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Directorate General of Private Health Establishments

Guideline for Regulations and Management of Psychiatry Services in Private Health Establishments

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Contents Table:

Contents Table:.....	4
Acronyms:.....	5
Definitions.....	5
Introduction.....	7
Scope.....	7
Purpose.....	7
Structure.....	8
4.1. Outpatient Services	8
4.1.2. Location:	8
4.2. In patient Services.....	9
4.3. Mandatory Manpower (Minimum Staffing Requirements for both Inpatient and Outpatient Psychiatry Services in a polyclinic or hospital):.....	9
4.4. Equipment and Supplies:	10
4.5. Clinical Practice Guidelines:.....	11
4.6. Quality Assurance and Evaluation:.....	11
4.7. Practice Outside Health Institutions.....	11
4.8. Advertising and Promotion	12
4.10. Licensing and Compliance	12
4.11. Operational Standards	13
4.13. Patient Care and Treatment:.....	13
4.15. Penalties for Non-Compliance:	13
5. Responsibilities.....	14
5.1. Responsibilities of Private Health Institutions in Mental Health Care:	14
6. Document history and version control table.....	15
7. References :	15
8. Annexes:	17

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

Definitions

- **Psychiatry Clinic:** A healthcare facility specializing in diagnosis, treatment, and management of mental health disorders and psychiatric conditions. Psychiatry clinics provide services such as assessments, therapy, medication management, and counselling.
- **Outpatient Services:** Medical or therapeutic services provided to patients who visit the clinic for treatment but do not require an overnight stay. In the context of psychiatry, outpatient services may include consultations, therapy sessions, and follow-up appointments.
- **Inpatient Services:** Medical or therapeutic services provided to patients who are admitted to a healthcare facility and require overnight or longer stays. In psychiatric care, inpatient services are for patients who need intensive monitoring, treatment, or are at risk of harming themselves or others.
- **Polyclinic:** A healthcare facility offering a wide range of medical services across multiple specialties, including psychiatry, under one roof. Polyclinics facilitate multidisciplinary approaches to patient care by housing various specialists in one location.
- **Multidisciplinary Approach:** A collaborative method of patient care where professionals from various medical and allied health disciplines work together to provide comprehensive treatment. In psychiatry, this may involve psychiatrists, psychologists, nurses, social workers, and other specialists collaborating on a patient's care plan.
- **Ligature-Resistant Fixtures:** Fixtures and fittings designed to minimize the risk of self-harm by preventing attachment points for ligatures (materials used for strangulation or hanging). These are essential features in psychiatric inpatient facilities to enhance patient safety.

- **Duress Alarm System:** An emergency call system installed within the clinic, including fixed and personal alarms, that allows staff to signal for immediate assistance in situations such as patient aggression or medical emergencies. It enhances safety for both patients and staff.
- **Licensed Psychiatrist:** A medical doctor who has completed specialized training in psychiatry and holds a valid license from the relevant health authority (e.g., the Ministry of Health in Oman) to practice psychiatry. Psychiatrists are qualified to diagnose mental health conditions, prescribe medication, and provide therapy.
- **Evidence-Based Psychiatric Practice:** Clinical practice that involves the integration of the best available research evidence with clinical expertise and patient values to make decisions about the care of individual patients. This ensures that treatments and interventions are scientifically validated and effective.
- **Informed Consent:** A process by which a patient voluntarily confirms their willingness to undergo a particular treatment or procedure after being informed of all the risks, benefits, alternatives, and potential outcomes. It is a fundamental ethical and legal requirement in healthcare to respect patient autonomy.
- **Seclusion room:** A secure, isolated space in mental health facilities used as a last resort to manage severe behavioral crises.
- **Addiction Treatment Services** are interventions designed to help individuals overcome substance use disorders through assessment, detoxification, therapy, medication, and ongoing support. They address the physical, psychological, and social aspects of addiction.

Chapter 1

Introduction

This policy establishes guidelines and standards for the operation of private psychiatry clinics in Oman, ensuring the delivery of high-quality, ethical, and safe mental healthcare services

This policy covers outpatient & inpatient services. The policy is organized into sections that address both outpatient and inpatient services, with specific considerations and regulations tailored to each type of care.

Scope

This policy applies to all private psychiatry clinics operating within the Sultanate of Oman.

Purpose

The purposes of this policy are:

- To establish a framework for the regulation and management of psychiatric clinics in the Sultanate of Oman.
- To ensure high-quality, ethical, and safe mental healthcare services by defining standards for clinical practice, facility requirements, and patient care.
- To promotes a multidisciplinary approach to mental health treatment, safeguards patient rights, and fosters continuous quality improvement in mental health services.

Structure

4.1. Outpatient Services

4.1.1. Location:

It is strongly recommended that mental health clinics be integrated within polyclinics or hospitals rather than operating as stand-alone facilities. (This integration enables a multidisciplinary approach, allowing psychiatrists, psychologists, and other healthcare professionals to collaborate and provide comprehensive care. It also facilitates cross-consultations between specialists, ensuring more effective management of complex cases. Additionally, being part of a larger healthcare facility provides immediate access to emergency medical services, such as resuscitation resources and emergency response teams, enhancing safety for both patients and staff in urgent or high-risk situations).

4.1.2. Building Structure and Facilities (Minimum Requirements):

- a. **Size:** Minimum clinic area of 12 square meters to ensure patient flow and privacy.
- b. **Consultation Rooms:** At least two soundproof, well-lit, and ventilated consultation rooms.
- c. **Waiting Area:** Comfortable waiting area with seating for 5-10 patients.
- d. **Reception/Administrative Area:** There should be a designated space for reception and administrative functions to streamline operations.
- e. **Restrooms:** Separate and accessible restrooms must be available for patients and staff.
- f. **Storage:** Secure storage for medical records, medication, and supplies.
- g. **Accessibility:** The facility must comply fully with accessibility standards for individuals with disabilities.

4.1.3. Safety and Security:

- a. An emergency call system must be installed, including fixed and personal duress alarms, and ceiling locators for mobile units.
- b. Fixed duress call buttons should be strategically placed throughout the facility.
- c. CCTV Camera (monitors) installed in the facility. (mandatory)
- d. The electronic health record system and server must be hosted within Oman to comply with the National Policy for Health Information Governance and Management (السياسة الوطنية)

(الحوكمة وإدارة المعلومات الصحية), ensuring data security, sovereignty, and adherence to national healthcare standards.

- e. Alternative sources of electrical power (backup generator)
- f. Fire extinguishers (Mandatory)

4.1.4.Additional Considerations:

- a. The design of the clinic should promote a calming and therapeutic environment.
- b. Layout and design must prioritize privacy and confidentiality.
- c. Adequate lighting and ventilation should be ensured.
- d. Infection control measures must be implemented to maintain a safe environment.

4.2. In patient Services

Facilities must meet minimum structural requirements and additional safety and security considerations to ensure a secure and compliant healthcare environment.

4.2.1.Ligature-resistant fixtures, rounded corners, and anti-ligature hardware to prevent self-harm.

4.2.2.Minimization of blind spots and areas where contraband can be concealed.

4.2.3.Stainless steel fixtures (instead of breakable ceramic) to enhance safety.

4.2.4.Washrooms should have doors that can be opened from the outside, if necessary, with no sharp or breakable objects, and minimal self-cleaning equipment to avoid choking hazards

4.2.5.Patient room doors must swing outward to prevent barricading.

4.2.6.Strategic placement of staff workstations and nursing stations for unobtrusive observation of patients.

4.2.7.Install a patient call system in inpatient bedrooms and toilets to ensure immediate assistance when needed.

4.2.8.**Seclusion Rooms** in acute closed units should have minimal furnishings to reduce the risk of self-harm and must include an observation window to allow continuous monitoring by staff.

4.3. Mandatory Manpower (Minimum Staffing Requirements for both Inpatient and Outpatient Psychiatry Services in a polyclinic or hospital):

4.3.1.Psychiatrist(s): At least one licensed psychiatrist with a valid license is mandatory.

4.3.2. Psychologist(s): At least one licensed psychologist with a valid license is recommended.

4.3.3. Nurse(s): At least one registered nurse preferably with psychiatric/mental health nursing experience.

4.3.4. Administrative Staff: Sufficient staff to manage appointments, records, and billing.

4.4. Equipment and Supplies:

- 4.4.1. Basic Medical Equipment: Facilities must provide essential medical equipment to support physical examinations, ensuring thorough and comprehensive patient assessments. Mandatory items include equipment for measuring vital signs and a weight scale.
- 4.4.2. Computerized Medical Record System: A computerized medical record system is mandated to streamline patient documentation, enhance data accuracy, and facilitate efficient access to patient information.
- 4.4.3. Crash Cart: A fully equipped crash cart must be available in alignment with DGPHE policy. (Note: This requirement is not mandatory for stand-alone clinics.)
- 4.4.4. Oxygen Cylinders: Oxygen cylinders should be available to ensure emergency preparedness. (Not mandatory for stand-alone clinics.)
- 4.4.5. Approved Medications: All approved medications, as outlined in Ministerial Decree 185/2020, must be stocked. (Not mandatory for stand-alone clinics.)
- 4.4.6. Controlled Drug Cabinet: A secure cabinet for controlled drugs must be installed. (Not mandatory for stand-alone clinics.)
- 4.4.7. Emergency Medications: Emergency medications, including Haloperidol injection 5 mg, Promethazine injection 25 mg, and Procyclidine injection 10 mg, are required for stand-alone clinics, hospitals, recovery houses, and rehabilitation centers.
- 4.4.8. Consultation Room Couches: Couches should be provided in all consultation rooms.
- 4.4.9. Patient Beds with Rails: A bed with side rails must be available in treatment, observation, and admission rooms.
- 4.4.10. Additional Equipment: Facilities should also include other essential equipment, such as medication trolleys and procedure trolleys, as needed.
- 4.4.11. ECG Machine: An ECG machine should be available if the psychiatrist regularly treats patients with co-occurring medical conditions or provides treatments requiring cardiac monitoring.

4.5. Clinical Practice Guidelines:

- 4.5.1. All clinical staff must adhere to evidence-based psychiatric practice guidelines to ensure the delivery of high-quality care by following.
- 4.5.2. Clinical protocols should be regularly reviewed and updated to reflect the latest research findings, best practices, and changes in regulations.
- 4.5.3. Informed consent must be obtained from patients for all treatments and procedures, ensuring that they are fully aware of the risks, benefits, and alternatives.
- 4.5.4. Staff must maintain the confidentiality and privacy of patient information in accordance with legal and ethical standards.
- 4.5.5. A robust system must be in place for handling medication prescriptions and refills, including safeguards to prevent errors and ensure patient safety.

4.6. Quality Assurance and Evaluation:

- 4.6.1. Develop and implement a comprehensive quality assurance program to monitor and enhance the quality of care provided.
- 4.6.2. Conduct regular internal and external audits to assess compliance with established protocols and identify areas for improvement.
- 4.6.3. Utilize patient satisfaction surveys to gather feedback on the quality of care and patient experiences, informing future enhancements to services.
- 4.6.4. Implement standardized checklist (Appendix 1) for evaluation to ensure consistency in the assessment of clinical practices and quality metrics.
- 4.6.5. Ensure adequate staffing levels to provide timely patient care and avoid long waiting times.
- 4.6.6. Ongoing training and professional development must be provided for all staff to ensure they remain updated with the latest practices, enhance their skills, and provide high-quality patient care.
- 4.6.7. Clearly delineate roles and responsibilities among the staff.

4.7. Practice Outside Health Institutions

In accordance with Ministerial Decision 231/2024, Article 35, practitioners of medicine and allied medical professions are prohibited from practicing outside health institutions except in the following cases and only after obtaining approval from the Ministry:

- 4.7.1. Provision of vaccination services in community settings.
- 4.7.2. Delivery of medical services to patients in their homes.

- 4.7.3. Provision of health services within educational, social, and sports facilities.
- 4.7.4. Participation in community health campaigns aimed at promoting public health.
- 4.7.5. Provision of emergency medical services outside traditional health institutions.
- 4.7.6. Delivery of health services through electronic platforms to enhance accessibility.

4.8. Advertising and Promotion

In accordance with Ministerial Decision 231/2024, Article 42, all advertising related to medical services must adhere to the following guidelines:

- 4.8.1. Obtain prior approval from the Ministry and pay the prescribed fee before any advertisement is published.
- 4.8.2. Advertisements must not aim to mislead or falsify facts regarding services or qualifications.
- 4.8.3. Advertisements must not violate public order or public morals.
- 4.8.4. All advertisements must accurately reflect the skills, services, qualifications, and licenses of the practitioner or institution.
- 4.8.5. Advertisements must be free from any statements that are contrary to reality.
- 4.8.6. Advertisements must not use scientific titles or specializations that have not been obtained by the advertised person.

4.9. Addiction Treatment Services

Definitions and Scope (Private health institutions subject to these regulations include all types of institutions as defined within this document):

- 4.9.1. **Day Rehabilitation Centers:** Facilities for the assessment and rehabilitation of patients, with a maximum stay of one day.
- 4.9.2. **Recovery Houses:** Facilities dedicated to rehabilitating individuals recovering from addiction, with a minimum stay of one day.
- 4.9.3. **Addiction Treatment Hospitals:** Institutions providing comprehensive treatment and rehabilitation for patients with addiction issues.

4.10. Licensing and Compliance

- 4.10.1. **Licensing Requirement:** No private health institution may operate without obtaining a license from the Ministry of Health.

4.10.2. Application Process: Institutions must submit a licensing application along with required documentation, including proof of compliance with safety and health standards.

4.10.3. Initial Approval: Preliminary approval must be secured before commencing operations, and the license must be published in the official gazette.

4.11. Operational Standards: Institutions must adhere to specific structural and operational standards, including:

4.11.1. Adequate safety measures in accordance with civil defense regulations.

4.11.2. Proper signage and information displays.

4.11.3. Access to clean water and sanitation facilities.

4.11.4. Adequate medical and non-medical equipment as per Ministry standards.

4.12. Staffing Requirements for addiction treatment service: Institutions must maintain minimum staffing levels with a requisite number of qualified personnel:

4.12.1. Medical Staff: Psychiatrists, nurses, and addiction specialists.

4.12.2. Support Staff: Social workers, occupational therapists, and fitness trainers.

4.12.3. Administrative Staff: Receptionists and security personnel.

4.13. Patient Care and Treatment:

4.13.1. Patient Rights: Institutions must adhere to ethical standards in patient care, ensuring confidentiality and respect for patients' rights.

4.13.2. Treatment Protocols: Facilities are required to implement evidence-based treatment protocols for addiction rehabilitation, including psychological and social support services.

4.14. Monitoring and Reporting:

4.14.1. Regular Reporting: Institutions must submit monthly reports on addiction cases to the relevant authorities.

4.14.2. Compliance Checks: The Ministry of Health will conduct inspections to ensure compliance with regulations and standards.

4.15. Penalties for Non-Compliance:

Non-compliance with established regulations and standards may lead to penalties such as fines or license revocation, as outlined in the laws governing medical practice and drug control:

4.15.1. **Fines:** Monetary penalties imposed for specific violations.

4.15.2. **Suspension:** Temporary suspension of the institution's license to operate.

4.15.3. **Revocation:** Permanent revocation of the institution's license for serious or repeated violations.

Chapter 3:

5. Responsibilities

5.1. Responsibilities of Private Health Institutions in Mental Health Care:

5.1.1. Ensure adherence to the content of this document.

5.1.2. Deliver high-quality, evidence-based mental health services tailored to individual patient needs.

5.1.3. Ensure a safe environment and protect patient privacy in compliance with legal and ethical standards.

5.1.4. Employ trained and certified mental health professionals to provide comprehensive care, including therapy, counseling, and medication management.

5.1.5. Work to make mental health services accessible and affordable, offering financial assistance or payment plans when possible.

5.1.6. Regularly evaluate and enhance mental health programs based on the latest research and patient feedback.

5.1.7. Collaborate with community resources and support networks to provide holistic care and improve mental health outcomes.

6. Document history and version control table

Version	Description	Author	Review date
1	Initial Release MOH/DGPHE/GUD/000/Vers.00 2	Dr. Azza Al-Hinai Ms. Ahlam Abdullah Ali Al Farsi	December / 2024

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- Ministry of Health: Ministerial Decision No. 25/2009 issuing regulations for organizing private hospitals Article author: By admin Article date: February 16, 2009
- Ministry of Health: Ministerial Decision No. 124/2015 issuing regulatory bylaws for private health institutions treating and rehabilitating patients addicted to drugs and psychotropic substances
- Sultanate of Oman Ministry of Health Requirements for Health Establishments Directorate General of Private Health Establishments [Internet]. [cited 2024 Jun 30]. Available from: <https://www.moh.gov.om/documents/18824/0/Initial%2BInspection%2BRequirements%2B2016/f4d3afd1-20cf-405b-8336-798b8e831ba6>
- [International Health Facility Guidelines, 2023](#)

8. Annexes:

Appendix 1: Checklist for Evaluation of Private Psychiatry Clinics (Audit form)

Date of Audit:			
Visit No:	• 1 st visit	• 2 nd Visit	• 3 rd Visit
Date of last Audit:			
Facility Name:			
Facility License No:			
Hospital Location (Gov/ Willayat):			
Contact No:	Tel:	Mobile:	
Email Address:			
Purpose of The Visit:	<input type="radio"/> Regular Audit <input type="radio"/> Follow Up Visit <input type="radio"/> Post-violation Audit <input type="radio"/> Other; specify:		
Types of service provided			
Average of patients seen per month at OPD/ IPD			
Name of Auditors /Designations:	1- Name: 2-Name: 3-Name: 4-Name: 5- Name:	Designation: Designation: Designation: Designation: Designation:	

1 = Met**0.5 = Partially Met****0 = Not Met****Not Applicable (NA) = No Mark**

1	Physical Environment Management	M	PM	NM	NA	Remarks
1.1	Commercial board & internal signage are displayed					
1.2	The facility displays signage that is relevant to the provided services					
1.3	The facility has an accessibility ramp for disabled/wheelchair patients					
1.4	The triage area is available					
1.5	The facility is well lighted & ventilated					
1.6	Corridors are unobstructed and free of congestion					
1.7	Consultation room at least two sound proof, well-lit.					
1.8	The internal environment is comfortable & therapeutic.					
1.9	Furniture is ligaturing resistant fixture, rounded corners					
1.10	Furniture is non-fabric or covered with plastic or antimicrobial certified (check certificate if furniture is certified)					
1.11	Patients' rights & responsibility poster is displayed (Arabic & English)					
1.12	Patient privacy is maintained (curtain between patients available)					
1.13	All beds are with side rails					
1.14	Facility / Units access is controlled by staff & facilitated through use of security measures (intercoms & interlock)					
1.15	Consultation and examination rooms typically used by one clinician and one patient should always have two doors at opposite sides for staff safety.					
1.16	Consult and Examination/Assessment area is be directly separated from the Waiting Area.					

1.17	Staff station is a secure area located in direct view of patient.					
2	Quality Management	M	PM	NM	NA	Remarks
2.1	Facility has an accreditation certificate (Nationally or internationally)					
2.2	Internal audit is conducted at least once a year & audit reports are available					
2.3	Key Performance Indicators (minimum 5 MOH indicators) are measured					
2.4	Platform for Comments Complain Compliment (CCC) / feedback system is available					
2.5	Monthly report on addiction cases is submitted to the relevant authorities.					
2.6	Facility have a regular process to measure staff compliance with the policies					
3	Facility Documents	M	PM	NM	NA	Remarks
3.1	Valid MOH license is available					
3.2	Approved updated sketch of the facility (MOH stamped) is available					
3.3	Valid civil defense and municipality licenses is available					
3.4	List of approved prices of the basic investigation and services is available					
3.5	Valid cleaning company contract/sponsored housekeeper registered for facility is available (check cleaner card)					
3.6	Valid of external laundry contract or receipts is available					
3.7	Be'ah contract is valid, and the most recent receipts for waste collection are available.					
3.8	Preventive Plan Maintenance (PPM) contract available					
3.9	A valid catering service contract is available. (If the service is outsourced)					

4	Human Resources Management	M	PM	NM	NA	Remarks
4.1	All working staff are complying with the dress code policy and wearing ID badge					
4.2	Each staff has portfolio including their qualifications, CME logbook (confidentiality maintained)					
4.3	Health care workers are licensed by MOH & working as per specialty licensed for ,including (attached staff and visiting doctors)					
4.4	Mandatory in centers or hospitals: at least one Psychiatrist, Psychologist, & nurse is licensed in the facility for each OPD or IPD service.					
4.5	Mandatory for OPD as stand-alone clinic: at least one Psychiatrist, Psychologist, & nurse is licensed in the facility					
4.6	Mandatory in day rehab centers/recovery houses/addiction treatment hospitals: psychiatrists, nurses, addiction specialists, social workers, occupational therapists & fitness trainers.					
4.7	Approved clinical privilege for specialized doctors is available					
4.8	All health care workers have valid BLS					
4.9	All staff are vaccinated for: Influenza (once/year) , Hepatitis B (3doses) ,Varicella (2doses) ,MMR (2 doses) , TDAP (1 dose) IPV and meningococcal vaccine for lab technician (once/year)					
4.10	Health care workers are aware of where to find facility approved polices.					
5	Medical Record /Health Information Management	M	PM	NM	NA	Remarks
5.1	Reception Area design must provide for staff safety with consideration given to security glazing, remote door releases, CCTV, intercoms and duress alarms.					
5.2	Medical record policy is available, & clerks are aware about it.					

5.3	Each patient has a file number, filling and numbering easily retrieve.					
5.4	Patients are registered by ID card number or passport and three names with the tribe. Address, gender, age and contact number are recorded. (For expatriates, use the same name in the ID card/passport)					
5.5	All outpatients and in-patients are registered in the system					
5.6	Appointments, follow-up & procedure visits are recorded					
5.7	ICD coding updated and used for all visits by the doctors. (ICD 10 code)					
5.8	Server of medical record system is located in Oman.					
6	Patient Health Record Management	M	PM	NM	NA	Remarks
6.1	Every health care worker has an individual account with password					
6.2	All documentation is done electronically & cannot be edited after 24 hours					

6.3	<p>Doctors' documents are completed as per MOH policy</p> <ul style="list-style-type: none"> - The chef complains with frequency and duration. - History of chief complaints. - Other medical complaints and systemic review. - Past medical/Surgical history, medication history, - allergic history, family and social history and occupational history. - Physical examination including general examination, vital signs, system examination. - Mental status examination - Laboratory studies are ordered based on the findings. - Radiology studies are ordered based on the findings. - Treatment plans based on the diagnosis. - Referral plan is documented according to the diagnosis. - Follow-up care plan and appointment are documented. - Discharge advice and health education for each visit in the client's file should be available 					
6.4	Paramedical maintain documentation for each patient & able to view doctor notes/orders					
6.5	Patient's referrals / letters discharge is electronic & sick leave via MOH e portal.					
7	Fire Safety & Security Management	M	PM	NM	NA	Remarks
7.1	Fire evacuation & plans are available (Check the plan)					
7.2	Wall mounted or stand fire extinguisher with date of next maintenance is available, and record of regular extinguisher maintenance is available					
7.3	Staff are trained on fire & safety (check records)					
7.4	Emergency exit & signage is displayed. Fire assembly point with signage is available & staff aware about it (ask staff)					
7.5	System security is placed (e.g., CCTV cameras). The CCTV monitor installed in the facility is working (the interval recording for 3 months)					

7.6	Duress alarms are required in Consult and Examination/ Assessment					
8	Equipment Management	M	PM	NM	NA	Remarks
8.1	Maintenance services done. (Check stickers date of next maintenance on machines).					
8.2	Equipment is kept clean & stored neatly					
8.3	All cables are properly routed to eliminate tripping hazards					
8.4	All oxygen cylinders at least 1/2 filled & are kept safely on cylinder trolley or holder. Oxygen checklist is maintained.					
9	IPD Patient Management (rehab centers/recovery houses/addiction treatment hospital)	M	PM	NM	NA	Remarks
9.1	Patient room's door must swing outward					
9.2	Patient rooms without curtain or curtain rods (double glazing with internal Venetians only)					
9.3	Patient rooms without cupboard doors (shelves instead)					
9.4	The seclusion room has a single cushion bed with restrain items fixed to the floor but no extra bed sheets are available and no sharp objects and has high level window with shutter proof glass					
9.5	ID band is kept for all in-patients as per MOH policy					
9.6	Facility staff actively involve patients in the confirmation process.					
9.7	Patient's identification is used before performing any procedure.					
10	Consumables Storage Management (Store)	M	PM	NM	NA	Remarks
10.1	Well cleaned, ventilated & lighted.					
10.2	Organized , labelled shelves & items kept above floor level					
10.3	All consumable items are not expired (check expiry randomly)					

10.4	Room thermostat is available & temp checked daily (check record)					
11	Medications Storage Management	M	PM	NM	NA	Remarks
11.1	Medication /treatment room kept locked, patient entry only under staff supervision					
11.2	List of MOH approved drugs that can be stored in the facility is available					
11.3	Approved Haloperidol 5mg injection, Promethazine injection 25 mg & Pro\cyldine injection10mg is available					
11.4	Medications are arranged & labelled.					
11.5	Look alike sound alike (LASA) medication is labelled as (High Alert)					
11.6	Medication list with expiry date is available					
11.7	Date written on opened medications, & date of expiry after opening is written if drug for frequent use.					
11.8	Room thermostat is available & temp checked daily (Check record)					
11.9	Refrigerators are only used for medication storage					
11.10	Refrigerator temperature is checked daily & recorded on graph					
12	Controlled Drugs (CDs) Management	M	PM	NM	NA	Remarks
12.1	Controlled drugs (CDs) are kept in locked cabinet with alarm & light or security system.(key with nurse in-charge)					
12.2	Each drug is kept in container with label					
12.3	Record of each shift handover of (CDs) check by nurse in-charge & witness available					
12.4	Prescribing doctor is licensed from Pharmaceutical Affairs & Drug Control (Check copy of license)					

12.5	CDs storage license is available(Check copy of license) *If any controlled drug is added or removed from the institution, the list should be modified)					
12.6	Prescription clearly includes patient details, file no dose, dosage route, date, doctor & given /witness staff signature.					
12.7	Written prescription for a patient tallies the name written in register.					
12.8	Narcotics is written on PINK form & psychotropic is written on GREEN form with doctor signature, stamp & date on original & copies form.					
12.9	Two separate registers for narcotic and psychotropic medicines are available. Registers stamped by DGP& CDC.					
12.10	Room thermostat is available in controlled drug room & temperature daily checked					
12.11	Staff are aware about controlled drugs policy					
13	Emergency Crash Cart Management (not applicable for stand-alone clinic)	M	PM	NM	NA	Remarks
13.1	Crash cart is completely equipped & arranged as per DGPHE policy.					
13.2	Cart is checked daily (record available)					
13.3	Automated External Defibrillator (AED) checked daily (check). Defibrillator (if available) checked daily, checking print is reserved (check)					
13.4	List of medications expiry is available					
13.5	Look alike sound alike (LASA) medications are labeled as (High Alert)					
13.6	A poster of (BLS STEPS) is displayed in all departments (a print-out could be obtained from the AHA website).					
14	Patient Safety Critical Criteria	M	PM	NM	NA	Remarks
14.1	Facility has a strategic plan with patient safety as a priority					

14.2	There is a recognized corporate and clinical governance/ leadership system within the facility.					
14.3	Leadership conducts monthly patient safety walk-rounds to identify and take action on safety issues.					
14.4	Leadership ensures there is a designated qualified senior staff member with responsibility, accountability, and authority for patient safety.					
14.5	Leadership ensures the availability of essential functioning equipment and supplies in each department					
14.6	Leadership ensures the provision of sufficient numbers of competent staff to always deliver safe patient care					
14.7	There is a defined process to ensure all clinical staff are registered to practice with an appropriate body.					
14.8	Informed consent is obtained before a procedure & the consent form is formatted as per MOH policy.					
14.9	The identification process used throughout the facility requires at least two ways in which to identify a patient					
14.10	Facility's leadership maintains effective channels of communication throughout the facility, including for urgent critical results.					
14.11	Facility has systems in place to ensure wide recognition of and response to clinical deterioration.					
14.12	Facility minimizes use of verbal and telephone orders and transmission of results, and "read back" is practiced.					
14.13	Facility has systems in place for safe and thorough handover of patients between clinical teams and between shifts.					
14.14	Facility has a coordinated program for all infection prevention and control (IPC) activities that involve all disciplines.					
14.15	Facility ensures proper cleaning, disinfection and sterilization of all equipment.					
14.16	There is a qualified, designated person responsible for all infection prevention and control (IPC) activities.					

14.17	Facility implements guidelines, including WHO guidelines, on safe quality blood and blood products.					
14.18	Facility ensures that patient blood samples for cross-matching are securely identified with two unique identifiers.					
14.19	A licensed clinical pharmacologist provides a medication management system that addresses patient needs, meets applicable regulations and adheres to WHO guidelines.					
14.20	Facility keeps high concentrations of electrolytes in a safe place					
14.21	Facility conforms to guidelines on management of sharps waste.					
15	Infection Prevention Management	M	PM	NM	NA	Remarks
15.1	Infection control manual, accidental inoculation & poisoning notification forms are available & staff are aware about it					
15.2	Dedicated infection controls focal point to monitor & liaise with concerned institution in case of any matter					
15.3	Healthcare Personnel (HCP) receive job-specific training on infection prevention					
16	Hand Hygiene Management	M	PM	NM	NA	Remarks
16.1	Clean hand hygiene sinks with elbow operated tap is free from fungus.					
16.2	Wall mounted non-refilled medical soap or medical foam soap is available					
16.3	Non refill hand sanitizer 60-70% alcohol is available					
16.4	Filled tissue dispenser is available					
16.5	Laminated poster for the steps of hand hygiene is available (Hand Hygiene)					
17	Personal Protective Equipment Management	M	PM	NM	NA	Remarks
17.1	Sufficient and appropriate PPE is available and readily accessible & displayed to HCP.					

18	Environmental disinfection Management	M	PM	NM	NA	Remarks
18.1	A detailed physio-chemical water quality test done annually by an independent certified water testing laboratory & copy of result must be forwarded to infection prevention & control department to act in case of any corrective plan required. (check record of water test form & water treatment done)					
18.2	Cleaning products must be reviewed & approved by infection control department (list of cleaning material, dilutions & areas to clean is identified) – check written instruction					
18.3	The facility maintains regular audits for housekeepers, ensuring that cleaning is done & disinfectants used as per GCC manual.					
18.4	One spill kit at a minimum is available in the facility					
18.5	Housekeepers & health care workers are aware of how to use spill kit properly.					
18.6	Terminal cleaning is done properly (High surface & low surfaces clean)					
18.7	Floors are cleaned or disinfected using double/ or triple bucket technique or scrubbing machines.					
18.8	Mop and solution are changed frequently (e.g., every third patient room or hourly) and after being used to clean any potentially infectious materials.					
18.9	Appropriate PPE is used by housekeepers during their routine activities.					
19	Dietary Services Management	M	PM	NM	NA	Remarks
19.1	Adequate numbers of hand washing facilities and hand rub antiseptic devices are available.					
19.2	Kitchen staff practice hand hygiene properly and use suitable PPE while handling food, gloves should be changed while moving between Critical Control Points.					
19.3	Freezers & fridges temperatures are continuously monitored and documented					

19.4	Water used for cooking is supplied by commercially approved companies or hospital water that is tested at least monthly					
19.5	Food containers are properly labelled with expiry dates that should be checked every time before use, and all food products should be arranged in respect to first in first out (FIFO) principle.					
19.6	Fruits and vegetables are washed and disinfected.					
19.7	Food containers and cooking utensils are washed immediately after being emptied, and thoroughly dried before storing or used.					
19.8	An insect and rodent control plan that is strictly implemented.					
19.9	Kitchen environment is clean (i.e., frequently cleaned, dry and dust free).					
19.10	Storage shelves dimensions are at least, 40 cm from the ceiling, 20 cm from the floor, and 5 cm from the wall.					
19.11	Dedicated area for food preparation, cutting and washing is allocated.					
19.12	Food carts in use are dedicated for hot & cold meals.					
20	Laundry Service Management	M	PM	NM	NA	Remarks
20.1	Workflow is unidirectional from a soiled area to clean area with complete physical separation between them.					
20.2	Hand hygiene facilities and supplies are available & easily accessible.					
20.3	Dirty linen is separated from clean linen during collection & transport and linen carts used for clean and dirty linen are clearly identified					
20.4	All workers who handle the soiled textiles follow standard precautions					
20.5	During high temperature washing cycle, water temperature is at a minimum of 71°C (159.8°F) for 25 minutes (heat disinfection), and must be recorded.					
20.6	During low temperature washing cycle water temperature is at 22°C -25°C (71°F-77°F)					

20.7	Amount of residual chlorine (bleach) should be between 50 and 150 ppm and must be monitored and controlled.					
20.8	Routine inspection for blood or/and body fluid stains conducted after washing.					
21	Waste Management	M	PM	NM	NA	Remarks
21.1	Wastes are properly segregated according to MOH rules					
21.2	All types of waste are placed away from traffic.					
21.3	Color code linen bags (white bag for soiled non infected linens & red bag for infected linens.					
21.4	Foot operated dust bins with black & yellow plastic bags (black for general waste, yellow for medical waste)					
21.5	Sharp container puncture resistant and leak-proof is available					
22	Medical Waste Storage Room	M	PM	NM	NA	Remarks
22.1	Logo of biohazard is clearly placed at the entrance of the storage room/ on container.					
22.2	Room /Container is accessible for staff handling the waste (Licensed medical waste company team) & it is in the same floor which the vehicle will park for waste collection					
22.3	Room/ container is properly locked, only the authorized people are allowed to enter this room					
22.4	Room is well ventilated & lighted					
22.5	Medical waste room is accessible to facility fire extinguishers					
22.6	Storage container is kept at height from ground level & free from infestations or pests					
22.7	Room/container is clean, disinfected & washed (check record of last time washed)					
22.8	Medical waste bins are not overfilled					
23	Janitor/ Dirty utility room	M	PM	NM	NA	Remarks
23.1	Clear signage is fitted for dirty utility room					

23.2	Two sinks (floor or non-floor - for the dirty water) and hand washing sinks both with elbow operated tap with running water available					
23.3	Room is clean and well organized					
23.4	Double side buckets are available					
23.5	Cleaning materials are coded and kept hanged					
23.6	Exhaust fans or air vents are available.					
24	Toilets Facility	M	PM	NM	NA	Remarks
24.1	Clear signage is fitted for the toilets					
24.2	The door can be opened from outside.					
24.3	Toilets are clean					
24.4	Toilet free from sharp objects, breakable items, shower hose & cleaning material to avoid harm					
24.5	Handicapped toilets are available with all accessories					
24.6	Elbow operated sink is available					
24.7	Laminated poster for the steps of hand hygiene is available					
24.8	Exhaust fan or air vent is available					
24.9	The laminated cleaning roster is displayed and kept in transparent protector (behind the door)					
24.10	Foot operated dustbin with lid and black bag is available					
24.11	Wall mounted non-refilled medical or non- medical soap is available					
24.12	Wall mounted hand drying facility is available (hand dryer/tissue dispenser)					