

**REPUBLIC OF SOMALILAND**  
**NATIONAL HEALTH PROFESSIONS**  
**COMMISSION**



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# **REGULATION STANDARDS, TOOLS AND PROCEDURES**

**FOR INSPECTION, REGISTRATION AND LICENSING OF HEALTH CARE FACILITIES**

*Under the Health Regulation Act 19/2001.*

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## **ACRONYMS**

NHPC:	National Health Professions Commission
CPD:	Continuous Professional Development
IT:	Information Technology
HMIS:	Health Management Information System
MoH:	Ministry of Health
HIV:	Human Immune Virus
TTIs:	Transfusion Transmitted Infections
Reg:	Registration
No:	Number
HCF:	Health Care Facility

# **Health Facility Category A**

## 1. Background

The Health Professions Act number 19/2001 article 18 section 2 provides that, a person or group of persons shall not operate a health service facility without permission from the Commission. The National Health Professions Commission (NHPC) is mandated to register and license health facilities in Somaliland. The NHPC shall register and issue licenses according to classifications of health facilities which are based on scope of practice as explained below;

## 2. Mandate of National Health Professions Commission.

Under the Health Professions Act number 19/2001, the NHPC is mandated to;

- Register and license all health care facilities.
- Enter and inspect any health facility to ensure that provisions of the Act are complied with.
- Exercise disciplinary control over health professionals.
- Determine fees for application, registration and renewal of health facilities.
- Regulate the practice of health professionals through registration and issuance of licenses.
- Monitor and evaluate the performance of all health professionals to safe guard the public from unethical practices.

## 3. Classification of Health Care Facilities (HCF)

- Class A shall be a health facility to provide in-patient care for acutely ill persons requiring regular monitoring of intervention by a Medical Officer, including a hospital and a hospice to provide palliative care for the terminally ill. Provided that the health care in the facility shall be supervised by a registered and licensed Medical Officer in Somaliland.

## 4. Standards for each Class.

Class A addresses 22 standards. Each standard has criteria with a scoring rubric whose desired level of attainment may be determined by the Commission from time to time. The class A standard is indicated below:

### Class A: (Such as; National and Regional Hospital)

1. Management
2. Human Resources
3. Medical Records
4. Facility Maintenance
5. Equipment Management
6. Fire And Safety
7. Infection Prevention Plan
8. Supplies
9. Laboratory
10. Sterilization process
11. Waste management.
12. Medications
13. Pharmacy
14. Clinical Practice
15. Radiology/Imaging Services
16. Dentistry
17. Rehabilitation
18. Quality Assurance
19. Blood Bank
20. Operating Rooms/ Anesthesia
21. Emergency Services
22. IT Services

## **5. Standards**

### **5.1 Management**

The Health care facility should have management structures with mission statement which links with the scope, level of health services and management systems.

- 5.1.1 The health care facility must display the license reflecting scope of practice
- 5.1.2 Approved organization chart must be in place
- 5.1.3 Other certifications/ accreditations to be in place
- 5.1.4 Vision/mission/ objectives/plan in place
- 5.1.5 Approved job descriptions available
- 5.1.6 Management meetings held and minutes filed
- 5.1.7 Scope of service and their specialty clearly defined
- 5.1.8 Personal files of all staff with appointment letters in place.

### **5.2 Human Resources**

The Health facility has a staff establishment with clear linkages between numbers and specializations for the patient load

- 5.2.1 Health Professional staff with certificates of registration and current licenses to practice available.
- 5.2.2 Roster of qualified staff for specific duties in place.
- 5.2.3 Adequate number of staff for duties available based on patient staff ratio
- 5.2.4 Training and schedules of CPD for staff in place
- 5.2.5 Evidence of staff appraisal in place
- 5.2.6 Job descriptions and contracts staff available.
- 5.2.7 Orientation Programme for staff in place
- 5.2.8 Human Resource Policy/Manual must be in place and be in line with Somaliland's Labor Code

### **5.3 Medical Records**

The Health facility has a medical records filling/ storage system and records indicate all patient encounters and interventions.

- 5.3.1 Medical record for each patient available
- 5.3.2 Patients unique number/code in place
- 5.3.3 Patient referral process with documentation maintained
- 5.3.4 Records kept in secure storage for at least 10 years and confidentiality of patient information maintained.
- 5.3.5 Health Management Information System (HMIS) and submission of data to Local Health Department Office for onward transmission to MOH in place.
- 5.3.6 Official language for health records and HIMS system shall be Somali or English languages only.

### **5.4 Facility Maintenance**

The Health facility is located in a suitable building and has appropriate sanitation, security; housekeeping systems and signs for directions are present.

- 5.4.1 Building suitable for scope of work in line with public health regulations in place.
- 5.4.2 Facility maintenance programme in place and well maintained
- 5.4.3 Emergency services if available are at ground floor
- 5.4.4 Physical space adequate for work in line with public health regulations in place.



- 5.4.5 Facility in clean and sanitary condition
- 5.4.6 Lighting and ventilation adequate and well maintained
- 5.4.7 Security system/ Guards on site
- 5.4.8 Signs for directions in place
- 5.4.9 Housekeeping programme in place
- 5.4.10 Proper water Supply available
- 5.4.11 A back up Electric Generator must be available, maintained and automatically switches on when main power is lost.

## **5.5 Equipment Management**

The Health facility has sufficient equipment for the scope of work and preventive maintenance systems exist and are followed.

- 5.5.1 Equipment clean, functional and well maintained as per manufacturers' instructions.
- 5.5.2 Inventory of critical equipment on uninterrupted power system in place
- 5.5.3 Inventory of basic essential equipment available
- 5.5.4 Out of service equipment clearly marked and signed off by equipment maintenance staff.
- 5.5.5 Equipment requiring calibration is identified and calibration completed and documented.
- 5.5.6 Refrigerators/ freezers incubators etc are temperature monitored and appropriately used.

## **5.6 Fire and Safety**

The Health facility has fire and safety and equipment and procedures

- 5.6.1 Maps posted for fire routes in place
- 5.6.2 Fire and safety policies and procedures in place
- 5.6.3 Fire exits marked /lighted and unobstructed in place
- 5.6.4 Fire equipment available/ checked / working properly (Inventory in place)
- 5.6.5 Fire training/ drills conducted and documented

## **5.7 Infection Prevention**

The Health facility has a robust infection prevention programme that protects patients, staff and the public.

- 5.7.1 Functional infection prevention committee in place.
- 5.7.2 Infection prevention manual, guidelines, post exposure prophylaxis guideline, emergency/ epidemic preparedness plans available
- 5.7.3 Surveillance programme nosocomial infections in place
- 5.7.4 Safe medical waste disposal and practices in place and followed
- 5.7.5 Good hand hygiene and cleaning practices followed
- 5.7.6 Clean and dirty areas separated
- 5.7.7 Infection prevention trainings for staff documented.
- 5.7.8 Laundry practices monitored
- 5.7.9 Kitchen/dietary practice monitored
- 5.7.10 Single use/disposable supplies policy in place
- 5.7.11 System for timely reporting of communicable diseases in place

## **5.8 Supplies**

The Health facility has sufficient storage (dry stores, linen, medical and surgical supplies), accessible and available for its scope of work.

- 5.8.1 Secure and accessible storage facilities in place
- 5.8.2 Adequate supplies to cater for the facility load work available
- 5.8.3 Expiry dates tracked and disposal procedures of expired supplies available
- 5.8.4 Inventory policies and procedures in place
- 5.8.5 Procedures for request/approval of supplies in place and followed
- 5.8.6 Procure policy/manual in place.
- 5.8.7 Cold Chain procedures and equipment should be available

## **5.9 Laboratory**

The health facility laboratory services work collaboratively with clinical care services to ensure timely and accurate laboratory results and services. This requires laboratories to comply with quality assurance standards.

- 5.9.1 Adequate qualified staff and oriented support staff in place.
- 5.9.2 Programme for equipment management in place and functional.
- 5.9.3 Organized and safe work environment maintained.
- 5.9.4 Laboratory policies and procedures available and in use.
- 5.9.5 Licensing of specific diagnostic services (e.g. irradiators) in place
- 5.9.6 System for safe waste management (biologics/hazardous) in place and functional.
- 5.9.7 Reliable laboratory test results electronic/manual must be available
- 5.9.8 Functional system for safe handling, collection, and transportation of specimens, storage/labeling/disposal in place
- 5.9.9 System for regular calibration of laboratory equipment in place and followed
- 5.9.10 Quality assurance procedures (internal quality control and external quality assurance) in place and functional.
- 5.9.11 Appropriate storage of sample for work environment
- 5.9.12 Personal protective equipment and clothing suitable for the work environment available in use (disposable gloves, masks etc)
- 5.9.13 Where reference laboratory is used, contracts must be available and the reference lab registration and licensure must be provided.

## **5.10 Sterilization Processes**

The Health facility has equipment for sterilization and storage of sterilized supplies.

- 5.10.1 Sterilizers; Autoclave/hot air oven in place and functional
- 5.10.2 Quality control/cleaning of equipment as per manufacturers' instructions maintained and documented.
- 5.10.3 Orientation and training of staff in sterilization procedures in place.
- 5.10.4 Policies/procedures signed off by staff in place
- 5.10.5 Appropriate storage of sterilized supplies in place
- 5.10.6 Dates of sterilization and due dates clearly marked

### **5.11 Waste Management**

The Health facility sanitation procedures that account for waste management, protective clothing and training of housekeeping staff adhered to.

- 5.11.1 Waste management disposal policy/manual in place (coloured bags/labeled/disposal-pits and incinerators)
- 5.11.2 Programme for handling hazardous material in place
- 5.11.3 Data sheets for material safety available and in use
- 5.11.4 Personal protective equipment available and in use
- 5.11.5 Pest and rodent control programme in place
- 5.11.6 Orientation and training staff in waste management procedures in place
- 5.11.7 Separate and functional sanitation facilities (toilets) for male/ female staff and patients in place

### **5.12 Medications**

The health facility is sufficiently stocked with medicines appropriate for its scope of service and prescriptions guided by selected formulary guidelines/ protocols.

- 5.12.1 Medicines appropriate for scope of work available
- 5.12.2 Medicine practices comply with health facility license
- 5.12.3 Medicines stored correctly on storage units
- 5.12.4 a) Qualified practitioners (Qualified Nurses in MCHs and Medical Doctors) writing prescriptions  
b) Prescriptions should be written clearly in terms of doses and route
- 5.12.5 Policies/procedures in place for management of medicines/signed off by staff
- 5.12.6 System for tracking the expiry date and disposal of expired medicines available
- 5.12.7 National formulary, guidelines and protocols for prescriptions available and in use

### **5.13 Pharmacy**

The Health facility has dedicated physical space for a pharmacy that is manned by qualified staff equipped with appropriate pharmaceutical policies and procedures

- 5.13.1 Medicine policy and control procedures in place
- 5.13.2 System for storage/security/segregation and labeling of medicines in place and in use.
- 5.13.3 Appropriate and adequate staff available
- 5.13.4 Adequate stocks of medicine and space available
- 5.13.5 Medicines dispensed on prescriptions
- 5.13.6 Fast expiry, first out policy on medicines in place and functional.
- 5.13.7 Temperature and light control and monitoring systems of medicines in place
- 5.13.8 Cold chain system in place and functioning

### **5.14 Clinical Practice**

The Health facility has arrangements in place to ensure quality clinical care by appropriately qualified and competent staff

- 5.14.1 Adequate professional and support staff in place (Patient staff Ratio)
- 5.14.2 Clinical practice according to scope of practice and licensure observed.
- 5.14.3 Mortality and morbidity audit committee in place and functional

- 5.14.4 National clinical guidelines/protocols available and in use
- 5.14.5 Patient privacy and confidentiality ensured
- 5.14.6 Criteria for admission, discharges and referrals in place
- 5.14.7 Patient record book properly recorded and kept

### **5.15 Radiology and Imaging**

The Health facility radiology and imaging services work collaboratively with clinical care services to ensure timely and accurate radiology and imaging results and/or services. The radiology and imaging services to comply with quality assurance standards

- 5.15.1 Imaging policies and procedures in place
- 5.15.2 Training and orientation programme for staff in place
- 5.15.3 Adequate professional and support staff in place
- 5.15.4 Waste management procedures in place
- 5.15.5 Equipment quality control measures in place
- 5.15.6 Appropriate storage facilities of films and supplies in place
- 5.15.7 Radiation protection badges in place and properly used
- 5.15.8 Protective equipment for staff, patients and public in place
- 5.15.9 Radiation protection infrastructure in place
- 5.15.10 Rooms and x-ray source certified and licensed for use
- 5.15.11 Changing rooms should be available for patients

### **5.16 Dentistry**

The Health facility has dental services that are suitable for the scope of service and are staffed by qualified and competent staff.

- 5.16.1 Infection prevention procedures manual available and in use
- 5.16.2 Incident record/work place injury book available and in use
- 5.16.3 Material safety data sheets for all chemical reagents available
- 5.16.4 Qualified Dental and support staff received training in infection prevention
- 5.16.5 Personal protective equipment (disposable gloves, gowns, eyewear) available and in use
- 5.16.6 Appropriate arrangements for storage of materials, local anesthetics and restricted substances in place
- 5.16.7 Waste disposal protocols available for sharps, contaminated materials, liquids, amalgam available and in use
- 5.16.8 Radiation equipment registered and operators licensed
- 5.16.9 Patient records properly and confidentially kept
- 5.16.10 Sufficient professional and support staff available
- 5.16.11 Emergency dental care available
- 5.16.12 Adequate space for practice available

### **5.17 Rehabilitation**

The Health facility has physiotherapy services that are suitable for the scope of service and are staffed by qualified and competent staff.

- 5.17.1 Standards, policies and procedures for physiotherapy practice available/followed
- 5.17.2 Incident record available
- 5.17.3 Physiotherapy staff with training in patient safety in place

- 5.17.4 Therapeutic equipment available for size and level of health care
- 5.17.5 Referral system available for patients who require further therapy in place
- 5.17.6 Established communication process to patients and relatives available
- 5.17.7 Required and proper documentation of patients records available
- 5.17.8 Patients plan of care and discharge available
- 5.17.9 Sufficient professional and support staff in place
- 5.17.10 Adequate number and qualified physiotherapy staff available and working within their professional registration

### **5.18 Quality Management**

The Health facility must have procedures and mechanisms in place to evaluate its performance for promotion of quality management.

- 5.18.1 Written procedures/guidelines/protocols available
- 5.18.2 Incident or adverse events documented and reported safety procedures for staff available
- 5.18.3 Patient charter and complaint system displayed at strategic locations
- 5.18.4 Data trending and analysis completed and reported to management and forwarded to local health authority.
- 5.18.5 Key health performance indicators monitored
- 5.18.6 The health care staff complaint system / policy and designated person to manage complaints in place.
- 5.18.7 Quality assurance committee should be in place

### **5.19 Blood Bank**

The health facility blood bank works collectively with clinical care services to ensure timely and accurate laboratory results and/or services. The blood bank must comply with quality assurance standards

- 5.19.1 Adequate and qualified staffing available.
- 5.19.2 Equipment management programme in place and in use (see equipment management)
- 5.19.3 Workflow system in place and in use.
- 5.19.4 Blood bank policies and procedures available and in use.
- 5.19.5 Transfusion reactions documented and reported appropriately.
- 5.19.6 System for screening of blood for common transfusion transmitted infections (TTIS) e.g. HIV, syphilis, hepatitis B & C in place and functional
- 5.19.7 System and materials for waste management in place and functional
- 5.19.8 System for handling of blood and blood products storage, labeling, distribution and disposal in place.
- 5.19.9 Regular calibration and quality control of lab equipment
- 5.19.10 Protective gear for Lab staff available and in use
- 5.19.11 Patient and donor confidentiality procedures in place and used

### **5.20 Operating Rooms**

The Health facility has operating rooms and anesthetic services that are suitable for the scope of service and are staffed by qualified and competent staff.

- 5.20.1 Layout appropriate for services (waiting room, operating theatre, recovery room) in place.

- 5.20.2 Sufficient number of qualified professional and support staff available
- 5.20.3 Sufficient equipment and accessories in place
- 5.20.4 Equipment and environment kept clean
- 5.20.5 Patient monitoring procedures and equipment available
- 5.20.6 Records of all operative procedures maintained
- 5.20.7 Training of professional in basic life support and advanced cardiac procedures in place.
- 5.20.8 Sterile and non-sterile areas must be available with a scrubbing area

### **5.21 Emergency Services**

The Health facility has life- saving services which are responsive to the emergencies. The support units (labs/blood banks/imaging) are available for emergencies

- 5.21.1 Training in basic and advanced cardiac life support available
- 5.21.2 Adequate professionals and support staff available
- 5.21.3 Equipment management programme in place
- 5.21.4 Resuscitation equipment and other emergency equipment functional and well maintained.
- 5.21.5 Clinical protocols, work flows and triage processes in place
- 5.21.6 Emergency policies and procedures for support services in place
- 5.21.7 Coding system available (e.g. Code Red, Code Blue etc)
- 5.21.8 Medicine safety cabinet available
- 5.21.9 Medical records available
- 5.21.10 Access to ambulance service providers available
- 5.21.11 Patient monitoring and evaluation system in place

### **5.22 Information Technology Services**

The health facility IT technology system to meet the contemporary demands of information communication technology.

- 5.22.1 IT hard ware and software in place
- 5.22.2 Use of software monitored
- 5.22.3 Internet and intranet in place
- 5.22.4 Validation, Certification and training of IT staff in place
- 5.22.5 Network protection/ antivirus/ backup systems in place
- 5.22.6 Single server and backup systems available

# **Health Facility Category B**

## 1. Background

The Health Professions Act number 19/2001 article 18 section 2 provides that, a person or group of persons shall not operate a health service facility without permission from the Commission. The National Health Professions Commission (NHPC) is mandated to register and license health facilities in Somaliland. The NHPC shall register and issue licenses according to classifications of health facilities which are based on scope of practice as explained below;

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- Exercise disciplinary control over health professionals.
- Determine fees for application, registration and renewal of health facilities.
- Regulate the practice of health professionals through registration and issuance of licenses.
- Monitor and evaluate the performance of all health professionals to safe guard the public from unethical practices.

## 3. Classification of Health Care Facilities (HCF)

- Class B shall be a health care facility to provide diagnostic service, prevention and treatment of disease and illness as an in-patient and out- patient bases and to incorporate the services of multiple registered and licensed health practitioners and the use of equipment for diagnosis and treatment.

## 4. Standards for each Class.

Class B addresses 18 standards. Each standard has criteria with a scoring rubric whose desired level of attainment may be determined by the Commission from time to time. The class B standard is indicated below:

### Class B: (Such as; Referral and District Hospital)

1. Management
2. Human Resources
3. Medical Records
4. Facility Maintenance
5. Equipment Management
6. Fire And Safety
7. Infection Prevention Plan
8. Supplies
9. Laboratory
10. Sterilization process
11. Waste management.
12. Medications
13. Pharmacy
14. Clinical Practice
15. Radiology/Imaging Services
16. Dentistry
17. Rehabilitation
18. Quality Assurance



## **5. Standards**

### **5.1 Management**

The Health care facility should have management structures with mission statement which links with the scope, level of health services and management systems.

- 5.1.1 The health care facility must display the license reflecting scope of practice
- 5.1.2 Approved organization chart must be in place
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- 5.1.6 Management meetings held and minutes filed
- 5.1.7 Scope of service and their specialty clearly defined
- 5.1.8 Personal files of all staff with appointment letters in place.

### **5.2 Human Resources**

The Health facility has a staff establishment with clear linkages between numbers and specializations for the patient load

- 5.2.1 Health Professional staff with certificates of registration and current licenses to practice available.
- 5.2.2 Roster of qualified staff for specific duties in place.
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- 5.2.4 Training and schedules of CPD for staff in place
- 5.2.5 Evidence of staff appraisal in place
- 5.2.6 Job descriptions and contracts staff available.
- 5.2.7 Orientation Programme for staff in place
- 5.2.8 Human Resource Policy/Manual must be in place and be in line with Somaliland's Labor Code

### **5.3 Medical Records**

The Health facility has a medical records filling/ storage system and records indicate all patient encounters and interventions.

- 5.3.1 Medical record for each patient available
- 5.3.2 Patients unique number/code in place
- 5.3.3 Patient referral process with documentation maintained
- 5.3.4 Records kept in secure storage for at least 10 years and confidentiality of patient information maintained.
- 5.3.5 Health Management Information System (HMIS) and submission of data to Local Health Department Office for onward transmission to MOH in place.
- 5.3.6 Official language for health records and HIMS system shall be Somali or English languages only.

### **5.4 Facility Maintenance**

The Health facility is located in a suitable building and has appropriate sanitation, security; housekeeping systems and signs for directions are present.

- 5.4.1 Building suitable for scope of work in line with public health regulations in place.
- 5.4.2 Facility maintenance programme in place and well maintained

- 5.4.3 Emergency services if available are at ground floor
- 5.4.4 Physical space adequate for work in line with public health regulations in place.
- 5.4.5 Facility in clean and sanitary condition
- 5.4.6 Lighting and ventilation adequate and well maintained
- 5.4.7 Security system/ Guards on site
- 5.4.8 Signs for directions in place
- 5.4.9 Housekeeping programme in place
- 5.4.10 Proper water Supply available
- 5.4.11 A back up Electric Generator must be available, maintained and automatically switches on when main power is lost.

### **5.5 Equipment Management**

The Health facility has sufficient equipment for the scope of work and preventive maintenance systems exist and are followed.

- 5.5.1 Equipment clean, functional and well maintained as per manufacturers' instructions.
- 5.5.2 Inventory of critical equipment on uninterrupted power system in place
- 5.5.3 Inventory of basic essential equipment available
- 5.5.4 Out of service equipment clearly marked and signed off by equipment maintenance staff.
- 5.5.5 Equipment requiring calibration is identified and calibration completed and documented.
- 5.5.6 Refrigerators/ freezers incubators etc are temperature monitored and appropriately used.

### **5.6 Fire and Safety**

The Health facility has fire and safety and equipment and procedures

- 5.6.1 Maps posted for fire routes in place
- 5.6.2 Fire and safety policies and procedures in place
- 5.6.3 Fire exits marked /lighted and unobstructed in place
- 5.6.4 Fire equipment available/ checked / working properly (Inventory in place)
- 5.6.5 Fire training/ drills conducted and documented

### **5.7 Infection Prevention**

The Health facility has a robust infection prevention programme that protects patients, staff and the public.

- 5.7.1 Functional infection prevention committee in place.
- 5.7.2 Infection prevention manual, guidelines, post exposure prophylaxis guideline, emergency/ epidemic preparedness plans available
- 5.7.3 Surveillance programme nosocomial infections in place
- 5.7.4 Safe medical waste disposal and practices in place and followed
- 5.7.5 Good hand hygiene and cleaning practices followed
- 5.7.6 Clean and dirty areas separated
- 5.7.7 Infection prevention trainings for staff documented.
- 5.7.8 Laundry practices monitored
- 5.7.9 Kitchen/dietary practice monitored
- 5.7.10 Single use/disposable supplies policy in place

5.7.11 System for timely reporting of communicable diseases in place

## **5.8 Supplies**

The Health facility has sufficient storage (dry stores, linen, medical and surgical supplies), accessible and available for its scope of work.

- 5.8.1 Secure and accessible storage facilities in place
- 5.8.2 Adequate supplies to cater for the facility load work available
- 5.8.3 Expiry dates tracked and disposal procedures of expired supplies available
- 5.8.4 Inventory policies and procedures in place
- 5.8.5 Procedures for request/approval of supplies in place and followed
- 5.8.6 Procure policy/manual in place.
- 5.8.7 Cold Chain procedures and equipment should be available

## **5.9 Laboratory**

The health facility laboratory services work collaboratively with clinical care services to ensure timely and accurate laboratory results and services. This requires laboratories to comply with quality assurance standards.

- 5.9.1 Adequate qualified staff and oriented support staff in place.
- 5.9.2 Programme for equipment management in place and functional.
- 5.9.3 Organized and safe work environment maintained.
- 5.9.4 Laboratory policies and procedures available and in use.
- 5.9.5 Licensing of specific diagnostic services (e.g. irradiators) in place
- 5.9.6 System for safe waste management (biologics/hazardous) in place and functional.
- 5.9.7 Reliable laboratory test results electronic/manual must be available
- 5.9.8 Functional system for safe handling, collection, and transportation of specimens, storage/labeling/disposal in place
- 5.9.9 System for regular calibration of laboratory equipment in place and followed
- 5.9.10 Quality assurance procedures (internal quality control and external quality assurance) in place and functional.
- 5.9.11 Appropriate storage of sample for work environment
- 5.9.12 Personal protective equipment and clothing suitable for the work environment available in use (disposable gloves, masks etc)
- 5.9.13 Where reference laboratory is used, contracts must be available and the reference lab registration and licensure must be provided.

## **5.10 Sterilization Processes**

The Health facility has equipment for sterilization and storage of sterilized supplies.

- 5.10.1 Sterilizers; Autoclave/hot air oven in place and functional
- 5.10.2 Quality control/cleaning of equipment as per manufacturers' instructions maintained and documented.
- 5.10.3 Orientation and training of staff in sterilization procedures in place.
- 5.10.4 Policies/procedures signed off by staff in place
- 5.10.5 Appropriate storage of sterilized supplies in place
- 5.10.6 Dates of sterilization and due dates clearly marked

### **5.11 Waste Management**

The Health facility sanitation procedures that account for waste management, protective clothing and training of housekeeping staff adhered to.

- 5.11.1 Waste management disposal policy/manual in place (coloured bags/labeled/disposal-pits and incinerators)
- 5.11.2 Programme for handling hazardous material in place
- 5.11.3 Data sheets for material safety available and in use
- 5.11.4 Personal protective equipment available and in use
- 5.11.5 Pest and rodent control programme in place
- 5.11.6 Orientation and training staff in waste management procedures in place
- 5.11.7 Separate and functional sanitation facilities (toilets) for male/ female staff and patients in place

### **5.12 Medications**

The health facility is sufficiently stocked with medicines appropriate for its scope of service and prescriptions guided by selected formulary guidelines/ protocols.

- 5.12.1 Medicines appropriate for scope of work available
- 5.12.2 Medicine practices comply with health facility license
- 5.12.3 Medicines stored correctly on storage units
- 5.12.4 a) Qualified practitioners (Qualified Nurses in MCHs and Medical Doctors) writing prescriptions  
b) Prescriptions should be written clearly in terms of doses and route
- 5.12.5 Policies/procedures in place for management of medicines/signed off by staff
- 5.12.6 System for tracking the expiry date and disposal of expired medicines available
- 5.12.7 National formulary, guidelines and protocols for prescriptions available and in use

### **5.13 Pharmacy**

The Health facility has dedicated physical space for a pharmacy that is manned by qualified staff equipped with appropriate pharmaceutical policies and procedures

- 5.13.1 Medicine policy and control procedures in place
- 5.13.2 System for storage/security/segregation and labeling of medicines in place and in use.
- 5.13.3 Appropriate and adequate staff available
- 5.13.4 Adequate stocks of medicine and space available
- 5.13.5 Medicines dispensed on prescriptions
- 5.13.6 Fast expiry, first out policy on medicines in place and functional.
- 5.13.7 Temperature and light control and monitoring systems of medicines in place
- 5.13.8 Cold chain system in place and functioning

### **5.14 Clinical Practice**

The Health facility has arrangements in place to ensure quality clinical care by appropriately qualified and competent staff

- 5.14.1 Adequate professional and support staff in place (Patient staff Ratio)
- 5.14.2 Clinical practice according to scope of practice and licensure observed.
- 5.14.3 Mortality and morbidity audit committee in place and functional
- 5.14.4 National clinical guidelines/protocols available and in use

- 5.14.5 Patient privacy and confidentiality ensured
- 5.14.6 Criteria for admission, discharges and referrals in place
- 5.14.7 Patient record book properly recorded and kept

### **5.15 Radiology and Imaging**

The Health facility radiology and imaging services work collaboratively with clinical care services to ensure timely and accurate radiology and imaging results and/or services. The radiology and imaging services to comply with quality assurance standards

- 5.15.1 Imaging policies and procedures in place
- 5.15.2 Training and orientation programme for staff in place
- 5.15.3 Adequate professional and support staff in place
- 5.15.4 Waste management procedures in place
- 5.15.5 Equipment quality control measures in place
- 5.15.6 Appropriate storage facilities of films and supplies in place
- 5.15.7 Radiation protection badges in place and properly used
- 5.15.8 Protective equipment for staff, patients and public in place
- 5.15.9 Radiation protection infrastructure in place
- 5.15.10 Rooms and x-ray source certified and licensed for use
- 5.15.11 Changing rooms should be available for patients

### **5.16 Dentistry**

The Health facility has dental services that are suitable for the scope of service and are staffed by qualified and competent staff.

- 5.16.1 Infection prevention procedures manual available and in use
- 5.16.2 Incident record/work place injury book available and in use
- 5.16.3 Material safety data sheets for all chemical reagents available
- 5.16.4 Qualified Dental and support staff received training in infection prevention
- 5.16.5 Personal protective equipment (disposable gloves, gowns, eyewear) available and in use
- 5.16.6 Appropriate arrangements for storage of materials, local anesthetics and restricted substances in place
- 5.16.7 Waste disposal protocols available for sharps, contaminated materials, liquids, amalgam available and in use
- 5.16.8 Radiation equipment registered and operators licensed
- 5.16.9 Patient records properly and confidentially kept
- 5.16.10 Sufficient professional and support staff available
- 5.16.11 Emergency dental care available
- 5.16.12 Adequate space for practice available

### **5.17 Rehabilitation**

The Health facility has physiotherapy services that are suitable for the scope of service and are staffed by qualified and competent staff.

- 5.17.1 Standards, policies and procedures for physiotherapy practice available/followed
- 5.17.2 Incident record available
- 5.17.3 Physiotherapy staff with training in patient safety in place
- 5.17.4 Therapeutic equipment available for size and level of health care

- 5.17.5 Referral system available for patients who require further therapy in place
- 5.17.6 Established communication process to patients and relatives available
- 5.17.7 Required and proper documentation of patients records available
- 5.17.8 Patients plan of care and discharge available
- 5.17.9 Sufficient professional and support staff in place
- 5.17.10 Adequate number and qualified physiotherapy staff available and working within their professional registration

### **5.18 Quality Management**

The Health facility must have procedures and mechanisms in place to evaluate its performance for promotion of quality management.

- 5.18.1 Written procedures/guidelines/protocols available
- 5.18.2 Incident or adverse events documented and reported safety procedures for staff available
- 5.18.3 Patient charter and complaint system displayed at strategic locations
- 5.18.4 Data trending and analysis completed and reported to management and forwarded to local health authority.
- 5.18.5 Key health performance indicators monitored
- 5.18.6 The health care staff complaint system / policy and designated person to manage complaints in place.
- 5.18.7 Quality assurance committee should be in place

# **Health Facility Category C**

## 1. Background

The Health Professions Act number 19/2001 article 18 section 2 provides that, a person or group of persons shall not operate a health service facility without permission from the Commission. The National Health Professions Commission (NHPC) is mandated to register and license health facilities in Somaliland. The NHPC shall register and issue licenses according to classifications of health facilities which are based on scope of practice as explained below;

## 2. Mandate of National Health Professions Commission.

Under the Health Professions Act number 19/2001, the NHPC is mandated to;

- Register and license all health care facilities.
- Enter and inspect any health facility to ensure that provisions of the Act are complied with.
- Exercise disciplinary control over health professionals.
- Determine fees for application, registration and renewal of health facilities.
- Regulate the practice of health professionals through registration and issuance of licenses.
- Monitor and evaluate the performance of all health professionals to safe guard the public from unethical practices.

## 3. Classification of Health Care Facilities (HCF)

- Class C shall be a health facility to provide domiciliary services, diagnostic services, prevention and treatment of diseases and to perform physical examinations using simple equipment and taking specimens for laboratory analysis, but not including a facility to employ multiple registered health practitioners and to use extensive diagnostic equipment or invasive procedures.

## 4. Standards for each Class.

Class C addresses 14 standards. Each standard has criteria with a scoring rubric whose desired level of attainment may be determined by the Commission from time to time. The class C standard is indicated below:

<b>Class C: (Such as;Health Centers and MCH)</b>
1. Management
2. Human Resources
3. Medical Records
4. Facility Maintenance
5. Equipment Management
6. Fire And Safety
7. Infection Prevention Plan
8. Supplies
9. Laboratory
10. Sterilization process
11. Waste management.
12. Medications
13. Pharmacy
14. Clinical Practice



## **5. Standards**

### **5.1 Management**

The Health care facility should have management structures with mission statement which links with the scope, level of health services and management systems.

- 5.1.1 The health care facility must display the license reflecting scope of practice
- 5.1.2 Approved organization chart must be in place
- 5.1.3 Other certifications/ accreditations to be in place
- 5.1.4 Vision/mission/ objectives/plan in place
- 5.1.5 Approved job descriptions available
- 5.1.6 Management meetings held and minutes filed
- 5.1.7 Scope of service and their specialty clearly defined
- 5.1.8 Personal files of all staff with appointment letters in place.

### **5.2 Human Resources**

The Health facility has a staff establishment with clear linkages between numbers and specializations for the patient load

- 5.2.1 Health Professional staff with certificates of registration and current licenses to practice available.
- 5.2.2 Roster of qualified staff for specific duties in place.
- 5.2.3 Adequate number of staff for duties available based on patient staff ratio
- 5.2.4 Training and schedules of CPD for staff in place
- 5.2.5 Evidence of staff appraisal in place
- 5.2.6 Job descriptions and contracts staff available.
- 5.2.7 Orientation Programme for staff in place
- 5.2.8 Human Resource Policy/Manual must be in place and be in line with Somaliland's Labor Code

### **5.3 Medical Records**

The Health facility has a medical records filling/ storage system and records indicate all patient encounters and interventions.

- 5.2.9 Medical record for each patient available
- 5.2.10 Patients unique number/code in place
- 5.2.11 Patient referral process with documentation maintained
- 5.2.12 Records kept in secure storage for at least 10 years and confidentiality of patient information maintained.
- 5.2.13 Health Management Information System (HMIS) and submission of data to Local Health Department Office for onward transmission to MOH in place.
- 5.2.14 Official language for health records and HIMS system shall be Somali or English languages only.

### **5.4 Facility Maintenance**

The Health facility is located in a suitable building and has appropriate sanitation, security; housekeeping systems and signs for directions are present.

- 5.4.1 Building suitable for scope of work in line with public health regulations in place.
- 5.4.2 Facility maintenance programme in place and well maintained
- 5.4.3 Emergency services if available are at ground floor

- 5.4.4 Physical space adequate for work in line with public health regulations in place.
- 5.4.5 Facility in clean and sanitary condition
- 5.4.6 Lighting and ventilation adequate and well maintained
- 5.4.7 Security system/ Guards on site
- 5.4.8 Signs for directions in place
- 5.4.9 Housekeeping programme in place
- 5.4.10 Proper water Supply available
- 5.4.11 A back up Electric Generator must be available, maintained and automatically switches on when main power is lost.

### **5.5 Equipment Management**

The Health facility has sufficient equipment for the scope of work and preventive maintenance systems exist and are followed.

- 5.5.1 Equipment clean, functional and well maintained as per manufacturers' instructions.
- 5.5.2 Inventory of critical equipment on uninterrupted power system in place
- 5.5.3 Inventory of basic essential equipment available
- 5.5.4 Out of service equipment clearly marked and signed off by equipment maintenance staff.
- 5.5.5 Equipment requiring calibration is identified and calibration completed and documented.
- 5.5.6 Refrigerators/ freezers incubators etc are temperature monitored and appropriately used.

### **5.6 Fire and Safety**

The Health facility has fire and safety and equipment and procedures

- 5.6.1 Maps posted for fire routes in place
- 5.6.2 Fire and safety policies and procedures in place
- 5.6.3 Fire exits marked /lighted and unobstructed in place
- 5.6.4 Fire equipment available/ checked / working properly (Inventory in place)
- 5.6.5 Fire training/ drills conducted and documented

### **5.7 Infection Prevention**

The Health facility has a robust infection prevention programme that protects patients, staff and the public.

- 5.7.1 Functional infection prevention committee in place.
- 5.7.2 Infection prevention manual, guidelines, post exposure prophylaxis guideline, emergency/ epidemic preparedness plans available
- 5.7.3 Surveillance programme nosocomial infections in place
- 5.7.4 Safe medical waste disposal and practices in place and followed
- 5.7.5 Good hand hygiene and cleaning practices followed
- 5.7.6 Clean and dirty areas separated
- 5.7.7 Infection prevention trainings for staff documented.
- 5.7.8 Laundry practices monitored
- 5.7.9 Kitchen/dietary practice monitored
- 5.7.10 Single use/disposable supplies policy in place
- 5.7.11 System for timely reporting of communicable diseases in place

### **5.8 Supplies**

The Health facility has sufficient storage (dry stores, linen, medical and surgical supplies), accessible and available for its scope of work.

- 5.8.1 Secure and accessible storage facilities in place
- 5.8.2 Adequate supplies to cater for the facility load work available
- 5.8.3 Expiry dates tracked and disposal procedures of expired supplies available
- 5.8.4 Inventory policies and procedures in place
- 5.8.5 Procedures for request/approval of supplies in place and followed
- 5.8.6 Procure policy/manual in place.
- 5.8.7 Cold Chain procedures and equipment should be available

### **5.9 Laboratory**

The health facility laboratory services work collaboratively with clinical care services to ensure timely and accurate laboratory results and services. This requires laboratories to comply with quality assurance standards.

- 5.9.1 Adequate qualified staff and oriented support staff in place.
- 5.9.2 Programme for equipment management in place and functional.
- 5.9.3 Organized and safe work environment maintained.
- 5.9.4 Laboratory policies and procedures available and in use.
- 5.9.5 Licensing of specific diagnostic services (e.g. irradiators) in place
- 5.9.6 System for safe waste management (biologics/hazardous) in place and functional.
- 5.9.7 Reliable laboratory test results electronic/manual must be available
- 5.9.8 Functional system for safe handling, collection, and transportation of specimens, storage/labeling/disposal in place
- 5.9.9 System for regular calibration of laboratory equipment in place and followed
- 5.9.10 Quality assurance procedures (internal quality control and external quality assurance) in place and functional.
- 5.9.11 Appropriate storage of sample for work environment
- 5.9.12 Personal protective equipment and clothing suitable for the work environment available in use (disposable gloves, masks etc)
- 5.9.13 Where reference laboratory is used, contracts must be available and the reference lab registration and licensure must be provided.

### **5.10 Sterilization Processes**

The Health facility has equipment for sterilization and storage of sterilized supplies.

- 5.10.1 Sterilizers; Autoclave/hot air oven in place and functional
- 5.10.2 Quality control/cleaning of equipment as per manufacturers' instructions maintained and documented.
- 5.10.3 Orientation and training of staff in sterilization procedures in place.
- 5.10.4 Policies/procedures signed off by staff in place
- 5.10.5 Appropriate storage of sterilized supplies in place
- 5.10.6 Dates of sterilization and due dates clearly marked

### **5.11 Waste Management**

The Health facility sanitation procedures that account for waste management, protective clothing and training of housekeeping staff adhered to.

- 5.11.1 Waste management disposal policy/manual in place (coloured bags/labeled/disposal-pits and incinerators)
- 5.11.2 Programme for handling hazardous material in place
- 5.11.3 Data sheets for material safety available and in use
- 5.11.4 Personal protective equipment available and in use
- 5.11.5 Pest and rodent control programme in place
- 5.11.6 Orientation and training staff in waste management procedures in place
- 5.11.7 Separate and functional sanitation facilities (toilets) for male/ female staff and patients in place

### **5.12 Medications**

The health facility is sufficiently stocked with medicines appropriate for its scope of service and prescriptions guided by selected formulary guidelines/ protocols.

- 5.12.1 Medicines appropriate for scope of work available
- 5.12.2 Medicine practices comply with health facility license
- 5.12.3 Medicines stored correctly on storage units
- 5.12.4 a) Qualified practitioners (Qualified Nurses in MCHs and Medical Doctors) writing prescriptions  
b) Prescriptions should be written clearly in terms of doses and route
- 5.12.5 Policies/procedures in place for management of medicines/signed off by staff
- 5.12.6 System for tracking the expiry date and disposal of expired medicines available
- 5.12.7 National formulary, guidelines and protocols for prescriptions available and in use

### **5.13 Pharmacy**

The Health facility has dedicated physical space for a pharmacy that is manned by qualified staff equipped with appropriate pharmaceutical policies and procedures

- 5.13.1 Medicine policy and control procedures in place
- 5.13.2 System for storage/security/segregation and labeling of medicines in place and in use.
- 5.13.3 Appropriate and adequate staff available
- 5.13.4 Adequate stocks of medicine and space available
- 5.13.5 Medicines dispensed on prescriptions
- 5.13.6 Fast expiry, first out policy on medicines in place and functional.
- 5.13.7 Temperature and light control and monitoring systems of medicines in place
- 5.13.8 Cold chain system in place and functioning

### **5.14 Clinical Practice**

The Health facility has arrangements in place to ensure quality clinical care by appropriately qualified and competent staff

- 5.14.1 Adequate professional and support staff in place (Patient staff Ratio)
- 5.14.2 Clinical practice according to scope of practice and licensure observed.
- 5.14.3 Mortality and morbidity audit committee in place and functional
- 5.14.4 National clinical guidelines/protocols available and in use
- 5.14.5 Patient privacy and confidentiality ensured

- 5.14.6 Criteria for admission, discharges and referrals in place
- 5.14.7 Patient record book properly recorded and kept

## **Health Facility Category D**

## 1. Background

The Health Professions Act number 19/2001 article 18 section 2 provides that, a person or group of persons shall not operate a health service facility without permission from the Commission. The National Health Professions Commission (NHPC) is mandated to register and license health facilities in Somaliland. The NHPC shall register and issue licenses according to classifications of health facilities which are based on scope of practice as explained below;

## 2. Mandate of National Health Professions Commission.

Under the Health Professions Act number 19/2001, the NHPC is mandated to;

- Register and license all health care facilities.
- Enter and inspect any health facility to ensure that provisions of the Act are complied with.
- Exercise disciplinary control over health professionals.
- Determine fees for application, registration and renewal of health facilities.
- Regulate the practice of health professionals through registration and issuance of licenses.
- Monitor and evaluate the performance of all health professionals to safe guard the public from unethical practices.

## 3. Classification of Health Care Facilities (HCF)

- Class D shall be a stand-alone health facility to provide diagnostic service, Physiotherapy/Occupational therapy, dental technology laboratory, Optometry services and orthopedic technology laboratory.

## 4. Standards for each Class.

Class D addresses 11 standards. Each standard has criteria with a scoring rubric whose desired level of attainment may be determined by the Commission from time to time. The class D standard is indicated below:

### Class D: (Such as;Diagnostic Centers)

1. Management
2. Human Resources
3. Medical Records
4. Facility Maintenance
5. Equipment Management
6. Fire And Safety
7. Infection Prevention Plan
8. Supplies
9. Laboratory
10. Sterilization process
11. Waste management.

## 5. Standards

### 5.1 Management

The Health care facility should have management structures with mission statement which links with the scope, level of health services and management systems.

- 5.1.1 The health care facility must display the license reflecting scope of practice
- 5.1.2 Approved organization chart must be in place
- 5.1.3 Other certifications/ accreditations to be in place
- 5.1.4 Vision/mission/ objectives/plan in place
- 5.1.5 Approved job descriptions available

- 5.1.6 Management meetings held and minutes filed
- 5.1.7 Scope of service and their specialty clearly defined
- 5.1.8 Personal files of all staff with appointment letters in place.

## **5.2 Human Resources**

The Health facility has a staff establishment with clear linkages between numbers and specializations for the patient load

- 5.2.1 Health Professional staff with certificates of registration and current licenses to practice available.
- 5.2.2 Roster of qualified staff for specific duties in place.
- 5.2.3 Adequate number of staff for duties available based on patient staff ratio
- 5.2.4 Training and schedules of CPD for staff in place
- 5.2.5 Evidence of staff appraisal in place
- 5.2.6 Job descriptions and contracts staff available.
- 5.2.7 Orientation Programme for staff in place
- 5.2.8 Human Resource Policy/Manual must be in place and be in line with Somaliland's Labor Code

## **5.3 Medical Records**

The Health facility has a medical records filling/ storage system and records indicate all patient encounters and interventions.

- 5.3.1 Medical record for each patient available
- 5.3.2 Patients unique number/code in place
- 5.3.3 Patient referral process with documentation maintained
- 5.3.4 Records kept in secure storage for at least 10 years and confidentiality of patient information maintained.
- 5.3.5 Health Management Information System (HMIS) and submission of data to Local Health Department Office for onward transmission to MOH in place.
- 5.3.6 Official language for health records and HIMS system shall be Somali or English languages only.

## **5.4 Facility Maintenance**

The Health facility is located in a suitable building and has appropriate sanitation, security; housekeeping systems and signs for directions are present.

- 5.4.1 Building suitable for scope of work in line with public health regulations in place.
- 5.4.2 Facility maintenance programme in place and well maintained
- 5.4.3 Emergency services if available are at ground floor
- 5.4.4 Physical space adequate for work in line with public health regulations in place.
- 5.4.5 Facility in clean and sanitary condition
- 5.4.6 Lighting and ventilation adequate and well maintained
- 5.4.7 Security system/ Guards on site
- 5.4.8 Signs for directions in place
- 5.4.9 Housekeeping programme in place
- 5.4.10 Proper water Supply available
- 5.4.11 A back up Electric Generator must be available, maintained and automatically switches on when main power is lost.

## **5.5 Equipment Management**

The Health facility has sufficient equipment for the scope of work and preventive maintenance systems exist and are followed.

- 5.5.1 Equipment clean, functional and well maintained as per manufacturers' instructions.
- 5.5.2 Inventory of critical equipment on uninterrupted power system in place
- 5.5.3 Inventory of basic essential equipment available
- 5.5.4 Out of service equipment clearly marked and signed off by equipment maintenance staff.
- 5.5.5 Equipment requiring calibration is identified and calibration completed and documented.
- 5.5.6 Refrigerators/ freezers incubators etc are temperature monitored and appropriately used.

## **5.6 Fire and Safety**

The Health facility has fire and safety and equipment and procedures

- 5.6.1 Maps posted for fire routes in place
- 5.6.2 Fire and safety policies and procedures in place
- 5.6.3 Fire exits marked /lighted and unobstructed in place
- 5.6.4 Fire equipment available/ checked / working properly (Inventory in place)
- 5.6.5 Fire training/ drills conducted and documented

## **5.7 Infection Prevention**

The Health facility has a robust infection prevention programme that protects patients, staff and the public.

- 5.7.1 Functional infection prevention committee in place.
- 5.7.2 Infection prevention manual, guidelines, post exposure prophylaxis guideline, emergency/ epidemic preparedness plans available
- 5.7.3 Surveillance programme nosocomial infections in place
- 5.7.4 Safe medical waste disposal and practices in place and followed
- 5.7.5 Good hand hygiene and cleaning practices followed
- 5.7.6 Clean and dirty areas separated
- 5.7.7 Infection prevention trainings for staff documented.
- 5.7.8 Laundry practices monitored
- 5.7.9 Kitchen/dietary practice monitored
- 5.7.10 Single use/disposable supplies policy in place
- 5.7.11 System for timely reporting of communicable diseases in place

## **5.8 Supplies**

The Health facility has sufficient storage (dry stores, linen, medical and surgical supplies), accessible and available for its scope of work.

- 5.8.1 Secure and accessible storage facilities in place
- 5.8.2 Adequate supplies to cater for the facility load work available
- 5.8.3 Expiry dates tracked and disposal procedures of expired supplies available
- 5.8.4 Inventory policies and procedures in place
- 5.8.5 Procedures for request/approval of supplies in place and followed
- 5.8.6 Procure policy/manual in place.



5.8.7 Cold Chain procedures and equipment should be available

## **5.9 Laboratory**

The health facility laboratory services work collaboratively with clinical care services to ensure timely and accurate laboratory results and services. This requires laboratories to comply with quality assurance standards.

- 5.9.1 Adequate qualified staff and oriented support staff in place.
- 5.9.2 Programme for equipment management in place and functional.
- 5.9.3 Organized and safe work environment maintained.
- 5.9.4 Laboratory policies and procedures available and in use.
- 5.9.5 Licensing of specific diagnostic services (e.g. irradiators) in place
- 5.9.6 System for safe waste management (biologics/hazardous) in place and functional.
- 5.9.7 Reliable laboratory test results electronic/manual must be available
- 5.9.8 Functional system for safe handling, collection, and transportation of specimens, storage/labeling/disposal in place
- 5.9.9 System for regular calibration of laboratory equipment in place and followed
- 5.9.10 Quality assurance procedures (internal quality control and external quality assurance) in place and functional.
- 5.9.11 Appropriate storage of sample for work environment
- 5.9.12 Personal protective equipment and clothing suitable for the work environment available in use (disposable gloves, masks etc)
- 5.9.13 Where reference laboratory is used, contracts must be available and the reference lab registration and licensure must be provided.

## **5.10 Sterilization Processes**

The Health facility has equipment for sterilization and storage of sterilized supplies.

- 5.10.1 Sterilizers; Autoclave/hot air oven in place and functional
- 5.10.2 Quality control/cleaning of equipment as per manufacturers' instructions maintained and documented.
- 5.10.3 Orientation and training of staff in sterilization procedures in place.
- 5.10.4 Policies/procedures signed off by staff in place
- 5.10.5 Appropriate storage of sterilized supplies in place
- 5.10.6 Dates of sterilization and due dates clearly marked

## **5.11 Waste Management**

The Health facility sanitation procedures that account for waste management, protective clothing and training of housekeeping staff adhered to.

- 5.11.1 Waste management disposal policy/manual in place (coloured bags/labeled/disposal-pits and incinerators)
- 5.11.2 Programme for handling hazardous material in place
- 5.11.3 Data sheets for material safety available and in use
- 5.11.4 Personal protective equipment available and in use
- 5.11.5 Pest and rodent control programme in place
- 5.11.6 Orientation and training staff in waste management procedures in place
- 5.11.7 Separate and functional sanitation facilities (toilets) for male/ female staff and patients in place