Institution Name: Al Masarra Hospital

Document Title: Policy and Procedure of Electroencephalography (EEG)

Approval Process

	Name	Title	Institution	Date	Signature
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Reviewed by	Dr. Said AL Kaabi	Head of Psychiatry; Sleep Specialist; HoD Neuro-modulation	Al Masarra Hospital	26/01/23	
Validated by	Kunooz AlBalushi	Documents control	Al Masarra Hospital	January 2023	
Approved by	Bader Al Habsi	Executive Director	Al Masarra Hospital	Jan 2023	

AL-MASARRA HOSPITAL MEDICAL MANAGER SULTANATE OF OMAN - MINISTRY OF HEALTH

AL-MASARRA HOSPITAL QUALITY MANAGEMENT DEPT. SULTANATE OF OMAN- MINISTRY OF HEALTH

Content Table

Acronyms

AMRH	Al Masara Hospital
EEG	Electroencephalography
HOD	Head of Department
HV	Hyperventilation
QMPSD	Quality Management and Patients Safety Department
Fp1	Left Pre frontal area of brain.
Fp2	Right Pre-frontal area of brain.
F3	Left frontal region of brain.
F4	Right frontal region of brain.
F7	Left frontal-Temporal region of brain.
F8	Right Frontal-temporal region of brain
T3	Left Mid-Temporal region of brain.
T4	Right Mid-Temporal region of brain.
C3	Centre Left hemisphere of the brain.
C4	Centre Right hemisphere of the brain.
P3	Left Parental region of brain.
P4	Right parental region of that brain.
O1	Left occipital region.
O2	Right occipital region.
T5	Left Post temporal region.
T6	Right post temporal region.

Policy and Procedure of Electroencephalography (EEG)

1. Introduction

Electroencephalography (EEG) testing provides a window on the electrical activity of the brain and gives information about the physiological state of the brain in health and disease. However, EEG does not make a diagnosis. The EEG Department was first established in Oman in early 1980s in Ibn Sina Hospital and later on moved to Al Masarra Hospital in 2013. Gradually, the service was made available by Ministry of health to other major Hospitals in the Sultanate. At present, EEG Department in Al Masarra provides service to all psychiatric patients within Hospital and other health institutions where there are no such services.

2. Scope

This policy applies to all the doctors and EEG Technicians including paramedical assistants assigned in EEG Department in Al Masarra Hospital.

3. Purpose

3.1 To provide EEG guidelines.

3.2 To act as a guide source for service quality assessment of the EEG provided to patients.

4. Definitions

4.1 **Activation procedure:** is an activation technique used during EEG recording to elicit epileptiform abnormalities, and in some cases seizures, in order to enhance the diagnostic sensitivity of EEG.

4.2 **Artifacts:** are considered a disturbance in a measured brain signal not originating from the brain or interference in an EEG signal.

4.3 **Montage:** Arrangements of electroencephalographic derivations or channels that are created to display activity over the entire head and to provide lateralizing and localizing information. The EEG can be monitored with either a bipolar montage or a referential one.

4.4 **Electroencephalography (EEG):** is a test that provides a window on the electrical activity of the brain. An electroencephalogram provides information about the physiological state of the brain in health and disease. An electroencephalogram does not make diagnoses.

4.5 **Electroencephalographer**: refers to person who record EEG. Synonymous terms

are EEG Technician and EEG Technologist.

4.6 **EEG Id**: refers to identification of record number of EEG.

4.7 **Filtering:** it is a tool applies or set during record or reviews EEG to eliminate interfering in the record.

4.8 **Inion:** is the most prominent projection of the protuberance which is located at the posteroinferior (lower rear) part of the human skull.

4.9 **Nasion:** is the most anterior point of the frontonasal suture that joins the nasal part of the frontal bone and the nasal bones. It marks the midpoint at the intersection of the frontonasal suture with the internasal suture joining the nasal bones.

4.10 **Photic Stimulation or Intermittent photic stimulation (IPS):** It is a flickering light performed in children and adults to detect abnormal epileptogenic sensitivity in the EEG record.

4.11 **Reference**: The reference lead is the lead that connects the reference electrode.

4.12 **Sensitivities:** it is a tool that applies or set during record or review to measure EEG wave amplitude or micro-voltage.

4.13 **10–20 system** or **International 10–20 system:** is an internationally recognized method to describe and apply the location of scalp electrodes in the context of an EEG exam.

5. Policy

5.1 EEG unit at Al-Massara hospital is committed to provide a high standard, evidence-based services for all patients undergoing EEG procedure.

5.2 Concerned healthcare workers must be aware of EEG function and utilities for referral purposes.

5.3 All EEG referrals are accepted under stated international guidelines and meeting the guidelines is necessary for patients undergoing EEG investigation.

6. Procedure

6.1 Request for Procedure:

6.2 EEG request shall be done in Al Shifa 3+ system. Patient Information shall include the following:

6.2.1. Name

6.2.2. Contact information

6.2.3. Patient's birthdate

6.2.4. Name of referring doctor

6.2.5. Pertinent medical history including medication

6.3. EEG request shall be according to the EEG guidelines (*see appendix 2. EEG guidelines*).

6.4. Detailed reasoning should be given when submitting EEG requests including a brief description of the episode/symptoms.

6.5. Prior to the EEG appointment, the patient should not be fasting or have a current fever.

6.6. Patients must be fairly cooperative, aggressive or uncooperative patients will not be accepted due to the sensitivity of the test to movement.

6.7. Follow up EEG for patients diagnosed with epilepsy should be done through Neurology consultation.

6.8. Indication for EEG request are:

6.8.1. To diagnose or classify seizures in patient fitting of seizure symptoms or with significant family history of epilepsy.

6.8.2. To guide the management of epilepsy.

6.8.3. For patients with acute/sudden altered mental status, confusion or behavioral changes not associated with any previously diagnosed disorders.

6.8.4. Sudden unexplained loss of consciousness or coma state where other causes were ruled out.

6.9. EEG is not indicated for the following:

6.9.1. Headaches, migraines or tics.

6.9.2. Chronic behavioral issues, aggression or disinhibition.

6.9.3. Autism, attention deficit hyperactivity disorder (ADHD) or learning difficulties.

6.9.4. Medical board assessment (unless legally requested/ high suspicion of seizure).

6.9.5. Febrile seizure.

6.10. Scheduling Appointment:

6.10.1. Appointment shall be arranged by the EEG department staff.

6.10.2. Patient shall be given at hand with the confirmation copy of appointment or itshall be sent through fax if the appointment was requested by fax.

6.10.3. File the EEG request form if it is a referral case.

6.11.Registration

6.11.1 Patient shall be registered by Hospital Information System and shall get the Patient's OPD number.

6.11.2 Patient shall receive a printed copy of Patient Information from the Hospitalsystem.

6.11.3 EEG ID sticker shall be attached on the printed copy of Patient Information.

6.11.4 Patient information like name, age, sex, OPD number and EEG ID numbershall be registered in the EEG system.

6.12. Electrodes Application

6.12.1. Explanation about the procedure shall be given to the patient.

6.12.2. Patient shall be encouraged to cooperate during the procedure by ensuring that the patient fully understood the procedure and that the patient is mentallyready.

6.12.3. Clean electrodes shall be plugged in to the Electrode Box.

6.13. Electrodes Placement and Measurement (as per 10-20 International Standards)

6.13.1. Measuring tape and non-toxic skin marker like pencil shall be used when measuring and locating electrodes placement.

6.13.2. Measure from front of head (NASION) to back of head (Inion). Divide into 10%, 20%, 20%, 20%, 20% and 10% Mark Position (NASION, FP, FZ, CZ, PZ, O, INION) respectively.

6.13.3. Measure from left middle ear to right middle ear divides into 10%, 20%,20%,20%, 20% and 10% and 10% and mark position and mark position (LEFT MID-EAR, T3, C3, C4, T4, RIGHT MID-EAR) use nontoxic skin pencils.

6.13.4. Measure circumference of head and then divide into:

6.13.5. 10% From pre frontal mid area to front right side; (mark as FP2)

6.13.6. 10% From right pre Frontal (FP2) to right pre frontal temporal;(mark as F8)

6.13.7. 10% From F8 to right mid temporal area; (mark as T4)

6.13.8. 10% From T4 to right post temporal area; (mark as T6)

6.13.9. 10% From T6 to Right occipital area; (mark as O2)

6.13.10. 10% From O2 to Left occipital region; (mark as O1)

6.13.11. 10% From O1 to left post- temporal area; (mark as T5)

6.13.12. 10% From T5 to mid temporal area; (mark as T3)

6.13.13. 10% From T3 to pre-frontal temporal area; (mark as F7)

6.13.14. 10% From F7 to Left pre-frontal area; (mark as FP1)

6.13.15. Measure right and left hemispheres, and then divide into:

6.13.16. 20%, 20%, 20%, 20%, 20% From right frontal to right occipitalregion known as (FP2, F4, C4, P4 and 02)

6.13.17. 20%, 20%, 20%, 20%, 20% From left frontal to left occipital region known as (FP1, F3, C3, P3 and 01)

6.14. Acquisition of EEG Data

6.14.1. Recording EEG procedure should meet or exceed the minimal technical Standards of the Electro neurophysiology Technologists, recommended by International Neurophysiology Association.

6.14.2. EEG record shall contain the following. These items may be recorded electronically or on a face sheet and/or a separate technologist's data sheet:

6.14.2.1. Patient's name, Hospital IP number and EEG ID

6.14.2.2. Patient's age and gender

6.14.2.3. Level of consciousness

6.14.2.4. Medication

6.14.2.5. Patient history

6.14.2.6. Handedness

6.14.2.7. Time of last nourishment

6.14.2.8. Clinical observations

6.14.2.9. Comments on cephalic asymmetries and surgical scars

6.14.2.10. Name of recording technologist

6.14.2.11. Date of recording

6.14.2.12. Name of referring doctor

6.14.3. Patient shall be transferred to the bed and shall ensure comfort and relaxation.

6.15. Calibration

6.15.1. Electrodes shall be calibrated by checking all electrodes are connected and that the impedance signal is not more than 10Kohms impedance.

6.15.2. Run CAL channels to verify amplifier is calibrating properly.

6.16. Recording EEG Data

6.16.1. Select average montage from EEG system and record for 5 minutes EEG data while patient closed eye and 5mins while eye opening.

6.16.2. Selected longitudinal montage and record between 5-10 minutes whilepatient closed eye and opened in between.

6.16.3. Select Transverse montage and record for about 5-10 minutes while patientclosed eyes and open in between.

6.16.4. Notation on the following points:

6.16.4.1. Eye opening and closure during each montage when appropriate.

6.16.4.2. Level of consciousness (awake, drowsy, sleeping or comatose).

6.16.4.3. Any commands or signals to the patient, the use of activation/stimulation procedures, movement, absence or presence of clinical signs/response.

6.16.4.4. Periods of alert wakefulness if the recording is dominated by sleep.

6.16.4.5. Sensitivity (noted at the beginning of each montage).

6.16.4.6. Filter setting (noted at the beginning of each montage).

6.16.4.7. Annotation of recording changes (technical and clinical) shall be made directly on the recording at the time of occurrence.

6.16.4.8. Record of spontaneous sleeps if possible.

6.17. Hyperventilation Procedure

6.17.1. Demonstrate how to take Deep breathing and slowly blowout.

6.17.2. Change the Montage from the system to HYPERVENTILATION.

6.17.3. Perform Hyperventilation (HV) for 3 to 5 minutes approximately 20 to 30 breaths per minute, with the patient's informed consent.

6.17.4. Observe and mark any changes of EEGs waveforms, discomfort, or difficulty in breathing. (Terminate this procedure if in case of Seizure or anydiscomforting to patient).

6.17.5. Post Hyperventilation (Record EEG data while the client breathing normal for about 3 minutes)

6.18. Photic Stimulation Procedure

6.18.1. Position photic light distance of 30cm away from client and room lightsshould be dimmed.

6.18.2. Change montage to "PHOTIC" and start to Record.

6.18.3. Photic Driver Protocol:

6.18.3.1. Patient closes eyes and press "Flash Light" Auto-flashing willstart for 3Hz for 10 seconds.

6.18.3.2. Patient eyes opening for 10 seconds.

6.18.3.3. Patient closes eyes and press "Flash Light" Auto-flashing willstart for 6Hz for 10 seconds.

6.18.3.4. Patient eyes opening for 10 seconds.

6.18.3.5. Patient closes eyes and press "Flash Light" Auto-flashing willstart for 9Hz for 10 seconds.

6.18.3.6. Patient eyes opening for 10 seconds.

6.18.3.7. Patient closes eyes and press "Flash Light" Auto-flashing willstart for 12Hz for 10 seconds.

6.18.3.8. Patient eyes opening for 10 seconds.

6.18.3.9. Patient closes eyes and press "Flash Light" Auto-flashing willstart for 15Hz for 10 seconds.

6.18.3.10. Patient eyes opening for 10 seconds.

6.18.3.11. Patient closes eyes and press "Flash Light" Auto-flashing willstart for 18Hz for 10 seconds.

6.18.3.12. Patient eyes opening for 10 seconds.

6.18.3.13. Patient closes eyes and press "Flash Light" Auto-flashing willstart for 21Hz for 10 seconds.

6.18.3.14. Patient eyes opening for 10 seconds.

6.18.3.15. Patient closes eyes and press "Flash Light" Auto-flashing willstart for 24Hz for 10 seconds.

6.18.3.16. Patient eyes opening for 10 seconds.

6.18.3.17. Patient closes eyes and press "Flash Light" Auto-flashing willstart for 27Hz for 10 seconds and auto-flashing will stop.

6.18.3.18. Continue recording for 3 minutes.

6.19. Sleep

6.19.1. Spontaneous sleep shall be recorded whenever possible.

6.19.2. The opportunity for sleep shall be enhanced by periods of un-stimulated recording

6.19.3. Bipolar and referential montages which include midline derivations shall beused during drowsiness and sleep.

6.20. Technologist factual report

6.20.1. Length of the test in timing.

6.20.2. Any Artifacts during the procedure.

6.20.3. Level of Consciousness.

6.20.4. Type of test.

6.20.5. Mental state of client during procedure.

6.20.6. Significant abnormal findings should be reported to an interpretingphysician promptly.

6.21. STOP RECORDING and make sure EEG data is saved.

6.22. Unhooking Electrodes and cleaning with disinfected solution.

6.22.1. Clean Electrodes as per general recommendations and soak in a high-leveldisinfectant.

6.22.2. Rinse in hot water and allow to dry.

6.23. Help the patient to cleaning his/ her head with shampoo.

6.24. Montages

6.24.1. Longitudinal-bipolar, transverse-bipolar and referential montages shall berecorded.

6.24.2. If contamination of the reference occurs, another reference shall be chosenand the change clearly noted on the recording.

6.24.3. Bipolar connections should run straight unbroken anteroposterior or transverse directions with equal inter-electrode distances.

6.24.4. Anterior electrodes should be placed above posterior electrodes on therecording page.

6.24.5. Each montage shall be fully annotated with the electrodes at each derivationspecified.

6.24.6. Each montage shall be recorded for a minimum of 2 minutes, (12 pages atpaper speed of 30 mm/sec) under normal circumstances.

6.25. Sensitivities

6.25.1. Presetting sensitivity approximately 7 uV/mm should be used as standard torecord EEG test.

6.25.2. Adjustments appropriate sensitivity should be made so that the maximum deflections remain within the dynamic range of pens, i.e. 10-20 mm (maximum of 10 mm on either side of the baseline).

6.26. Filter Settings

6.26.1. Notation of filter settings shall be made at the beginning of each montage.

6.26.2. All filter setting changes shall be indicated on the record at the time of thechange.

6.26.3. Filter settings shall accurately reproduce signals from 0.5-70 Hz.

6.26.4. The low frequency (high-pass) filter shall be set no higher than 1 Hz (-3dB) for the majority of the recording (with corresponding time constants of 0.16 seconds).

6.26.5. The high-frequency (low-pass) filter shall be set no lower than 70 Hz (-3dB)for a portion of the recording.

6.26.6. Selective filter setting changes should be made to enhance or investigatepossible irregularities and abnormalities.

6.26.7. The 60 Hz (notch) filter shall be off and only used when attempts at eliminating 60 Hz interference have failed.

6.27. Paper Speed

6.27.1. Paper speed of 30 mm/sec shall be used for the majority of the recording.

6.27.2. Slower or faster paper speeds shall be used when clinically orelectrographically indicated.

6.28. Length of Recording

6.28.1. The baseline EEG recording shall contain a minimum of twenty (20) minutes of artifact-free recording, not including activation procedures.

6.28.2. Recording may extended in case EEG waves start to indicate abnormalityafter activation procedure.

6.29. Storage and Retention of Records (Archiving)

6.29.1. Transfer record from Record system to Reviewer system. Ensure exactlypatient data is registered to reviewer system including:

6.29.1.1. Patient’s name, Hospital ID and EEG test ID

6.29.1.2. Patient’s age and gender

6.29.1.3. Level of consciousness

6.29.1.4. Medication

6.29.1.5. Patient history

6.29.1.6. Handedness

6.29.1.7. Clinical observations

6.29.1.8. Name of recording technologist

6.29.1.9. Date of recording

6.29.1.10. Name of referring physician

6.29.1.11. Technician report

6.29.2. The entire interpretive report and a segment of continuous physiologic recordings, whether abnormal or not, sufficient to support the interpretation made, shall be retained for a minimum of 5 to 10 years by electronic means.

6.29.3. Hard copy shall be retained for 5 years.

6.29.4. Back up all records and report to department server every month.

6.29.5. Saved data and report electronically as per sequences or as per test ID.

6.29.6. Hospital information or service provider should be informed incase offailure of database.

6.29.7. Protect patient information and not allow unauthorized person to accesspatient data.

6.29.8. Record or report might give if patient needs.

7. Responsibilities

7.2. Doctors Shall:

7.2.1. Evaluate patients and provide appropriate medical treatment for variousillnesses and injuries.

7.2.2. Document all patient evaluations, treatments, medications and transactionsaccording to hospital policies and procedures

7.2.3. Evaluate effectiveness test and meet criteria requirement of EEG Test.

7.2.4. Prescribe, administer and dispense medication.

7.2.5. Evaluate mental state of client and if cooperative for the test.

7.2.6. Request for Anesthetist if sedition is required before the test.

7.2.7. Request EEG procedure from EEG Department.

7.2.8. Indicate if test is required urgently.

7.2.9. Reviewing EEG Data and make final report.

7.3. EEG Technologist Shall:

7.3.1. Operate machines known as electroencephalographs**.**

7.3.2. Perform EEG tests when requested by a physician**.**

7.3.3. Gather a patient's medical history, explain testing procedures, and prepare thepatient for the procedure**.**

7.3.4. During testing, the EEG technician monitors the patient's status and notes anyabnormalities**.**

7.3.5. Transfer and register EEG record from Recorder system to reviewer system**.**

7.3.6. Keep machines, electrodes, beds and all medical equipment’s used in EEG clean and safety**.**

7.3.7. Prior to the testing, the EEG technologist is in charge of a pre-test discussion. During this session, he collects and notes down the patient’s medical history. Also, part of the EEG technologist’s duty is to calm the patients before the procedure, since, more often than not, they are frightened / stressed**.**

7.3.8. A series of 16 to 25 flat metal electrodes are attached to the patient's scalp. Some facilities may have a cap that can be fixed, but frequently the technicianhas to attach the electrodes by hand, and fasten them with conductive paste**.**

7.3.9. The EEG test takes around half an hour, during which, the technologist will use blinking lights to arouse brain activity in the patient. During this phase, the technician must ensure that the patient keeps his eyes close and maintainsa regular breathing-pattern. The patient's heart rate is also monitored**.**

7.3.10. An EEG technologist also orders supplies, maintains the EEG machine and schedules appointments for patients**.**

7.3.11. An EEG technician arranges factual reports the findings to the Interpreter doctors**.**

7.3.12. Importantly, an EEG technologist must be tolerant and relaxed, because the set-up and investigation procedure could take hours. He should also be dexterous, skillful and have excellent communication skills**.**

7.4. Anesthesiologist Shall:

7.4.1. Determines that if the patient is in an unstable condition, and not cooperate for the test, sedation should be considered by an anesthesiologist**.**

7.4.2. Prepare patient for sedation**.**

7.4.3. Administer sedation to the patient.

7.5. Medical Record (Hospital Information Department) Shall:

7.5.1. Gathers patient demographic information with registration system**.**

7.5.2. Print register number (OPD number) sticker

7.5.3. Guide the patient to EEG department along with patient information**.**

7.5.4. Assist to arrange appointment**.**

7.6. Staff Nurses Shall:

7.6.1. Facilitate the patient safety and the successful procedure

7.6.2. Papered the patient undergoing for EEG Procedure.

7.6.3. Escort the patient to EEG Department if patient admitted.

7.6.4. Assist Anesthesiologist incase sedition if require.

7.6.5. Check vital signs if require by Physician.

7.7. Medical Orderlies Shall:

7.7.1. Assist technician to prepare the patient for EEG procedure

7.7.2. Assist technician during of Electrodes placement

7.7.3. Assist Technician to maintain Patients EEG Data

7.7.4. Sometime Medical orderly can Assist to arrange Appointment

7.7.5. Receiving and send fax or Email if incase requested is out of Hospital. (Referral Case)

8. Document History and Version Control

Document History and Version Control			
Version	**Description of Amendment**	**Author**	**Review Date**
01	Initial Release	Nasser Al Harthy	May 2021
02	Update	Mohammed Al Ruzaiqi Asma Al Hajri Alya Al Wahaibi	January 2026
Written by	**Reviewed by**	**Approved by**	
Mohammed Al Ruzaiqi Asma Al Hajri Alya Al Wahaibi	Dr. Said Al Kaabi	Dr. Bader ALHabsi	

9. Related Documents

9.1 Appendix 1. EEG Procedure Flowchart.

9.2 Appendix 2. EEG request guidelines

9.3 Appendix 3. Audit Tool.

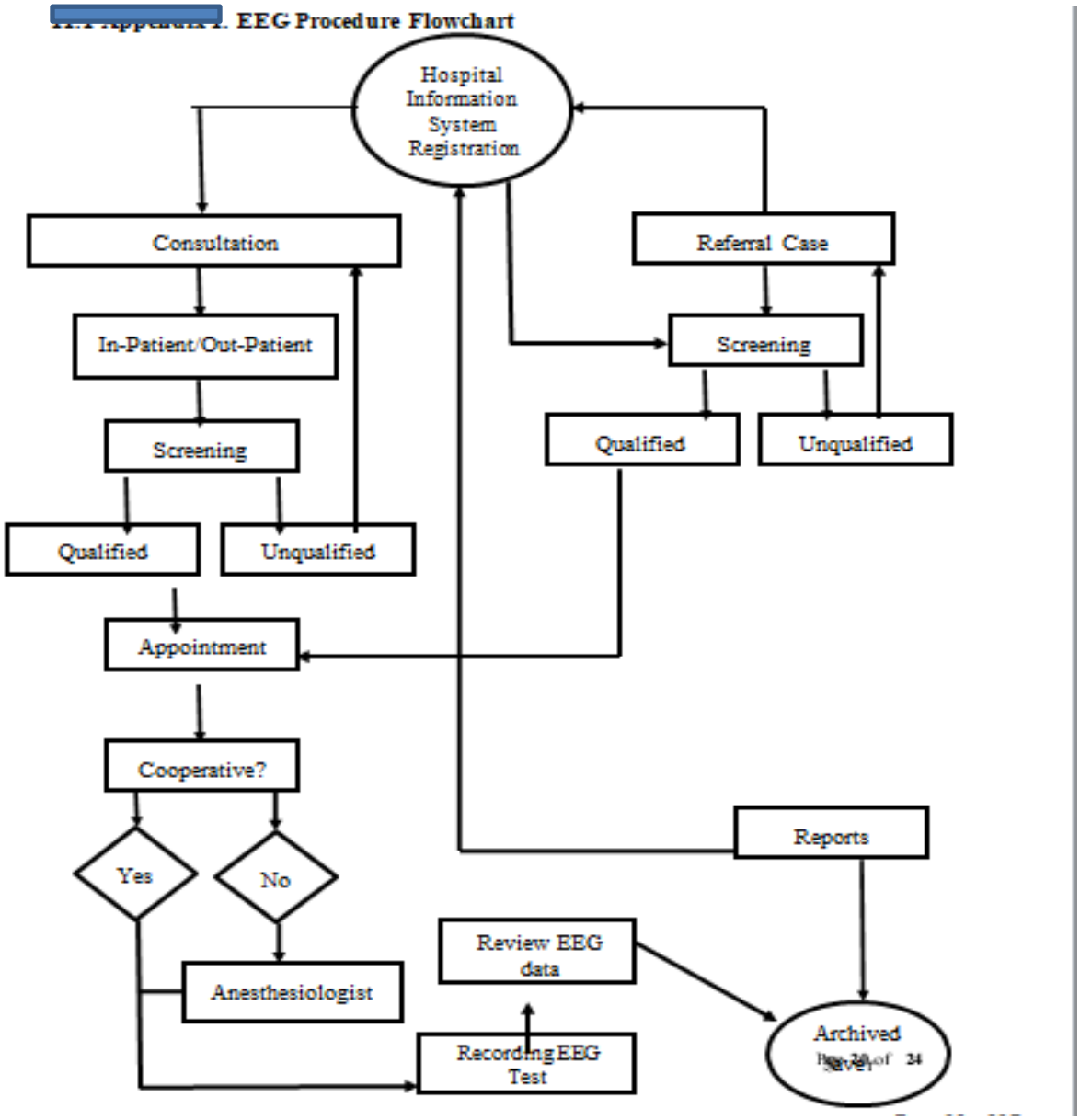
9.4 Appendix 4. Document Request Form.

9.5 Appendix 5. Document Validation Checklist.

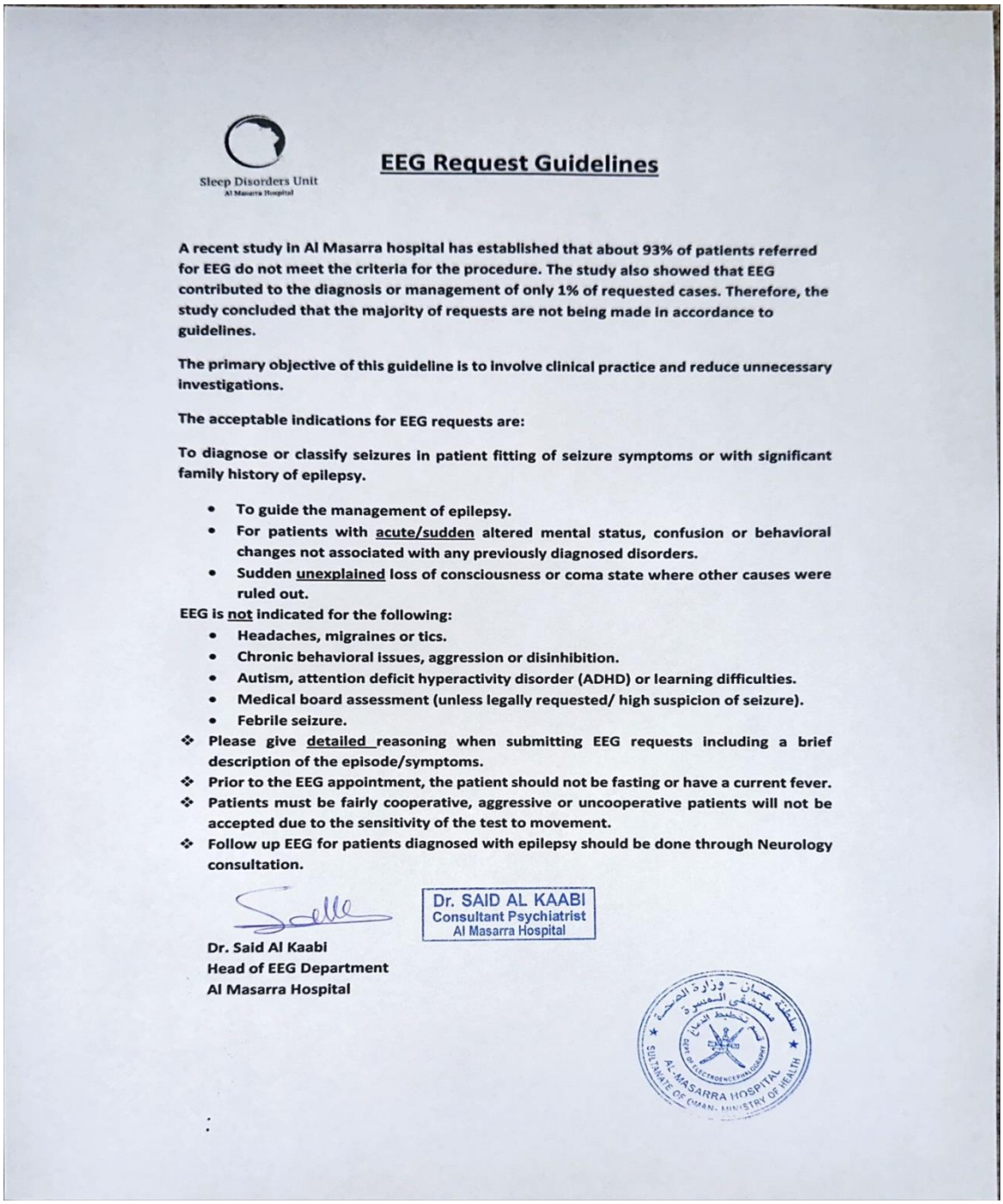
10. References

Title of book/journal/articles/ Website	Author	Year of Publication	Page
EEG in Clinical PracticeSecond Edition	John R. Hughes MD, PhD, DM Professor of Neurology	1994	1-7, 42-43
https://www.acns.org. (Guidelines for Recording Clinical EEG on Digital Media)	American Neurophysiology Society	August 2016	-

11.1. Appendix 1.EEG Procedure Flowchart



11.2 Appendix 2: EEG request guidelines



Sleep Disorders Unit
Al Masarra Hospital

EEG Request Guidelines

A recent study in Al Masarra hospital has established that about 93% of patients referred for EEG do not meet the criteria for the procedure. The study also showed that EEG contributed to the diagnosis or management of only 1% of requested cases. Therefore, the study concluded that the majority of requests are not being made in accordance to guidelines.

The primary objective of this guideline is to involve clinical practice and reduce unnecessary investigations.

The acceptable indications for EEG requests are:

To diagnose or classify seizures in patient fitting of seizure symptoms or with significant family history of epilepsy.

- **To guide the management of epilepsy.**
- **For patients with acute/sudden altered mental status, confusion or behavioral changes not associated with any previously diagnosed disorders.**
- **Sudden unexplained loss of consciousness or coma state where other causes were ruled out.**

EEG is not indicated for the following:

- **Headaches, migraines or tics.**
- **Chronic behavioral issues, aggression or disinhibition.**
- **Autism, attention deficit hyperactivity disorder (ADHD) or learning difficulties.**
- **Medical board assessment (unless legally requested/ high suspicion of seizure).**
- **Febrile seizure.**

❖ **Please give detailed reasoning when submitting EEG requests including a brief description of the episode/symptoms.**
❖ **Prior to the EEG appointment, the patient should not be fasting or have a current fever.**
❖ **Patients must be fairly cooperative, aggressive or uncooperative patients will not be accepted due to the sensitivity of the test to movement.**
❖ **Follow up EEG for patients diagnosed with epilepsy should be done through Neurology consultation.**

Dr. SAID AL KAABI
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AL-MASARRA HOSPITAL
SULTANATE OF OMAN - MINISTRY OF HEALTH

11.3 Appendix 3: Audit tool

Date:_____

Department: _____

S.N.	Audit Process	Standard / Criteria	Yes	Partial	No	N/A	Comment
1.	Document Review	Does the patient secure the EEG request/order from a treating doctor who is specialist?					
2.	Interview Document Review	Does the patient information obtain completely including patient name, contact information, birthdate, name of referring doctor and Patient medical history?					
3.	Interview Document Review	Did the EEG staff arrange the appointment and give confirmation copy to patient either by hard copy print out or thru fax?					
4.	Document Review	Does the patient register completely and correctly in the Hospital Information System?					
5.	Observation	Does the patient get explanation about the procedure?					
6.	Observation	Did the EEG staff use measuring tape and non-toxic skin marker like pencil when measuring and locating electrodes placement?					

7.	Document review Observation	Does the EEG procedure meet or exceed minimal technical standards when acquiring EEG Data?					
8.	Observation	Do electrodes get calibrated by checking all electrodes are connected and the impedance signal is not more than 10Khms?					
9.	Observation	Do electrodes get cleaned with high-level disinfectant solution?					
10.	Document review Observation	Does the baseline EEG recording contain a minimum of twenty (20) minutes of artifact-free recording?					
11.	Document review	Are records and report being backed-up to the department server every month?					

11.4 Appendix 4. Document Request Form

Document Request Form			
Section A: Completed by Document Request			
1. Requester Details			
Name	Policy & Procedure of Electroencephalography	Date of Request	December 2022
Institute	Al Masarra Hospital	Mobile	-
Department	Neuro-Modulation Department	Email	-
The Purpose of Request: ☐ Develop New Document ■ Modification of Request ☐ Canceling of Document			
2. Document Information:			
Document Title	Policy & Procedure of Electroencephalography		
Document Code	AMRH/NM/NM/EEG/P&P/001/Vers.02		
Section B: Completed by Document Controller			
☑ Approved ☐ Cancelled ☐ Forward To: ……			
Comment and Recommendation: Proceed with the document			
Name	Kunooz Balushi	Date	December 2022
Signature	Kunooz	Stamp	AL-MASARRA HOSPITAL QUALITY MANAGEMENT DEPT. SULTANATE OF OMAN- MINISTRY OF HEALTH

11.5 Appendix 5. Document Validation Checklist

Document Validation Checklist					
Document Title: Policy & Procedure of Electroencephalography		**Document Code:** AMRH/NM/EEG/P&P/001/Vers.02			
No	Criteria	**Meets the Criteria**			**Comments**
		Yes	**No**	**N/A**	
1.	**Approved format used**				
1.1	Clear title – Clear Applicability	✓			
1.2	Index number stated	✓			
1.3	Header/ Footer complete	✓			
1.4	Accurate page numbering	✓			
1.5	Involved departments contributed			✓	
1.6	Involved personnel signature /approval	✓			
1.7	Clear Stamp				
2.	**Document Content**				
2.1	Clear purpose and scope	✓			
2.2	Clear definitions	✓			
2.3	Clear policy statements (if any)			✓	
3.	**Well defined procedures and steps**				
3.1	Procedures in orderly manner	✓			
3.2	Procedure define personnel to carry out step	✓			
3.3	Procedures define the use of relevant forms	✓			
3.4	Procedures to define flowchart	✓			
3.5	Responsibilities are clearly defined	✓			
3.6	Necessary forms and equipment are listed	✓			
3.7	Forms are numbered	✓			
3.8	References are clearly stated	✓			
4.	**General Criteria**				
4.1	Policy is adherent to MOH rules and regulations	✓			
4.2	Policy within hospital/department scope	✓			
4.3	Relevant policies are reviewed	✓			
4.4	Items numbering is well outlined	✓			
4.5	Used of approved font type and size	✓			
4.6	Language is clear, understood and well structured	✓			
Recommendations ..... For implementation ✓..... More revision ..... To be cancelled					
Reviewed by: ... Kunooz Al Balushi		**Reviewed by:** Maria Claudia Fajardo-Bala