



Ministry Of Health  
Medical Practice and Licensing Sector  
Licensing Department

# Healthcare Facilities Regulation

## Day Surgery Center

2013 Version 2.0

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## **I- Scope**

This regulation applies to every healthcare facility subject to licensure under the Ministry Of Health establishment law.

The Ministry Of Health reserves the right to amend this regulation without prior notice. The latest version of the regulation shall be published on the Ministry Of Health website. [www.moh.gov.ae](http://www.moh.gov.ae)

## **II- Purpose**

The Ministry Of Health is the sole responsible authority for licensing, regulating and monitoring healthcare facilities in the Northern Emirates. We are aiming to achieve the highest level of patient safety and quality of care through the development and enforcement of up to date health regulations.

Enquiries concerning these Regulations should be directed to;

Dr Hessa Mubarak  
Licensing Department  
Medical Practice and Licensing Sector  
Ministry Of Health  
United Arab Emirates  
Tel: +971-4-2301420  
Fax: +971-4-2301851  
Email: [hessa.mubarak@moh.gov.ae](mailto:hessa.mubarak@moh.gov.ae)  
Website: [www.moh.gov.ae](http://www.moh.gov.ae)

# 1 General Considerations

1.1 The regulation governs the basic requirements for all healthcare facilities operating in the Northern Emirates.

1.2 The regulation will be applied to all health facilities; existing, in renovation, and in construction. They are also applied when a new facility, service or procedure is to be introduced.

1.3 Regulation, standards and requirements of the other concerned Federal and Local Authorities of the UAE should be strictly followed in conjunction with present MOH regulations.

1.4 Establishing a new facility, renovating of existing one or adding a new program or procedure requires the submission of an application to the Licensing Department. The application procedure is described on the MOH website. [www.moh.gov.ae](http://www.moh.gov.ae).

1.5 Feasibility studies, needs analysis, potential future expansion and researches results are desirable but not obligatory.

1.6 Operating a new Day Surgery Center requires the submission and approval of the defined application form by the Ministry Of Health.

1.7 If the center is located in a multistory building, the center's main entrance should be located at ground level, protected from all-weather elements, and easily accessible to the public and physically disabled. A specially designated ambulance parking space adjacent to the entrance should be made available. Parking area should be spacious enough to accommodate patients, staff and public needs.

Villas should not be converted to day surgery center.

1.8 All centers having patient facilities located on other than the ground floor should have electrical elevators. The elevator shall accommodate a patient stretcher with all attachments, trolleys and attendant staff that are needed for worst case safe patient movement. The elevator/ transportation system shall be able to operate during a power failure event.

1.9 Adequate power back up of essential services are to be insured for critical areas and medical equipment.

1.10 The minimum ceiling height shall be 2.40 meters. The minimum door opening width for patient use shall be 86.35 centimeters and for patients confined to wheelchairs, the minimum width of door openings shall be 1.10 meters. Public corridors shall have a minimum width of 1.50 meters

1.11 Wired glass; or plastic, break-resistant material that creates no dangerous cutting edges when broken shall be used in certain areas such as glass doors and sidelights.

1.12 The Center shall be designated by a permanent and distinctive name which must not be changed without prior notification and subsequent confirmation from MOH. The name of the center shall not tend in any way to mislead the public as to the type or extent of care provided by the facility.

1.13 The institute must insure that all clinical and medical equipment are installed and operated according to the manufacturer specifications. The institute must maintain effective Preventive Maintenance as recommended by the manufacturers. A safety log book in Arabic & English languages should be annexed.

1.14 Facilities handling ionizing radiation for diagnostic and therapeutic purposes and potentially bio-hazard material must comply with the Federal Authority Nuclear Regulation (FANR), the National Radiation Protection Center (NRPC) and the existing Federal and Local Laws. The facility should also provide safe storage and disposal of hazardous materials and biomedical waste.

1.15 Special attention should be given to implement a comprehensive and up to date infection control standards.

1.16 Special attention should be given to the control of environmental elements, Such as; quality of air, temperature and humidity, lighting (natural and artificial) and noise and vibration levels.

1.17 Security and safety of patients, visitors and staff should be insured at all time and stages according to the existent rules and regulations of the concerned Federal and Local Authorities in conjunction with present MOH regulations.

1.18 Privacy and confidentiality of patients, visitors and staff should be respected and granted according to the UAE cultural requirements.

1.19 The center must maintain health records and reports in a manner to ensure accuracy and easy retrieval. Health records shall be maintained in the custody of the health facility and shall be available to a patient or his/her designated representative through the attending healthcare professional at reasonable times and upon reasonable notice. The center shall ensure that each patient is allocated a specific unique identifier, and if multiple records for the same patient exist they are cross-referenced.

1.20 The facility should;

1.20.1- Clearly displays the hours of operation as well as the type of services available.

1.20.2- Visibly posts the facility license on the premises.

1.20.3- Maintains Charter of Patients' rights and responsibilities noticeably posted on the premises at least in two languages (Arabic and English).

1.20.4- Maintains adequate lighting and utilities, including temperature controls, water taps, sinks and drains, electrical outlets and communication system.

1.20.5- Clearly display hazardous signs aimed to restrict access for the safety of patients, visitors and staff.

1.20.6- Makes the facility accessible for handicapped and disabled individuals.

1.20.7- Designates secured areas for the collection of medical waste, general storage facilities for supplies and equipment and storing area for hazardous materials.

1.20.8- Installs fire alarm system and made available suitable firefighting equipment.

1.20.9- Clearly displays signage and directions for different services and departments in two languages (Arabic and English).

1.20.10- Use wall finishes which is washable, moisture-resistant and smooth. Wall finish treatments shall not create ledges or crevices that can harbor dust and dirt. Joints for floor openings for pipes and ducts shall be tightly sealed.

1.20.11- Keeps floor, work surfaces, and other areas clean and neat. Slip-resistant flooring products shall be considered for flooring surfaces whenever required for safety consideration

1.20.12- Use curtains which are washable/cleanable, fireproof and maintained clean at all times

1.20.13- Provide a sufficient number of toilets for patients, their families, and staff.

1.21 Commissioning is conducted at the completion of the construction phases, and is a pre-requisite to practical completion and building occupancy. Commissioning must also include the training of the staff and ongoing monitoring of system performance during a defined period. At the end of the commissioning phase a pre-prepared check list should be completed.

1.22 Malpractice insurance for all licensed healthcare professionals according to article 25 and 26 of the UAE Federal Law number 10/2008 concerning Medical Liability should be maintained.

1.23 It is the responsibility of the healthcare institutes to insure their compliance with all documents submitted to and approved by the Ministry Of Health.

1.24 Although this document was compiled according to the latest international regulations, completeness and accuracy cannot be guaranteed. Upgraded version of this document will be introduced as needed and could be found on the MOH website [www.moh.gov.ae](http://www.moh.gov.ae)

## **Day Surgery Center**

### **2 - Reception and waiting area**

2.1 A reception/information counter shall be located to provide visual control of the entrance to the outpatient unit and shall be immediately apparent from that entrance.

2.2 The Reception counter and waiting area should provide;

2.2.1- Access to patients records.

2.2.2- Male and Female waiting area for patients and escorts and shall be under staff control. Privacy shall be ensured for patients and escorts.

2.2.3- Drinking water at the patients waiting area.

2.2.4- A separate controlled area for pediatric patients if pediatrics service provided in the facility.

2.2.5- Space for wheelchairs within the waiting area.

2.2.6- Toilet(s) for public use conveniently accessible from the waiting area without passing through patient care or staff work areas. A hand-washing station shall be provided in the toilet room.

### **3 - Consultation/Examination Room**

3.1 At least one examination room should be available for each doctor.

3.2 Room space requirements shall depend on the services provided .

3.2.1 Consultation and examination room (in the same vicinity) shall have a minimum floor area of 12 square meters.

3.2.2 Consultation room only (without examination) shall have a minimum floor area of 9 square meters.

3.2.3 Regular treatment room for injection or nebulizer shall have a minimum floor area of 7.5 square meters.

3.2.4 Room for minor treatments, procedures and casting shall have a minimum floor area of 11.15 square meters.

3.3 Support Areas for; Examination and Treatment Rooms, Nurse Station, a work counter and a space for supplies should be provided.



3.4 All rooms should have;

3.4.1 A counter or shelf space for writing and documentation.

3.4.2 A hand-washing station. Sinks shall be designed with deep basins, made of porcelain, stainless steel, or solid surface materials. Hand sanitizer dispenser shall be provided in addition to hand-washing stations.

3.5 A lockable refrigerator for medication use should be provided.

3.6 Locked storage for controlled drugs should be provided.

3.7 Airborne Infection Isolation Rooms should be provided in facilities with a functional program that includes treatment of patients with known infectious disease. The need for a number of such rooms should be determined by an infection control risk assessment.

#### **4 - Treatment Room**

4.1 Room for minor treatments, procedures and casting shall have a minimum floor area of 11.15 square meters. The minimum room dimension shall be 3 meters. Room arrangement shall permit a minimum clearance of 91.45 centimeters at each side and at the foot of the bed.

4.2 The treatment rooms shall be equipped with;

4.2.1 Hand-washing station.

4.2.2 Documentation space or counter for writing

4.2.3 A lockable refrigerator for medication use.

4.2.4 Locked storage for controlled drugs (if used).

#### **5 - Operating Theater Area**

5.1 The number, size and location of the operating rooms should depend on the level of care and the functional program.

5.2 The area should be divided into;

5.2.1 The unrestricted area, is the area for entrance of patients, staff and materials.

5.2.2 The semi-restricted area, has storage areas for clean and sterile supplies, work areas for storage and processing of instruments, and corridors leading to the restricted areas.

5.2.3 The restricted area, includes the operating and procedure rooms.

5.3 There should be sufficient space to accommodate all necessary equipment and a suitable clean storage area for surgical instruments and supplies with controlled ventilation, humidity, and temperature.

5.4 A separate male/female rooms should be provided for patients to change their clothes, to wear their gowns and to get ready for surgery.

5.5 Rooms should be provided for staff in the facilities containing more than two operating rooms.

5.6 Back-up emergency power supply sufficient to ensure patient safety in the event of an emergency must be available.

#### **5.7 Procedure room (level II anesthesia)**

5.7.1 The space requirements for procedure room in level II anesthesia shall be at least 16 square meters. Extra space might be required based on the type of procedure and sedative agents used.

5.7.2 The OT entrance door must be wide (about 2.15 meters width) and consisting of two parts, which can be opened in either sides.

5.7.3 The floors, ceilings, and walls must be created by a monolithic, impervious to moisture with continuous connection.

5.7.4 The floors and walls should be anti-static, heat resistant, anti-bacterial, anti-fungal and resistant to disinfectants.

5.7.5 Adequate ventilation and air exchange shall be maintained in the operation room with proper contamination control filters.

5.7.6 Operating room temperature shall be maintained between 18-22 °C with room humidity between 35-70% and the temperature and relative humidity set points should be adjustable.

5.7.7 Anesthesia scavenging systems should be installed in all spaces used for administering inhalation anesthesia.

5.7.8 Medical gases station, outlets for oxygen and vacuum (suction) shall be available in the procedure room.

5.7.9 Dedicated hand-washing station with hands-free controls shall be available in each room. Ceiling surfaces or tiles at this area shall be smooth, washable and free of particular matter that can be contaminated.

- 5.7.10 Each room should contain a Crash cart for emergency.
- 5.7.11 There should be at least one medical image viewer in each room.
- 5.7.12 A refrigerator with a locked storage for controlled drugs should be provided.

## **5.8 Operating Theatre (level III anesthesia)**

- 5.8.1 Operating room shall have a minimum clear floor area of 37.15 square meters.
- 5.8.2 The OT entrance door must be wide (about 2.15 meters width) and consisting of two parts, which can be opened in either sides.
- 5.8.3 There should be sufficient space to accommodate all necessary equipment and personnel to allow for free and swift access to patient and all monitoring equipment.
- 5.8.4 Independent dirty exit is recommended in OT.
- 5.8.5 The floors, ceilings, and walls must be created by a continuous connection.
- 5.8.6 Surfaces should be constructed of materials that are monolithic and impervious to moisture.
- 5.8.7 The floors and walls should be anti-static, heat resistant, anti-bacterial, anti-fungal and resistant to disinfectants.
- 5.8.8 Adequate ventilation and air exchange (with at least 25 air changes per hour as per (ASHRAE) requirement shall be maintained in the operation room which should be at positive pressure relative to the adjacent areas.
- 5.8.9 Minimum of two air supply inlets with proper contamination control filters (High Efficiency Particulate Air (HEPA) filters) delivered at or near the ceiling in addition to a minimum of two exhaust outlets located near floor level.
- 5.8.10 Operating room temperature shall be maintained between 18-22 °C with room humidity between 35-70% and the temperature and relative humidity set points should be adjustable.

5.8.11 Differential pressure indicating device, humidity indicator, and thermometers should be installed and should be located for easy observation.

5.8.12 Anesthesia scavenging systems should be installed in all spaces used for administering inhalation anesthesia.

5.8.13 The scrub facility shall be located adjacent to the operation room(s).

5.8.13.1 Two scrub positions should be provided.

5.8.13.2 Ceiling surfaces or tiles at this area shall be smooth, washable and free of particular matter that can be contaminated.

5.8.14 Sterilizing area can be located near operating room(s) with adequate machine and equipment for cleansing, sterilization and packing of surgical instruments and trolleys.

5.8.14.1 Sterilizing area air pressure should be kept negative pressure with respect to any adjoining areas and should have minimum 10 air changes per hour.

5.8.14.2 Relative humidity should be maintained at 30% to 60%.

5.8.14.3 High efficiency filters should be installed in the air handling system, with adequate facilities provided for maintenance, without introducing contamination to the delivery system or the area served.

5.8.15 Clean and dirty utility rooms should be available for proper segregation, processing and storage of instruments.

5.8.16 Sterilizing area (if provided within the facility) can be located near operating theatre area with adequate high-speed autoclave machine. Operation instruments and trolleys can be arranged at this area.

5.8.17 Air pressure in sterilizing area should be kept negative pressure with respect to any adjoining areas and should have minimum 10 air changes per hour. Relative humidity should be maintained at 30% to 60%.

5.8.18 Dedicated medical store area shall be located in operation facility. Store's air pressure should be kept positive pressure with respect to any adjoining areas and should have minimum 4 air changes per hour. Relative humidity should be maintained at 30% to 60%. High efficiency filters should be installed in the air handling system, with adequate facilities provided served.

5.8.19 Sufficient supply of different medical gases should be available and adequate for procedure(s) preformed (centralized medical gas system in accordance to HTM 2022 or its equivalent internationally accepted standard is preferable).

5.8.20 At least on X-Ray Viewer should be provided in each room.

5.8.21 Emergency cart shall be available with defibrillator, necessary drugs and other CPR equipment

5.8.22 Emergency call system should be available.

5.8.23 Staff changing area (separate male and female area) shall contain special entrance for the staff and suitable place for change of clothes with a minimum of one toilet for the staff in this area. Toilets air pressure should be kept negative pressure with respect to any adjoining areas and should have minimum 10 air changes per hour.

## **5.9 Recovery Area/ICU**

5.9.1 Recovery area shall be equipped to meet the patient need (minimum of one bed for each operation room).

5.9.2 Clear floor area of 9 square meters for each bed.

5.9.3 Nurse control and charting area that provides view of patient positions shall be provided.

5.9.4 Continues monitoring equipment and adequate patient support (ventilator usage if indicated) for hours after surgery should be available.

5.9.5 Emergency cart shall be available with defibrillator, necessary drugs and other CPR equipment

5.9.6 Reliable source of oxygen, suction, resuscitation, and emergency drugs must be available.

5.9.7 Recovery area air pressure should be kept at balanced pressure with respect to any adjoining areas and should have minimum 6 air changes per hour. Relative humidity should be maintained at 45% to 55%. High efficiency filters should be installed in the air handling system.

5.9.8 Convenient access to hand-washing stations shall be provided.

5.9.9 Curtains should be provided for privacy during post-operative care.

5.9.10 Patient toilet accessible from patient recovery area or directly from procedure room(s) or both should be provided.

## **6 – Patient Observation / Care Area**

6.1 All hospitals shall provide inpatient service in distinct areas.

6.2 The maximum number of beds per room should be one unless the functional program demonstrates the necessity of a two-bed arrangement.

6.3 When reconstruction work is undertaken and the present capacity is more than one patient, maximum room capacity should be not more than the present capacity, with a maximum of four patients.

6.4 Adequate ventilation and air exchange, with at least 6 air changes per hour as per ASHRAE requirement shall be maintained in inpatient care area.  
Inpatient care area should be kept at positive pressure relative to the adjacent areas.  
The area temperature should be maintained at 24 °C or less and relative humidity 30 % to 60%.

6.5 High efficiency filters should be installed in the air handling system.

### **6.6 Patient Room**

The following requirements shall be provided:

6.6.1 Walls shall be painted with lead free color with no sharp edges.

6.6.2 One window at least in patient room.

6.6.3 Door opening to inpatient bedrooms shall be wide enough for easy movement of bed or stretcher, a minimum clear width of 1.10 meters with a frame that is 2.15 meters high is required.

6.6.4 In multi-story hospital buildings, adequate family visiting areas shall be provided at each floor.

6.6.5 Patient rooms should be constructed to meet the needs of the functional program and have a minimum of 9.50 square meters of clear floor area per bed in multiple-bed rooms and 11.35 square meters of clear floor area in single-bed rooms, exclusive of toilet rooms, closets, or lockers.

6.6.6 In multiple-bed rooms, a clearance of 1.40 meters should be available at the foot of each bed to permit the passage of equipment and beds.

6.6.7 Each patient should have within his or her room a separate locker.

6.6.8 One toilet room should serve not more than two patient rooms and not more than four beds. Toilet room doors should swing outward or be double acting.

6.6.9 A hand-washing station for the exclusive use of the staff shall be provided to serve each patient room and shall be placed outside the patient toilet room.

6.6.10 Calling system shall be next to each bed and adequate electrical sockets for each bed.

#### 6.7 Nurse Station

This area should have space for counters and storage and should have convenient access to hand-washing stations.

#### 6.8 Documentation Area

Charting facilities should have linear surface space adequate to ensure that staff and physicians can chart and have simultaneous access to information and communication systems.

#### 6.9 Multipurpose Room

Multipurpose rooms are provided for staff, patients, and patients' families for patient conferences, reports, education, training sessions, and consultation. These rooms may be on other floors if convenient for regular use.

#### 6.10 Medication Station;

The following should be provided;

5.10.1 Medicine preparation room.

5.10.2 Should be under visual control of the nursing staff.

5.10.3 Should contain a work counter, a hand- washing station, a lockable refrigerator, and locked storage for controlled drugs.

#### 6.11 Self-contained medicine dispensing unit;

This should be at the nurse station, in the clean workroom, provided the unit has adequate security for controlled drugs and adequate lighting to easily identify drugs.

## 6.12 Clean Supply Room

6.12.1 If the room is used for preparing patient care items, it shall contain a work counter, a hand-washing station, and storage facilities for clean and sterile supplies.

6.12.2 If the room is used only for storage and distribution of clean and sterile materials, exclusion of the work counter and hand-washing station can be acceptable.

## 6.13 Housekeeping Room

Housekeeping rooms should be directly accessible from the unit or floor they serve and may serve more than one ward on a floor.

## 6.14 Areas related to Staff

6.14.1 Staff Lounge Facilities, conveniently located private room for staff to use during their break.

6.14.2 Staff toilet rooms.

6.14.3 Staff storage facilities.

6.14.4 There should be closets or cabinet compartments for the nursing personnel usage.

# 7 - Clinical Laboratory Services

7.1 All day surgery centers must provide clinical laboratory services which could be available on the premises or through written agreement with third party to meet the patient's needs.

7.2 Basic hematology and biochemistry tests shall be provided on the premises. This area should have a minimum clear floor area of 15 square meters. Extra spaces may be required for advanced test.

7.3 The center shall ensure safe and appropriate practice system for sample collection, storage and transportation of blood and other samples.

7.4 Phlebotomy rooms with seating space, a work counter, a hand-washing/hand hygiene provision and a reclining chair should be provided.



7.5 Blood collection area shall have a minimum floor area of 7.45 square meters. When the clinical laboratory tests are performed on site, a separate and dedicated room for this purpose shall be provided.

7.6 Work counters and equipment space shall be provided to accommodate all on-site tests identified in the functional program of the facility.

7.7 Work counters shall be sufficient to meet equipment specifications and laboratory technician needs and have the following:

7.7.1 Hand-washing stations and counter sink(s).

7.7.2 Communications service

7.7.3 Appropriate facilities for storage and refrigeration of blood, urine, and other specimens

7.8 Storage cabinet(s) or closet(s) should be provided for staff use.

## **8- Radiology Services**

8.1 Radiology services at day surgery center may include;

Conventional Radiography (general radiology).

Computer Tomography (CT).

Magnetic Resonance Images (MRI).

Ultrasound imaging.

Mammography.

8.2 Radiology Departments must comply with the National Radiation Protection Center and the related Federal and Local Authorities Laws. Radiation protection requirements shall be incorporated into the specifications and the building plans. The health facility may need a certified physicist or a qualified expert to specify the type, location, and amount of radiation protection to be installed in accordance with the final approved layout and equipment selections. Every health facility providing ionizing radiation services shall comply with the Federal and Local Authorities rules and regulations.

8.3 Adequate ventilation and air exchange, with at least 6 air changes per hour as per ASHRAE requirements shall be maintained in all Diagnostic Imaging service area. The area should be kept at positive pressure relative to the adjacent areas.

8.4 The area temperature should be maintained at 21 °C to 24 °C and relative humidity 30% to 60% and should be adjustable. High-efficiency filters should be installed in the air handling system.

8.5 Each X-ray room shall include a Warning light over the entrance door with wording “X-RAY IN USE, DO NOT ENTER”.

8.6 Male and Female waiting area for patients and escorts shall be separated and under staff visual control.

8.7 Radiology Services;

8.7.1 Conventional radiography room size shall be at least 15 square meters depending on the type of machine in use and the functional program.

8.7.2 Tomography and radiography/fluoroscopy (R&F) rooms should be a minimum of 25 square meters depending on the type of machine in use and the functional program.

8.7.3 Room entrance shall not be less than 2 meters height with shielded door.

8.7.4 At least one designated patient gowning area for patient changing shall be provided within the conventional radiography room.

8.7.5 Shielded viewing window (lead glass) from the Control Area to the conventional radiography room should be provided.

8.7.6 Minimum X-ray room surfaces and shielding thicknesses shall comply with the requirements of the National Radiation Protection Center Federal and the Local Authorities Laws.

8.7.7 If film systems are used, a darkroom shall be provided for processing films (at least 2 meters square) with water basin, table, benches, film holder and Safe light.

8.7.8 Film storage (active). A room with cabinet or shelves for filing patient film for immediate retrieval shall be provided.

8.7.9 Film storage (inactive). A room or area for inactive film storage shall be provided. It shall be permitted to be outside the imaging suite, but must be under imaging's administrative control and properly secured to protect films against loss or damage.

8.7.10 Storage facilities for unexposed film shall include protection of film against exposure or damage and shall not be warmer than the air of adjacent occupied spaces.

8.7.11 The Ministry of Health strongly advises all new facilities not to consider using films in their practice due to the environmental hazardous caused.

#### 8.8 CT room;

- 8.8.1 Shall be at least 24 square meters depending on the type of machine in use and the functional program.
- 8.8.2 Patient gowning area for patient changing shall be provided.
- 8.8.3 At least one space should be large enough for staff-assisted dressing.
- 8.8.4 A control room shall be provided that is designed to accommodate the computer and other controls for the equipment.
- 8.8.5 A view window (Led glass) shall be provided to permit full view of the patient.
- 8.8.6 The angle between the control and equipment shall permit the control operator to see the patient's head all the time.
- 8.8.7 A patient toilet shall be provided.
- 8.8.8 If contrast media are used, this area shall include provision for appropriate emergency equipment and medications must be immediately available and central oxygen or oxygen cylinder to treat adverse reactions associated with administered medication. Also the area shall include; crash cart, sink, counter, and storage area.
- 8.8.9 One preparation room, if conveniently located, shall be permitted to serve any number of rooms.

#### 8.9 Mammography room;

- 8.9.1 The space requirement is at least 9 square meters depending on the machine type in use.
- 8.9.2 Patient gowning area shall be inside the room.

#### 8.10 Magnetic Resonance Imaging (MRI);

- 8.10.1 The MRI room shall be permitted to range from 30.20 square meters to 57.60 square meters, depending on the machine type and the functional program.
- 8.10.2 Patient gowning area shall be provided.
- 8.10.3 There should be a control room with full view of the MRI room.
- 8.10.4 At least one space should be large enough for staff-assisted dressing shall be provided.
- 8.10.5 A patient holding area according to work load shall be provided.

- 8.10.6 Hand-washing stations convenient to the MRI room, but need not be within the room should be provided.
- 8.10.7 A computer room is required.
- 8.10.8 Cryogen storage is required.
- 8.10.9 Equipment installation requirements;
  - 8.10.9.1 Power conditioning.
  - 8.10.9.2 Magnetic shielding.
  - 8.10.9.3 For super-conducting MRI, cryogen venting and emergency exhaust in accordance with the original equipment manufacturer's specifications.
  - 8.10.9.4 Adequate space for Coils storage based on the on these anatomic applications.
- 8.10.10 Magnetic door interlock should be provided.
- 8.10.11 MRI Warning light and signs should be provided.
- 8.10.12 Compatible MRI medical equipment including Anesthesia machine should be provided.
- 8.10.13 Magnetic shielding may be required to restrict the magnetic field plot.
- 8.10.14 Radio frequency shielding maybe required to attenuate stray radio frequencies.
- 8.10.15 The area around, above and below the MRI suite shall be reviewed and evaluated for the following;
  - 8.10.15.1 Possible occupancy by person(s) who could have pacemakers or other metal implants.
  - 8.10.15.2 Equipment that can be disrupted by a magnetic field. Examples include but are not limited to personal computers, monitors, CT scanners, and nuclear cameras.

#### 8.11 Ultrasound imaging;

- 8.11.1 Room size shall not be less than 7 square meters depending on the machine type and the functional program.
- 8.11.2 Patient toilet shall be accessible within the ultrasound room.

#### 8.12 Interventional Imaging Facilities;

- 8.12.1 The IR and /or cardiac catheterization laboratory is normally located in a separate suite, but location in the diagnostic imaging area can be permitted provided the appropriate sterile environment is provided.

8.12.2 The number of procedure rooms shall be based on expected utilization.

8.12.3 The procedure room shall be a minimum of 37.15 square meters exclusive of fixed cabinets and shelves.

8.12.4 Electrophysiology labs. If electrophysiology labs are also provided in accordance with the approved functional program, these labs may be located within and integral to the catheterization suite or located in a separate functional area proximate to the cardiac care unit.

8.12.5 Support areas for the IR suite/ cardiac catheterization lab should have;

8.12.5.1 Scrub facilities with hands-free operable controls shall be provided adjacent to the entrance of procedure rooms, and shall be arranged to minimize incidental splatter on nearby personnel, medical equipment, or supplies.

8.12.5.2 Patient prep, holding, and recovery area or room.

8.12.5.3 A patient preparation, holding, and recovery area or room shall be provided and arranged to provide visual observation before and after the procedure.

8.12.5.4 A control room or area shall be provided and shall be large enough to contain and provide for the efficient functioning of the x-ray and image recording equipment.

8.12.5.5 A view window permitting full view of the patient from the control console shall be provided.

8.12.6 Electrical equipment room. An equipment room or enclosure large enough to contain x-ray transformers, power modules, and associated electronics and electrical gear shall be provided.

8.12.7 Viewing room. A viewing room shall be available for use by the cardiac catheterization suite.

8.12.8 A clean workroom or clean supply room shall be provided.

8.12.9 A soiled workroom shall be provided.

8.12.10 Film file room shall be available for use by the cardiac catheterization suite.

8.12.11 Housekeeping closet shall be provided.

8.12.12 Support areas for staff clothing and change area(s) shall be provided and arranged to ensure a traffic pattern so that personnel can enter from outside the suite, change their clothing, and move directly into the cardiac catheterization suite.

## **9- Pharmacy Service**

9.1 The size and type of services to be provided in the pharmacy shall depend upon the type of drug distribution system used and number of patients to be served. Pharmacy Departments must comply with the requirements of the MOH and the Federal and Local Authorities.

9.2 If the functional program of the day surgery center requires dispensing of medication to outpatients, providing an area for consultation and patient education is recommended.

9.3 The pharmacy area shall consist of the following;

9.3.1 A room or area for receiving, breakout, and inventory control of materials used in the pharmacy.

9.3.2 Work counters and space for automated and manual dispensing activities and with for reviewing and recording.

9.3.3 A compounding area. This shall include a sink and sufficient counter space for drug preparation.

9.3.4 An area for temporary storage, exchange, and restocking of carts.

9.3.5 Secure storage shall be provided for narcotics and controlled drugs as per the Ministry of Health laws and regulations.

9.3.6 If intravenous (IV) solutions are prepared in the pharmacy, a sterile work area with a laminar-flow workstation designed for product protection shall be provided.

9.4 A separate room shall be provided for preparation of Cytotoxic IV admixtures under a Class II: Type B1, B2, B3 or Class III biological safety cabinet.

9.5 Refrigerated storage should be provided if required.

9.6 Adequate ventilation and air exchange, with at least 4 air changes per hour as per ASHRAE requirements shall be maintained in Pharmacy services area. Pharmacy services area should be kept at positive pressure relative to the adjacent areas.

9.6 The area temperature should be maintained at 23 °C plus or minus 1 °C and relative humidity 30% to 60% and should be adjustable.

9.7 High-efficiency filters should be installed in the air handling system, with adequate facilities provided for maintenance, without introducing contamination to the delivery system or the area served.

## **10- Catering Services**

10.1 Food service should be provided for patients, staff, and visitors in according to functional program.

10.2 Strict hygienic conditions should be maintained in the hospital kitchen during preparing, storing and serving food.

10.3 Patient food preparation areas should be located near the delivery and storage facilities.

10.4 Work spaces for food preparation, cooking, and baking should be as close as possible to the users.

10.5 A cart distribution should be provided with spaces for storage, loading, distribution, receiving and sanitizing of the food service with temperature control.

10.6 The cart traffic should eliminate any danger of cross circulation between outgoing food carts and incoming carts. Cart circulation should not be through food processing areas.

10.7 The waste eliminated process should avoid the contamination of the clean products and the waste products.

10.8 Measures should be taken to protect the food delivery for the patient and to ensure freshness, retain hot and cold, and avoid contamination. If delivery is from outside sources, protection against weather should be provided.

10.9 If selling devices are used for unscheduled meals, a separate room should be provided that can be accessed without having to enter the main dining area. In this room there should be a hand-washing station, and a sitting area.

10.10 Coolers, refrigerators, and freezers should be thermostatically controlled to maintain desired temperature settings.

10.11 All cooking equipment should be equipped with automatic shut-off devices to prevent excessive heat buildup.

10.12 Smoke should vent outside and the smell shouldn't escape inside the hospital.

10.13 Such services could be outsourced on the hospital premises or by an external provider with written agreement. The provided services shall be in accordance with the MOH standards on allied health services.

## **11- Care for Deceased Patients**

11.1 A policy for mortuary management covering this rare and tragic event shall be available in the facility with the assurance of respect and dignity of the deceased.

11.2 In case of patient death, the center shall be responsible for overseeing the transportation of deceased patients from the center to mortuary.

11.3 All dead bodies shall be considered infectious. Strict infection control measures shall be considered during cleaning the body. Body should be cleaned and wrapped/placed on mortuary bag.

11.4 Deceased registration shall be maintained by the DSC.

## **12 - Central Sterile Supply Department**

12.1 This area should be physically separated from all other areas of the hospital.

12.2 It should be arranged to handle the cleaning, sterilization and disinfection of all medical and surgical instruments and equipment for all hospital services.



12.3 Work tables, sinks, flush-type devices, washer and sterilizer decontaminators should be provided as work load requires.

12.4 The clean room should contain hand-washing stations, and equipment for terminal sterilizing of medical and surgical equipment and supplies.

12.5 Access to the sterilization room should be restricted. This room should contain Hi-Vacuum steam sterilizers and sterilization equipment to accommodate heat-sensitive equipment. Storage area for packs, should maintain suitable ventilation, humidity, and temperature.

### **13 - Linen Services**

13.1 The area should include adequate space to accommodate carts for appropriate waste isolation such as recyclables, infectious waste, sharps and others.

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

13.3 A separate room should be provided for receiving and holding soiled linen until ready for pickup or processing.

13.4 Clean linen storage room should be available away from dirty area.

13.5 Cart storage area should be provided for clean and soiled-linen carts separately.

13.6 A service entrance should be provided for loading and unloading of linen.

13.7 A control station shall be provided for pickup and receiving of linen.

### **14 - Engineering Services**

Engineering services and maintenance require sufficient space and access to HVAC Plant, Central Plant, workshop and equipment areas. The services should be able to fulfill the requirement of the center according to the functional program.

## **15 - Administrative Activities**

The center shall make provisions to support administrative activities, filing and clerical work as appropriate.

Multiuse rooms for conferences, meetings, and health education are recommended.

## **16 – Management standards and responsibilities**

16.1 The center shall have a governing body responsible for directing the operation of the center in accordance with its mission. If a center does not have an organized governing body, then the person or persons responsible for the conduct of the center shall carry out the functions.

16.2 The center governing body shall be legally responsible for the patient safety, quality of care and for the conduct and obligations of the center as an institution.

16.3 The center governing body shall be legally responsible for ensuring compliance with all UAE Federal and Local laws.

16.4 The governing body should appoint a Medical Director who is a MOH licensed physician or dentist authorized to practice his/her profession.

16.5 The Medical Director responsibilities include, but not limited to the following;

16.5.1 Ensuring that all healthcare professionals should have active and appropriate licensure by MOH and have necessary training and skills to deliver medical services provided in the center.

16.5.2 Ensuring that all personnel (non-healthcare professional) assisting in the provision of healthcare services in the center must be appropriately trained, qualified, supervised, and sufficient in number to provide appropriate care.

16.5.3 Developing clear internal process for gathering and submitting to MOH healthcare professional's credentials (license, education, training and experience).

16.5.4 Ensuring a defined process for physician's privileges in the center, and maintaining records of credential outcomes and privileges.

16.5.5 Providing response to any inspection report or requirements by the MOH.

- 16.5.6 Provide a documented policy and procedures for the following:
  - 16.5.6.1 Infection control measures and hazardous waste management
  - 16.5.6.2 Medication management
  - 16.5.6.3 Patient health record
  - 16.5.6.4 Emergency action plan
  - 16.5.6.5 Patient discharge/transfer

16.6 The governing body should appoint a Director of Nursing Services who is a MOH licensed Registered Nurse authorized to practice her/his profession with a minimum of three years' experience.

16.7 The Director of Nursing shall supervise nursing care and nursing aid according to a written staffing plan which provides for adequate coverage of all nursing requirements at the center.

16.8 The center shall ensure that the health care environment is safe, functional, supportive and effective for patients, family and staff members.

16.9 The safety management systems and center policies shall comply with the relevant Federal and Local Regulations.

16.10 The safety management system shall include fire safety, hazardous waste management, emergency plans, security, and any other risks.

16.11 Orientation on the safety measures shall be included with the introduction program for new staff.

## **17 – Patient care, Recommendations and Guidelines**

17.1 The term “day surgery”, or “ambulatory surgery”, refers to the practice of admitting into hospital on the day of surgery carefully-selected and prepared patients for a planned, non-emergency surgical procedure and their discharge within hours of that surgery.

17.2 Day surgery center may provide outpatient services for other medical specialties.

17.3A surgical day case is a patient who is admitted for an operation on a planned non-resident basis and who nonetheless requires facilities for recovery. The whole procedure should not require an overnight stay in a hospital bed.

17.4 Patient assessment for day surgery falls into three main categories:

17.4.1 Social factors;

17.4.1.1 The patient must understand the planned procedure and postoperative care and consent to day surgery.

17.4.1.2 Following most procedures under general anaesthesia, a responsible adult should escort the patient home and provide support for the first 24 h.

17.4.1.3 The patient's domestic circumstances should be appropriate for postoperative care.

17.4.2 Medical factors;

17.4.2.1 Fitness for a procedure should relate to the patient's health as determined at pre-operative assessment and not limited by arbitrary limits such as ASA status, age or BMI.

17.4.2.3 Patients with stable chronic disease such as diabetes, asthma or epilepsy are often better managed as day cases because of minimal disruption to their daily routine.

17.4.2.4 Obesity per se is not a contraindication to day surgery as even morbidly obese patients can be safely managed in expert hands, with appropriate resources. The incidence of complications during the operation or in the early recovery phase increases with increasing BMI. However, these problems would still occur with inpatient care and have usually resolved or been successfully treated by the time a day case patient would be discharged. In addition, obese patients benefit from the short-duration anaesthetic techniques and early mobilization associated with day surgery.

17.4.3 Surgical factors

17.4.3.1 The procedure should not carry a significant risk of serious complications requiring immediate medical attention (haemorrhage, cardiovascular instability).

17.4.3.2 Postoperative symptoms must be controllable by the use of a combination of oral medication and local anaesthetic techniques.

17.4.3.3 The procedure should not prohibit the patient from resuming oral intake within a few hours.

17.5 Patients should usually be able to mobilize before discharge although full mobilization is not always essential.

17.6 The operational policy must agree clear management of certain key issues. The following are some of the important areas that require consideration;

17.6.1 Management of patients who cannot be discharged home.

17.6.2 Management of patients with problems after discharge.

17.6.3 Appropriate cover for the service and patients until they are discharged.

17.6.4 Management of medical emergencies, e.g. cardiac arrest and major hemorrhage, and the availability of materials and skilled personnel to deal with complications when the anesthetist is in theatre.

17.6.5 Transfer agreements with local hospitals and intensive care facilities.

17.6.6 Robust, tested communications between the day surgery center, the nearest acute hospital and the ambulance services.

## **18 – Healthcare Professionals Minimum Requirements**

18.1 Human resources practices should be supported by policies and procedures with systems that influence employee's behaviors, attitudes and performance.

18.2 The recruitment selection and appointment system shall ensure that the skill mix and competence of staff meet the day surgery center needs.

18.3 The center shall maintain accurate and complete personnel records for all employees, including training records, such records shall be maintained and kept confidential.

18.4 Continuing Professional Development (CPD) activities shall be documented, evidence of a learning and development system shall ensure the skill and competence of staff by allocation.

18.5 All healthcare professionals in the day surgery center must hold an active MOH professional license and work within their scope of practice.

18.6 Staff working in these units should be specifically trained in day surgery care. Management should favor multi-skilled staffs that have the knowledge and skills to work within several different areas of the day surgery unit. Efficient use of resources is best achieved by a well-trained, flexible and multi-skilled workforce.

18.7 Appropriate and sufficient number of healthcare professionals are required to be on duty at all times to manage patient care.

18.8 The number of licensed healthcare professionals assigned to each health service in the center shall be determined by the management and consistent with the center services, bed capacity and types of care provided.

18.9 Healthcare professional's assignments must meet the following;

18.9.1 At least one licensed consultant anesthetist shall be available to supervise and manage the anesthesia services and take the lead for patients care management.

18.9.2 One specialist/consultant doctor shall be responsible for each type of service in the day surgery center.

18.10 There shall be a sufficient number of registered nurses on duty to plan, supervise and provide nursing care as shown in (tab 1&2).

18.12 At least one laboratory technician shall be available. He/she shall be responsible for the basic laboratory services.

18.13 At least one licensed radiographer shall be available. He/she shall be responsible for the basic radiology services.

18.14 Availability of allied healthcare professionals shall be based on day surgery center activities and number of patients.

18.15 All healthcare professionals providing patient care must maintain valid training certification in basic Cardiopulmonary Resuscitation (CPR) or Basic Life Support (BLS) or Advanced Cardiac Life Support (ACLS).

<b>Service</b>	<b>Registered Nurse to patient ratio per shift</b>	<b>Charge nurse</b>
General and Surgical Wards	One RN / Three beds	One per shift

Table (1)

<b>Service</b>	<b>Registered Nurse / Room</b>	<b>Charge Nurse</b>	<b>Notes</b>
Operating Theater	One Registered Nurse + 1 Nurse assistant	One each shift	
Recovery Area	One Registered Nurse	One each shift	

Table (2)

## **19 – List of Procedures/Surgeries can be performed in day surgery center setting**

The following table shows a list of procedures/surgeries which can be performed in day surgery center setting.

Baby deliveries are absolutely prohibited in day surgery center.

No	Specialty / Procedure Name
<b>General Surgery</b>	
1	Anal procedures – dilatation/ fissure-in-ano/ banding haemorrhoids
2	Breast lump excision
3	Circumcision
4	Epididymal cyst excision
5	Excision varicocele
6	Ganglions
7	In-growing toe-nail
8	Laparoscopic cholecystectomy/ Gastric Banding (in patients with anesthetic grade ASA 1 and 2 patients)
9	Laparoscopy
10	Repair hernias – inguinal/epigastric/ femoral/ incisional/umbilical
11	Temporal artery biopsy
12	Testicular fixation and Orchidopexy
13	Varicose vein surgery
14	Vasectomy
<b>Neurosurgery</b>	
1	Epidural Steroid Injections/Block
2	Selective Nerve Root injections
<b>Obstetric / Gynecology</b>	
1	Bladder distension
2	Cautery to cervix
3	Dilatation and curettage
4	Endometrial ablation
5	Endometrial biopsy
6	Excision urethral caruncle
7	Fenton's procedure
8	Hysteroscopy
9	Labial procedures/Bartholin's
10	Laparoscopic - diathermy endometriosis/division adhesions/aspiration ovarian cyst/dye test
11	Polypectomy
12	Insertion and removal of IUCD
13	Tension free vaginal tape
14	Urethral dilatation
<b>Assisted Reproductive Techniques (ART)</b>	
1	Intra Uterine Insemination (IUI)
2	In vitro Fertilization (IVF)
3	Intracytoplasmic Sperm Injection (ICSI)
4	Gamete Intra-fallopian Transfer (GIFT)
5	Zygote Intra-fallopian Transfer (ZIFT)



No	Specialty / Procedure Name
<b>Oral Surgery</b>	
1	Apicoectomy
2	Biopsy of oral lesions/swellings
3	Excision of oral cysts
4	Exposure and bonding of impacted incisors
5	Exposure of impacted canines
6	Extraction of wisdom teeth
7	Full dental clearance
8	Removal of impacted canines
9	Surgical extraction of other teeth
10	Dental implants
<b>Orthopaedic Surgery</b>	
1	Amputation digit
2	Diagnostic Arthroscopy (knee)
3	Carpal Tunnel decompression
4	Casting, splinting, bracing, change of plaster
5	DeQuervains release
6	Trigger finger/thumb release
7	Examination under anesthesia
8	Excision of local skin lesion
9	Serial casting for limbs/spine deformities
10	Arthroscopic Meniscal (Repair Knee)
11	Arthroscopic Meniscectomy
12	Arthroscopic Chondroplasty (knee)
13	Arthroscopic Plica Excision (Knee)
14	Arthroscopic Lateral Release (Knee)
15	Arthroscopic Patellar MPFL Reconstruction (Knee)
16	Arthroscopic Medial Plication (Knee)
17	Arthroscopic Micro Fracture (Ankle, Knee)
18	Arthroscopic Anterior Fat Pad Decompression (Knee)
19	Arthroscopic Knee Notch Plasty
20	Implant Removal (Minor)
21	Closed Reduction of Fracture/ Dislocation
22	Closed Reduction + Percutaneous Fixation
23	Shoulder Arthroscopy
24	Arthroscopic Subacromial Decompression (Shoulder)
25	Arthroscopic Decompression of Calcified Tendinitis
26	Arthroscopic Slap Lesion Debridement/ Repair
27	Arthroscopic Decompression + Rotator Cuff repair
28	Arthrodesis of Small joints
29	Arthroscopic Debridement/ Loose Body Removal (Knee, Shoulder, Elbow, Wrist, Ankle)
30	Correction of Hallux Valgus (Soft Tissue)
31	Open Reduction of Fracture/Fixation (Small Bone)
32	Tendon repair (Minor)
33	Tenolysis of trigger Finger (One, Two)
34	Dupuytren's Contracture

No	Specialty / Procedure Name
35	Claw Toe Reconstruction (One toe, Two Toes)
36	Bunionectomy
<b>Otolaryngology (E.N.T.)</b>	
1	Adenoidectomy
2	Antrostomy
3	Biopsy mouth/tongue/ear
4	Cautery/out fracture inferior turbinate
5	Division tongue-tie
6	Excision lymph nodes
7	Grommets
8	Intranasal polypectomy
9	Laryngoscopy
11	Pharyngoscopy/oesophagoscopy
12	Removal submandibular calculus
13	Sinus washout
14	Submucous diathermy
15	Tonsillectomy
16	Tympanoplasty
17	Uvulectomy
<b>Ophthalmology</b>	
1	Cataract extraction
2	BCC Excision and skin graft
3	Blepharoplasty
4	Sling Procedure
5	Chalazion
6	Conjunctiva Biopsy
7	Conjunctival Suture Removal
8	Cryotherapy
9	Ectropion and Entropion
10	Electrolysis
11	Epilation of lashes
12	Gold Weight Insertion
13	Hughes Flap and Release
14	Intraocular lens implantation
15	Peripheral Iridectomy
16	Pterygium
17	Ptoxis
18	Punctal Plug Insertion
19	Second Stage Reconstructions
20	Syringe and Probe
21	Tarsorrhaphy
22	Temporal Artery Biopsy
23	Three Snip Procedure
24	Trabeculectomy (glaucoma)
25	Vitrectomy

No	Specialty / Procedure Name
<b>Plastic Surgery</b>	
1	Belly button surgery (or umbilicoplasty/navel surgery)
2	Blepharoplasty
3	Breast surgeries such as Breast implants, Breast uplift, Breast reduction
4	<b>Calf</b> and Cheek implants
5	Ear surgery (otoplasty/pinnaplasty)
6	Fat implant/ fat transfer
7	Hair transplants
8	Liposuction (or lipoplasty/liposculpture) <sup>4</sup>
9	Lip implants
10	Rhinoplasty
11	Scalp surgery
<b>Urology</b>	
1	Adhesiolysis
2	Bladder neck incision
3	Circumcision
4	Cysto-distomy bladder
5	Calculi extraction
6	Excision hydrocele
7	Hernia repairs
8	Lithoclast
9	Locate/remove JJ stent
10	Biopsies
11	Orchidopexy
12	Prostate - Plasma kinetic vaporisation/ trans urethral resection/ biopsy
13	Suprapubic catheter
14	Testicular and penile prosthesis
15	Urethral dilatation