Hospital sanitation and infection control programs;
 - c) Organizational structure within the hospital;
 - d) Patient rights and responsibilities;
 - e) Patient care policies and procedures relevant to the job;
 - f) Personnel policies and procedures;
 - g) Emergency procedures;
 - h) The Disaster preparedness plan; and
 - i) Reporting requirements for abuse, neglect or exploitation.

11.4 Occupational health and safety

- 11.4.2 The hospital shall institute systems and processes that minimize employees' risks, protect employees and provide access to care when needed.
- 11.4.3 The hospital shall ensure that:
- a) There is staff assigned to coordinate occupational health and safety activities,
 - b) There are policies and procedures that define components of occupational health and safety,
 - c) There is training for staff on occupational health and safety.
 - d) There is communication means to staff on risks and prevention measures or interventions.
 - e) All employees have access to full pre-employment health screening.
 - f) All employees are provided with immunization services to protect against infectious/communicable diseases such as Hepatitis B.
 - g) There is a system in place to address injuries that could lead to the transmission of blood-borne viruses (needle stick and other injuries). The system shall include:
 - Measures to prevent needle stick and other injuries,
 - Training on infection prevention techniques,
 - Sharps risk reduction,
 - Provision of post-exposure prophylaxis services as per national PEP guidelines,
 - Working hours and duty hours.
- 11.4.4 The hospital shall provide personal protective equipment (please refer to national Infection Prevention and Control guidelines).

11.5 Standards of dress

- 11.5.2 Hospital personnel must be in approved uniforms when they are on duty
- 11.5.3 Dressing of health workers should be according to their professional code conduct.
- 11.5.4 Health worker should comply with the following:
- Footwear shall be safe, supportive, clean, and non-noise producing.

- No open toe shoes shall be worn.
- Artificial nails are prohibited. Natural nails must be kept short and jewellery must be kept to a minimum.

11.5.5 Hair must be dressed in a way that prevents contamination and does not present a safety hazard.

11.5.6 The dressing shall not interfere with service provision.

11.5.7 The hospital shall be responsible for providing employee identification cards that shall be worn at all times while at work and be easily visible, with name, profession and department facing outward.

11.6 Professional development

11.6.2 The hospital shall ensure that staffs receive training in order to perform assigned job responsibilities competently.

11.6.3 Each staff member shall receive ongoing Continuing Professional Development (CPD) to maintain or advance his or her skills and knowledge

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

11.6.5 The hospital shall decide the type and level of training for staff in accordance with National CPD guideline developed by various authorities.

11.6.6 The hospital shall provide and maintain evidence of CPD for staff. A record shall be maintained including dates, topics, CPD providing institute and participants.

11.6.7 The hospital should use CPD in promoting and maintaining license for healthcare providers.

CHAPTER 6.0: PREMISES (PHYSICAL FACILITY STRUCTURE)

6.1 Location of hospitals at Level I and Level II

6.1.1 Premises shall be located in a safe area with special attention to:

- a) Size and shape of the site, topography, drainage, soil conditions, utilities available, natural features, orientation of the site (north, south, east, west), vegetation, trees and plantings,
- b) Availability of water (preferably year-round), power,
- c) Cost of acquiring the site and ownership of the site,
- d) Current or planned roads nearby and closeness to a village or community center (market or school), Ease of access for the population to be served,
- e) Potential methods of waste disposal,
- f) Cultural factors that may adversely affect utilization (for example, a site near a burial ground),
- g) Risk of floods or earthquakes, and
- h) The amount of room for expansion.

6.1.2 The health facility should not be in same building with living premises, hotel, bar/restaurant, petrol stations, hair salon and other entertainment activities.

6.2 Construction requirements

6.2.1 Layout

6.2.1.1 The site plan (layout) should establish the basis for both current and future development.

6.2.1.2 It must show all current and possible future elements including: compass points, direction of prevailing winds, property boundaries, scale, topography and contour lines, existing trees, rock outcroppings, streams, and other bodies of water, Structures already on or adjacent to the site, roadways, paths, direction to the nearest village or community centre, traffic routes for vehicles and people on the site, parking and delivery areas, direction of future expansion, locations of ablution areas, water supply and sanitation, covered walkways and drainage of surface water.

6.2.1.3 The surrounding of the hospital must provide a suitable landscaping scheme to ensure that the outdoor spaces become pleasant areas for patients to view from their beds and in which patients, visitors and staff may relax.

6.2.2 Parking Area

6.2.2.1 The hospital should have adequate parking for bicycles, motorcycles, and motor vehicles within the hospital, including provisions for disability friendly parking.

6.2.2.2 The parking should have proper zoning for staff, visitors, outpatients, and emergency and delivery vehicles. Emergency, delivery and service vehicles should be provided with a separate parking near the emergency unit and service areas respectively;

6.2.2.3 All parking should be located away from inpatient areas so as to reduce noise and air pollution;

6.2.2.4 All parking areas, for staff and visitors, should be well-lit and secured

6.2.2.5 Effective turning vision and adequate signage should be provided

6.2.3 Communication

Hospital should provide for effective and efficient system of communications to provide appropriate health services or support health service provision over a distance. The following are some areas to be included:

- **Telephone system**
Efficient telephone system both internal and external should be provided to cater for administration and patient services.
- **Information technology**
The hospital should take advantage of convenience and effectiveness of information technology; therefore it should procure and install information technology system.
- **Nurse Call System**
Nurse call system should be provided to allow patients to call for assistance at each bed position, in patient's toilets, bathrooms, showers and other appropriate treatment areas. Also to allow nurses to communicate with other professions outside the ward.
- **Alarms**
Availability of alarm system interfaces to be used in cases of emergency should be considered.

6.2.4 Construction Materials

Selection of construction materials should draw attention to all relevant laws, regulations, rules, codes, standards and other guidelines applicable to Tanzania building industry and the health sector. Premises should be constructed from long-lasting materials free of health hazards (e.g., asbestos, lead-based paint) in order to provide a solid and sound shelter as specified in the specific area.

6.2.5 Ventilation, Air Conditioning and lighting

- 6.2.5.1 All rooms shall have sufficient number and appropriate size of windows to allow natural light and ventilation where applicable, in accordance with the prevailing health facility construction guidelines and Infection prevention and Control (IPC) Guidelines for Health Care Services in Tanzania.
- 6.2.5.2 When installed, Heating, Ventilating and Air-Conditioning (HVAC) systems should meet the requirement of the National IPC Standards and should achieve the following minimum conditions:
- a) Provide specific required temperatures and a relative humidity of 50-60%,
 - b) Provide minimal acceptable ventilation rates as required in specific areas,
 - c) The ventilation system should be designed and balanced to provide the pressure relationships as required in the specific department/ area of use.
 - d) The ventilation systems serving sensitive areas, like operating theatres, delivery rooms, nurseries and sterile rooms, must be equipped with at least two filter beds in which case air supply and air exhaust systems must be operated mechanically.
- 6.2.5.3 All areas shall be adequately illuminated by either natural or artificial light to facilitate activities and safe movement corresponding with the purposes of each area.

6.2.6 Surfaces

- 6.2.6.1 Floors: Floor coverings must be easy to clean and resistant to disinfection procedures. This applies to all areas in patient care environments. Treatment Areas should not be carpeted. In both Patient and Treatment Areas, the flooring should be easily cleaned and in good repair. Floors in areas used for food preparation or food assembly should be water resistant and greaseproof to comply with the Food Hygiene Regulations. Floor surfaces, including joints

in tiles in such areas, should be resistant to food acids (epoxy grout). In all areas subject to frequent wet cleaning methods, floor materials should not be physically affected by germicidal cleaning solutions. In areas where frequent traffic flow of people, trolleys and stretchers, floors shall wear resistant and non slippery.

6.2.6.2 Skirting: Wall bases in kitchens, operating and bathing rooms, Clean and Dirty Utility Rooms, CSSU areas and other areas subject to frequent wet cleaning methods should be made integral with the floor, tightly sealed against the wall, and constructed without voids.

6.2.6.3 Walls: Other than special treatments included as feature face work in public or staff relaxation areas, wall finishes should be scrubbable, and in the immediate vicinity of plumbing fixtures, should be smooth and water-resistant. Interior design/colour in all areas where patient observation is critical, colours shall be chosen that do not alter the observer's perception of skin colour.

6.2.6.4 Ceiling: All exposed ceilings and ceiling structures in areas occupied by patients or staff, and in food preparation or food storage areas, should be finished so as to be non porous and readily cleanable with equipment routinely used in daily housekeeping activities. Ceilings in operating and delivery Rooms, postnatal, and Sterile Processing Rooms should be monolithic from wall to wall without fissures, open joints, or crevices that may retain or permit passage of dirt particles. The minimum clear ceiling height in occupied areas, corridors and passages shall be 2700mm. minimum ceiling heights for operating rooms with ceilings mounted equipment shall be 3000 mm.

6.2.6.5 Openings: Openings comprising of doors, windows and vents are located in the building to provide for physical access to and escape from a building, create views to the outside, admit daylight, and facilitate natural ventilation. Design, size and position of openings in a building are the factors that should be considered during the design.

6.2.6.6 **Doors:**

a. Size

In general, clear door openings to rooms which may be accessed by stretchers (including wheeled bed stretchers), wheelchairs or handicapped persons (including employees), shall be of a minimum size of 1000 mm. Clear door openings in corridors shall suit the requirements of traffic and equipment movement and shall be greater than 1200mm.

The minimum dimensions of clear door openings to inpatient bedrooms in new areas shall be 1200mm wide and 2030mm high, to ensure clearance for the movement of beds.

b. Construction

Doors shall be constructed to meet the following minimum criteria

All corridors doors shall swing in opposite directions from each other (see figure below) and they should have a minimum width that will be specified depending on the use, and associated equipment;

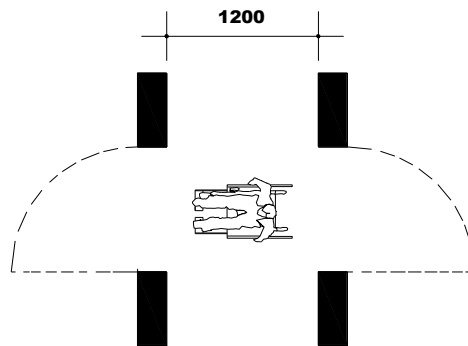


Figure 1: Corridor Doors Swing in Opposite Directions

To facilitate mopping, doorjambs should have sanitary stops 8 inches above floor level. If the locking system is not electromagnetically controlled, exterior doors shall be provided with door locks that are controlled by a key from the outside and they should also allow egress from inside by turning the lever handle.

At stairways, doors and hardware for exit doors shall lead directly to the exterior and for interior doors shall be provided with inside and outside door handles free at all times.

Doors to patients' wards and/ or observation rooms shall not be lockable from inside the ward and they shall be provided with double handles to allow for disabled use; clear door openings in corridors shall suit the requirements of traffic and equipment movement but shall not be less than 1200mm. Consideration must be given to the size of furniture and special equipment that is to be delivered via these access ways.

All doors between corridors and rooms or spaces subject to constant patient or staff occupancy, except elevator doors, shall be of the single or double leaf swing type as shown in Figure 2. All doors in corridors shall swing in the direction of the egress.

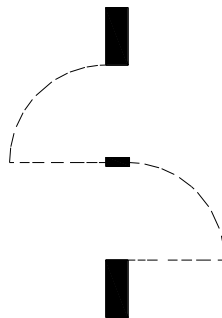


Figure 2: Double Leaf Swing Type Door

Glazed panels shall be provided in doors where visual observation for reasons of safety, security or patient observation is required, but in fire doors the size must comply with the Tanzania fire and safety regulations.

Rooms which contain baths, showers and/or water closets shall be equipped with doors and hardware which will permit emergency access from the outside, also provide privacy and should have fittings for disabled.

- 6.2.6.7 **Windows:** Windowsills for patients' wards shall be a minimum of 900mm above the finished floor level, to allow for outside view even when lying down level. Windows should be open able and be provided for ease of washing from within the building and letting in ventilation in non-air conditioned

spaces. All rooms regularly occupied by patients or staff should have glazed windows to achieve external views, and where possible, they should be provided with natural light and ventilation. In psychiatric units, windows shall be glazed with laminated tempered or wired glass: the glass shall have a minimum thickness of 11mm; where applicable, mosquito screens shall be provided to all windows.

6.2.6.8 **Corridor:** In areas where regular trolley and stretcher movement is expected, the minimum corridor width shall be 2100mm. The optimum corridor width is 2350mm.

6.2.6.9 **Lightning Protection:** All buildings must be equipped with adequate lightning protection as provided by Code of Practice for Protection of Structures against lightning.

6.2.6.10 **Maintenance:** All premises and installations should be in a good state of maintenance and a life cycle costing that allows good operation. Maintenance should be a key factor in the design of any health capital investment project. When planning premises and equipment the following factors should be consider:

- a) Materials and items should require a minimum of maintenance, or be maintained by simple means.
- b) During planning for procurements of equipment and plant, adequate spare parts should be included for 3 years maintenance and service. Further service contracts with suppliers should be proposed and funded where possible.
- c) Small workshops and maintenance stores should be provided at all facilities.

6.2.6.11 **Water Supply:** The hospital must be provided with an adequate, clean and safe water supply suitable for consumption, ablution and engineering purposes. Alternative sources of water like harvesting rainwater and wells should be considered. All service rooms must have water points in relation to patient number with accessories for hand-washing with elbow operated taps as stipulated in the IPC Standards for Health Care Services.

6.2.6.12 **Storage facilities:** Hospital shall have adequate and secure storage facility for pharmaceutical, food, and equipment and supplies.

6.2.6.13 **Ablution Facilities:** Toilets and bathrooms should be adequate according to the number of patients /clients. The doors must have the door opening outwards with non- slippery floor. Special consideration should be given to disability friendly facilities.

6.2.6.14 **User-Friendly Features for Physically challenged**

All areas of the premises shall comply with the Persons with Disability Act No. 9, (2010), and the National Policy on Disability of 2004 which stipulates the minimum requirements for user friendly facilities for physically challenged:

- a) The toilets for physically challenged people shall have following minimum requirements:
 - o At least one separate unisex with a maximum travel distance of 40 metres
 - o Adapted toilets shall be installed with an effective emergency alert to users
 - o Support rails to facilitate lifting and stability
- b) The flooring shall be of slip resistant material.

- c) For access, the facility shall provide for wheeled movement by providing ramps and lifts

6.3 Premises for hospital at council and regional level

6.3.1 Schedule of Accommodation

- 6.3.1.1 Hospitals should have enough rooms according to the specifications given in these standards.
- 6.3.1.2 Tables in annex 2(a) and 2(b) describe the number and size of rooms required for hospitals at council and regional level.

6.4 Infection Prevention and Control

- 6.4.1** The hospital shall conform to the requirement of IPC Guidelines and Standards for Healthcare Facilities. Premises should be designed to prevent spread of infections (communicable diseases) through various routes.
- 6.4.2** The hospital should establish SOPs in all functioning areas.
- 6.4.3 Hospital should provide for respiratory hygiene/cough etiquette in waiting and service provision areas for patients and visitors. Design of traffic flow and activity pattern should regulate the flow of visitors, patients and staff in order to prevent disease transmission in healthcare facilities.
- 6.4.4 Special units (Theatres, Labour Ward, ICU, CSSD, and Laboratory) should be divided into unrestricted, transition, semi restricted and restricted zones defined by the activities performed.
- 6.4.5 Hand hygiene facilities (hand-washing with elbow operated taps, hand rub and surgical hand scrubbing, single use towels or napkins) should be provided to prevent hand-borne infections.
- 6.4.6 To achieve infection control, the design should facilitate: prevention of patients/clients from Healthcare Associated Infections (HAIs), protection of healthcare providers from occupational infections, protection of communities from infectious diseases and prevention of environmental pollution.
- 6.4.7 The hospital shall have at least one incinerator and ash pit situated away from the buildings that can treat all types of health care waste including sharps, and plastic test devices, human tissues and other hospital waste.
- 6.4.8 The hospital shall have at least one placenta pit for use when incinerator is out of use during maintenance.
- 6.4.9 The incinerator should be engineered to meet air emission regulations (see current National Catalogue for Health Care Waste Management Equipment and Disposal Facilities)
- 6.4.10 Incinerators shall be constructed with lined firebricks backed with insulating materials and suitable for temperature up to 1400°C. It has a grate/hearth formed by special fire bars designed to give primary air distribution over the area of the grate.
- 6.4.11 It shall use single burner for both initial heating, ignition of waste and secondary combustion of the products.
- 6.4.12 The incinerator shall have a Surf burner 800°C - 1200°C.
- 6.4.13 The size and capacity of the incinerator shall depend on amount of clinical waste generated which is 0.29 to 1.36 kg/bed/day or in terms of patient is 0.36 to 0.87kg/patient/day. However, the minimum amount of waste is 30 kg/hr or 240 kg/day for eight hours depend on location.
- 6.4.14 Incineration area should be fenced to prevent vermin and animals

6.5 Safety and Security for hospitals at council and regional level

6.5.1 Security System

- 6.5.1.1 The hospital should provide adequate and effective security services including any of the following: access control and tracking systems, door intercommunication systems, duress systems, intrusion detection systems, parking control systems, safes and strong rooms, security staff location, security information systems, security lighting, security hardware, barriers, screens and fencing, video surveillance systems, ability to observe waiting areas, design of reception counters, choice of glazing, location of security office, location and installation of duress alarms in high risk areas and where staff may work alone in isolation, location and installation of CCTV systems, design of waiting rooms, provision of escape routes, location of service panels and resistance of building materials to assault.

6.5.2 Fire Safety

- 6.5.2.1 Health facility's premises, services and equipment shall be designed and constructed in accordance with the requirements outlined in the Fire Code of Tanzania.
- 6.5.2.2 Fire and emergency preparedness
- a) 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 hospital buildings.
 - b) 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.
 - c) Fire extinguishers shall be inspected, tested and maintained as per manufactures instructions.
 - d) Fire detectors, alarm systems, escape signage, Storage of Combustibles 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.
 - e) 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.

6.5.3 Occupational Health and Safety

- 6.5.3.1 Premises should fully be in compliance with the Occupational Health and Safety Act of 2003, the designers shall design and installation of specific equipment recommended in the guidelines for use at workplaces.

6.5.4 Parking for vehicles and Bicycles

- 6.5.4.1 Enough space shall be provided to cater for the needs of staff and patients visiting the hospital. Consideration should be given to people with disability. The parking slot for people with disability should be as near the entrance as possible.

6.6 Electrical system

- 6.6.1 Hospitals shall have reliable power source.(National grid)

- 6.6.2 In addition, hospitals shall have alternative source of power in case of outage such as standby generator or solar systems.

CHAPTER 7.0: SERVICE STANDARDS FOR HOSPITALS AT LEVEL I AND II

7.1 General medical services

7.1.1 The hospital should provide the following functions:

- General medical services (OPD)
- Inpatient Services,
- Casualty/emergency preparedness and response services,
- Diagnostic services,
- Reproductive, Maternal, New-born and Child Health services including immunization and normal deliveries,
- Physiotherapy services,
- Pharmaceutical services,
- Training and research purposes,
- Health Education and Promotion and
- Community Outreach Services within its catchment area.

NB. At regional level, there shall be specialized clinics.

7.1.2 The provider at OPD/IPD shall perform the following:

- a) Medical and social history;
- b) Physical examination including at least:
 - Vital signs (blood pressure, pulse rate, respiratory rate, temperature, oxygen saturation) and body weight,
 - Clinical examination pertinent to the illness.
- c) Diagnosis and differential diagnosis;
- d) Request diagnostic investigations.

7.1.3 The range of relevant treatment options and the clinical impression shall be fully described to client and/or their families and documented accordingly.

7.1.4 The hospital at council and regional level shall have equipment that can facilitate diagnosis and management of outpatient conditions. See the list of equipment in annex 3(a) and 3(b)

7.2 Surgical services

7.2.1 The hospital shall provide both minor and major surgical services.

7.2.2 The hospital shall have protocols for surgical procedures

7.2.3 The hospital at council and regional level shall have surgical equipment that can support provision of safe and effective surgical interventions as listed in annex 3(a) and 3(b)

7.3 Reproductive, Maternal, New born and Child Health services (RMNCH)

7.3.1 The hospital at council and regional level shall provide obstetric services 24 hours a day.

7.3.2 The hospital shall provide RMNCH services during regular working hours which include:

- ANC and PMTCT services;
- Immunization service;
- Growth monitoring services;
- Sick baby clinic/ under five clinic services;
- Comprehensive Family planning services;
- Health education.
- Postnatal Care

7.3.3 RMNCH room shall have the equipment as listed in annex 3(a) and 3(b)

7.4 Laboratory services

- 7.4.1 The laboratory shall have written policies and procedures which include at least the following:
- Procedure manuals (Standard Operating Procedures) or guidelines for all tests and equipment
 - Report times for results (Established turnaround time)
 - Quality assurance and control processes
 - Inspection, maintenance, calibration, and testing of all equipment
 - Management of reagents, including availability, storage, and testing for accuracy
 - Procedures for collecting, identifying, processing, and disposing of specimens
 - Normal ranges for all tests
 - Laboratory safety program, including infection control
 - There shall be documentation of quality control data (internal and external quality control), calibration report, refrigerator readings and so on.
- 7.4.2 The hospital shall have standardized data collection instruments including at least the following:
- Laboratory request forms
 - Laboratory report forms
 - Laboratory specimen and results registers
 - Quarterly/monthly reporting forms including
 - Summary of tests conducted
 - Summary of tests referred
 - Summary of quality assurance report
 - Equipment and supplies inventory registers
 - Quality assurance record forms
 - Referral forms
- 7.4.3 The laboratory shall follow standard operating procedures (SOPs) and conduct routine quality assessments to ensure reliable and cost-effective testing of patient specimens.
- 7.4.4 The right patient with the right request form shall be identified during collection and delivery of result.
- 7.4.5 Safe disposal of samples and other health laboratory waste shall be in line with standards prescribed under national infection prevention and control guidelines. The laboratory should have an Autoclave for laboratory sterilization.
- 7.4.6 No eating, drinking, smoking or other application of cosmetics in laboratory work areas or in any area where workplace materials are handled.
- 7.4.7 No storage of food and drink in the laboratory (may be stored in the rest area)
- 7.4.8 Approved protective equipment must be worn within the laboratory work area and removed before leaving the laboratory work area.
- 7.4.9 The laboratory shall have adequate space and a safe environment (kept organized and clean) to perform testing, must have bio-safety cabinet for safely working with materials contaminated with pathogen. It must provide adequate lighting, ventilation, water, waste and refuse disposal. Precautions must be taken to prevent cross contamination.
- 7.4.10 Facilities shall provide a suitable environment to prevent damage, deterioration, loss or unauthorized access.
- 7.4.11 The laboratory shall be located and designed to:
- Provide suitable, direct access for patients

- Allow reception of deliveries of chemicals
 - Allow safe disposal of laboratory materials and specimens.
- 7.4.12 The laboratory facilities shall meet at least the following:
- The laboratory shall have a reliable supply of running water. At least two sinks shall be provided in each room, one for general laboratory use and the other reserved for hand washing and at least 5000L reserve tank in case of interruption.
 - Continuous power supply
 - Working surface covered with appropriate materials
 - Suitable stools for the benches. Bench tops shall be impervious to water and resistant to moderate heat and the organic solvents, acids, alkalis, and chemicals used to decontaminate the work surface and equipment.
 - Internal surfaces, i.e. of floors, walls, and ceilings shall be :
 - Smooth, impervious, free from cracks, cavities, recesses, projecting ledges and other features that could harbor dust or spillage
 - Easy to clean and decontaminate effectively
 - Constructed of materials that are non-combustible or have high fire-resistance and low flame-spread characteristics
 - Lockable doors and cupboards
 - Closed drainage from laboratory sinks (to a septic tank or deep pit)
 - Separate toilets/latrines for staff and patients
 - Emergency of safety services such as deluge showers and eye-wash stations, fire alarm systems and emergency power supplies shall be included in the laboratory services design specifications

7.4.13 See the list of equipment at the Laboratory Room in annex 3(a) and 3(b)

7.5 Radiology and Imaging Services

7.5.1 The Radiology and Imaging Services shall have written policies and procedures, which include at least the following:

- Procedure manuals (Standard Operating Procedures) or guidelines for all procedures and equipment
- Report times for results (Established turnaround time)
- Quality assurance and control processes
- Inspection, maintenance, calibration, and testing of all equipment
- Management of chemicals including availability storage spaces.
- Radiation safety program
- There shall be documentation of quality control, calibration report.

7.4.1 The radiology department shall follow standard operating procedures (SOPs) and conduct routine quality assessments to ensure reliable and cost-effective services.

7.4.2 The right patient with the right request form shall be identified during examination/procedures and delivery of result.

7.4.3 Safe disposal of wastes (biohazards) shall be in line with standards prescribed under national infection prevention and control guidelines.

7.4.4 Approved protective equipment must be worn within the radiology department and removed before leaving the work area.

7.4.5 The radiology department shall have adequate space and a safe environment (kept organized and clean) to perform procedures. It must provide adequate lighting, ventilation, water, waste and refuse disposal. Precautions must be taken to prevent cross contamination.

7.4.6 Facilities shall provide a suitable environment to prevent damage, deterioration, loss or unauthorized access.

7.4.7 The radiology department shall be located and designed to provide suitable and direct access for patients.

7.6 Pharmaceutical services

7.5.1 Standard operating procedure for dispensing and medication use counseling shall be established to ensure patients' safety and correct use of medications.

7.5.2 The hospital should stock medicines and supplies according to the current National Essential Medicines List

7.5.3 The Council and Regional Medical Officer shall be responsible for providing adequate and appropriate storage facility for medicines and medical supplies thus ensuring the quality of medicines and avoiding expiration in health facilities.

7.5.4 Hospital Management Team shall allocate adequate financial resources for medicines. The hospital therapeutics committee will ensure that medicines are used correctly and safely.

7.5.5 The HMT shall be responsible for monitoring timely ordering of medicines and essential supplies from appropriate certified/proved suppliers.

7.5.6 The HMT shall be responsible for ensure good storage principles are adhered within the hospital

7.5.7 The Hospital Therapeutics Committee shall establish a list of medicines for treating conditions common to that hospital setting and with the support of HMT ensure that they are used correctly and safely.

7.7 Infection prevention and control

7.6.1 All procedures performed shall comply with the National Infection Prevention and Control Guidelines.

7.8 Support services (housekeeping, laundry and technical services)

7.7.1 All areas of hospital including the building and grounds shall be kept clean, orderly and kept free from pests, rodents and animal nuisance.

7.7.2 The hospital shall maintain adequate supply of clean linen at all times and ensure proper washing and storage.

7.7.3 The hospital shall conduct preventative maintenance for all facilities and operating systems.

7.7.4 There shall be written SOPs for procedures to guide services provision

7.7.5 Housekeeping equipment or supplies used for cleaning in isolation or contaminated areas shall not be used before it has been properly cleaned and decontaminated.

7.7.6 There shall be frequent cleaning of floors, walls, woodwork and window as per national IPC guidelines and standards.

7.7.7 Accumulated waste material and rubbish shall be removed at frequent intervals as per national IPC guidelines and standards.

7.7.8 Flammable cleaning agents must be stored in area specifically designed for such storage.

7.7.9 The laundry shall have separate areas for:

- Collection of soiled linens.
- Washing,
- Drying
- Ironing
- Clean linen storage and mending area.

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

7.7.11 The following staff shall be available

- Electrician,
- Plumber,
- Mason,
- Painter.
- Biomedical technician
- Laundry staff
- Housekeepers

7.9 Patient flow

7.8.1 The hospital shall have a written protocol for patient flow which at least describes the following:

- The presence, roles and responsibility of a receptionist at the gate
- Triaging of patients
- Direction signs to all services areas
- The procedures of payment for services

7.8.2 The hospital shall follow its written patient flow procedures

7.8.3 Service areas shall be labeled in bold at a recognizable location

7.8.4 The office layout shall be arranged in a way that facilitate easy access to various services areas

7.8.5 The hospital shall have runners to facilitate patient flow

7.10 Medical records

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

7.9.2 The hospital shall maintain individual medical records in a manner to ensure accuracy, privacy, confidentiality and easy retrieval.

7.9.3 The medical information of a patient during ambulance service including medication administered shall be documented and attached into the medical record.

7.9.4 The hospital shall establish a master patient index with a unique number for each patient.

7.9.5 Each document that contains a medical record shall have appropriate identification.

7.9.6 The hospital shall have a written policy and procedure that are reviewed at least once every three years which include at least:

- Procedures for record completion
- Conditions and procedures for releasing medical information
- Procedures for the protection of medical record information against the loss, tampering, alteration, destruction, or unauthorized access and use.

7.9.7 When a medical record is taken out and returned to the record room it shall be documented to create a good tracking mechanism

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

7.9.9 The medical record forms shall be prepared in line with the national guideline and approved by the hospital management.

7.9.10 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
- 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.

- 7.9.11 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 24hrs.
- 7.9.12 The patient's death shall be documented in the patient's medical record.
- 7.9.13 Original medical records shall not leave hospital premises unless they are under court order or in order to safeguard the record in case of a physical plant emergency or natural disaster.
- 7.9.14 If a patient or the patient's legally authorized representative requests, in writing, a copy of the medical record shall be given.
- 7.9.15 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
- 7.9.16 If the hospital ceases to operate, the appropriate organ shall be notified in writing about how and where medical record will be stored at least 90 days prior to cessation of operation. The patient choice on where to transfer his/her medical record shall be respected. Patient will get information from the appropriate organ regarding the location of their medical records.
- 7.9.17 The hospital shall establish a procedure for removal of inactive medical records from the central medical record room.
- 7.9.18 Medical records shall be destroyed as per the law by using techniques that are effective enough to assure confidentiality of medical records. However, records, which are active for more than ten years, shall not be destroyed.
- 7.9.19 There shall be a separate medical record room
- 7.9.20 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
- 7.9.21 The medical record room shall have adequate light and ventilation
- 7.9.22 The medical record room shall be built far from fire sources
- 7.9.23 There shall be a room for archiving dead files until they are permanently destroyed
- 7.9.24 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. Additional staffs like card sorter and runner may be available to perform patient registration, retrieving, filing and recording chart location may be.
- 7.9.25 The Medical record room shall have:
 - Shelves
 - Master patient index boxes
 - Master Patient Index (MPI) Cards
 - Computer
 - Cart
 - Ladder
 - Patient folder
 - Log book
 - Fire extinguisher

7.11 Health education and health promotion services

- 7.10.1 The hospital shall plan, schedule, coordinate, lead, monitor health promotion activities
- 7.10.2 The hospital shall have written policy guidelines and procedures for health promotion. This shall include:
- a) Implementing as a part of the overall quality improvement system, aiming at improving health outcomes for patients, relatives, staff and community.
 - b) Identifying responsibilities for the process of implementation, evaluation and regular review of the policy.
 - c) Allocating resources to the processes of implementation, evaluation and regular review of the policy.
 - d) Enlightening of the health promotion policy.
 - e) Ensuring the availability of procedures for collection and evaluation of data in order to monitor the quality of health promotion activities.
 - f) Ensuring that staff has relevant competences to perform health promotion activities and supports the acquisition of further competences as required.
 - g) Ensuring the availability of the necessary infrastructure, including resources, space, equipment, etc. in order to implement health promotion activities.
 - h) Providing reliable information, education and communication (IEC) and behavioral change communication (BCC) service to the general population on major health burden issues according to the country health profile,
- 7.10.3 The hospital shall ensure that health professionals, in partnership with patients, systematically assess needs for health promotion activities.
- 7.10.4 The hospital shall provide patients with information on significant factors concerning their disease or health condition and health promotion interventions are established in all patient pathways.
- 7.10.5 The hospital management shall establish conditions for the development of the hospital as a healthy workplace.
- 7.10.6 The hospital shall have a planned approach to collaborate with other health service levels and other institutions and sectors on an ongoing basis.
- 7.10.7 The health promotion committee shall highlight specific issues such as:
- Health Promoting hospital as partners in the health care chain / network and in healthy alliances; and
 - Investing in health for the future by promoting the health of children and youth.
- 7.10.8 There shall be personnel to coordinate health promotion activities in the hospital.
- 7.10.9 The respective medical services for health promotion to be performed by the staff shall be specified in their job descriptions
- 7.10.10 The hospital shall have the following:
- Printed material (Posters, Brochures, Leaflets, Newspaper, Health bulletin)
 - Audio visual materials (Optional)
 - Mini media (Optional)
 - Radio
 - Tape-recorder
 - Public health journals
 - Information desk (Optional)

7.12 Dental Services

7.11.1 Level one (I) hospital shall provide the following services: Minor oral surgical procedures, tooth extraction, restoration, root canal, oral health education, outreach services, scaling and polishing.

7.11.2 Level II hospital shall provide the following services Minor oral surgical procedures, tooth extraction, restoration, root canal, oral health education, outreach services, scaling and polishing, maxillofacial surgery and dental prosthesis

7.11.3 Level I and II hospitals shall have:

- a) Equipment that can support provision of safe and effective dental services as listed in annex 3(a) and (b)
- b) Protocols for surgical procedures

7.13 Rehabilitation Medicine Services at Level I Hospital

7.13.1 Prosthetics and Orthotics Services

7.13.1.1 Human Resources

Minimum staffing level for a Prosthetics and Orthotics facility should be as specified below:

S/N	Cadre	Level I (B)	Level I (A)
1	Prosthetists and Orthotists (Cat I) (BSc)	1	1
2	Prosthetist and Orthotists (Cat II) (Dip)	3	2
3	Prosthetist and Orthotists (Cert)	2 (1-Pro, 1-Orth)	2 (1-Pro, 1-Orth)
4	Medical Attendants	2	2
5	Footwear technician	1	1
6	Physiotherapist	1	1
7	Wheelchair Technician	1	1
8	Cashier	1	1
9	Receptionist	1	1
10	Store keeper	1	1
11	Security guard	2	2

7.13.1.2 Equipment

Minimum number of required equipment is as specified below:

SN	Item	Required Number
1.	Examination beds	2
2.	Chairs	2
3.	Tables	2
4.	Tool Cabinets and Working bench	4
5.	Router machine	1
6.	Lamination machine	1
7.	Welding machine with accessories	1
8.	Jig saw	2
9.	Vertical band saw	1 -Wooden, 1- Metal
10.	Wheelchairs	3
11.	Oven	1
12.	Suction system	1

13.	Vertical drilling machine (fixed)	2
14.	Hand drilling machine	2
15.	Vertical belt sander	1
16.	Vice	5
17.	Walking frames	2
18.	Parallel bar	2
19.	Alignment jig	1
20.	Grinder machine	1
21.	Heat gun	2
22.	Oscillating Machine (POP Cut)	2
23.	Trimming machine	1
24.	Leather Sewing Machine	2
25.	Sintering machine	1
26.	Water system suction machine	1

7.13.1.3 Rooms for Services Provision

A facility for Prosthetic and Orthotics should have at least rooms as follows:

- | | |
|--------------------------------|---|
| i. Patient waiting area | ix. Machine room |
| ii. Reception and records room | x. Lamination and plastic room |
| iii. Office (Manager) | xi. Storage room |
| iv. Changing room | xii. Main working area |
| v. Plaster taking room | xiii. Seminar room |
| vi. Plaster modification room | xiv. Toilets (Male, female, staff and disabled) |
| vii. Fitting room | |
| viii. Gait training room | |

7.13.1.4 Specific Requirements for the Rooms

Rooms in a Prosthetic and Orthotics facility must fulfil the following:

SN	ROOM	REQUIREMENT	NUMBER	
			Level I (B)	Level I (A)
1.	Patient waiting area	Notice board	2	2
		Waiting seats/ benches	10	6
		Clock	1	1
		Wheelchairs	3	2
2.	Reception and records room	Table and chair	1	1
		Shelves/file cabinet	1	1
3.	Office (Manager)	Table and chairs	1	1
		Shelves	1	1
4.	Changing room (Male/Female)	Lockers	4	2
5.	Plaster taking room	Examination beds	2	2
		Screens	2	2
		Trolley	2	2
		Hands washing basin with	1	1

		running water		
6.	Plaster modification room	Table (That can accommodate 4 bench Vices)	1	1
		Hands washing basin with running water	1	1
		Soap dispenser	1	1
		Alcohol hand rub	1	1
		Waste bin with liners	1	1
7.	Fitting room	Examination bed	2	1
		Trolley	2	1
		Compensation blocks (0.5-14cm)	10	7
		Stools (adjustable)	2	1
		Hands washing basin with running water	1	1
		Soap dispenser	1	1
		Alcohol hand rub	1	1
		Waste bin with liners	1	1
8.	Gait training room	Parallel bars	2	1
9.	Machine room	Router machine	1	1
		Vertical band saw	2	1
		Vertical belt sander	1	1
		Vertical drilling machine	1	1
		Grinder machine	1	1
		Trimming machine	1	1
10.	Lamination and plastic room	Oven	2	1
		Lamination machines	2	1
		Bench Vice	2	1
		Tables and chairs	1	1
		Water system suction machine	1	1
		Sintering machine	1	1
11.	Storage room	Shelves	2	2
12.	Main working area	Tool Cabinets and Working bench	4	4
		Vertical drilling machine	2	1
		Hands washing basin with running water	1	1
		Soap dispenser	1	1
		Alcohol hand rub	1	1
		Waste bin with liners	1	1
		Linen cupboard	1	1
13.	Seminar room	Tables, chairs and projector	1	1

14.	Toilets	Male, Female, staff and disabled	3	3
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7.13.1.5 Location

Location	Safe area at least 200M from hazardous environment, e.g., bar, filling station or any areas prone to natural disasters such as floods	
	Should be away from crowded areas i.e. shopping malls, markets, business centres	
	Wheelchair/stretchers accessible	

7.13.2 Physiotherapy Services

7.13.2.1 Human Resources

Minimum staffing level for a physiotherapy facility should be as specified below:

SN	Cadre	Requirement Level I (B)	Requirement Level I (A)
1	Physiotherapist (Holder of Dip/Degree)	3	2
2	Medical Attendant/ Receptionist	1	1

NOTE: In a long-term plan at Council level all physiotherapists should be a holder of degree and above.

7.13.2.2 Equipment

Minimum number of required equipment is as specified below:

SN	Equipment/Machines	Council Level Hospital
1	Electrotherapy machines (e.g. IF, US, SWD, TENS, Shockwave therapy, Wax bath, Hydrocollator, Laser Therapy, LIPUS, Biofeedback, Cryotherapy, Infrared, Microwave Therapy, UV Radiation, CPM)	3
2	Examination beds	3
3	Chairs and desk	3
4	Wheelchair	2
5	Walking aids (sticks, walking frame, crutches, rollator)	3
6	Measuring tape	4
7	Reflex hammer (Patellar hammer)	4
8	Blood pressure machine	2
9	Stethoscope	2
10	Thermometer	1
11	Goniometer	4
12	X-ray viewer	1
13	Plaster shear for removing P.O.P	1
14	Mat	1

SN	Equipment/Machines	Council Level Hospital
15	Playing tools and toys (Box of various more than 5)	1
16	Corner chair, standing frame and stairs	2
17	Wall bars (Single section, 270*86cm)	1
18	Cushions (Round pillows, wedges, U-pillow, etc.)	2
19	Stationary bicycle	1
20	Tread mill	0
21	Tilting table	0
22	Set of pulleys fixed on the wall	0
23	Automatic traction kit	0
24	Parallel bars	1
25	Weighing scale	1
26	Posture Mirror	1
27	Equipment Trolley	3
28	Educational materials (e.g., Anatomical charts/ models/skeleton)	2
29	Treatment stools (adjustable)	2
30	Therapeutic exercise equipment (e.g., balance board, re-education board, resistive band, Bobath balls, etc.)	3

7.13.2.3 Rooms for Services Provision

A facility for physiotherapy should have at least three (3) rooms as follows:

- i. Reception and records room
- ii. Physiotherapy treatment area (Adequate to accommodate at least 2 Treatment Cubicles)
- iii. Therapeutic Gymnasium
- iv. Toilets (3 – Male, female and disabled)

7.13.2.4 Specific Requirements for the Rooms

Rooms in a physiotherapy facility must fulfil the following:

SN	Room	Requirement	Number	
			Level I (B)	Level I (A)
1.	Reception and Records.	Office table and chair.	1	1
		Notice board	2	2
		Waiting seats	10	5
		Lockable cabinets	2	2
		Clock	1	1
2.	Physiotherapy Treatment Area	Table and chair	3	2
		Privacy screen/curtains	1	1
		Washing hands basin with running water	1	1

SN	Room	Requirement	Number	
			Level I (B)	Level I (A)
		Soap dispenser	1	1
		Alcohol handrub	1	1
		Waste bin with liners	1	1
		Linen cupboard	1	1
3.	Therapeutic Gymnasium	All therapeutic equipment	-	-
4.	Toilets	Toilets	3	3

7.13.2.5 Location

Location	Safe area at least 200M from hazardous environment, e.g., bar, filling station or any areas prone to natural disasters such as floods
	Should be away from crowded areas i.e. shopping malls, markets, business centres.
	Wheelchair/stretchers accessible.

7.13.3 Occupational Therapy Services

7.13.3.1 Human Resources

Minimum staffing level for a physiotherapy facility should be as specified below:

SN	Cadre	Requirement Level I (B)	Requirement Level I (A)
1	Occupational therapist (Dipl Holder)	17	17
2	Occupational Therapist Officer (BSc/MSc, PhD holder)	5	5
3	Nurses		
4	Carpenter	1	1
5	Artisan	1	1
6	Medical attendants	1	1
7	Receptionist	1	1
8	Community health workers	2	2
9	Security guard	1	1

NOTE: In a long-term plan at Council level all occupational therapists should be a holder of degree and above.

7.13.3.2 Occupational Therapy Services Offered

S/N	Service
1.	Purposeful Activity – Evaluation of the effectiveness of purposeful activity as a motivating therapeutic medium, as opposed to non-purposeful activity. Purposeful activities include those that have an inherent goal and are relevant and meaningful to the person, beyond the function required to carry out the activity

S/N	Service
2.	Leisure/recreation therapy – intervention designed to improve the performance, uptake or participation in hobbies, leisure or recreational activities
3.	Instrumental activities of daily living – intervention designed to optimise performance in activities in and around the home such as cleaning, laundry and meal preparation. Also known as extended or secondary activities of daily living.
4.	Basic activities of daily living -Interventions designed to improve or enable self-maintenance such as showering, dressing, toileting, and eating. Also known as personal or primary activities of daily living.
5.	Movement training – interventions designed to elicit or improve motor control. Includes motor relearning, constraint induced movement therapy, and facilitation techniques such as PNF, Brunnstrom, Bobath and functional electrical stimulation (FES)
6.	Home visits/home programmes – interventions designed to be carried at home
7.	Exercise/strength training – interventions designed to improve or maintain general health and fitness, such as strength training, therapeutic exercises, and aerobic and fitness training
8.	Ergonomics –interventions designed to improve the fit between the person and task at work or home. Also referred to as human factors, or human engineering.
9.	Developmental therapy -Interventions designed to facilitate development for children and adults. Includes neurodevelopmental therapy, sensory integration and vestibular stimulation.
10.	Creative therapies -Interventions using creative modalities such as music, dance therapy, art, and craft.
11.	Counselling -Interventions that use interpersonal relationships to provide support and enable people to resolve crises, increase their ability to solve problems and make decisions.
12.	Consumer education -Educational interventions for clients, their careers, family or parents intended, to enhance, for example, skills and knowledge, or to change behaviour and attitudes.
13.	Complementary therapies -Includes therapies such as aromatherapy, horticultural therapy, and pet therapy.
14.	Community living skills -Interventions designed to improve or enable the performance of community living skills such as shopping, banking, budgeting, and use of public transport or driving.
15.	Carers -Interventions designed, for example, to improve the performance, function or quality of life of informal or formal carers. Includes support groups, education and training.
16.	School visits – intervention designed to be carried at school
17.	Work visits – interventions designed to be carried at workplace
18.	Rehabilitation services
19.	Health Promotion/risk assessment – interventions aimed at promoting health or preventing illness/disability
20.	Work simplification technique
21.	Energy conservation training – intervention designed to help the client in reducing

S/N	Service
	energy expenditure during activities. (e.g. prioritize activities of the day, plan and organize activities, pace yourself, deep breathing exercise, sit to work whenever you can, assistive devices compensate and listen to your body)
22.	Soft tissue therapy - Interventions designed to prevent, reverse or reduce contractures, pain or stiffness. Includes interventions such as prolonged muscle stretching, massage, and myofascial techniques.
23.	Service delivery - Evaluation of methods and models of service delivery for example, individual vs. groups, hospital vs. community care, peer-led programs, and length of interventions.
24.	Equipment prescription
25.	Physical modalities/orthotics splinting – interventions using physical modalities such as splinting, casting, orthotics, pressure garments, compression bandaging, scar management, techniques, transcutaneous electrical stimulation (TENS), functional electrical stimulation (FES), EGM, Hydrotherapy and biofeedback
26.	Cognitive training -Interventions designed to improve or optimise cognitive skills, including memory, orientation, attention, reasoning and problem solving. Includes cognitive development, remediation of cognitive skills, and compensatory strategies such as diary use
27.	Case management - A service model referring to the assignment of a healthcare provider to coordinate and provide individualised service delivery.
28.	Behavioural interventions -Interventions designed to modify behaviour. Strategies for children and adults are included.
29.	Perception – intervention designed to develop or remediate a person’s perceptual skills (that is the ability to recognise and interpret sensory stimuli)
30.	Home modification/access – intervention designed to enhance performance, minimise or prevent risks and hazards, or improve mobility in the home, property, workplace, or health facility. Include, for example, ramps, rails and stair- climbers
31.	Wheelchair training
32.	Assistive technology / adaptive equipment -Item, piece of equipment, or product system used to maintain or improve a client’s functional ability (e.g., computer, environmental control unit, wheelchair, seating and basic self-care equipment).
33.	Hand therapy – includes all aspects of hand therapy intervention such as splinting, passive and active exercises and mobilisation
34.	Feeding and swallowing training
35.	Vocational retraining/work - Interventions designed to improve work potential or performance. Includes vocational retraining, occupational rehabilitation, workplace/industrial issues, volunteering, and occupational health and safety training and education.
36.	Social skills (assertiveness training, anger management and conflict resolution
37.	Sensation (sensory retraining, desensitisation, sensory integrative therapy and the use of sensory modalities)
38.	Relaxation/stress management (intervention designed to reduce anxiety, muscular tension and stress. Includes all forms of relaxation and stress management techniques such as muscular relaxation, and the use mental strategies (e.g. imagery)

S/N	Service
39.	Psychosocial techniques – such as cognitive- behavioural therapy (CBT), anger management, group discussion, social skill training and relaxation training.
40.	Play – therapeutic use of play or interventions designed to develop play skills.
41.	Positioning – refers to the positioning of a person or a part of his or her body for therapeutic purposes

7.13.3.3 Equipment

Minimum number of required equipment is as specified below:

SN	Requirement	Minimum Required Number
1.	Examination beds	1
2.	Chairs and desk	2 chairs and table
3.	Wheelchair	2
4.	Measuring tape	2
5.	Blood pressure machine	2
6.	Thermometer	2
7.	Goniometer (of different size)	1
8.	Plaster sheer for removing P.O.P	1
9.	Mat	2
10.	Playing tools and toys	Must have different toys
11.	Corner chair	1
12.	Standing frame	1
13.	Stairs	1
14.	Walking frame	1
15.	Wall bars	1
16.	Round pillows and Bobath balls	1
17.	Stationary bicycle	1
18.	Tread mill	1
19.	Tilting table	1
20.	Arm skate – assist arm range of motion in stroke pt	1
21.	Automatic traction kit	1
22.	Corner chair – demonstrating positioning to CP child	1
23.	Parallel bar	1
24.	Weighing scale	1 set
25.	Thermoplastics materials for fabricating splints	2 pieces
26.	Bathing and hygiene items e.g. commode,	

7.13.3.4 Specific Medical Equipment

Rooms in an occupational therapy facility must fulfil the following:

Specific Medical Equipment		
1.	Reception and Records	One office table and chair.
		One notice board
		Four waiting seats
		Shelves
		Clock
		Table and chair
		One bucket foot
		Washing hands basin
		Soap dispenser
		Waste bin with liners
		Linen cupboard
2.	Recreation	Computer
		Television Set
		Radio (with accessories e.g., DVD ROM, Deck etc.
		Table games
3.	Rooms	Tailoring room
		Kitchen room
		Laundry room
4.	Playing grounds	Adult Playing ground
		Children playing ground with hammock e.g., swings, sliding etc.
		Garden

7.13.3.5 Infrastructure

S/N	Scoring Attributes	Type Of Item	Required Number
1	OPD Services	Consultation rooms	1
2	Medical records	Room with adequate space	1
3	Reception area and waiting areas	Spacious well ventilated rooms adequate to accommodate reasonable number of patients, relatives	1
5	Offices for Occupational therapists.	Rooms	1
6	Instruments preparation and storage room		1
7	Office for In-Charge Officer		1
8	Changing Room	Male and female	2
9	Stores		1

S/N	Scoring Attributes	Type Of Item	Required Number
10	Environmental sanitation (waste disposal),	Space and facilities, either on site or through contractual arrangements, shall be provided for the sanitary storage and disposal of healthcare waste	
11	Water closet (toilets)	Sanitary facilities (W/C) for staffs and patients	3
12	Main source of power	National grid system	
13	Alternative energy source	Generator, Solar, etc. (specify)	
14	Reliable Source of water	-local authority -Drilled well	
15	Sterilization facilities	Sterilization room with equipment	1
16	Therapy room		2
17	Sensory integration room		1

7.13.3.6 Location

Location	Safe area at least 200M from hazardous environment, e.g., bar, filling station or any areas prone to natural disasters such as floods
	Should be away from crowded areas i.e. shopping malls, markets, business centres
	Wheelchair/stretchers accessible

7.13.4 Speech and Language Therapy Services

7.13.4.1 Introduction on Speech and Language Therapy Services

7.13.4.1.1 Speech-language pathology services are those services necessary for the diagnosis and treatment of swallowing (dysphagia), speech-language, and cognitive-communication disorders that result in communication disabilities. Speech-language pathologists treat disorders of speech sound production (e.g., articulation, apraxia, dysarthria), resonance (e.g., hypernasality, hyponasality), voice (e.g., phonation quality, pitch, respiration), fluency (e.g., stuttering), language (e.g., comprehension, expression, pragmatics, semantics, syntax), cognition (e.g., attention, memory, problem solving, executive functioning), and feeding and swallowing (e.g., oral, pharyngeal, and oesophageal stages). (ASHA, 2007).¹

7.13.4.1.2 A communication disorder is impairment in the ability to receive, send, process, and comprehend concepts of verbal, nonverbal, and graphic symbol systems (ASHA, 1993)². A communication disorder may be evident in the processes of hearing,

¹ ASHA- American Speech-Language-Hearing Association (2007). Speech –language Pathology Medical review Guidelines

² ASHA- American Speech-Language-Hearing Association (1993). Speech –language Pathology Medical review Guidelines

language, and/or speech. A communication disorder may range in severity from mild to profound. It may be organic or functional in nature. It may be congenital or acquired. Individuals may demonstrate one or any combination of communication disorders. A communication disorder may result in a primary disability or it may be secondary to other disabilities.

7.13.4.1.3 Assessment, Diagnosis, Treatment, Referral Speech-language pathology services can be grouped into two main categories: 1) diagnostic or evaluative services, and 2) therapeutic services. Speech-language treatment is appropriate for deficits resulting from injury, illness, congenital anomaly, or developmental conditions, and may be habilitative or rehabilitative in nature.

7.13.4.1.4 Individuals of all ages are eligible for speech-language pathology services when their ability to communicate and/or swallow effectively is reduced or impaired or when there is reason to believe (e.g., risk factors) that treatment would prevent the development of a speech, language, communication, or feeding and swallowing disorder; reduce the degree of impairment; lead to improved functional communication skills and/or functional feeding and swallowing abilities; or prevent the decline of communication and/or swallowing abilities.”

7.13.4.2 Speech and language therapy session requirement

Speech and language therapy are of two types, 1) one to one therapy 2) group therapy. One session should take at least 45 minutes depending on the state/mood of the patient/clients. One session per time should be conducted in a maximum silence single room. This requirement should be taken into account when a health facility is setting room spaces for Speech and language services provision.

7.13.4.3 Speech and Language Therapy Facility

7.13.4.3.1 Human Resources

Minimum staffing level for Speech and Language therapy facility should be as specified below:

SN	Cadre	Requirement Level I (B)	Requirement Level I (A)
1	Speech and Language Therapist/pathologist	1	1
	Assistant speech and Language Therapy/pathology	2	2
2	Medical Attendant/Receptionist	2	2

7.13.4.3.2 Speech and Language Services Offered

Assessment, Diagnosis, Treatment, Referral Speech-language pathology services can be grouped into two main categories:

- 1) Diagnostic or evaluative services and
- 2) Therapeutic services. Speech-language treatment is appropriate for deficits resulting from injury, illness, congenital anomaly, or developmental conditions, and swallowing (dysphagia) may be habilitative or rehabilitative in nature.

7.13.4.3.3 Equipment

Minimum number of required equipment is as specified below:

SN	Equipment/Assessment & Therapy Materials	Required
1	Furniture:	
	High tables (one for each Therapy & office room)	2
	Low tables (one for each therapy room)	2
	Adult chairs (table chairs), three for each therapy room	4
	Paediatric chairs (two for each Therapy room)	4
	Four drawer locking filling cabinet	1
	Lockable cupboard	1
	Shelves for toy & book library	1
	Benches for waiting area	4
	Office chairs	3
	Hand washing facilities in each room	1
	Wall mirror in each Therapy room	1
	Easily cleaned flow mat/carpet for one for each individual and group Therapy room (medium size)	3
	Fan/air condition in each room	1
	Sign for doors	1
2	Stationary:	Ensure constant availability of all mentioned content
	○ Diary	
	○ Ledger/hard back notebook for data collection	
	○ Plain papers	
	○ Lined paper	
	○ Manila folders	
	○ Ring binders	
	○ Laminating pouches	
	○ Plastic pockets for ring binders	
	○ Forms: case history, referral, report	
	○ SLT headed paper	
	○ Stapler	
	○ Hole punch	
	○ Ruler	
	○ Marker pens	
	○ Writing pens	
	○ Writing pencil	
○ Coloured pencils		
○ Crayon		
3	Electronic Equipment:	
	○ Laptop	1
	○ Printer	1
	○ Laminating machine	1

	○ Video camera	1
	○ Voice recorder	1
4	Wheelchair	1
5.	Assessment/Therapy Materials: <ul style="list-style-type: none"> ○ PICTURE CARDS: noun, verb, preposition, sequencing ○ IMAGINARY PLAY TOYS: cooking set, family dolls, ○ SOFT TOYS: brush/comb, cars, trains, animals, etc. ○ PROBLEM SOLVING TOYS: jigsaws, shape sorter, posting shapes, stacking/nesting ○ CONSTRUCTION TOYS: wooded/plastic blocks ○ FINE MOTOR/MANIPULATION TOYS: threading beads, sensory stimulation ○ SOUND/NOISE MAKERS: drums, rattles/shakers, windmills, bells, xylophone ○ BLOWING TOYS: bubbles, whistles, windmills, straws, etc. ○ GAMES: pop up pirate, Mr & Mrs potato head, lotto, scrabble, word finding, matching, etc. ○ BOOKS: picture books, story books ○ DYSPHAGIA ASSESSMENT: tongue depressor, torch, gloves, stethoscope Standardized Assessment Tools	
6	REFERENCE/RESOURCE BOOKS <ul style="list-style-type: none"> ○ Aphasia ○ Verbal auditory habilitation ○ Voice disorders ○ Articulation & phonology disorder ○ Apraxia ○ Dysarthria ○ Cerebral palsy ○ Autistic spectrum disorder ○ Dysphagia ○ Behavioural disorder ○ Stammering ○ Cluttering ○ Down syndrome ○ Specific Language impairment ○ Cognitive/learning difficulties 	1 copy 1 copy 1 copy 1 copy 1 copy 1 copy 1 copy 1 copy 1 copy 1 copy 1 copy 1 copy 1 copy 1 copy 1 copy

7.13.4.3.4 Infrastructure

A facility for Speech and Language Therapy should have at least:

1. One assessment/Therapy (quite) rooms for individual sessions with one side mirror
2. One office room
3. One storage room

4. Adequate and well ventilated & equipped waiting/reception area
5. Three Toilets
6. Environmental sanitation (waste disposal)
7. Main source of power and Alternative energy source
8. Reliable Source of water

7.13.4.3.5 Environmental Attributes

Scoring Attributes	Types of Item	Required Item	
Facility Premises	Location	Safe area at least 50M from hazardous environment, e.g., bar, filling station or any areas prone to natural disasters such as floods	
	Layout	Adequate space for future expansion, Accessibility to motor vehicle	
	Car parking	Adequate parking, disability friendly parking and walkways	
	Communication	Telephone, Internet connection	
	Status of the Building		The Building should have no leaking roof, well painted and clean without cracks, windows with mosquito screening
			Lighting (Natural or Artificial) suitable to specific service area
	Surfaces		Floors (preferably tiles) must be easy to clean, non-slippery and resistant to disinfection procedures
			Skirting's should be made integral with the floor, tightly sealed against the wall
			Walls scrub able smooth and water resistant
	Disability user friendly features	All areas should comply with the persons with Disability Act No 9, (2010) and the national policy on disability of 2004(ramps/rails and toilets)	
Safety and security	The health facility should have appropriate security system and standard fire safety mechanism in accordance to fire code of Tanzania (fire extinguishers and sand buckets).		
Occupation Health and Safety	Premise should comply with Occupational Health and Safety Act of 2003.		

7.14 Rehabilitation Medicine Services at Level II Hospital

7.14.1 Prosthetics and Orthotics Services

7.14.1.1 Human Resources

Minimum staffing level for a Prosthetics and Orthotics facility should be as specified below:

Cadre	Requirement For Level II (B)	Requirement For Level II (A)
Prosthetists and Orthotists (Cat I) (BSc)	3	2
Prosthetist and Orthotists (Cat II) (Dip)	6	4
Prosthetist and Orthotists (Cert)	4 (3-Pro, 1-Orth)	2 (1-Pro, 1-Orth)
Medical Attendants	2	2
Footwear technician	3	2
Physiotherapist	2	2
Wheelchair Technician	3	2
Cashier	2	2
Receptionist	2	2
Store keeper	2	2
Security guard	2	2

7.14.1.2 Equipment

Minimum number of required equipment is as specified below:

SN	Item	Required Number
1.	Examination beds	6
2.	Chairs	6
3.	Tables	2
4.	Tool Cabinets and Working bench	8
5.	Router machine	3
6.	Lamination machine	2
7.	Welding machine with accessories	1
8.	Jig saw	4
9.	Vertical band saw	1 -Wooden, 1- Metal
10.	Wheelchairs	6
11.	Oven	2
12.	Suction system	1
13.	Vertical drilling machine (fixed)	4
14.	Hand drilling machine	2
15.	Vertical belt sander	2
16.	Vice	10
17.	Walking frames	2
18.	Parallel bar	2
19.	Alignment jig	1
20.	Grinder machine	1
21.	Heat gun	5

22.	Oscillating Machine (POP Cut)	5
23.	Trimming machine	1
24.	Leather Sewing Machine	2
25.	Sintering machine	1
26.	Water system suction machine	1

7.14.1.5 Rooms for Services Provision

A facility for Prosthetic and Orthotics should have at least rooms as follows:

- i. Patient waiting area
- ii. Reception and records room
- iii. Office (Manager)
- iv. Changing room
- v. Plaster taking room
- vi. Plaster modification room
- vii. Fitting room
- viii. Gait training room
- ix. Machine room
- x. Lamination and plastic room
- xi. Storage room
- xii. Main working area
- xiii. Seminar room
- xiv. Toilets (Male, female, staff and disabled)

7.14.1.5 Specific Requirements for the Rooms

Rooms in a Prosthetic and Orthotics facility must fulfil the following:

SN	Room	Requirement	Number	
			Level II (B)	Level II (A)
1.	Patient waiting area	Notice board	2	2
		Waiting seats/ benches	20	10
		Clock	1	1
		Wheelchairs	5	4
2.	Reception and records room	Table and chair	1	1
		Shelves/file cabinet	1	1
3.	Office (Manager)	Table and chairs	1	1
		Shelves	1	1
4.	Changing room (Male/Female)	Lockers	5	3
5.	Plaster taking room	Examination beds	2	2
		Screens	2	2
		Trolley	2	2
		Hands washing basin with running water	1	1
6.	Plaster modification room	Table (That can accommodate 4 bench Vices)	1	1

		Hands washing basin with running water	1	1
		Soap dispenser	1	1
		Alcohol hand rub	1	1
		Waste bin with liners	1	1
7.	Fitting room	Examination bed	2	1
		Trolley	2	1
		Compensation blocks (0.5-14cm)	10	7
		Stools (adjustable)	2	1
		Hands washing basin with running water	1	1
		Soap dispenser	1	1
		Alcohol handrub	1	1
		Waste bin with liners	1	1
8.	Gait training room	Parallel bars	2	1
9.	Machine room	Router machine	3	2
		Vertical band saw	1	1
		Vertical belt sander	2	1
		Vertical drilling machine	2	1
		Grinder machine	1	1
		Trimming machine	1	1
10.	Lamination and plastic room	Oven	2	1
		Lamination machines	2	1
		Bench Vice	2	1
		Tables and chairs	1	1
		Water system suction machine	1	1
		Sintering machine	1	1
11.	Storage room	Shelves	2	2
12.	Main working area	Tool Cabinets and Working benche	4	4
		Vertical drilling machine	2	1
		Hands washing basin with running water	1	1
		Soap dispenser	1	1
		Alcohol handrub	1	1
		Waste bin with liners	1	1
		Linen cupboard	1	1
13.	Seminar room	Tables, chairs and projector	1	1
14.	Toilets	Male, Female, staff and disabled	3	3

7.14.1.6 Location

Location	Safe area at least 200M from hazardous environment, e.g., bar, filling station or any areas prone to natural disasters such as floods
	Should be away from crowded areas i.e. shopping malls, markets, business centres
	Wheelchair/stretchers accessible

7.14.2 Physiotherapy Services

7.14.2.1 Human Resources

Minimum staffing level for a physiotherapy facility should be as specified below:

SN	Cadre	Requirement For Level II (B)	Requirement For Level II (A)
1	Physiotherapist (Holder of Dip/Degree)	5	3
2	Medical Attendant	2	2
3	Receptionist	1	1

NOTE: In a long-term plan at Regional level all physiotherapists should be a holder of degree and above.

7.14.2.2 Equipment

Minimum number of required equipment is as specified below:

SN	Equipment/Machines	Required Number
1	Electrotherapy machines (e.g. IF, US, SWD, TENS, Shockwave therapy, Wax bath, Hydrocollator, Laser Therapy, LIPUS, Biofeedback, Cryotherapy, Infrared, Microwave Therapy, UV Radiation, CPM)	6
2	Examination beds	6
3	Chairs and desk	6
4	Wheelchair	4
5	Walking aids (sticks, walking frame, crutches, rollator)	4
6	Measuring tape	6
7	Reflex hammer (Patellar hammer)	6
8	Blood pressure machine	2
9	Stethoscope	2
10	Thermometer	1
11	Goniometer	6
12	X-ray viewer	1
13	Plaster shear for removing POP	1
14	Mat	2
15	Playing tools and toys	1 (Box of various toys more than 6)
16	Corner chair, standing frame and stairs	3
17	Wall bars (Single section, 270*86cm)	2

18	Cushions (Round pillows, wedges, U-pillow, etc.)	3
19	Stationary bicycle	2
20	Tread mill	1
21	Tilting table	1
22	Set of pulleys fixed on the wall	1
23	Automatic traction kit	1
24	Parallel bars	1
25	Weighing scale	1
26	Posture Mirror	2
27	Equipment Trolley	4
28	Educational materials (e.g., Anatomical charts/ models/skeleton)	3
29	Treatment stools (adjustable)	5
30	Therapeutic exercise equipment (e.g., balance board, re- education board, resistive band, Bobath balls, etc.)	8

7.14.2.3 Rooms for Services Provision

A facility for physiotherapy should have at least three (3) rooms as follows:

- i. Reception and records room
- ii. Physiotherapy treatment area (Adequate to accommodate at least 3 Treatment Cubicles)
- iii. Therapeutic Gymnasium
- iv. Toilets (3 – Male, female and disabled)

7.14.2.4 Specific Requirements for the Rooms

Rooms in a physiotherapy facility must fulfil the following:

SN	Room	Requirement	Number	
			Level II (B)	Level II (A)
1.	Reception and Records.	Office table and chair.	1	1
		Notice board	2	2
		Waiting seats	15	10
		Lockable cabinets	2	2
		Clock	1	1
2.	Physiotherapy Treatment Area	Table and chair	5	3
		Privacy screen/curtains	1	1
		Washing hands basin with running water	1	1
		Soap dispenser	1	1
		Alcohol hand rub	1	1
		Waste bin with liners	1	1
		Linen cupboard	1	1
3.	Therapeutic Gymnasium	All therapeutic equipment	-	-

SN	Room	Requirement	Number	
			Level II (B)	Level II (A)
4.	Toilets	Toilets	3	3

7.14.2.5 Location

Location	Safe area at least 200M from hazardous environment, e.g., bar, filling station or any areas prone to natural disasters such as floods
	Should be away from crowded areas i.e. shopping malls, markets, business centres.
	Wheelchair/stretchers accessible.

7.14.3 Occupational Therapy Services

7.14.3.1 Human Resources

Minimum staffing level for an occupational therapy facility should be as specified below:

SN	Cadre	Requirement for Level II (B)	Requirement for Level II (A)
1	Occupational therapist (Diploma Holder)	30	30
2	Occupational Therapist Officer (BSc / MSc, PhD holder)	10	10
3	Nurses		
4	Carpenter	1	1
5	Artisan	1	1
6	Medical Attendants	1	1
7	Receptionist	1	1
8	Community Health Workers	2	2
9	Security Guard	1	1

NOTE: In a long-term plan at Regional level all occupational therapists should be a holder of degree and above.

7.14.3.2 Occupational Therapy Services Offered

S/N	Service
1.	Leisure/recreation therapy – intervention designed to improve the performance, uptake or participation in hobbies, leisure or recreational activities
2.	Instrumental activities of daily living – intervention designed to optimise performance in activities in and around the home such as cleaning, laundry and meal preparation. Also known as extended or secondary activities of daily living.
3.	Basic activities of daily living -Interventions designed to improve or enable self-maintenance such as showering, dressing, toileting, and eating. Also known as personal or primary activities of daily living.
4.	Movement training – interventions designed to elicit or improve motor control. Includes motor relearning, constraint induced movement therapy, and facilitation techniques such as PNF, Brunnstrom, Bobath and functional electrical stimulation (FES)

S/N	Service
5.	Home visits/home programmes – interventions designed to be carried at home
6.	Exercise/strength training – interventions designed to improve or maintain general health and fitness, such as strength training, therapeutic exercises, and aerobic and fitness training
7.	Ergonomics –interventions designed to improve the fit between the person and task a at work or home. Also referred to as human factors, or human engineering.
8.	Developmental therapy -Interventions designed to facilitate development for children and adults. Includes neurodevelopmental therapy, sensory integration and vestibular stimulation.
9.	Creative therapies -Interventions using creative modalities such as music, dance therapy, art, and craft.
10.	Counselling -Interventions that use interpersonal relationships to provide support and enable people to resolve crises, increase their ability to solve problems and make decisions.
11.	Consumer education -Educational interventions for clients, their careers, family or parents intended, to enhance, for example, skills and knowledge, or to change behaviour and attitudes.
12.	Complementary therapies -Includes therapies such as aromatherapy, horticultural therapy, and pet therapy.
13.	Community living skills -Interventions designed to improve or enable the performance of community living skills such as shopping, banking, budgeting, and use of public transport or driving.
14.	Carers -Interventions designed, for example, to improve the performance, function or quality of life of informal or formal carers. Includes support groups, education and training.
15.	School visits – intervention designed to be carried at school
16.	Work visits – interventions designed to be carried at workplace
17.	Rehabilitation services
18.	Health Promotion/risk assessment – interventions aimed at promoting health or preventing illness/disability
19.	Work simplification technique
20.	Energy conservation training – intervention designed to help the client in reducing energy expenditure during activities. (e.g. prioritize activities of the day, plan and organize activities, pace yourself, deep breathing exercise, sit to work whenever you can, assistive devices compensate and listen to your body)
21.	Soft tissue therapy - Interventions designed to prevent, reverse or reduce contractures, pain or stiffness. Includes interventions such as prolonged muscle stretching, massage, and myofascial techniques.
22.	Service delivery - Evaluation of methods and models of service delivery for example, individual vs. groups, hospital vs. community care, peer-led programs, and length of interventions.
23.	Equipment prescription
24.	Physical modalities/orthotics splinting – interventions using physical modalities such as splinting, casting, orthotics, pressure garments, compression

S/N	Service
	bandaging, scar management, techniques, transcutaneous electrical stimulation (TENS), functional electrical stimulation (FES), EGM, Hydrotherapy and biofeedback
25.	Cognitive training -Interventions designed to improve or optimise cognitive skills, including memory, orientation, attention, reasoning and problem solving. Includes cognitive development, remediation of cognitive skills, and compensatory strategies such as diary use
26.	Case management - A service model referring to the assignment of a healthcare provider to coordinate and provide individualised service delivery.
27.	Behavioural interventions -Interventions designed to modify behaviour. Strategies for children and adults are included.
28.	Perception – intervention designed to develop or remediate a person’s perceptual skills (that is the ability to recognise and interpret sensory stimuli)
29.	Home modification/access – intervention designed to enhance performance, minimise or prevent risks and hazards, or improve mobility in the home, property, workplace, or health facility. Include, for example, ramps, rails and stair- climbers
30.	Wheelchair training
31.	Assistive technology / adaptive equipment -Item, piece of equipment, or product system used to maintain or improve a client’s functional ability (eg computer, environmental control unit, wheelchair, seating and basic self-care equipment).
32.	Hand therapy – includes all aspects of hand therapy intervention such as splinting, passive and active exercises and mobilisation
33.	Feeding and swallowing training
34.	Vocational retraining/work - Interventions designed to improve work potential or performance. Includes vocational retraining, occupational rehabilitation, workplace/industrial issues, volunteering, and occupational health and safety training and education.
35.	Social skills (assertiveness training, anger management and conflict resolution
36.	Sensation (sensory retraining, desensitisation, sensory integrative therapy and the use of sensory modalities)
37.	Relaxation/stress management (intervention designed to reduce anxiety, muscular tension and stress. Includes all forms of relaxation and stress management techniques such as muscular relaxation, and the use mental strategies (e.g. imagery)
38.	Psychosocial techniques – such as cognitive- behavioural therapy (CBT), anger management, group discussion, social skill training and relaxation training.
39.	Play – therapeutic use of play or interventions designed to develop play skills.
40.	Positioning – refers to the positioning of a person or a part of his or her body for therapeutic purposes

7.14.3.3 Equipment

Requirement	Required Number
Physical modalities – e.g., transcutaneous electrical nerve stimulation (TENS), functional electrical stimulation (FES), EMG,	1 equipment for each
Examination beds	1
Chairs and desk	2 chairs and table
Wheelchair	2
Measuring tape	2
Blood pressure machine	2
Thermometer	2
Goniometer (of different size)	1
	1
Plaster sheer for removing P.O.P	1
Mat	2
Playing tools and toys	Must have different toys
Corner chair	1
Standing frame	1
Stairs	1
Walking frame	1
Wall bars	1
Round pillows and Bobath balls	1
Stationary bicycle	1
Tread mill	1
Tilting table	1
Arm skate – assist arm range of motion in stroke patents	1
Automatic traction kit	1
Corner chair – demonstrating positioning to CP child	1
Parallel bar	1
Weighing scale	1 set
Thermoplastics materials for fabricating splints	2 pieces
Bathing and hygiene items e.g., commode	

7.14.3.4 Specific Requirement for Rooms

Rooms in an occupational therapy facility must fulfil the following:

Specific Medical Equipment		
1	Reception and Records	One office table and chair.
		One notice board
		Four waiting seats
		Shelves
		Clock
		Table and chair
		One bucket foot
	Washing hands basin	

Specific Medical Equipment		
		Soap dispenser
		Waste bin with liners
		Linen cupboard
2	Recreation	Computer
		Television Set
		Radio (with accessories e.g., DVD ROM, Deck etc.
		Table games
3	Rooms	Tailoring room
		Kitchen room
		Laundry room
4	Playing grounds	Adult Playing ground
		Children playing ground with hammock e.g., swings, sliding etc.
5		Garden

7.14.3.5 Infrastructure

S/N	Scoring Attributes	Type of Item	Required Number
1	OPD Services	Consultation rooms	1
2	Medical records	Room with adequate space	1
3	Reception area and waiting areas	Spacious well ventilated rooms adequate to accommodate reasonable number of patients, relatives	1
5	Offices for Occupational therapists.	Rooms	1
6	Instruments preparation and storage room		1
7	Office for In-Charge Officer		1
8	Changing Room	Male and female	2
9	Stores		1
10	Environmental sanitation (waste disposal),	Space and facilities, either on site or through contractual arrangements, shall be provided for the sanitary storage and disposal of healthcare waste	
11	Water closet (toilets)	Sanitary facilities (W/C) for staffs and patients	3
12	Main source of power	National grid system	
13	Alternative energy source	Generator, Solar, etc. (specify)	
14	Reliable Source of water	-Local authority -Drilled well	
15	Sterilization facilities	Sterilization room with equipment	1

S/N	Scoring Attributes	Type of Item	Required Number
16	Therapy room		2
17	Sensory integration room		1

7.14.3.6 Location

Location	Safe area at least 200M from hazardous environment, e.g., bar, filling station or any areas prone to natural disasters such as floods
	Should be away from crowded areas i.e. shopping malls, markets, business centres
	Wheelchair/stretchers accessible

7.14.4 Speech and Language Therapy Services

7.14.4.1 Human Resources

Minimum staffing level for Speech and Language therapy facility should be as specified below:

SN	Cadre	Requirement For Level II (B)	Requirement For Private II (A)
1	Speech and Language Therapist/pathologist	2	2
	Assistant speech and Language Therapy/pathology	2	2
2	Medical Attendant/Receptionist	2	2

7.14.4.2 Speech and Language Services Offered

Assessment, Diagnosis, Treatment, Referral Speech-language pathology services can be grouped into two main categories:

- 1) Diagnostic or evaluative services and
- 2) Therapeutic services. Speech-language treatment is appropriate for deficits resulting from injury, illness, congenital anomaly, or developmental conditions, and swallowing (dysphagia) may be habilitative or rehabilitative in nature.

7.14.4.3 Equipment

Minimum number of required equipment is as specified below:

SN	Equipment / Assessment & Therapy Materials	Required
1	Furniture:	
	High tables (one for each Therapy & office room)	2
	Low tables (one for each therapy room)	2
	Adult chairs (table chairs), three for each therapy room	4
	Paediatric chairs (two for each Therapy room)	4
	Four drawer locking filing cabinet	1
	Lockable cupboard	1

	Shelves for toy & book library	1
	Benches for waiting area	4
	Office chairs	3
	Hand washing facilities in each room	1
	Wall mirror in each Therapy room	1
	Easily cleaned flow mat/carpet for one for each individual and group Therapy room (medium size)	3
	Fan/air condition in each room	√
	Sign for doors	√
2	STATIONARY: <ul style="list-style-type: none"> ○ Diary ○ Ledger/hard back notebook for data collection ○ Plain papers ○ Lined paper ○ Manila folders ○ Ring binders ○ Laminating pouches ○ Plastic pockets for ring binders ○ Forms: case history, referral, report ○ SLT headed paper ○ Stapler ○ Hole punch ○ Ruler ○ Marker pens ○ Writing pens ○ Writing pencil ○ Coloured pencils ○ Crayon 	
3	Electronic Equipment: <ul style="list-style-type: none"> ○ Laptop ○ Printer ○ Laminating machine ○ Video camera ○ Voice recorder 	1 1 1 1 1
4	Wheelchair	1

5	<p>Assessment / Therapy Materials:</p> <ul style="list-style-type: none"> ○ PICTURE CARDS: noun, verb, preposition, sequencing ○ IMAGINARY PLAY TOYS: cooking set, family dolls, ○ SOFT TOYS: brush/comb, cars, trains, animals etc ○ PROBLEM SOLVING TOYS: jigsaws, shape sorter, posting shapes, stacking/nesting ○ CONSTRUCTION TOYS: wooded/plastic blocks ○ FINE MOTOR/MANIPULATION TOYS: threading beads, sensory stimulation ○ SOUND/NOISE MAKERS: drums, rattles/shakers, windmills, bells, xylophone ○ BLOWING TOYS: bubbles, whistles, windmills, straws, etc. ○ GAMES: pop up pirate, Mr & Mrs potato head, lotto, scrabble, word finding, matching, etc. ○ BOOKS: picture books, story books ○ DYSPHAGIA ASSESSMENT: tongue depressor, torch, gloves, stethoscope ○ Standardized Assessment Tools 	
6	<p>Reference / Resource Books:</p> <ul style="list-style-type: none"> ○ Aphasia ○ Verbal auditory habilitation ○ Voice disorders ○ Articulation & phonology disorder ○ Apraxia ○ Dysarthria ○ Cerebral palsy ○ Autistic spectrum disorder ○ Dysphagia ○ Behavioural disorder ○ Stammering ○ Cluttering ○ Down syndrome ○ Laryngectomy ○ Specific Language impairment ○ Cognitive/learning difficulties 	<p>1 copy 1 copy 1 copy 1 copy 1 copy 1 copy 1 copy 1 copy 1 copy 1 copy 1 copy 1 copy 1 copy 1 copy 1 copy</p>

7.14.4.4 Infrastructure

A facility for Speech and Language Therapy should have at least:

1. Two assessment/Therapy (quite) rooms for individual sessions with one side mirror
2. One office room
3. One storage room
4. Adequate and well ventilated & equipped waiting/reception area
5. Three Toilets
6. Environmental sanitation (waste disposal)
7. Main source of power and Alternative energy source
8. Reliable Source of water

7.14.4.5 Environmental Attributes

Scoring Attributes	Types of Item	Required Item	
Facility Premises	Location	Safe area at least 50M from hazardous environment, e.g., bar, filling station or any areas prone to natural disasters such as floods	
	Layout	Adequate space for future expansion, Accessibility to motor vehicle	
	Car parking	Adequate parking, disability friendly parking and walkways	
	Communication	Telephone, Internet connection	
	Status of the Building		The Building should have no leaking roof, well painted and clean without cracks, windows with mosquito screening
			Lighting (Natural or Artificial) suitable to specific service area
	Surfaces		Floors (preferably tiles) must be easy to clean, non-slippery and resistant to disinfection procedures
			Skirting's should be made integral with the floor, tightly sealed against the wall
			Walls scrub able smooth and water resistant
	Disability user friendly features		All areas should comply with the persons with Disability Act No 9, (2010) and the national policy on disability of 2004(ramps/rails and toilets)
Safety and security		The health facility should have appropriate security system and standard fire safety mechanism in accordance to fire code of Tanzania (fire extinguishers and sand buckets).	
Occupation Health and Safety		Premise should comply with Occupational Health and Safety Act of 2003.	

CHAPTER 8.0: CLIENT RIGHTS AND RESPONSIBILITIES

8.1 External Clients Rights

Every patient shall at least have the following rights,

- 8.1.1 To receive reasonable, respectful and safe access to health services by competent personnel that the hospital is required to provide according to these standards;
- 8.1.2 To receive treatment and medical services without discrimination based on race, age, colour, religion, ethnicity, national or social origin, sex, disabilities, diagnosis, source of payment or other status;
- 8.1.3 To retain and exercise to the fullest extent possible all the constitutional and legal rights to which the patient is entitled by law;
- 8.1.4 To be informed of the names and functions of all clinical practitioners who are providing direct care to the patient. These people shall identify themselves by introduction or by wearing a name tag;
- 8.1.5 To receive, to the extent possible, the services of a translator or interpreter, if any, to facilitate communication between the patient and the hospital personnel if the patient cannot understand the working language;
- 8.1.6 To receive from the patient's clinical practitioner(s) an explanation of his or her complete medical condition, recommended treatment, risk(s) of the treatment, expected results and reasonable medical alternatives in terms that the patient understands. If this 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;
- 8.1.7 To refuse medication and treatment and to be informed of the medical consequences of refusing treatment provided that he/she is mentally clear except conditions, which are threatening the public health. The hospital shall develop a procedure on the management of the cases of patients who refuse treatment.
- 8.1.8 To be informed if the hospital has authorized other health care and educational institutions to participate in the patient's treatment. The patient also 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;
- 8.1.9 To be informed by the attending clinical practitioner about any continuing health care requirements after the patient's discharge from the hospital.
- 8.1.10 To be transferred to another health facility only for one of the following reasons, with the reason recorded in the patient's medical record:
 - a) The transferring hospital is unable to provide the type or level of medical care appropriate for the patient's needs.
 - b) 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
- 8.1.11 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;
- 8.1.12 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;
- 8.1.13 To be free from physical and mental abuse, neglect, sexual harassment, violence and exploitation;

- 8.1.14 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. The patient's privacy shall also be respected during other health care procedures and when clinical personnel are discussing with the patient;
- 8.1.15 To get confidential treatment. Information in the patient's records shall not be released to anyone outside the health center except the followings;
- If the patient has approved the request,
 - If another health care facility to which the patient was transferred requires the information,
 - If the release of the information is required and permitted by law.
 - If the patient's identity is masked
- 8.1.16 To know the price of services and procedures,
- 8.1.17 To have prompt access to the information contained in the patient's medical record as per the medical record section stated under these standards, unless the 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 hospital for as long as a copy of the record is kept;
- 8.1.18 To obtain a copy of the patient's medical record, as per the standards set under the medical record section of these standards
- 8.1.19 To receive a medical certificate;
- 8.1.20 To present his or her suggestion or grievances, without fear of retribution, to the hospital staff member designated by the centre to respond to questions or grievances about patient rights and to receive an answer to those grievances within a reasonable period of time without discrimination.
- 8.1.21 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.

8.2 External Clients Responsibilities

- 8.2.1 Every patient shall have the following responsibilities:
- 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;
 - To follow the course of treatment and instructions proposed by the attending clinical practitioner or to accept the consequences if treatment instructions is refused;
 - To report any changes in his/her condition or anything that appears unsafe to the responsible health professional;
 - To be considerate of the rights of other patients and to respect their privacy;
 - To respect their caregivers;
 - To fulfill the financial obligations as promptly as possible;
 - To keep all appointments and notify hospital or the appropriate person when unable to do so;
 - To observe the hospital policies and procedures, including those on smoking, alcohol or drug addiction, cellular phones, noise and visitors;

- i) Be considerate of the hospital facilities and equipment and to use them in such a manner so as not to abuse them;
- j) Not to litter the hospital premises.
- k) To sign on “Against Medical Advice Notice” if he / she refuses the recommended treatment or intervention.

8.2.2 The list of a patient’s rights and responsibilities shall be posted at various places of the health enter premises.

8.3 Internal Clients Rights

Internal clients have the following rights

- 8.3.1 Receive a measure of caring from colleagues, the public, employers and external clients
- 8.3.2 Recognition of his/her competencies and potentials as well as respect for his/her human actions.
- 8.3.3 Advancement to professional development.
- 8.3.4 Practice in an environment that allows her/him to act in accordance with professional standards and authorized scopes of practice.
- 8.3.5 Negotiate the condition of employment, either as individuals or collectively in all practice settings.
- 8.3.6 Work environment that is safe to himself or herself and to his patients/clients.
- 8.3.7 Fair compensation for his/her work consistent with their knowledge, experience and professional responsibility.
- 8.3.8 Advocate for patients/clients
- 8.3.9 Get rest, leisure time and family life

8.4 Internal Clients Responsibilities

Every internal client has the following responsibilities,

- 8.4.1 To provide reasonable, respectful and safe access to health services;
- 8.4.2 To provide treatment and medical services without discrimination based on race, age, colour, religion, ethnicity, national or social origin, sex, disabilities, diagnosis, source of payment or other status;
- 8.4.3 To retain and exercise to the fullest extent possible all the constitutional and legal rights to which the patient is entitled by law;
- 8.4.4 To inform the clients the names and functions of all clinical practitioners who are providing direct care to the patient.
- 8.4.5 To provide explanations of client’s complete medical condition, recommended treatment, risk(s) of the treatment, expected results and reasonable medical alternatives in terms that the patient understands. If this 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;
- 8.4.6 To respect client’s right to refuse treatment.
- 8.4.7 To inform external clients about any continuing health care requirements after discharge from the hospital.
- 8.4.8 To refer external clients to another health facility
- 8.4.9 To treat the external clients with courtesy, consideration, respect, dignity and individuality.

- 8.4.10 To handle the external client free from physical and mental abuse, neglect, sexual harassment, violence and exploitation;
- 8.4.11 To ensure privacy and confidentiality during medical treatment and personal care
- 8.4.12 To inform external clients the price of services and procedures,
- 8.4.13 To provide prompt access to the information;
- 8.4.14 To accept and respond external clients' suggestion or grievances, within a reasonable period of time without discrimination.
- 8.4.15 To provide informed decisions relating to their care, implementation of a plan of care and any changes.

PART TWO: STAND ALONE FACILITIES AT LEVEL I

- Medical Clinic
- GP-Clinic
- Polyclinics
- Comprehensive Dental Clinic
- Stand-Alone Dental Laboratory
- Mobile Medical/Dental Clinic

CHAPTER 9.0: STAND ALONE CLINICS AT LEVEL I

1.1 General Guidelines for Stand Alone Clinics at Level I

1.1.1 Ownership, Staffing and Operating Environment

- 1.1.1.2 The owner has to be a licensed Medical Officer/ Dental Officer/ Dental Laboratory Technologist or registered organisation/company and supervised by a Licensed Health Care provider belonging to that organisation.
- 1.1.1.3 Each Registered or Licensed Health facility Supervisor can only be allowed to supervise not more than five (5) facilities per region. There must be clear-recorded evidence that supervision of the facilities is being conducted. There must be clear mechanism of monitoring and evaluating the quality of services provided by the facilities. The supervisor must visit the facility at least once a month.
- 1.1.1.4 The Health practitioner in charge of a facility should always be present when the facility is open and should reside within the vicinity of the facility.
- 1.1.1.5 Authorised health-care professionals with current practicing licence according to the relevant regulatory authorities should always be available at the health facility whenever it is open.
- 1.1.1.6 Facilities should only provide authorised services according to their registration and licensure by the competent authority. If the owner wishes to offer more services in addition to those already approved, then the owner will have to re-apply for the approval of new services or new registration. (Refer to No. 1 above)
- 1.1.1.7 The health facility must employ the minimum number of health workers according to relevant guidelines.
- 1.1.1.8 An approved infrastructure must be available to cater for the establishment of a stationery facility (Medical Clinic/ Dental/ Laboratory, etc.), and the health facility should be located in an environment that is conducive and free from noises and other disturbances. Places such, as bar, petrol station and market areas should be avoided.
- 1.1.1.9 A Health Facility will be allowed to operate after the responsible authorities according to relevant laws and regulations have inspected the premises with involvement of CHMT and RHMT. Owners are advised to seek advice from relevant authorities before commencing construction/renovation of premises for the facilities.
- 1.1.1.10 The facility should have adequate supply of safe water (water from local authority, protected shallow well, deep well, rain water harvesting), adequate space, effective ventilation and adequate lighting and reliable source of energy for the rooms offering different kinds of services.
- 1.1.1.11 The facility should have infrastructure that is appropriate and disability friendly.
- 1.1.1.12 The facility should have a sluice room, laundry or washing slab where applicable. Where this is not applicable there must be proper medical waste disposal and medical linen handling mechanism availed.
- 1.1.1.13 The facility should have a functioning incinerator for waste management as per IPC guidelines. If for any valid reason the facility is unable to have an incinerator, it should have a valid contract with the nearest facility, which has waste management capacity.
- 1.1.1.14 The health facility should always possess and use current guidelines issued by the Ministry of Health, Community Development, Gender, Elderly and Children.
- 1.1.1.15 The health facility must have essential equipment and supplies before the approval of requested services are given.

- 1.1.1.16 There should be an established effective communication (fixed telephone, or mobile email telephone, two way radio call) and referral system for the facility.
- 1.1.1.17 Each facility shall keep records on patients and other health information and produce reports on disease morbidity and mortality promptly as required by the Ministry of Health, Community Development, Gender, Elderly and Children and submit to the Council/District Medical Officer.
- 1.1.1.18 Only those medicines and supplies allowed at that level of the health facility should be stocked. Medicines and supplies must be stored according to the manufacturer's recommendation; they should always be accompanied with records showing the source, proof of purchase, manufacturer date of manufacture and date of expiry. Expired medicines and supplies should not be dispensed and should be disposed of in accordance to medicines and supplies disposal guidelines.
- 1.1.1.19 One's competence and other limitations should be clear and therefore high-risk cases should be identified early and referred immediately to a facility, which can handle such cases competently.
- 1.1.1.20 Any professional mal-practice, misconduct or gross negligence may lead to closure of the facility. Criminal charges may be filed and the regulatory body involved will take appropriate disciplinary action.
- 1.1.1.21 The costing mechanisms for various health services provided should be made available to the Ministry of Health, Community Development, Gender, Elderly and Children on demand. Patients have the full right to get an invoice with full details on how the total cost is reached. Each charged component must be shown separately and not only the total final cost.
- 1.1.1.22 There should be no advertising in mass media. Any signs or posters should not be more than 300 meters from the health facility and should only be for educational, information and directional purposes.
- 1.1.1.23 Procedures requiring regional or general anaesthesia should only be done by competent and authorised personnel in proper environment.
- 1.1.1.24 Facilities should only provide approved services. E.g., Pharmacies and laboratories are not allowed to examine and/or prescribe.
- 1.1.1.25 Every health facility must be insured against professional indemnity
- 1.1.1.26 Safety and security system should be in place (visitor management /visiting hours, access control, security light, CCTV [Option] cash safety, alarms).
- 1.1.1.27 The facility must have serviced/functional fire extinguishers, fire escape routes, escape signage, storage of combustibles, fire detection and the facility should be fenced where applicable/appropriate.

1.2 Medical Clinic

- 1.2.1 Is a health facility, which offers outpatient services which can be provided by Medical Officer
- 1.2.2 Services offered: are preventive, diagnostic and curative, which depends on specialties and activities but the complete range of services within the specified specialty should be offered.
- 1.2.3 Neither inpatient services nor hospitalization is allowed.
- 1.2.4 **Ownership:** - licensed Medical Doctor or Any registered organization/company.
- 1.2.5 **Supervising Professional:** - licensed Medical Doctor
- 1.2.6 **Regulatory Authority:** - Private Hospital Advisory Board.

Note: This category can also be applied to registered factories and mining companies

1.3 Polyclinic

1.3.1 This is a place where a wide range of health care services (including diagnostic) can be obtained as outpatient basis only.

1.3.2 Services offered: A typical polyclinic is an outpatient facility that houses general medical practitioners (GPs) such as doctors and nurses to provide ambulatory care and some acute care services but lacks the major surgical and pre- and post-operative care facilities commonly associated with hospitals. Besides GPs a polyclinic can house outpatient departments of some medical specialties i.e. gynecology, dermatology, ophthalmology, ENT, neurology, pulmonology, cardiology, endocrinology etc. In some university cities polyclinics house outpatient departments of all the teaching hospital in one building.

1.3.3 Ownership: licensed medical personnel or Registered organization/Company

1.3.4 Supervising Professional: Medical Doctor

1.3.5 Essential equipment and Supplies should include all those required to provide all the specialist services for which the specialty is registered with relevant diagnostic equipment and adequate staff to manage them.

Note: All equipment and Supplies should be adhered to stipulated guidelines from MoHCDGEC.

1.4 Comprehensive Dental Clinic

1.4.1 Requirements

1.4.1.2 Dental unit with accessories, all equipment for extraction and minor oral surgery, filling, Dental X ray, prosthetics, orthodontics instruments, scalers and cures with effective infection control mechanism.

1.4.1.3 Staff:

- Registered/ Licenced Dental Surgeon
- Licensed/Registered Assistant Dental Officer
- Dental Laboratory Technician/Technologist
- Radiographer
- Dental therapist
- Dental nurse or Medical attendant

1.4.1.4 **Ownership:** Registered/Licensed Dental Practitioner or registered organization/company

1.4.1.5 **Supervising Professional:** Dental Surgeon

1.4.1.6 **Regulatory Authority:** Private Hospitals Advisory Board

1.4.2 Services offered at Comprehensive Clinic are as follows:

1.4.2.2 In addition to the services offered at basic dental clinic (emergency oral health care and restorative care), at comprehensive dental clinic the following are offered: More specialized dental services, e.g., endodontics, full dentures, crown and bridge, complicated restoration, implants, minor surgeries, advanced periodontal therapy.

1.5 Stand alone Dental Laboratory

1.5.1 Is a laboratory where the construction of dental and maxillo-facial prosthesis takes place.

- 1.5.2** Services offered include fabricate or customize a variety of products to assist in the provision of oral health care by a licensed Dental Officer. These products include crowns, bridges, dentures, obturators orthodontic appliances and superstructures, construction of dental and maxillofacial prosthesis, repair of dental and Maxillo-facial prosthesis.
- 1.5.3** Patient should not be attended in a dental laboratory premises
- 1.5.4 Staff:**
- Dental Laboratory Technician/Technologist
 - Medical attendant
- 1.5.5 Dental lab technicians/technologist must follow a prescription from a licensed Dental Practitioner** when manufacturing these items, which include prosthetic devices (such as denture teeth and implants) and therapeutic devices (such as orthodontic appliances).
- 1.5.6 Ownership:** -Licensed/Registered Dental Officer, Dental Laboratory Technologist, or registered organization/company.
- 1.5.7 Supervising Professional** - Registered / Licensed Assistant Dental Officer
Dental Laboratory Technician, Dental Laboratory Technologist
- 1.5.8 Regulatory Authority:** - Private Hospital Advisory Board

1.6 Mobile Medical / Dental Clinic

- 1.6.1** Mobile Medical/Dental Clinic is a health professionals' office and clinic on wheels especially with outfitted truck that provides examination rooms, laboratory services, and special medical tests to those in remote areas who have access to little or no medical facilities, and to patients who do not have the resources to travel to obtain care.
- 1.6.2** It may offer curative, preventive and educational services to the community.
- 1.6.3** This Clinic is a fully equipped mobile medical/dental unit with EITHER an EKG/ECG machine to examine patients' heart rhythm
Lab equipment for various investigations like lipid, cholesterol, FBP, urinalysis and stool, blood sugar, TB/ HIV Screening.
- 1.6.4** The clinic might have a dispensing area providing essential drugs as per regulations and guidelines of the MoHCDGE.
- 1.6.5** Services provided: Patients seen are usually those with dental and or chronic diseases such as diabetes, hypertension and Pediatric cases, school health programs, women's health care, including group prenatal care, telemedicine, dental, mental health care and substance abuse and various urgent care problems.
- 1.6.6 Staffing:**
- Managing Director
 - Receptionist
 - Driver(s)
 - Medical specialist such as Gynecologist, Dental Practitioner, etc.
 - Medical officer/ or Assistant Medical Officer/Assistant Dental Practitioner
 - Lab technician/Dental laboratory Technologist or Lab assistant
 - Licensed Nurse
 - Psychologist
 - Outreach Coordinator
- 1.6.7 Ownership:** - Registered/Licensed Practitioner or registered organization/company

- 1.6.8 **Supervising Professional:** - Relevant Registered/Licensed Professional
- 1.6.9 **Regulatory Authority:** - Private Hospital Advisory Board

PART THREE: STAND ALONE FACILITIES AT LEVEL II

- Specialised Clinics Run by Medical Specialists
- Dental Hospital Run Dental Specialists

CHAPTER 10.0: SPECIALISED CLINICS AND DENTAL HOSPITAL

1.1 General Guidelines for Specialized Clinics and Dental Hospital

10.1.1 Ownership

- 10.1.2 The owner has to be a licensed specialist or registered organisation/company and supervised by a Licensed Health Care provider belonging to that organisation.
- 10.1.3 Each Registered or Licensed Health Facility Supervisor can only be allowed to supervise not more than five (5) facilities per region. There must be clear-recorded evidence that supervision of the facilities is being conducted. There must be clear mechanism of monitoring and evaluating the quality of services provided by the facilities. The supervisor must visit the facility at least once a month.
- 10.1.4 Specialists Clinics shall be owned by Specialists or approved organisation.

10.2 Staffing and Operating Environment

- 10.2.1 The Health practitioner in charge of a facility should always be present when the facility is open and should reside within the vicinity of the facility.
- 10.2.2 Authorised health-care professionals with current practicing licence according to the relevant regulatory authorities should always be available at the health facility whenever it is open.
- 10.2.3 Facilities should only provide authorised services according to their registration and licensure by the competent authority. If the owner wishes to offer more services in addition to those already approved, then the owner will have to re-apply for the approval of new services or new registration. (Refer to No. 1 above)
- 10.2.4 The health facility must employ the minimum number of health workers according to relevant guidelines.
- 10.2.5 An approved infrastructure must be available to cater for the establishment of a stationery facility (Medical Clinic, etc.), and the health facility should be located in an environment that is conducive and free from noises and other disturbances. Places such, as bar, petrol station and market areas should be avoided.
- 10.2.6 A Health Facility will be allowed to operate after the responsible authorities according to relevant laws and regulations have inspected the premises with involvement of CHMT and RHMT. Owners are advised to seek advice from relevant authorities before commencing construction/renovation of premises for the facilities.
- 10.2.7 The facility should have adequate supply of safe water (water from local authority, protected shallow well, deep well, rain water harvesting), adequate space, effective ventilation and adequate lighting and reliable source of energy for the rooms offering different kinds of services.
- 10.2.8 The facility should have infrastructure that is appropriate and disability friendly.
- 10.2.9 The facility should have a sluice room, laundry or washing slab where applicable. Where this is not applicable there must be proper medical waste disposal and medical linen handling mechanism availed.
- 10.2.10 The facility should have a functioning incinerator for waste management as per IPC guidelines. If for any valid reason the facility is unable to have an incinerator, it should have a valid contract with the nearest facility, which has waste management capacity.
- 10.2.11 The health facility should always possess and use current guidelines issued by the Ministry of Health, Community Development, Gender, Elderly and Children.
- 10.2.12 The health facility must have essential equipment and supplies before the approval of requested services are given.

- 10.2.13 There should be an established effective communication (fixed telephone, or mobile email telephone, two way radio call) and referral system for the facility.
- 10.2.14 Each facility shall keep records on patients and other health information and produce reports on disease morbidity and mortality promptly as required by the Ministry of Health, Community Development, Gender, Elderly and Children and submit to the Council/District Medical Officer.
- 10.2.15 Only those medicines and supplies allowed at that level of the health facility should be stocked. Medicines and supplies must be stored according to the manufacturer's recommendation; they should always be accompanied with records showing the source, proof of purchase, manufacturer date of manufacture and date of expiry. Expired medicines and supplies should not be dispensed and should be disposed of in accordance to medicines and supplies disposal guidelines.
- 10.2.16 One's competence and other limitations should be clear and therefore high-risk cases should be identified early and referred immediately to a facility, which can handle such cases competently.
- 10.2.17 Any professional mal-practice, misconduct or gross negligence may lead to closure of the facility. Criminal charges may be filed and appropriate disciplinary action will be taken by the regulatory body involved.
- 10.2.18 The costing mechanisms for various health services provided should be made available to the Ministry of Health, Community Development, Gender, Elderly and Children on demand. Patients have the full right to get an invoice with full details on how the total cost is reached. Each charged component must be shown separately and not only the total final cost.
- 10.2.19 There should be no advertising in mass media. Any signs or posters should not be more than 300 meters from the health facility and should only be for educational, information and directional purposes.
- 10.2.20 Procedures requiring regional or general anaesthesia should only be done by competent and authorised personnel in proper environment.
- 10.2.21 Facilities should only provide approved services. E.g., Pharmacies and laboratories are not allowed to examine and/or prescribe.
- 10.2.22 Every health facility must be insured against professional indemnity
- 10.2.23 Safety and security system should be in place (visitor management /visiting hours, access control, security light, CCTV [Option] cash safety, alarms). There facility must have serviced/functional fire extinguishers, fire escape routes, escape signage, storage of combustibles, fire detection and the facility should be fenced where applicable/appropriate.

10.3 Specialized Clinic

- 10.3.1 This is a health facility, which offers specialized health services strictly to Outpatient basis by a Specialist.
- 10.3.2 Services offered: are Preventive, diagnostic and curative which depend on the specialties (Orthopedic and trauma, Obstetrics and Gynecology, Internal medicine, Ophthalmology, ENT, Psychiatric and mental health, Psychologist, etc.) and activities but the complete range of services within the specified specialty should be offered.
- 10.3.3 Neither inpatient services nor hospitalization is allowed.
- 10.3.4 Ownership: licensed Specialist or any registered organization company
- 10.3.5 Service Supervisor: licensed Specialist

10.3.6 Regulatory Authority: Private Hospital Advisory Board

10.4 Dental Hospital

10.4.1 The latest radiology and imaging technology equipment should be available.

10.4.2 Oral Pathology Services should also be included which offer the following services:

- Clinical consultation and diagnosis of oral soft and hard tissue disease (e.g., bony pathology, cysts, tumors and oral cancer)
- Management of oral soft tissue disease (e.g., mucosal disease, lichen planus, pemphigus vulgaris)
- Evaluation and management of diseases of major and minor salivary glands, Sjogren's syndrome, dry mouth
- Pre-radiation/chemotherapy evaluation and management
- Oral pathology biopsy diagnostic service
- Second-opinion evaluation of biopsy specimens

10.4.3 Staff:

- Maxillofacial Surgeon
- Dental Officer
- Anaesthesiologist or Anaesthetist
- Radiographer
- Dental Theatre nurse
- Dental Nurse
- Health Lab Practitioner
- Medical attendants

NB. The number of staff will depend on the number of the units

11.1.10 **Ownership:** - Registered/Licensed Dental Surgeon or registered organization/company.

11.1.11 **Supervising Professional** - Dental Surgeon

11.1.12 **Regulatory Authority:** - Private Hospitals Advisory Board

PART FOUR: STAND ALONE DIAGNOSTIC SERVICES AT LEVEL I & II

- Mobile Radiology and Imaging Centre
- Radiology and Imaging Facility
- Mobile Laboratory
- Autonomous Laboratory (Stand Alone Laboratory)
- Autonomous Diagnostic Centre (Stand Alone Diagnostic Centre)

CHAPTER 11.0: STAND ALONE DIAGNOSTIC FACILITIES

11.1 General Guidelines

11.1 Ownership

- 1.1.1 The owner has to be a licensed Medical Practitioner or registered organisation/company and supervised by a Licensed Health Care provider belonging to that organisation.
- 1.1.2 Each Registered or Licensed Health facility Supervisor can only be allowed to supervise not more than five (5) facilities per region. There must be clear-recorded evidence that supervision of the facilities is being conducted. There must be clear mechanism of monitoring and evaluating the quality of services provided by the facilities. The supervisor must visit the facility at least once a month.

11.2 Staffing and Operating Environment

- 11.2.2 The Health practitioner in charge of a facility should always be present when the facility is open and should reside within the vicinity of the facility.
- 11.2.3 Authorised health-care professionals with current practicing licence according to the relevant regulatory authorities should always be available at the health facility whenever it is open.
- 11.2.4 Facilities should only provide authorised services according to their registration and licensure by the competent authority. If the owner wishes to offer more services in addition to those already approved, then the owner will have to re-apply for the approval of new services or new registration. (Refer to No. 1 above).
- 11.2.5 The health facility must employ the minimum number of health workers according to relevant guidelines.
- 11.2.6 An approved infrastructure must be available to cater for the establishment of a stationery facility (Diagnostic, Laboratory, etc.), and the health facility should be located in an environment that is conducive and free from noises and other disturbances. Places such, as bar, petrol station and market areas should be avoided.
- 11.2.7 A Health Facility will be allowed to operate after the responsible authorities according to relevant laws and regulations have inspected the premises with involvement of CHMT and RHMT. Owners are advised to seek advice from relevant authorities before commencing construction/renovation of premises for the facilities.
- 11.2.8 The facility should have adequate supply of safe water (water from local authority, protected shallow well, deep well, rain water harvesting), adequate space, effective ventilation and adequate lighting and reliable source of energy for the rooms offering different kinds of services.
- 11.2.9 The facility should have infrastructure that is appropriate and disability friendly.
- 11.2.10 The facility should have a sluice room, laundry or washing slab where applicable. Where this is not applicable there must be proper medical waste disposal and medical linen handling mechanism availed.
- 11.2.11 The facility should have a functioning incinerator for waste management as per IPC guidelines. If for any valid reason the facility is unable to have an incinerator, it should have a valid contract with the nearest facility, which has waste management capacity.
- 11.2.12 The health facility should always possess and use current guidelines issued by the Ministry of Health, Community Development, Gender, Elderly and Children.
- 11.2.13 The health facility must have essential equipment and supplies before the approval of requested services are given.

- 11.2.14 There should be an established effective communication (fixed telephone, or mobile email telephone, two way radio call) and referral system for the facility.
- 11.2.15 Each facility shall keep records on patients and other health information and produce reports on disease morbidity and mortality promptly as required by the Ministry of Health, Community Development, Gender, Elderly and Children and submit to the Council/District Medical Officer.
- 11.2.16 Any professional mal-practice, misconduct or gross negligence may lead to closure of the facility. Criminal charges may be filled and the regulatory body involved will take appropriate disciplinary action.
- 11.2.17 The costing mechanisms for various health services provided should be made available to the Ministry of Health, Community Development, Gender, Elderly and Children on demand. Patients have the full right to get an invoice with full details on how the total cost is reached. Each charged component must be shown separately and not only the total final cost.
- 11.2.18 There should be no advertising in mass media. Any signs or posters should not be more than 300 meters from the health facility and should only be for educational, information and directional purposes.
- 11.2.19 Facilities should only provide approved services. E.g., Laboratories are not allowed to examine and/or prescribe.
- 11.2.20 Every health facility must be insured against professional indemnity
- 11.2.21 Safety and security system should be in place (visitor management /visiting hours, access control, security light, CCTV [Option] cash safety, alarms). There facility must have serviced/functional fire extinguishers, fire escape routes, escape signage, storage of combustibles, fire detection and the facility should be fenced where applicable/appropriate.

11.3 Mobile Radiology and Imaging Centre

- 11.3.2 Mobile Radiology and Imaging Centre is a facility on wheels especially with outfitted truck that provides Radiology and Imaging services, and special medical tests to those in remote areas who have access to little or no medical facilities, and to patients who do not have the resources to travel to obtain care.
- 11.3.3 Services which can be provided include:
- Ultrasound
 - Echocardiogram
 - ECG
 - Radiography services
 - Mammography
 - CT Scan
 - MRI
- 11.3.4 **Ownership:** Registered Medical Radiology and Imaging Professional or registered organization/company
- 11.3.5 **Supervising Professional:** Registered Medical Radiology and Imaging Professional
- 11.3.6 **Regulatory Authority:** Medical Radiology and Imaging Professional Council/Tanzania Atomic Energy Commission (TAEC)/Private Hospitals Advisory Board

11.4 Radiology and Imaging Facility

11.4.2 These are facilities authorised to offer any of the following services or a combination of the following services:

- Echocardiogram
- Electrocardiography (ECG)
- Ultra-sonography scan
- Radiography services
- Mammography
- Computerized tomography-CT Scan
- Magnetic Resonance Imaging-MRI
- Radionuclide Services (Nuclear Medicine)

11.4.3 **Ownership:** Registered Medical Radiology and Imaging Professional or registered organization/company

11.4.4 **Supervising Professional:** Registered Medical Radiology and Imaging Professional

11.4.5 **Regulatory Authority:** Medical Radiology and Imaging Professionals Council/TAEC/Private Hospitals Advisory Board

11.5 Mobile Laboratory

11.5.2 Mobile Laboratory is a facility on wheels especially with outfitted truck that provides laboratory services, and special medical tests to those in remote areas who have access to little or no medical facilities, and to patients who do not have the resources to travel to obtain care.

11.5.3 **Categories of Services provided:**

11.5.4 **Basic Laboratory Test:**

- FBP
- Urinalysis
- Stool
- Blood sugar
- Malaria
- TB
- Enteric Fevers (e.g. Typhoid)

11.5.5 **Rapid Test (Screening Test):**

- HIV
- Malaria Screening
- Syphilis

11.5.6 **Point of Care Diagnostics**

- Chemistry analyzer
- Hematology analyzer
- CD4 Count
- TB (e.g. GeneXpert)
- Other molecular diagnostics

11.5.7 Laboratory Practitioner shall receive a Laboratory investigation request form from authorized prescribers.

12.3.1 Minimum Staffing:

- Laboratory practitioner, his/her qualification will depend on the level of service provided

- Other health professionals who will be licensed to conduct tests
- 11.5.8 **Ownership:** - Registered laboratory practitioner or registered organization/company.
- 11.5.9 **Supervising Professional:** - Registered Laboratory Practitioner
- 12.3.2 **Regulatory Authority:** - Private Health Laboratory Board, Health Laboratory Practitioners Council.

11.6 Autonomous Laboratory (Stand alone Laboratory)

11.6.2 These are facilities registered by the Private Health Laboratory Board (PHLB) to provide laboratory diagnostic services.

11.6.3 Services offered shall depend on the level of Health Laboratory services as per the National Health Laboratory Policy and Standard Guidelines.

11.6.4 These are divided into the following main categories:

11.6.4.1 Clinical Disciplines

1. Hematology and Blood Transfusion Services
2. Microbiology and Immunology
3. Parasitology and Medical Entomology
4. Clinical Chemistry and Serology
5. Histopathology, Morbid Anatomy and Cytology
6. Molecular Biology and Genetics
7. Public Health Laboratory Investigations

11.6.4.2 Laboratory Supportive Services

1. Quality Assurance and continuous quality improvement
2. Health Care Technical Services
3. Operational Research
4. Health Promotion and Education
5. Management of Laboratory Diagnostic Supplies

11.6.5 **Staffing** will depend on the level of Health Laboratory services as per the National Health Laboratory Policy and Standard Guidelines.

11.6.6 Levels of Laboratory Services:

There are six levels of laboratory services as listed below:

- National Health Laboratory
- Zonal Referral Hospital Laboratory
- Regional Referral Hospital Laboratory
- Council Hospital Laboratory
- Health Center Laboratory
- Dispensary Laboratory

11.6.7 Equipment shall depend on the level of Health Laboratory services as per the National Health Laboratory Standard Guidelines, National Operational Plan and National Health Laboratory Strategic Plan.

- Equipment for Basic Laboratory test (e.g. Diagnostic Light Microscopy)
- Rapid Diagnostic Test (e.g. Malaria Rapid Diagnostic Test, HIV Rapid Test)
- Point of care Diagnostic Equipment (e.g. Glucometer, Hemoglobinometer, etc.)
- Low volume Diagnostic Equipment (e.g. Low volume Chemistry Analyzer)
- Medium volume Diagnostic Equipment (e.g. Medium volume Chemistry Analyzer)

- High volume Diagnostic Equipment (e.g. High volume Chemistry Analyzer)
 - Molecular Biology Diagnostic Test (e.g. PCR)
 - Engineering safety devices (e.g. Biological safety cabinet)
 - Personal Protective Equipment (PPE)
 - Waste disposal equipment (e.g. Waste containers, Incinerator, etc.)
- 11.6.8 Laboratory Design shall depend on the level of Health Laboratory services and Biosafety containment levels as per the WHO Biosafety and Bio-security Manual, Biosafety in Microbiology and Biomedical Laboratories (BMBL) and National Health Laboratory Standard Design.
- 11.6.9 **Ownership:** Registered laboratory practitioner or registered organization/company.
- 11.6.10 **Supervising Professional:** Registered Laboratory Practitioner
- 11.6.11 **Regulatory Authority:** Private Health Laboratory Board, Health Laboratory Practitioners Council

11.7 Autonomous Diagnostic Centre (Stand alone Diagnostic Centre)

- 11.7.2 These are facilities, which provide both Laboratory and Radiology and Imaging Services.
- 11.7.3 Services offered shall depend on the level of Health Laboratory services and the Radiology and Imaging Center detailed under Diagnostic Services.
- 11.7.4 Staffing shall depend on the level of Health Laboratory services and the Radiology and Imaging Center detailed under Diagnostic Services.
- 11.7.5 Equipment shall depend on the level of Health Laboratory services and the Radiology and Imaging Center detailed under Diagnostic Services.
- 11.7.6 Diagnostic Facility Design shall depend on the level of Health Laboratory services and the Radiology and Imaging Center detailed under Diagnostic Services.
- 11.7.7 **Ownership:** Registered Medical Radiology and Imaging Professional and Registered laboratory practitioner or registered organization/company.
- 11.7.8 **Supervising Professional:** Registered Medical Radiology and Imaging Professional or Medical Laboratory Practitioner
- 11.7.9 **Regulatory Authority:** PHAB, TAEC, PHLB, MRIPC, HLPC

PART FIVE: MORTUARY AND FUNERAL SERVICES

CHAPTER 12.0: MORTUARY AND FUNERAL SERVICES

12.1 General Guidelines for Mortuary and Funeral Homes

12.1 Ownership

- 12.1.1 A Pathologist, Registered Medical Practitioner, registered company or organization approved by the Ministry of Health Community Development, Gender, Elderly and Children shall own Funeral homes and Mortuaries.
- 12.1.2 Each Registered or Licensed Health facility Supervisor can only be allowed to supervise not more than five (5) facilities per region. There must be clear-recorded evidence that supervision of the facilities is being conducted. There must be clear mechanism of monitoring and evaluating the quality of services provided by the facilities. The supervisor must visit the facility at least once a month.

12.2 Staffing and Operating Environment

- 12.2.1 The Health practitioner in charge of a facility should always be present when the facility is open and should reside within the vicinity of the facility.
- 12.2.2 Authorised health-care professionals with current practicing licence according to the relevant regulatory authorities should always be available at the health facility whenever it is open.
- 12.2.3 Facilities should only provide authorised services according to their registration and licensure by the competent authority. If the owner wishes to offer more services in addition to those already approved, then the owner will have to re-apply for the approval of new services or new registration. (Refer to No. 1 above)
- 12.2.4 The health facility must employ the minimum number of health workers according to relevant guidelines.
- 12.2.5 An approved infrastructure must be available to cater for the establishment of a stationery facility (Mortuary and Funeral Home) and the health facility should be located in an environment that is conducive and free from noises and other disturbances. Places such, as bar, petrol station and market areas should be avoided.
- 12.2.6 A Health Facility will be allowed to operate after the responsible authorities according to relevant laws and regulations have inspected the premises with involvement of CHMT and RHMT. Owners are advised to seek advice from relevant authorities before commencing construction/renovation of premises for the facilities.
- 12.2.7 The facility should have adequate supply of safe water (water from local authority, protected shallow well, deep well, rain water harvesting), adequate space, effective ventilation and adequate lighting and reliable source of energy for the rooms offering different kinds of services.
- 12.2.8 The facility should have infrastructure that is appropriate.
- 12.2.9 There must be proper medical waste disposal and medical linen handling mechanism availed.
- 12.2.10 The facility should have a functioning incinerator for waste management as per IPC guidelines. If for any valid reason the facility is unable to have an incinerator, it should have a valid contract with the nearest facility, which has waste management capacity.
- 12.2.11 The health facility should always possess and use current guidelines issued by the Ministry of Health, Community Development, Gender, Elderly and Children.
- 12.2.12 The health facility must have essential equipment and supplies before the approval of requested services are given.

- 12.2.13 Each facility shall keep records on patients and other health information and produce reports on disease morbidity and mortality promptly as required by the Ministry of Health, Community Development, Gender, Elderly and Children and submit to the Council/District Medical Officer.
- 12.2.14 Only those medicines and supplies allowed at that level of the health facility should be stocked. Medicines and supplies must be stored according to the manufacturer's recommendation; they should always be accompanied with records showing the source, proof of purchase, manufacturer date of manufacture and date of expiry. Expired medicines and supplies should not be dispensed and should be disposed of in accordance to medicines and supplies disposal guidelines.
- 12.2.15 Any professional mal-practice, misconduct or gross negligence may lead to closure of the facility. Criminal charges may be filled and the regulatory body involved will take appropriate disciplinary action.
- 12.2.16 The costing mechanisms for various health services provided should be made available to the Ministry of Health, Community Development, Gender, Elderly and Children on demand. Patients have the full right to get an invoice with full details on how the total cost is reached. Each charged component must be shown separately and not only the total final cost.

12.3 Mortuary or Morgue

12.3.1 **These** are health facilities used for storage and preservation of dead bodies (human corpses) and for conducting post-mortem (autopsy) to determine the cause of death before disposal by burial, cremation or otherwise. Mortuaries should be located in such a way that it has a separate entry and exit for deceased relatives.

12.3.2 **Services offered** will be according to National Health Laboratory Policy and Standard Guidelines. This can be divided into five categories as mentioned below:

- Storage
- Preservation
 - Refrigeration
 - Embalming
 - Mummification
- Postmortem
 - Autopsy
 - Verbal autopsy
 - Clinical autopsy
 - Forensic autopsy
 - Laboratory investigations
 - Toxicological analysis
- Forensic investigation/ Medical Legal Investigation
- Research/Epidemiological data
- Mortuary Register

12.3.3 Minimum Staffing:

- Pathologist -1 (Optional)
- Prosectors -2 (Optional)
- Embalmer -4
- Mortuary attendants -4
- Data officer/clerk (optional)

- Laboratory Assistant/ Technologist (serves as manager)

12.3.4 **Equipment** will depend on the type of services provided at the Mortuary. These Equipment include:

- Transport (carrier system)
 - Trolley
 - Mortuary stretchers
 - Body scoop
 - Mortuary removal cots
 - Cadaver carrier and cover
 - Storage racks
 - Cadaver lift
 - Body tray
 - Body bags
- Storage
 - Cold rooms or refrigerators,
 - Body cooling cabinet
 - Mortuary storage cots
 - Mortuary racks
- Preservation
 - Refrigerator
 - Embalming (fixative and antiseptics)
 - Embalming equipment
 - Mummification
- Postmortem
 - Autopsy (dissection) table
 - Autopsy kit
 - Autopsy container
 - Autopsy saw and blade
 - Lighting system
 - Photograph facility
 - Pathology work station
 - Running water
 - Mobile x-ray machine
 - Various Weighing scales
 - Protective gears
 - Writing board
- Waste disposal
 - Waste container
 - Biohazard bag
 - Bone dust collector
 - Incinerator

12.3.5 **Mortuary design** will be as per MoHCDGEC standard Mortuary Designs and Biosafety standards. The emphasis will be on 16 major areas:

- Working spaces and work flow
- Drainage system
- Non slippery floor
- Ventilation and air condition

- Accommodation (washroom and toilets)
- Utility (electricity, water supply, telephone)
- Store room
 - Utilities e.g. reagents, PPE
 - Specimens from the deceased
- Body storage
 - Non infectious
 - Infectious
- Preservation room or space (Embalming, mummification etc.)
- Body preparation room/space (washing, clothing, final prep for viewing)
- Mini lab for quick toxicological analysis
- Security and access: The mortuary must have a security system, which prevents access by unauthorised persons.
- Staff room
- Changing rooms
- Waiting room
- Body viewing area/ prayer room
- Body Reception and release
- Office
 - Reception
 - Pathologist's office
 - Mortuary manager office (health laboratory practitioners)
- Working room (cadaver room, autopsy room)

12.3.6 Ownership: Registered Pathologist or registered organization/company.

12.3.7 Supervising Professional: - Pathologist

12.3.8 Regulatory Authority: - PHAB

12.4 Funeral Home

12.4.1 Is a health facility that provides preservation of human remain, burial and funeral services for dead body and their families. These services may include preparation of funeral, the provision of a chapel or mosque for the funeral, picking out of coffins, transportation, cremations and burial services.

12.4.2 Funeral homes arrange services in accordance with the wishes of surviving friends and families. The funeral home often takes care of the necessary legal paperwork, burial permits, death certificates, and other details, such as making arrangements with the cemetery, and providing obituaries to the news media. A standard funeral home should be able to provide preservation services.

12.4.3 Funeral Services:

- Legal paper work
- Coffin business
- Wreath and flowers
- Preparing corpse for shipment
- Transportation
- Embalming
- Obituaries

- Funeral and memorial services
- Arrangement with cemetery
- Arrangement with news media

12.4.4 Staff shall include the following:

- Funeral Home Supervisor – (Minimum requirement) AMO/MD/DDS/ADO, Registered ADMLs or registered licensed Nurse with advanced Diploma or above
- Embalmer
- Secretary
- Funeral services practitioner /manager
- Funeral Assistant
- Cemetery manager

12.4.5 Funeral Home design:

- Separate building outside residential and recreational halls
- At least five rooms for: Office, Coffin storage, body view area, refrigerator or cold rooms, embalming room, Body preparation room/space (washing, clothing, final prep for viewing, etc.), Washrooms for staff and deceased relatives, Store room. Memorial Service Room.

12.4.6 Ownership: - registered organization/company

12.4.7 Supervising Professional:- Minimum requirement should be AMO/MD/DDS/ADO, Registered ADMLs or registered licensed Nurse with advanced Diploma or above

12.4.8 Regulatory Authority: - Private Hospital Advisory Board: For more details see Public Health Act, 20

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ANNEXES

Annex 1 (a): Summary of staffing for level one (I) hospital

Level I Hospital is split into two sub levels (IA and IB) as follows:

- 11.1 **Level 1A:** The bed capacity shall be 26 to 150 and human resource as shown in the table.
- 11.2 **Level 1B:** The bed capacity shall be 61 to 150; human resource as shown in the table.

Table - Staffing level for Level 1A Hospital

S/N	Cadre needed	Minimum	Criteria for staffing level
1.	Medical Specialist	1	Optional
2.	Medical Officer	4	
3.	Assistant Medical Officer	4	
4.	Dental Officer	1	Optional
5.	Assistant Dental Officer	1	
6.	Dental Therapist	1	
7.	Nursing Officer	10	Based on the Nursing and Midwifery Services Division results of Job Analysis in Health Facilities. The number should increase depending on workload
8.	Assistant Nursing Officer	20	
9.	Nurse	25	
10.	Laboratory Technologist	3	*Recommended Minimum is 6 based on NSML, 2017
11.	Assistant Laboratory Technologist	2	*Recommended Minimum is 4 based on NSML, 2017
12.	Laboratory Scientist	0	*Recommended Minimum is 5 based on NSML, 2017
13.	Radiology Scientist/ Radiography Officer	1	Optional
14.	AMO Radiology Officer	1	Optional
15.	Radiographer	2	
16.	Nutritionist	1	Optional
17.	Occupation Therapist	1	Optional
18.	Ophthalmologist	1	Optional
19.	Optometrist	1	Optional
20.	Physiotherapist	1	Optional
21.	Social Welfare Officer	2	Optional
22.	Pharmacist	1	
23.	Pharmaceutical Technician	1	
24.	Pharmaceutical Assistant	1	
25.	Assistant Environmental Health Officer	2	Optional
26.	Economist	1	Optional

S/N	Cadre needed	Minimum	Criteria for staffing level
27.	Insurance expert	1	Optional
28.	Biomedical Technologist	1	Optional
29.	Medical record technician	1	
30.	Health Secretary	1	For private a minimum is an administration officer, diploma level and above
31.	Medical Attendant	16	
32.	Medical/Mortuary Attendant	1	
33.	Computer system analyst	1	Optional
34.	Computer Operator	1	Optional
35.	Accountant	1	Optional
36.	Accountant Assistant	1	
37.	Assistant Accountant	1	Optional
38.	Assistant supplies officer	1	Optional
39.	Electrical technician	1	Optional
40.	Personal Secretary	1	Optional
41.	Plumber	1	Optional
42.	Security Guard	4	Optional
43.	Cook	1	Can be outsourced
44.	Dhobi	1	Can be outsourced
45.	Drivers	1	Optional
	TOTAL	92	

* MoHCDGEC. (2017). National Standard For Medical Laboratories (NSML)

For Hospital at Level 1B: The bed capacity shall be **61 to 150**; human resource as shown in the table below

Table - Staffing level for Level 1B Hospital

S/N	Cadre needed	Minimum	Criteria for staffing level
1.	Medical Specialist	1	Optional
2.	Medical Officer	8	
3.	Assistant Medical Officer	16	
4.	Dental Officer	1	Optional
5.	Assistant Dental Officer	1	
6.	Dental Therapist	1	
7.	Nursing Officer	30	Based on the Nursing and Midwifery Services Division results of Job Analysis in Health Facilities. The number should increase depending on workload
8.	Assistant Nursing Officer	40	
9.	Nurse	25	
10.	Laboratory Technologist	3	*Recommended Minimum is 6 based on NSML, 2017

11.	Assistant Laboratory Technologist	2	*Recommended Minimum is 4 based on NSML, 2017
12.	Laboratory Scientist	0	*Recommended Minimum is 5 based on NSML, 2017
13.	Radiology Scientist/ Radiography Officer	1	Optional
14.	AMO Radiology Officer	1	Optional
15.	Radiographer	2	
16.	Nutritionist	1	Optional
17.	Occupation Therapist	1	Optional
18.	Ophthalmologist	1	Optional
19.	Optometrist	1	Optional
20.	Physiotherapist	1	Optional
21.	Social Welfare Officer	2	Optional
22.	Pharmacist	1	
23.	Pharmaceutical Technician	2	
24.	Pharmaceutical Assistant	1	
25.	Assistant Environmental Health Officer	2	Optional
26.	Economist	1	Optional
27.	Insurance expert	2	Optional
28.	Biomedical Technologist	2	Optional
29.	Medical record Technician	3	
30.	Health Secretary	1	For private a minimum is an administration officer, diploma level and above
31.	Medical Attendant	44	
32.	Medical/Mortuary Attendant	2	
33.	Computer system analyst	1	Optional
34.	Computer Operator	1	Optional
35.	Accountant	1	Optional
36.	Accountant Assistant	1	
37.	Assistant Accountant	1	Optional
38.	Assistant Supplies Officer	1	Optional
39.	Electrical Technician	1	Optional
40.	Personal Secretary	1	Optional
41.	Plumber	1	Optional
42.	Security Guard	4	Optional
43.	Cook	2	Optional

44.	Dhobi	3	Optional
45.	Drivers	3	Optional
	TOTAL	204	

* MoHCDGEC. (2017). National Standard For Medical Laboratories (NSML)

Annex 1 (b): Summary of staffing for level II Hospital

At specialist level six core specialties namely Medicine, Surgery, Paediatric, Obstetrics/Gynaecology, Psychiatry and Dental at least two specialists in each specialty full time and mandatory. Level II is split into two sub-levels as follows”

For Hospital at Level IIA: The bed capacity shall be **80 to 150** and Human Resources as shown in table below.

Table - Staffing level for Level IIA Hospital

SN	Cadre needed	Minimum	Criteria for staffing level
1.	Specialists	6	
2.	Medical Officer	10	
3.	Assistant Medical Officer	7	
4.	Dental Surgeon/Officer	1	
5.	Assistant Dental Officer	1	
6.	Dental Therapist	1	
7.	Anaesthesiologist	1	
8.	Anaesthetist	1	
9.	Occupation Therapist	1	Optional
10.	Ophthalmologist	1	Optional
11.	Optometrists	1	
12.	Nursing Officer	45	Based on the Nursing and Midwifery Services Division results of Job Analysis in Health Facilities. The number should increase depending on workload
13.	Assistant Nursing Officer	60	
14.	Nurse	80	
15.	Health Laboratory Scientist (MSc)		*Recommended Minimum is 1 based on NSML, 2017
16.	Laboratory Scientist	1	*Recommended Minimum is 3 based on NSML, 2017
17.	Laboratory Technologist	5	*Recommended Minimum is 9 based on NSML, 2017
18.	Assistant Laboratory Technologist	6	*Recommended Minimum is 8 based on NSML, 2017
19.	Dental laboratory technician/ technologist	2	Optional
20.	Radiologist	1	
21.	Radiography Officer	1	
22.	Radiographer	3	
23.	Biomedical Engineer	1	
24.	Biomedical Technologists	1	
25.	Pharmacist	1	

SN	Cadre needed	Minimum	Criteria for staffing level
26.	Pharmaceutical Technician	3	
27.	Physiotherapist /Assistant Physiotherapy Technologist	3	
28.	Nutritionist/Dietician	2	
29.	Environmental Health Officer	1	Optional
30.	Assistant Environmental Health Officer	2	Optional
31.	Technologist/Technician (Prosthetic)	1	Optional
32.	Epidemiologist	1	Optional
33.	Economist/Monitoring and Evaluation Specialist	1	Optional
34.	Social Welfare Officer	1	Optional
35.	ICT Technician	1	
36.	Data Clerk	1	
37.	Medical record technician	2	
38.	Medical recorder	1	
39.	Medical/Mortuary Attendant	3	
40.	Medical Attendant	50	
41.	Health Secretary/Administrator	1	
42.	Personal secretary	1	
43.	Accountant	1	
44.	Assistant Accountant	1	
45.	Accounts Assistant	2	Optional
46.	Procurement and Supplies Officer	1	Optional
47.	Assistance Supplies Officer	1	Optional
48.	Cook	2	Optional
49.	Kitchen Attendant	2	Optional
50.	Drivers	8	Optional
51.	Security Guard	12	Optional
52.	Total	343	

Level II B: The bed capacity shall be 151 to 400 and Human Resources as shown in table below.

Table - Staffing level for Level IIB Hospital

SN	Cadre needed	Minimum	Criteria for staffing level
1.	Specialist	21	Psychiatry Optional
2.	Medical Officer	20	
3.	Assistant Medical Officer	23	
4.	Dental Surgeon/Officer	2	
5.	Assistant Dental Officer	3	
6.	Dental Therapist	2	

SN	Cadre needed	Minimum	Criteria for staffing level
7.	Anaesthesiologist	1	
8.	Anaesthetist	3	
9.	Occupation Therapist	1	Optional
10.	Ophthalmologist	1	Optional
11.	Optometrists	2	
12.	Nursing Officer	55	Based on the Nursing and Midwifery Services Division results of Job Analysis in Health Facilities. The number should increase depending on workload
13.	Assistant Nursing Officer	70	
14.	Nurse	100	
15.	Health Laboratory Scientist (MSc)		*Recommended Minimum is 1 based on NSML, 2017
16.	Laboratory Scientist	1	*Recommended Minimum is 3 based on NSML, 2017
17.	Laboratory Technologist	8	*Recommended Minimum is 9 based on NSML, 2017
18.	Assistant Laboratory Technologist	6	*Recommended Minimum is 8 based on NSML, 2017
19.	Dental laboratory technician/ technologist	2	Optional
20.	Radiologist	1	
21.	Radiography Officer	2	
22.	Radiographer	4	
23.	Biomedical Engineer	1	
24.	Biomedical Technologists	1	
25.	Pharmacist	3	
26.	Pharmaceutical Technician	5	
27.	Physiotherapist /Assistant Physiotherapy Technologist	1	
28.	Nutritionist/Dietician	2	
29.	Environmental Health Officer	2	Optional
30.	Assistant Environmental Health Officer	1	Optional
31.	Technologist/Technician (Prosthetic)	2	Optional
32.	Epidemiologist	1	Optional
33.	Economist/Monitoring and Evaluation Specialist	1	Optional
34.	Social Welfare Officer	6	Optional
35.	ICT Technician	1	

SN	Cadre needed	Minimum	Criteria for staffing level
36.	Data Clerk	1	
37.	Medical record technician	2	
38.	Medical recorder	1	
39.	Medical/Mortuary Attendant	3	
40.	Medical Attendant	98	
41.	Health Secretary/Administrator	1	
42.	Personal secretary	1	
43.	Accountant	1	
44.	Assistant Accountant	1	
45.	Accounts Assistant	2	Optional
46.	Procurement and Supplies Officer	2	Optional
47.	Assistance Supplies Officer	1	Optional
48.	Cook	2	Optional
49.	Kitchen Attendant	2	Optional
50.	Drivers	8	Optional
51.	Security Guard	12	Optional
52.	Total	493	

Annex 2 (a): Functional spaces for various blocks for level one (I) hospital

S/N	Functional Space	Size (Meter)	Required Number
Administration Department			
1	Meeting Room	10.0x10.0	1
2	Reception	3.0x3.6	2
3	Nursing Officer's Office	3.0x3.6	1
4	Finance, Administration	3.0x3.6	1
5	Assisted Toilet	1.5 x 2.4	1
6	Staff Toilets	1.2x 3.6	4
7	Library and Computers	12x8.5	1
8	Office for the Secretaries	3.0x3.6	2
9	DMO	7.2x4.2	1
10	Health Secretary Office	5.4x4.2	1
11	Librarian Office	3.0x3.6	1
12	Accounts Office	3.0x3.6	2
13	General Office	5.4x4.2	1
14	Tea Room	10.8x4.2	1
15	Social Welfare Office	3.0x3.6	1
16	MTUHA	3.0x3.6	1
17	ICT Office	3.0x3.6	1
18	Cleaners Room	1.8 x 2.4	1
19	Security Room	3.0 X 3.6	1
20	Visitors Waiting	9.6 x 9.6	1

S/N	Functional Space	Size (Meter)	Required Number
Outpatient Department			
1	Waiting Room	10.8x4.2	2
2	Reception and records	3.0x3.6	2
3	Consultation rooms	3.0x3.6	10
4	Assisted Toilet	1.5 x 2.4	1
5	Patient Toilets	1.2x4.2	4
6	Staff changing room/ toilets	1.2 x4.2	2
7	Injection Room	3.0 x 3.6	1
8	Dressing room	3.0 x 3.6	1
9	Dirty Utility	1.8 x 2.4	1
10	Clean Utility	1.8 x 2.4	1
11	Sluice	1.8 x 2.4	1
12	Observation room	3.0 X 3.6	2
13	Triage	3.0 x 3.6	2
14	Cleaners Room	1.8 x 2.4	1
15	Medical Records	4.2 x 9.6	1
16	Payment	3.0 X 3.6	1
Pharmacy Department			
1	Waiting	3.0x3.6	1
2	Dispensing	3.0x3.6	1
3	Reception	3.0x3.6	1
4	Sub Store	3.0x3.6	1
5	Drug Main store	24 x10	1
6	Pharmacy Office	3.0x3.6	1
7	Goods Receiving/ Issue	3.0x3.6	1
8	Cold storage area	3.6 x4.2	1
9	Restricted Drug Store	2.4 x 1.8	1
10	Changing Room	1.2 x 4.2	2
11	Pharmacist Office	3.0x3.6	1
12	Cleaners Room	1.8 x 2.4	1
Dental Department			
1	Waiting	3.0x3.6	1
2	Reception and records	3.0x3.6	1
3	Nurse	3.0x3.6	1
4	Consultation room	3.0x3.6	6
5	Surgery Room	3.0x3.6	1
6	Doctors Office	3.0x3.6	2
7	Dental Laboratory (polishing, Technologist and store rooms)	3.0x3.6	3
8	Dental Imaging room	3.0x3.6	1
9	Sterilization room	3.0x3.6	1
10	Workshop and storage	7.2 x4.2	1
11	Toilet	3.0x3.6	1
12	Changing Room	1.2 x 4.2	2

S/N	Functional Space	Size (Meter)	Required Number
13	Sluice	1.8 x 2.4	1
14	Dirty Utility	1.8 x 2.4	1
15	Clean Utility	1.8 x 2.4	1
16	Cleaners Room	1.8 x 2.4	1
Kitchen Department			
1	Cooking Area	4.8 x 6.0	1
2	Food Store	7.2x7.2	1
3	Equipment Store	2.4 x 3.6	1
4	Food Preparation	2.4 x 3.6	1
5	Cold Storage	1.8 x 2.4	1
6	Dry Store	1.8 x 2.4	1
7	Vegetable Store	1.8 x 2.4	1
8	Changing Room	1.2 x 4.2	2
9	Wash up	2.4 x 3.6	1
10	Outside Cooking	4.8 x 6.0	1
11	Office of Incharge	3.0 X 3.6	1
12	Nutritionist	3.0 X 3.6	1
13	Cleaners Room	1.8 x 2.4	1
Laundry Department			
1	Reception	3.0x3.6	1
2	Dirty Linen	3.0x3.6	1
3	Washing	4.8 x 6.0	1
4	Mending / Ironing	3.0x3.6	1
5	Clean Linen Store	3.0x3.6	1
6	Office	3.0x3.6	1
7	Changing room	1.2x4.2	2
8	Drying Area	7.2 x 14.4	1
9	Office of the Incharge	3.0x3.6	1
10	Cleaners Room	1.8 x 2.4	1
Stores Department			
1	Office of the Incharge	3.0x3.6	1
2	General Materials	5.4 x 8.4	1
4	Miscellaneous Storage	5.4 x 6.0	1
5	Flamable materials Storage	3.0 X 3.6	1
6	Medical Gas	2.4 x 3.6	1
7	Cleaners Room	1.8 x 2.4	1
Technical Services			
1	Office of the In Charge	3.6 x4.2	1
2	Workshop (Electric, Plumbing, Biomedical and Carpentry)	3.0 X 3.6	4
3	Changing Rooms / Toilets	2.4 x 4.2	2
4	Cleaners Room	1.8 x 2.4	1

S/N	Functional Space	Size (Meter)	Required Number
Emergency Department			
1	Patient Toilets	7.2x4.2	2
2	Assisted Toilet	1.5 x 2.4	1
3	Reception and records	3.6 x4.2	1
4	Nurses station	4.2x4.2	1
5	Waiting area	7.2x 4.2	1
6	Changing room	1.2 x 4.2	2
7	Scrub room	2.7x2.4	1
8	Minor surgery	4.8 x 6	1
9	Sluice room	2.7x2.4	1
10	Clean utility	2.7x2.4	1
11	Consultation room	3.0x3.6	2
12	Observation Cubicle for 4	9.6 x4.2	2
13	Resuscitation	3.0 x3.6	2
14	Casualty Room	9.6 x 4.2	1
15	Cleaners Room	1.8 x 2.4	1
Eye Department			
1	Waiting	3.0x3.6	1
2	Reception	3.0x3.6	1
3	Consultation room	3.0x3.6	1
2	Refracting room	6.0x4.2	1
3	Eye minor surgery room	6.0x4.8	1
4	Clean utility	1.8 x2.4	1
5	Scrub room	1.8 x2.4	1
6	Sluice room	1.8 x2.4	1
7	Eye workshop	3.0x3.6	1
8	Changing room	1.2 x 4.2	2
9	Nurse station	3.0x3.6	1
10	Examination room	3.0x3.6	1
11	Patient Toilets	1.2x3.6	2
12	Cleaners Room	1.8 x 2.4	1
RCH Department			
1	Consultation room (Ante/postnatal)	3.0x3.6	2
2	Reception and record	3.0x3.6	1
3	Weighing and counselling	7.2 x4.2	1
4	Adolescent clinic	3.0 X 3.6	1
5	Staff Changing	1.2 x 4.2	2
6	Immunization and refrigeration	3.6 x4.2	2
7	Gynaecologist consultation room	3.0x3.6	1
8	Paediatrician consultation room	3.0x3.6	1
9	Staff lounge	7.2 x4.2	1
10	Store	3.0x3.6	1
11	Toilets - Clients	1.2x4.2	2

S/N	Functional Space	Size (Meter)	Required Number
12	Waiting Room	7.2x4.2	1
13	Family Planning	3.0x3.6	1
14	Side-Lab	3.0x3.6	1
15	Ultra-Sound	3.0x3.6	1
16	Counselling Room	3.0x3.6	1
17	Satellite Pharmacy	3.2x4.2	2
18	Cleaners Room	1.8 x 2.4	1
Operating Theatre Department			
1	Transfer Bay	3.0x3.6	1
2	Nurses station	3.0x3.6	1
3	Sterilization and packing	3.6 x4.2	2
4	Clean utility	3.6 x4.2	1
5	Recovery room	9.6 x4.2	1
6	Anaesthesia	4.2 x 3.0	1
7	Sluice room	3.0x3.6	2
8	Operating Room	6.0 x 6.0	2
9	Scrub Up	1.8 x3.6	2
10	Changing room with toilets/bath	1.2 x 4.2	4
11	Nurse office	3.0x3.6	1
12	Surgeons office	3.0x3.6	1
13	Anesthetists Office	3.0x3.6	1
14	Tea room	7.2x4.2	1
15	Store	7.2x4.2	1
16	Sterile Store	3.0x3.6	1
17	OBYS Theatre		1
18	Cleaners Room	1.8 x 2.4	1
Radiology and Imaging Department			
1	Dark room	3.6x2.4	1
2	X-ray room	4.8 x 4.2	1
3	Screening room	6.0x6.0	1
4	Radiologist & Radiographer Offices	3.0 X 3.6	2
5	Reception	3.0 X 3.6	1
7	Waiting	7.2x4.2	1
8	Ultrasound room with toilet	3.0x3.6	1
9	Toilet (staff)	1.2 x4.2	2
10	Filing Room	3.0x3.6	1
11	Store	3.6 x4.2	1
12	Control Room	1.8 x 2.4	1
13	Cleaners Room	1.8 x 2.4	1
Laboratory Department			
1	Phlebotomy	3.6 x4.2	1
2	Sample preparation	3.6 x7.2	1
3	Haematology	3.6 x7.2	1

S/N	Functional Space	Size (Meter)	Required Number
4	Clinical Chemistry	3.6 x7.2	1
5	Parasitology/ Bacteriology	3.6 x7.2	1
6	Staff Changing	2.4 x4.2	2
7	Reception	3.0x3.6	1
8	Waiting	7.2 x4.2	1
9	In charge's Office	3.0 X 3.6	1
10	Staff Room	4.2 x 4.8	1
11	Quality Officer	3.0 X 3.6	1
12	Sterilization	3.0 X 3.6	1
13	Specimen Collection	3.6 x3.6	1
14	Blood Transfusion	3.6 x 3.6	1
15	Sample Toilet	1.2 x 4.2	2
16	Data Room	3.6 x 3.6	1
17	Bulk Store	4.2 x 7.2	1
18	Sterile Store	1.8 x2.4	1
19	Cleaners Room	1.8 x 2.4	1
CSSD Department			
1	Receiving	3.6 x.4.2	1
2	Dirty Store	3.6 x4.2	1
3	Sorting and packing	3.0 X 3.6	1
4	Decontamination and cleaning area	3.6 x4.2	1
5	Changing Rooms	2.4 x4.2	2
6	Scrubbing room	1.8 x 2.4	1
7	Sterilization room	4.8 x7.2	1
8	Sterile store	3.6 x3.6	1
9	Staff lounge	3.0x3.6	1
10	Store	7.2x4.2	1
11	Issuing	3.0 X 3.6	1
12	Cleaners Room	1.8 x 2.4	1
Inpatient Department: Medical Wards, Surgical Wards, Isolation Ward and Paediatric Ward			
1	Waiting area	3.0 X 3.6	1
2	Nurse's Station	3.0 X 3.6	1
3	Medicine Store	1.8 x 2.4	1
4	Linen Store	1.8 x 3.6	1
5	Treatment	3.0 X 3.6	1
6	Pantry	2.4 x 3.0	1
7	Assisted Bath/ Toilet	1.5 x 2.4	1
8	Staff Changing	2.4 x 4.2	2
9	Patient Toilets (male and female)	7.2x4.8	1
10	Consultation/	3.0x3.6	1
11	Sluice room	1.8 x 2.4	1
12	Clean Utility	1.8 x 2.4	1

S/N	Functional Space	Size (Meter)	Required Number
13	Dirty Utility	1.8 x 2.4	1
14	Surgical Ward,	15.6x7.2	2
15	Medical ward	15.6x7.2	2
16	Wards (paediatric)	15.6x7.2	2
17	Playing area for children	5.0x5.0	1
18	Isolation ward	12.6x7.2	2
19	Cleaners Room	1.8 x 2.4	1
20	Waiting area	3.0 X 3.6	1
21	Nurse's Station	3.0 X 3.6	1
Obs/Gyn Department			
1	Linen Store	1.8 x 2.4	1
2	Treatment	3.0 X 3.6	2
3	Pantry	2.4 x 3.0	2
4	Assisted Bath	1.5 x 2.4	2
5	Staff Changing	2.4 x 4.2	2
6	Patients Toilets	1.2 x 4.2	2
7	Consultation	3.6 x 3.6	2
8	Sluice	1.8 x 2.4	2
9	Clean Utility	1.8 x 2.4	2
10	Dirty Utility	1.8 x 2.4	2
11	Admission	3.0 X 3.6	2
12	Labour room	3.0 X 3.6	2
13	6 Bed Antenatal Ward	5.4 x 6.0	2
14	2 Bed Antenatal Ward With Toilet	4.8 x 5.7	2
15	1 Bed Antenatal Ward With Toilet	5.1 x 4.2	4
16	6 Bed Post natal Ward	5.4 x 6.0	2
17	2 Bed Postnatal Ward With Toilet	4.8 x 5.7	2
18	1 Bed Postnatal Ward With Toilet	5.1 x 4.2	4
19	Nursery	5.4 x 6.0	1
20	6 Bed GYN Ward	5.4 x 6.0	2
21	2 Bed Gyn Ward With Toilet	4.8 x 5.7	2
22	1 Bed Gyn Ward With Toilet	5.1 x 4.2	1
23	Cleaners Room	1.8 x 2.4	1
24	OBYS Theatre		1
25	Waiting area	3.0 X 3.6	1
26	Nurse's Station	3.0 X 3.6	1
Mental Health ward			
1	Consultation room	3.0 X 3.6	1
2	Seclusion room	3.0 X 3.6	1
3	Assisted Bath	1.5 x 2.4	1
4	Staff Changing	2.4 x 4.2	1
5	Patients Toilets	1.2 x 4.2	2
6	Sluice	1.8 x 2.4	2
7	Clean Utility	1.8 x 2.4	2

S/N	Functional Space	Size (Meter)	Required Number
8	Dirty Utility	1.8 x 2.4	2
9	Admission	3.0 X 3.6	2
10	6 Bed Ward	5.4 x 6.0	2
11	2 Bed Ward With Toilet	4.8 x 5.7	2
12	1 Bed Ward With Toilet	5.1 x 4.2	2
13	Group therapy	3.0 X 3.6	1
14	Cleaners Room	1.8 x 2.4	1
Waste Management			
1	High tech Incinerator	3.6x2.4	1
2	Placenta pit	3.0x3.0	1
3	Waste storage bay	6.0x6.0	1
Mortuary Department			
1.	Reception & Records	3.0 X 3.6	1
2.	Office for Mortuary In charge and Quality Officer	3.0 X 3.6	1
3.	Office for Mortuary Safety Officer & Data Officer		
4.	Office for Pathologist/MD	3.0 X 3.6	1
5.	Office for Staff/Tea room 1 room	3.0 X 3.6	1
6.	Changing room (Pathologist)	2.4 x4.2	1
7.	Changing room (staff)	2.4 x4.2	1
8.	Toilet for both sex (staff)	2.4 x4.2	2
9.	Toilet for both sex (client)	2.4 x4.2	2
10.	Cold room (cabinet capacity for 12 bodies)	7.2x 9.6	1
11.	Autopsy/PM area	1.8 x2.4	1
12.	Sluice 1 room	1.8 x2.4	1
13.	Store	2.4 x 4.2	1
14.	Achieve room	3.0 X 3.6	1
15.	Lobby (body viewing room)	6.0 x 4.8	1
16.	Waiting area	3.0 X 3.6	

Annex 2 (b): Functional spaces for various blocks for level two (II) hospital

S/N	Functional Space	Size (Meter)	Required Number
Administration Department			
1	Meeting Room for 100 people	10.5x10.5	1
2	Reception	3.0x3.6	2
3	Nursing Officer's Office	3.0x3.6	1
4	Finance, Administration	3.0x3.6	1
5	Assisted Toilet	1.5 x 2.4	1
6	Staff Toilets	1.2x 3.6	4
7	Library and Computers	12x8.5	1
8	Office for the Secretaries	3.0x3.6	2
9	RMO	7.2x4.2	1
10	Health Secretary Office	5.4x4.2	1
11	Librarian Office	3.0x3.6	1
12	Accounts Office	3.0x3.6	1
13	General Office	5.4x4.2	1
14	Tea Room	10.8x4.2	1
15	Social Welfare Office	3.0x3.6	1
16	MTUHA	3.0x3.6	1
17	ICT	3.0x3.6	1
18	Cleaners Room	1.8 x 2.4	1
19	Security Room	3.0 X 3.6	1
20	Visitors Waiting	9.6 x 9.6	1
Outpatient Department			
1	Waiting area (reception, Consultation, injection, dressing)	10.8x4.2	2
2	Reception and records	3.0x3.6	2
3	Consultation rooms	3.0x3.6	15
4	Assisted Toilet	1.5 x 2.4	1
5	Patient Toilets	1.2x4.2	4
6	Staff changing room/ toilets	2.4 x4.2	2
7	Injection Room	3.6 x4.2	1
8	Dressing room	3.6 x4.2	1
9	Dirty Utility	1.8 x 2.4	1
10	Clean Utility	1.8 x 2.4	1
11	Sluice	1.8 x 2.4	1
12	Observation room	3.0x3.6	2
13	Triage	3.0x3.6	2
14	VCT/CTC Counselling	3.6 x4.2	1
15	CTC Triage	3.6 x4.2	1
16	CTC Dispensing	3.6 x4.2	1
17	Cleaners Room	1.8 x 2.4	1
18	Medical Records	4.2 x 9.6	1
19	Payment Office	3.0 X 3.6	1

S/N	Functional Space	Size (Meter)	Required Number
Pharmacy Department			
1	Waiting	3.0x3.6	1
2	Dispensing	3.0x3.6	1
3	Sub Store	3.0x3.6	1
4	Drug Main store	24 x10	1
5	Pharmacy Office	3.6x4.8	1
6	Goods Receiving/ Issue	3.6x4.8	1
7	Cold storage area	7.2x5.8	1
8	Restricted Drug Store	2.4 x 1.8	1
9	Changing Room	2.4 x4.2	2
10	Pharmacist Office	3.6x4.8	1
11	Cleaners Room	1.8 x 2.4	1
Dental Department			
1	Waiting	3.0x3.6	1
2	Reception and records	3.0x3.6	1
3	Nurse	3.0x3.6	1
4	Consultation room	3.0x3.6	10
5	Surgery Room	3.0x3.6	1
6	Sterilization room	3.0x3.6	1
7	Doctors Office	3.0x3.6	2
8	Dental Laboratory (Polishing, Technologist, and Store rooms)	3.0x3.6	3
9	Sterilization room	3.0x3.6	1
10	Dental Imaging room	3.0x3.6	1
11	Workshop and storage	7.2 x4.2	1
12	Toilet	3.0x3.6	1
13	Changing Room	2.4 x4.2	2
14	Sluice	1.8 x 2.4	1
15	Dirty Utility	1.8 x 2.4	1
16	Clean Utility	1.8 x 2.4	1
17	Cleaners Room	1.8 x 2.4	1
Kitchen Department			
1	Cooking Area	4.8 x 6.0	1
2	Food Store	7.2x7.2	1
3	Equipment Store	2.4 x 3.6	1
4	Food Preparation	2.4 x 3.6	1
5	Cold Storage	1.8 x 2.4	1
6	Dry Store	1.8 x 2.4	1
7	Vegetable Store	1.8 x 2.4	1
8	Changing Room	2.4 x 4.2	2
9	Wash up	2.4 x 3.6	1
10	Outside Cooking	4.8 x 6.0	1
11	Utensil Store	2.4 x 3.6	1
12	Chef Office	3.0 X 3.6	1

S/N	Functional Space	Size (Meter)	Required Number
13	Nutritionist	3.0 X 3.6	1
14	Cleaners Room	1.8 x 2.4	1
Laundry Department			
1	Reception	3.0x3.6	1
2	Dirty Linen	3.0x3.6	1
3	Washing	4.8 x 6.0	1
4	Mending / Ironing	3.0x3.6	1
5	Clean Linen Store	3.0x3.6	1
6	Office	3.0x3.6	1
7	Changing room	2.4 x4.2	2
8	Drying Area	7.2 x 14.4	1
9	Laundry Store	3.0x3.6	1
10	In charges office	3.0x3.6	1
11	Cleaners Room	1.8 x 2.4	1
Stores Department			
1	Office of the In charge	3.0x3.6	1
2	General Materials	5.4 x 8.4	1
4	Miscellaneous Storage	5.4 x 6.0	1
5	Flammable materials Storage	3.0x3.6	1
6	Medical Gas	2.4 x 3.6	1
7	Cleaners Room	1.8 x 2.4	1
Technical Services			
1	Office of the In Charge	3.6 x4.2	1
2	Workshop (Electric, Plumbing and Carpentry)	3.0 X 3.6	3
3	Biomedical Workshop	3.0 X 3.6	2
4	Control Room	3.0 X 3.6	1
5	Changing Rooms / Toilets	2.4 x 4.2	2
6	Cleaners Room	1.8 x 2.4	1
7	Equipment Store	3.0 X 3.6	1
Emergency Department			
1	Patient Toilets	7.2x4.2	2
2	Assisted Toilet	1.5 x 2.4	1
3	Reception and records	3.6 x4.2	1
4	Nurses station	4.2x4.2	1
5	Waiting area	7.2x 4.2	1
6	Changing room	2.4 x4.2	2
7	Scrub room	2.7x2.4	1
8	Minor surgery	4.8 x 6.0	1
9	Sluice room	2.7x2.4	1
10	Clean utility	2.7x2.4	1
11	Consultation room	3.0x3.6	2
12	Observation Cubicle for 4	9.6 x4.2	2
13	Resuscitation	3.6 x4.2	2

S/N	Functional Space	Size (Meter)	Required Number
14	Casualty Room	9.6 x 4.2	1
15	In charges Office	3.0 X 3.6	1
16	Cleaners Room	1.8 x 2.4	1
1	Waiting	3.0x3.6	1
2	Reception	3.0x3.6	1
3	Consultation room	3.0x3.6	3
2	Refracting room	6.0x4.2	1
3	Eye minor surgery room	6.0x4.8	2
4	Clean utility	1.8 x2.4	1
5	Scrub room	1.8 x2.4	1
6	Sluice room	1.8 x2.4	1
7	Eye workshop	3.0x3.6	1
8	Changing room	2.4 x4.2	2
9	Nurse station	3.0x3.6	1
10	Examination room	3.0x3.6	1
11	Patient Toilets	1.2x3.6	2
12	Cleaners Room	1.8 x 2.4	1
ENT Department			
1	Waiting	3.0x3.6	1
2	Reception	3.0x3.6	1
3	Consultation room	3.0x3.6	3
4	Clean utility	1.8 x2.4	1
5	Scrub room	1.8 x2.4	1
6	Sluice room	1.8 x2.4	1
8	Changing room	2.4 x4.2	2
9	Nurse station	3.0x3.6	1
10	Examination room	3.0x3.6	1
11	Patient Toilets	1.2x3.6	2
12	Cleaners Room	1.8 x 2.4	1
RCH Department			
1	Consultation room (Ante/postnatal)	3.0x3.6	6
2	Reception and record	3.0x3.6	1
3	Weighing and counselling	7.2 x4.2	1
4	Adolescent clinic	3.0 X 3.6	1
5	Staff Changing	2.4 x4.2	2
6	Immunization and refrigeration	3.6 x4.2	2
7	Gynaecologist consultation room	3.0x3.6	1
8	Paediatrician consultation room	3.0x3.6	1
9	Staff lounge	7.2 x4.2	1
10	Store	3.0x3.6	1
11	Toilets - Clients	1.2x4.2	2
12	Waiting Room	7.2x4.2	1
13	Family Planning	3.0x3.6	1
14	Side-Lab	3.0x3.6	1

S/N	Functional Space	Size (Meter)	Required Number
15	Ultra-Sound	3.0x3.6	1
16	Counselling Room	3.0x3.6	1
17	Satellite Pharmacy	3.2x4.2	2
18	Office of In charge	3.0x3.6	1
19	Cleaners Room	1.8 x 2.4	1
Operating Theatre Department			
1	Transfer Bay	3.0x3.6	1
2	Nurses station	3.0x3.6	1
3	Sterilization and packing	3.6 x4.2	2
4	Clean utility	3.6 x4.2	1
5	Recovery room	9.6 x4.2	1
6	Anaesthesia	4.2 x 3.0	1
7	Sluice room	3.0x3.6	2
8	Operating Room	6.0 x 6.0	3
9	Scrub Up	1.8 x3.6	2
10	Changing room with toilets/bath	2.4 x4.2	4
11	Nurse office	3.0x3.6	1
12	Surgeons office	3.0x3.6	1
13	Anaesthetists Office	3.0x3.6	1
14	Tea room	7.2x4.2	1
15	Store	7.2x4.2	1
16	Sterile Store	3.0x3.6	1
17	Minor theatre	4.8 x 6.0	1
18	Cleaners Room	1.8 x 2.4	1
Radiology and Imaging Department			
1	Waiting	7.2x4.2	1
2	Reception	3.0 X 3.6	1
3	X-ray room	4.8 x 4.2	2
3	Screening Room (Barium)	6.0x6.0	1
4	Control Room	1.8 x 2.4	1
5	Dark room	3.6x2.4	1
6	CT Scan Room	5.1 x7.2	1
7	CT Scan Control	2.4 x 3.0	1
8	Fluoroscopy	3.0 X 3.6	1
9	EEG	3.0 X 3.6	1
3	Radiologist & Radiographer Offices	3.0 X 3.6	2
7	Ultrasound room with toilet	3.0x3.6	1
8	Staff changing room	2.4 x4.2	2
9	Viewing/ Reading Room	3.0x3.6	1
10	Store	3.6 x4.2	1
11	Cleaners Room	1.8 x 2.4	1
Physiotherapy Department			
1	Waiting	4.2 x 7.2	1
2	Registration	3.0 X 3.6	1

S/N	Functional Space	Size (Meter)	Required Number
3	Consultation	3.0 X 3.6	4
4	Exercise Area	4.2 x 9.6	2
5	Office of the Incharge	3.0 X 3.6	2
6	Procedure Bed	3.0 X 3.6	4
7	Gymnasium	4.2 x 9.6	1
8	Light Weight Exercises	4.2 x 9.6	2
9	Staff Lounge	4.2 x 7.2	1
10	Pantry	2.4 x 3.6	1
11	Equipment Store	4.2 x 3.6	1
12	Staff Changing	2.4 x 4.2	2
13	Patient Toilets	1.2 x 4.2	2
14	Assisted Toilet	1.5 x 2.4	2
15	Cleaners Room	1.8 x 2.4	1
ICU Department			
1	Office of the In charge	4.2 x 3.6	1
2	Intensive Care Room (10 beds)	10.0 x 15.0	1
3	Intensive Care Room NICU	9.6 x 4.2	1
4	Intensive Care Room PICU	9.6 x 4.2	1
5	Gowning	4.2 x 3.6	1
6	Isolation Room	4.2 x 3.6	3
7	Nurse Station	4.2 x 3.6	3
8	Sluice Room	1.8 x 2.4	3
9	Clean Utility Room	1.8 x 2.4	3
10	Ward Store	1.8 x 2.4	3
11	Staff Changing Room M	2.4 x 4.2	3
12	Staff Changing Room F	2.4 x 4.2	3
13	Doctors Office	4.2 x 3.6	1
14	Day space / Lounge/ Discussion	4.2 x 7.2	1
15	Assisted Shower/ WC	2.4 x 4.2	3
16	Duty Room	4.8 x 5.7	1
17	Linen Store	1.8 x 2.4	3
18	Cleaners Room	1.8 x 2.4	1
19	Staff Lounge	4.2 x 7.2	1
20	Equipment Store	4.2 x 3.6	1
Laboratory Department			
1	Phlebotomy	3.6 x4.2	1
2	Sample preparation	3.6 x7.2	1
3	Haematology	3.6 x7.2	1
4	Clinical Chemistry	3.6 x7.2	1
5	Parasitology/ Bacteriology	3.6 x4.2	1
6	Histology	3.6 x7.2	1
7	Serology	3.6 x4.2	1
8	Molecular Biology	3.0 X 3.6	2
9	Blood Bank	3.6 x7.2	1

S/N	Functional Space	Size (Meter)	Required Number
10	Staff Changing	2.4 x4.2	2
11	Reception	3.0x3.6	1
12	Waiting	7.2 x4.2	1
13	In charge's Office	3.0 X 3.6	1
14	Staff Room	4.2 x 4.8	1
15	Quality Officer	3.0 X 3.6	1
16	Sterilization	3.0 X 3.6	1
17	Specimen Collection	3.6 x3.6	1
18	Blood Transfusion	3.6 x 3.6	1
19	Sample Toilet	1.2 x 4.2	2
20	Data Room	3.6 x 3.6	1
21	Bulk Store	4.2 x 7.2	1
22	Sterile Store	1.8 x2.4	1
23	Donors Waiting	6.0x6.0	1
24	Observation Post Donation	6.0x4.0	1
25	Cleaners Room	1.8 x 2.4	1
CSSD Department			
1	Receiving	3.6 x.4.2	1
2	Dirty Store	3.6 x4.2	1
3	Sorting and packing	3.0 X 3.6	1
4	Decontamination and cleaning area	3.6 x4.2	1
5	Changing Rooms	2.4 x4.2	2
6	Scrubbing room	1.8 x 2.4	1
7	Sterilization room	4.8 x7.2	1
8	Sterile store	3.6 x3.6	1
9	Staff lounge	3.0x3.6	1
10	Store	7.2x4.2	1
11	Issuing	3.0 X 3.6	1
12	Cleaners Room	1.8 x 2.4	1
Mortuary Department			
1.	Reception & Records	3.0 X 3.6	1
2.	Office for Mortuary In charge and Quality Officer	3.0 X 3.6	1
3.	Office for Mortuary Safety Officer & Data Officer		
4.	Office for Pathologist/MD	3.0 X 3.6	1
5.	Office for Staff/Tea room 1 room	3.0 X 3.6	1
6.	Changing room (Pathologist)	2.4 x4.2	1
7.	Changing room (staff)	2.4 x4.2	1
8.	Toilet for both sex (staff)	2.4 x4.2	2
9.	Toilet for both sex (client)	2.4 x4.2	2
10.	Cold room (cabinet capacity for 12 bodies)	7.2x 9.6	1
11.	Autopsy/PM area	1.8 x2.4	1
12.	Sluice 1 room	1.8 x2.4	1

S/N	Functional Space	Size (Meter)	Required Number
13.	Store	2.4 x 4.2	1
14.	Achieve room	3.0 X 3.6	1
15.	Lobby (body viewing room)	6.0 x 4.8	1
16.	Waiting area	3.0 X 3.6	
Inpatient Department: Medical Wards, Surgical Wards and Isolation Ward (Two each, one for male and one for female)			
1	Waiting area	3.0 X 3.6	1
2	Nurse's Station	3.0 X 3.6	1
3	Medicine Store	1.8 x 2.4	1
4	Linen Store	1.8 x 3.6	1
5	Treatment	3.0 X 3.6	1
6	Pantry	2.4 x 3.0	1
7	Assisted Bath/ Toilet	1.5 x 2.4	1
8	Staff Changing	2.4 x 4.2	2
9	Toilets and bathrooms per ward (male and female) patients	7.2 x4.8	1
10	Consultation/	3.0x3.6	1
11	Sluice room	1.8 x 2.4	1
12	Clean Utility	1.8 x 2.4	1
13	Dirty Utility	1.8 x 2.4	1
14	Surgical wards	30.6x7.2	2
15	Medical wards	30.6x7.2	2
16	Isolation ward	30.6x7.2	2
17	Cleaners Room	1.8 x 2.4	1
Obs/Gyn department			
1	Waiting area	3.0 X 3.6	1
2	Nurse's Station	3.0 X 3.6	2
3	Medicine Store	1.8 x 2.4	2
4	Linen Store	1.8 x 2.4	2
5	Treatment	3.0 X 3.6	2
6	Pantry	2.4 x 3.0	2
7	Assisted Bath	1.5 x 2.4	2
8	Staff Changing	2.4 x 4.2	2
9	Patients toilets and bathrooms per ward	7.2 x4.8	1
10	Consultation	3.6 x 3.6	2
11	Sluice	1.8 x 2.4	2
12	Clean Utility	1.8 x 2.4	2
13	Dirty Utility	1.8 x 2.4	2
14	Admission	3.0 X 3.6	2
15	Labour room	3.0 X 3.6	4
16	6 Bed Antenatal Ward	7.4 x 6.0	4
17	2 Bed Antenatal Ward With Toilet	4.8 x 5.7	4
18	1 Bed Antenatal Ward With Toilet	5.1 x 4.2	4
19	6 Bed Post-natal Ward	7.4 x 6.0	4

S/N	Functional Space	Size (Meter)	Required Number
20	2 Bed Postnatal Ward With Toilet	4.8 x 5.7	4
21	1 Bed Postnatal Ward With Toilet	5.1 x 4.2	4
22	Nursery	5.4 x 6.0	1
23	6 Bed GYN Ward	7.4 x 6.0	4
24	2 Bed Gyn Ward With Toilet	4.8 x 5.7	4
25	1 Bed Gyn Ward With Toilet	5.1 x 4.2	4
26	Cleaners Room	1.8 x 2.4	1
27	OBYS Theatre	As described in theatre	
Paediatric Ward			
1	Waiting area	3.0 X 3.6	1
2	Nurse's Station	3.0 X 3.6	1
3	Medicine Store	1.8 x 2.4	1
4	Linen Store	1.8 x 3.6	1
5	Treatment	3.0 X 3.6	1
6	Pantry	2.4 x 3.0	1
7	Assisted Bath/ Toilet	1.5 x 2.4	1
8	Staff Changing	2.4 x 4.2	2
9	Patients toilets and bathrooms	7.2 x4.8	1
10	Consultation/	3.0x3.6	1
11	Sluice room	1.8 x 2.4	1
12	Clean Utility	1.8 x 2.4	1
13	Dirty Utility	1.8 x 2.4	1
14	6 Bed Ward – Above Five	7.4 x 6.0	4
15	2 Bed Ward With Toilet - Above Five	4.8 x 5.7	4
16	1 Bed Ward With Toilet – Above Five	5.1 x 4.2	4
17	6 Bed Ward – Under Five	7.4 x 6.0	4
18	2 Bed Ward With Toilet - Under Five	4.8 x 5.7	4
19	1 Bed Ward With Toilet - Under Five	5.1 x 4.2	4
20	Incubation ward (Neonates)	12.6x7.2	1
22	Cleaners Room	1.8 x 2.4	1
Mental Health ward			
1	Waiting area	3.0 X 3.6	1
2	Nurse's Station	3.0 X 3.6	1
3	Examination room	3.0 X 3.6	1
4	Consultation room	3.0 X 3.6	1
5	Seclusion room	3.0 X 3.6	2
6	Assisted Bath	1.5 x 2.4	2
7	Staff Changing	2.4 x 4.2	2
8	Patients Toilets	1.2 x 4.2	2
9	Sluice	1.8 x 2.4	2
10	Clean Utility	1.8 x 2.4	2
11	Dirty Utility	1.8 x 2.4	2
12	Admission Room	3.0 X 3.6	2

S/N	Functional Space	Size (Meter)	Required Number
13	6 Bed Ward	7.4 x 6.0	4
14	2 Bed Ward With Toilet	4.8 x 5.7	4
15	1 Bed Ward With Toilet	5.1 x 4.2	4
16	Group therapy	3.0 X 3.6	1
17	Cleaners Room	1.8 x 2.4	1
Waste Management			
1	High tech Incinerator	4.6x3.4	1
2	Placenta pit	4.0x4.0	1
3	Waste storage bay and office	7.0x7.0	1

Annex 3 (a): Equipment per service areas for level one (I) hospital

Consultation Room			
<ul style="list-style-type: none"> • Stethoscope • Clinical thermometer • Tongue depressors • Foetoscope • Diagnostic kit (with pen torch, patella hammer, laryngoscope, tape measure, tuning fork, otoscope and spatula). • Vaginal examination tray • Sphygmomanometer • 		<ul style="list-style-type: none"> • Torch • Screen four folds 1 • Guided Airways Adults 5 • Guided Airway Children 5 • Sink with elbow taps • Ambu bag • Angled light • Waste collecting facilities 	
Dispensing Room			
<ul style="list-style-type: none"> • Bowl Medicine 1 • Pint measure ss 1 litre 1 • Sink for hand wash • 		<ul style="list-style-type: none"> • Vomiting bowl 1 • Kidney dish ss 1 • Dust bin ss 1 	
Dressing Room:			
<ul style="list-style-type: none"> • Dressing trolley 1 • Medicine trolley 1 • Bowl stand 1 • Sterilizer electric • Instrument trays: 1 large, 1 Medium, 1 small, 1 small with lid. • 		<ul style="list-style-type: none"> • 1 large with lid. • Kidney dishes – 2 large, 2 Medium, 2 small • Galipot 4. • Dressing drum assorted sizes – 3 • Jar forces with 2 cheatle forceps • Foot operated Bucket 1 	
Injection Room			
<ul style="list-style-type: none"> • Medicine Tray ss 1 • Medicine Trolley • Emergency Medicine Tray • Waste collecting facility (IPC) • Ambu Bag Adult and Children • Drip stand 		<ul style="list-style-type: none"> • Drip solutions for emergency use • Syringes with needles • Pint measure ss 1 litre 1 • Sink for hand wash • Vomiting bowl 1 • Dust bin 1 • Bucket with lid ss 1 	
Laboratory			
• Beakers (50ml, 100ml, 250ml, 500ml & 1000ml)	(Each) - 1	Chemistry Analyser (POC)	1
• Bunsen Burner -	2	Cool Box	1
• Cool box ^[I] _{SEP}	1	Centrifuge Machine (Electrical, RCF, RPM)	1
• Cover glass for Haemocytometer	2	Haematology Analyser (POC)	1
• CRP Reader POC	1	Refrigerator with freezing compartment ^[I] _{SEP}	2
• Differential counter	1	Blood mixer	1
• Dropper bottles (50ml, 100ml &	5	Shaker (horizontal)	1

250ml) (Each)			
• Electrical Centrifuge machine	1	Magnetic stirrer with hotplate	1
• Glucometer	3	Hot plate	1
• Glycosylated Haemoglobin Reader	1	Sphygmomanometers	3
• Haemoglobinometer	3	Stethoscopes	3
• Improved Neubauer Chamber + Coverslips	3	Autoclave	2
• Kerosine stove	1	Bath room scale for donors	2
• Measuring cylinder (10ml, 50ml, 100ml, 500ml & 1000ml)	(Each) 1 [L] [SEP]	Cold boxes	2
• Microscope (AO if electricity is available)	1	Distiller	2
• Microscope Binocular (Electrical)	6	Electrical Voltage stabiliser for sensitive equipment	2
• pH meter	1	ELISA reader (optional)	1
• Pipette adjustable (0 - 10□L)	8	ELISA washer (optional)	1
• Pipette adjustable (10 - 200□L)	8	Chemiluminescence immunoassay (optional)	1
• Pipette adjustable (200 - 1000□L)	8	Fuchs Rosenthal chamber	2
• Pressure cooker/Autoclave	1	Gas generating kits for anaerobes microaerophilic	2
• Reagent bottles (250ml, 500ml & 1000ml) (Each)	5	Hot air oven	2
• Refrigerator with freezing compartment	1	Incubator	
• Spirit Lamp	1	Microplate viewer	1
• Staining rack	2	Microscope (Fluorescence) (optional)	1
• Tally counter	2	Multichannel pipette (10 - 200□L)	4
• Thoma pipette for RBCs and WBCs count (Each)	2	pH Meter	2
• Timer (digital) stopwatch and countdown	6	Stethoscopes 2	2
• Tourniquet [L] [SEP]	6	CDRL SHaker	2
• Urine analyser (POC) [L] [SEP]	1	Water bath	2
• Weighting scale	1	Weighting scale (Analytical) 0.000-1000gm	1
• Shaker Thoma pipette	1	• Hot air oven [L] [SEP]	1
• Maximum/Minimum thermometer [L] [SEP]	17	• Bunsen Burner [L] [SEP]	2
Maternal and Child Health Clinic			

<ul style="list-style-type: none"> • Weighing scale – 1 Adults, 1 Children • Height measuring Scale • Examination light • Foetoscope • Immunization trays 2 	<ul style="list-style-type: none"> • Sphygmomanometer • Stethoscope • Dressing trolley • Refrigerator • Small autoclave • Clinical thermometer
Minor Theatre	
<ul style="list-style-type: none"> • Sterilizer – electric/gas • Operating light 1 • Suction Machine electric or fast sucker • 1 sphygmomanometer and 1 stethoscope • Adult and Paediatric resuscitators • Intravenous Equipment (cannula). • Airway adult – 10 • Airway Neonates – 10 • Airway infants – 5 	<ul style="list-style-type: none"> • Anaesthetic Machine • Continuous flow (1) optional • Oxygen concentrator 1 • Instrument trays (Large, Medium, small) 1 each • Dressing drums (deep-large, small, shallow-large, small) 1 each type. • Drip stands 2 • Operating table 1
Labour Ward	
<ul style="list-style-type: none"> • Four complete delivery beds with Mackintosh • Buckets with lids for soiled linen and swabs (IPC) • Foetoscopes 4 and Doppler 1 • Sphygmomanometers 4 stethoscopes 4 • Angled lamp, torch • Resuscitation table for the new born • Oxygen supply (cylinder or oxygen concentrator) • Ambu bag Adult and Neonate 	<ul style="list-style-type: none"> • Baby cot • Autoclave • Baby Warmer • Suction Machine (Electrical and/or Foot) 2 • Delivery Kits • Vacuum extraction pump • Gloves for Placenta removal • Cannula
Major Theatre	
<ul style="list-style-type: none"> • Has to have at least 4 rooms • Patient receiving area • Scrub room Operating room • Sluice • Major operating light 1 • Dressing trolley • Drip stand with double hooks adjustable height. • Mayo instrument • Drip Stand • Diathermy machine • Anaesthetic trolley • Complete anaesthesia, resuscitation and airway management system (Boyles machine) consisting of Oxygen source • Vaporizers 	<ul style="list-style-type: none"> • Hoses • Valves • Bellows or bag to inflate lungs • Face masks (sizes 00-5). • Work surface and storage Paediatric anaesthesia system. • Adult and Paediatric resuscitator sets • Pulse oximeter – 1 • Laryngoscope Macintosh blades 1 – 3 (4) • Oxygen concentrators/Cylinders • Sphygmomanometer 1, stethoscope 1 • Suction Machine (electrical) • Operating table – 1 • Patients stretcher – 4

<ul style="list-style-type: none"> • Trolley for solid linen 	<ul style="list-style-type: none"> • Wheel chair adult size – 2
Ward	
<ul style="list-style-type: none"> • Standard hospital white bed with wheels and mattress covered with Mackintosh. • Patient stretcher • Trolley for soiled linen • Drip stand 2 • Screen four folds 1 • Sterilizer 1 • 	<ul style="list-style-type: none"> • Oxygen concentrator • Emergency Tray with medicines • Dressing trolleys (different sizes) • Bed elevator and Back rest 1 • Suction Machine Electrical/foot operated • Instrument trays (small, Medium, large) • Airways Adult/children (5 each) • IPC Buckets
Imaging Department	
<ul style="list-style-type: none"> • Complete X-ray Unit • Ultrasound machine. 	
Dental Room	
<ul style="list-style-type: none"> • Dental chair manoeuvrable to all operating positions • A spittoon that can be kept clean • 1 operating light • 1 Autoclave 	<ul style="list-style-type: none"> • 1 Dental unit to operate either air motor or turbine hand piece with connections for air and water. • X-ray machine for dental diagnosis services (optional) • Complete sets of tooth extractions and minor operations. • Instruments for Restoration
Mortuary	
<ul style="list-style-type: none"> • Refrigerators • Autopsy slab • Autopsy set • Cupboard 	<ul style="list-style-type: none"> • Two sinks • Running water • Cleaning section • PPEs

Annex 3(b): Equipment per service in level two (II) Hospitals.

Consultation Rooms	
<ul style="list-style-type: none"> • Stethoscopes • Clinical thermometers • Tongue depressors • Foetoscopes/Doppler • Diagnostic sets • Vaginal examination tray 	<ul style="list-style-type: none"> • Sphygmomanometers • Hand torches • Screen four folds 1 • Guided Airways Adults 5 and Children 5 • Sinks with running water
Dressing Room	
<ul style="list-style-type: none"> • Sterilizer Electric/Stove 1 • Instrument trays • 1 large, 1 medium, 1 small • Galipot 4 • Bowls 1 large, 1 medium, 1 small • 	<ul style="list-style-type: none"> • Dressing drums: • - 1 deep large, 1 deep small, 1 shallow large • Forceps bowl 2 • Dressing tray 3 • Sink with running water. • Buckets
Injection Room:	
<ul style="list-style-type: none"> • Dressing trolley 1 • Medicine trolley 1 • Bowl stand 1 • Sterilizer electric 1 • Instrument trays: 1 large, 1 Medium, 1 small, 1 small with lid and 1 large with lid. 	<ul style="list-style-type: none"> • Kidney dishes – 2 large, 2 Medium, 2 small • Galipot 4. • Dressing drum assorted sizes – 3 • Jar forces with 2 cheatle forceps • Bucket for operated 1
Dispensing Room	
<ul style="list-style-type: none"> • Bowl - Medicine 1 • Pint measure ss 1 litre 1 • Sink for hand wash • Vomiting bowl 1 • Dust bin 1 • Bucket with lid ss 1 	
Maternal and Child Health Room	
<ul style="list-style-type: none"> • Weighing scale – 1 Adults, 1 Children • Foetoscopes/Doppler • Sphygmomanometers • Stethoscopes • Dressing trolleys 1 	<ul style="list-style-type: none"> • Refrigerator 2 • Sterilizer Electric/stove • Clinical thermometers • Immunization trays 2

Minor Theatre (Casualty)	
<ul style="list-style-type: none"> • Sterilizer – electric/kerosene • Diathermy machine 1 • Suction Machine electric or fast sucker • 1 sphygmomanometer and 1 stethoscope • Adult and Paediatric resuscitators • Intravenous Equipment (cannula). • Airway adult – 10 • Airway Neonates – 10 • Airway infants – 5 • Anaesthetic Machine • Continuous flow (1) optional • Oxygen concentrator 1 • Instrument trays (Large, Medium, small) 1 each • Dressing drums (deep-large, small, shallow-large, small) 1 each type. • Drip stands 2 • Oxygen Cylinders Large 6, small (portable) 1 • Hose • Valves • Bellows or bag to inflate lungs • Face masks (sizes 00-5). • Pulse oximeter 2 • Suction Machine (electrical/foot • Sphygmomanometer 8, stethoscope 8) 4 	<ul style="list-style-type: none"> • Operating Table 1 • Major Operating theatre light 1 • Labour Ward • Four complete delivery beds with Mackintosh • The buckets with lids for soiled linen and swabs • Foetoscopes/Doppler 4 • Sphygmomanometer 1 stethoscope 4 • Angled lamp, torch 4 • Resuscitation tables 2 • Oxygen supply (cylinders-4 and oxygen concentrators 2) • Ambu bags 4 • Flow-meters 8 • Baby cots 2 • Sterilizer 1 • Minor operating lights 4 • Dressing trolleys 2 • Drip stands with double hooks adjustable height 4 • Emergency Cast (trolley) • Vaporizers • Laryngoscope Macintosh blades 1 – 3 (4) • Oxygen concentrators/Cylinders
Ward	
<ul style="list-style-type: none"> • Standard hospital white bed with mattress covered with Mackintosh. • Every bed should have at least 8 sheets • Patient stretcher • Trolley for soiled linen • Drip stand 2 • Screen four folds 8 	<ul style="list-style-type: none"> • Trolleys (different uses) • Bed elevator and Back rest 1 • Sterilizer 1 • Suction Machine foot/Electric 2 • Instrument trays (small, Medium, large) • Airways Adult/children (5, each) • Concentrator 4
Laboratory	
<ul style="list-style-type: none"> • Calorimeter variable wavelength • Water bath • Refrigerators – one freezer compartment for reagents – one for blood bank • Autopsy dissected set. • Binocular powered microscope 	<ul style="list-style-type: none"> • Haemoglobinometer • Weighing scale • Chemistry analyser • Haematology analyser • CD4/CD8 count machines • Hot air oven

<ul style="list-style-type: none"> • Centrifuge machine • Elisa reader • Centrifuge Machine (Electrical/Manual) • Glucometers • Electrical, battery powered/spirit lamp. • Tally Counter • Differential Counter 	<ul style="list-style-type: none"> • Autoclave • Water distiller • Water filler • ELISA washer manual • ELISA reader. • Weighing scale
Radiology and Imaging Department	
<ul style="list-style-type: none"> • Complete X-ray Unit • CT scan • Ultrasound machine. 	
Dental Room	
<ul style="list-style-type: none"> • Dental chair manoeuvrable to all operating positions • A spittoon that can be kept clean • 1 operating light • 1 Autoclave • 	<ul style="list-style-type: none"> • 1 Dental unit to operate either air motor or turbine hand piece with connections for air and water. • X-ray machine for dental diagnosis services (optional) • Complete sets of tooth extractions and minor operations. • Instruments for restoration of teeth • Equipment for dental prosthesis
Major Theatres 3 each with	
<ul style="list-style-type: none"> • Operating table – Major 1 • Patients stretcher complete 4 • Wheel chair invalid filing adult size – 2 • Trolley for solid linen. • Anaesthetic Machine (Boyles) Complete with accessories – 1 • Operating light • Diathermy • Wheel chair, • Anaesthetic trolley • Suction machine • Laryngoscope set • Oxygen cylinders – 4/oxygen concentrator • E. Tubes – various size • Magills forceps – 2 • Instrument trays (Large, Medium, Small) 1 each 	<ul style="list-style-type: none"> • Set of Trays • General set (Laparotomy set 2) • Caesarean section set 2 • Dilatation and curettage 2 • Relief of retention of urine 1 • Limb amputation (emergency) 1 • Vacuum extraction set 1 • Cutting down tray • Incision tray • Lumber puncture tray • Lymph node Biopsy tray • Parachutists Tray • Aspiration tray • Tracheostomy tray (Emergency) • Dressing drums (deep-large, small, shallow-large, small) 1 each type.
Intensive Care Unit	
<ul style="list-style-type: none"> • Pulse oximeter (1); • Cardiac Monitor; • Suction Machine; • Oxygen cylinder/ Oxygen concentrator; • Sphygmomanometer; 	<ul style="list-style-type: none"> • Laryngoscope Set 1; • Defibrillator 1; • Range of End tracheal tubes, 3, 5, 6, 7, 8, 8, 5; • Cannulas size 24 – 16 G;

<ul style="list-style-type: none"> • Ambu bag adult (1); • Ventilator; 	<ul style="list-style-type: none"> • T pieces (breathing circuits 2); • Special ICU beds 12; • Resuscitation trolley.
X-Ray Room	
<ul style="list-style-type: none"> • Illumination; • X-Ray units with table; • Lead apron; • Weighing machine; • AC Machine; • Processor machine; • Cassettes; • Lumbar punctal kit; • Angiographic kits; 	<ul style="list-style-type: none"> • Ultrasound machine 1; • X-Ray films different sizes; • Syringes with needles; • Resuscitation kit; • Film Badges; • HSG. Lot; • Glasses; • Dark room hopper.
ICT Equipment (see with ICT section)	
<ul style="list-style-type: none"> • Involved in data storage and management • Should have data backup • Maintained regularly 	
Mortuary unit	
<ul style="list-style-type: none"> • Refrigerators • Autopsy slab • Autopsy set • Cupboard 	<ul style="list-style-type: none"> • Two sinks • Running water • Cleaning section • PPEs

Annex 4: Stand Alone Facilities

Annex 4(a). Medical Equipment

Equipment for Dental services	
<ul style="list-style-type: none"> ▪ Dental chair maneuverable to all operating positions ▪ A spittoon that can be kept clean ▪ 1 Operating light ▪ 1 Autoclave for sterilization ▪ 1 Dental unit to operate either air motor or turbine hand piece with connections for air and water ▪ X-ray machine for dental diagnostic services (optional for Comprehensive one) ▪ 5 mouth mirror ▪ 5 probes ▪ 2 tweezers ▪ Excavators No. 125/126 and 127/128 each ▪ Plastic Instruments (NO. 16,18,154 AND 155) ▪ Scalers (NO.H6, H7, and H5) ▪ Two matrix clamp/retainer and bands 	<ul style="list-style-type: none"> ▪ Amalgam carrier ▪ Water syringe and air syringe ▪ Alloy and mercury dispenser ▪ Cotton and holder ▪ Amalgamator ▪ Hand piece-straight ▪ Burnisher ▪ Carver ▪ Condenser ▪ Hand piece-contra angle ▪ Extraction forceps <ul style="list-style-type: none"> – 5 lower molar forceps – 2 pairs of upper molar forceps – 1 lower premolar forceps – 1 upper incisor forceps – 2 root elevators – 1 straight elevator

Equipment for Dental Laboratory:	
<ul style="list-style-type: none"> • Polishing and grinding lathe • Laboratory suspension unit complete with mortar, cable arm variable foot control • Dental Laboratory hand piece • Model timer • Plaster vibrators • Paco Bath • Casting machine • Bunsen burner • Bench press • Denture flasks • Flask steel press 	<ul style="list-style-type: none"> • Plain line articulator • Carvers • Spatula • Wax Knife • Scissors • Plaster knife • Tweezers • Rubber bowl • Plaster saw • Hammer • Pliers NO.64, 74, 150 and 127 • Spirit lamp
Equipment and supplies for Mobile Dental Hospital/Clinics	
This should include all of the Dental clinic and Dental laboratory PLUS	
<ul style="list-style-type: none"> • Panoramic radiography machines for general diagnostics of the tooth arch and the jaw. • Panoramic radiography or advanced panoramic radiography for specific diagnostics of the tooth arch, the jaw, maxillary sinuses and temporomandibular joints. • Dental tomographic slices (3D Dental CT scan) for detailed morphologic diagnostics of facial bones designed to comply with the needs of modern surgical Dental Practitioners. • Cephalometry (The science of measuring the human head, used especially in plastic surgery and orthodontics) for imaging of the skull 	
<ul style="list-style-type: none"> • On board diesel generator • Shore power – transfer switch between generator and shore line with exterior light • Electrical supply • Exterior material – smooth, strong and water resistant material • Interior finish – walls and ceiling insulated w/white panel board; (ambulance grade) flooring is chemical resistant. All doors and exposed wall edges are trimmed w/aluminum and padded for added protection • Audio – public address system wired to each room and curb side exterior speakers • Canopy – curb side; extends over entrance door • Exterior lighting • Interior lighting – fluorescent lighting with switches in each room • AC – mounted units with interior heat and wall thermostats (one per room) • Vents – roof/sideways mounted power vents; a Biozone BI-500 Ultraviolet air purifier in exam room • Exterior storage – curb side in goose neck with interior lighting • Doors - front and rear curb side entrance doors with tinted slider window and screen; internal step well 	

<ul style="list-style-type: none"> • Windows – tinted slider windows • Wheel chair access – rear drop down door/ramp into medical exam room; plastic curtain to prevent wind from blowing into exam room when ramp is deployed • Hydraulic jacks – landing gear and rear stabilizer • Safety features – CO2 smoke detector; fire extinguisher and first aid kit • Exterior color – all white; ready for custom graphics
Interior – Clinic Layout & Equipment
<ul style="list-style-type: none"> • Medical (rear) exam room – Side entrance door w/window and screen; internal step well; sliding pocket door w/lock; cabinet w/aluminum sink; overhead and under counter storage cabinets, safe box for narcotics, sink with running water supply and under-counter storage cabinets, Equipment includes: Portable folding exam table; exam light; doctor's pneumatic stool; integrated wall-mounted diagnostics system; thermometer and sharps container; glove dispenser
<ul style="list-style-type: none"> • Screening and laboratory area – sliding pocket doors w/lock; desk and chair; cabinet w/aluminum sink; storage cabinets; patient seating bench; wall-mounted erase board
<ul style="list-style-type: none"> • Equipment Includes: BP machine; thermometer; gloves and sharps container; safe and secure cabinet for narcotics
<ul style="list-style-type: none"> • Dental chair
<ul style="list-style-type: none"> • Intake/Social Work area – sliding pocket doors w/lock, desk with chair; full counter and overhead cabinets, wall-mounted erase board; couch for patient seating and consultation
<ul style="list-style-type: none"> • Waiting (front) area – bench with storage; overhead cabinets; wall-mounted dry erase board
Sanitation equipment
<ul style="list-style-type: none"> • Ultraviolet sterilizing unit • A water tank of 400 liters capacity • Sink for hand wash with running water. • Mirror, paper hand towels holder, litter bin
Equipment for Treatment, VCT and Dispensing room for mobile clinics
<ul style="list-style-type: none"> • Sink with running water supply and under-counter storage cabinets • Fitted with lockable storage and Drug Cabinet • Fold up desk / table and three portable chairs • Examination bed with under-counter storage • Sharps Bin basin • Air Curtains fitted on entry exit point to help keep dust and insects out
Equipment and supplies for Emergency Ambulances
A. Ventilation and Airway Equipment

1. Portable and fixed suction apparatus
2. Portable oxygen apparatus, capable of metered flow with adequate tubing
3. Portable and fixed oxygen supply equipment
4. Oxygen administration equipment
5. Bag-valve mask (manual resuscitator)
6. Air ways - Nasopharyngeal, Oropharyngeal
7. Pulse oximeter with pediatric and adult probes
8. Saline drops and bulb suction for infants
9. Ventilator

B. Monitoring and Defibrillation

All ambulances should be equipped with an automated external defibrillator (AED) unless staffed by advanced life support personnel who are carrying a monitor/defibrillator.

C. Immobilization Devices

1. Cervical collars
2. Head immobilization device
3. Pelvic immobilization device
4. Upper and lower extremity immobilization devices
5. Impervious backboards (long, short; radiolucent preferred) and extrication device

D. Bandages

1. Pre-packaged or sterile burn sheets
2. Bandages
 - Triangular bandages (minimum two safety pins each)
 - ACE bandages
3. Dressings
 - Sterile multitrauma dressings (various large and small sizes)
4. Gauze rolls
5. Occlusive dressing or equivalent
6. Adhesive tape
7. Arterial tourniquet

E. Communication

Two-way communication device between EMS provider, dispatcher, and medical control

F. Obstetrical Kit (Pre - packaged set)

G. Miscellaneous

1. Access to patient care protocols
2. BP machine (pediatric and adult regular and large)
3. Stethoscope (adult and pediatric)
4. Thermometer
5. Heavy bandage or paramedic scissors for cutting clothing, belts, and boots
6. Cold packs
7. Sterile saline solution for irrigation (1-liter bottles or bags)
8. Flashlights (2) with extra batteries and bulbs
9. Blankets
10. Sheets (minimum 4), linen or paper, and pillows
11. Towels
12. Triage tags
13. Emesis bags or basins

14. Bedpan
15. Urinal
16. Wheeled cot
17. Folding stretcher
18. Stair chair or carry chair
19. Patient care charts/forms
20. Lubricating jelly (water soluble)

H. Infection Control

1. Eye protection (full peripheral glasses or goggles, face shield)
2. Face protection (for example, surgical masks per applicable local or state guidance)
3. Sterile and non-sterile gloves
4. Coveralls or gowns
5. Waterless hand cleanser, antimicrobial gel/sanitizer
6. Disinfectant solution for cleaning equipment
7. Standard sharps containers, fixed and portable
8. Colour coded waste disposal containers with liners
9. Respiratory protection mask (for example, N95 or N100 mask—per applicable local or state guidance)

I. Injury Prevention Equipment

1. All individuals in an ambulance need to be restrained
2. Protective helmet/ jackets or coats/trousers/ boots
3. Fire extinguisher
4. Hazardous material reference guide
5. Reflective safety wears for each crewmember

Annex 4(b). Working Space

Working space for both Medical and Dental Clinic:

Minimum of three rooms

- A room of area 5 x 3 m with at least one large window which is dust proof
- Reception room
- Consultation room
- Walls with oil paint /tiles from floor to height of at least 1 1/2 m
- Toilets
- Space for incinerator

Working Space for Dental Laboratory

A minimum of 4 Rooms

- A room of area 5 x 3 m with at least one large window, which is dust proof.
- Reception room /Waiting room
- Working room with formica/marble table
- Walls with oil paint /tiles from floor to height of at least 1 1/2 m
- Toilets
- Changing room
- Store room

Working space for Dental Hospital

- Diagnosis and Consultation Room
- X-ray Room(s)
- Dental Treatment Room(s)
- Operating Room
- Admitting Room(s)
- Oral pathology room
- Children's Corner
- Reception
- Dental Laboratory
- Central Sterilization Room
- Nursing station

Annex 4(c): Regulatory Boards

- Private Hospitals Advisory Board-PHAB
- Private Health Laboratory Board -PHLB
- Medical Radiology and Imaging Practitioners Council-MRIPC
- Medical Council of Tanganyika-MCT
- Tanzania Atomic Energy Commission –TAEC
- Association of Physiotherapist in Tanzania-APTA
- Tanzania Nursing and Midwife Council-TNMC
- Pharmacy Council
- Optometry Council

Annex 5. Public Health Act, 2009

(g) Cemetery and Crematoria

126. Powers of the Authority to designate burial sites.

126. -(1) The Authority may, by an order published in the Gazette, designate a sufficient area to serve as burial sites.

(3) Where necessity arises to allow private agents, companies or organizations to run burial sites, agents, companies or organizations shall apply for a permit from the Authority and follow other procedures laid down by the Authority or any other written law in respect of acquisition of land and the performance of such activity.

(4) Where a burial site has been designated-

(a) dead bodies shall not be buried in that burial site without a burial permit from the authority;

(b) dead bodies shall not be buried less than two meters below the ground adjoining the grave;

(c) a person shall not bury or otherwise dispose of a corpse without having a burial permit issued by the Authority.

5) Every cemetery shall-

(a) Be properly fenced;

(b) Have attendants employed to guide people during burial ceremonies;

(c) Have sufficient number of toilets for both sex;

(d) Have adequate water supply;

(e) Have an office to be used by a cemetery supervisor;

(f) Be divided into sub divisions according to religious groups;

(g) Have access, permanent road and parking space;

(h) Be located one hundred meters downhill from water source;

(i) Be planned and designated in such a way that it may serve for thirty years; and

(j) Have any other cemetery specification as the Minister may, by order published in the *Gazette*, prescribe.

- Powers of the Authority to designate burial sites

- Notification of closure of burial grounds Reimbursement

- Of expenses to the Authority Licensing of funeral undertakers

(6) Every Village Authority established under the Village Land Act shall designate a burial site within its area of jurisdiction where dead bodies shall be buried upon obtaining a permit from the Authority.

(7) The Authority shall keep and maintain a reasonable distance between the burial sites and residential areas a dwelling house and source of water.

127. Notification of closure burial grounds.

127. (1) The Authority may notify, by a publication in the Gazette and any local newspaper circulating in the area, notice boards on the area or any other method which may be considered fit of a closure of the burial ground.

(2) A person who buries any corpse or remains of any corpse in the closed burial ground commits an offence and upon conviction shall be liable to a fine not exceeding five hundred thousand shillings or to imprisonment for a term not exceeding six months or to both.

128. Reimbursement of expenses to the Authority.

(h) Funeral Homes, Mortuaries and Coffins Business

128. All reasonable expenses incurred by the Authority as a result of any default in complying with any order or notice issued under this Part shall be deemed to be money paid for the use and at the request of the person on whom the order or notice was made, and shall be recovered from him at the suit of the Authority as a civil debt recoverable summarily.

129. The licensing of funeral undertakers.

129. - (1) A person who intends to operate a funeral home mortuaries or coffins business shall apply for a license from the Authority for that purpose.

(2) A license shall not be granted by the Authority until the Authority is satisfied that the undertaker-

(a) is or has a qualified health personnel; and

(b) has the facilities appropriate for the work.

(3) Notwithstanding subsections (1) and (2), no person shall display a coffin at a public place for purpose of inviting customers.

Authority area to permit the establishment of mortuaries, Coffin selling centres and funeral homes.

130. Powers of the Authority to permit the establishment of mortuaries and funeral homes.

130. The Authority may permit any person to establish, maintain or Power of manage a mortuary, coffin selling centers or a funeral home.

Location of mortuaries and funeral homes

131. Locations of mortuaries and funeral homes.

131. In exercising the powers conferred upon it, the Authority shall allocate or approve the location of such mortuaries, coffins selling centers and funeral homes taking into consideration the provisions of subsections

(3), (4) and (5) of section 126.

132. Regulations in respect of funeral homes and mortuaries.

132. The Minister may make Regulations prescribing for:

(a) The conduct and qualification of funeral undertakers; and of funeral mortuaries; homes

(b) The transportation of corpses;

(c) The manner of selling of coffins and related articles;

(d) The standards and specifications of mortuaries; and

(e) The standards and specifications of funeral homes.