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Hair Transplant Inspection Checklist- Final

Name of the Facility: _____

Date of Inspection: ____/____/____

Ref.	Description	Yes	No	N/A	Remarks
5	STANDARD ONE: REGISTRATION AND LICENSURE PROCEDURES				
5.3.	Hair transplant services can be provided in:				
5.3.1.	Hospitals				
5.3.2.	Day surgical centres				
5.3.3.	Outpatient Facilities with procedure room.				
5.5.	The health facility should develop the following policies and procedure; but not limited to:				
5.5.1.	Patient selection criteria				
5.5.2.	Patient assessment and admission				
5.5.3.	Patient education and Informed consent				
5.5.4.	Patient health record				
5.5.5.	Infection control measures and hazardous waste management				
5.5.6.	Incident reporting				
5.5.7.	Patient privacy				
5.5.8.	Medication management				
5.5.9.	Emergency action plan				
5.5.10.	Patient discharge/transfer.				
5.7.	The health facility shall maintain charter of patients' rights and responsibilities posted at the entrance of the premise in two languages (Arabic and English).				
5.8.	The health facility shall have in place a written plan for				

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	monitoring equipment for electrical and mechanical safety, with monthly visual inspections for apparent defects.				
5.9.	The health facility shall ensure it has in place adequate lighting and utilities, including temperature controls, water taps, medical gases, sinks and drains, lighting, electrical outlets and communications.				
6	STANDARD TWO: HEALTH FACILITY REQUIREMENTS				
6.2.	Hair transplantation is a minor surgery that can be conducted in a procedure room.				
6.3.	The health facility shall provide a comfortable care environment for the service with focus on patient safety and privacy.				
6.4.	The health facility shall ensure easy access to patients of determination.				
6.6.	The health facility shall ensure the availability of:				
6.6.1.	A sterilization and disinfection room.				
6.6.2.	A medical waste room.				
6.7.	Facilities opting to perform Hair Transplant services that do not have fully equipped Intensive Care Unit (ICU) capabilities shall have ventilators, hemodynamic monitoring equipment and a crush cart on-site to perform necessary patient resuscitation.				
9	STANDARD FIVE: PRE-OPERATIVE COUNSELING AND INFORMED CONSENT				
9.3.	Detailed informed consent form listing details about the procedure and possible benefits, risks and complications should be signed by the patient.				
9.4.	The consent form should specifically state the limitations of the procedure and if more procedures are needed for proper results, it should be clearly mentioned.				

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