
Nursing Home - Requirements

ICS:

Descriptors:

Price based on pages

Reference number:

DES:

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ACKNOWLEDGEMENT

Ethiopian Standard Agency, ESA would like to extend its special thanks to members of the technical working group organized by the Ethiopian Food, Medicine and Healthcare Administration and Control Authority of Ethiopia, EFMHACA in developing the draft health facility standards. The members of the TWG were Dr. Getahun Mengistu, Dr. Kidane Melles, Ato Yohannes Jorge, Dr. Adefris Debalke, Dr. Wondwossen Fantaye, Dr. Faris Hussein, Dr. Petros Mitiku, Dr. David A. Conteh, Dr. Ruth Lawson, Dr. Birna Abdosh, Ato Liyusew Solomon, Ato Edmealem Ejigu, Dr. Solomon Tessema, Dr. Endale Tefera, Ato Yihalem Tamiru, Dr. Abyou Kiflie, Ato K/mariam G/Michael, Sr. Yeshialem Bekele, Ato Wondie Alemu, W/t Raey Yohannes, Ato Ayalew Adinew, Dr. Zegeye Hailemariam, Dr. Tassew Tadesse, Dr. Alem Michael, Dr. Aynalem Abraha, Dr. Mehrtu W/yes, Ato Zelalem mesele, Ato Salehuna, Dr. Daniel Admassie and Dr. Tekle-ab Zaid.

In addition, the Agency would also thank all the workshop participants from the Ministry of Health, Health Professional Associations, Universities, public and private hospitals, private clinics, non-governmental organizations and other governmental organizations for their commitment to enrich the draft document.

We are grateful to the USAID/PHSP-Ethiopia, MSH/SPS, Clinton Foundation and Tulane University without whose support it would have been difficult to achieve the desired result.

The Agency would also like to express its appreciation to FMHACA for the commitment, effective coordination and overall leadership shown in the development of this standard.

FOREWORD

This Ethiopia Standard has been prepared under the direction of the Technical Committee for Medical Care Practices (TC90) and published by the Ethiopian Standards Agency (ESA).

The draft document (Working Draft, WD) has been submitted to the Secretariat by the Ethiopian Food, Medicine & Healthcare Administration and Control Authority (FMHACA).

A Nursing home shall provide services in accordance with this standard and shall comply with the requirements. The standard shall enter into force starting from the day of approval as Ethiopian Standard. This standard is approved by the convention of made on.....Application of this standard is MANDATORY with the intention to ensure the quality and public safety of health services through standardized licensure and inspection procedures, to promote access to quality health services and encourage health investment.

The Ethiopian Standard Agency recommends fulfilling all the requirements stipulated under this document. It has to be noted that the fruition of fulfilling these requirements will ensure the quality and safety of public health services through availing appropriate infrastructure, deployment and retention of qualified and competent health professionals that deliver best practices and by generating innovative ideas and methodologies to solve healthcare problems.

Finally, acknowledgement is made to the EFMHACA, Technical Working Group, participants of national workshop and EFMHACA collaborators for their commitment and unreserved contribution to the effort of developing Ethiopian Standards for Health Facilities.

Ato.....W/O.....Director General, Ethiopian Standard Agency

SECTION ONE: GENERAL

1. Scope

- 1.1. This Ethiopian standard shall be applicable for all nursing homes new and existing, governmental and non-governmental.
- 1.2. The standard covers the minimum requirements with respect to practices, premises, professionals and products or materials put into use for nursing homes.
- 1.3. Requirements of a nursing home are stipulated under section two to twelve of this standard.

2. Normative References

The latest editions of the following laws, regulations, directives and guidelines shall be taken as part and parcel of this Ethiopian Standard.

- 2.1. Ethiopian Food, medicine and Healthcare Administration and Control Proclamation No. 661/2009
- 2.2. Ethiopian Food, Medicine and Healthcare Administration and Control Regulation No. 189/2010
- 2.3. Health Policy of Ethiopia
- 2.4. Drug Policy of Ethiopia
- 2.5. Commercial Code of Ethiopia
- 2.6. Criminal Code of Ethiopia
- 2.7. Medicines Waste Management and Disposal Directive No 2/2011
- 2.8. Ethiopian National Guideline for Health Waste Management, 2008
- 2.9. Ethiopian Building Proclamation, No. 624/2009

3. Terminologies and Definitions

3.1

Appropriate Organ

Shall mean a state government organ authorized to implement food, medicine and healthcare administration and control activities at a state level;

3.2

Authority

Shall mean the Ethiopian Food, Medicine and Healthcare Administration and Control Authority.

3.3

Proclamation

Shall mean the Ethiopian Food, Medicine and Healthcare Administration and Control proclamation No 661/2009.

3.4

Appropriate Law

Shall mean a law issued by a state to implement regulatory activities regarding food, medicine and healthcare.

3.5

Person

Shall mean any physical or juridical person

3.6

Authorized Person

Shall mean any nursing home staff who is responsible for a given service

3.7

Nursing Home Care

Shall mean a health facility at primary healthcare level that focuses on the palliation of a terminally ill patient's symptoms. These symptoms can be physical, emotional, spiritual or social in nature.

3.8

Terminally ill patients

Shall mean people who no longer seek treatments to cure them

3.9

Palliative care

Shall mean the medical specialty focused care on improving overall quality of life for patients and families facing serious illness. Emphasis is placed on intensive communication, pain and symptom management, and coordination of care. Palliative care is provided by a team of professionals working together with the primary doctor. It is appropriate at any point in a serious illness and can be provided at the same time as treatment that is meant to cure.

3.10

Home care

Shall mean services provided in the home, such as nursing and physical therapy.

3.11

Long-term care

Shall mean care that supports patients with chronic impairment for an indefinite period of time; it is provided in nursing facilities, at home or in the community

3.12

Terminal illness

Shall mean an active and malignant disease that cannot be cured or adequately treated and that is reasonably expected to result in the death of the patient. This term is more commonly used for progressive diseases such as cancer or advanced heart disease than for trauma. A patient who has such an illness may be referred to as a terminal patient or terminally ill. Often, a patient is considered to be terminally ill when the life expectancy is estimated to be six months or less, under the assumption that the disease will run its normal course.

3.13

Chronic Debilitating Diseases

Shall mean those diseases that significantly interfere with the activities of daily living. While disorders of any organ system can hinder daily living to some extent, diseases that significantly hamper the capacity for physical activity tend to be most debilitating.

SECTION TWO: LICENSURE

2.1. General

- 2.1.1 This standard provides minimum requirements for the establishment and maintenance of nursing home in order to protect the public interest by promoting the health, welfare, and safety of individuals.
- 2.1.2 No nursing home shall be built or be functional by any person without prior permission of the appropriate organ.
- 2.1.3 The requirements set by this standard may not be waived unless otherwise for public interest and there is a substantial need for waiver. There shall be an assurance that the waiver will not create a hazard to the health and well- being of patients or others than the public interest.
- 2.1.4 All health professionals shall respect & abide with the code of professional practice of their respective profession.
- 2.1.5 Any information or complaint regarding this standard may be presented to the Authority or any appropriate organ.
- 2.1.6 In the absence of the licensee or his /her equivalent the clinic shall not deliver those services stated by the license.

2.2. Application for licensure

- 2.2.1. No person shall operate a Nursing home care in Ethiopia without being licensed as required by appropriate law and this standard.
- 2.2.2. Any person desiring to operate a Nursing home care shall:
 - a) Complete the application form which shall contain information stated under article 2.2.6;
 - b) Pay the prescribed license fee; and
 - c) Provide any information or document stated on the application form
- 2.2.3. A person desiring to operate a Nursing home care shall consult the appropriate organ on the plant design conformity with this standard before starting construction or renovation work.

- 2.2.4. An application for the initial licensure of nursing home care shall be submitted to the appropriate organ no later than ninety (90) days prior to the stated date of operation. The license fee shall accompany the application.
- 2.2.5. The first pre-licensing inspection shall be conducted by the appropriate organ upon application without service fee. In case of failure to comply with this standard during the first pre-licensing inspection, the applicant has the right to reapply not more than two times upon paying service fee. If the applicant fails to comply with this standard for the third time, its application for licensure shall be suspended for three months.
- 2.2.6. The application for a Nursing home care license shall state services to be given and shall furnish other information as may be required by the appropriate organ including,
- a) Identification of the applicant/owner (name, citizen, address) and evidence for ownership (if the applicant is an authorized delegate, written delegation letter shall be submitted);
 - b) For existing health facility, name of owner and license number;
 - c) Name and location of the nursing home care;
 - d) Surrounding area of the nursing home care;
 - e) Types of services to be rendered;
 - f) Name, qualification, nationality and license copy of licensee;
 - g) Staffing (Number, type, qualification, work experience & original release and license copy of all health professionals);
 - h) Number and type of administrative staff;
 - i) Type of ownership: (Governmental, non- governmental, private for profit, private for non- profit, other governmental);
 - j) Physical facility design and its description;
 - k) Proposed use of idle space; (if any)
 - l) Owner of the building; (if rental, the agreement paper shall be submitted);
 - m) And other requirements which shall be made in close consultation with the stakeholders and according to the rules and regulations of the region and the country as well.

- 2.2.7. An application for a license or change in service shall be denied if the applicant cannot demonstrate that the premises, products, personnel and healthcare services are fit and adequate in accordance with this standard.
- 2.2.8. The license issued by the appropriate organ shall not be applicable for use by any other person or at any facility other than the designated one in the license. Whenever there is change in licensee or premises, the license shall be updated.
- 2.2.9. The license issued to nursing home care in a specified /address cannot be used for another facility.

2.3. Initial/ New Licensure

- 2.3.1. Every nursing home care shall have a separate license. The appropriate organ shall issue each license in the name of the owner and licensee only for the premises and person named as applicant in the application and the license shall not be valid for use by any other person or at any place other than the designated in the license.
- 2.3.2. A nursing home care license shall specify the following:
- (a) The name, and professional license and registration number of the licensee;
 - (b) The name and address of the nursing home care;
 - (c) Ownership of the nursing home care;
 - (d) Name of the owner,
 - (e) License number, issuance and expiration dates of the license.
 - (f) Signature and stamp of the appropriate organ and
 - (g) Notices/reminders prepared by the appropriate organ
- 2.3.3. Prior to initial licensure of the nursing home care, the appropriate organ shall conduct an on-site inspection to determine compliance with the applicable laws and standards governing the nursing home care.
- 2.3.4. The appropriate organ shall give a written report of the findings to the nursing home care upon the conclusion of the inspection.
- 2.3.5. A nursing home care with deficiencies shall correct them and submit written proof of correction of deficiencies.

- 2.3.6. The appropriate organ shall conduct a follow-up inspection to determine correction of deficiencies cited within ten (10) days following the sixty (60) days correction period or upon notification from the nursing home care that the deficiencies have been corrected.
- 2.3.7. The appropriate organ shall deny the application for licensure to a nursing home care that has not corrected deficiencies. The applicant shall reapply for licensure when deficiencies are corrected.
- 2.3.8. The appropriate organ shall conduct an unannounced on-site inspection of the nursing home care shortly after the beginning of operation to assess the nursing home cares' continued compliance with the laws and standards governing nursing home cares.
- 2.3.9. The original license shall be posted in a conspicuous place at reception at all times.
- 2.3.10. The appropriate organ shall issue a replacement license where the originally issued license has been confirmed as lost or destroyed upon submission of an application supported by an affidavit.

2.4. Requirements for License Renewal

- 2.4.1. A license, unless suspended or revoked or under consideration in pending case, shall be renewable annually and the nursing home care shall submit an application for license renewal to the appropriate organ no later than sixty (60) days before the expiration date of the current license.
- 2.4.2. Without prejudice to article 2.4.1;
- (a) Subsequent to submitting renewal application, the owner shall pay the prescribed license fee
 - (b) License renewal shall be made during the first quarter of each fiscal year (Hamle 1 to Nehassie 30) based on routine inspection findings over the year
 - (c) In case of failure to renew license within the prescribed period, license may be renewed upon paying penalty (50% of renewal fee) within one month
 - (d) In case of failure to renew license as per article 2.4.2 (c), license shall be considered as cancelled

2.4.3. Every applicant who needs to renew a license shall

- (a) Apply to the appropriate organ filling the form prescribed by the appropriate organ ;
- (b) Pay the prescribed license renewal fee;
- (c) Provide copies of professional licenses for all permanent and temporarily employed health professionals of the clinic and
- (d) Provide additional information or document upon written request by the appropriate organ.

2.4.4. The appropriate organ shall renew a license for a nursing home in substantial compliance with the applicable laws and this standard.

2.4.5. When the licensee can not avail himself for a period not more than 30 days for any reason, he/she shall assign an equivalent specialist temporarily but with prior notification to the appropriate organ. If the licensee is going to be absent for more than the stated period, he/she shall replace the license

2.5. Removal Permits, Change of Operation and Forfeiture of License

2.5.1. No nursing home care or part thereof shall move from the premises for which a license has been issued to any other premises without first having obtained a permit to move from the appropriate organ to the premises not covered by the license issued to the nursing home care.

2.5.2. Without the prejudice to article 2.5.1, permit in change of address shall indicate the special conditions governing the moving of the nursing home care or part of it as the appropriate organ may find to be in the interest of the public health.

2.5.3. Without prior permission of the appropriate organ, change of owner and/or licensee shall not be made.

2.5.4. The licensee shall inform the appropriate organ any change in operation. Change of operation means any alteration of services that is substantially different from that reported on the nursing home care's most recent license application.

2.5.5. Any transfer as to person or place without the approval of the appropriate organ shall cause the immediate forfeiture of the license. That is the license shall not be assignable or

transferable and shall be immediately void if the nursing home care ceases to operate, if its ownership changes, or if it is relocated to a different site.

2.5.6. When change of ownership of a nursing home care is contemplated, the nursing home care shall notify the appropriate organ in writing and give the name and address of the proposed new owner.

2.5.7. When change of licensee of a nursing home care is contemplated, the nursing home care shall notify the appropriate organ in writing and give the name and address of the proposed new owner.

2.6. Suspension and Revocation of a License

2.6.1. The appropriate organ may suspend or revoke a license or order closure of a service or unit within the nursing home care, cease admissions to a nursing home care, order removal of patients from a nursing home care where it finds that there has been a substantial failure to comply with this standard.

2.6.2. Without prejudice to grounds of suspension provided under relevant laws, the appropriate organ shall suspend the license for 3 to 12 months in any of the following grounds:

- (a) Where the nursing home care is legally suspended;
- (b) Where the nursing home care fails to practice medical ethics;
- (c) Where the nursing home care engages in rendering services which are outside the competence of the clinic for which the license is obtained;
- (d) Where the nursing home care fails to allow inspection pursuant to the law and this standard;
- (e) When the nursing home care allows a professional who has been suspended by appropriate organ from practicing his profession;
- (f) When the nursing home care fails to implement or fulfill comments and corrections given by the appropriate organ;
- (g) When the nursing home care shown any act which constitutes a threat to the public health or safety;
- (h) When the nursing home care fails to observe laws relating to health services and this standard;

- (i) When the nursing home care fails to submit relevant information required under this standard.
- 2.6.3. Without prejudice to grounds of revocation provided under relevant laws, the appropriate organ shall revoke the nursing home care license from one to two years on any of the following grounds:
- (a) Where the license is proved to have been obtained by submitting false information;
 - (b) Allows a practitioner who is not licensed pursuant to the appropriate law or who has been revoked by appropriate organ from practicing his profession;
 - (c) Where any of its permanent health personnel is found registered/ employed as a permanent staff in any other facility;
 - (d) Where the faults referred to in Article 2.6.2 have been committed for the second time;
 - (e) Where the license is found transferred or rented to another person;
 - (f) Where the nursing home care changes types of services, name, address and the licensee without obtaining permission from the appropriate organ;
 - (g) Where the license is not renewed in accordance with Section 2.4 of this standard;
 - (h) Where the nursing home care is legally closed or ceases operation;
 - (i) Where the nursing home care is found operating while suspended by appropriate organ;
 - (j) Where the nursing home care is found operating out of the scope of services stated under this standard;
- 2.6.4. At least 30 days prior to voluntary surrender of its license where approved by the appropriate organ, or order of revocation, refusal to renew, or suspension of license, the nursing home care must notify each patient and the patient's physician the intended closure.
- 2.6.5. Each license in the licensee's possession shall be the property of the appropriate organ and shall be returned to the appropriate organ immediately upon any of the following events:
- (a) Suspension or revocation of the license;
 - (b) Refusal to renew the license;
 - (c) Forfeiture of a license; or
 - (d) Voluntary discontinuance of the operation by the licensee.
- 2.6.6. If the appropriate organ determines that operational or safety deficiencies exist, it may require that all admissions to the nursing home care cease. This may be done simultaneously with, or

in lieu of, action to revoke license and/or impose a fine. The appropriate organ shall notify to the clinics in writing of such determination.

2.6.7. The appropriate organ shall order and ensure in collaboration with appropriate local health authorities the immediate removal of patients from the nursing home care whenever it determines there is imminent danger to the patients' health or safety.

2.6.8. The license shall be returned to the appropriate organ within five (5) working days from voluntary surrender, order of revocation, expiration, or suspension of license.

2.6.9. The appropriate organ shall issue to the nursing home care a written notification on reasons for denial, suspension or revocation of the license.

2.7. Right to Fair Hearing

2.7.1. Any applicant made subject to action by the appropriate organ for denial or suspension or revocation of license or who is assessed a fine under terms of this section shall have the right to a fair hearing in accordance with relevant laws.

2.7.2. Fair hearing shall be provided/ arranged by the appropriate organ whenever there is an official complaint submitted to this body and it shall be open for media.

2.8. Information to be disclosed

2.8.1. Evidence based information received by the appropriate organ through inspection and other true sources about the nursing home care shall be disclosed to the public in such a way to indicate the public a decision maker or self regulator for its own health.

2.8.2. Whenever public disclosure is necessary, the appropriate organ shall forward inspection reports to the nursing home care at least 15 days prior to public disclosure.

2.8.3. Any citizen has the right to obtain information on the official profile of services of any licensed nursing home care from the appropriate organ.

2.8.4. Anyone who is interested in establishing a nursing home care shall have the right to be provided with information concerning the standards required by the appropriate organ at any working day.

SECTION THREE: GOVERNANCE

- 3.1. Technically the nursing home shall be led/ managed by the Licensee.
- 3.2. The licensee of nursing home shall be a:
 - a) Hospice nurse with a minimum of 2 years of relevant work experience or,
 - b) Diploma nurse with a minimum of 5 years of experience or
 - c) BSc nurse & post basic BSc nurse with less than 2 years of relevant work experience before BSc program requires 3 years relevant work experience or,
 - d) Post basic BSc nurse with 2 - 5 years of relevant work experience before BSc program requires one year relevant work experience or,
 - e) Diploma nurse graduates who have joined post basic BSc program after 5 years of relevant work experience are exempted from work experience.
- 3.3. The head of the Nursing home care or the Licensee shall be responsible for:
 - (a) The protection of patients' health, safety, and well- being;
 - (b) Meeting patient needs & maintaining appropriate staff to meet this;
 - (c) Reporting information on suspect of abuse, neglect and exploitation for children & people with mental incompetence;
 - (d) Responding to reports from the appropriate organ;
 - (e) Total administration of the clinic.

SECTION FOUR: Client Rights and Responsibilities

4.1 Informed Consent

- 4.1.1. Nursing home care shall protect and promote client's rights.
- 4.1.2. For undertaking any type of treatments an informed consent shall be required from the client or client's next of kin or guardian.
- 4.1.3. No photographic, audio, video or other similar identifiable recording is made without prior informed written consent.
- 4.1.4. A nursing home shall post list of fees & Service charges for clients in a visible place.

4.2 Client Rights

Every client of a Nursing home care shall at least have the following rights,

- 4.1.5. To receive safe health services,
- 4.1.6. To **receive** treatment and medical services without discrimination based on race, age, color, religion, ethnicity, national or social origin, sex, sexual preferences, handicap, diagnosis, source of payment or other status;
- 4.1.7. To retain and exercise to the fullest extent possible all the constitutional and legal rights to which the client is entitled by law;
- 4.1.8. To be informed of the names and functions of the clinic staff who are providing direct care to the client.
- 4.1.9. To receive an explanation of his or her health condition,
- 4.1.10. To have personal and physical privacy.
- 4.1.11. To be treated with courtesy, consideration, and respect for the client's dignity and individuality i.e. the right to care that respects the client's personal values and beliefs;
- 4.1.12. To refuse medication and treatment and to be informed of the medical consequences of refusing treatment except conditions which are threatening to the general public health
- 4.1.13. To be free from physical and mental abuse, neglect, sexual harassment, sexual violence and exploitation;
- 4.1.14. To have personal and physical privacy during medical treatment and care,
- 4.1.15. To get confidential treatment. Information in the patient's records shall not be released to anyone outside the nursing home care except the followings;
 - (a) If the client has approved the request,
 - (b) If the release of the information is required and permitted by law.
 - (c) If the patient's identity is masked
- 4.1.16. To obtain a copy of the patient's medical record, as per the standards set under the medical record section of this standard;
- 4.1.17. To be informed and participate in decisions relating to their care and participates in the development and implementation of a plan of care and any changes.
- 4.1.18. To present his or her suggestion or grievances.
- 4.1.19. **To choose their treating nurse if**
 - (a) **there is conflict among the patient and these staff or**
 - (b) **the patient has justifiable reason or**
 - (c) **the nursing home care has another alternative.**

4.1. Client Responsibilities

Every client shall have the following responsibilities:

- 4.1.1. To cooperate with the clinic staff
- 4.1.2. To provide, to the best of the client's knowledge, accurate and complete information regarding past medical history;

- 4.1.3. To follow the course of treatment and instructions;
- 4.1.4. To report to the treating nurse any changes in his/her condition or anything that appears unsafe;
- 4.1.5. To respect the clinic staff;
- 4.1.6. To keep all appointments and notify the clinic when unable to do so;
- 4.1.7. To observe the clinic policies and procedures, including those on smoking, alcohol use, cellular phones, noise;
- 4.1.8. Not to litter the clinic premises.
- 4.1.9. For epidemic, the patient has the responsibility to cooperate and take the treatment or vaccination.
- 4.1.10. Report any changes in his/her condition or anything that appears unsafe to her/his self (the patient) or others.

SECTION 5: HUMAN RESOURCE MANAGEMENT

5.1. General Requirements

- 5.1.1 The nursing home care shall have responsible focal person who organizes /carries out the major functions of Human Resource Management (HRM).
- 5.1.2 The nursing home care shall ensure that all health professionals recruited are licensed as per the registration and licensing requirement of the appropriate regulatory body.
- 5.1.3 The nursing home care shall ensure and maintain evidence of current active licensure, registration, certification or other credentials for employees and contract staff prior to letting to work and shall have procedures for verifying that the current status is maintained.
- 5.1.4 Whenever a licensed health-care professional is terminated as a result of a job-related incident, the nursing home care shall refer a report of the incident to the appropriate regulatory body.

- 5.1.5 Each person who is involved in the performance of duties involving direct patient care shall have an occupational health screening prior to entering active status and once every five (5) years thereafter. A health professional shall not conduct health examination for himself/ herself.
- 5.1.6 The Nursing home care shall keep on file the medical checkup reports of all staff and shall make available during inspection by the appropriate regulatory body.
- 5.1.7 Each person who is involved in direct patient care and who has been absent from duty because of an illness that required to be reported to the MOH shall, prior to returning to duty, obtain certification from a physician or other qualified health professional, as provided for in the nursing home care's policies, that he or she may return to duty without apparent danger of transmitting the cause of the illness to any patient.
- 5.1.8 The nursing home care shall regularly follow the Immunization status of all employees and all other persons who routinely come in contact with patients or patient areas against selected communicable disease. Immunizations shall be in accordance with current guidelines developed by the Federal Ministry of health FMOH.
- 5.1.9 The Nursing home care shall update the employment record for all staff. The record shall contain to a minimum: information on credentials, health examination (fitness for duty), work history, current job description, and evidence of orientation, in-service education / training and copies of annual evaluation.
- 5.1.10 The nursing home care shall notify the appropriate organ while hiring or terminating medical staff
- 5.1.11 All health professionals shall abide with health professionals Code of conduct and their respective scope of practice.

5.2. Staffing Plan

- 5.2.1. The nursing home care shall avail as a minimum the staff requirements stated under this standard.
- 5.2.2. The staffing plan shall define the following elements:
- (a) The total number and types of staff needed for the nursing home care as a whole and for each service unit,
 - (b) The total number and types of staff currently available for the nursing home care as a whole and each service unit,
 - (c) The required education, skills, knowledge, and experience required for each position,

- (d) The process and time period for reviewing and updating the plan shall be indicated.
(The plan is periodically reviewed and updated as required, but it shall be done at least every two years.)
- (e) Expected/ existing workload.

5.3. Job Description and Orientations

- 5.3.1. All staff shall be provided with current written job descriptions and be oriented to their specific job responsibilities at appointment.
- 5.3.2. The job description shall include the title and grade of the position, specific function of the job, job requirement, reporting mechanism, evaluation criteria and description of job site and work environment.
- 5.3.3. The orientation program for all employees shall include three levels of orientation: the facility wise, service wise and job specific.
- 5.3.4. Organizational and administrative structure of the nursing home care shall be posted in a visible place and orientation to all staff working in the clinic shall be provided by the Nursing home care management.
- 5.3.5. Orientation to Nursing home care policies, including all environmental safety programs, infection control, and quality improvement shall be provided.
- 5.3.6. Staff members who are not licensed to practice independently shall have their responsibilities defined in their updated job descriptions.
- 5.3.7. The Nursing home care shall organize a system of provide & maintain evidence of an orientation program for all new staff and, as needed, for existing staff who are given new assignments. The orientation program shall include an explanation of:
 - (a) Job duties and responsibilities,
 - (b) Nursing home care 's sanitation and infection control programs;
 - (c) Organizational structure within the Nursing home care ;
 - (d) Patient rights;
 - (e) Patient care policies and procedures relevant to the job;
 - (f) Personnel policies and procedures;
 - (g) Emergency procedures;
 - (h) Reporting requirements for abuse, neglect or exploitation
 - (i) What to rescored & report

5.4. Continuing education

- 5.4.1. The Nursing home care shall encourage and facilitate that staffs receive training in order to perform assigned job responsibilities.
- 5.4.2. The professional in the nursing home care shall receive ongoing Continuing Professional Development (CPD) or continuous medical education (CME) to maintain or advance his or her skills and knowledge.
- 5.4.3. The CPD/ CME shall be relevant to the setting in which they work as well as to the continuing advancement of the clinic.
- 5.4.4. The clinic shall decide the type and level of training for staff in accordance with National CPD guideline and then carry out and document a program for this training and education.
- 5.4.5. The clinic shall provide and maintain evidence of CPD or CME for staff. A record shall be maintained including dates, topics and participants.

5.5. Nursing Staff

- 5.5.1. The nursing staff shall be responsible for medical care and treatment provided in the Nursing home care in accordance with the standards stipulated under the Nursing home care administration and shall:
 - a) Participate in a Quality Assurance/ Performance Improvement program to determine the status of patient care and treatment;
 - b) Abide by Nursing home care and nursing staff policies;
 - c) Establish a disciplinary process for infraction of the policies
- 5.5.2. The nursing staff shall see that there is adequate documentation of medical events by a review of discharged patients that shall insure that medical records meet the required standards of completeness, clinical pertinence and promptness or completion of following discharge.
- 5.5.3. The nursing staff shall actively participate in the study of nosocomial (facility associated) infections and infection potentials and must promote preventive and corrective programs designed to minimize their hazards.
- 5.5.4. There shall be regular nursing staff meetings to review the clinical works & administrative duties.

5.6. Employee's Health

- 5.6.1. The nursing home care shall institute systems and processes that minimize employees' risks; protect employees and provide access to care when needed.

- 5.6.2. A comprehensive Occupational Health and Safety (OHS) program shall have the following components:
- a) Staff dedicated to coordinate OHS activities,
 - b) Policies and Procedures that define components of the program,
 - c) Training for staff on program components.
- 5.6.3. The standards outlined below define the core elements of an OHS program and specify minimum requirements needed to address OHS issues.
- a) The clinic shall have an occupational health and safety policy and procedures in place to identify, assess and address identified health and safety risks to staff and prevent those risks that will potentially compromise their health and safety.
 - b) The clinic assesses and documents safety risks through formalized, structured assessments that are done at regular intervals.
 - c) Interventions shall be designed and implemented to address the risks that are identified.
- 5.6.4. The nursing home care shall have a mechanism in place to address/ protect injuries that could lead to the transmission of blood-borne diseases (needle stick and other injuries).
- 5.6.5. The Nursing home care shall provide personal protective equipment,
- 5.6.6. The Nursing home care shall provide the following facilities to employees:
- a) Cafeteria (meal for duty),
 - b) Duty room (bed, table and chair, closet with lock),
 - c) Adequate toilet and shower facilities,

5.7. Dress Code and Employee Identification Badge

For areas involving direct patient contact:

- 5.7.1. Footwear shall be safe, supportive, clean, and non-noise producing,
- 5.7.2. Artificial nails are prohibited. Natural nails must be kept short and jewelry must be kept to a minimum,
- 5.7.3. Hair must be worn in a way that prevents contamination and does not present a safety hazard,
- 5.7.4. The clinic shall provide uniforms to employees. And employees shall wear the clinic uniforms all the time while on duty.
- 5.7.5. The dressing shall not interfere in any way the service provision.
- 5.7.6. The nursing home care may specify a particular style and/or color of uniform **with different style/color code; separate for each human resource category,**

- 5.7.7. The employee shall keep the uniform neat, wrinkle free and in good repair,
- 5.7.8. The Nursing home care shall prepare and make sure identification badges are worn by employees.
- 5.7.9. The identification badge shall be worn at all times while at work and be easily visible with name & profession.

FINAL DRAFT

SECTION SIX: Nursing Home Care Service Standards

6.1. Practices

6.1.1. The Nursing home care shall provide at least the following services using written protocols:

- (a) Triage of patients for eligibility
- (b) Preventive services
- (c) Palliative care services
- (d) Pain & other symptoms medication/ management
- (e) Treatment administration and follow up as per treating physician's prescriptions
- (f) Terminal care service,
- (g) And other all nursing care services

6.1.2. In addition the Nursing home care shall have written protocol regarding the followings;

- (a) procedure of admission & Discharge,
- (b) linkage & referral/ transfer system, integration to the existing health facility,
- (c) education to patients & care givers, including bereavement,
- (d) Billing & financial settlement,
- (e) Communication with primary physician or Arrangement for Consultations with physician & related other psychosocial/ health professional,

6.1.3. The Nursing home care shall review its written protocol at least once every three years.

6.1.4. Nursing care shall be provided by a licensed nurse with a minimum of diploma and has at least two years of relevant work experience.

6.1.5. Written copies of nursing procedure manual shall be made available to the nursing staff. The manual shall be used at least to:

- (a) Provide a basis for induction of newly employed nurses,
 - (b) Provide a ready reference on procedures for all nursing personnel,
 - (c) Standardize procedures and practice,
 - (d) Provide a basis for continued professional development in nursing procedures/techniques.
- 6.1.6. The Nursing home care shall have established guidelines for verbal and written communication about patient care that involves nurses.
- (a) Written communication includes proper use of nursing assessment & progress notes, nursing care plan for each patient and discharge instructions.
 - (b) Verbal and/or written communication: nurse-to-nurse reporting and communication with other service units (consulting appropriate professional, psychosocial services, emotional help, social service).
- 6.1.7. There shall be a procedure for standardized, safe and proper administration of medications by nurses or designated clinical staff.
- 6.1.8. The Nursing home care shall have standard operating procedure for nursing care
- 6.1.9. The Nursing home care shall have written agreement with hospitals or nursing home cares or medium clinics for physician advice or treatment.
- 6.1.10. The nursing care plan shall be initiated upon admission of the terminally ill patient and shall include discharge plans as part of the long-term care provision goals.
- 6.1.11. A nurse responsible to deliver nursing home care shall assess and document regarding the followings:
- a) Formulate and implement goal-directed nursing interventions,
 - b) Evaluate the plan of nursing care and
 - c) Involve patients, their relatives or next of kin in decisions about their nursing care.
- 6.1.12. Patient documentation in Nursing home care shall include:
- a) Medication/ treatment/ other items ordered by authorized treating physician,
 - b) Nursing care needed,
 - c) Long-term goals and short-term goals,
 - d) Patient/ family teaching and instructional programs,

- e) The psycho- social & spiritual needs of the patient,
- f) Preventative nursing care.

6.1.13. There shall be a licensed nurse to supervise all admitted patients at all times.

6.1.14. Implementation of infection prevention procedures shall be in place.

6.1.15. Nurses shall respect the dressing code of nursing profession.

6.1.16. Patient discharge instructions shall be documented in the patient's medical record at the time of discharge and at least verbal instruction shall be given to the patient or next of kin.

6.1.17. Allergies shall be listed on the front cover of the patient's chart or, in a computerized system, highlighted on the screen.

6.1.18. There shall be practice of identifying & providing the service for patients who require assistance in feeding, mobilization and any biological process.

6.1.19. The nursing staff shall take and document vital signs for those clients in altered status and communicate findings of any deviation from the norm to the visiting physician or referring physician.

6.1.20. The Nursing home care nursing staff shall make sure medications with clients are taken properly & timely,

6.1.21. Each patient shall be identified prior to drug administration. Drugs dispensed for one patient shall not be administered to another patient.

6.1.22. There shall be a policy for reporting and documenting drug errors and adverse drug reactions by attending nursing personnel to the prescriber or visiting physician.

6.1.23. Nursing personnel shall make sure medicines, needles, syringes and other supplies used for Nursing home care shall be maintained under proper conditions.

6.1.24. Medications for pain control for terminally ill patients/clients shall be under strict control by a nursing staff with relevant training & experience.

Nursing care: use of restraints

6.1.25. The Nursing home shall have procedures regarding the use of physical restraints. They shall include at least the following:

- (a) Protocol for the use of alternatives to physical restraints,
- (b) A delineation of indications for use, which shall be limited to:
 - Prevention of imminent harm to the patient or other persons,
 - Prevention of serious disruption of treatment or significant damage to the physical environment;
- (c) Contraindications for use, including at least clinical contraindications, convenience of staff, or type of the patient;
- (d) Protocols for notifying the family or guardian about reasons for use of restraints,
- (e) Protocol for removal of restraints when goals have been accomplished.

6.1.26. Interventions while a patient is restrained shall be performed by nursing personnel in accordance with nursing care policy. They shall include at least the following and shall be documented:

- (a) Assessment for clinical status and reevaluation of need for restraints at least every 2 hours;
- (b) Toileting at least every 2 hours with assistance if needed;
- (c) Monitoring of vital signs; and
- (d) Release of restraints at least once every two hours in order to:
 - Assess circulation and skin integrity;
 - Perform skin care; and
 - Provide an opportunity for exercise or perform range of motion procedures for a minimum of five minutes per limb.
- (e) Continuous or periodic visual observation based upon an evaluation of the patient's clinical condition.

Nursing care for Dying or terminally ill patient

6.1.27. Nursing care for terminally ill patients (Patients with cancer, vegetative stage condition, etc) shall include the following conditions:

- (a) The Nursing home care shall have a policy or a protocol on resuscitation,

(b) The Nursing home care shall have a policy or a protocol or a procedure on immediate care for dead body to a minimum of:

- Confirmation of death by at least 2 attending nurse practitioners (2 medical personnel),
- Care for the body shall be carried out according to the religion and culture of the patient and as per the facility protocol,
- Communication with family,
- The body shall be taken to separate prearranged place (morgue like) immediately,
- If there is a need of post mortem examination (autopsy), the autopsy request shall be sent together with body to the authorized facility,
- If there is document of consent for organ donation (i.e. cornea), the consent shall be sent to morgue,

Bereavement Service

6.1.28. The Nursing home care shall have bereavement services to clients with the following component:

- a) Assess grief counseling needs;
- b) Provide bereavement information and referral services to the bereaved, as needed;
- c) Provide bereavement support to Nursing home care staff as needed;
- d) Attend Nursing home care Inter Disciplinary Team/ IDT/ meetings as needed; and
- e) Document bereavement services provided and progress of bereaved on a medical record as clinical progress note.

Medications Management and Use

6.1.29. Nursing home shall have emergency medicines at all times. List of these medicines shall be according to the Authority's Emergency Medicines List specific to these type of health facility

6.1.30. These health facilities shall get emergency medicines from suppliers licensed by the Authority

6.1.31. It is prohibited to hold or dispense emergency medicines which are not registered and included in the emergency medicines list of this facility

6.1.32. Except individual medications supported by prescriptions, it is prohibited to hold or dispense non-emergency medicines in these health facilities at any time.

- 6.1.33. Nursing homes are not allowed to hold or dispense any donated medications without prior permission of the Authority
- 6.1.34. Emergency medications shall be prescribed by an authorized prescriber and administered by nursing personnel with adequate information and counseling to the patient or care giver.
- 6.1.35. The nursing home shall be responsible to report suspected ADR cases to the Authority and all adverse medication effects shall be noted in the patient's medication record.
- 6.1.36. The nursing home shall keep documentation which shows medicines source, date of purchase and receipt, inventory records, medicines waste disposal records and other relevant information
- 6.1.37. The nursing home shall keep medication records for emergency medicines which contains at least
- a) Name of patient, sex, age and medical record number,
 - b) Diagnosis and allergy, if any,
 - c) Name of the drug, strength, dosage form and total dose given and route of administration,
 - d) Date dispensed,
 - e) Prescriber's name, qualification and signature,
 - f) Prescriber's address (name and address of health facility).
- 6.1.38. Any clinical trial without the permission of the Authority is prohibited in these health facilities
- 6.1.39. Disinfectants and other chemicals shall be stored separately from emergency medicines.
- 6.1.40. The storage condition shall provide adequate protection to the medicines and supplies from all environmental factors until time of use.
- 6.1.41. Medicines shall be kept in a secured, clean, ventilated cabinet and in accordance with the manufacturers' recommendation for storage conditions.
- 6.1.42. Nursing homes shall manage and dispose medicines waste in accordance with the directive issued by the Authority
- 6.1.43. Nursing homes shall be accessible to authorized inspector of an appropriate regulatory body.

6.2. Premises

- 6.2.1. The Nursing home shall have well secured facility with regulated entrance & exist.
- 6.2.2. The premises for Nursing home shall have adequate light & ventilation.
- 6.2.3. The premises for Nursing home shall be friendly for people with disability,
- 6.2.4. The Nursing home shall have a separate Registration / record room.
- The record room premises shall have one meter wide space in between shelves.
 - The medical records shall be shelved to a minimum 10 cm above the floor.
 - The medical record room shall be protected from fire.
- 6.2.5. The Nursing home shall have one separate room for consultation of patients &/ or relatives, next of kin by respective palliative care team members.
- 6.2.6. The Nursing home shall have a minimum of one admission room:
- The Nursing home shall have a minimum of 10 beds for admission/ inpatient care,
 - The minimum area the room shall be 80 sq. m (8 sq. m/ bed),
 - The room shall have adequate light and ventilation,
 - There shall be functional toilet rooms with shower or bath service,
 - There shall be access for telephone call,
 - The admission room shall have good visual access to the surrounding scenery,
 - The premises for Nursing home shall be handicap friendly,
 - The premises shall be free of obstacles & hazard,
- 6.2.7. The compound of nursing home shall be designed to be attractive & colorful with walking/ wheelchair lane, gardens, and recreation areas.
- 6.2.8. The premise for Nursing home care is summarized as follows;

Premises Required	Number	Area Required
• Reception, Registry/ Recording & Waiting area	1	12 sq. m
• Examination room(s),	1	12 sq. m
• Treatment/ procedure/ injection room,	1	9 sq. m
• Inpatient room:		

○ Admission rooms (with a maximum of 6 beds capacity per room)	2	96sq. m
○ Isolation room(s)	2	32 sq. m
○ Nurse station	1	12sq. m
○ Office	1	12sq. m
○ Clean utility room	1	6sq. m
○ Soiled utility room	1	6sq. m
● Toilet (male & female)	3	12sq. m
● Separate shower room	1	8 sq. m
● Morgue	1	24sq. m
● Incinerator	1	

6.3. Professional

6.3.1. The Nursing home shall be directed by licensed:

- a) Hospice nurse with a minimum of 2 years of relevant work experience or,
- b) Diploma nurse with a minimum of 5 years of experience or
- c) BSc nurse & post basic BSc nurse with less than 2 years of relevant work experience before BSc program requires 3 years relevant work experience or,
- d) Post basic BSc nurse with 2 - 5 years of relevant work experience before BSc program requires one year relevant work experience or,
- e) Diploma nurse graduates who have joined post basic BSc program after 5 years of relevant work experience are exempted from work experience.

6.3.2. The Nursing home shall have the following minimum staff:

- a) Head Nursing home nurse #1,
- b) One nurse for three patients during regular working hours
- c) At least two nurses after working hours,
- d) Nurse assistants/ trained care giver, #2
- e) Social worker, #1
- f) Bereavement counselor, #1

- g) Psychologist/ clinical psychologist (Optional) #1
- h) Part-time Doctor
- i) Non professional: Receptionist, administrator and cleaners

6.3.3. The Nursing home care staffing has been summarized as follows

Staffs required	No required
• Nurses	5
• Social worker	1
• Bereavement counselor	1
• Psychologist / clinical psychologist(Optional)	1
• Trained care giver/ Nurse assistants	2
• Part-time worker Medical Doctor	1
• Receptionist	1
• Cleaners	2
• Administrator	1

6.4. Products

6.4.1. The Nursing home shall have the following diagnostic sets:

- a) Sphygmomanometer,
- b) Stethoscope,
- c) Reflex Hammer,
- d) Examination light/ torch,
- e) Thermometer,
- f) Oxygen
- g) Suction machine

6.4.2. The Nursing home shall have the following nursing care materials:

- a) Examination couch,
- b) Beds,
- c) Dressing mat. & equipments,
- d) IV stands
- e) Rubber sheet,
- f) Draw sheet,
- g) Kidney dish,
- h) Wheel chair
- i) Stretcher

6.4.3. The Nursing home shall have the following consumable materials:

- a) Surgical glove,

- b) Disposable glove,
- c) Pamper big size,
- d) Pain controlling medicines (every step),
- e) Heavy duty glove,
- f) Cleaning supplies (detergents, disinfectants and other cleaning solutions etc)

6.4.4. The Nursing home shall have the following

- a) IEC materials: Leaf let/ Brochure/ News letter/ Media/ Film /DVD/ VCD
- b) Day care center: Chair, Mattress, Playing games, TV/ Radio/ Reading materials
- c) Storage shelves for the medical equipment, Disinfectant chemicals, Dressing set, NG tube, Catheter, Urine bag,

6.4.5. The Nursing home shall have the following Post Mortem care products:

- | | |
|------------------------|------------------------------------------------|
| a) Plastic sheets, | k) Boots, |
| b) Aprons, | l) Gowns, |
| c) Stretcher, | m) Head cover, |
| d) Scissor, | n) Goggles, |
| e) Formalin, | o) Plastic bags, |
| f) Disinfectants, | p) White clothes, |
| g) Syringe 30cc, 50cc; | q) Body table with hot and cold
water sink, |
| h) Detergents, | r) Cupboard for instrument, |
| i) Cotton, | |
| j) Gloves, | |

6.4.6. Emergency medicines shall be available as per the list for nursing home prepared by Ethiopian Food, Medicine & Healthcare Administration & Control Authority.

SECTION SEVEN: Morgue Services

7.1. Practices

7.1.1. The Nursing home shall have written policies and procedures for dead body care services. These policies shall delineate the responsibilities of the medical staff and nursing staff and shall include procedures for at least the following:

- a) Identification of the body, recording and labeling,
- b) Safe and proper handling of the body to prevent damage and this shall be according to the patient religion and culture,
- c) Treatment of the dead body with formalin,
- d) Safeguarding personal effects of the deceased and release of personal effects to the appropriate person,
- e) Proper handling of toxic chemicals by morgue and housekeeping staff,
- f) Infection control, including disinfection of equipment as per IP standard,
- g) Identifying & handling high-risk and/or infectious bodies,
- h) Release of the body to the family shall be as immediately as possible,

7.1.2. There shall be a death certificate issued by authorized Nursing home nurse for each death and this shall be documented.

7.1.3. The Nursing home shall provide the necessary care for dead body until the body is delivered to the relatives/ care givers.

7.1.4. The service shall be available for 24 hours a day and 365 days of a year.

7.1.5. Any dead body shall be sent to/ pass through morgue after death confirmation.

7.1.6. Dead body discharge shall be through the morgue exit.

7.2. Premises

7.2.1. The morgue premises at Nursing home care center shall fulfill at least the followings:

- (a) Dead body care & stay room,
- (b) Adequate Water supply:
- (c) Well ventilated,

- (d) Adequate supply of light,
- (e) Hand wash sink,
- (f) Secured with locks,
- (g) Attendant Office,

7.2.2. The morgue premises shall be secured and provided with lock.

7.3. Professionals

7.3.1. The morgue service shall have the following designated personnel:

- (a) Morgue attendant
- (b) Cleaner (can be shared with general cleaner pool),

7.4. Products

7.4.1. The Nursing home morgue shall have a couch (double deck if possible) to keep the body.

7.4.2. Body refrigerator (Optional)

7.4.3. In addition, the following products shall be available for morgue services:

- | | |
|--------------------------|---------------------------------------------|
| (a) Plastic sheets/ bags | (j) Gowns |
| (b) Aprons | (k) Head cover |
| (c) Stretcher | (l) Goggles |
| (d) Formalin | (m) Disinfectants |
| (e) Detergents | (n) White loose fabric/ clothes |
| (f) Syringe with needle | (o) Body table with hot and cold water sink |
| (g) Cotton | (p) Instruments |
| (h) Gloves | |
| (i) Boots | |

SECTION EIGHT: Infection Prevention

8.1. Practices

- 8.1.1. All activities performed for infection prevention shall comply with the national infection prevention guidelines.
- 8.1.2. Infection prevention and control shall be effectively and efficiently governed and managed.
- 8.1.3. The Nursing home care shall identify the procedures and processes associated with the risk of infection and shall implement strategies to reduce infection risks.
- 8.1.4. The Nursing home care center shall perform the following infection risk-reduction activities:
 - (a) equipment cleaning and sterilization
 - (b) laundry and linen management (can be manual)
 - (c) disposal of infectious waste and body fluids
 - (d) handling and disposal of blood and blood components
 - (e) kitchen sanitation and food preparation and handling
 - (f) operation of the mortuary area
 - (g) safe disposal of sharps and needles
 - (h) separation of patients and staff with communicable diseases
 - (i) management of hemorrhagic (bleeding) patients
 - (j) Engineering controls, such as positive ventilation systems
- 8.1.5. The following written policies and procedures shall be maintained
 - a) Hand hygiene
 - b) Transmission-based precautions: Contact, Droplet, Airborne
 - c) Post-Exposure Prophylaxis programming (PEP) for some communicable diseases like rabies, HIV, meningitis
 - d) Environmental infection prevention
 - e) Waste management: generation to removal/ disposal
- 8.1.6. The following specific standard precautions shall be practiced and the Nursing home care center shall have its own guidelines:
 - a) Protective gloves, gowns, masks and goggles

- b) Soiled patient-care equipment, textiles and laundry shall be handled appropriately,
 - c) Handling sharps,
- 8.1.7. There shall be transmission-based precautions and the Nursing home shall have its own guideline for the followings:
- a) Contact precautions
 - b) Droplet precautions
 - c) Airborne precautions (for diseases like SARS ,TB, Swine flu, etc)
- 8.1.8. Each Nursing home site shall train all staff on how to minimize exposure to blood-borne diseases. These include:
- a) Immediate first aid
 - b) Reporting exposures
 - c) Assign area for starter packs 24-hours access per day
 - d) Counseling and testing for exposed staff
 - e) Reporting and monitoring protocols
 - f) Evaluate PEP program
- 8.1.9. The infection prevention committee or designate shall have written protocols, procedures and shall oversee the following activities and this shall be documented:
- a) Developing the health facility annual infection prevention and control plan with costing, budgeting and financing
 - b) Monitoring and evaluating the performance of the infection prevention program by assessing implementation progress as well as adherence to IPC practice
 - c) Conducting surveillance to monitor nosocomial infections, antimicrobial use and outbreaks of infectious diseases.
 - d) Formulating a system for surveillance, prevention and control of nosocomial infections.
 - e) Reviewing surveillance data, reporting findings to management and other staff and identifying areas for intervention
 - f) Assessing and promoting improved IPC practice within the Nursing home
 - g) Developing an IEC strategy on IP for health-care workers

- h) Ensuring the continuous availability of supplies and equipment for patient care management
- i) Monitoring, providing data and measuring the overall impact of interventions on reducing infection risk

8.1.10. The Nursing home shall provide regular training on infection prevention and control practice to staff, patients and as appropriate, to family and caregivers

8.1.11. The following training guidelines shall be available

- a) Prevention of the spread of infections
- b) Improving the quality of patient care
- c) Promoting safe environment for both patients and staff

8.1.12. The Nursing home shall have procedures for visitors. This shall include

- a) Patient crowd control
- b) Assess urgent and non-urgent cases
- c) Patient sign-in
- d) Caregiver and visitor control.

8.2.Premises

8.2.1. The Nursing home care center shall have a designated instrument processing/ sterilization room

8.2.2. The Nursing home shall have a room or area for temporary storage of waste containers,

8.2.3. The nursing home shall have incinerator with ash and burial pits.

8.3. Professionals:

The Nursing home shall have a designated staff to serve as (IP) infection prevention and control (IP) officer nurse

8.4.Products

8.4.1. The Nursing home care center shall have the following adequate supplies and equipment needed for infection prevention and control practice.

a) Waste management equipment and supplies:

- Incinerator
- Garbage bins
- Ash pit
- Safety boxes

b) Cleaning

- Mop
 - Bucket
 - Broom
 - Dust mop
 - Cleaning cloth
 - Detergent
 - Bleach
- c) Laundry
- Washing machine (optional)
 - Sink
 - Drying rack/line
 - Washing basin
 - Trolley
 - Detergent
 - Irons
 - Bleach
- d) Instrument processing
- Autoclaves and steam sterilizers,
 - Test strips
 - Boiler
 - Storage shelves for the medical equipment
 - Brushes (tooth brush for small items)
 - Chemicals & disinfectants
0.5% chlorine solution (diluted bleach)
- e) Hand hygiene
- Sinks
 - Water container with faucet
 - Soap dispenser
 - Personal Towels
 - Alcohol based hand rub
- f) Personal Protective Equipment
- Heavy duty glove
 - Surgical/examination glove
 - Disposable glove
 - Eye/ face shield
 - Goggle
 - Respiratory mask
 - Other types of face mask
 - Plastic apron
 - Rubber Boots/ Nurse shoes
 - Caps

SECTION NINE: Sanitation and Waste Management

9.1. Practices

- 9.1.1. There shall be a waste disposal mechanism for all categories of wastes generated by the nursing home.
- 9.1.2. Nursing home environment shall ensure the following conditions:
- a) Clean sanitation and safe environment,
 - b) Access to continuous, safe and ample water supply,
- 9.1.3. There shall be written procedures to govern the use of sanitation techniques in all areas of the Nursing home.
- 9.1.4. Infectious and medical wastes shall be handled and managed according to the recent Health Care Waste Management National Guideline.
- 9.1.5. Infectious and non infectious medical waste contained in disposable containers shall be placed temporarily for disposal or transport in leak Proof drums, pails or portable bins. The containment system shall be leak proof, have tight-fitting covers and be kept clean and in good repair.
- 9.1.6. Reusable containers for infectious medical waste and general medical waste shall be thoroughly washed and decontaminated each time emptied according to the recent Health Care Waste Management National Guideline
- 9.1.7. Reusable pails, drums, or bins used for containment of infectious waste shall not be used for containment of waste to be disposed of as noninfectious waste or for other purposes except after being decontaminated by procedures described in the latest Health Care Waste Management National Guideline.
- 9.1.8. Segregation of health care waste shall includes the following procedures:
- a) Separate different types of waste as per the guideline,
 - b) The Nursing home care shall provide colored waste receptacles specifically suited for each category of waste,
 - c) Segregation of wastes shall take place at the source
 - d) There shall be 3 bin systems used to segregate different types of waste in the Nursing home care center:

Segregation category	Color	Container
Non risk waste	Black	bag or bin

Infectious waste	Yellow	bag or bin
Sharp waste	Yellow	safety box
Heavy Metal	Red	secure container
Medicine vials, ampoules	White	bag or bin
Hazardous medicines and cytotoxic wastes	yellow	bag or bin

9.1.9. Medical waste shall be disposed according to Health Care Waste Management National Guidelines/Directives by one of the following methods:

- a) By incineration,
- b) By sanitary landfill,
- c) By burial at an approved landfill,
- d) Chemical sterilization,
- e) Gas sterilization (shall be handled safely).

9.1.10. The Nursing home shall have an organized waste disposal and removal system and shall ensure the safe handling of all wastes.

9.1.11. Chemical and radioactive waste shall not be disposed of as solid waste or medical waste, & shall be disposed as per appropriate national guideline. (as per the Ethiopian Radiation Protection Authority's requirements).

9.1.12. The nursing home shall have a medical waste management plan which includes at least the following:

- a) Segregation of medical waste,
- b) Temporary storage of medical waste,
- c) Transport of medical waste,
- d) Disposal of medical waste,

9.1.13. The Nursing home center shall routinely clean and sanitize patient areas and waiting rooms at least twice daily and more when ever needed. Areas where there is blood splash shall be cleaned immediately.

9.1.14. The Nursing home shall ensure appropriate ventilation system.

9.1.15. In order to maintain a clean and safe environment, the Nursing home care shall have an organized method for the transport and washing of linens.

9.1.16. Housekeeping items shall be cleaned and sanitized regularly.

9.1.17. The Nursing home shall have Sewage disposal plan which shall fulfill the following conditions (according to Health Care Waste Management National Guideline):

- a) A functional sewerage system,
- b) Dispose of sanitary waste through proper connection to a suitable municipal sewerage system,
- c) Flush toilet system,
- d) A designated waste storage room/ area for solid waste &/ or a septic tank for liquid waste,
- e) Written procedures defining instrument processing procedures (disinfection and sterilization).
- f) All fixtures located in the kitchen shall be installed so as to empty into a drain which is not directly connected to the sanitary house drain.
- g) Kitchen drain shall empty into a manhole or catch basin having a perforated cover with an elevation of at least 24 inches below the kitchen floor elevation, and then to the sewer.

9.1.18. The Nursing home shall have Plumbing system that fulfill the following conditions:

- a) An approved municipal water system,
- b) An approved method of supplying hot water,
- c) Supply piping within the building shall be according to the Requirements in the standard mentioned under the physical facility,

9.1.19. The Nursing home shall have Catering hygiene that fulfill the following conditions:

- a) There shall be a procedure for management of pest control, restriction of animal entry (eg. cats, dogs etc), posted in a visible area in the kitchen.
- b) There shall be a system for regular screen and control of the health of kitchen personnel.
- c) The health of kitchen personnel shall be controlled for:
 - Personal hygiene including uniform (protective clothes),
 - Periodical medical check-up for acute and chronic diarrhea and other infectious diseases,

- Kitchen personnel with infected open skin lesions, communicable diseases shall not be allowed to work as kitchen personnel until confirmed safe.

9.1.20. The Nursing home shall have the following supportive sanitation measures:

- a) Clean water where there is no plumbing,
- b) Hand hygiene practice,
- c) Sterilization of medical instruments,
- d) Isolating infectious patient in special isolation room,
- e) Alternatives to protective equipment.

9.2. Premises

9.2.1. The Nursing home care sanitary system shall have:

- a) Adequate flushing toilets and hand washing basins,
- b) Plumbing setup stores,
- c) Sanitary office,
- d) Incinerator,
- e) Plot of land for Safe ash pit, Burial pit, Garbage bins,

9.3. Professionals

9.3.1. The Nursing home shall have a designated nurse for sanitation service.

9.3.2. The Nursing home shall have the following personnel to conduct sanitation activities:

- a) Housekeeping staff such as cleaners and waste handlers,
- b) Gardeners,

9.3.3. The Nursing home shall officially designate staff in charge of handling waste on a regular basis.

9.3.4. The assigned staff shall be responsible for the collection and disposal of waste products in the Nursing home care.

9.3.5. Continuing education shall be provided to all personnel engaged in sanitation activities on the relevant procedures

9.3.6. Staff shall be oriented on personal protection methods

9.4. Products

9.4.1. The Nursing home care shall have equipment and supplies required for sanitation activities. Required equipment and supplies includes:

- a) Incinerator
- b) Safety boxes
- c) Leak proof containers for waste
- d) Trolley to transport waste
- e) PPE (personal protective equipments)
- f) Autoclave
- g) Pressure cooker/dry oven.
- h) Cleaning supplies (detergents, disinfectants and other cleaning solutions etc).
- i) Mops and dust bins

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SECTION TEN: Food and Dietary Services.

10.1. Practices

- 10.1.1. The Nursing home shall provide nutritionally adequate meals, supplemental food supplies for inpatients.
- 10.1.2. The dietary service shall be available for 24 hours a day and 365 days a year.
- 10.1.3. The dietary service activities shall be managed by a dietician or a catering chief.
- 10.1.4. The center shall ensure that there is good food hygiene practices along the preparation process
- 10.1.5. The dietary service shall have written policies and procedures for all dietary services which at least includes:
 - a) Purchasing, preparation and handling of food items,
 - b) Meal distribution,
 - c) Handling special diet order,
 - d) A diet manual detailing nutritional and therapeutic standards for meals and snacks, and a nutrient analysis of menus.
 - e) Nutritional assessment guide for patients' nutritional needs for food and food supplements.
- 10.1.6. An updated diet menu shall be available at nurse station and in the dietary service unit.
- 10.1.7. There shall be a policy to promote the participation of the dietary service in meetings of multidisciplinary health care teams.
- 10.1.8. New admissions shall be listed for the dietary service according to the order.
- 10.1.9. The patient's diet shall be documented in the medical record. Documentation of diet instructions shall include a description of:
 - a) The diet instruction provided to the patient and/or responsible person.
 - b) Patient response, participation and understanding.
 - c) Written instructional material provided to the patient and/or responsible person.

- 10.1.10. Diets shall be prepared in conformity with the Nursing home's dietary manual/ menu.
- 10.1.11. At least three meals (breakfast, lunch and dinner) shall be served daily, and not more than 15 hours shall elapse between dinner and breakfast.
- 10.1.12. Nourishment may be provided between meals and at night.
- 10.1.13. Food production shall be sufficient in quantity and quality to meet nutritional needs of individual patients .
- 10.1.14. Changes in diet orders made by the treating physician shall be effected by the next mealtime.
- 10.1.15. There shall be a mechanism for evaluating admitted patients to ensure they are being adequately nourished.
- 10.1.16. There shall be a mechanism for the dietary service to be informed if the patient does not receive the diet that has been ordered, or is unable to consume the diet.
- 10.1.17. There shall be a mechanism for patients and their families to interact with the dietary service.
- 10.1.18. Dietary instruction for patients with special dietary needs from the treating physician shall be communicated to the dietary service.
- 10.1.19. The dietitian or the catering chief shall provide diet information to the Canteen staff for appropriate selections of food items during purchase.
- 10.1.20. The dietitian or the catering chief shall provide nutrition information as requested by the patient, family, or treatment team which includes:
 - a) diet instructions,
 - b) written instructional material,
 - c) community dietary referrals regarding special diets,
 - d) current diet order,
 - e) nutritional problems,
 - f) appetite,
 - g) nutritional counseling,
 - h) comprehension of diet instruction,
- 10.1.21. The dietitian or catering chief shall provide dietary information to the discharging patient as per the treating physician instructions or as planned by the treatment team.

10.1.22. Diet instructions for Inpatients or discharged patients shall include educations involving:

- a) therapeutic or modified diets
- b) food-drug interactions
- c) nutritional care for certain diagnoses/conditions
- d) recommendations for changes in diet order,
- e) treatment plan,
- f) significant food allergy (lactose, wheat gluten, Soya ,egg, dairy)

10.1.23. Nutrition consultations:

- a) Nutrition consultations shall be completed immediately after the treating physician's order.
- b) Nutrition consultations shall be individual or group, and may include family and/or responsible person.
- c) The dietitian or Nursing home catering chief shall determine the type and frequency of follow-up care after the initial consultation. Follow-up consultation may include evaluation of nutritional care, diet education, or other nutritional concerns.

10.1.24. Treatment Planning: Therapeutic goals related to nutritional needs shall be based on the following standards

- Standard Height/Weight Tables
- Dietary Reference Intakes
- Nutrition-related laboratory values
- Body Mass Index for Adults

10.1.25. Diet Orders and Nutritional Supplements

- a) The treating health professional's diet order shall be legible, concise and written in an understandable manner. Including the following information:
 - Patient Name
 - Unit
 - Date
 - Specific diet order; including food allergies/intolerances
 - Treating physician's / health professional signature
- b) Dietary services shall receive written notification of:

- New diet orders
 - Change in diet order
 - Discontinued or canceled diet orders
 - Unit transfers
 - Isolation or special trays
- c) All written diet orders shall be sent to dietary services immediately.
- d) Special requests for meals or supplemental foods shall be provided as ordered to accommodate alterations in diets or meal service schedules due to new admissions, personal dietary needs, or other circumstances.
- e) Diabetic and Calorie-Controlled diet orders shall include the calorie level desired.
- f) The dietitian or Nursing home care catering chief shall recommend appropriate nutritional supplemental foods according to general medical practitioner/health officer orders.
- g) An electronic or manual spreadsheet of all diet orders shall be maintained by the dietitian or Nursing home care catering chief to provide a current resource of all regular and therapeutic diets.
- h) Dietary and nursing services shall be responsible to ensure dietary compliance and quality nutritional care of patients receiving general medical practitioner/health officer-ordered diets.
- 10.1.26. There shall be appropriate food safety and sanitations to ensure safe food service for the patients.
- 10.1.27. Dry or staple food items shall be stored at least 12 inches off the floor in a ventilated room which is not subject to sewage or waste water back-flow, or contamination by condensation, leakage, rodents or vermin.
- 10.1.28. All perishable foods shall be refrigerated at the appropriate temperature and in an orderly food safety manner (cold and hot holding principle).
- 10.1.29. Each refrigerator shall contain a thermometer in good working order.
- 10.1.30. Foods being displayed or transported shall be protected from contamination.
- 10.1.31. Three compartments washing procedures and techniques shall be developed and carried out in compliance with the national hotel and catering sanitary control guideline.

- 10.1.32. All garbage and kitchen refuse which is not disposed of mechanically shall be kept in leak proof non-absorbent containers with close fitting covers and be disposed of routinely in a manner that will not permit transmission of disease, a nuisance, or a breeding place for flies.
- 10.1.33. All garbage containers shall be thoroughly cleaned inside and outside each time emptied.
- 10.1.34. Requests for alternative food supplies shall be considered on an individual basis.
- 10.1.35. Foods shall be transported and served as close to preparation/ re-thermalization time as possible. Maximum cold food temperatures shall be 5°C and minimum hot food temperatures shall be 60° C at time of service.
- 10.1.36. Dietary services shall ensure prescribed diet compliance as well as minimize food-borne illness.
- 10.1.37. Cancellations of ordered diets shall be made as soon as possible to avoid possible spoilage and/or waste of food items.

6.1.1.1. The nursing home may provide dietary services by one of the followings:

- a) In conventional configuration where the kitchen is located inside nursing home premise;
- b) Provide the service directly, but may prepare the bulk of the meals in a kitchen owned by the nursing home, located off-site; and
- c) Contract out for dietary services through an off-site vendor and the contract shall be documented. However, regardless of how the nursing home provides the service, it shall ultimately be responsible for meeting the dietary service standards.

6.1.1.2. When dietary services are provided from an off-site location, the nursing home shall be responsible to ensure:

- a) Compliance with the quality assurance system,
- b) Compliance with the infection prevention standards
- c) Compliance with the dietetic policies and procedures in regards to meal service for off hours' admissions, late trays, food substitutions, reasonable meal schedules, posting of current menus in the center as well as in the off-site kitchen, tray accuracy, food handling safety practices, emergency food supplies and deliveries, staffing and patient satisfaction,

- d) The presence of a current therapeutic diet manual approved by the dietitian and medical staff,
- e) The presence of nutritional assessment indicating nutritional needs are in accordance with recognized dietary practices as well as with orders of the practitioners responsible for the care of the patients.

10.1.38. Catering hygiene shall fulfill the following conditions

- a) There shall be guidelines for pest control and restricting the presence of animals (eg. cats, dogs etc) visibly posted in the kitchen.
- b) There shall be a system to screen and control the health of kitchen personnel.
- c) The responsible kitchen personnel health shall be controlled for:
 - Personal hygiene including uniform (protective clothes)
 - Periodical medical check-up for acute and chronic diarrhea and other infectious diseases
 - Those with infected open skin lesions are not allowed to work as kitchen personnel.

10.2. Premises

10.2.1. The nursing home shall have the following minimum facilities for dietary services:

- a) Food preparation room (Not applicable if preparation is outsourced)
 - All cooking appliances shall have ventilating hood,
 - Washing sink with three compartments
- b) Storage room
- c) Cart storage.
- d) Dietitian's office.
- e) Janitor's closet
- f) Personnel toilets with hand washing facilities and lockers convenient to but not in the kitchen.
- g) Approved automatic fire extinguisher system in range hood.
- h) Continuous electricity (power) supply
- i) safe and adequate water supply

10.3. Professionals

- 10.3.1. The Nursing home shall have an organized dietary service unit directed by a dietitian or catering chief (who has a basic education on dietetic sciences from a recognized institute).
- 10.3.2. In addition the Nursing home shall have the following food handlers:
- a) Meal distributors (Optional),
 - b) Chief cook,
 - c) Kitchen workers,
 - d) Store keeper (can be shared),
 - e) Bakers (optional),
 - f) Dishwashers (Optional),
- 10.3.3. The number of personnel, such as cooks, bakers, dishwashers and clerks shall be adequate to perform effectively all defined functions (based on workload analysis).
- 10.3.4. There shall be procedures to control dietary employees with infectious and open lesions (controlling personal hygiene).
- 10.3.5. Food handlers shall meet routine health examinations according to the Ethiopian Food Handlers' Hygiene Guideline for food service personnel.
- 10.3.6. There shall be an in-service training program on proper handling of food and personal grooming to dietary employees.
- 10.3.7. All kitchen workers shall wear protective kitchen clothes according to the Ethiopian Food Handlers' Hygiene Guideline.
- 10.3.8. A dietitian or catering chief shall be a full-time employee.
- 10.3.9. Written job descriptions for all dietary employees shall be given and documented.

10.4. Products

- 10.4.1. The following products shall be available for dietary services:
- a) Refrigerator
 - b) Kitchen utensils
 - c) Pots
 - d) Jars
 - e) Dishes

- f) Knives
- g) Pressure cooker
- h) Oven/ Stoves
- i) Carts
- j) Working clothes
- k) apron,
- l) boots,

- m) hair cover,
- n) gown,
- o) hand gloves,
- p) Detergents
- q) Stoves
- r) Barrel(garbage)

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SECTION ELEVEN: Housekeeping, Laundry and Maintenance Services

11.1. Practices

- 11.1.1. The housekeeping service shall have the following activities.
 - a) Basic cleaning such as dusting, sweeping, polishing and washing
 - b) Special cleaning of
 - Different types of floors
 - Wall & ceiling
 - Doors & windows
 - Furniture & fixtures
 - Venetian blinds
 - c) Cleaning and maintenance of toilet.
 - d) Water treatment, filtering & purification.
- 11.1.2. Maintain an adequate supply of clean white coat and gauns at all times
- 11.1.3. In the housekeeping service, the types and sources of offensive odors shall be identified, controlled and removed immediately
- 11.1.4. Collection, transportation and disposal of Medical laboratory wastes shall be supervised and controlled
- 11.1.5. The safety of fire, electrical and natural hazards in the risk areas in the Medical laboratory shall be supervised and controlled and shall work closely with Medical laboratory fire brigade and safety committee.
- 11.1.6. The designee shall identify, supervise and organize the control and eradication of pests, rodents and animal nuisance in the Medical laboratory.
- 11.1.7. The housekeeping staffs shall create pleasant environment to patients, staffs and visitors
- 11.1.8. The housekeeping staffs shall ensure proper lighting and ventilation in different Medical laboratory areas.
- 11.1.9. Regular surveillance of overhead and underground tank, proper cover, regular chlorination and cleaning shall be undertaken
- 11.1.10. The infection control measures shall be carried out in accordance with the Medical laboratory infection prevention standard
- 11.1.11. There shall be reserve electrical generator for power supply for continuous 24 hours.

11.1.12. Potable water and electrical services shall be available 24 hours a day and 365 days a year through regular or alternate sources.

11.1.13. There shall be a plant safety maintenance organization as described below:

- a) A safety committee that develops a comprehensive laboratory-wide safety program and reviewed.
- b) A mechanism to report all incidents, injuries and safety hazards to the safety committee.
- c) The safety committee shall review all reports and be responsible for ensuring that all reports are referred appropriately and follow-up action is documented.

11.1.14. Facility maintenance services

- a) The building maintenance service shall have written policies and procedures that are reviewed for routine maintenance, preventive maintenance and renovation maintenance.
- b) The standby emergency generator shall be checked weekly, tested under load monthly, and serviced in accordance with accepted engineering practices.
- c) Floors, ceilings, and walls shall be free of cracks and holes, discoloration, residue build-up, water stains, and other signs of disrepair.
- d) Routine inspections of elevators shall be conducted.

11.1.15. Construction and renovation

- a) Whenever construction and renovation projects are planned in and around a health care facility, a risk assessment shall be conducted to determine the impact of the project on patient areas, personnel, and mechanical systems.
- b) The infection control program shall review areas of potential risk and populations at risk.

11.1.16. There shall be written protocols and procedures for medical laboratory equipment maintenance including:

- a) Plan for equipment maintenance (both preventive and curative), replacements, upgrades, and new equipments
- b) Safe disposal procedures
- c) An effective tracking system to monitor equipment maintenance activity.
- d) A monitoring method that ensures diagnostic equipment operates with predicted specificity and sensitivity.

11.1.17. The maintenance personnel including the management of the laboratory shall take basic trainings on the following issues and this shall be documented.

- a) Building fabrics and utilities
- b) Building services and economics
- c) Planning maintenance demand
- d) Preventive and routine maintenance practice

- e) Maintenance with regard to IP and hygiene
- 11.1.18. Fire and emergency preparedness
- a) The laboratory shall comply with the National Fire Protection standard
 - b) All employees, including part-time employees shall be trained in procedures to be followed in the event of a fire and instructed in the use of fire-fighting equipment and evacuation from the building as part of their initial orientation and shall receive printed instructions on procedures and at least annually thereafter.
 - c) A written evacuation diagram specific to the unit that includes evacuation procedure, location of fire exits, alarm boxes, and fire extinguishers shall be posted conspicuously on a wall.
 - d) Fire extinguishers shall be visually inspected at least monthly; fully inspected at least annually, recharged, repaired and hydro-tested as required by manufacturer's instructions; and labeled with the date of the last inspection.
 - e) Fire detectors, alarm systems, and fire suppression systems shall be inspected and tested at least twice a year by a certified testing agency. Written reports of the last two inspections shall be kept on file.
 - f) There shall be a comprehensive, current, written preventive maintenance program for fire detectors, alarm systems, and fire suppression systems that includes regular visual inspection. This program shall be documented.
- 11.1.19. Housekeeping equipment or supplies used for cleaning in contaminated areas shall not be used in any other area of the laboratory before it has been properly cleaned and sterilized.
- 11.1.20. All areas of the laboratory, including the building and grounds, shall be kept clean and orderly.
- 11.1.21. There shall be frequent cleaning of floors, walls, woodwork and windows.
- 11.1.22. The premises shall be kept free of rodent and insect infestations.
- 11.1.23. Accumulated waste material and rubbish shall be removed at frequent intervals.
- 11.1.24. No flammable cleaning agents or other flammable liquids or gases shall be stored in any janitor's closet or other area of the laboratory except in a properly fire rated and properly ventilated storage area specifically designed for such storage.
- 11.1.25. If the laboratory does not have its own housekeeping and maintenance services; it may have a contract agreement with external organizations.

11.1.26. If the laboratory has given the housekeeping and maintenance services to a contractor, the contractual agreement shall be filed and made accessible in the laboratory premises. In such cases the laboratory shall make sure that the standards mentioned for housekeeping and maintenance are adhered by the contractor.

11.1.27. Premises

11.1.28. There shall be separate space provided for the storage of housekeeping equipment and supplies

11.1.29. Office shall be available for the maintenance and the housekeeper.

11.1.30. Adequate space shall be available for janitor's closets and cleaning equipment & supplies.

11.1.31. Exits, stairways, doors and corridors shall be kept free of obstructions.

11.1.32. The laboratory shall have an alternate emergency power supply. If such emergency power supply is a diesel emergency power generator, there shall be enough fuel to maintain power for at least 24 hours.

11.1.33. Professionals

11.1.34. The designated officer shall plan, organize, co-ordinate, control and monitor all housekeeping and maintenance activities.

11.1.35. The housekeeping and maintenance personnels shall take basic trainings on the following issues and this shall be documented in their personal profile.

- a) Basic principles of sanitation and peculiarity to laboratory environment.
- b) Basic principles of personal hygiene
- c) Basic knowledge about different detergent and disinfectants
- d) Basic knowledge about cleaning equipments operation techniques and their maintenance.
- e) Different processes of water treatment & purification, removing bacteria.
- f) Basic principles of ventilation, composition of air, air flow, humidity and temperature.
- g) Common types of odors and their sources of origin, identification and control.
- h) Removal and control technique of different types of odors.
- i) Various equipments and materials used for odor control operation.
- j) Medical waste, source and generation of waste
- k) Hazards of medical waste to population and community.
- l) Principles of collection of different types of medical wastes
- m) Operational procedures of equipments

- n) Safety measures in operation
- o) laboratory lay out, configuration work, flow of men, material and equipment in different areas. Air, water, noise, pollution, causes of pollution and their control and prevention.

11.1.36. In summary, if the service is not outsourced, the laboratory shall have

- a) Designated personnel for housekeeping,
- b) General maintenance personnel (electrician, plumber, painter, building maintenance technician and
- c) Biomedical equipment maintenance technician.

11.1.37. Products

11.1.38. There shall be appropriate tools and testing equipments for medical equipment maintenance, calibration and validation.

11.1.39. The laboratory shall have the following tools, equipment & materials for housekeeping services.

- | | |
|-----------------------------------|--------------------------------------|
| a) Reserve electrical generator | v) Gown, Masks & Gloves |
| b) Floor cleaning brush air | w) Torch |
| c) Floor wiping brush | x) Manual sweeping machine. |
| d) Hockey type brush | y) Floor scrubbing/polishing machine |
| e) Counter brush. | z) Wet vacuum cleaner. |
| f) Ceiling brush | aa) Dry vacuum cleaner portable |
| g) Glass cleaning / wiping brush. | bb) Fumigation machine (Oticare) |
| h) Scrappers | cc) Bed pan washer. |
| i) Dustbins paddles. | dd) Cleaning material |
| j) Waste paper basket. | ee) Deodorants & disinfectant |
| k) Plastic Mug | ff) Laundry cleaning material |
| l) Plastic Bucket | gg) Insecticides & rodenticides |
| m) Plastic drum | hh) Stain removal |
| n) Wheel barrow | |
| o) Water trolley | |
| p) Ladder | |
| q) Scraping pump | |
| r) Spraying pump | |
| s) Flit pump. | |
| t) Rate trapping cage | |
| u) Gum boots | |

SECTION TEWELVE: Physical Facility Standards

12.1. General

A nursing home care shall fulfill the minimum required standards for the building which contains the facilities required to render the services contemplated in the application for license. The term "safe" used in this Section shall be interpreted in the light of compliance with the requirements of the latest country building codes presently in effect.

12.2. Site Selection Requirements

12.1.1 Entrance to the nursing home shall be:

- a) Clear & easy to road access,
- b) Away from highways, railways, construction areas,

12.1.2 There shall be secured boundaries, no access for animals,

12.1.3 The surrounding environment shall be free of undue conditions like excess sound/ noise, smoke, light (welding & cutting), smells.

12.1.4 Nursing home shall not be located adjacent to railroads, freight yards, airports, grinding mills, traffic pools, industrial plants and disposal plants

12.1.5 Nursing home care shall be provided with water supply. And electricity and communication facilities based on the situation (Urban/ Rural).

12.3. Construction Requirements

12.3.1. The appropriate organ shall be consulted before commencement of any physical development or remodeling of existing building (rented premises) planned for nursing home care.

12.3.2. Plans and specifications for construction or remodeling shall comply with Ethiopian Building Code

12.3.3. There shall be an approval from the appropriate organ when buildings constructed for other purposes are used for the operation of nursing home.

12.3.4. Upon completion of construction the appropriate organ shall inspect and issue an approval for operation of the nursing home if all the findings are in conformity to the standards.

12.3.5. The construction shall comply with the following codes and guidelines to provide a safe and accessible environment:

- a) The Ethiopian Building Proclamation 624/2009;
- b) The Ethiopian Standard Building Code;
- c) Life Safety Code (National Fire Protection Code);
- d) National Electrical Design Code;
- e) The Ethiopian Disability Code;
- f) Other codes –Sanitation codes, environmental protection laws, water codes

12.3.6. Ways, paths and corridors to and between nursing home care buildings shall be paved, leveled smooth and friendly for people with disability.

12.3.7. The construction materials shall be sound proof and shall maintain audio visual privacy of clients in conformity to the Ethiopian Building Code.

12.4. Building Space and Elements:

Size of rooms and space allocation shall consider room loadings based on the number of staff and clients involved.

12.4.1. Corridors:

- a) Patient serving corridors and circulation ways shall not be less than 1.2m wide,
- b) The openings to the corridor shall be designed to allow easy movement of patients with support or on wheelchair.
- c) The circulation ways and corridors shall be a minimum 2m wide.

12.4.2. Doors:

- a) Doors shall be easy to open and close.
- b) Doors swing into corridors shall be avoided.
- c) Glass doors shall be marked to avoid accidental collision.

12.4.3. Examination and or procedure room(s): Each patient examination room shall meet the following requirements:

- a) **Floor Area:** Floor area shall be 12sq. m for an examination room furnished with examination couch, physician table and 2 guest chairs, and a shelf or cabinet for instruments and reference materials.
- b) **Ceiling Height:** The ceiling height of the rooms shall not be less than 240 cm. Ceiling height needs to be determined based on the climate, the functional requirements considering air space, technical requirements, room size proportions and number of occupants.

c) **Furnishings:** The furniture shall be washable and resistant for cleansing reagents that can control vandalism and avoid accidents.

d) **Curtains:** rooms shall be equipped with curtains or blinds at windows.

e) Finishing:

- Walls and ceilings of all rooms shall be suitable for easy washing.
- Floors of the rooms shall be easily cleanable, smooth, non- adsorptive, non-slippery.
- All walls and ceiling finishing materials used shall have a 1-hour fire rating (One hour rated products offer more than "one hour's" worth of fire protection).

f) Sanitary Finishing

- Toilet rooms shall be fitted with functional flush; if only pit latrine, ventilation shall be provided,
- Hand washing facilities shall be supplied.
- Floors and walls of toilet room shall be fitted with washable finishing materials.
- Floors and walls penetrated by pipes, ducts, siphons and conduits shall be tightly sealed & smoothened.

g) Electrical Finishing

- Room light luminescence shall be bright enough for staff activities.
- All electrical fixtures inlets, outlets, appliances shall fulfill Ethiopia Electrical Safety requirements and if applicable fitted with safety guards,

12.4.4. **Windows:** windows shall comply with LUX requirements of room space without compromising room temperature and ventilation.

a) Windows shall be a minimum of 50 cm wide x 100cm high. However, dimension shall be adjusted for the climate.

b) Windows for nursing home care shall be open able or shall be fitted with opening at top portion, fitted with wire mesh, for cross ventilation & uninterrupted circulation of air. Advanced technology can be used that maintain the air circulation.

12.4.5. **Outdoor Areas:** the outdoor area shall be equipped and situated to allow safe movement/ flow of patients, care givers, staff and visitors.

- a) Walkways, connection roads and elevation differences shall be designed to allow smooth movements of coaches/stretchers and persons with disabilities.
- b) The outdoor traffic arrangement shall not cross each other.

12.4.6. Vertical Circulation: All functioning rooms shall be accessible horizontally.

- a) Nursing home care where functional units are at different floor shall have a mechanism of accessing all the functioning rooms horizontally- either by stairs, ramp or elevator.
- b) Stairs: All stairways and ramps shall have handrails and their minimum width shall be 120cm.
 - All stairways shall be fitted with non slippery finishing materials
 - All stair threads, risers and flights shall comply with the Ethiopia Building proclamation.
- c) Elevators (optional): Minimum cab dimensions required for elevator is 195cm x 130cm inside clear measurements and minimum width for hatchway and cab doors shall be 100cm.
- d) Ramp (Optional): Ramps shall be designed with a slope of 6 to 9 percent, minimum width of 120 cm and the landing floor of 240cm wide on both sides.

12.4.7. Fire Safety Considerations:

- a) **One-Story Building:** Wall, ceiling and roof construction shall be of 1-hour fire resistive construction as defined by National Fire Code. Floor systems shall be of non-combustible construction.
- b) **Multi-Story Buildings:** Must be of two-hour fire resistive construction as defined in National Fire Code.

12.4.8. Parking areas:

- a) Nursing home care shall have reserved parking space for ambulance or emergency car.
- b) Parking space shall not obstruct direct entrance to the Examination room.

12.5. Building Systems

Nursing home care shall have building systems that are designed, installed and operated in such a manner as to provide safety, comfort and well being of the patient.

12.5.1. Water supply and plumbing:

- a) Nursing home care connected to municipal water system shall maintain the patency of the system whenever there is any repair or modification to the underground lines and to the elevated tank.
- b) Nursing home care connected to its own separate water supply system shall maintain the safety & shall have certificate for safety by the concerned body.
- c) Water reserves used in nursing home care shall be protected from external contamination, shall be cleaned and washed every 6 months.
- d) Supply piping within the building shall be in accordance with plumbing standards. Special care must be taken to avoid use of any device or installation which might cause contamination of the supply through back-siphonage or cross connections or the water distribution system shall be protected with anti-siphon devices, and air-gaps to prevent potable water system and equipment contamination.

12.5.2. Sewerage and Waste Processing Systems

- a) The nursing home care shall maintain a functioning sewage system in accordance with the national healthcare waste management guidelines and Ethiopian building code.
- b) The nursing home care shall provide secured area to collect, contain, process and dispose of medical and general waste produced.
- c) Waste segregation shall be done for hazardous wastes from the source before it is released to the municipal or private sewage system.
- d) The nursing home care shall dispose all liquid wastes produced in the clinic through connection to a suitable municipal sewerage system or septic tank,
- e) The nursing home care shall have incinerator for solid waste that is disposed with combustion/ incineration.

12.5.3. Ventilating and Air-Conditioning Systems:

- a) Airflow shall move from clean to soiled locations. Air movement shall be designed to reduce the potential of contamination of clean areas.
- b) Nursing home care shall provide adequate ventilation and/or clean air circulation to prevent the concentrations of contaminants which impair health or cause discomfort to patients and employees.
- c) There shall be a mechanical exhaust ventilation system for windowless rooms.

- d) If mechanical ventilation system(s) is applied, the air changes per hour (hereafter "ACH") shall be as follows:
- Care and treatment areas: five (5) ACH,
 - Toilets, janitors' closets, soiled linen and similar areas shall have six (6) air changes per hour and,
 - Generally, areas occupied by patients shall have two (2) air changes per hour.

12.6. Electrical System

12.6.1. All facilities shall provide the minimum average illumination levels as follows or as per the Ethiopian Electrical Design Code:

- a) General purpose areas: five (5) foot candles;
- b) General corridors: ten (10) foot candles;
- c) Care and treatment locations: seventy (70) foot candles;
- d) Examination task lighting: one hundred (100) foot candles;

12.6.2. Essential Power System:

- a) The electric installation in the nursing home care shall fulfill the criteria set by ELPA.
- b) The electric outlets shall be up to the safety standard of National Electrical Design Code;

12.7. Fire Protection System

12.7.1. The Nursing home care shall comply with the National Fire Protection "Life Safety Code".

12.7.2. All employees, including part-time and contract or temporary employees shall be trained in procedures to be followed in the event of a fire and instructed in the use of fire-fighting equipment and patient evacuation of hospital buildings as part of their initial orientation and at least annually thereafter.

12.7.3. All employees, including part-time and contract or temporary employees shall receive printed instructions on procedures to be followed in case of emergency, including patient evacuation of the buildings.

12.7.4. A written evacuation diagram specific to the unit that includes evacuation procedure, location of fire exits, alarm boxes, and fire extinguishers shall be posted conspicuously on a wall in each patient care unit.

12.7.5. Fire extinguishers shall be visually inspected at least monthly; fully inspected at least annually, recharged, repaired and hydro-tested as required by manufacturer's instructions; and labeled with the date of the last inspection.

12.8. Health Facility Environment

- a) The nursing home care shall provide and maintain a safe environment for patients and the public.
- b) Existing and new facilities shall comply with the physical facility standards contained in this chapter.

12.9. Specific Service Areas

12.9.1. Patient Rooms: The nursing home patient rooms shall:

- a) allow the provision of medical intervention,
- b) space for sleeping,
- c) afford privacy,
- d) provide access to furniture and belongings, and
- e) Accommodate inpatient care and treatment.
- f) Patient rooms shall be arranged to maximize staff supervision and nursing assistances.
- g) No patient room shall be located away from nursing stations without proper covered gangway.
- h) Patient rooms shall be provided with a window with minimum size of 8 square feet or 0.743 sq. m per patient on the outside wall of the rooms.
- i) If there are multiple beds in a room, there shall be 1.2m gap between beds

12.9.2. Isolation Rooms: The isolation room shall have adjoining bath and toilet room,

- a) Shall be equipped with hand-washing and gown changing facilities at the entrance of the room.
- b) Air circulation and traffic shall be arranged to be not into the corridor,

12.9.3. Cubicles: Patient care and treatment cubicles shall have a minimum floor area of 7.2 square meters (2.4m x 3m) with at least 90 cm between bedsides and adjacent side walls.

12.9.4. Examination Rooms: each examination room shall have a minimum floor area of 12 square meters (3m x 4m) and a minimum of 90 cm clear dimension around two sides of the examination table or chair.

12.9.5. Treatment Rooms: Treatment room for procedures performed under topical, local, or regional anesthesia without pre-operative sedation shall have a minimum floor area of

10.8 square meters (2.7m x 4m or 3m x 3.6m) and a minimum of 3 meter clear dimension.

12.9.6. Procedure Rooms: Procedure rooms for invasive and minor surgical procedures performed in conjunction with oral, parenteral, or intravenous sedation or under analgesic or dissociative drugs shall have a minimum floor area of 18 square meters and a minimum of 4 meter clear dimension.

12.9.7. Toilet Rooms: The nursing home care shall provide toilet rooms with hand-washing sinks for patient and staffs separately. In addition the following requirements shall be ensured:

- Posted signs (written and/or visual messages) shall be indicated describing which is for ladies and gents.
- Indicating arrows shall be located on the corridors.

12.10. Care and Treatment Areas

12.10.1. The Nursing home care center shall not share care and treatment areas for those services which require dedicated space,

12.10.2. The Nursing home care shall not provide services in detached structures unless the way of service delivery dictates or proper building configuration established.

12.11. Ancillary areas

12.11.1. Dietary the Nursing home care shall dedicate space and equipment for the preparation of meals and separate washing room (dishes and other food preparation equipments), refrigerated and non-refrigerated storage areas in accordance with the standards mentioned under the Food and dietary services of this health facility. If contractual services are used for dietary services, the Nursing home care shall have areas for immediate storage spaces, cleaning and disposal spaces.

12.11.2. Laundry: The Nursing home care shall provide laundry service.

- a) On-site: If on-site services are provided, the hospital shall have areas dedicated to laundry in accordance with the following requirements:
 - The laundry areas shall have designated area for sorting, sink/ wash tubs, rinsing, drying and ironing.

- Supplied with equipments: washer and dryer (Optional),
- The laundry area shall be divided into separate soiled (sort and wash areas) and clean (drying, folding, and mending areas) rooms.
- A separate soaking and hand-washing sinks and housekeeping room shall be provided in the laundry area.
- Separate clean linen supply storage facilities shall be conveniently located in each care and treatment location.

12.11.3. **Administrative Areas:** Administrative Offices shall be located separately from care and treatment areas and shall be clearly labeled. It includes;

- a) Administration office.
- b) Staff room(s) with toilet separate for male and female
- c) Staff cafeteria (optional)
- d) Visitors cafeteria (Optional)

12.11.4. **General Storage areas.** There shall be a two hour fire rated lockable room large enough to store.

12.11.5. **Maintenance Area:** Sufficient area for performing routine maintenance activities shall be provided and shall include office for maintenance engineer.

12.11.6. **Incinerator:** The Nursing home care shall have functional incinerator with dedicated ash pit. The incinerator area shall be secured with fence and gate.

12.11.7. **Janitor rooms:** The Nursing home care shall have a separate room/ cubicle for janitors in Outpatient and inpatient areas.

12.11.8. **Green area:** The Nursing home care shall dedicate at least 10% of the total compound for green area.

Note: All dimension, sizes and quantities noted herein will be determined by rounding fractions to the nearest whole number.