



المديرية العامة
للمؤسسات الصحية الخاصة
Directorate General of
Private Health Establishments

Licensing Regulations for Private Health Establishments Manual

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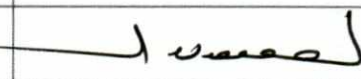
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Introduction:

The Directorate General of Private Health Establishments (DGPHE) is the sole responsible entity for ensuring that all private health establishments and their healthcare professionals in the Sultanate of Oman are licensed in order to provide the highest level of safety and quality patient care at all times. DGPHE prepared this comprehensive manual to guide investors who would like to invest in the health sector by opening private health establishments in the Sultanate of Oman. Several common licensing requirements standards need to be followed by all private health establishments, however, this manual mainly outlines specific requirements for ambulatory/outpatient healthcare facilities (clinics, centers, and polyclinics).

Aims and Objectives:

1. To provide a standardized guideline of the general and specified requirements for private health establishments.
2. To ensure that all private healthcare establishments follow a unified, standardized and recognized guideline when preparing their establishments

Scope:

This regulation applies to the private health establishments that to be licensed by MOH-DGPHE as an ambulatory healthcare setting (clinics, centers, and polyclinics). The other private health establishments like hospitals and specialized centers shall follow additional specific standards and regulations. The DGPHE has the right to amend this regulation stipulated herein without prior notice; the latest version of the regulation shall be published on the DGPHE website



Structure:

The manual is divided into five chapters:

- First chapter: Illustrates the registration process of licensing of the establishments and related services.
- Second chapter: Outlines physical requirements including design criteria and the common functional areas.
- Third chapter: Includes standards of care and nine domains.
- Fourth chapter: Listed the samples of architectures designs for major healthcare settings.
- Fifth chapter: Includes the lists of medical equipment, tools and types of required furniture for the common specialties of healthcare clinical settings.

Acronyms:

DGPHE: Directorate General of Private Health Establishments

HCW: Healthcare worker

MOH: Ministry of Health

RN: Registered Nurse

TCAM: Traditional, Complementary and Alternative Medicine

WHO: World Health Organization



المديرية العامة للمؤسسات الصحية الخاصة
*Directorate General of Private
Health Establishments*



وزارة الصحة
Ministry of Health

Chapter One: Licensing of Private Health Establishments

1. Licensure Procedures:

All private health establishments in the Sultanate of Oman either new or existed private facilities in order to be operated shall be according to legislative laws and regulations in Oman and **must** be licensed by DGPHE. Therefore, in order to open a PHE, the applicant shall follow the below steps:

STEP 1

- Submit an official letter to the Licensing & Assessing of PHE Department requesting to open PHE highlighting the proposed place and required services.
- Fill the PHE License Request Evaluation Form.
- Submit a copy of none activated Commercial Registration (CR) certificate.
- Submit a copy of identification card.

STEP 2

Once application approved

- Pay the Fee R.O 100
- Initial approval letter with defined services will be issued. The interval valid date for the initial approval letter is **(6 months to One year)**.

STEP 3

- Submit architectural plans with its specifications showing the proposed general location, accessibility, physical features of the site, medical equipment, furniture and other utilities i.e. medical waste storage area.

Ensure

The allocated or proposed premises for PHE is approved as commercial use. If the proposed operating PHE is existed in villa or flat, **Municipality approval** should be taken.

- The DGPHE shall issue to the applicant an Initial Approval Letter for the approved and defined services that will be activated in the health establishment.
- Conditional approval letter might be issued to the applicant's limited with interval timing **if** the applicant's required additional time to complete the administrative procedures or to prepare the facility before operating it.
- The initial approval letter is required to complete the Health Establishments licensing procedures in Ministry of Commerce and Trading and Municipality.
- In case the application to open a new facility is rejected, a detailed observation points will be provided for corrective action and the applicant is required to re-submit a new application with determined fees.



- The initial approval letter is Valid for (6 months to One year) and to be renewed with determined fees.

2. Establishment Name:

- During the initial registration process, the name of the Health Establishment will be tentatively under the owner's name, till the applicant is issued the health establishment trade license.
- Each health establishment shall be designated by a permanent and distinctive name which must not be changed without prior notification to the Licensing and Assessing of Private Health Establishments department at DGPHE.
- The name of the health establishment should not mislead the public either by the type or extent of provided care in the health establishment. The below following flow chart shows the steps of opening new health establishment:

Steps to Open Private Health Establishments

- Submit request letter with detailed proposed facility and requested services to the Licensing & Assessing of PHE department
- Fill request form to open new facility
- Pay the fee R.O 100

- Approval letter from Licensing & Assessing of Private Health Establishments department will be issued.
- Facility will be registered in DGPHE system

Submit request letter to approve the sketch with following documents to the Licensing and Assessing of Private Health Establishments department:

- None activated Commercial Registration (CR)
- Copy of identification card
- Request letter to approve the sketch. The request letter should be counter-signed by the owner or an authorized person only including:
 - Full name, address, contact number & email address
 - Location of proposed facility
 - Requested services
- Fully loaded clear sketch approved from engineering consultation office
- If the PHE including lab; List of investigations and equipment should be attached.

Sketch review by technical team

Not fulfil the requirements

- Sketch: if observations found will be sent by email to the owner for rectification.
- The owner should submit updated sketch to the Licensing & Assessing of Private Establishment department for approval officially

Fulfil the requirements

- Sketch approved by the team
- Scanned copy saved and uploaded in facility file & in Barwa correspondence

Approved copy given to the owner to continue the administrative process in Ministries:

- Ministry of Manpower
- Municipality
- Civil defense
- Ministry of Commerce
- Be'ah company

Request for final inspection once the facility is ready – **page: 15**



استمارة دراسة طلب ترخيص مؤسسة صحية خاصة
Private Health Establishments License Request Evaluation Form

المحترم

الفاضل/ مدير دائرة المؤسسات الصحية الخاصة بمحافظة
أتقدم أنا المفوض بالتوقيع للحصول على دراسة طلب ترخيص لمؤسسة صحية وفقا للبيانات التالية:

اسم المؤسسة التجارية	رقم السجل التجاري		
رقم الهاتف	البريد الإلكتروني		
هل سبق حصولك على ترخيص لمؤسسة صحية أخرى؟		☐ لا	
		☐ نعم (اسم وترخيص المؤسسة الصحية):	
نوع المؤسسة الصحية:			
☐ مؤسسة صحية	رسوم الدفع ١٠٠ ريال	☐ مستشفى	رسوم الدفع ٣٠٠ ريال
المحافظة	الولاية		
حيث اطلعت على جميع القوانين والسياسات المتعلقة بالمؤسسات الصحية الخاصة, وعليه فإني اتعهد بالالتزام بكافة الضوابط والسياسات المنظمة للمؤسسات الصحية الخاصة والتقييد بالقوانين والتشريعات بوزارة الصحة كافة. ولن يتم إسترداد المبلغ أو التنازل في حال تسجيل المؤسسة.			
مقدم الطلب: التوقيع وختم المؤسسة: التاريخ:			
الموافقات الرسمية:			
مدير دائرة المؤسسات الصحية الخاصة بالمحافظة: التاريخ:			
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اسم موظف مستلم الرسوم	رقم إيصال الدفع	التوقيع والختم	
مدير دائرة تراخيص وتقويم المؤسسات الصحية الخاصة: التاريخ:			



3. Final Inspection and Issuing the License:

- A request for Final Inspection shall be submitted by the applicant, upon which an onsite pre-operational assessment will be conducted by DGPHE.
- To obtain the DGPHE license, the applicant must meet the following:
 - Appoint a Medical Director.
 - Employ a sufficient number of qualified and licensed doctors, nurses and other allied healthcare professionals to satisfy the establishment functional program and to meet patient needs for all services/procedures provided in the establishment.
 - Install and operate required medical equipment for provision of the outpatient health care services in accordance with manufacturer specifications.
 - Provide medical waste disposal contract with Be'ah Company.
 - Get a Civil Defense and Municipal Certificate.
 - Provide documented policies and procedures for the following:
 - Infection control measures and hazardous waste management
 - Medication management
 - Patient health record
 - Patient transfer and emergency action plan
 - Radiation Safety (if applicable)
 - Maintain the Charter of Patients' rights and responsibilities noticeably posted on the premises at least in two languages (Arabic and English).
 - Maintain adequate lighting and utilities, including temperature controls, water taps, sinks and drains, electrical outlets and communications.
 - Keep floors, work surfaces, and other areas clean and neat.
 - Display the hours of operation of the establishment as well as the price list of the major services (e.g. consultation, major investigation and procedures).
 - Display hazardous signs aimed to restrict access for the safety of patients, visitors, and staff.
 - Designate secured areas for the collection of medical waste, general storage establishments for supplies and equipment and storing area for hazardous materials.
 - Provide a sufficient number of toilets for patients, their families, and staff.
 - Access for disabled toilet within the same building is required for all new Health Establishments.
 - Keep the establishment accessible for handicapped and disabled individuals.
 - Based on the result of the onsite assessment and after meeting the DGPHE requirements and recommendation (if any), a DGPHE license will be issued.
 - **The Health Establishments licenses are valid for Three years.**
 - The establishment license shall be visibly posted in the premises.



Steps for Requesting Final Inspection

Submit request letter with the following documents to the Licensing and Assessing of Private Health Establishments department:

- Request letter for final inspection including:
 - Name & location of the PHE
 - Contact number & email address
 - Owner name or the name of authorized person in CR.
 - The letter should be counter-signed by the owner or the authorized person in CR.
- Copy of activated Commercial Registration (CR) certificate
- Copy of reserved trade name or mark from ministry of commerce
- Copy of approve Drawing (sketch)
- Copy of valid municipality and civil defence license
- Copy of valid waste disposal contract (Be'ah contract)
- Copy of valid cleaning contract or copy of identification card of the cleaner under the facility name.

Review the application

Fulfil the
requirements

Not fulfil the
requirements

The application forwarded to
technical team for inspection

Reject the application & informed
the client to complete the required
documents for final inspection

Facility visited by
the team

The facility fulfil the
requirement

The facility doesn't
fulfilling the requirement

- Final approval form for issuing health establishments form to be filled by the team.
- The client pay the fees
- Enter the medical personnel in the system.

- Final inspection report will be sent to the client to rectify found observation
- Request for re-final inspection once ready. Request letter to be sent to Licensing & Assessing of private establishments department.

**Activate the facility
& issue the license**

4. Application for License Renewal:

- Application for renewal of the establishment license **must be submitted not less than 30 days prior to the expiration** of the license and shall comply with all renewal requirements.
- The applicant's failure to submit the renewal licensing application within the given time shall result in the expiration of the current license on its last effective date. In such cases, the Health Establishments will be subjected to financial penalties and may lead to null and void of the establishment license.
- **The Health Establishments license will be renewed for a period of three years** after fulfilling the DGPHE requirements for re-licensure assessment.

5. Temporary Suspension of the License:

- If identified that any Health Establishments pose an imminent risk to the safety of patients, employees, or visitors of the establishment; DGPHE shall assess the establishment operations or specific service.
- The technical violation committee may recommend to temporary suspension of the establishment license or specific services.
- The Director General shall form an investigative committee and may issue a decree of temporary suspension **through the violation committee**.

6. Voluntary Cancellation of the License:

Submit a voluntary cancellation request that signed by the owner of the health establishment and must be submitted at least (30) days before closure of the establishment



The management of the establishment shall comply with existing DGPHE regulations regarding cancellation of the health establishment license.

The owner of the PHE should ensure that all healthcare professionals are cancelled from the facility.

7. Null and Void License:

As per the Medical Law issued by Royal Decree No. (75/2019) Regarding Promulgating the Law Regulating the Practice of the Medical and Allied Medical Professions, the health establishment license is considered null and void by force of law in the following conditions:

- Transferring the health establishment ownership to a different individual, corporation, Limited Liability Company (LLC), etc.



- Closure of the establishment for a period of three months without presenting a valid and justified reason(s).
- The health establishment is not operating for a period of six consecutive months from the date of issuing the establishment license.
- Cancellation or liquidation of health establishment Corporation, partnership or LLC.
- If it was the decision of the violation committee due to a major violation.

S. No	The following documents are required while transferring the health establishment ownership to a different individual:
1.	An official waiver letter including the Commerce Registration certificate and copy of identification card of the ownership.
2.	Purchase letter with Commerce Registration certificate and copy of identification card of the buyer.
3.	Notarized sales contract from Ministry of Commerce and Industry.

8. Changes/Modifications Required DGPHE Approvals:

The following changes or/and modifications that require prior approval from the DGPHE, but are not limited to:

S. No	Specifications:
1.	Ownership
2.	Medical Director.
3.	Establishment trade name.
4.	Establishment Commerce Registration (CR)
5.	Establishment location
6.	Introducing new clinical services
7.	Voluntary permanent or temporary closure of the establishment
8.	Relocation of existing services such as Diagnostic Imaging services
9.	Major construction or renovation work in the establishment
10.	Adding an extension or annex to the existing health establishment building

9. Additions or Alterations to the Establishment Building:

- Any renovation work that may involve changes or addition to the premises shall require prior review and approval by the DGPHE and amendment of the Health Establishments license according to the added services.
- The Health Establishments management must submit an application file including both the preliminary and final architectural plans with specifications showing the proposed changes or addition.
- Any alterations or additions to the existing establishment building shall comply with the construction standards and building codes of the Municipality and meet the DGPHE Health Establishments Guidelines.



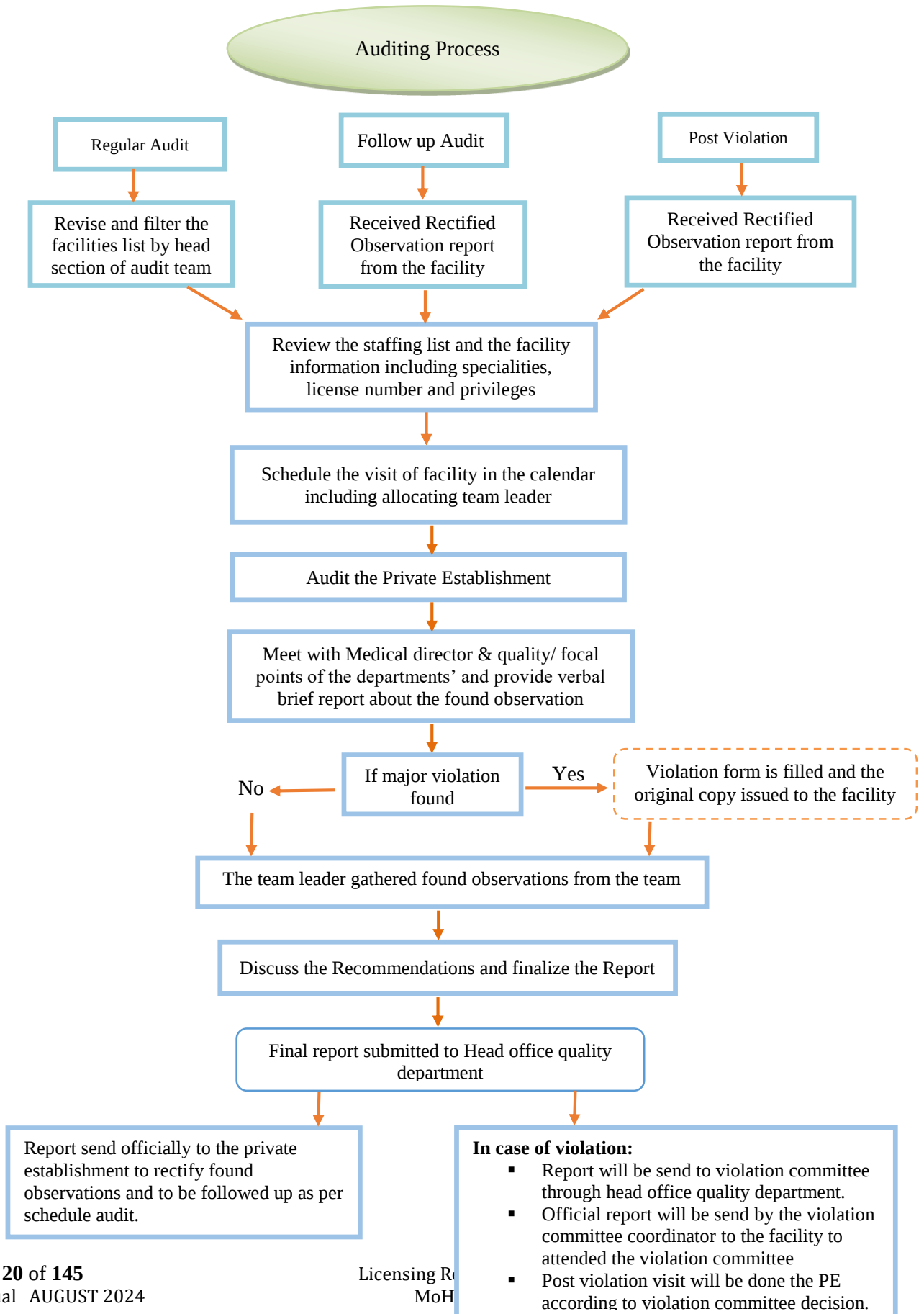
10. Management Responsibilities

Upon obtaining the license the management of the establishment has certain licensure responsibilities they must fulfill which include:

- Comply with all related Government laws and regulations.
- Maintaining malpractice insurance for all licensed healthcare professionals.
- Take necessary measures to distribute new DGPHE circulars and announcements among all establishment professionals.
- Cooperate with DGPHE inspectors and/or any duly authorized representative and provide requested documentation or files.
- Avoid giving misleading information and false statements which may lead to legal action against professionals or the health establishment.
- Settling any violation fines related to professionals or the health establishment.
- Use the MoH Infectious Diseases Notification Service to report communicable diseases that required by MoH Law concerning the Prevention of Communicable Diseases.
- Submit the required statistical data of the establishment to the statistics section in DGPHE and to the statistics department in the Directorate General of Health Services in each Governorate.
- Obtain prior approval from the DGPHE for any media and advertisement materials that need to be utilize in the establishment, as per the approved guideline.

11. Compliance Review:

- At any time and upon reasonable cause, DGPHE may conduct random auditing to audit the Health Establishments to determine the establishment compliance with the DGPHE regulations and standards.
- The DGPHE auditors and/or any duly authorized representative shall conduct regular onsite auditing to ensure compliance with the relevant DGPHE regulations.
- The onsite auditing may be scheduled or un-announced.
- After every auditing; the authorized auditors shall give an onsite verbal report followed by an official letter attached with auditing report to rectify found observation. However, if the auditors identified non-compliance of the establishment to the DGPHE regulations; verbal onsite report will be issued followed by an official auditing report with a letter stating the identified violations.
- The Health Establishments management shall submit to the DGPHE a written corrective violations action plan that cited within fifteen days after receiving the noncompliance letter stating the identified violations.
- The PHE can appeal for violation committee decision within (30) days once receive the violation committee Qarar (**Royal Decree No. 75/2019 regarding the Law of Practicing Human Medicine and Dentistry**).





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Chapter Two: Physical Establishments Criteria



1. General design considerations

- The establishment buildings could be free-standing with open access to the main road to facilitate traffic movement or on the ground floor in a multistory building with easy access to the main road.
- The main entrance of the establishment should be located at ground level, protected from all-weather elements, and easily accessible to the public and physically disabled.
- The parking area should be spacious enough to accommodate patients, staff, and public needs.
- The facilities that have patient services located other than the ground floor, should have electrical elevators. The elevator shall accommodate the equipment that required to transport the patient, e.g. a patient stretcher with all attachments, trolleys, and attendant staff in order to stabilize patient movement. The elevator/ transportation system shall be able to be operated during a power failure event.
- The establishment should be easily accessible for disabled individuals.
- The establishment should be provided with a mechanical ventilation system if a local exhaust is not available. The suitable daylight and ventilation should be maintained.
- The establishment should have a permanently installed air conditioning system able to maintain an interior temperature of 23°C.
- The minimum ceiling height shall be 2.70 meters. The minimum door opening width for patient use shall be 86.35 centimeters and for patients confined to wheelchairs shall be 1.10 meters. Public corridors shall have a minimum width of 1.50 meters.
- Curtains should be use to maintain patient's privacy. The curtains shall be washable and flame-resistant.
- Maintain adequate lighting and utilities, including temperature controls, water taps, sinks and drains, electrical outlets, and communication system.
- Wall finishes shall be washable, anti-bacterial and fungus, smooth, and moisture resistant.
- Floors, work surfaces, and other areas shall be clean and neat. Slip-resistant flooring products should be considered for flooring surfaces whenever required for safety considerations.
- Floor opening joints, pipes, and ducts shall be tightly sealed.
- The establishment shall follow the fire prevention and safety measures required by the Civil Defense Authority.
- Privacy and confidentiality of patients, visitors, and staff should be respected and granted according to Oman's cultural requirements.
- Security and safety of patients, visitors, and staff should be ensured at all time and stages according to the existent rules and regulations.
- The establishment must provide security services for; systems, video



surveillance systems, door intercommunication systems, and intrusion detection systems.

- Adequate power backup of essential services is to be insured for critical areas and medical equipment.
- 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.
- The establishment shall be provided with wayfinding and Signage for all spaces, and clearly display hazardous signs aimed to restrict access for the safety of patients, visitors, and staff.
- Designate secured areas for the collection of medical waste, general storage facilities for supplies and equipment and storing area for hazardous materials.
- Facilities handling ionizing radiation for diagnostic and therapeutic purposes and potentially bio-hazard material must comply with local regulations. The establishment should also provide safe storage and disposal of hazardous materials and biomedical waste.

- **Waste and Environmental Management:**

Waste and environmental management should support safe practices and a safe environment. The establishment should develop and implement waste and environmental management policies that include:

- The policy shall include segregation and disposal of waste in the right way according to regulations.
- The waste management policy shall cover handling, storing, transporting, and disposing of all kinds of waste.
- The establishment must have a contract with a Be'ah company to regularly collect, transport, and destroy waste materials according to local regulations.
- Cleanliness throughout The establishment shall be maintained by trained domestic help.

- **Infection Control Precautions:**

- Conveniently located hand wash basins, used only for washing purposes with hands-free operating taps.
- Wall-mounted non-refilling liquid soap dispenser next to each hand wash basin.
- Wall-mounted paper towel to be use.
- Dust bin shall be foot operated and segregation of wastes according to MOH guidelines.
- Laminated poster for the steps of hand hygiene shall be available.



2. Functional Areas

2.1 Reception and waiting area:

- A reception counter shall be located to provide visual control of the entrance to the outpatient unit and shall be immediately apparent from the entrance.
- The reception counter should provide access to patients' records.
- There must be a separate dedicated area for male and female patients. The reception should be under staff control.
- Provide a drinking water source and a space for wheelchairs at the patients' waiting area.
- Provide a separate controlled area for pediatric patients if pediatrics service is provided in the establishment.
- Provide a sufficient number of (male and female) toilets for patients, their families, and staff. 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. Dedicated toilets should be provided for disabled individuals as per the standards and guidelines.

2.2 Consultation/Examination/Treatment room:

- At least one examination room should be available for each doctor. Privacy of the patient in the rooms shall be considered.
- The working staff should ensure the minimum clearance permitted at each side and at the foot is 91.45 centimeters.
- Examination and Treatment Rooms shall include nurse station or a counter or shelf space for writing and documentation, a work counter, a space for supplies, and each room should be loaded with sink.
- All clinical rooms required a hand-washing station and hand sanitizer. Sinks shall be designed with deep basins, made of porcelain, stainless steel, or solid surface materials.
- A lockable refrigerator for medication use and crash trolley should be kept in treatment room.
- Locked storage for controlled drugs should be provided (if applicable).
- The establishment doors shall be swings oriented to provide patient privacy.
- Designated shelf or area for storing and maintaining necessary permitted supplies such as acupuncture needles, primarily massage oil, medical items etc.
- Airborne Infection Isolation Rooms (AII) should be provided in facilities with a functional program that includes treatment of patients with known infectious diseases. In GP, centers and polyclinics a dedicated room should be determined by an infection control risk assessment.



- Airborne Infection Isolation Rooms (AII) shall comply with the design requirements.

2.3 Observation room:

- The patient's observation room/s shall have a minimum floor area of 7.45 square meters per observation bed with a hand-washing station in the vicinity. The room shall be convenient for working staff to deliver patient care and control the area.

2.4 Dental room:

- All Dental consultation and treatment room(s) shall have a minimum floor area of 14 square meters. The minimum dimension of the room shall be (3, 5*4) meters.
- The dental room door swing and direction of the dental chair should be considering patient privacy.
- There must be a dedicated specific space for cleaning and sterilization of dental instruments. Instruments sterilization and cleaning should not be executed inside the dental room.
- Ventilation in dental room should be available (window or exhaust fan)
- Compressor room (small), for the compressor and the suction machine outside dental room with ventilation
- The physical layout of dental clinic should be arranged to assure its easy cleaning. Floor, walls and ceiling of the dental room should be made from smooth nonporous material that doesn't support the harbor of dirt, micro and macro organisms.
- In the dental room shall be smooth bench without curved lines and angles.
- All piping and conduit for cables are to be laid under the floor and to come out from the floor in the appropriate positions

2.5 Supportive Services Area

- A system for sterilizing equipment and supplies should be available.
- At least one housekeeping room per floor should be provided containing a service sinks (floor sink to discard dirty water and hand wash basin) and storage for housekeeping supplies and equipment.
- Spaces should be made available for storage, and disposal of soiled materials.
- Filing cabinets or store room shall be provided for the safe and secure storage of patient's health records with provisions for easy retrieval.
- General store or clean utility room to be allocated for medical and non-medical



supplies and equipment shall be provided based on the establishment services.

- Staff room equipped with lockable drawers or cabinets shall be provided to keep staff personal items.
- Store room for mechanical and electrical equipment should be provided.
- Each health establishment shall make provisions to support administrative activities, filing, and clerical work as appropriate.

2.6 Central Sterile Supply Department (CSSD):

- This area should be physically separated from all other areas of the establishment. The CSSD room in GP clinics, centers and polyclinics shall have a minimum floor area of 2x3 square meters. **Class B autoclave machine shall be provided.**
- The CSSD shall be prepared and equipped based on workload of the establishment (please refer to *Medical Devices Reprocessing Manual- Version 1/ 2024* for more details about CSS sections).
- The room should be arranged to handle the cleaning, sterilization, and disinfection of all medical and surgical instruments and equipment for all the facilities' services.
- Ultrasonic washer or cleaner to be provided according to the required services.
- Work tables, sinks, flush-type devices, washers, and sterilizer decontaminators should be provided as workload requires.
- The clean room should contain hand-washing stations and equipment for terminal sterilizing of medical and surgical equipment and supplies.
- Access to the sterilization room should be restricted. Storage areas for packs should maintain suitable ventilation, humidity, and temperature.
- Enzymatic solution (MOH approved), biological and Bowie Dick indicators and biological incubator should be available. Biological indicators control to be performed once per week and Bowie Dick indicators to be done on a daily basis. Records should be maintained.
- Chemical indicators class (5 or 6) and sterilization pouches shall be provided. The working staff should ensure chemical indicator is available in each sterilized pouch.



The PHEs required area/rooms and its' minimum dimensions:

S.	Room/ Space	Minimum Area	Remarks
1.	Reception/ Entry		
	Reception/ Clerical	-	Shall be immediately apparent from the entrance.
	Waiting Area (Male/ Female)	25m ²	Gender separated The area to be increased according to number of provided services
	Patient Bay/ holding area to keep the wheel chair	-	To be allocated near to the entrance
	Bay/Area to keep drinking water source	-	-
	Store - Photocopy & stationary	2x2m ²	It could be attached with/ back of the reception
	Two Toilets (Male & Female)	2x3m ²	Separate male & female toilet
2.	Clinical areas		
	Consultation and examination room (in the same vicinity)	14m ²	The minimum required area is 12m ²
	Consultation room only (without examination)	9m ²	-
	Assessment/ Triage room	2x3m ²	To filter and triaging the patients
	Blood collection room	2x3m ²	Optional
	Minor treatment, procedure, and casting rooms	12m ²	-
	Observation room	7.45 m ²	Accommodate (2) beds
	Physiotherapy and TCAM rooms (Physiotherapy, Osteopathy, Chiropractor, Traditional Chinese Medicine Homeopathy, Ayurveda, and massage room/area)	Each room should be at least (3x3) 9m ²	The area to be increased according to number of provided services
	Dental consultation/ examination and treatment room	14m ²	The minimum dimension of the room shall be (3, 5*4) meters.
3.	Supportive services		
	Clean utility	7m ²	
	Dirty utility	10m ²	To accommodate laundry bags as well.
	Equipment store	9m ²	If the facility provide endoscopy or physiotherapy services
	Staff room	9m ²	Including staff lockers/cabinets
	Admin office	9m ²	
	Meeting room	9m ²	(Optional)
	Staff toilets (Male & female)	2x3m ²	Gender separated
	Medical waste room	2x3m ²	
4.	Central Sterile Supply Department/ room		
	Sterilization room	2x3m ²	The minimum area is for GP clinics, centers and polyclinics

2.7 Occupational & Physiotherapy Clinics and Rehabilitation Centers:

The design of the physical setting of the rehabilitation unit needs to be able to provide a safe and accessible environment that fulfills and achieves the purpose of rehabilitation. The equipment used requires to be assessed for safety and is deemed sufficient to achieve the purposes and goals of rehabilitation.

A rehabilitation center or allied health facility must provide a minimum of physiotherapy services in combination with either Occupational therapy or Speech Therapy services. This may sometimes be accompanied by complimentary medicine services like acupuncture, Ayurveda etc.

- In an occupational therapy clinic, a minimum of **two treatment/consultations rooms** must be present. The following is essential for each room.
- Space area not less than 9 square meters (3m x 3m). Larger rooms should be allocated for group therapy not less than 25 square meters (5 m x 5 m). Group therapy should include 4-6 clients only.
- Privacy must be ensured.

2.7.1 Basic Occupational Therapy Clinic Requirements

- Pediatric treatment areas must be child friendly
- Should have a washing facility for the toys and other items that will need cleaning and disinfection.
- Each clinic must include at least one therapist with a bachelor degree in health science majoring in occupational therapy.
- Physiotherapy clinicians must not deliver occupational therapy services.
- **The Occupational therapy room shall include:**
 - Desk with 2 chairs, one for the Occupational Therapist and one for the patient.
 - Examinations couch with pillow and medical blanket for patient's privacy.
 - Suitable storage area for documents.
 - **The clinical Equipment includes:**
 - Treatment tables (wooden or Hi Low)
 - At least one standardized Occupational Therapy Assessments material (SOP).
 - Large mirror
 - Swiss (exercise) ball
 - Hand weight set
 - Parallel bars or railing
 - Stackable steps
 - Hand exercise balls

The Occupational therapy activities at least 20 occupational therapy activities must be available that may include:

- Range of Motion Arc
- Therapeutic cones
- Fine motor activity tools and pegboards
- Sensory brushes and relevant sensory products
- Cognitive development tools
- Gross motor developmental tools
- Weighted pencils

2.7.2 Physiotherapy:

Functional Areas:

- In addition to the main areas mentioned above, the following should be applicable where physiotherapy service is to be provided:
 - Individual treatment areas (patient privacy).
 - Gym with facilities appropriate for the level of service to be provided.
 - Equipment storage room.
 - Ice making facilities.

2.7.3 Hydrotherapy Pool (Optional):

The need for the service should be carefully considered.

- Recommended pool size is 7.5m x 4.5m generally the length should be one and a half times the width.
- Recommended depth is 0.8m at the shallow end and the maximum of 1.5m at the deep end. The pool floor should contain no steps as gradient is to be provided.
- Steps are the accepted method of entry and exit and:
 - May be used to provide functional training
 - Should be placed at both ends of the pool
 - Should not intrude into the working space of the pool
 - A pool hoist should be provided
- Temperature of the pool should be maintained at 30 degree C to 35 C. The ambient temperatures should be lower than water for comfort of pool side staff and patients.
- Lighting should allow the pool floor to be seen and should minimize glare of the surface of the water.
- Non-slip surface should be used for pool surroundings.
- Space considerations should include waiting patients, staff and accessibility for multiple wheelchairs.
- Changing facilities and showers should be provided for both staff and patients (male/female) size will be dependent on pool size.
- Adequate emergency call points should be provided. These should be accessible from the concourse area and within the pool.



- Storage facilities (pool specific) should be provided within the area:
 - **Therapy equipment**
 - **Consumables and pool supplies**
 - **Pool aids**
 - **Staff lockers**
- **Equipment:**

This will be dependent on population being treated at the clinic whether pediatric, geriatric, women health, general etc.
- **Consumables:**
 - PPE (apron, gloves etc.)
 - Disinfectant (cleaning) available in all areas.

2.8 Independent Rehabilitation Clinic or Rehabilitation Clinic attached within Medical Center:

Clinics should include facilities of one profession only. The clinic should be specific for that particular profession.

• Models of care:

Facilities for rehabilitation services will vary greatly, depending of the professions involved. They will range from large purpose designed, central facilities to basic small bedside services.

2.8.1 Rehabilitation Hospital:

The hospital should include facilities for both outpatients and inpatients. It should allow the facilities to be utilized by both groups of patients. The inpatients should be accommodated with-in the vicinity. They will be expected to attend rehabilitation services on a daily basis. The design of the facility could provide areas of common utilization to both units (the requirements of the PHE shall comply with MOH regulations and requirements related rehabilitation hospitals).

2.8.2 Rehabilitation Center:

Centers should include facilities for outpatients only. These should be of multiple professions including physiotherapy.

- Day care may be included, however patients utilizing day care facilities (more than 4 hours treatment) should be provided with a resting area.
- Rehabilitation centers should provide a minimum of (1) consultation room per profession and 3 treatment rooms (2.5m X 2.5m each) in total depending on the number of professions included.



- Gym (the minimum requirement size at least 4.5m X 4.5m²) should be included

Functional Areas:

- Patient therapy area. A minimum of 1 consultation and treatment room (with a minimum size of 2.5m X 2.5m) or (3.5m X 3.5m)
 - In any clinic (one treatment room can be substituted by a gym (minimum size 3.5m X 4.5m) in a physiotherapy clinic).
- Floor finishing is essential that it is nonslip and does not create a drag for patients using walking aids and wheelchairs.
- The height of light switches need to be accessible.
- Handrails on both sides of the corridors are recommended.
- Duress alarm system should be located at reception and treatment areas (especially in the case of a hospital).
- Call systems should be provided in all individual treatment rooms including the gymnasium.
- **Staffing:**
 - Each clinic should have at least (1) full time therapist with BSc from an approved academic institution.
 - Physiotherapists may choose to develop certain skills in the area of advanced practice that has been performed by other professions such as dry needling, chiropractic, spinal manipulation, cupping therapy and osteopathy techniques. These skills require extra training beyond those obtained in the undergraduate or immediate post-graduate training.
 - Permission for advanced practices should be sought through request for privileges beyond those normally granted.
- **Basic Equipment for Rehabilitation Centre:**
 - All equipment should be approved from MOH.
 - The following is a list of some of the equipment to consider for starting a private physiotherapy clinic or rehabilitation center according to the scope of the clinic or the center.



- **Devices for Tests and Measures**
 - Goniometers
 - Tape measures
 - Grip dynamometer
 - Manual muscle testing dynamometer
 - Reflex hammer
 - Neurological testing instruments
 - Blood pressure cuff
 - Stethoscope
 - Thermometer
- **In-House Educational Materials**
 - Anatomical posters
 - Health education posters
 - Skeleton (optional)
 - Anatomical Models (optional)
- **Basic Treatment Room Equipment**
 - Treatment tables: wooden plinths
 - Treatment tables: high-low adjustable
 - Mat table
 - Treatment room cabinets, chairs
 - Large mirror for visual feedback
 - Exercise steps with different sizes
 - Linens: gowns, towels, sheets, pillows, pillowcases, blanket, etc.
 - Step stools
 - Therapist stools on wheels
 - Variety of bolsters, wedges, supports
 - Gait belt
- **Basic Rehabilitation Modalities**
 - Hydro-collator with hot packs
 - Ice production modalities
 - Ice packs, Ice massage cups
 - Ultrasound machine with gel warmer
 - Multiple mode electrical stimulator as per required
 - Paraffin bath
 - EMG biofeedback (optional)
- **Exercise machines**
 - Treadmill
 - Upper Body Ergometer



- Upright / Recumbent Bike
- Various sports performance equipment:
- Sport specific equipment
- Supine shuttle-style leg press machine
- Multi-purpose, multi-joint, adjustable resistive machine

2.9 Speech Therapy Clinic:

- In Speech therapy clinic, a minimum of two-treatment / consultations room must be present if no special procedures are to be carried out in the clinic. The following is essential for each room
- Equipment storage spaces (preferably vertical) to store rehabilitation tools.
- Staff allocation each clinic must include at least (one) therapist with a bachelor's degree in health science majoring Speech Therapy.
- **Clinical Equipment:**
 - Mirror
 - At least one standardized Speech and Language Assessment materials to be utilized.
 - Suitable therapy materials including visual, auditory, and cognitive stimulating materials.
 - Oral-motor exercises kits.
 - Augmentative and Alternative Communication Tools.
 - Small supply of food/ liquids items to test swallowing.
 - Syringes (No needles).
- **Consumables:**
 - Gloves, face masks, tongue depressors and sanitizing wipes must be available and accessible in all areas.
- **Speech Therapy Activities:**
 - Strength and skills activities for oral-motor disorders.
 - Cognitive rehabilitation.
 - Aural rehabilitation.
 - Articulation, speech and language delay therapy activities.
 - Cognitive development tools and tasks.
 - Feeding activities and materials.

2.10 Optical Shop:

- **The optical shop consists of three sections:**
 - Refraction and eye examination room.
 - Glasses Fitting room or optical lenses storage place
 - Showroom
- **Refraction and eye examination room shall include:**
 - Refraction chair unit, adjustable up and down.
 - Auto refractometer with Kerato-meter, working and gives accurate results.
 - Lensometer, Auto or manual.
 - LCD screen or chart projector should be adjusted and placed 3 meters in front of the examination chair, on same eyes level of the patient.
 - Phoropter or lenses trial set with trial frame.
 - Streak Retino-scope, working and in good condition.
 - Pen torch.
 - Color Vision examination book.
 - Hand washing basin with elbow operated tap or sensor.
 - Steps of hand washing poster.
 - Wall mounted dispenser with antimicrobial soap (soap should be non-refillable (in bottle or sachet).
 - Wall mounted paper towel dispenser with paper towel.
 - Adjustable lightening of the room for maximum dimming and brightness.
 - Signage on the door (Examination Room)
 - MOH private establishment license certificate and copy of the Optometrist license should be displayed clearly in the facility.
- **Glasses Fitting room or optical lenses storage place**
 - Should be placed in the end of the shop and separated from the refraction room.
 - Should have all required fitting instruments like edger machine, drilling, lens polishing, fitting tools etc.
 - Lenses storage place.
 - This room should be cleaned and tidy all the time.
 - Exhaust fan for lens coloring odors clearing.
- **Showroom:**
 - Reception and waiting area.
 - Cash and dispensing counter.
 - Cabinet to display contact lenses and related products.
 - Wall mounted sunglasses or optical frames display.
 - Drawers display to showcase and store optical frames.
 - Room should be clean and tidy all the time.



▪ **Staffing:**

- Licensed MOH Optometrist is a must to run the optical shop
- Optometrist should wear white lab coat and wear his license ID card.
- All eye testing and refraction should be done by the Optometrist.
- All medical advices and information should be given by the Optometrist.
- Salesperson should be familiar with the types of sun-glasses, optical lenses and frames.
- Dispensing optician or glasses lenses fitter should have the required knowledge of lenses fitting and dispensing.
- Cleaner with knowledge of optical shops cleaning and glasses lenses handling.

▪ **Note:**

- Hand washing facility must be installed in fitting room.
- Fitting Room should be separated from refraction room and it is optional as the fitting maybe done somewhere else.
- Optometrists should wear a lab coat with their license ID.
- The Private establishment license should be clearly shown in the examination room.

2.11 Clinical Laboratory Services:

Clinical laboratory services should comply with MOH rules and regulations and it is not allowing to practice or perform laboratory services without being licensed from DGPHE. The clinical laboratory can be performed either on-site or through an outsource contract. The sampling tests, method and process must be approved by the MOH.

- The onsite clinical laboratory services to be performed in a dedicated laboratory area either in a general clinic or in a polyclinic or standalone referral/ diagnostic lab.
- When laboratory services are provided by outsource sources, the PHE shall submit the following documents:
 - An official letter mentioning the name of testes that need to be performed.
 - Copy of the facility license.
 - Copy of the contracted licensed laboratory.
 - Copy of SOP for blood sample (handling, processing, storage & disposal).
 - Copy of SOP for blood sample collection & transportation.
- All laboratories shall meet the Clinical Laboratory Regulation & Guidelines (For more details about laboratory guideline, please refer to **National Laboratory Guideline for the Private Health Establishments, 2023**).
- The lab should **NOT** be located in the basement.
- The lab should be well-ventilated, lighted, and organized.
- The approval of licensed standalone diagnostic/ referral laboratory should be renewed every three years.
- The clinical laboratories are “not allowed to import any cells, organisms, genetic materials or live animals for laboratory testing or research purposes without prior approval by the MOH and the ministry of Agriculture in the case of laboratory animals. Details of the intended use of these items must also be given and made clear” (**General Private Laboratories Manual 2019**). All Rules and Regulations in Private Medical Laboratory Practice shall comply with the Sultanate of Oman Law system, refer to:

- <https://www.mjla.gov.om/legislation/laws/>

- The Law on the Control of Communicable Diseases Promulgated by Royal Decree 73/92.

The clinical laboratories are divided as follow:

S.	Type of laboratories	Floor area/ square meters (m ²)	Types of investigation
1.	Clinics laboratory	5x5m ²	Routine Hematology and routine Biochemistry
2.	Polyclinics laboratories	Divided into two rooms. Each room 5x5m ² total of 50 meters	Routine Hematology, routine Biochemistry, Immunoassay and Hormones. If Microbiology services are provided, the minimum required floor area is 4x4 square meters.
3.	Hospitals laboratories/ specialized diagnostic referral laboratories	Each section 5x5m ²	Routine Hematology, routine Biochemistry, Immunoassay and Hormones If Microbiology services are provided, the minimum required floor area is 4x4 square meters.

- The lab benches should be at least 60 cm wide. The workbenches shall be:
 - Acid & microbial resistance
 - Scratch resistance
 - Ease of fabrication in the field.
 - Able to maintain hygiene and aesthetics
 - Static & stain resistance
- Walls, floors, and surfaces shall be made of or covered with seamless appropriate material and can be easily decontaminated. All pits and floor openings shall be covered or guarded.
- The area of microbiology service shall be kept at negative pressure relative to the adjacent areas.
- The laboratory area shall have appropriate facilities, for instance; reception to receive the samples, storage to keep the reagents and controls, refrigeration of blood, urine, and other specimens, retention &/or disposal of samples ...etc.
- The laboratory should have a sampling plans that include (collection, handling and transportation) and procedures for testing.



- The Standard Operating Procedures (SOPs) for sample collection should be available where sampling is undertaken.
- The laboratory shall have a barcode system for identifying samples. The identification shall be retained throughout the life of the sample in the laboratory.
- The laboratory shall implement internal quality control procedures and participate in External Quality Assessment Scheme (EQAS) e.g., inter-laboratory sample comparison. Calibration of the equipment should be performed regularly according to manufacturer recommendation.
- The clinical laboratory services should have written policies and procedures shall be available and address, at a minimum:
 - Specimen collection;
 - Specimen preservation;
 - Instrument calibration;
 - Quality control and remedial action;
 - Equipment Performance Evaluation;
 - Test performance
 - Test turnaround time
- Work counters and equipment space shall be provided to accommodate all on-site services identified in the functional program and sufficient to meet equipment specifications and laboratory technician needs.
- Storage cabinet(s) or closet(s) for the Clinical Laboratory shall be provided.
- Laboratory results shall be available on time to the patient's physician.
- Detailed scope of service provided in the clinical laboratory shall be available in the establishment.
- Laboratory form shall be filled specifying type of required laboratory.
- **The minimum requirement of equipment in each facility depends upon the category:**

1- Clinics Laboratory:

- Hematology analyzers 3 differ part.
- Biochemistry fully automated analyzer (Small, 120 test/hour).
- Microscopes (one).
- Centrifuges (one).
- Other laboratory basic equipment.



2- Polyclinics Laboratory:

- Hematology analyzer 3 or 5 differ part (Depend on the specialty available).
- Biochemistry fully automated analyzer (Medium, 200 test/ hour).
- Immunoassay fully automated (Hormones, Infectious diseases) (if applicable).
- Safety Cabinet Class 2 (B) 2 (if applicable)
- Microscopes (two).
- Centrifuges (two).
- Other laboratory basic equipment.

3- Hospital Laboratory or /& referral diagnostic laboratory:

- Hematology analyzers 5 differ part.
- Biochemistry fully automated analyzer (Large 400 test/ hour).
- Immunoassay fully automated (Hormones, Infectious diseases)
- Microscopes (each Department)
- Centrifuges (each Department).
- Blood Bank Gel Method (Not Applicable for referral diagnostic laboratory).
- Microbiology (safety cabinets Class 2 B, CO2 incubators, Identification and sensitivity method).
- Basic laboratory equipment's.

For further information regarding clinical laboratory service requirements see the DGPHE Clinical Laboratory Regulation.



Laboratory Form

الفاضل / مدير عام المؤسسات الصحية الخاصة المحترم

اتقدم انا المفوض بالتوقيع للحصول على دراسة طلب ترخيص مختبر طبي وفقا للبيانات التالية:

اسم المؤسسة التجارية	رقم السجل التجاري	
رقم الهاتف	البريد الالكتروني	
نوع المختبر	☐ مختبر اساسي ☐ مختبر فحص اللياقة الطبية ☐ مختبر تخصصي (علم الكيمياء الحيوية، علم امراض الدم، علم الاحياء الدقيقة،...)	
الخدمات المقدمة	☐ علم امراض الدم ☐ علم الاحياء الدقيقة ☐ علم الكيمياء الحيوية ☐ علم الانسجة ☐ علم الجينات	
المحافظة	الولاية	

حيث اطلعت على جميع القوانين المتعلقة بالمختبرات الطبية الخاصة، و عليه فاني اتعهد بالالتزام بكافة الضوابط و السياسات المنظمة للمختبرات الطبية الخاصة و التقييد بالقوانين و التشريعات بوزارة الصحة و لن يتم استرداد المبلغ او التنازل في حالة التسجيل

مقدم الطلب..... التوقيع وختم المؤسسة: التاريخ:.....

2.11 Medical and Diagnostic Imaging services

Outpatient Care facilities may provide a specific range of diagnostic imaging services within the establishment premises such as:

- Ultrasound imaging.
 - Conventional radiography (general radiology).
 - Computer Tomography Scanning (CTS).
 - Magnetic Resonance Images (MRI).
 - Mammography.
- Diagnostic imaging services may be available within the Private health establishments or can be available through a contractual arrangement with outside sources to meet patient needs.
 - Radiology Departments must comply with the requirements of the National Radiation Protection Regulations. 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 following the final approved layout and equipment selections. Every health establishment providing ionizing radiation services shall comply with the MoH Authorities' rules and regulations.
 - Adequate ventilation and air exchange, with at least 6 air changes per hour as per standards requirements shall be maintained in all Diagnostic Imaging service area. The area should be kept at positive pressure in all areas.
 - The temperature in all areas 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.
 - Each X-ray room shall include a Warning light over the entrance door with the wording "X-RAY IN USE, DO NOT ENTER".
 - Waiting areas for male and female patients to be allocated and escorts service shall be separated and under staff visual control.
 - The conventional radiography room size shall be at least 15 square meters depending on the machine type and the functional program.
 - Tomography and radiography/fluoroscopy (R&F) rooms should be a minimum of 25 square meters depending on the machine type and the functional program.
 - Room entrance shall not be less than 2 meters in height with a shielded door.
 - At least one designated patient gowning area for patient changing shall be provided within the conventional radiography room.
 - Shielded viewing window (Lead glass) from the control area to the conventional radiography room should be provided.
 - The minimum X-ray room surfaces and shielding thicknesses shall comply with the requirements of the National Radiation Protection Regulations.
 - The Ministry of Health strongly advises all new facilities not to consider using films in their practice due to the environmental hazards caused.



- **Radiology services and requirements (information regarding CT, MRI and Mammogram; please refer to the Licensing Requirement for Radiology Imaging Services, 2020):**
- **X-ray/ radiology room equipment and supplies:**
 - The total area for the x-ray room should be 25 m².
 - The area size of control room, “Console/Control” room is 2 meters’ x 3 meters.
 - Changing room 2x1m² and the following items to keep:
 - Humper bag
 - Patient gown
 - Hangers.
 - Gonad shields
 - Mirror
 - Shelf or cupboard
 - Hand wash facility to be installed in the room.
 - Walls, doors and windows, flooring if not in the ground floor and ceiling lined with lead to protect against leakage of radiation (refer to the MOH web).
 - PPE- personal protective equipment and antiseptic wipes shall be available.
 - X-ray equipment:
 - The X-ray machine with X-Ray table with wall block (specification as per the MOH guideline).
 - X-ray system must be either fully digital with digital detectors or analog system with computed radiography system.
 - The tele-radiography system should have DICOM facility for image transfer and storage.
 - X-ray viewer.
 - Computed Radiography (CR).
 - Radiation protective aprons (different size waist lead apron) and lead apron hangers.
 - Immobilizer.
 - Cassette and grids.
 - Radiation inspection report.
 - Thermo-Luminescent Dosimeter (TLD)
 - A computer program for saving X-ray images and reports for 5 years.
 - Working table with bench.
 - Computer work station.
 - Green/Red light sign indicating when the X-ray beam is OFF/ON.
 - X-ray caution sign on the tube housing.
 - Foot step to help patients to step in to X-ray table.
 - Foot-operated dust bins with black bag for general wastes should be available.



- **Ultrasound imaging:**
 - The room size should be 3x3 square meters.
 - The patient toilet shall be inside the ultrasound room.
 - If the establishment provides general ultrasound services, at least one licensed Consultant/Specialist Radiologist must supervise the ultrasound services on part time or full time basis and to provide ultrasound reports.
 - Only DGPHE licensed radiologist is authorized to issue written ultrasound reports.
- If contrast media is provided as part of the diagnostic services, the establishment must provide the following:
 - Registered Nurse (RN) or a physician with contrast media administration competencies.
 - Skilled staff holding certificates in emergency cases management such as BLS, ACLS, etc.
 - At least one DGPHE-licensed Consultant/Specialist Radiologist must supervise the services on a part-time basis to discuss radiological findings and provide reports.
 - At least one full-time licensed radiographer shall be available in the establishment to provide and assist in the service provision.
 - The private health establishments management shall be responsible for the development and implementation of radiation safety programs in the establishment
 - The Radiation Safety program shall include but, not be limited to the use and monitoring of personal protective devices in accordance with applicable laws and regulations.
 - The private health establishments' management shall provide interpretations and summary reports of the diagnostic services promptly. The reports shall include authenticated, dated reports of all examinations in the patient's health record.
 - The diagnostic imaging services shall have quality control procedures in place for each imaging service performed, and each piece of imaging equipment is periodically calibrated; these procedures should be followed and documented.

For further information regarding the reporting requirements see Reporting by Non-Radiologist section in the DGPHE Diagnostic Imaging Services Regulation.

- **Dental Radiology Services:**

Radiographic procedures used in general and specialist dental practice play an essential part in dental health practice. Dental radiographic procedures include:



- Intra-oral radiography: periapical, bitewing and occlusal views
- Panoramic radiography
- Cephalo-metry
- Radiography using specialized dental CT equipment.
- Other forms of radiography of the complete skull or certain parts of the dento-maxillofacial region
- Dentist operating the dental X-ray equipment must ensure that radiological examinations are carried out properly at all times during the course of dental treatment. This responsibility covers the following components of the examination:
 - Determination of clinical need for the examination
 - Selection of the most appropriate method of examination
 - Optimizing Radiographic Techniques.
 - The use of optimal film or electronic image processing techniques.
 - Interpretation of Dental Radiographs.
 - Maintenance of Radiographic Records.
 - Dental hygienists and dental assistants can perform Intra-oral radiography' periapical, bitewing, and occlusal views.
- In cases where patients are referred for radiographic examination, the referrer must provide clinical notes. These notes must contain both the reason for the radiographic examination as well as an adequate medical history.
- Radiography of the mandible, including temporomandibular joints, must be conducted only on general-purpose medical X-ray equipment or on special purpose equipment designed for such examinations unless otherwise authorized by the Health Regulation Department.
- Equipment designed for intra-oral radiography must be disinfected between patients.
- **Note:**
 - The DGPHE, Oman must be consulted for any clarifications regarding the shielding specifications of walls, doors and control console panels etc.
 - The x-ray and OPG rooms' layout must be approved by the DGHPE before commencing the construction work.
 - Condition for x-ray machine when received must be new or refurbished by manufacture and should not be more than 5 years.
 - The radiographic facility must be evaluated and approved by certified Medical physicist.
 - The mobile x-ray unit can NOT be used inside x-ray rooms, it is only for inpatients in the words and operation theatre.

- **Renovations, Additions and Re-locations to the Facility Building:**



- In case of renovation or addition or re-location to the existing diagnostic imaging facility building, the management must apply for the same with the preliminary and final architectural plans with specifications showing the proposed renovation or addition or re-location to the existing facility.
- Changing and upgrading or replacing of the x-ray tube /machine, radiation inspection to be done as in the case of a new installation and report to DGPHE. The DGPHE procedures for a new radiological facility must be followed in this case too.



DEPARTMENT OF MEDICAL PHYSICS,
DETA, DGPES, Ministry of Health (HQ)
FORM (K)

ITEMS TO BE SUPPLIED BY PRIVATE HEALTH ESTABLISHMENTS FOR
RADIOLOGY INSPECTION

Establishment:	Location:
Establishment Contact details	Equipment supplier:
Name:	Service Engr. Name:
Contact Number:	Contact Number:
Email ID:	Email ID:

The following items need to be attached along with the inspection Request:

No.	Item	Remarks
1	Approved X-Ray Room layout with dimensions.	
2	Floor layout including dimensions and occupancy details for the rooms adjacent to the X-Ray Room.	
3	X-Ray Room Shielding details and its proof	
4	Full Technical Specifications of the Radiological Equipment	
5	List of radiation protection gadgets available with lead equivalence of each one of them	
6	List of MoH approved staff available for radiology work/reporting with supporting documents	
7	Personal Monitoring Service (PMS) for the radiology staff involved.	

MoH/DGPEA/015/F/011/Vers.02



Chapter Three: Standards of Care



The standards of care are the skeletal framework to meet the Directorate General of Private Health Establishments requirements in supporting the standardization of healthcare and fulfilling the MOH objectives of improving the quality of health and health status of the population of the Sultanate of Oman. These standards have been grouped into eight main domains as follows:

Domain One: Administrative Standards

1. Monitoring Quality and Complaints System

The Private health establishments may have a designated healthcare professional responsible for quality of care and improving the outcomes of care and service delivery. The framework for continuous quality improvement may exist based upon:

- Customer/ patient needs.
- Performance measurement and outcome data.
- Benchmarking against best practices.
- Feedback from patients/employees or other customers may highlight opportunities for improvement which the establishment management should act upon.
- Complaint management policies and feedback procedures shall exist and be communicated to staff, patients and/or patients' representative.
- Complaints related to medical issues must be reported to DGPHE.
- The complaint files shall be available during DGPHE inspection visits.

2. Sentinel Events and Major Incidences

- Each Private health establishments shall develop a written sentinel event policy.
- The Private health establishments shall report to the DGPHE any sentinel event and major incidents which occur on the premises, this includes, but not limited to the following:
 - Any incident of patient death inside the establishment.
 - A patient falls that results in death or major permanent loss of function as a direct result of the injuries sustained in the fall.
 - Serious criminal acts inside the establishment premises.
 - Any suicide attempt of a patient inside the establishment.
 - Full or partial evacuation of the establishment for any reason.
 - Fire on the establishment.
- Sentinel events and major incidents shall be reported immediately and not later than three (3) working days after event occurrence.
- Means of reporting sentinel events and major incidents shall include a written

official letter to the Director of DGPHE either by courier or by hand delivery. Reporting should be consistent with applicable patient confidentiality.

- The establishment management shall prepare a written evaluation of its response to the sentinel event or a thorough and realistic root cause analysis with action plan. The response should be submitted to the Director of DGPHE either by hand or by courier within 45 calendar days of the event or of becoming aware of the event.
- In support of DGPHE mission to continually improve the safety and quality of health care provided to the public, the DGPHE may conduct reviews of the establishment activities in response to sentinel event or major incident.

Domain Two: Human Resources and Staff

1. Human Resources Practices

- The Private health establishments shall maintain accurate and complete personnel records for all employees, including training records. Such records shall be maintained and kept confidential.
- Learning and development of healthcare professionals and other staff shall ensure advancement of skills and competence and shall be relevant to their allocation and responsibilities.
- Continuing Professional Development (CPD) activities shall be documented for all healthcare professionals.
- All health professionals in the PHE **must comply with the Royal Decree No. 75/2019 regarding the Law of Practicing Human Medicine and Dentistry.**

2. Healthcare Professionals Minimum Requirements

- All healthcare professionals in the Private health establishments must hold an active DGPHE professional license and work within their scope of practice and clinical privileges.
- Appropriate and sufficient number of healthcare professionals are required to be on duty at all times to diagnose, plan, implement and evaluate patient care.
- The number of DGPHE licensed healthcare professionals assigned to each health service shall be determined by establishment management and be consistent with type of care and services provided.
- Healthcare professionals' allocation shall meet the following:
 - Full time or part time DGPHE licensed specialist/consultant physician (s) may be available for each provided specialty.
 - The establishment shall not operate with part time specialist/consultant physicians only.
 - General practitioner services can be provided in the PHE if there are two full time licensed physicians/specialists.
 - There shall be a sufficient number of registered nurses on duty to plan, implement and evaluate nursing care.

- One full time or part time specialist/consultant pathologist shall be supervising and managing the clinical laboratory services in the PHE (*National Laboratory Guideline for the Private Health Establishments, 2023*).
- At least one DGPHE licensed laboratory technician shall be available; he/she shall be responsible for the laboratory investigations.
- One full time or part time specialist/consultant radiologist shall be available to supervise and manage the radiology services in the PHE (*Licensing Requirement for Radiology Imaging Services, 2020*).
- One DGPHE licensed radiographer shall be available; he/she shall be responsible for the radiology investigations.
- All healthcare professionals at a minimum must maintain valid training/certification in basic Cardiopulmonary Resuscitation (**CPR**) according to their specialties (Basic Life Support (**BLS**) or Advanced Cardiac Life Support (**ACLS** / **PALS**) (refer to Emergency Crash Cart & Cardiopulmonary resuscitation Guidelines, October 2023).

Domain Three: Health Information Management

1. Health Records

The health record is a legal document that should accurately outline the total needs, care and management of patients. It facilitates communication, decision making and evaluation of care and protects the legal interests of the patient, physician, and the health establishment. The patient health records shall be:

- A legible, complete, comprehensive, and accurate health record must be maintained for each patient.
- Assessment findings shall be integrated and documented in the patient's health record and readily available to those responsible for the patient's care.
- Where multiple records for the patient exist, they are cross-referenced.
- The health record should include a medical history, physical examination, procedures (if any), laboratory and radiology reports (if any), and communication with patient's family/patient representative.
- The health record should highlight allergies and untoward drug reactions, such information shall ensure the safe and effective delivery of health care.
- Each patient health record must contain at least the following information (where applicable):
 - Patient identification data.
 - A unique identifier for health records with a system to alert staff to patients of the same name.
 - Time and date of visit/consultation.
 - Full Patient History which includes, but not limited to: (Chief

complaint, present illness, past medical history, social and psychological review, medication allergies, family history of illnesses).

- Physical examination and system review.
 - Provisional/final diagnosis.
 - All pathology/laboratory and radiology reports (if any).
 - Physician's orders.
 - Documentation of all care including medical, surgical and anesthetic treatments.
 - Progress notes.
 - Patient education.
 - Vaccination records.
 - Signed informed consents (if applicable).
- All information that relevant to a patient should be readily available to authorized healthcare professionals or in the event that a patient is transferred.
 - Patient information should be treated as confidential and protected from loss, tampering, alteration, destruction, and unauthorized or inadvertent disclosure.
 - If the patient required a medical report, the report should be typed, (handwritten report is not accepted).
 - The report shall be signed and stamped by the treating physicians/dentist. Time and date must be mentioned.
 - The Private health establishments' management shall be responsible for the retention of patient health records according to the MoH Health Records Guideline (***For more information refer to Medical Records Policy, 2012.***)

2. Information Management

Information management systems include records management, collection, use and storage of information, data management and Integration of information and communication technology.

- Each PHE must maintain health records and reports in a manner to ensure accuracy and easy retrieval, based on the establishment activity, number of patients and storing methodology a health record room or area with adequate staff, supplies and equipment shall be provided in each establishment.
- Health records shall be maintained in the custody of the health establishment 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 PHE shall ensure that each patient is allocated a specific unique identifier, and where multiple records for the patient exist, they are cross-referenced
- Clinical classification shall be undertaken for all patient diagnosis in accordance with the International Classification of Disease 10 (ICD10).
- The establishment shall maintain a record management policy and system that

ensure:

- The secure, safe and systematic storage of data and records.
- Timely and accurate retrieval of records stored on or off-site.
- Patient privacy when information contained in records is released or communicated for care.
- Retention and destruction of records shall be in compliance with relevant MoH regulations and guidelines regarding (incinerating or shredding for hard copy records, wiping disks clean or the disks physically destroyed for electronic records (*National Records & Archives Authority- Retention & Destruction Process, 2018*)).

3. Statistical Data Collection

Each licensed PHE shall submit to the Statistics Section in DGPHE and to the statistics department in the Directorate General of Health Services in each Governorate the following data at least on a quarterly basis:

- The total number of patients attending the Private health establishments based on International Classification of Diseases (ICD-10) and by nationality, gender and age group.
- The total number of dental treatments for each specialty and by patient nationality, gender and age group.
- Number of attendances to Traditional, Alternative and Complementary Medicine (TCAM) clinics (if any) by patient nationality, gender and age group.
- The total number of registered manpower in the health establishment by nationality, gender and age group.
- Total number of laboratory tests performed in the establishment by type, patient nationality, gender and age group (if applicable).
- Total number of Radiology diagnostics procedures performed by type, patient nationality, gender and age group (if applicable).
- The total number of immunizations provided in the establishment by type, patient nationality, gender and age group (if applicable).

The DGPHE may at any time request for additional data as deemed necessary.

Domain Four: Patient and Family Rights

1. Patients' Rights and Responsibilities

- All health establishments shall ensure the Charter of Patients' Rights and Responsibilities is communicated and displayed in at least two languages – Arabic and English – in all patient care and waiting areas and posted on the Establishment's website (If any). Additional languages may be used if required based on patients' cultural and linguistic diversity and backgrounds.



- Patients shall have the right to full disclosure of health services cost. Cost information can be displayed in the form of price leaflets/brochures or any other form feasible for Private health establishments.
- The Charter of Patients' Rights and Responsibilities must comply with MoH regulations regarding Patient Rights and Responsibilities
- The PHE shall ensure that patients are aware and understand their responsibilities regarding their treatment and their financial obligations.
- Patients have the right to an interpreter service when needed.
- Patients should be given the opportunity to participate in decisions involving their healthcare when such participation is not contraindicated.
- Patients have the right to request information about the treating healthcare professionals including their scope of practice and license.
- Patients or legal guardian should be provided information concerning the patient's diagnosis, evaluation, treatment options, and prognosis. Patients have a right to obtain a copy of their personal medical records.
- Patients have the right to refuse treatment; he/she shall be advised of the medical consequences of that refusal. The refusal for treatment shall be signed by the patient and documented in the patient's health record and in Left Against Medical Advice form (LAMA).
- The PHE must have an effective program for handling of patient complaints. Complaints made by a patient or by patient's family should be investigated and documented including the resolution of the complaint.
- The patient and the PHE have the right to change or transfer the patient care responsibility from one healthcare professional to another with clear justification.
- Patients and their family have the right for knowledge and health education in order to assist them to participate in care and take decisions about their health status.
- Patient satisfaction surveys may be carried out regularly by the Clinics, Polyclinics & Centers management.

2. Disabled People Rights

In compliance with the Oman Royal Decree 63/2008 (*The Law on the Care and Rehabilitation of the Disabled*), all health establishments shall be made accessible to accommodate disabled individuals. The following disability requirements are mandatory:

- Wheelchair ramps within the Private health establishments building.
- Accessible consultation and treatment rooms.
- Accessible restrooms for disabled patients in the PHE or within the same building.

3. Informed Consent

- As per the bylaw of the medical liability law, Informed Consent shall be obtained by the treating physician prior to procedure/surgery and/or

interventions (excluding emergency cases), after discussing the complication, risks, benefits and alternatives. The consent form must be in both languages Arabic and English.

- Private health establishments must develop a list of procedures and/or interventions requiring informed consent. Consent documentation shall be maintained in the patient's health record.
- If the patient lacks the full capacity (e.g. less than 18 years old) informed consent shall be obtained from their relatives or the legal guardian prior to the performance of a procedure and/or treatment (**Oman Royal Decree 22/2014, Childs Law**).
- If applicable, the Private health establishments' management shall develop a consent policy and procedures and clearly define procedures and treatment that require informed consent.
- Where consent is obtained by the visiting physician/dentist, the Clinics, Polyclinics & Centers management shall ensure that the signed consent is received and filed in the patient health record.

Domain Five: Patient Care

1. Patient Assessment

Patient's access to care and assessment should be according to clinical, patient's need, services and resources that provided in PHE. Such access and assessment shall result in identification and decisions regarding the patient's condition and continuation of treatment as the need arises.

- A policy and procedure shall exist for access and assessment of patients based on the patient's condition and the establishment's resources and services. Certain criteria must be incorporated in this policy and procedure including, but not limited to:
 - Patients are accepted and registered only if the PHE has the clinical capability to provide the needed care and treatment.
 - When the PHE do not have the clinical capability to provide the needed services, the patient shall be assisted in identifying sources of services to meet their needs.
 - PHE shall have a triage procedure in place and must ensure clinical staff is trained and competent in efficiently prioritizing the patients.
 - The reception/registration staff should be supported with criteria to identify those patients in need of immediate evaluation and assistance, and notify immediately the clinical staff.
 - When the patient is required to wait, periodic re-assessment shall be done



as per the establishment's triage guidelines.

- The initial medical assessment may include, but is not limited to: the reason for the visit, vital signs, medical history, pain assessment, physical, and psychological assessment of the patient's needs.
- The initial assessment of a dental patient will gather general medical history information while focusing on the reason for the dental visit and any complaints.
- Patients conveying personal health information during any assessment should be accommodated in an area where privacy is assured.
- All assessments and care delivered that conducted in the PHE shall be licensed by the DGPHE and healthcare professionals should work within their scope of practice.
- Certain category of patients required additional assessment that include:
 - Disabled patients
 - Patients with intense pain
 - Emotional or psychiatric disorders
 - Patients with infectious or communicable diseases

2. Patient Care

- A comfortable care environment shall be provided in the establishment with focus on patient privacy.
- The plan of care must be determined and delivered in partnership with the patient and when relevant. Patient's family/patient representative/legal guardian, to achieve the best possible outcomes.
- The patient has the right to refuse the plan of care but this has to be documented and signed by the patient.
- Private health establishments shall accommodate the needs of patients from different cultural perspectives and languages; this may include but, is not limited to, providing information brochures in several languages and providing an accessible translator list.
- A documented policy shall exist for immunization if the service is provided in the establishment.
- If mild sedative/anxiolytic agents is used during the procedure in the establishment; the discharge patient's record should highlight the following points:
 - The pickup person
 - "No driving" policies
 - Conditions at home, such as stairs, access to toilet or bedroom
 - Specific instruction regarding medication and wound care.
 - Contact numbers after discharge, such as the physician or emergency contact.



- Follow up an appointment (if required)
- Performance of correct procedure at correct body site shall be confirmed through the out process and should be documented.
- When patients remain in the establishment for observation; food appropriate for the patient and consistent with his or her clinical care shall be provided to the patient.
- Patients provided additional or continuing services have their needs reassessed through an established process that identifies the scope and content of the reassessment and who is permitted to conduct the reassessments.
- Patients and/or family/patient representatives are encouraged to provide feedback on the care provided.
- Transferring and escorting of critical cases shall be provided by ambulance to other health facility either private or Government and not to rely on patient's family or attendant.

3. Ethical Consideration

Healthcare professionals working in Private health establishments should be aware of their ethical responsibilities and comply with the ethical code of conduct which is governed by the principle of patient-centeredness where the patient is the center of all activities.

- Healthcare professionals should maintain patient information confidentiality at all times.
- Referring physicians are strongly prohibited from taking any commission for referring patients to specific clinical laboratories or diagnostic imaging service providers.
- Unnecessary diagnostic imaging investigations and laboratory testing **must** be avoided as they pose serious health implications and a financial burden to the individual and community.

4. Anesthesia

Different anesthetic techniques are emerging that are appropriate to outpatient clinic settings; however, the level of anesthesia used in Private health establishments should be appropriate for the individual patient needs, the surgical/treatment procedure, the education and training of the healthcare professionals authorized to provide anesthesia and the available types of equipment.

Clinics, Polyclinics & Centers procedures are limited to those in which there is only a small risk of post-procedure and anesthesia-related complications, and therefore

hospitalization as a result of these complications is unlikely. The Outpatient establishment may provide two types of anesthesia which are **level I & II procedures** as described:

Levels	Specifications
Level I	Performed by DGPHE licensed specialist physician or dentist within his/her scope of practice.
	Minor surgical procedures, for instance: ▪ Wound suturing ▪ Mole removals or incision ▪ Drainage of superficial abscesses etc.
	Diagnostic procedures such as: ▪ Endoscopies without sedation i.e. Esophagogastroduodenoscopy (EGD), Colonoscopy, Cystoscopy, Sigmoidoscopy, etc.
	Dental Procedures
Level II	The Outpatient establishment may use Nitrous Oxide or Chloral Hydrate; however, patient monitoring during the procedure is mandatory. For <u>Guidelines and requirements for level II Anesthesia refer to Appendix 1.</u>

5. Emergency

An unanticipated or sudden incident may occur to the patients in a Private health establishment, and urgent action might be needed to prevent death or serious disability.

- The care of emergency patients shall be guided by appropriate policies and procedures.
- At minimum each PHE must have provision for basic emergency management for patient during diagnostic procedures.
- Emergency drugs, devices, equipment, and supplies must be available for immediate use in the Urgent Care area for treating life-threatening conditions.
- Emergency medications shall be securely stored.
- A means for obtaining immediate assistance and/or emergency exit should be provided in all consultation and treatment rooms.
- The Registered Nurse (RN) who provides emergency services shall be trained and competent to provide the emergency care needed. Examples of emergency nurse competencies are:
 - Patient Triage
 - ECG Recording
 - Pulse Oximetry
 - Oxygen Administration

- Intravenous cannulation
- Medication Administration
- BLS/ACLS certification

• **List of emergency medical equipment required in the Private health establishments:**

S. No	Emergency medical equipment:
1.	Emergency Cart with Cardiac board
2.	Defibrillator or Automated External Defibrillator (AED).
3.	Patient monitoring equipment
4.	Patient trolley with IV stand
5.	Emergency medicines see appendix
6.	Refrigerator for medication storage
7.	Diagnostic set
8.	Nebulizer machine
9.	Oxygen supply
10.	Oral airways different sizes
11.	Suction apparatus and tubes

Refer to (Emergency Crash Cart & Cardiopulmonary resuscitation Guidelines, October 2023) for more details.

6. Referral and Transfer

- There should be a documented process for referrals to ensure appropriate and timely referral of patients to other healthcare professionals or another health establishment to meet their continuing care needs.
- The establishment shall have written criteria that identify: when transfer is appropriate and responsibility during transfer process.
- Referring a patient to a healthcare professional or services outside the establishment shall be based on the patient's health status and need for continuing care or services. Hence, the other establishment must be informed about the case and an approval for transfer should be obtained and documented in the patient health record
- Patient should not be sent under any circumstances to another establishment without prior transfer approval.
- A written summary or a referral letter should be used to convey information to a continuing care site and contains at least a medication list, diagnosis and treatments, follow-up instructions, and test results.
- The treating physician in the PHE shall be responsible for the timely transfer, providing appropriate information, and discharge notice from the establishment to the receiving healthcare establishment.
- Mode of transport and who should accompany the patient should be decided based on the following:



- Condition of the patient,
 - The treating physician evaluation
 - The availability and competence of the ambulance team
- The treating physician should respect the patient's choice if he/she decides to self-discharge, for instance, Leave Against Medical Advice (LAMA). The LAMA form shall be available in the establishment; LAMA patients shall sign the form before leaving the establishment.

Domain Six: Medication Management

1. Medications

Medication use in Private health establishments shall be organized to meet patient needs and comply with applicable MoH laws and regulations.

- Medications shall be managed to ensure safe and effective practice. One or more individuals are responsible for medication use and medication safety.
- Emergency medications are available within the Private health establishments and securely stored.
- Expired medications must be removed and discarded according to the establishment policy.
- Available medications for practitioner administration are organized efficiently and effectively.
- Sample medications are managed accurately and must not be distributed to the patients.
- All licensed Private health establishments are not allowed to sell or dispense medicinal products in the establishment.
- Medications prescribed and/or administered shall be noted in the patient's health record
- Copy of controlled drug prescription is maintained in the patient's health record.
- The Private health establishments has a process to ensure correct identification of the patient prior to medications administration.
- Administered medications' adverse effects (if any) shall be documented in the patient's health record.
- Vaccination adverse reactions shall be reported as per the applicable MoH immunization policy.
- Medication errors are reported to PHE management through a process and time frame defined by the establishment.
- Potential medication risks are identified, Look-alike, sound-alike (LASA) medication names shall be identified and segregated.
- A standardized list of approved abbreviations shall be used throughout the Private health establishments and shall be maintained.

- Healthcare professionals should have access to published guidelines for medication management.
- Mandatory Emergency Medication for Private health establishments shall be fulfilled as per the Ministerial Decree 185/2020.
- Second line emergency medication list (optional) can be available in PHE setting; the quantities shall be limited as per the patients' needs and the establishment functional program.
- No overstocking of medication is allowed within the establishment premises.

2. TCAM Medications and Supplies Requirements

- All TCAM medications prescribed or dispensed by licensed TCAM practitioner must be prepared according to the Good Manufacturing Practice (GMP) guidelines, and specification.
- TCAM medications shall be registered according to the applicable MoH law.
- TCAM professionals are not allowed to sell and/or dispense medicinal products in the establishment without been approve by the Directorate General of Pharmaceutical Affairs and Drug Control (PADC).
- Any TCAM medications that are not available in the Sultanate of Oman market shall not be retained in the outpatient establishment nor used on patients without prior approval from MOH and/or DGPHE for the medication.
- Compounding of medications and using open medication containers for more than one patient is not permitted.
- TCAM specialties with therapeutic services in the establishment may maintain a supply of certain products and massage oils which is required as part of patient treatment such as:
 - ❖ Traditional Chinese Medicine supplies including sterile disposable acupuncture needles, moxibustion, and cupping supplies. All acupuncture treatments must be done with sterile disposable needles, used only once, and disposed of properly
 - ❖ Massage oils for Ayurveda and therapeutic massage.
 - ❖ Homeopathic products not available in the market (prior approval from MOH is required). All homeopathic medications shall have the original manufacturers label with all of the identifying information (e.g. lot number, expiration date, potency).
 - ❖ Sterile homeopathic medicinal products for injection may only be used by licensed physician with privilege in Homeopathy.

Domain Seven: Patient Safety

1. Patient Safety Solutions

Private health establishments shall provide safe care and services by focusing efforts on reducing harm to patients and staff that aims to save lives and prevent medical



errors in PHE. The most common causes of harm in the health system were identified by the World Health Organization (WHO) Patient Safety Solutions related to PHE are:

- Patient identification.
- Communication during patient hand-over.
- Control of concentrated electrolyte solutions.
- Look-alike, sound-alike (LASA) medications.
- Performance of correct procedure at correct body site.
- Improving hand hygiene to prevent health care-associated infection.
- Reducing the risk of patient harm resulting from falls.

The Private health establishments should manage risks and implement strategies associated with patient safety, to ensure suitable patient safety solutions. For further information regarding the WHO Patient Safety Solutions see appendix 2.

2. Infection Prevention and Control

Private health establishments must have an infection control and prevention program to identify and reduce the risks of acquiring and transmitting infections among patients, healthcare personnel, and visitors.

- Infection control policy in PHE practice shall be available and shall address the specific infection risks and hazards, covering all aspects of infection control, including but, not limited to:
 - An infection prevention and control program which shall support safe practice in private health establishments and ensure a safe environment for patients, healthcare workers and visitors.
 - The basic measures for infection control and risk reduction and management.
 - Exposure prevention to blood-borne pathogens and post-exposure management.
 - Use standard and additional precautions in certain infectious cases.
 - Safe handling and disposal of sharps, including the provision of medical devices incorporating sharps protection.
 - Needle stick management and post-exposure prophylaxis treatments shall be available in the establishment.
 - Proper segregation and disposal of waste.
 - Environmental cleaning.
 - Instrument sterilization.
- Infection control program shall address factors related to the spread and prevention of infections among professionals and patients which include:
 - Proper hand hygiene/hand washing.
 - Cleaning/disinfection/sterilization.
 - Restriction of jewelry, nail polish and false nails.
 - Exposure Prevention and post-exposure management.
 - Surveillance.
 - Investigation and monitoring of suspected/confirmed spread of infection



within the PHE.

- The Private health establishments' management shall designate a healthcare professional as "infection control coordinator/ focal point" who has training and skills to ensure that infection control meets the MoH requirements, CDC and WHO guidelines.
- Requirements for proper hand hygiene shall include but, not limited to:
 - Conveniently located hand wash basins, used only for washing purpose with hands-free operating taps.
 - Wall-mounted non-refilling liquid soap dispenser next to each hand wash basin.
 - Wall-mounted paper towel in use.
 - Staff education on hand washing technique (6)*.
 - Regular audits of hand hygiene compliance.
- An approved list of antiseptic and disinfectants shall be used in the establishment.
- Use and safe storage of antiseptics and disinfectant solutions must be according to manufactures instructions.
- Material Safety Data Sheets (MSDS) shall be available for all chemical agents and disinfectants solutions used in the establishment.
- Equipment storage, cleaning disinfection and sterilization methods are appropriate for the type of instrument/equipment used in the establishment
- Each PHE shall arrange vaccination of HCW's. Recommended immunizing agents and immunization schedules for HCW's is available in appendix 3. Proof of HCW's immunization should be maintained in the establishment.
- As per MoH concerning the Prevention of Communicable Diseases, the treating physicians/dentist must report to DGPHE the reportable communicable disease in case of suspicion or diagnosis of a communicable disease, the case using the MoH Infectious Diseases Notification Service (Tarassud) that managed by Center of safety and disease surveillance.
- Information should be readily available to healthcare professionals on what communicable diseases shall be reported to DGPHE and where and how they should be reported.
- All healthcare professionals working in the Private health establishments should attend training on risks and prevention of infection.

⁶The WHO five moments for hand hygiene are as follows: 1) Before touching the patient, 2) Before Clean/aseptic procedure, 3) After body fluid exposure risk, 4) After touching a patient and 5) After touching patient surroundings.



3. Dental Infection Control

A number of diseases can be transmitted via routine dental care. When healthcare professionals providing dental care adhere to infection control and safety precautions, risks of infection to patients and dental workers is greatly reduced.

- Dental infection control measures shall be used in the establishment to prevent or reduce the potential for disease transmission, measures shall include but, not limited to the following:
 - Standard precautions.
 - Hand Hygiene.
 - Personal Protective Equipment (PPE).
 - Sterilization and disinfection of patient care items.
 - Environmental infection control.
 - Medical waste management.
 - Dental unit water-lines, bio-film and water quality.
 - Dental hand-pieces and other devices attached to air and water lines.

4. Falls Management Program

- The incidence of falls and fall injuries shall be minimized through a falls management program.
- Falls prevention information is provided to staff, patients and patient's family/patient representative
- Patients at risk of falls shall be identified. Patients 'at risk' include, but not limited to: pediatric patients, elderly, orthopedic patients, patients undergoing invasive procedures.

Domain Eight: Establishments Management

1. Medical Equipment and Supplies

Functional, accurate and safe medical equipment is an essential requirement in the provision of health services. Medical equipment shall be installed and operated in accordance with manufacturer specifications.

- The Private health establishments shall maintain effective Preventive Maintenance (PM) for each medical equipment as per the manufacturer recommendations. The PM shall include the following:
 - Electrical safety.
 - Checklist for PM schedule.
 - Documentation of failure incidence and repairs done.
- The Private health establishments shall have a written policy to perform inspection on all new equipment prior to operational use.
- The establishment shall maintain the following:
 - Operator and safety manuals for equipment
 - Maintenance log books for equipment.
- The establishment shall eliminate the use of extension cords.
- The healthcare professionals at the establishment i.e. physicians, nurses, allied health



shall be trained to operate the medical equipment assigned to them and made aware of the hazards related to it. Training includes the following:

- Operating new equipment.
- Orientation programs for staff transferred from one section to another.
- Orientation programs for new recruited staff.
- Equipment management and failure.
- All medical equipment including equipment used for radiology and diagnostic imaging shall be regularly inspected, maintained, and calibrated, and appropriate records are maintained for these activities.
- Equipment used to acquire or print images for diagnostic imaging procedures must be safe and appropriate for its intended use.

2. Fire Safety and Security Management

PHE management shall ensure that the health care environment is safe, functional, supportive and effective for patients, families and staff members.

- The establishment shall establish a fire safety plan for early detection, confining, extinguishment, rescue, evacuation and alerting the Civil Defense
- The establishment shall maintain fire extinguishers and fire protection equipment and devices as per the Civil Defense requirements.
- The establishment should train staff to respond to fire events in the building, Orientation on the fire safety measures must be included in new staff induction program.
- There should be **evacuation maps** posted in the establishment to indicate current locations marked with "You are here" to provide information regarding Escape routes and Fire exits.
- The establishment staff shall be aware about the following:
 - Location and use of fire hose reel/cabinets/blankets
 - Assembly points
 - Fire alarms/ call points break glass / pull station.
- The establishment shall abide with the fire prevention and safety measures required by Civil Defense.
- Security personnel (if available) should be educated and provided with information in relation to security risks and responsibilities and oriented on their scope of work, fire safety and emergency codes.
- Emergency contact number for local police and Civil Defense shall be displayed.
- Written guidelines regarding lost and found items and safe keeping of patient belongings shall be available.

3. Hazard Management

- Hazards in clinical practice include, but not limited to: physical, chemical and



biological.

- Staff shall be educated and provided with information regarding their responsibilities towards hazard identification and management.
- Hazards that might lead to slipping, falling, electrical shock, burns, poisoning, or other trauma should be prevented.
- The establishment shall comply with the local regulations regarding management and disposal of dangerous wastes and hazardous materials such as infectious, corrosives, acids, toxic/chemicals, hazardous and anesthetic gases.
- Hazardous materials shall be properly labeled and stored in an adequate space with proper ventilation.
- Employees dealing with hazardous substances shall have protective clothes, appropriate equipment and adequate training.
- Material Safety Data Sheets (MSDS) shall be available for employees at point of use and for Civil Defense in case of emergency.

4. Waste and Environmental Management

- Waste and environmental management should support safe practice and a safe environment. The Private health establishments shall develop and implement a waste and environmental management policies.
- The policy shall include segregation and disposal of clinical waste in a suitable manner in accordance with the local regulations of the Sultanate of Oman.
- The waste management policy shall cover handling, storing, transporting, and disposing all kinds of waste such as medical and general waste
- Independent storage area with dedicated containers must be available for disposing waste material. Clinical waste shall be stored in designated refrigerated containers with temperature control. Area shall be ventilated properly.
- The establishment must have contract with Be'ah Company to regularly collect, transport and destroy medical waste materials according to the conditions issued by the company.
- The establishment management shall ensure the compliance with the rules and regulations regarding the use of ionizing radiation and radioactive materials in Private health establishments.
- Disposing hazardous medical liquids, drugs, solutions and dangerous chemical materials into usual sewage disposal is prohibited.
- Cleanliness throughout the establishment shall be maintained by trained domestic staff.

Appendix 1: Guidelines and Requirements of Level II Anesthesia

1. Physician/Dentist requirements:

The Physician/Dentist is responsible for providing a safe environment for the establishment. He/she shall:

- Hold a specialist or consultant physician/dentist DGPHE license and shall have practical training and/or a course on sedation/analgesia used.
- Understand the pharmacology of the agents that are administered.
- Be capable of establishing a patent airway and positive pressure ventilation.
- Hold an active Certification on Advanced Cardiac Life Support (ACLS) if treating adults or Pediatric Advanced Life Support (PALS) if treating children or Pediatric Emergency Assessment, Recognition, and Stabilization (PEARS).
- Have the ability to rescue patients whose level of sedation becomes deeper than initially intended.

If the above points are not met, an anesthetist must administer the sedative medication.

2. Registered Nurse requirements

He/she shall be responsible for monitoring patients receiving light sedation or analgesia and assisting the treating physician. He/she shall be licensed by DGPHE, hold training and be competent in the following:

- Basic Life Support (BLS).
- Insertion of Intravenous (IV) lines.
- Assessment and monitoring of patients under sedation.
- Pain assessment and management.
- Medicine preparation and administration which includes understanding of pharmacology of the agents that are administered.

3. Medical Equipment

- Emergency crash cart with proper supplies and medication.
- Oxygen supply.
- Suction apparatus with different size suction tubes.
- Airway equipment: appropriate sized oral airways, endotracheal tubes, laryngoscopes, oxygen masks and laryngeal masks.
- Defibrillator.
- Pulse oximeter.
- Electrocardiographic (ECG) monitor.
- Blood pressure apparatus with different size cuffs.
- Refrigerator for pharmaceuticals.



4. Medications:

- Level I local anesthetics whether in injection or spray forms e.g. Xylocaine (Lidocaine).
- Only the following level II Anesthesia drugs may be used:
 - Chloral Hydrate
 - Nitrous Oxide

5. Pre-anesthesia evaluation includes:

- Physical examination.
- Medication history.
- Allergy history.
- Anesthesia history.
- Review of diagnostic investigations (e.g., laboratory, ECG, X-Ray).
- Verification of NPO status.
- Formulation and discussion of anesthesia plan with the patient and/or legal guardian.

Note:

Patients receiving level II anesthesia; for instance, Chloral Hydrate and Nitrous Oxide, should be closely monitored and observed for the following points:

- Normal respiration, oxygen saturation, heart rate, and blood pressure
- Normal eye movements
- Intact protective reflexes



Appendix 2: WHO Patient Safety Solutions

1. Patient Identification

The widespread and continuing failures to correctly identify patients often leads to medication, transfusion and testing errors; and wrong person procedures. The following strategies should be considered by the health establishment:

- Emphasize the primary responsibility of healthcare professionals to check the identity of patients and match the correct patients with the correct care (e.g. laboratory results, specimens, procedures) before administering the care.
- Encourage the use of at least two identifiers (e.g. name and date of birth) to verify a patient's identity upon admission or transfer to another care setting and prior to the administration of care.
- Standardize the approaches to patient identification among different establishments within a health-care system. For example, use of white ID bands on which a standardized pattern or marker and specific information (e.g. name and date of birth) could be written, or implementation of biometric technologies.
- Provide clear protocols for identifying patients who lack identification and for distinguishing the identity of patients with the same name. Non-verbal approaches for identifying comatose or confused patients should be developed and used.
- Encourage patients to participate in all stages of the process.
- Encourage the labeling of containers used for blood and other specimens in the presence of the patient.
- Provide clear protocols for maintaining patient sample identities throughout pre-analytical, analytical, and post-analytical processes
- Incorporate training on procedures for checking/verifying a patient's identity into the orientation and continuing professional development for healthcare professionals.

2. Communication during Patient Hand-Over

Gaps in hand-over (or hand-off) communication between patient care units, and between and among care teams, can cause serious breakdowns in the continuity of care, inappropriate treatment, and potential harm for the patient. The following strategies should be considered by the health establishment:

- Ensure that the health establishment implements a standardized approach to hand-over communication between staff, change of shift, and between different patient care units in the course of a patient transfer. Suggested elements of this approach include:



- ❖ Use of the SBAR (Situation, Background, Assessment, and Recommendation) technique.
 - ❖ Allocation of sufficient time for communicating important information and for staff to ask and respond to questions without interruptions wherever possible (repeat- back and read-back steps should be included in the handover process).
 - ❖ Provision of information regarding the patient's status, medications, treatment plans, advance directives, and any significant status changes.
 - ❖ Limitation of the exchange of information to that which is necessary to providing safe care to the patient.
- Ensure that the health establishment implements systems which ensure at the time of discharge that the patient and the next health-care provider are given clear information regarding discharge diagnoses, treatment plans, medications, and test results.
 - Incorporate training on effective handover communication into the educational curricula and continuing professional development for healthcare professionals.

3. Control of Concentrated Electrolyte Solutions

While all drugs, biologics, vaccines, and contrast media have a defined risk profile, concentrated electrolyte solutions that are used for injection are especially dangerous. The establishment shall ensure that systems and processes are in place wherein:

- The promotion of safe practices with potassium chloride and other concentrated electrolyte solutions is a priority and where effective organization risk assessments address these solutions.
- Potassium chloride is treated as a controlled substance, including requirements that restrict ordering and establish storage and documentation requirements.
- Ideally, the removal of concentrated electrolyte solutions from all nursing units is accomplished, and these solutions are only stored in specialized pharmacy preparation areas or in a locked area. Potassium vials, if stored in a specialized patient care area, must be labeled individually with a visible florescent warning label that states MUST BE DILUTED.
- When a pharmacist or pharmacy preparation area is not available to store and prepare these solutions, only a trained and qualified individual (physician, nurse, pharmacy technician) prepares the solutions.
- After solution preparation, there is independent verification of the electrolyte solution by a second trained and qualified individual. The organization should establish a checklist that is used for the independent verification. Checklist items should include concentration calculations, infusion pump rates, and correct line attachments.



- The prepared solution is labeled with a **HIGH RISK WARNING** label prior to administration.
- An infusion pump is used to administer concentrated solutions. If an infusion pump is not available, other infusion devices, such as buretrol administration tubing (tubing with an inline receptacle that limits the volume that will flow into the patient), may be considered for use, but infusions of concentrated solutions must be monitored frequently.
- An organizational safety infrastructure supports the training of qualified individuals through policies, procedures, best practices, and annual recertification.
- Physician orders include the rates of infusion for these solutions.

4. Look-Alike, Sound-Alike (LASA) Medication Names

Confusing drug names is one of the most common causes of medication errors and is a worldwide concern. With tens of thousands of drugs currently on the market, the potential for error created by confusing brand or generic drug names and packaging is significant.

The following strategies should be considered to ensure that the health establishment actively identify and manage the risks associated with LASA medications by:

- Annually reviewing the LASA medications used in the health establishment
- Implementing clinical protocols which:
 - ❖ Minimize the use of verbal and telephone orders.
 - ❖ Emphasize the need to carefully read the label each time a medication is accessed and again prior to administration, rather than relying on visual recognition, location, or other less specific cues.
 - ❖ Emphasize the need to check the purpose of the medication on the prescription/order and, prior to administering the medication, check for an active diagnosis that matches the purpose/indication.
 - ❖ Include both the nonproprietary name and the brand name of the medication on medication orders and labels, with the nonproprietary name in proximity to and in larger font size than the brand name.
- Developing strategies to avoid confusion or misinterpretation caused by illegible prescribing or medication orders, including those that:
 - ❖ Require the printing of drug names and dosages.
 - ❖ Emphasize drug name differences using methods such as “tall man” lettering.
- Medications that have adverse reaction should be stored in separate locations or in non-alphabetical order, such as by bin number, on shelves, or in automated dispensing devices.
- Using techniques such as boldface and color differences to reduce the confusion associated with the use of LASA names on labels, storage bins and shelves,

computer screens, automated dispensing devices, and medication administration records.

- Emerge strategies to involve patients and their caregivers in reducing risks through:
 - ❖ Providing patients and their caregivers with written medication information, including medication indication, nonproprietary and brand names, and potential medication side effects.
 - ❖ Developing strategies to accommodate patients with sight impairment, language differences, and limited knowledge of health care.
 - ❖ Providing for pharmacist review of dispensed medications with the patient to confirm indications and expected appearance, especially when dispensing a drug that is known to have a problematic name.
- Ensuring that all steps in the medication management process are carried out by qualified and competent individuals.

5. Performance of Correct Procedure at Correct Body Site

Considered totally preventable, cases of wrong procedure or wrong site surgery are largely the result of miscommunication and unavailable, or incorrect, information. A major contributing factor to these types of errors is the lack of a standardized preoperative process. The following strategies should be considered by the health establishment:

- Establish the performance of correct surgery at the correct body site as a health establishment safety priority that requires leadership and the active engagement of all frontline practitioners and other healthcare professionals.
- Ensure that health establishment have in place protocols that:
 - ❖ Provide for verification at the pre-procedure stage of the intended patient, procedure, site, and, as applicable, any implant or prosthesis.
 - ❖ Require the individual performing the procedure to unambiguously mark the operative site with the patient's involvement, to correctly identify the intended site of incision or insertion.
 - ❖ Require the performance of a "time-out" with all involved staff immediately before starting the procedure (and the related anaesthetic). The time-out is to establish agreement on the positioning of the intended patient on the procedure table, procedure, site, and, as applicable, any implant or prosthesis.

6. Improved Hand Hygiene to Prevent Health Care-Associated Infection (HAI)

It is estimated that at any point in time more than 1.4 million people worldwide are suffering from infections acquired in health establishments. Effective hand hygiene is the primary preventive measure for avoiding this problem. The following strategies should be considered by the health establishment:



- Promote hand hygiene adherence as a health care establishment priority; this requires leadership and administrative support and financial resources.
- Adopt at the health establishment levels the nine recommendations of the WHO Guidelines on Hand Hygiene in Health Care (Advanced Draft), in particular the implementation of multidisciplinary, multimodal hand hygiene improvement strategies within health care establishments that incorporate:
 - ❖ Provision of readily accessible alcohol-based hand rubs at the point of patient care.
 - ❖ Access to a safe continuous water supply at all taps/faucets and the necessary establishments to perform hand hygiene.
 - ❖ Education of health-care workers on correct hand hygiene techniques.
 - ❖ Display of promotional hand hygiene reminders in the workplace.
 - ❖ Measurement of hand hygiene compliance through observational monitoring and feedback of performance to healthcare professionals.

7. Reduce the risk of patient harm resulting from falls

Falls account for a significant portion of patient injuries in health establishments. Based on the population the establishment serves, the type of services provided, the establishment premises, the management should evaluate its patients' risk for falls and take action to reduce the risk of falling and to reduce the risk of injury from the fall.

- The evaluation fall risk could include fall history, medications and alcohol consumption review, gait and balance screening, and walking aids used by the patient. The organization establishes and implements a fall risk-reduction program based on appropriate policies and/or procedures.
- Patients shall be assessed for risk of falls, identification of patients 'at risk' shall include new patient, following a change of health status and after a fall.
- Healthcare professionals shall use a formal risk assessment process to assess risk of falls of patients.
- Falls prevention information shall be provided to staff, patients and patient's family/patient representative.



Appendix 3: Health Care Workers Immunization Recommendations

Vaccine	Indications	Dose Schedule
Hepatitis B recombinant vaccine	(3) Doses schedule. IM in the deltoid. 2 nd dose to be given after One month from the 1 st dose. 3 rd dose to be given after 4months.	Workers at risk of exposure to blood and body fluids
Influenza vaccine (inactivated)	Annual single-dose vaccination IM, with current vaccine	Workers who have contact with patients at high risk or working in chronic-care establishments; Workers age 50 or over or who have high-risk medical conditions.
Measles Live- virus vaccine	1dose SC; 2nd dose at least 4weeks later.	Workers born during or after 1957 without documentation of: 1. Receipt of two doses of live vaccine on or after their first birthday, 2. Physician-diagnosed measles or 3. Laboratory evidence of immunity. Vaccines should also be considered for all workers, including those born before 1957, who have no proof of immunity.
Mumps Live- virus vaccine	1dose SC; no booster	Workers believed to be susceptible can be vaccinated. Adults born before 1957 can be considered immune.
Rubella Live- virus vaccine	1dose SC; no booster	Male female workers who lack documentation of receipt of live vaccine on or after their first birthday or who lack laboratory evidence of immunity. Adults born before 1957 can be considered immune, except women of child bearing age.
Varicella-Zoster Live- virus vaccine	Two 0.5mL doses SC; 4-8 wks if age 13 or older.	Workers without reliable history of varicella or laboratory evidence of varicella immunity.

(Ref. National Immunization Manual, 4th edition, 2023)



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Chapter Four: Samples of Establishments Designs

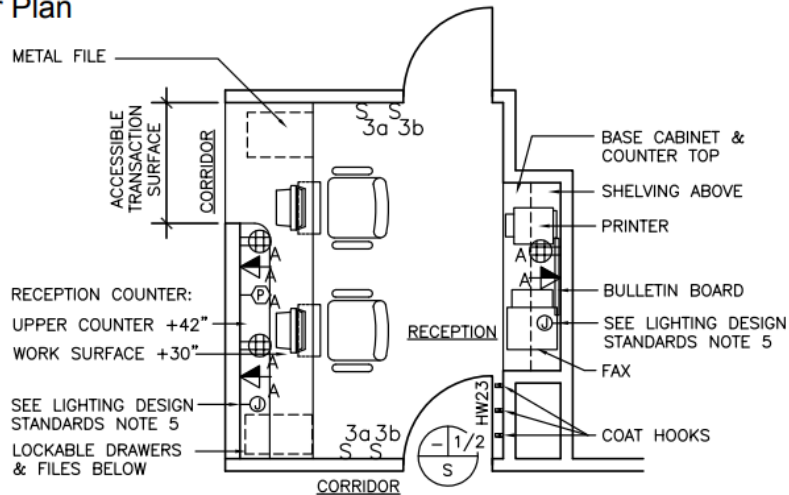


The current chapter highlights the samples of architectures designs for major healthcare settings; for instance:

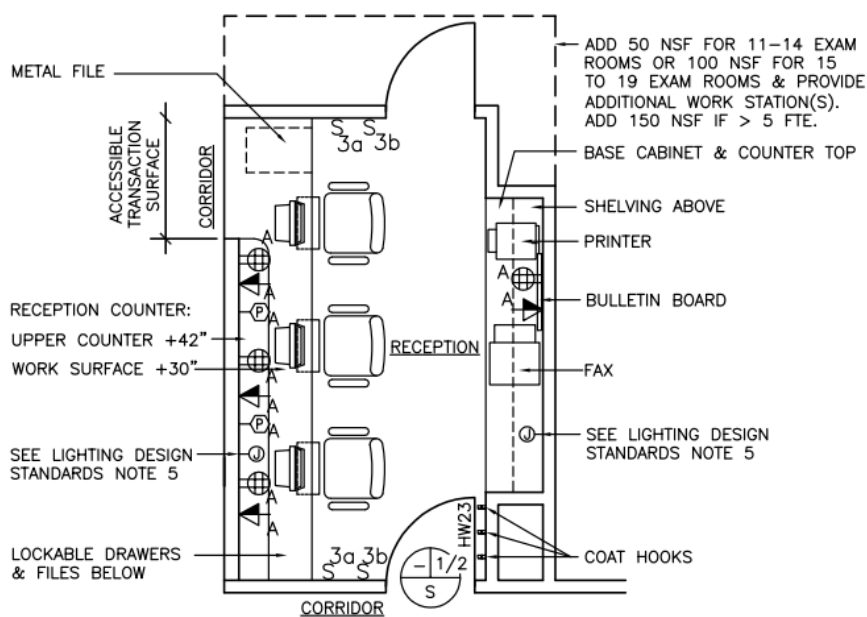
- Reception area.
- GP Clinic
- Vital signs/ treatment and observation rooms.
- Sterilization room
- Dental Clinic
- Dental Lab
- Gynecology room
- Dermatology treatment/ procedure room.
- Audiology examination room.
- Occupational/ physiotherapy unit.
- Optical Shop
- School/ College Clinic
- First Aid/ Site Clinic
- Company/ Camp Clinic
- General Radiology Room
- Dental Diagnostic Image/ Examination Room (OPG)
- General Laboratory

The applicant shall ensure that the architecture design (drawing) is fully loaded with dimensions, furniture, equipment, hand wash basin ...etc according to DGPHE requirements. Additionally, the architecture design (drawing) shall be stamped from engineering consultation office.

Reception Area

Reception (RECP1)
Floor Plan

Typical Reception: 120 NSF/ 11.2 NSM
Prosthetics similar: 60 NSF/ 5.6 NSM

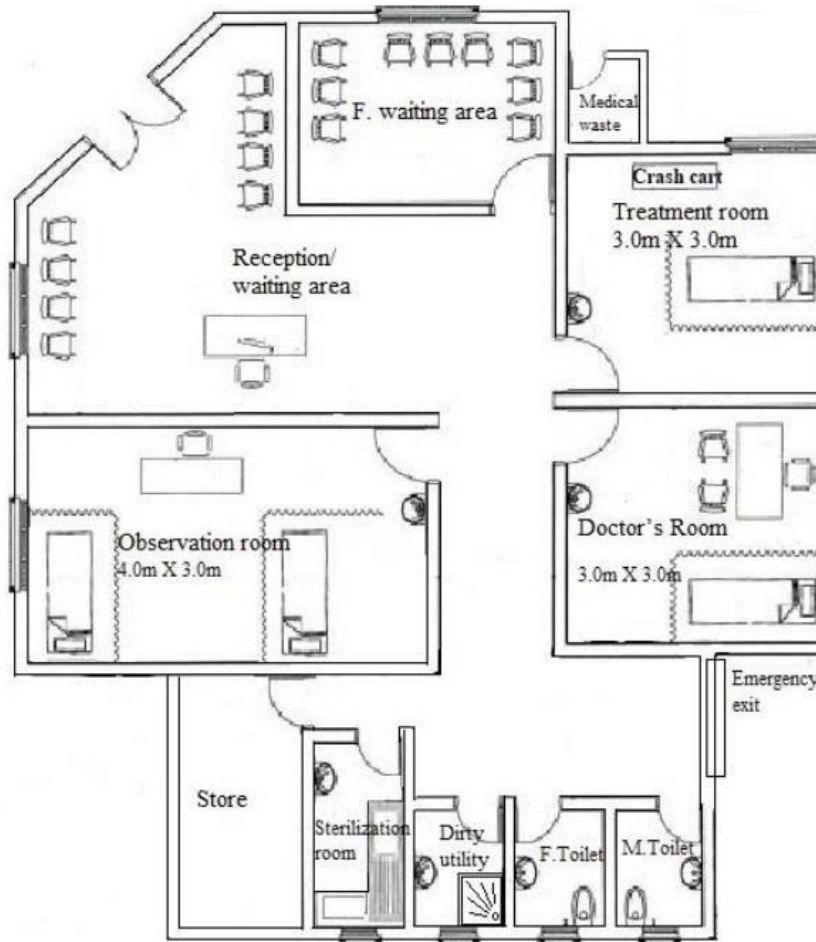


Clinical Reception (for up to 10 Exam Rooms): 150 NSF/13.9 NSM

SCALE $\frac{3}{16}" = 1'-0"$



GP Clinic



GP Clinic

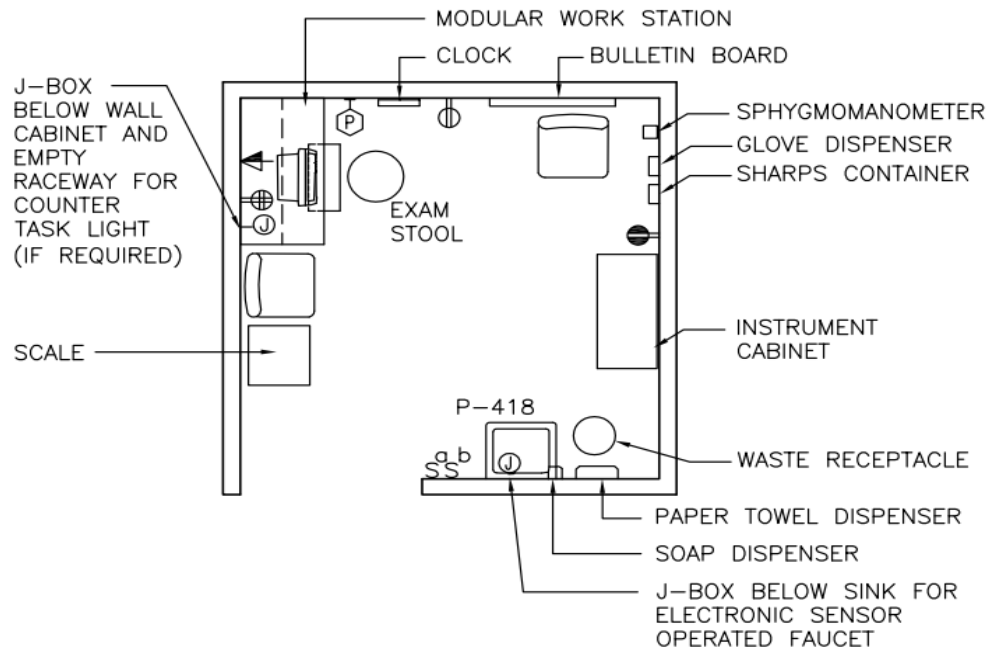
Doctor's room 3.0m X 3.0m	Desk Examination table Medical curtain Wash basin
Reception/ waiting area	Desk Appropriate waiting space for patients
Treatment room 3.0m X 3.0m	Treatment couch Medical curtain Crash cart Wash basin
Observation room 4.0m X 3.0m	Accommodate 2 beds separated by curtains Nurse station Wash basin
Store	For medical consumables
Dirty utility	Wash basin Sink for clinging equipment
Sterilization room	Two sinks for soaking / rinsing equipment Autoclave Class B Wash basin
Medical waste room	With secure lock for storing medical waste
X ray room	Please refer to MOH web site for requirements and specifications
laboratory	25square meter for Hematology and biochemistry machines only. If additional equipment is needed, a larger area must be provided (Please refer to MOH web site)

Version 1.0/2018

Vital Signs Station

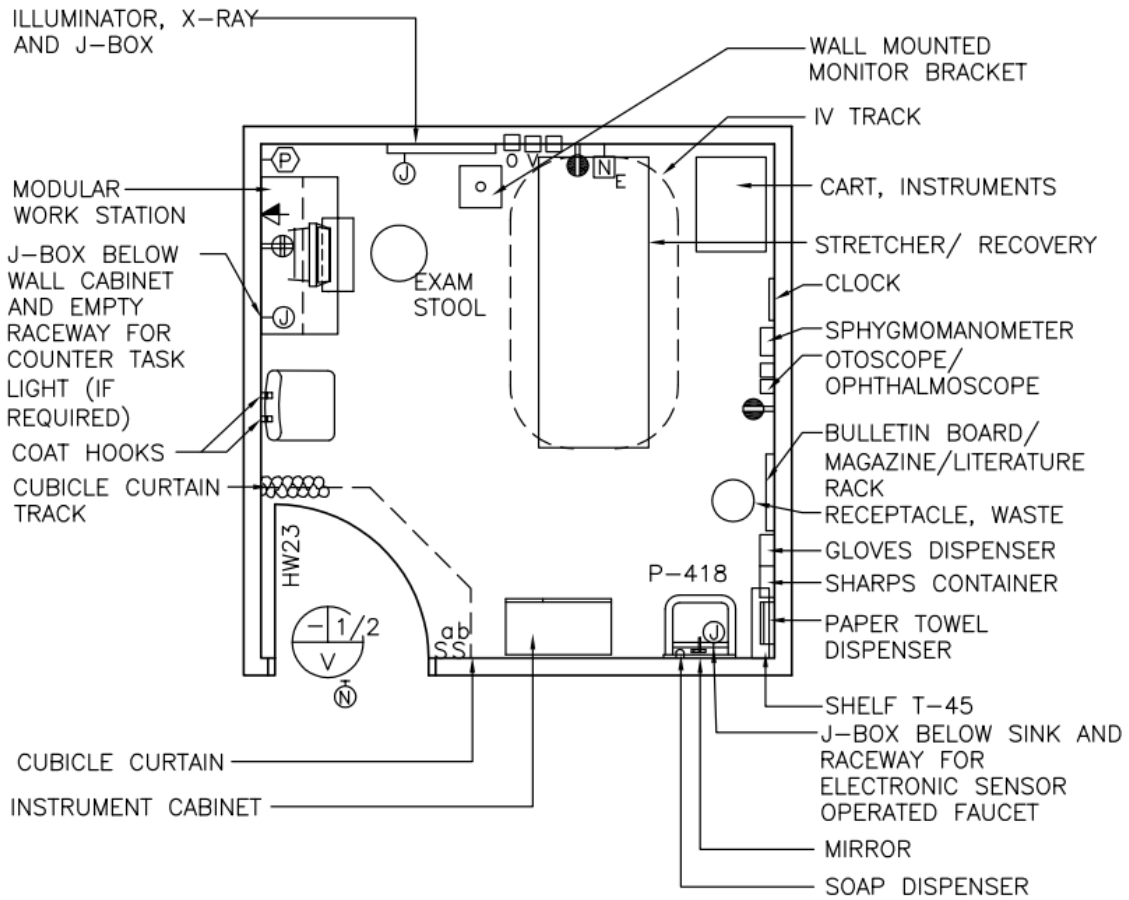
Ambulatory Care: ETM Vital Sign Station (EXRG4)

Floor Plan

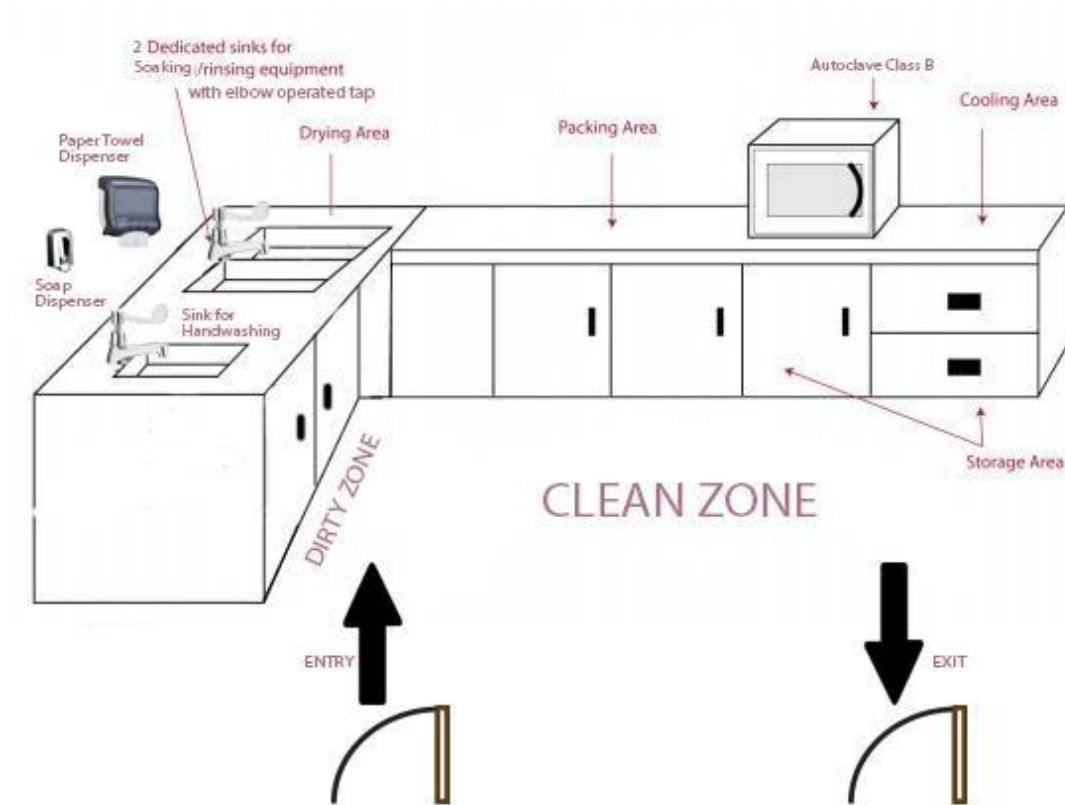


Observation/ Treatment Room

Ambulatory Care: UC Observation and Treatment Room (OOHR1) Floor Plan

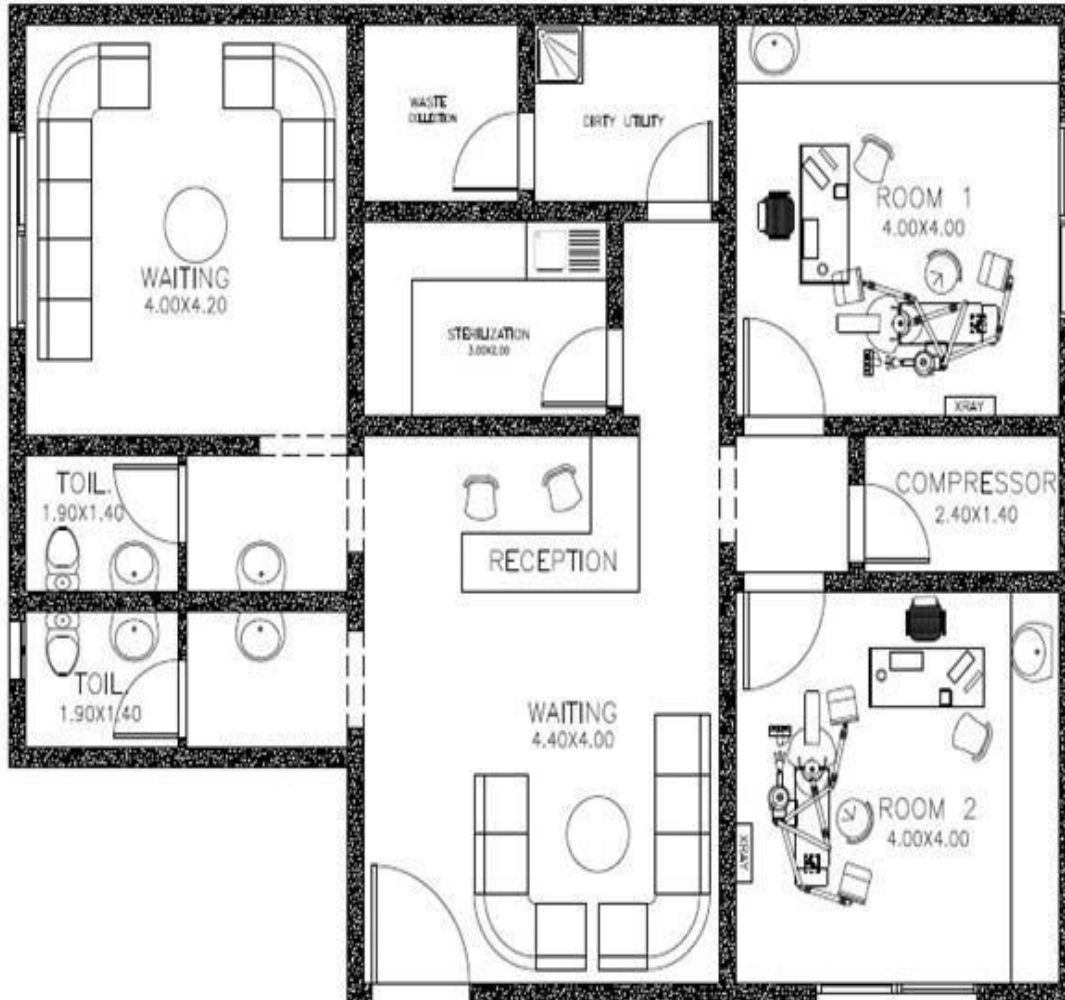


Sterilization Unit Layout



Sterilizing Unit

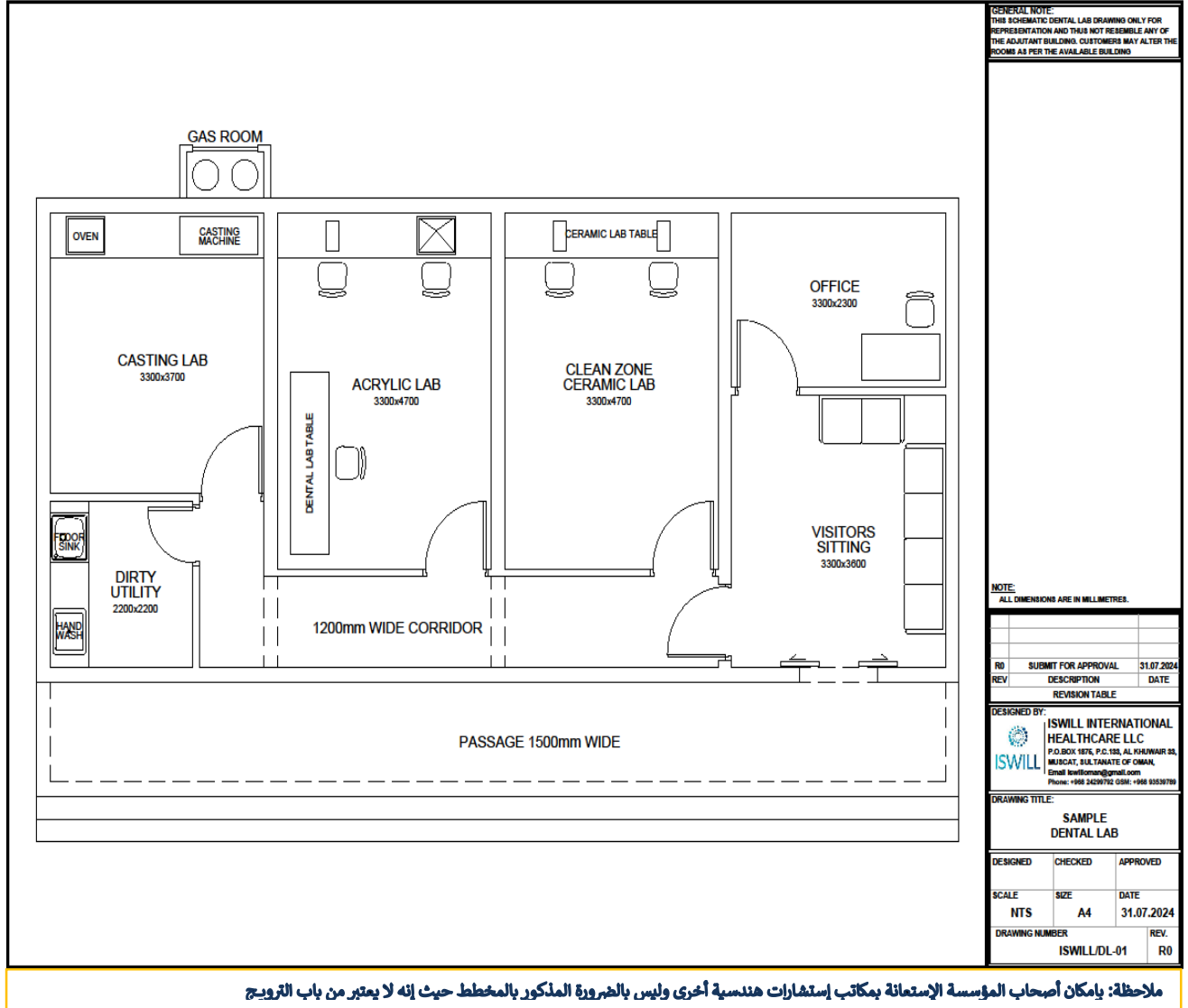
Dental Clinic



DENTAL CLINIC 2 ROOMS

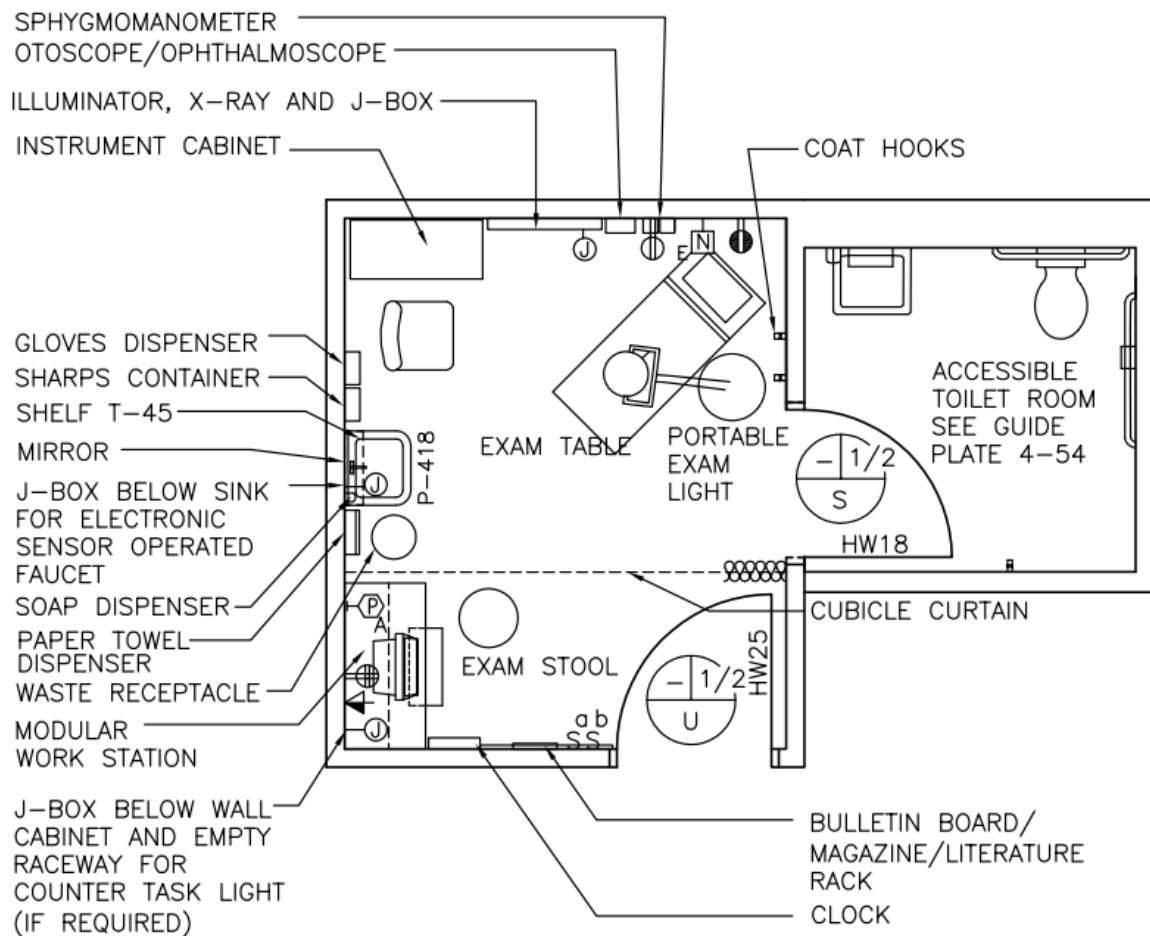


Dental Lab



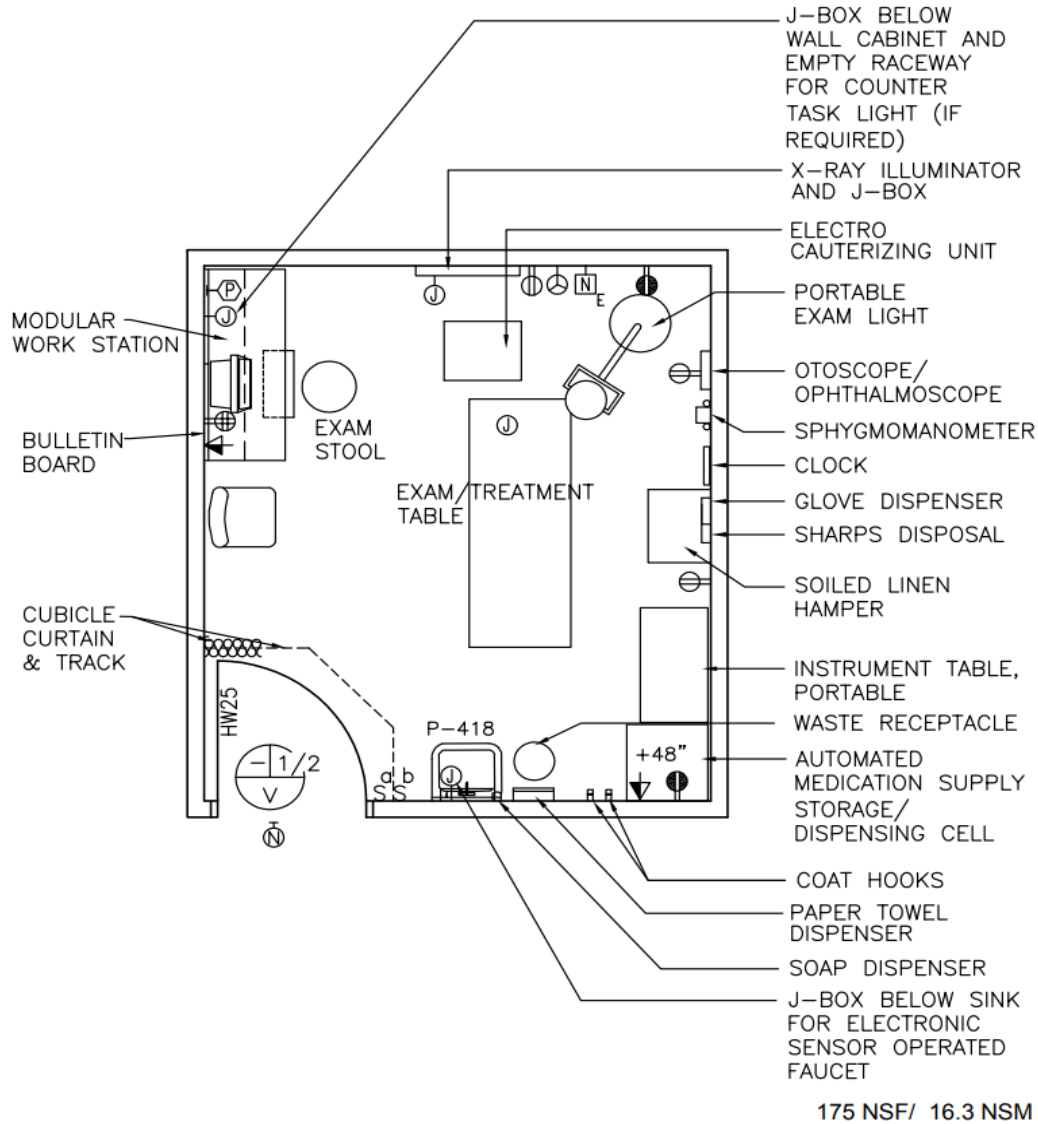
Gynecology Examination Room

Ambulatory Care: GYN Exam Room (EXRG8) Floor Plan



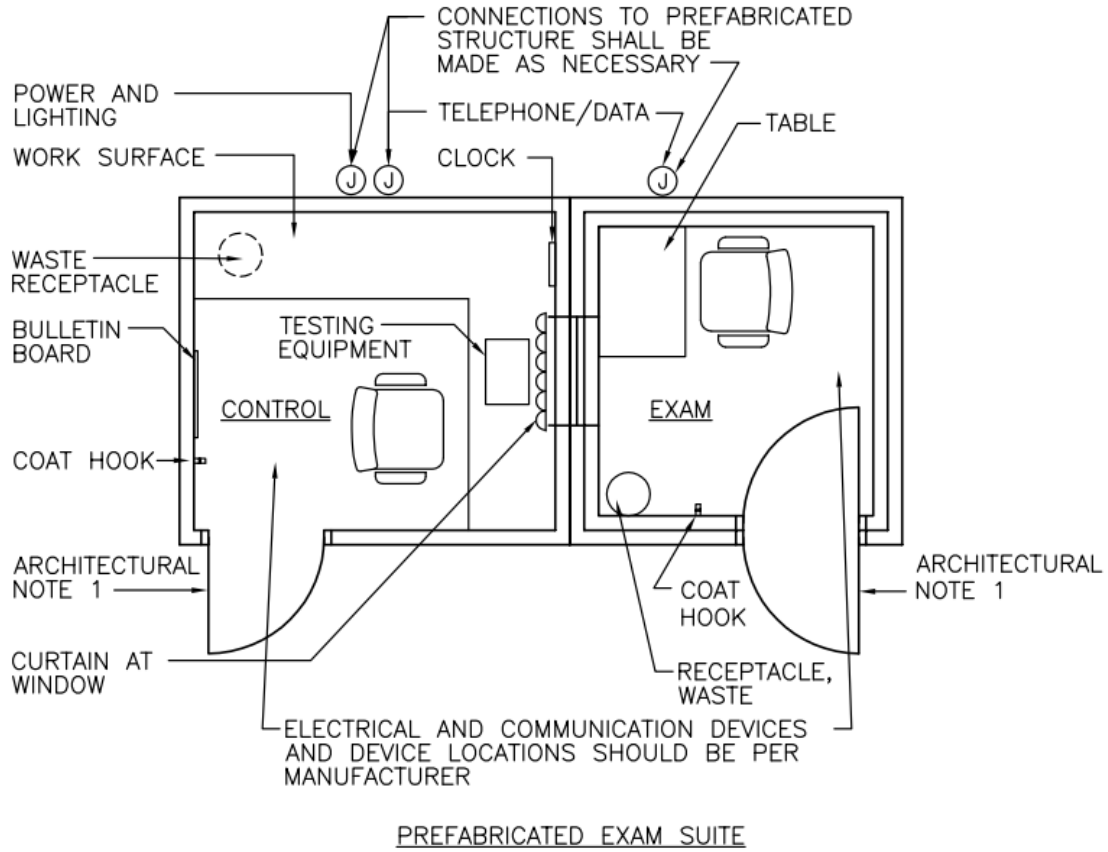
Dermatology Procedure/ Treatment Room

Ambulatory Care: Dermatology Procedure/Treatment Room (TRGS1) Floor Plan



Note: X-ray illuminator & J. Box is not required.

Audiology: Booth Audiometric Examination Room

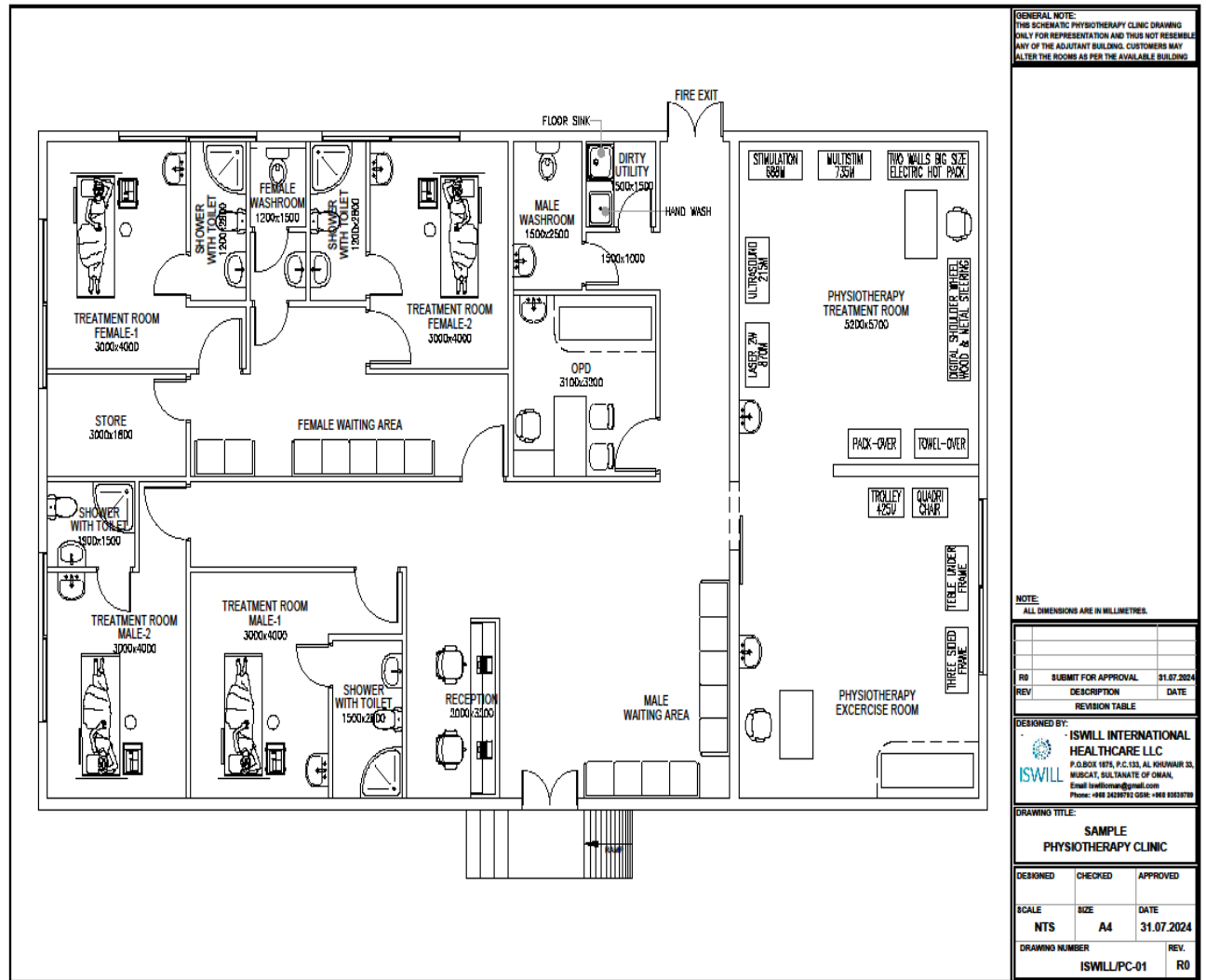


130 NSF/ 12.1 NSM
(Included booth walls)

Note: Audiology room should be fully sound proof.



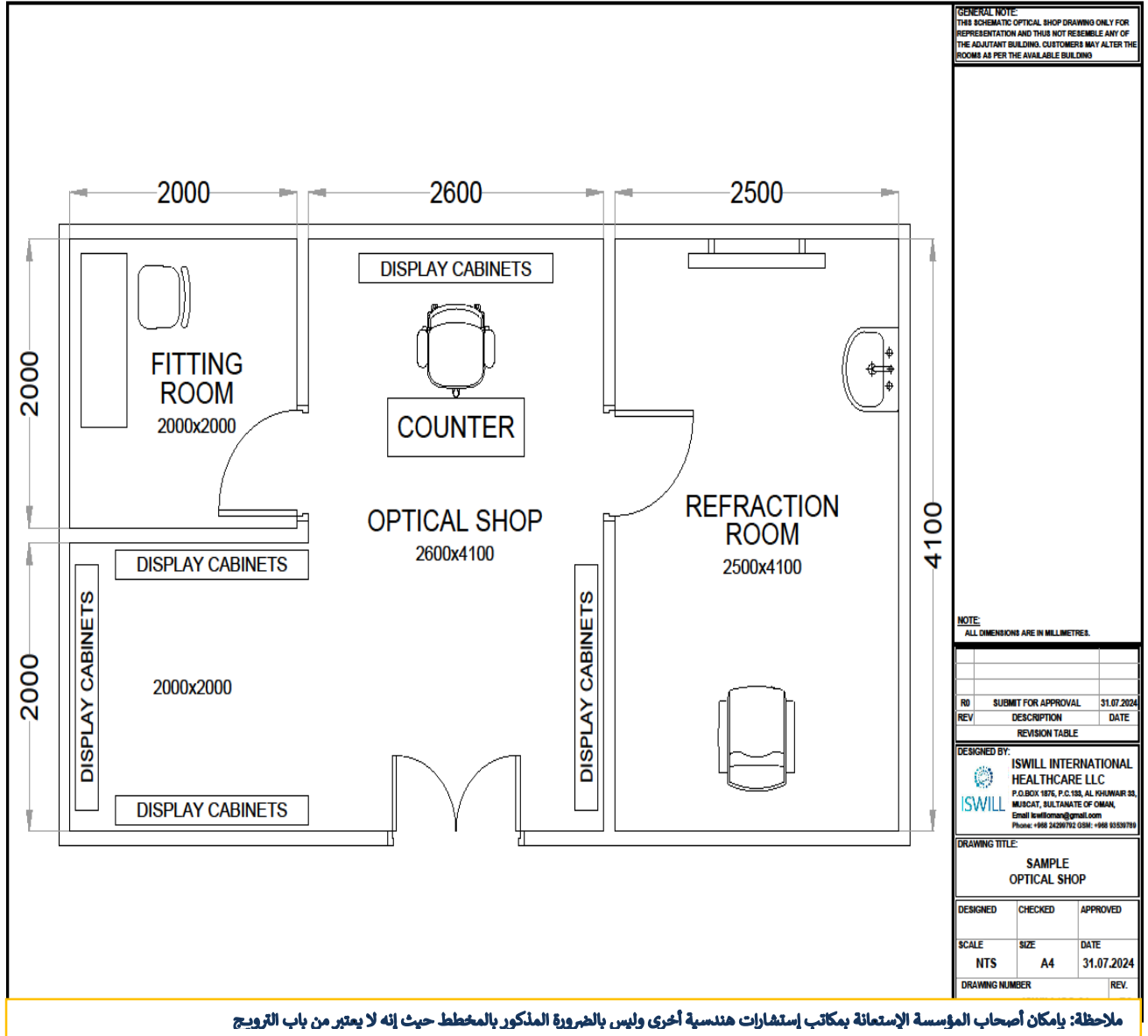
Occupational/ Physiotherapy



ملاحظة: بإمكان أصحاب المؤسسة الإستعانة بمكاتب إستشارات هندسية أخرى وليس بالضرورة المذكور بالمخطط حيث إنه لا يعتبر من باب الترويج



Optical Shop





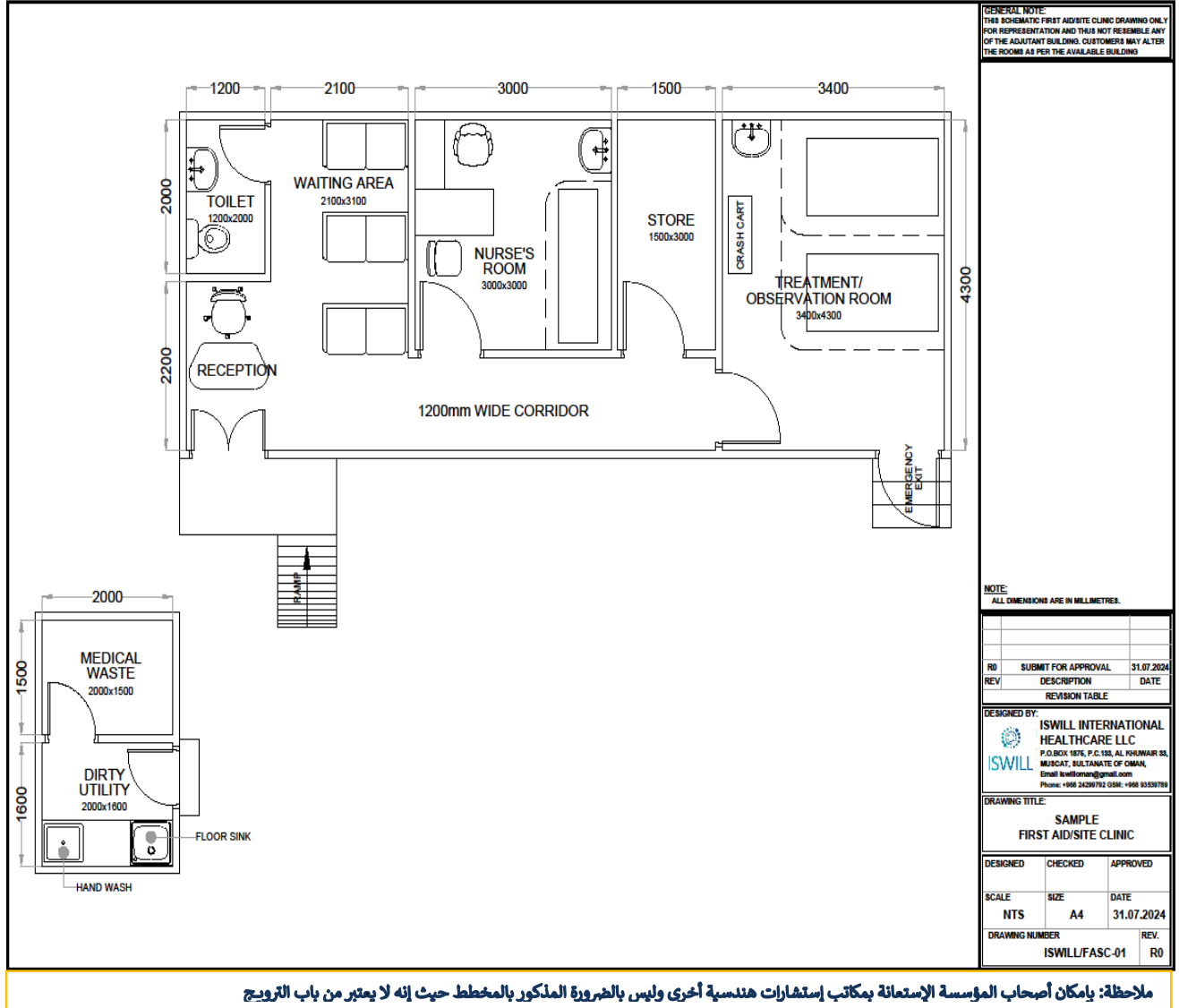
School/ College Clinic

	GENERAL NOTE: THIS SCHEMATIC SCHOOL CLINIC DRAWING ONLY FOR REPRESENTATION AND THUS NOT RESEMBLE ANY OF THE ADJACENT BUILDING. CUSTOMERS MAY ALTER THE ROOMS AS PER THE AVAILABLE BUILDING															
	NOTE: ALL DIMENSIONS ARE IN MILLIMETRES. <table border="1"><thead><tr><th>REV</th><th>DESCRIPTION</th><th>DATE</th></tr></thead><tbody><tr><td>R0</td><td>SUBMIT FOR APPROVAL</td><td>08.06.2024</td></tr></tbody></table> DESIGNED BY: ISWILL INTERNATIONAL HEALTHCARE LLC P.O.BOX 1071, P.C.101, AL KHAWAR 33, MUSCAT, SULTANATE OF OMAN. Email: iswill@iswill.com Phone: +968 36207621 / 36207622 DRAWING TITLE: SAMPLE LAYOUT FOR SCHOOL CLINIC <table border="1"><thead><tr><th>DESIGNED</th><th>CHECKED</th><th>APPROVED</th></tr></thead><tbody><tr><td>SCALE 1:50</td><td>SIZE A3</td><td>DATE 08.05.2024</td></tr></tbody></table> <table border="1"><thead><tr><th>DRAWING NUMBER</th><th>REV.</th></tr></thead><tbody><tr><td>ISWILL/SC-01</td><td>R0</td></tr></tbody></table>	REV	DESCRIPTION	DATE	R0	SUBMIT FOR APPROVAL	08.06.2024	DESIGNED	CHECKED	APPROVED	SCALE 1:50	SIZE A3	DATE 08.05.2024	DRAWING NUMBER	REV.	ISWILL/SC-01
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SCALE 1:50	SIZE A3	DATE 08.05.2024														
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ملاحظة: بإمكان أصحاب المؤسسة الإستعانة بمكاتب إستشارات هندسية أخرى وليس بالضرورة المذكور بالمخطط حيث إنه لا يعتبر من باب الترويج

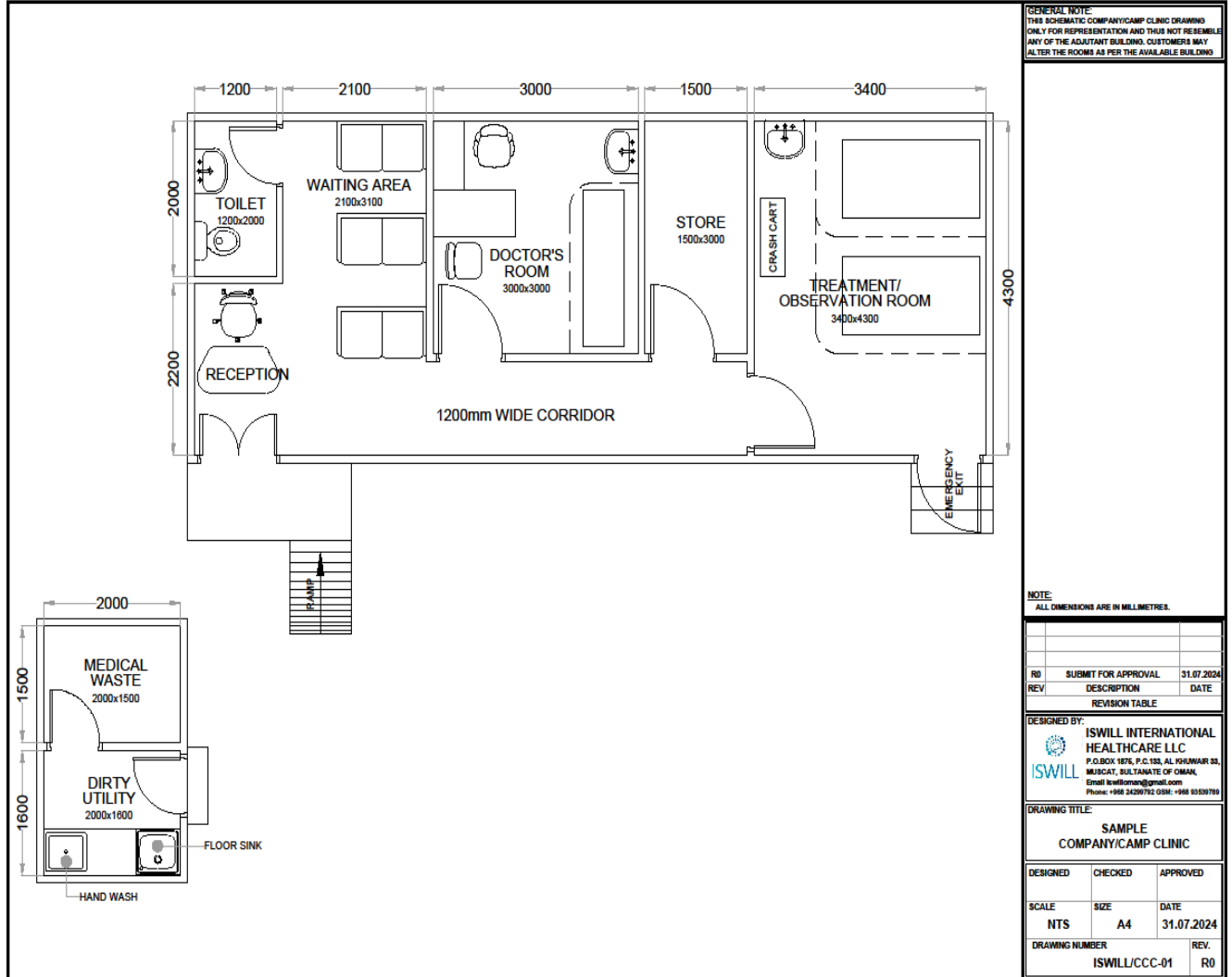


Firs Aid/ Site Clinic



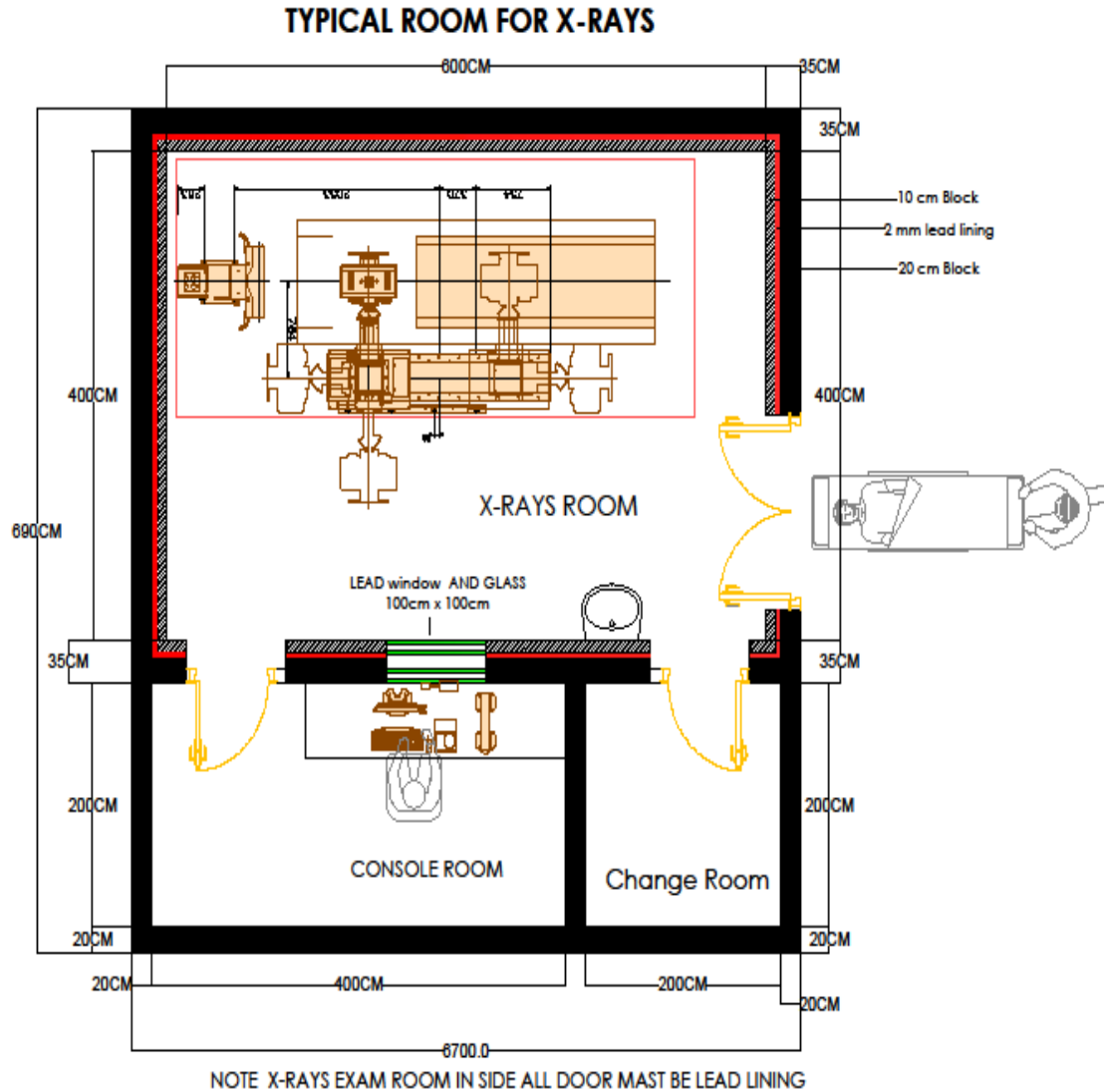


Company/ Camp Clinic

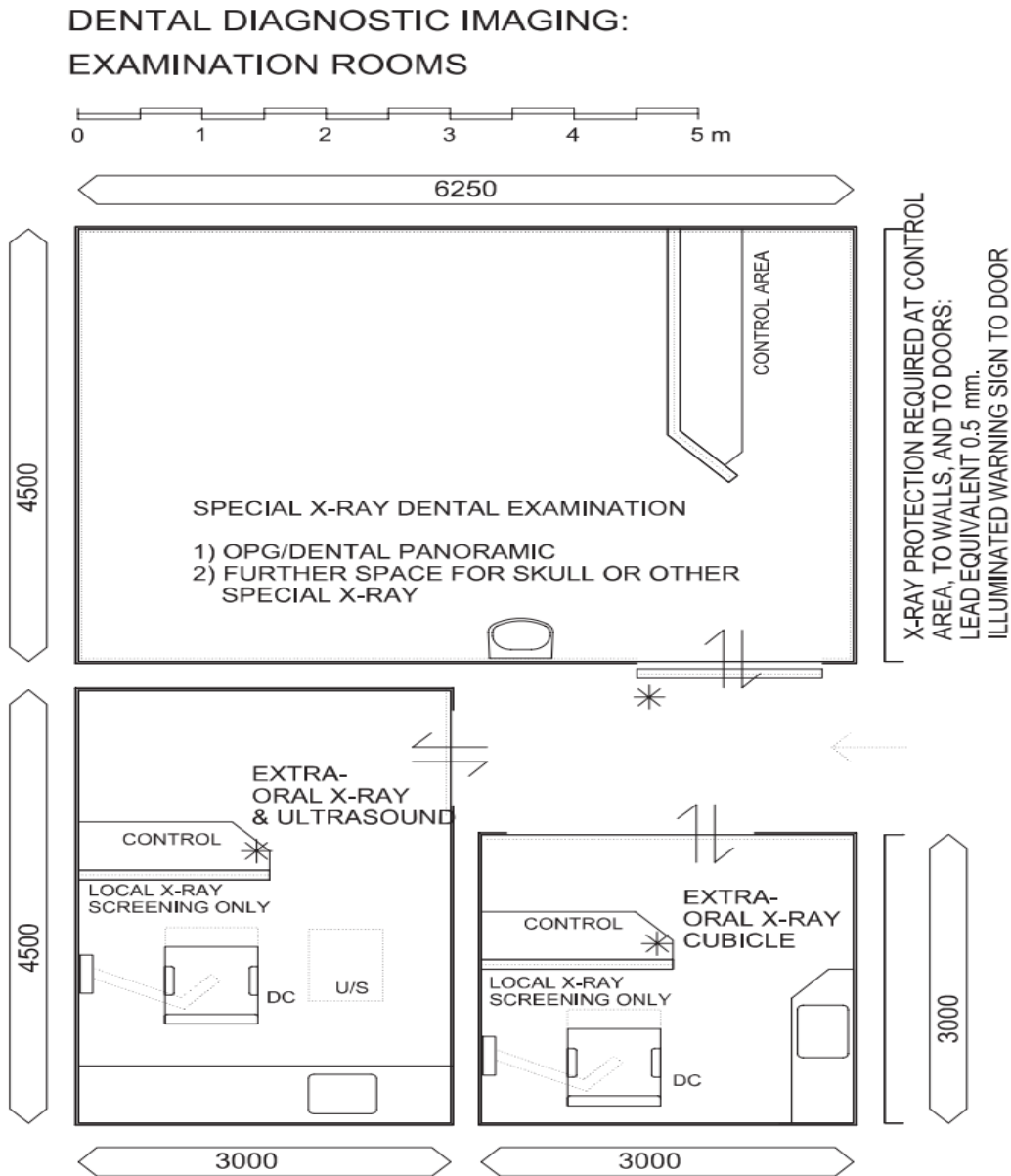


ملاحظة: بإمكان أصحاب المؤسسة الإستعانة بمكاتب إستشارات هندسية أخرى وليس بالضرورة المذكور بالمخطط حيث إنه لا يعتبر من باب الترويج

General Radiology Room Layout



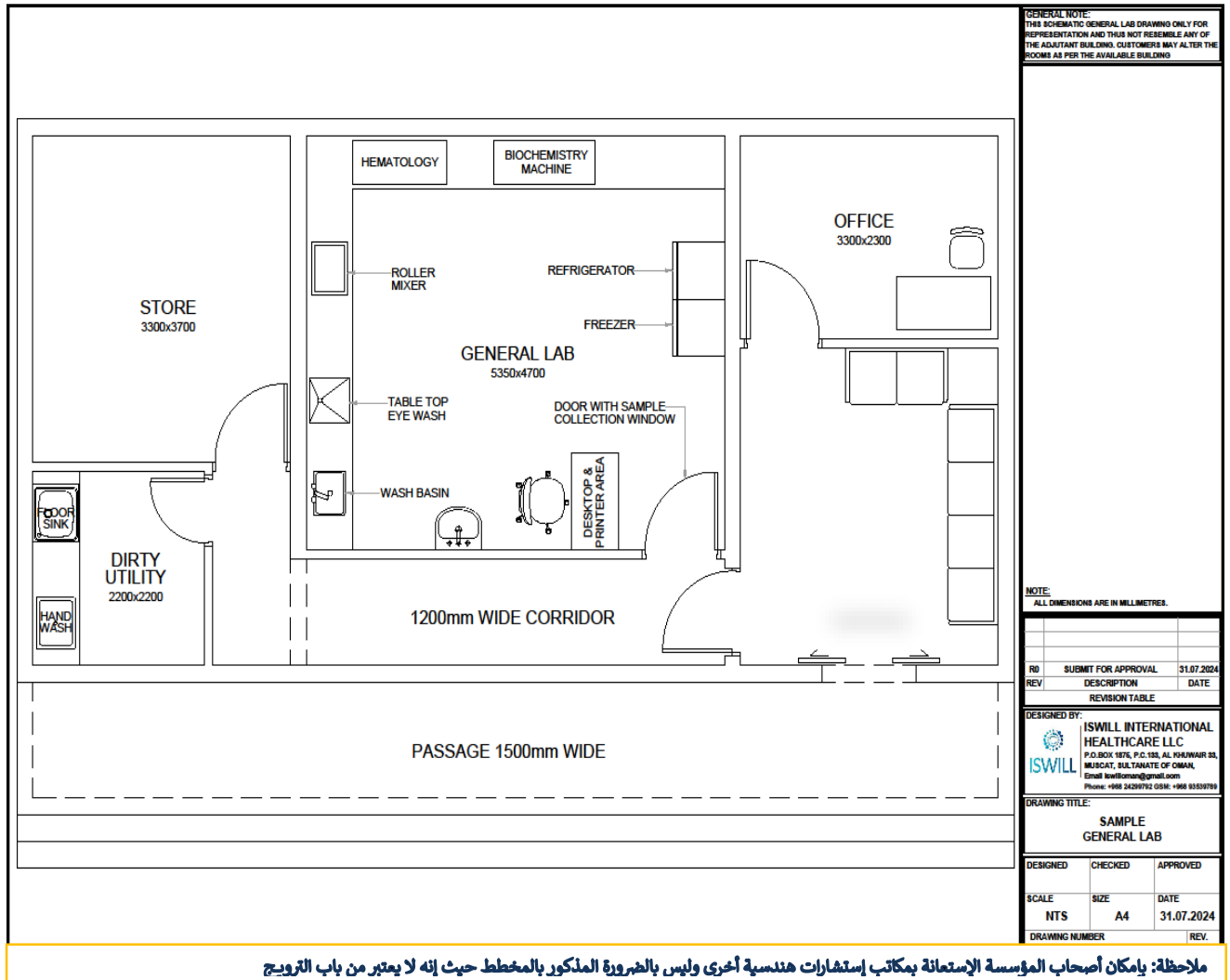
Dental Diagnostic Imaging/ Examination Room



٩٢



General Laboratory



Note: Dirty utility can be part of the private health establishment.



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Chapter Five: Requirements of Equipment & Tools



This chapter includes the initial inspection form, lists of medical equipment, tools and types of required furniture for the common specialties of healthcare clinical settings to ensure the preparedness of the PHE for functioning the required services. It also includes the required records and documents that needed to be kept in the private health establishments.



استمارة المعاينة المبداية للمنشأة الصحية

Initial Inspection Form for Health Facility

Name of Commercial Company _____ اسم الشركة التجارية: _____
Number of Commercial Registration _____ رقم السجل التجاري _____
Name of the applicant: _____ اسم مقدم الطلب: _____
Proposed location of the facility _____ الموقع المقترح للموسسة الصحية _____
Nearest pharmacy _____ Distance _____ M _____ اقرب صيدلية للموقع _____ على بعد _____ م _____
Email: _____ البريد الالكتروني: _____
Phone _____ رقم الهاتف: _____
Date of Visit: _____ تاريخ المعاينة: _____

الرقم SN	مطابقة المعايير Application of Standards	نعم Yes	لا No	لا ينطبق NA	ملاحظات
1-	The facility is accessible through a paved road. يمكن الوصول لموقع المنشأة عبر طريق مرصوف.				
2-	The facility location is far enough from any source of contamination, noise, and industrial facilities موقع المنشأة بعيد عن أي مصدر للتلوث والازعاج والمنشآت الصناعية				
3-	The building of the facility is in good condition in terms of maintenance, ventilation, and lighting. It shall not be in the basement floor. حالة المبنى الذي تتواجد فيه المنشأة جيدة من حيث الصيانة، والتهوية، والإضاءة. وليست بالطابق القبو بالمبانية				
4-	The facility has enough car parking lots for staff and visitors /patients. (The number of car parks depends on the size and the services of the facility). يوجد عدد كافٍ من مواقف سيارات الموظفين والزوار / المرضى للمنشأة (يعتمد عدد مواقف السيارات على حجم المنشأة والخدمات المقدمة بها)				
5-	The facility has dedicated car parking for the special needs. يوجد مواقف مخصصة لخدمة أصحاب ذوي الاحتياجات الخاصة				
6-	The ramp slope percentage within the facility or leading to the facility is 8% maximum (1:12). نسبة انحدار المنحدرات في المنشأة أو المؤدية لها لا تتجاوز 8% (1:12)				
7-	The elevator is provided where the facility is not located at the ground level. يتوفر مصعد في حال كانت المنشأة التي لا تقع على المستوى الأرضي.				
8-	The building/facility elevator area allows easy circulation for disabled wheelchairs. مساحة مصعد المبنى/ المنشأة تسمح بدوران كرسي أصحاب ذوي الاحتياجات الخاصة				
9-	The facility's total floor area is proportional to the functional program of the facility تناسب المساحة الإجمالية للمنشأة مع البرنامج الوظيفي للمنشأة				
10-	The facility area can accommodate all support services as per the facility type.				



	التأكد من توفير المرافق/الخدمات الأساسية اللازمة بناءً على نوع المنشأة.				
1١-	The minimum ceiling height is 2.7 meter لا يقل الارتفاع الصافي للأسقف عن ٢,٧ متر				
1٢-	The minimum corridor width is 1.50 meters for patient care areas and 1.20 meters for support services. لا يقل العرض الصافي للممرات المرضى في المنشأة عن ١,٥ متر و ١,٢ متر للممرات الخدمات				
1٣-	The door's width is not less than 0.9 meters. لا يقل عرض الأبواب عن ٠,٩ متر.				
1٤-	A sufficient number of toilets for patients/ visitors and staff is provided; at least one toilet is dedicated to special needs. تم توفير عدد كافٍ من الحمامات لخدمة المرضى/ الزوار، والعاملين، وتم تخصيص حمام واحد على الأقل لخدمة أصحاب ذوي الاحتياجات الخاصة.				
1٥-	Special needs toilet: - The minimum clear diameter shall be 1.5 meters. - The minimum clear door width shall be 0.9 meters (To be measured between the face of the door and the doorstep, with the door open at 90 degrees). - The needed accessories are provided to support the special needs. - The depth and height of the washbasin are proportional to the wheelchair level / The washbasin is shallow and reachable. حمام أصحاب ذوي الاحتياجات الخاصة: - ألا يقل قطر دوران الحركة في الحمام عن ١,٥ متر. - ألا يقل عرض باب الحمام عن ٠,٩ متر) يتم قياسها من حافة واجهة الباب إلى مصد الباب عند فتحه بزاوية ٩٠ درجة). - تم توفير المعدات المناسبة لخدمة أصحاب ذوي الاحتياجات الخاصة. - يتناسب عمق المغسلة وارتفاعها مع مستوى الكرسي المتحرك.				
1٦-	The movement and circulation of disabled individuals are considered within the facility. يتم مراعاة حركة أصحاب ذوي الاحتياجات الخاصة في كافة مرافق المنشأة.				
1٧-	The facility is equipped with a proper mechanical ventilation system/ HVAC: a sufficient number of air inlets and outlets are provided as per the space area and function). المنشأة مجهزة بنظام تهوية ميكانيكي مناسب: تتوفر منافذ كافية لضخ وسحب الهواء في مرافق المنشأة وفقاً للمساحات المتوفرة ووظائف الغرف.				
١٨-	For medical facilities that do not exist in an independent building: - The HVAC system of the medical facility is separated from the common HVAC system of the building. فيما يخص المنشآت الطبية الغير متواجدة في مبنى مستقل: - تم فصل نظام التهوية والتكييف (HVAC) للمنشأة الطبية عن نظام التهوية والتكييف (HVAC) المشترك للمبنى				

Note:

- Make sure to revise the Ministry of Health guidelines and requirements and apply them to the drawing plans and site based on the type of facility.



- The drawing plans submitted shall be revised, and stamped by an approved engineering consultancy company.

- The construction works, preparation, and finishing in the facility should not be done before getting the initial approval on the drawing plans.

Warning: Violating any of the above standards would be under the applicant's accountability.

ملاحظة:

- يجب مراجعة المعايير الهندسية الخاصة بالوزارة والتأكد من استيفائها على المخطط وأرض الواقع بما يتناسب مع نوع المنشأة وتخصصاتها.
- المخططات الهندسية المقدمة للوزارة يجب أن تتم دراستها وختمها من قبل شركة استشارات هندسية معتمدة.
- مرحلة الأعمال الإنشائية في المنشأة والتجهيزات والتشطيبات على أرض الواقع لا تتم إلا بعد حصول المنشأة على الاعتماد المبدئي على المخططات الهندسية.

تنبيه: الإخلال بأي من المعايير المذكورة أعلاه ستكون من مسؤولية مقدم الطلب.

I declare that I am the applicant of this request

have conducted an initial inspection of the commercial facility that I chose to be a private health establishment after reviewing all laws, legislation, and standards related to licensing private health establishments. According to this form, the establishment meets the aforementioned standards. I bear all legal consequences if it turns out to be contrary to what was stated in the result of this initial inspection form.

Signature_____

Date_____

أقر أنا مقدم الطلب

أنني قمت بالمعاينة المبدئية للمنشأة التجارية التي اخترتها لتكون مؤسسة صحية خاصة بعدما اطلعت على جميع القوانين والتشريعات والمعايير المتعلقة بتراخيص المؤسسات الصحية الخاصة. وبحسب هذه الاستمارة فإن المنشأة مستوفية للمعايير المذكورة؛ وأنا اتحمل كافة التبعات القانونية إذا تبين بخلاف ما ورد بنتيجة المعاينة المبدئية هذه.

التوقيع_____

التاريخ_____

نتيجة المعاينة المبدئية

اسم الموظف المختص _____ الوظيفة _____
التوقيع _____ التاريخ _____

اسم الموظف المختص _____ الوظيفة _____
التوقيع _____ التاريخ _____

☐ غير مستوفية للمعايير

☐ مستوفية للمعايير

اعتماد نتيجة المعاينة المبدئية من قبل:

اسم الموظف المختص _____ الوظيفة _____
التوقيع _____ التاريخ _____



1. Required Records and Documents in the Establishment

No	Item	Available	Not Available	Comments
1.	Valid MoH establishment license			
2.	Valid municipality and civil defence license			
3.	Valid appropriate Be'ah contract (medical waste contract)			
4.	Approved updated sketch of the facility (MOH stamped)			
5.	Valid of external laundry contract or receipts.			
	Valid cleaning company contract or copy of the identification card of the cleaner who works under PHE name.			
6.	Staff files: • Copy of contract and offer letter • Qualifications and CV • Copy of staff license • BLS/ACLS certificate, PALS/NALS (where applicable) • Signed job description • Annual appraisal • Induction/orientation for new staff • Training record including CPD of all medical personal according to OMSB requirements			
7.	Minutes of meetings records			
8.	Vaccination records ▪ Influenza (once/year) ▪ Hepatitis B (3doses) ▪ Varicella (2doses) ▪ MMR (2 doses) ▪ TDAP (1 dose) ▪ IPV and meningococcal vaccine for lab technician (once/year)			
9.	Nurses duty roster record			
10.	Valid Preventive Plan Maintenance (PPM) contract for equipment with date of next maintenance written on equipment			
11.	GCC infection control manual latest addition			
12.	Standard operation procedures (SOP)			
13.	Inoculation policy			
14.	Medical record and referral policy			



2. General Requirements of Equipment & Tools

1.	Entrance	M	PM	NM	NA	Remarks
1.1	Adequate allocated parking					
1.2	Allocated parking for disabled					
1.3	Ramp for disabled patients					
1.4	Security system is placed (e.g., CCTV cameras). The CCTV monitor installed in the facility is working (the interval recording for 3 months).					
1.5	Emergency exit signage is available					
2.	Reception area	M	PM	NM	NA	Remarks
2.1	Waiting area- non-fabric chairs					
2.2	Adequate air ventilation					
2.3	Patient's right and responsibilities (Arabic and English languages) -visible					
2.3	Approved price list from DGPHE (for the most common procedures)					
2.4	Suggestion/complaints email					
2.5	Notice board					
2.6	Approved networked electronic patient registration system					
2.7	Wheel chair for disabled/ critical patients					
2.8	Pedal dust bin with black bag for general waste					
3.	Consultation room	M	PM	NM	NA	Remarks
3.1	Room signage is available					
3.2	Room size 3-4 m ²					
3.3	Doctor's table and non-fabric chair					
3.4	Approved networked electronic patient medical record system					
3.5	Patient's and attendant chairs (non-fabric)					
3.6	Examination bed/couch with IV Stand. Bed sheet, medical blanket, pillow and pillow case and paper roll on top of the examination bedwith foot stool and partition					
3.7	PPE (gloves, apron, mask)					
3.8	Alcohol based Hand Rub (60-70% alcohol)					
3.9	Disinfectant wipes					
3.10	Elbow operated hand wash basin or sensor					
3.11	Wall mounted non-refilled medical soap (e.g; 4% chlorhexidine gluconate) or medical foam soap					
3.12	Wall mounted hand drying facility is available (hand dryer/tissue dispenser)					



3.13	Laminated poster for the steps of hand hygiene is available					
3.14	Foot-operated dust bin with black bag for general waste					
3.15	Foot-operated dust bin with yellow bag for medical waste					
4.	Treatment/ observation/ procedure room	M	PM	NM	NA	Remarks
4.1	Room signage is available					
4.2	Room size 3-4 m ²					
4.3	Staff table and non-fabric chairs for staff and patients including attendant					
4.4	Approved networked electronic patient medical record system					
4.5	Examination light					
4.6	Examination bed/couch with IV Stand. Bed sheet, medical blanket, pillow and pillow case and paper roll on top of the examination bed with foot stool and partition					
4.7	Vital signs monitor e.g (Sphygmomanometer with SpO2 monitor)					
4.8	Glucometer					
4.9	Thermometer with disposable cover					
4.10	Nebulizer machine and masks different sizes					
4.11	Lockable medication fridge with thermometer and temperature graph/chart					
4.12	Lockable medications cupboard/cabinet with checklist with expiration dates					
4.13	Secured oxygen cylinder with flowmeter and humidifier (in stand or transport trolley)					
4.14	Suction machine with disposable catheters					
4.15	Fully equipped crash cart with content checklist according to MOH/DGPHE requirements.					
4.16	Dressing/suturing sets					
4.17	Dressing/cannulation trolley (stainless steel trolley)					
4.18	Weighing and height scale					
4.19	Alcohol based hand rub (60-70% alcohol)					
4.20	Operational ECG machine					
4.21	Approved secured sharp container (e.g. wall mounted) at waist level					
4.22	Splint (different sizes), cervical collar, cuff and collar and triangular bandage					
4.23	PPE (gloves, apron, mask)					
5.	Hand hygiene management in (all clinical	M	PM	NM	NA	Remarks



rooms and dirty utility room)						
5.1	Clean hand hygiene sink with elbow operated tap is free from Fungus					
5.2	Wall mounted non-refilled medical soap (e.g; 4% chlorhexidine gluconate) or medical foam soap is available					
5.3	Non refill hand sanitizer 60-70% alcohol is available					
5.4	Filled tissue dispenser is available in wall mounted					
5.5	Laminated poster for the steps of hand hygiene is available (Hand washing & hand rub)					
5.6	Foot operated dust bin with black bag is available for general wastes					
5.7	Foot operated dust-bin with yellow bag is available for medical wastes					
6.	Personal Protective Equipment Management	M	PM	NM	NA	Remarks
6.1	Sufficient and appropriate PPE are available and readily accessible & displayed to health care personal.					
6.2	N95 respirators are available in different types and sizes.					
6.3	Staff knows the suitable N95 to use based on the fit test.					
7.	Environmental disinfection Management	M	PM	NM	NA	Remarks
7.1	MOH approved disinfectants available in the facility.					
7.2	One spill kit at a minimum is available in the facility					
7.3	Housekeeper & health care workers aware how to use spill kit properly.					
8.	Sterilization Unit	M	PM	NM	NA	Remarks
8.1	Room signage is available					
8.2	Room is well ventilated					
8.3	Two sinks (compatible sink for instruments plus a hand wash sink) with elbow operated tap or sensor & steps for hand hygiene poster kept					
8.4	Wall mounted antimicrobial soap & alcohol-based hand rub is available					
8.5	PPE is available					
8.6	Endozyme solution is available					



8.7	Different instrument cleaning metallic brushes are available					
8.8	Sharp container is available. Name of the clinic and date of opening is recorded.					
8.9	Autoclave machine is Class B type is available					
8.10	Bowie Dick test daily record is maintained					
8.11	Biological indicator is used weekly, records are maintained					
8.12	Biological indicator control weekly checked					
8.13	Water distiller or distilled water is used for the autoclave machine					
8.14	An identifiable storage space is available for the clean and sterile equipment					
8.15	Class 5 or 6 chemical indicator or internal indicator strips are used					
8.16	Sterilization pouches for instruments packing are available					
8.17	Sterilized instruments pouches are labeled with sterilization date					
8.18	Wall mounted paper towel dispenser with paper towels					
8.19	General waste pedal dust bin with black bag and foot operated dust bin with yellow bag for medical waste are available					
8.20	Exhaust fan or air vent is available					
9.	Dirty utility room	M	PM	NM	NA	Remarks
9.1	Clear and correct signage is fitted for dirty utility room					
9.2	The room is clean and well organized					
9.3	Two sinks (floor or non-floor - for the dirty water) and hand washing sinks both with elbow operated tap with running water available					
9.4	Double sided buckets is available					
9.5	Cleaning materials are coded and kept hanged					
9.6	Exhaust fan or air vent is available.					
9.7	Laundry bag (white for non-contaminated linens and red (any color as long as it is a soluble bag) for the contaminated linens) available					
10.	Medical Waste Storage Room	M	PM	NM	NA	Remarks
10.1	The storage room is well ventilated					



10.2	The storage room is well lighted					
10.3	Logo of bio-hazard is clearly placed at the entrance of the storage room					
10.4	Storage room is accessible for staff handling the waste (Be'ah team)					
10.5	Storage room is properly locked, <u>only</u> the authorized people are allowed to enter this room					
10.6	The medical waste room is accessible to facility fire extinguishers					
10.7	The storage room & container is kept at height from ground level & free from infestations or pests					
10.8	The storage room is clean, disinfected & washed (check record of last time washed)					
10.9	Exhaust fan or air vent is available.					
10.10	Spill kits in case of accidental spills or emergencies is available and ready to use.					
11.	Toilets Facility	M	PM	NM	NA	Remarks
11.1	Clear signage is fitted for the toilets					
11.2	Toilets are clean					
11.3	Exhaust fan or air vent is available					
11.4	Laminated cleaning roster is displayed and kept in transparent protector (behind the door)					
11.5	Foot operated dust bin with lid and black bags is available					
11.6	Elbow operated sink is available					
11.7	Wall mounted non-refilled medical or non-medical soap is available					
11.8	Wall mounted hand drying facility is available (hand dryer/tissue dispenser)					
11.9	Laminated poster for the steps of hand hygiene is available					



3. Specific Requirements for Specialized Clinics

General Medicine Clinic

Item	Available	Not Available	Comments
Examination couch			
Complete diagnostic set			
Stethoscope, adult & pediatric			
Pen torch			
X Ray Viewer (Double Film)			
Stethoscope adult			
Hammer, Patella			
Foot operated pedal bins (for general and medical wastes)			
Revolving stool on castors			
Double steps tread			
Wall mounted examination lamp, Low intensity			
Magnifying glass with light			
Instrument tray with lid 10"			
Weighing Scale With Height			
Tongue depressor jar 150mm			
Glucometer			



Family Medicine & Internal Medicine Clinics

Item	Available	Not Available	Comments
Examination couch			
Complete diagnostic set			
Stethoscope, adult & pediatric			
Pen torch			
X Ray Viewer (Double Film)			
Stethoscope adult			
Hammer, Patella			
Foot operated pedal bins (for general and medical wastes)			
Revolving stool on castors			
Double steps tread			
Wall mounted examination lamp, Low intensity			
Magnifying glass with light			
Instrument tray with lid 10", 12"/325mm			
Weighing Scale With Height			
Tongue depressor jar 150mm			
Peak flow meter, Adult			
Peak flow meter, Pediatric			



Pediatric Clinic

Item	Available	Not Available	Comments
Examination couch			
Complete diagnostic set			
X-Ray Viewer (Double Film)			
Hammer, Patella			
Stethoscope - pediatric			
Thermometer, Oral/ Electronic			
Disposable thermometer covers			
Thermometer jar (For Oral Thermometer)			
Foot operated pedal bins (for general and medical wastes)			
Revolving stool on castors			
Tongue depressor jar 150 Mm			
Blood pressure apparatus Adult/Child/ Infant Cuffs- (Electronic type)			
Peak Flow Meter/ Electronic Spirometer			
Pillow			
Wall mounted examination lamp, Low Intensity			
Plastic pillow cover			
Instrument tray with lid 12" / 325mm			
Glucometer			
Weighing scale			
Magnifying glass with light			
Proctoscope, Rectal, Child			



Proctoscope, Rectal, Infant

Obstetrics & Gynecology Clinic

Item	Available	Not Available	Comments
Examination lamp- ceiling mounted or mobile type			
Complete diagnostic set			
X-Ray viewer (Double Film)			
Hammer, Patella			
Blood pressure apparatus - Adult/Child Cuffs (Mercury or electronic type)			
Stethoscope – Adult			
Thermometer – Oral			
Disposable thermometer covers			
Thermometer jar			
Lockable instruments cupboard			
Revolving stool on castors			
Fetoscope			
Fetus Heart Detector			
Obs/Gynae ultrasound machine			Can be done in separate ultrasound room also.
Pillow			
Gynecology examination couch			
Plastic pillow cover			
Blood pressure cuff, Extra Large			
Intrauterine Device Insertion set			
Instruments tray without Lid 12"			
Instrument tray with Lid 12" / 325mm			
Gynaecology examination set			



Sims vaginal speculum set			
Cuscos speculum set			
Weighing scale			
Peak Flow Meter			
Sponge holder			
Varicullum			
Needle holder			
Curved scissors			
Metz scissors			
Straight Scissors			
Straight dilators			
Gallipots, Small			
Gallipots, Large			
Straight artery			
Non-Toothed forceps			
Adson Toothed forceps			
Tenaculum			
Uterine sound			
Glucometer			
Tape measure			
Steel container/ tray for Speculum			
Small steel Jar (For cotton balls)			
Tongue depressor jar			
Tourniquet			
Basin to keep used speculum			
IV Stand			
Two foot-operated dust bins (one with black bag for general waste and another with yellow bag for medical waste)			



Ultrasound room for Gynecology Clinic

Item	Available	Not Available	Comments
Pedal dust bin			
Double tread step			
Direct single oxygen flow meter (adult)			
Pillow			
Plastic pillow cover			
Mobile stool with back			
Color Doppler ultrasound machine suitable for radiology & gynecology applications			
Ultrasound examination couch / variable Height examination couch.			
Double drawer instruments trolley 18" X24"			



Dermatology Clinic

Item	Available	Not Available	Comments
Examination couch/ Examination chair			
Complete diagnostic set			
Stethoscope – adult			
Oral thermometer			
Thermometer Jar			
Disposable thermometer covers			
Instruments cupboard			
Revolving stool on castors			
Woods lamp (UV Therapy System)			
Tongue depressor jar 150 Mm			
Blood pressure apparatus Adult/Child/Infant cuffs			
Pillow			
Wall mounted examination lamp, Low Intensity			
Gillies Skin Hook			
Plastic pillow cover			
Diathermy dermatology unit			
Complete Dermatology Cryotherapy			
Biopsy Punch 6mm			
Biopsy Punch 3mm			
Comedone expressor double ended			
Hebra scrapers			
Dermal curettes 3 mm			
Dermal curettes 5 mm			
Dermal curettes 8 mm			
Fine curettes 0-1 mm			
Nail Clipping Forceps			



Magnifying glass with Light			
Instruments trolley			
Mobile stool with back			
Magnifying Loupe 2.5			
Instrument tray with Lid 12" / 325mm			
Skin Biopsy Set			
Nail Nippers Set			
Dermo-jet (Mada-jet Injector)			
Dermatology Light			
Dermato-scope			
Two foot-operated dust bins (one with black bag for general waste and another with yellow bag for medical waste)			



Surgical Clinic

Item	Available	Not Available	Comments
Examination couch			
Complete diagnostic set			
X-Ray viewer (Double Film)			
Hammer, Patella			
Stethoscope - adult			
Oral/ Electronic thermometer			
Disposable thermometer covers			
Thermometer jar (For oral thermometer)			
Two foot-operated dust bins (one with black bag for general waste and another with yellow bag for medical waste)			
Revolving stool on castors			
Tongue depressor jar 150 mm			
Blood pressure apparatus - Adult/Child Cuffs- (Mercury Type/ Electronic Type)			
Peak flow meter/ Electronic Spirometer			
Pillow – Adult			
Wall mounted examination lamp, Low Intensity			
Plastic pillow cover			
Blood pressure cuff, Extra Large			
Instrument tray with Lid 12" / 325mm			
Glucometer			
Weighing Scale			



EPI Clinic (Immunization)

Item	Available	Not Available	Comments
Examination Couch			
Stethoscope - Pediatric			
Thermometer Jar			
Small Pedal Bin			
Double Tread Step			
Instruments Cupboard			
Revolving Stool on castors			
Tongue Depressor Jar 150mm			
Dressing Jar 4" without cover			
Wall Mounted Examination Lamp			
Instruments Tray with Lid 12"/325 Mm			
Instruments Tray with Lid 8"			
Electronic Thermometer			
Infant Measuring Tape			
Calibration Rods Set			
Instrument Trolley ,Double Drawer 18"X24"			
Instrument Trolley Double Drawer 19"X 26"			
Calibration Blocks Set			
Height/Length Measuring Board For Infant/Child			
EPI Scale, Children			
Weighing Scale (pediatric)			
Vaccine Refrigerator			
Fridge & Freeze-tags			
Vaccine Carrier Box			
ICE Packs			

Note: To apply for vaccination service the PHE shall submit:

- An official letter requesting the service attached with the layout where the service will be provided. Ensure the minimum required dimension of the room is 3x3m². Hand wash basin should be installed in the sketch.
- Specify the type of requested vaccines



Orthopedic Clinic

Item	Available	Not Available	Comments
Small Pedal Bin			
Blood Pressure Apparatus Adult/Child/Infant Cuffs			
Complete Diagnostic Set			
Wall Mounted Examination Light			
Stethoscope Adult			
Examination Couch			
Instruments Cupboard			
Revolving Stool on castors			
Hammer ,Patella			
BP Cuff Extra Large			
Oral Thermometer			
Thermometer Jar			
Goniometer, Large			
Goniometer, Small			
Instruments Tray with Lid 12"/325 mm			
Instruments Tray without Lid 12"			
Tongue Depressor Jar 150mm			
X-Ray Viewer (Double Film)			
BP Apparatus Electronic			
Glucometer			



Plaster Room

Item	Available	Not Available	Comments
Instruments Cupboard			
Variable Height Examination Couch Suitable for Plastering with Minor Orthopedic attachments			
Stand Bowel on castors 14"			
Direct Oxygen Flowmeter (Adult)			
Pillow			
Plastic Pillow Cover			
Plaster Shears			
Instruments Trolley			
X-Ray View Box, 4 Panels			
Mobile Stool with back			
Electric Cutter Cast with Suction			
Plaster Spreader 270 mm			
Plaster Scissors 230 mm			
Stand IV Four Hooks			
Electric Cutter Plaster			
Direct High Unit Suction with Wall Bracket			
Procedure Light, 80,000-100,000 Lux			



ENT Clinic

Item	Available	Not Available	Comments
X-Ray Viewer (Double Film)			
Hammer , Patella			
Small Pedal Bin			
Lockable Instruments Cupboard			
Revolving Stool on Castors			
Barnys Noise Box			
ENT Examination Unit Complete (With Cautery Establishment)			
Tuning Forks Complete Set			
Auto-scope, Specialist Use			
Head King's Mirror College With Spare Mirror			
Rhino-Laryngoscopy System, Complete with Documentation System.			
ENT Examinations Microscope			
Cold Light Fountain 150 Watt -Light			
Fiber Optic Head Light Miniature			
Ear Examination Set			
Nasal Examination Set			
Throat Examination Set			
Nasal/Post Nasal Examination Set			
Stethoscope			
BP Apparatus, Adult/ Child Cuff (Mercury/ Electronic)			



Audiometry Room

Item	Available	Not Available	Comments
Audiometry Testing Cabin (Sound Proofing)			
Clinical Diagnostic Audiometer			
Tympano-meter			
OAE (Oto-acoustic Emission)			



Ophthalmology Clinic

ITEM	Available	Not Available	Comments
Ophthalmic Examination Unit (with Chair, Slit Lamp, Tonometer, Refractometer)			
Examination Couch			
X-Ray Viewer (Double Film)			
Blood Pressure Apparatus Adult/Child Cuffs			
Stethoscope Adult			
Pedal Bin			
Instruments Cupboard			
Binocular Loop			
Fundus Lens/ Goldmann 3 Mirror			
Gonioscopy Lens (One Mirror)			
Inter Pupillary Distance Ruler			
Ophthalmoscope, Indirect			
Lens Aspherical Set (Volk Lens 78, 20 & 90)			
Lens Meter for Measurement of Ophthalmic Lens			
Placidos Disc			
Auto-chart Projector			
Retino-scope, Streak/Slit Type			
Snellens's Eye Board Test			
Ophthalmoscope, Specialist			
Ophthalmic Trial Frame			
Refraction Chart for Children (English/Arabic)			
Near vision Arabic Test Chart			
Near Vision English Test Chart			
Head Spring Occluder			
Trial Lens + Frame Set			



Color Vision Book			
Worth's (Four Dots) Test Kit for Diplopia			
Schiotz's Tonometer			
Eye Speculum Set			
Cylinder, Cross 0.25 & 0.50			
Duct Occluder			
Plastic Pillow Cover			
Pillow			
Non-Contact Electronic Tonometer			
Caliper & Ruler			
Mobile Stool with Back			
Bag Honains With Head Band			
Instruments Trolley Double Drawer 18" X 24"			
BP Apparatus, Adult & Child Cuff, Electronic			

Note:

Kept instruments in the OPD/ room depends to the doctor requirements and based on type of the procedure.



	Clinic Name		Clinic Name
☐	Neurology Clinic	☐	Cosmetic & Plastic Surgery Clinic
☐	Urology Clinic	☐	Vascular Surgery Clinic
☐	Sport Clinic	☐	Cardiology Clinic

Item	Available	Not Available	Comments
Examination couch			
Complete diagnostic set			
Stethoscope - Adult & Pediatric			
Pen Torch			
X-Ray Viewer (Double Film)			
Stethoscope - Adult			
Hammer, Patella			
Two foot-operated dust bins (one with black bag for general waste and another with yellow bag for medical waste)			
Revolving stool on castors			
Double tread step			
Wall mounted examination lamp, Low Intensity			
Magnifying glass with Light			
Instrument tray with Lid 10"			
Weighing Scale with Height			
Tongue depressor jar 150 mm			
Peak Flow Meter, Adult			
Peak Flow Meter, Pediatric			
Glucometer			

Note:

Kept instruments in the OPD/ room depends to the doctor requirements and based on type of the procedure.



	Room Based on Provided Service	Remarks
☐	ECG Room	
☐	ECHO Cardiography Room	

ECG and Holter Room

Item	Available	Not Available	Comments
Lockable Medicine Cupboard			
Examination Couch			
Stethoscope - Adult			
Revolving Stool on Castors			
Electrocardiography Machine, 12 Leads			
Oxygen Flowmeter connected with mask (Adult & Pediatric)			
Pillow			
Plastic Pillow Cover			
Complete Holter System with Recorders and Analyzers			
Electronic Blood Pressure Apparatus			
Mobile Vital Signs Monitor			
Echo Cardiography System, Adult Applications			

Note:

Kept instruments in the OPD/ room depends to the doctor requirements and based on type of the procedure.



Treadmill Room

Item	Available	Not Available	Comments
Lockable Medication Cupboard			
Examination Couch			
Stethoscope - Adult			
Instruments Cupboard			
Laryngoscope (All Applications)			
Emergency Trolley with Monitor and Defibrillator			
Revolving Stool on Castors			
Resuscitation Set			
Oxygen Flowmeter connected with Mask			
Oxygen Regulator With Flowmeter			
Pillow			
Portable Blood Pressure Apparatus/ Portable Vital Signs Monitor			
Plastic Pillow Cover			
Treadmill Exercise System			
Instruments Tray without Lid 12"			
Direct High Suction Unit with Wall Bracket			
Pedal Bin			
Emergency Crash Cart with medicines			



Physiotherapy/ Treatment Room/ Occupational

Item	Available	Not Available	Comments
Physiotherapy Couch			
Pediatric Seat, supportive adjustable corner			
Large shape inset therapeutic Puzzle			
Therapeutic games, sequential sorting box			
Disabled toilet prepared with appropriate seat and frame			
Folding Reacher grabber - medium length			
Feeder Seat, small			
Feeder Seat, medium			
Feeder Seat, large			
Approved Physiotherapy machines, electrotherapy unit with compatible trolley			

Physiotherapy/ Electrotherapy/ Shortwave Therapy

Item	Available	Not Available	Comments
Physiotherapy Couch			
Short wave diathermy			
Physiotherapy machine, pulsed/continuous shortwave			
Physiotherapy machine, continuous passive motion, elbow			
Physiotherapy machine stimulator, muscle & nerve kept in trolley			
Physiotherapy machine with multiple current & vacuum			
Wooden Stool 14" x 14" x 14"			



Physiotherapy Exercise Room

Item	Available	Not Available	Comments
Stander, prone, Childs			
Neurological Exercise Ball			
Standing frame, adult			
Standing frame/ table, adult			
Westminister Splint Set			
Platform mat space saver mat			
Mats exercise therapy 5'x7'x2 1/2"			
Mats exercise therapy 6.6`x3`			
Bars - wall			
System, weight pulley			
Mirrors wall mounted, large			
Physiotherapy Wobble Board			
Physiotherapy Rocker Board			
Bench wooden backless			
Weight strapons for exercise complete set			
Static cycle , adult & child			
Step Convections Set 124" x31` x 53"			
Bench quartericeps - exercise			
Football, sports type - large			
Ball 6`` diameter			
Tilt table - adult size			
Trolley - storage mat			
Tilt table, manual child size			
Mirror, mobile, posture 5 feet long 2 feet wide			
Bar, parallel, adjustable			
Wheel, mariners			
Tread mill			
Trampoline			



Physiotherapy/ Wax Room

Item	Available	Not Available	Comments
Water bath (large)			
Heat gun			
Scissors			
Tweezers			
Punch hole.			
Flexion/extension/pronation/supination			
Soft fit, non-perforated			
Brace form - mini perforated			
Brace forms - non-perforated			
Orfit soft, non-perforated			
Self-adhesive Hook Tape 25 mm			
Self-adhesive Hook Tape 50 mm			
Standard Hook Tape 25 mm			
Standard Loop Tape 25 mm			
Standard Loop Tape 50 mm			
Velfoam 2"x 5yd			
D-rings, 1"			
D-rings., 2"			
Rivets -speedy			
Packs machine moist hot			
Physiotherapy machine - continuous passive motion, hand			
Sterilizer wax			
Goniometer, small			
Goniometer, large			
Machine, ice making			
Bath wax			
Baths for arms - plastic type			
Baths for feet/leg - plastic type			
Machine, physiotherapy, tens			
Putty exercise therapy			
Paraffin wax - 5 kilogram			



Exercisers, wrist, finger			
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Physiotherapy Ultrasonic Therapy

Item	Available	Not Available	Comments
Physiotherapy Wooden treatment couch			
Springs, graduated resistance, set			
Slings, supportive set			
Ultrasonic therapy machine with accessories & trolley			
Wall Mounted Suspension Frame			
Pulleys, Ropes, Slings complete set			
Stool metal frame height 12"			
Physiotherapy machine continuous passive motion lower limb, & trolley			

Note:

All physiotherapy equipment should be approved from MOH



Dental Clinic

1. Reception Area and Medical Records

Q: Quantity		A: Available		NA: Not Available
S.N	Item	A	NA	Comment
1.1	Desk with chair. The chair should be covered with suitable material (easy to be cleaned)			
1.2	Computer (desk top) with installed electronic medical record system and with internet facility			
1.3	Printer			
1.4	Telephone			
1.5	Fax machine			
1.6	Shelf with racks for clinic reports			
1.7	Suggestions Box			
1.8	Notice Board			
1.9	Foot controlled waste bin with black bags for normal waste			

2. Male & Female Waiting Areas

S.N	Item	A	NA	Comment
2.1	Suitable hygienic plastic blinds Curtains (in all rooms of the dental facility)			
2.2	Appropriate chairs or seats for waiting patients and attendants suitable for health facility (hygienic and easy to be cleaned)			
2.3	Side tables			
2.4	Shelves for oral health educational materials			
2.5	Foot controlled waste bins with black bags for normal wastes			

3. Dental Operatory Room

S.N	Items	Q	A	NA	Specification
3.1 General					
3.1.1	Dental cabinet	„			With sink for disinfection and washing of dental instruments and wash basin for hands washing. Should be attached to the wall and



					sealed well Cabinet should be made of suitable material (metallic or laminated wood) with suitable top (Granite, Laminated wood or acrylic) Two options when purchasing new cabinetry for dental offices, Commercially manufactured dental cabinets, or local custom made cabinets according to the specifications
3.1.2	Wash basin and instruments sink	„			- <u>Wash basin</u>: Large enough and with curved sides to contain and reduce splashes and allow staff to perform accepted hand hygiene techniques. Should be sited close to where clinical procedures are carried out, easily accessible and not sited behind curtain rails, trolleys or chairs. - <u>Sink</u>: Large enough, deep to allow instrument soaking and washing. Should be sited in the zone of high contamination in the dental room or outside the room in the sterilization room
3.1.3	Water taps for the sinks	„			Taps should enable the user to turn them off without contaminating hands i.e. elbow operated or sensor. Swan neck taps should be avoided as they do not empty fully after use.
3.2 Equipment					
3.2.1	Complete Dental System:				
3.2.1.1	Dental Chair	„			With adjustable height, adjustable inclination/declination, adjustable head rest, auto-zero positioning, movable arm rest and foot controlled chair movement
3.2.1.2	Dental Operating Light	„			Shadow-less halogen lamp illumination
3.2.1.3	Dental Unit with the following:				
	- 2 NOS air rotor turbine	„			
	- 1 NO electric motor	„			
	- 1NO ultrasonic (piezomatic) scaler	„			
	- 2 NOS 3 in 1 air-water syringe with outlets (one for operator and one for assistant)	„			
	- Clean Water System	„			With non-retraction valve
	- Cuspidor Spittoon	„			With intermittent wash linked with cup filler with automatic levelling and separate water



					system (operator and assistant control)
	- Salivary ejector	„			
	- High volume suction	„			
	- Adjustable bracket table	„			With autoclavable instrument tray
3.2.1.4	Hand pieces:	„			
	- High-speed turbine hand-piece (fully autoclavable)	3			
	- Low-speed Contra-angle hand-piece (fully autoclavable)	3			
	- Low-speed Straight hand-piece (fully autoclavable)	2			
	- Ultrasonic Scaler hand-piece (fully autoclavable)	2			
3.2.1.5	Tips:				
	- Autoclavable stainless steel tips for the 3 in 1 syringes	6			
	- Large diameter autoclavable stainless steel suction tips for the high volume suction	2			
	- 2 sets of autoclavable scaler tips, each set comprised of 3 different shapes (total of 6 tips)	6			
	- Autoclavable scaler tip-remover (key)	2			
3.2.1.6	Compressor:	1			Oil free with air dryer
3.2.1.7	Suction machine:	1			Noise reduced, with amalgam separator
3.2.1.8	Mobile instrument cabinet:	1			With 4 drawers and instrument inserts (dental instrument trolley)
3.2.1.9	Mobile stools	2			• Mobile stool for operator, adjustable height with adjustable back. • Mobile stool for assistant, adjustable height with swinging arm.
3.2.2	Autoclave	1			Bench-top with vacuum pump type Class B Fully automatic function • To use fresh distilled water for every sterilization cycle • To have automatic drying cycle upon completion of the sterilization cycle



					- To have an LCD monitoring system reporting on machine status throughout all the processing cycles and errors - To have option of adding printer if needed
3.2.3	Amalgamator	1			For amalgam, glass ionomer cements and other pre-dosed dental materials, Capsule type with safety Lid
3.2.4	Polymerization Light Unit	1			Specific for dental applications with built in radiometer for monitoring the light intensity
3.2.5	Intra-Oral / Dental X-ray Unit	1			DC, wall mounted dental x- ray unit, should be accessible (minimum 180 cm)
3.4.6	Intra-Oral / Dental X-ray Developer / Digitizer (manual / automatic)	1			
3.4.7	X-ray viewing box	1			For the mounting and viewing of x-ray films. To be able to accept all sizes of x-ray films
3.4.8	Lead Apron	1			
3.4.9	Thyroid collar	1			
3.4.10	Ultrasonic bath (optional)	1			A simple and easy to operate, with suitable disinfectant solution for cleaning of dental instruments
3.4.11	Water distiller	1			Bench top with distillate reservoir
3.4.12	Medicine refrigerator	1			With thermometer and chart
3.4.13	Local valid contract for maintenance of the equipment				
3.5 Instruments					
3.5.1	Diagnostic:				
3.5.1.1	Mouth Mirror Handle.	6			
3.5.1.2	Mouth Mirror Heads No. 5 (or similar)	6			
3.5.1.3	Probe Right Angle.	6			
3.5.1.4	Cotton Plier (tweezers), College #317	6			
3.5.2	Dental Oral Surgical:				
3.5.2.1	2.2 ML Dental Cartridge Syringe.	4			
3.5.2.2	Anti-needle stick device (Jenker)	1			
3.5.2.3	Howarth's Periosteal Elevator.	2			
3.5.2.4	Surgical Bone File.	1			



3.5.2.5	Bone Rongeur. Universal.	1			
3.5.2.6	Artery Forceps Straight.	2			
3.5.2.7	Artery Forceps Curved.	2			
3.5.2.8	Austin's Retractor.	1			
3.5.2.9	Needle Holder. 15 cm.	2			
3.5.2.10	Swann Morton scalpel handle	2			
3.5.2.11	Suction Nozzle Frazier 5 mm.	2			
3.5.3	Extraction Forceps:				
3.5.3.1	Upper Anterior (adult).	2			
3.5.3.2	Upper Anterior (child).	2			
3.5.3.3	Upper Root.	2			
3.5.3.4	Upper Premolar.	2			
3.5.3.5	Upper Molar (right).	2			
3.5.3.6	Upper Molar (left).	2			
3.5.3.7	Upper Molar (child, universal)	2			
3.5.3.8	Lower Anterior (adult).	2			
3.5.3.9	Lower Anterior (child).	2			
3.5.3.10	Lower Premolar.	2			
3.5.3.11	Lower Root.	2			
3.5.3.12	Lower Molar (adult).	2			
3.5.3.13	Lower Molar (child).	2			
3.5.4	Elevators:				
3.5.4.1	Coupland (NO.1)	2			
3.5.4.2	Coupland (NO.2)	2			
3.5.4.3	Coupland (NO.3)	2			
3.5.4.4	Cryer (Right)	2			
3.5.4.5	Cryer (Left)	2			
3.5.4.6	Warwick James (Straight)	2			
3.5.4.7	Warwick James (Right)	2			



3.5.4.8	Warwick James (Left)	2			
3.5.5	Conservation:				
3.5.5.1	Excavator, small	3			
3.5.5.2	Excavator, medium	3			
3.5.5.3	Excavator, large	3			
3.5.5.4	Plastic Filling Instrument Double-Ended	3			
3.5.5.5	Amalgam Plugger, small	3			
3.5.5.6	Amalgam Plugger, medium	3			
3.5.5.7	Amalgam Carver	3			
3.5.5.8	Burnisher, small	3			
3.5.5.9	Burnisher, medium	3			
3.5.5.10	Matrix Clamp (Ivory Type With Lateral Shields)	2			
3.5.5.11	Matrix Clamp Tofflemire	3			
3.5.5.12	Matrix system retainerless (automatrix) starter pack. (optional)	1			
3.5.5.13	Amalgam carrier (Metal Tip, Straight) With External Spring Mechanism	3			
3.5.5.14	Amalgam carrier (Metal Tip, Curved) With External Spring Mechanism	3			
3.5.5.15	Dycal Applicator	4			
3.5.5.16	Endodontic KIT/ Box – Complete (Sterilisable)	1			
3.5.5.17	Endodontic ruler and measuring instrument	2			
3.5.5.18	Rubber Dam (Complete Kit)	1			
3.5.5.19	Spatula For Cement Mixing	3			
3.5.5.20	Glass Slab (Small)	3			
3.5.5.21	Dappen's Glass - Clear	2			
3.5.6	Periodontal & Scaling:				
3.5.6.1	Probe-CPITN	2			
3.5.6.2	Probe Periodontal (Williams)	2			



3.5.6.3	Hand Scaler (Anterior)	1			
3.5.6.4	Hand Scaler (posterior)	1			
3.5.6.5	Universal Periodontal Curette	2			
3.5.7	Miscellaneous:				
3.5.7.1	Kidney- Dish	3			
3.5.7.2	Instruments tray, Stainless Steel, Autoclavable	3			
3.5.7.3	Bur stand/rack/box	2			
3.5.7.4	Mouth probe set of 3	1			
3.5.7.5	Instrument Cleaning Brush	1			
3.5.7.6	Bur Cleaning Brush (Metal Tip)	1			
3.5.7.7	Yellow sharp container	2			
3.5.7.8	Protective Eye-Wear / Goggles (Patient / Staff)	2			
3.5.7.9	Protective Eye-Wear Against High Intensity Light	2			

Dental consumables

S.N	Item	Q	A	NA	Comment
3.6.1	Disposable items:				
3.6.1.1	Disposable syringes, different sizes, packet	1			
3.6.1.2	Mixing pad papers universal waxed, packet	1			
3.6.1.3	Cotton rolls absorbent (large), packet	2			
3.6.1.4	Cotton rolls absorbent (small), packet	2			
3.6.1.5	Cotton pellets absorbent, packet	1			
3.6.1.6	Gauze non-woven. 5cmx5cm (suitable size for post extraction packs, packet	3			
3.6.1.7	Saliva ejector disposable, packet	1			
3.6.1.8	Suction aspirator tube for high volume suction with adaptor, packet	1			



3.6.1.9	Paper napkin medium green one side poly-coated, packet	3			
3.6.1.10	Disposable patient bibs with absorbent cellulose cover	3			
3.6.1.11	Plastic or paper disposable Cups for patients	1			
3.6.1.12	Dental floss, NO.	1			
3.6.1.13	Disposable cover NO.1 for light handles, control panels and switches, packet	1			
3.6.1.14	Disposable cover NO.2 for motors and 3 in 1 syringes, packet	1			
3.6.1.15	Sterilization Pouch for instruments packing, packet	1			
3.6.1.16	Hand-pieces Lubricating Spray, can	1			
3.6.2	Endodontic materials:				
3.6.2.1	Lentulo spiral root canal fillers, packet	1			
3.6.2.2	Gates-Glidden (Engine) root canal reamers, packet	1			
3.6.2.3	Finger spreaders, (colour coded), packet	1			
3.6.2.4	Barbed Broaches, (colour coded), packet	1			
3.6.2.5	Paper points (15-40, 45-80, 90-140) sterile optimum absorbency, 28 mm long, packet	3			
3.6.2.6	Gutta percha points pink 28 mm long radio-opaque 6 sizes: (15-40, 45-80, 90-140), packet	3			
3.6.2.7	K-Files 28 mm with scale marker sizes: 15-40, 45-80, 90-140. Packet	3			
3.6.2.8	Stainless Steel H Files Sizes 15-40. 28 mm. Packet	1			
3.6.2.9	Endodontic silicone stops assorted colours. Packet	1			
3.6.2.10	Root canal sealer. No.	1			
3.6.2.11	Non setting calcium hydroxide injectable root dressing. No.	1			
3.6.2.12	Haemostatic solution 15.5%, Ferric Sulphate in bottle	1			



3.6.3	Conservative materials:				
3.6.3.1	5% Sodium fluoride varnish. No.	2			
3.6.3.2	Light cure fissure sealant. Kit.	1			
3.6.3.3	Hard setting calcium hydroxide. Kit.	1			
3.6.3.4	Eugenol-free temporary cement with calcium hydroxide for temporary crown and bridge, pack of base and catalyst. Kit.	1			
3.6.3.5	Glass ionomer filling restorative material. Kit.	1			
3.6.3.6	Kalzinole liquid (zinc oxide-eugenol cement). Bottle.	1			
3.6.3.7	Kalzinole powder (zinc oxide-eugenol cement). Bottle.	1			
3.6.3.8	Luting cement. Kit.	1			
3.6.3.9	Light-cure Composite Restorative Material. Kit.	1			
3.6.3.10	Amalgam Capsules, different sizes. Packet.	1			
3.6.3.11	Melinex polyester transparent strips straight extra thin width 10mm with plain end. Packet.	1			
3.6.3.12	Cellulose acetate crown formers kit, assorted (optional). Packet.	1			
3.6.3.13	Dental burs, assorted. No.				
3.6.3.14	Dental wedge assorted sizes. Packet.	1			
3.6.3.15	Articulating paper strips, thin, wide enough, straight, both side blue. Packet.	1			
3.6.3.16	Prophylaxis rubber polishing cup (medium white). Packet.	1			
3.6.3.17	Finishing strips medium, 4mm width, half fine grit, half with coarse grit. Packet.	1			
3.6.3.18	Metal abrasive strips with one side coated. Packet.	1			
3.6.3.19	Matrix band stainless steel for ivory retainers. Packet.	1			
3.6.3.20	Matrix band thin stainless steel for tofflemire retainers. Packet.	1			



3.6.3.21	Alginate Impressions. Packet.	1			
3.6.3.22	Secondary impression material (silicone). Packet.	1			
3.6.3.23	Impression trays, assorted. Packet.	1			
3.6.3.24	Mixing Bowl for alginate impression mixing. No.	1			
3.6.3.25	Alginate mixing spatula. No.	1			
3.6.3.26	Silk Sutures. 3/0. Curved Cutting 1/2 Circle. Packet.	1			
3.6.3.27	Surgical Blades, Size 13 and size 15. Packet.	1			
3.6.3.28	Prophy-paste with fluoride medium/coarse grit single use assorted flavours. Box.	1			
3.6.3.29	Stainless steel wire, round, soft, for oral surgery 0.4 mm. Reel/coil.	1			
3.6.3.30	Disposable dental needle short 27 g X 25 mm. Packet.	1			
3.6.3.31	Disposable dental needle long 27 g X 35 mm. Packet.	1			
3.6.3.32	X- Ray films periapical child. Packet.	1			
3.6.3.33	X- Ray films periapical. Packet.	1			
3.6.3.34	X- Ray films bite wing. Packet.	1			



3.6.4	Infection control:			
3.6.4.1	Antimicrobial Liquid soap chlorhexidine gluconate (Hydrex 4%) for all hand washing sink	„		
3.6.4.2	Wall mounted dispenser for antimicrobial solution	„		
3.6.4.3	Alcohol based hand rub in the dental rooms, sterilization rooms and on entrance and exit of the facility	„		
3.6.4.4	Poster promoting hand rub available and displayed in areas visible to staff before and after patient contact	„		
3.6.4.5	Soft absorbent paper towels (tissue roll) at all hand washing sinks	„		
3.6.4.6	Wall mounted dispenser for the tissue rolls	„		
3.6.4.7	Biohazard labelled yellow bags with 150 microns thickness for the medical wastes	„		
3.6.4.8	Black bags for normal wastes	„		
3.6.4.9	Sharp bins (sharp containers)	„		
3.6.4.10	Designated area for waste collection locked and inaccessible to the public with Waste containers for clinical waste bags collection	„		
3.6.4.11	Blood spill kit with instructions to use	„		
3.6.4.12	Non sterile (examination) gloves with appropriate size	„		
3.6.4.13	Sterile (surgical) gloves with appropriate size	„		
3.6.4.14	Long sleeves gowns	„		
3.6.4.15	Instrument disinfectant	„		
3.6.4.16	Surface disinfectant/surface wipes	„		
3.6.4.17	Impression disinfectant	„		
3.6.4.18	Suction disinfectant	„		
3.6.4.19	Chemical indicators for autoclave monitoring, strip indicator class 5 or 6 for pouches and Bowie-Dick test for autoclave Biological indicator with incubator	„		



Dental Laboratory

Item	Available	Not Available	Comments
1. Ceramics Production Laboratory			
A. Equipment:			
Model Trimmer Machine with Suction			
Gypsum Mixing Machine			
Pendex Unit			
Sanblaster Machine			
Dental Alloy Casting Machine			
Burn Out Oven			
Heavy Duty Micro motor with Hand Piece			
Wax Pot			
Ceramic Furnace			
B. Laboratory Tools:			
Brushes for Ceramic (Porcelain) Applications			
Wax Carver			
Ceramic Carver			
Metal Plaster Spatula			
Plastic Porcelain Spatula			
Glass Slab			
Rubber Mixing Bowl			
2. Acrylic Production Laboratory:			
A. Equipment:			
A Mechanical Or Hydrolic Pressure Crucible Acrylic			
Water Boiling Establishment for Curing and Wax Burn Out			
Heavy Duty Micro-motor With Hand Piece			
Acrylic Polishing Machine			
Model Trimmer Machine with Suction			
Bensen Burner			



Flask Press			
Flasks			
B. Laboratory Tools:			
Plaster Knife			
Plaster Spatula			
Wire Cutters			
Acrylic Bowels			
Rubber Mixing Bowl			
Articulator			
Carver			
Wax Knife			
File			



Hematology Lab

Item	Available	Not Available	Comments
Timers			
Pipette automatic,50-200 micro liters			Please note that automatic micropipette can be used in any section in the lab and no need to have separate once for each section
Pipette automatic,200-1000 micro liters			
Racks			
VDRL rotator			Orbital Shaker (if microbiology section available it can be shifted there).
Stool & chairs			
Pipette automatic,0-50 micro liters			
Pipette automatic,1-10 milli liters			
Coagulo-meter, semi-automated			
Haematology analyzer			3-part differential cell counter (Haematology analyzer)
Centrifuge, bench top, large			Swing roto Centrifuge with Lid lock. One can be used for all lab sections.
Chamber, counting, Niubauer			
Microscopes binocular,4 objectives			
Microscopes binocular,5 objectives			
Counter differential			
Laboratory Medical Refrigerators			
ESR (tubes, Rack, Timer)			
Giemsa stain Applicable only if malaria test is done.			
Leishman stain Applicable only if peripheral smear (blood film) test is done.			
G6PDH lamp, stand and goggles			

Note:

1. Laboratory equipment should be FDA approved & MOH registered.
2. All lab equipment should have valid maintenance contract and reagent supply contract issued from Sultanate of Oman.



Biochemistry Lab

Item	Available	Not Available	Comments
Water distillation apparatus			
Balance electronic top pan			
Pipette automatic, 50-200 micro liters			
Pipette automatic, 200-1000 micro liters			
Racks			
Aspirator bottles, polythene			
Stool & chairs			
Electrolyte Analyzer			
Biochemistry analyzer			Fully automated biochemistry analyser 1. Minimum specification 120t/h.
Pipette automatic, 0-50 micro liters			
Pipette automatic, 1-10 milli liters			
Chillers/ Laboratory Medical refrigerators			
Blood sample mixer			
Blood gas analyzer + <u>electrolytes + cartridges</u>			1. Blood gas analyser for hospitals and facility with A&E dep, 2. Electrolytes + cartridges included inside the full automated analyser.
G6PDH lamp, stand and goggles			
Centrifuge, bench top, large			Swing Roto Centrifuge with Lid lock. One can be used for all lab sections
Immuno assay analyzer			Usually in lab with hormones and infection disease investigations. ((not core biochemistry))
Orbital Shaker			
Roller Mixer			
Laboratory Medical Refrigerators			
Laboratory Medical Freezer			

Note: Laboratory equipment should be FDA approved & MOH registered.



1. All lab equipment should have valid maintenance contract and reagent supply contract issued from Sultanate of Oman.

Microbiology Lab

Item	Available	Not Available	Comments
Microscopes binocular, 4 objectives			
Water distillation apparatus			
Timers			
Drying slide bench			
Balance electronic top pan			
Anaerobic gas, packs + jars			
Racks			
Aspirator bottles, polythene			
VDRL rotator			Orbital Shaker
Automated blood culture system			
Stool & chairs			
Dispenser sensitivity disc			
Rotary plater			Optional
Bunsen burner			
Diamond pencil			Optional
Petri dish holder			
Flowmeter oxygen high			
Incubator			
Biological safety Cabinet			
Autoclave			
CO2 incubator			
Laboratory Medical Refrigerators			
Urine strip analyser			
Vortex mixture			
Inoculating Loop			

Note:

1. Laboratory equipment should be FDA approved & MOH registered.



2. All lab equipment should have valid maintenance contract and reagent supply contract issued from Sultanate of Oman.

References:

1. Al Adawi. H, (2012), Medical Records Policy, Ver. 01, Sultanate of Oman.
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