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Day Surgery Centers Inspection Checklist- Final

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).				
5.5.	The DSC shall have in place internal policies and procedures including but not limited to:				
5.5.1.	Service Description and Scope of Services.				
5.5.2.	Patient acceptance/referral criteria.				
5.5.3.	Lab and diagnostic services and turn-around timeframes for reporting non-critical and critical results.				
5.5.4.	Patient assessment and admission criteria.				
5.5.5.	Patient education, communication and informed consent.				
i.	Consent should include the need for higher sedation within the same facility or following transfer to a higher level facility.				
5.5.6.	Staffing plan, staff management and clinical and privileging.				
5.5.7.	Clinical Audit.				
5.5.8.	Pharmacy Services.				
5.5.9.	Patient health record, confidentiality and privacy.				
5.5.10.	Infection control				
5.5.11.	Incident reporting.				
5.5.12.	Medication management and pharmacy services.				
5.5.13.	Reprocessing of reusable equipment, safe use of chemicals used for cleaning and disinfecting.				

Checklist	ID	Issue#	Issue Date	Revision Date	Page#
Day Surgery Centers / Final	CP_9.6.01_F11	1	Nov 14, 2022	Nov 14, 2025	1/8

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5.5.14.	Medical and hazardous waste management as per the Dubai Municipality (DM) requirements.				
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.				
5.5.15.	Monitoring Medical, Electrical and Mechanical equipment, visual inspections for apparent defects and maintenance by the competent entity with valid testing certificates.				
5.5.16.	Laundry and housekeeping services.				
5.5.17.	Patient belongings.				
5.5.18.	Quality, Performance Management and Learning System.				
5.5.19.	Violence against Staff/Zero Tolerance.				
5.5.20.	Narcotic Handling Policy which covers all the steps from ordering until discard to ensure that narcotics are not misused.				
5.5.21.	Procedural Sedation Policy to guide practitioners and ensure patients' safety and high quality of care.				
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.				
6	STANDARD TWO: HEALTH FACILITY REQUIREMENTS				
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);				

Checklist	ID	Issue#	Issue Date	Revision Date	Page#
Day Surgery Centers / Final	CP_9.6.01_F11	1	Nov 14, 2022	Nov 14, 2025	2/8

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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				
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.				
6.9.7.	All DSC must have a written agreement for patient referral and emergency transfer to a nearby hospital setting. The transfer				

Checklist	ID	Issue#	Issue Date	Revision Date	Page#
Day Surgery Centers / Final	CP_9.6.01_F11	1	Nov 14, 2022	Nov 14, 2025	3/8

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	agreement shall detail the transfer plan/protocol of patients and meet Dubai transfer timeframes for emergency patients.				
6.9.8.	All DSC shall have a Business Continuity Plan to ensure the core functions of the centre are met.				
7	STANDARD THREE: STAFFING AND HUMAN RESOURCE REQUIREMENTS				
7.9.	A written policy on staff training along with the type and frequency of core competency assessment should be documented and monitored on an annual basis.				
8	STANDARD FOUR: PRE-OP ASSESSMENT, PATIENT CARE AND ANESTHESIA				
8.1.	All Day Surgical Centres must have in place a written Surgical Care Pathway (Appendix 4).				
10	STANDARD SIX: PATIENT MONITORING AND DISCHARGE				
10.7.	The DSC shall put in place procedures to rescue patients who are sedated deeper than intended.				
12	STANDARD EIGHT: CRITICAL CARE SERVICES AND EMERGENCY MANAGEMENT				
12.1	Written policies and procedures must be established and implemented. They should define, describe the scope of critical care services and ensure safe and competent delivery of the patients' services.				
12.4	DSC Class B that make use of anaesthetics only for permitted endoscopic procedures shall have a room for post-operative recovery.				
12.5	DSC Class B (with endoscopy), CM and C must have a room for post-operative recovery or for patients that require extended recovery or for critical patients awaiting emergency transfer.				
12.5.3	The recovery room will include medical gas outlets (O ₂ , 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,				

Checklist	ID	Issue#	Issue Date	Revision Date	Page#
Day Surgery Centers / Final	CP_9.6.01_F11	1	Nov 14, 2022	Nov 14, 2025	4/8

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	Ambu-bag shall be readily available in the health facility.				
12.6	At a minimum, DSC shall have a clear protocol and provision for essential emergency management for illness and/or injectionuries that occurred for the patient, healthcare professionals, employees or visitors, which needs immediate emergency care and assistance before transport to another health facility.				
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.				
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, Haemacel) and Glucometer.				
12.11.13	Sufficient electrical outlets to satisfy monitoring equipment requirements, including clearly labelled outlets connected to an				

Checklist	ID	Issue#	Issue Date	Revision Date	Page#
Day Surgery Centers / Final	CP_9.6.01_F11	1	Nov 14, 2022	Nov 14, 2025	5/8

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	emergency power supply.				
12.11.14	A reliable source of oxygen.				
12.11.15	Portable vital signs monitor (ECG, Pulse-Oximetry, Temperature, NIBP, EtCO2).				
12.15	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 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				
13.6.1	A policy for mortuary management shall be available in the				

Checklist	ID	Issue#	Issue Date	Revision Date	Page#
Day Surgery Centers / Final	CP_9.6.01_F11	1	Nov 14, 2022	Nov 14, 2025	6/8

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	health facility and assure respect and dignity.				
16	STANDARD TWELVE: FACILITY MANAGEMENT				
16.1.5	Maintain written policy for medical tagging equipment which should include:				
a	PM with the testing and due date.				
b	Inventory number.				
c	Safety checks.				
d	Installation.				
e	Removal.				
f	Reporting incidents, hazards and corrective actions.				
a	Establish a fire safety plan for early detection, confining, extinguishment, Rescue and alerting the Dubai Civil Defence.				
b	Establish a No Smoking policy.				
16.4.1	The DSC shall have policies and procedures on the procurement, management and disposal of dangerous materials and hazardous substances and shall comply with local regulations.				
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.				
16.6.1	The DSC shall develop a plan and policies for dealing with and managing emergencies and disasters, which shall include:				
a	Duties and responsibilities of healthcare professionals and employees in the DSC.				
b	Identifying the responsible person who announces the emergency state and calls local authority.				
c	The triage areas, their locations, and triage action cards.				
d	Names of all staff called, including their contact.				
16.7.5	There are written policies on the following that includes but not				

Checklist	ID	Issue#	Issue Date	Revision Date	Page#
Day Surgery Centers / Final	CP_9.6.01_F11	1	Nov 14, 2022	Nov 14, 2025	7/8

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	limited to:				
a	Lost and found items.				
b	Safekeeping of patient belongings.				
c	How to contact the local police, in case of need.				
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.				
17	STANDARD THIRTEEN: INFECTION PREVENTION AND CONTROL				
17.1.2.	The infection control program shall support safe practice and ensures a safe environment for patients, healthcare workers and DSC visitors. The infection control system shall address factors related to the spread of infections among professional/patient and prevention which includes but is not limited to:				
i.	Sterilisation may be outsourced and is subject to DHA approval.				
j.	There should be a sterilizing area, which can be located near the Operating Theatre area with an adequate high-speed autoclave machine. Operation instruments and trolleys may be arranged in this area.				
17.4.	Convenient access to hand-washing stations shall be available in all consultation, treatment, patient care, sterilisation, dirty utility and housing keeping areas.				
18	STANDARD FOURTEEN: PATIENT RIGHTS AND RESPONSIBILITIES				
18.1.	DSC must put in place a written policy that adheres to DHA requirements for patient rights and responsibilities. Information on patients' rights and responsibilities shall be communicated and displayed in at least two languages (Arabic and English) at the entrance, reception, and waiting for the area(s) of the premises and website.				

Checklist	ID	Issue#	Issue Date	Revision Date	Page#
Day Surgery Centers / Final	CP_9.6.01_F11	1	Nov 14, 2022	Nov 14, 2025	8/8