Addiction Treatment And Rehabilitation Services Inspection Checklist- Final

Name of the Facility: _____

Date of Inspection: _____ / _____ / _____

Ref.	Description	Yes	No	N/A	Remarks
5	**STANDARD ONE: REGISTRATION AND LICENSURE PROCEDURES**				
5.5.	The HF shall be accredited by one of the below accrediting organisations for mental health services within 24 months from licensure activation:				
5.5.1.	Joint Commission Behavioural Health Care Accreditation.				
5.5.2.	Commission on Accreditation of Rehabilitation Facilities (CARF).				
6	**STANDARD TWO: HEALTH FACILITY REQUIREMENTS**				
6.2.1.	Wards should be separated for males and females.				
6.4.	The HF should install and operate equipment required to provide the proposed services in accordance with the manufacturer's specifications.				
6.5.	The unit providing the addiction treatment and rehabilitation services should be located on a ground floor and ensure easy access to the HF and treatment areas for all patient groups.				
6.6.	The HF design shall assure patient and staff safety.				
6.7.2.	Availability of adequate equipment and medications for cardiopulmonary resuscitation as per DHA policies and procedures.				
6.7.4.	Availability of a defibrillator.				
6.10.	The following services should be available in HF				

	providing addiction treatment and rehabilitation services at the inpatient level:				
6.10.1.	Hospitals with an approved addiction rehabilitation service should have an exclusive addiction treatment and rehabilitation ward. While the duration of the inpatient treatment may vary as per patients' individual needs, all efforts must be made to provide the inpatient treatment for an adequate length of time however not to exceed the treatment duration and rehabilitation more than one year.				
6.12.1.	The HF should have a Memorandum of Understanding (MOU's) with the nearest HF providing emergency services to transfer the patient(s) as per DHA policy.				
6.12.2.	Addiction treatment and rehabilitation units which are part of the general/specialized hospital, the emergency services may be provided by the hospital's emergency department.				
6.13.	All HF providing addiction treatment and rehabilitation services should have access to basic laboratory services. Specifically, the following investigations should be made available:				
6.13.1.	Routine blood tests (FBC, ESR, Platelets, etc.).				
6.13.2.	Liver function tests.				
6.13.3.	Routine biochemistry (e.g. Blood Sugar, Blood Urea, and Serum Creatinine).				
6.13.4.	Urine screening for drugs.				
6.15.	The HF should develop policies and procedures in accordance with the legislations in force in the UAE and the regulations approved by the DHA; Including but not limited to:				

6.15.1	Patient registration.				
6.15.2	Patient admission.				
6.15.3	Patient acceptance criteria.				
6.15.4	Patient assessment and admission.				
6.15.5	Patient education and Informed consent.				
6.15.6	Patient health record.				
6.15.7	Infection control measures and hazardous waste management.				
6.15.8	Incident reporting.				
6.15.9	Patient privacy and confidentiality.				
6.15.10	Medication management, Storage and Dispensing (Pharmacy).				
6.15.11	Emergency action plan.				
6.15.12	Management of patients with aggressive behaviour.				
6.15.13	Patient discharge/transfer.				
6.15.14	Equipment maintenance services.				
6.15.15	Laundry services.				
6.15.16	Medical waste management as per Dubai Municipality (D.M.) requirements.				
6.15.17	Housekeeping services.				
6.16.	The HF shall maintain a Charter of Patients' Rights and Responsibilities posted at the entrance of the premises in two languages (Arabic and English).				
7	**STANDARD THREE: HEALTHCARE PROFESSIONALS, STAFFING AND HUMAN RESOURCES REQUIREMENTS**				
7.11.	The HF must have a documented, up-to-date staff development strategy/policy and plan to train and develop staff to offer adequate treatment.				

7.11.1.	The HF should maintain a documented plan and evidence of attendance at regular staff development training on ongoing patient treatment needs.				
9	**STANDARD FIVE: PATIENT CARE PLAN**				
9.5.5.	Risk management processes should be in place with plans and contingency plans.				
9.5.7.	Systematic discharge procedures shall be in place.				
10	**STANDARD SIX: TESTING SERVICES**				
10.3.	The availability of an internationally recognised Evidential Breath Analyser is a must to conduct alcohol testing.				
10.11.	Drug testing laboratory requirements:				
10.11.2.	Each lab should have a procedure manual/ or electronic system, which includes the principles of each test, preparation of reagents, standards and controls, calibration procedures, the sensitivity of the method used for testing, cut off values, mechanism of reporting results, criteria for unacceptable specimens and results, corrective actions to be taken when the test system is outside of acceptable limits, and copies of all procedures and dates on which they are in effect should be maintained as part of the manual.				
12	**STANDARD EIGHT: MEDICATION MANAGEMENT AND USE**				
12.2.1.	Management and use of Narcotic, Controlled (CD) and Semi-Controlled Drugs (SCD).				
12.2.2.	Medications prescribing, dispensing and administering.				
12.2.3.	Prescriptions only Medicines (POM) and the use of over-the-counter medications (OTC).				
12.2.4.	Intoxication and overdose.				

12.2.5.	Detoxification and voluntary withdrawal.				
12.2.6.	Patient's own medications.				
12.2.7.	Storing, security and medications access.				
12.2.8.	Monitoring and reporting process for adverse effect or serious adverse event and medication errors.				
12.2.9.	Medication Disposal.				
13	**STANDARD NINE: TREATMENT**				
13.1.	The HF should follow an established protocol/guideline focused on a well-delivered, evidence-based treatment for Narcotic Drugs and Psychotropic Substances.				
14	**STANDARD TEN: INFECTION CONTROL MEASURES**				
14.3.	The design of facilities should also consider the movement of people, equipment and materials in ways that minimise the risk of infection transmission.				
14.5.	A system should be in place to identify, manage, handle, transport, treat, and dispose of hazardous materials and wastes, whether solid, liquid, or gas.				
15	**STANDARD ELEVEN: FACILITY SECURITY MEASURES**				
15.1.	Security within the facility and the surrounding outdoor area, related to patient movement requires careful consideration and may include the use of video surveillance, motion sensors, electronic locking and movement sensor tracking systems.				
15.2.	Surveillance CCTV should be in place to allow staff to view patient movements and activities as naturally as possible, whenever necessary.				
15.3.	There should be provision for an intercom and CCTV that views all entrances, corridors, inpatient rooms (where applicable) and monitored from the Reception,				

	Staff Station and/or Security room as necessary.				
15.3.1.	Both CCTV and an observation window through the door of the inpatient room must be provided.				
15.4.	The reception should serve as the main access control point for the facility/unit to ensure security of the facility/unit.				
15.5.	In closed units access is controlled by staff and facilitated through the use of security measures including intercoms and interlocking doors at the entry of the unit.				
15.6.1.	Where windows are operable, effective security features such as narrow windows that will not allow patient escape, shall be provided. Locks, under the control of staff, shall be fitted.				