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Day Surgery Centers Inspection Checklist- Random

Name of the Facility: _____

Date of Inspection: ____/____/____

Ref.	Description	Yes	No	N/A	Remarks
5	STANDARD ONE: REGISTRATION AND LICENSURE PROCEDURES				
5.4.	All Day Surgical Centres (DSC) are mandated to be accredited in accordance with the required timeframe set out by DHA Circular (18 months).				
a.	There should be an allocated medical waste storage and collection area that is well ventilated and secured from public and patient access.				
b.	The medical waste storage and collection area shall be adequately labelled with a hazard sign to prevent unexpected entry from patients or the public.				
5.6.	The health facility should ensure it has in place adequate lighting and utilities, including temperature controls, water taps, medical gases, sinks and drains, lighting, electrical outlets and communications.				
5.7.	The health facility shall maintain documented evidence of treatment protocols and care pathway for surgical procedures to include, but not be limited to the following:				
5.7.1.	Referral criteria.				
5.7.2.	Consultation.				
5.7.3.	Clinical laboratory services and diagnostics.				
5.7.4.	Pre-op assessment and patient acuity classification.				
5.7.5.	Staffing requirements.				
5.7.6.	Informed Consent.				
5.7.7.	Surgical Safety Checklist for Surgical Procedures.				

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5.7.8.	Patient Monitoring, Recovery and Discharge.				
5.7.9.	Emergency procedures and transfer of critical/complicated cases when required.				
5.7.10.	Patient discharge and follow up.				
5.7.11.	Patient complaints.				
6	STANDARD TWO: HEALTH FACILITY REQUIREMENTS				
6.1.1.	Day surgical centers shall not operate or open between 12:00am and 6:00am.				
6.1.2.	Surgeries in DSC CM and C shall not start after 3:00pm.				
6.1.3.	Surgeries in DSC CM and C shall not exceed three (3) hours.				
6.1.4.	Multiple surgeries that exceed three (3) hours are not permitted.				
6.2.	Day Surgical Centre Shall Only provide Surgical and Diagnostic procedures for ASA-PS Classification I and II Patients (Appendix 1-3).				
6.4.	Day Surgical Services shall be Consultant or Specialist Led services.				
6.4.2.	The consultant or specialist shall have a valid ACLS or ATLS training.				
6.6.1.	A comfortable treatment environment should be provided in the health facility and assure patient privacy and confidentiality.				
6.8.	The health facility shall install and operate equipment required for the provision of proposed services in accordance with the manufacturer's specifications.				
6.9.2.	Class B, CM and C Day Surgical Centres will have the required medical equipment to manage permitted surgeries:				
a.	Operating Theatre (OT) with Anaesthesia machine with vital sign monitor (ECG);				
b.	Emergency Medical Service (EMS) call system;				
c.	Pulse oximeter, and hemodynamic monitoring equipment;				
d.	One portable ventilator is required for two OT (backup); and				

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e.	One ventilator is required for two beds in the recovery bay.				
a.	Class A DSC categories must provide:				
i.	Point of Care Testing for glucose, Dipstick urinalysis and Pregnancy test.				
ii.	Any other lab services as per patient need may be contracted with an external laboratory provider.				
b.	Class B DSC categories must provide:				
i.	Point of Care Testing for glucose, Prothrombin time/international normalized ratio (PT/INR), Dipstick urinalysis and Pregnancy test.				
ii.	Any other lab services as per patient need may be contracted with an external laboratory provider.				
c.	Class C-M and C DSC categories must provide:				
i.	Point of Care Testing (glucose, Prothrombin time/international normalized ratio (PT/INR), Dipstick urinalysis and Pregnancy test.				
ii.	Arterial Blood Gas (ABG)				
iii.	Any other lab services as per patient need may be contracted with an external laboratory provider.				
d.	CM and C DSC categories must provide essential onsite radiology services.				
i.	Radiology (or mobile x-ray) should include plain x-rays and chest x-rays as per FANR requirements.				
ii.	The remaining radiology services as per patient need may be contracted with an external radiology provider.				
6.9.6.	All laboratory equipment shall be calibrated and maintained as per DHA Policy for Clinical Laboratory.				
6.9.7.	All DSC must have a written agreement for patient referral and emergency transfer to a nearby hospital setting. The transfer agreement shall detail the transfer plan/protocol of patients and meet Dubai transfer timeframes for emergency patients.				

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a.	The Health Facility shall put in place annual simulation scenarios with all surgical teams to manage patient recovery and transfer.				
b.	Simulation outcome and improvement plans shall be documented.				
7	STANDARD THREE: STAFFING AND HUMAN RESOURCE REQUIREMENTS				
7.1.	Hold an active DHA professional license and work within their scope of practice and granted privileges.				
7.3.2.	At least one full time licensed specialist or consultant surgeon present in the Day Surgical Centre.				
7.3.4.	At least one part time anaesthetist is required in Class B where permitted narcotics, and dissociative anaesthetics are being administered for endoscopic procedures (<i>Appendix 2</i>).				
7.3.5.	At least one full-time Anaesthetist must be present in DSC Class CM and C.				
7.3.9.	For DSC that provide full Laboratory Services, one full time or part-time DHA licensed pathologist shall be available to supervise and manage the clinical laboratory services in the DSC and laboratory technicians.				
a.	At least one laboratory technician shall be available in each shift and shall only be responsible for essential laboratory services.				
7.3.10.	For DSC that provide Radiology Services, one full time or part-time specialist/consultant radiologist shall be available to supervise and manage the radiology services in the DSC.				
a.	At least one radiography technician shall be available in each shift and shall only be responsible for essential radiography services.				
a.	The health facility shall employ a biomedical engineer or maintain a service contract with a certified maintenance company to ensure safety, reliability, validity and efficiency of medical devices and mechanical equipment.				
8	STANDARD FOUR: PRE-OP ASSESSMENT, PATIENT CARE AND ANESTHESIA				

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8.3.1.	For DSC Class A and B: Blood Pressure, Blood Glucose, BMI and exclusions noted in 6.3.3 should form part of the pre-op assessment.				
8.3.2.	For CM and C: pre-op assessment should include CBC, Blood Pressure, Blood Glucose, Coagulation Profile, BMI and exclusions noted in 6.3.3, and general anaesthesia consult.				
8.3.3.	Pre-op assessments shall be conducted in the same health facility where the surgery will be provided.				
8.3.4.	Patients undergoing elective surgery shall provide their consent at pre-op assessment and on the day of surgery.				
a.	The timeframe from pre-op assessment to surgery shall be conducted within 4-weeks. Patients exceeding the 4-week window should be re-assessed.				
d.	On the day of surgery, the patient must sign the second informed consent form that elaborates risks, benefits and alternatives before the procedure begins. The physician shall be available to answer any further questions in a non-technical way. The minimum requirements for informed consent are set out in Appendix 5 .				
8.4.1.	All surgeries under Day Surgical Centre category B must always be overseen by a DHA licensed surgeon and nurse.				
8.4.2.	All surgeries under Day Surgical Centre category CM and C must always be overseen by a DHA licensed surgeon, anaesthetist and nurse.				
9	STANDARD FIVE: PATIENT SAFETY				
9.1.	There are several Patient Safety considerations that should be considered and documented in the patient record.				
9.1.3.	Procedure to be undertaken and location with clear markings.				
9.1.6.	Verification of Nothing by Mouth Status.				
9.1.26	Falls management.				
9.1.28	Communication of staff and during patient hand-over.				

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12	STANDARD EIGHT: CRITICAL CARE SERVICES AND EMERGENCY MANAGEMENT				
12.3	The DSC shall ensure periodic training and education for staff in the use of equipment for emergency management. Training and assessment of competency shall be documented as per the requirements of the training provider.				
12.5.3	The recovery room will include medical gas outlets (O2, Air, Suction), enough electrical outlets, and examination lights. Supply of medical gases shall be available, and a centralized medical gas system shall be according to HTM 2022 or its equivalent internationally accepted Standard.				
12.5.4	Pharmaceutical agents, oxygen, oral suction, laryngoscope, Ambu-bag shall be readily available in the health facility.				
12.8	All Physicians, Anaesthetists, Technicians and Nurses engaged in surgery shall maintain up to date hands-on/practical Basic Life Support (BLS) or Advanced Cardiac Life Support (ACLS) or Paediatrics Advanced Life Support (PALS) Certification as per the scope of services provided.				
12.9	If the DSC manages paediatric cases, DSC must ensure Paediatricians and anaesthetists are trained in managing paediatric cases and PALS certified.				
12.9.1	All RN who provide patient care are required to maintain a valid Basic Life Support (BLS) certification.				
12.11	Emergency devices, equipment and supplies must be available for immediate use for treating life-threatening conditions, in addition to drugs listed Appendix 11-12.				
12.11.1	Defibrillator.				
12.11.2	Emergency Cart with Emergency medicines.				
12.11.3	Resuscitation Kit, Cardiac board and Oral Airways.				
12.11.4	Laryngoscope with blades.				
12.11.5	Diagnostic set.				
12.11.6	Patient trolley with an IV stand.				

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12.11.7	Nebulizer.				
12.11.8	Refrigerator for medication.				
12.11.9	Floor Lamp (Operating light mobile).				
12.11.10	Sets of instruments shall include suturing set, dressing set, foreign body removal set or minor set and cut down set.				
12.11.11	Disposable supplies shall include suction tubes (all sizes), tracheostomy tube (all sizes), intravenous cannula (different sizes), IV sets, syringes (various sizes), dressings (gauze, sofratulle), crepe bandages (all sizes), splints (Thomas splints, cervical collars, finger splints).				
12.11.12	All fluids (e.g. D5W, D10W, Lactated Ringers, Normosol R, Normosol M, Haemaccel) and Glucometer.				
12.11.13	Sufficient electrical outlets to satisfy monitoring equipment requirements, including clearly labelled outlets connected to an emergency power supply.				
12.11.14	A reliable source of oxygen.				
12.11.15	Portable vital signs monitor (ECG, Pulse-Oximetry, Temperature, NIBP, EtCO2).				
12.11.16	Suction apparatus.				
12.11.17	Portable transport ventilator with different ventilation mode (IPPV, SIMV, spontaneous, PS)				
12.11.18	Portable ventilator.				
12.15	Well-equipped ambulance services shall be ready and nearby with licensed, trained and qualified Emergency Medical Technicians (EMT) for patient transportation if required. The service can be outsourced with a written contract with an emergency services provider licensed in Dubai.				
12.16	Uninterrupted Power Supply (UPS) or Power Generator.				
13	STANDARD NINE: SUPPORT SERVICES				
13.1.1	The DSC may provide necessary allied health services to meet patient needs and based on the facility's type of services. Such				

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	services may be available on the premises or through a written agreement with an external provider.				
13.2.1	Nutrition services shall be provided as necessary by the DSC either on the premises or through a written agreement with an external provider. If provided internally, proper hygienic conditions shall be maintained in the DSC kitchen during preparing, storing and serving food.				
13.3.1	DSC shall provide laundry services either inside the facility or as an outsource service. The laundry shall be fully equipped with machines used for cleaning and washing clothes, sheets and covers.				
13.4.1	Clean and hygienic water supply shall be provided in the DSC. Water tanks shall be maintained, clean and well closed.				
13.4.2	Clean bathrooms for outpatients shall be provided (separate for male and female). Each bathroom shall have at least one washbasin and commode with soap and towel. All staff and patients' toilets shall be kept clean. a hand				
14	STANDARD TEN: MEDICAL RECORD AND HEALTH INFORMATION MANAGEMENT				
14.1.1	Patients full contact details.				
14.1.2	Emergency contact person (next of kin).				
14.1.3	Patient health status.				
14.1.4	Treating physician.				
14.1.5	Any allergies or contract indications.				
14.1.6	Prescriptions.				
14.1.7	Lab and diagnostic information.				
14.1.8	Date of last assessment.				
14.1.9	Information on consent.				
14.1.10	Date, time and observations for all consultations.				
14.2	Up to date operating theatre records shall be maintained, including but not be limited to:				

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14.2.1	Name, date of birth and identification number of the patient.				
14.2.2	Date, inclusive of time of the surgical procedure.				
14.2.3	Surgical procedure(s) performed, time in and time out.				
14.2.4	Name(s) of Physicians, Nurses and Technicians.				
14.2.5	Name of nursing personnel (scrub and circulating).				
14.2.6	Type of anaesthesia administered, dose, time, date and professional.				
14.2.7	Name and title of the person managing anaesthesia.				
14.2.8	Requirements for testing and disposal of surgical specimens.				
14.2.9	Circumstances that require the presence of an assistant during surgery.				
14.2.10	Procedures for handling infectious cases.				
16	STANDARD TWELVE: FACILITY MANAGEMENT				
16.1	Accurate and safe clinical equipment is an essential requirement in the provision of health services. Medical equipment shall be installed and operated in accordance with manufacturer specifications. The DSC shall maintain effective Preventive Maintenance (PM) as per the manufacturer recommendations (at least 95% of medical equipment shall receive PM). The PM shall include the following:				
16.1.1	Electrical safety testing for patient-related equipment.				
16.2.3	The DSC shall designate a safety officer person(s) with skills and experience responsible for the safety program's operation and implementation.				
16.5.3	Proper storage and containers for disposing of waste material shall be maintained.				
16.5.4	Contracting with a specialized company to transport and destroy medical waste materials shall be according to the conditions issued by Dubai Municipality.				
16.5.6	Cleanliness throughout the DSC shall be maintained by trained staff.				

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16.7.2	The facility management may assign specific personnel to take care of security in the DSC or ensure security by installing a CCTV camera or other surveillance means.				
16.7.7	Restricting access to sensitive areas by Security Personnel/Security System such as operating area, no filming in operating theatre as per DHA Circular.				
APPENDIX 11:	MINIMUM EMERGENCY MEDICATION (CLASS A, B and CM)				
1	Adenosine Injection (6mg/ 2ml) (Qty: 3)				
2	Amiodarone Injection (50mg/ ml) (Qty: 3)				
3	Atropine 0.2mg/ml 5ml Pre-filled Syringe (0.2mg/ ml) or Atropine 1mg/ml Ampoule if prefilled syringe not available (1mg/ ml) (Qty: 3)				
4	Calcium Chloride 10% Injection (1gm/ 10ml) (Qty: 2)				
5	Diazepam Rectal solution (5 mg) (Qty: 1)				
6	Dextrose 50% Vial (50 gm/ 100ml) (Qty: 2)				
7	Dopamine Injection (200 mg/ 5ml) (Qty: 1)				
8	Epinephrine (Adrenaline) 1:10,000 (0.1mg/ml) 10ml Prefilled Syringe (0.1 mg/ml) or 1:1000 (1mg/ml) 1ml Ampoule if prefilled syringe not available (1 mg/ml) (Qty: 5)				
9	Epinephrine (Autoinjector/prefilled Pen) Pediatric (0.15mg (150mcg)) (Qty: 1)				
10	Epinephrine (Autoinjector/prefilled Pen) Adult (0.3mg (300mcg)) (Qty: 1)				
11	Flumazenil (0.5mg/5ml) (Qty: 1)				
12	Glyceryl Trinitrate sublingual Spray (400mcg/Dose) (Qty: 1)				
13	Hydrocortisone Injection (100mg/2ml) (Qty: 1)				
14	Magnesium Sulphate 50% Injection (0.5g/ml) (Qty: 2)				

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15	Midazolam Injection (15mg/3ml) (Qty: 1)				
16	Naloxone Injection (0.4mg /ml) (Qty: 2)				
17	Ringer Lactate (500 ml) (Qty: 2)				
18	Dextrose 5% (D5W) (250 ml) (Qty: 2)				
19	Sodium Chloride 0.9% (NS) (500 ml) (Qty: 2)				
20	Sodium Chloride 0.9% (NS) Ampoules (10 ml) (Qty: 10)				
APPENDIX 12:	MINIMUM EMERGENCY MEDICATION (CLASS C)				
1	Adenosine Injection (6mg/ 2ml) (Qty: 5)				
2	Amiodarone Injection (150mg/ 3ml) (Qty: 3)				
3	Atropine 0.2mg/ml 5ml Pre-filled Syringe (0.2mg/ ml) or Atropine 1mg/ml Ampoule if prefilled syringe not available (1mg/ ml) (Qty: 3)				
4	Calcium Chloride 10% Injection (1gm/ 10ml) (Qty: 2)				
5	Cisatracurium Injection * (2mg/ ml) (Qty: 3)				
6	Dextrose 50% Vial (50gm/100ml) (Qty: 2)				
7	Diazepam Rectal solution (5mg) (Qty: 2)				
8	Dopamine Injection (200mg/5ml) (Qty: 2)				
9	Dantrolene sodium for injection*** (20mg) (Qty: 12)				
10	Epinephrine (Adrenaline) 1:10,000 (0.1mg/ml) 10ml Prefilled Syringe (0.1mg/ ml) or 1:1000 (1mg/ml) 1ml Ampoule if prefilled syringe not available (1mg/ ml) (Qty: 5)				
11	Epinephrine (Autoinjector/prefilled Pen) Pediatric (0.15mg (150mcg)) (Qty: 1)				
12	Epinephrine (Autoinjector/prefilled Pen) Adult (0.3mg (300mcg)) (Qty: 1)				
13	Flumazenil (Anexate) Injection (0.5mg/5ml) (Qty: 1)				

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14	Glyceryl Trinitrate sublingual Spray (400mcg/Dose) (Qty: 1)				
15	Hydrocortisone Injection (100mg/2ml) (Qty: 1)				
16	Labetalol Hydrochloride Injection (100mg/20ml) (Qty: 1)				
17	Lidocaine Hydrochloride 2% Injection (100mg/5ml) (Qty: 2)				
18	Magnesium Sulphate 50% Injection (0.5g/ml) (Qty: 2)				
19	Midazolam Injection (15mg/3ml) (Qty: 1)				
20	Naloxone Injection (0.4mg /ml) (Qty: 2)				
21	Rocuronium bromide Injection* (10mg/ml) (Qty: 3)				
22	Suxamethonium chloride Injection * (50mg/ml) (Qty: 2)				
23	Sugammadex Injection **** (100mg/ml) (Qty: 1)				
24	Sodium Bicarbonate 8.4% 50ml Prefilled Syringe (84mg/ml) (Qty: 2)				
25	Ringer Lactate (500ml) (Qty: 2)				
26	Dextrose 5% (D5W) (250ml) (Qty: 2)				
27	Sodium Chloride 0.9% (NS) (500ml) (Qty: 2)				
28	Sodium Chloride 0.9% (NS) Ampoules (10ml) (Qty: 10)				

* Keep in fridge

*** Only for Operation Theatre

**** Only for ICU, EU and Operation Theatre

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