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Standards for Mental Health Services

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Health Policies and Standards Department

Health Regulation Sector (2024)

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The Health Policies and Standards Department (HPSD) developed this Standards in collaboration with Health Standards Organization/Accreditation Canada and the subject matter experts in the field of mental health services.

We would like to acknowledge and thank those stakeholders for their dedication towards improving quality and safety of healthcare services in the Emirate of Dubai.

Health Regulation Sector

Dubai Health Authority

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INTRODUCTION

The Health Regulation Sector (HRS) plays a key role in regulating the health sector. HRS is mandated by the Dubai Health Authority (DHA) Law No. (6) of the year (2018) with its amendments pertaining to DHA, to undertake several functions including but not limited to:

- Developing regulation, policy, standards, guidelines to improve quality and patient safety and promote the growth and development of the health sector;
- Licensure and inspection of health facilities as well as healthcare professionals and ensuring compliance to best practice;
- Managing patient complaints and assuring patient and physician rights are upheld;
- Governing the use of narcotics, controlled and semi-controlled medications;
- Strengthening health tourism and assuring ongoing growth; and Assuring management of health informatics, e-health and promoting innovation

The Mental Health Services Standard aims to fulfil the following overarching Dubai Health Sector Strategy 2026:

- Pioneering Human-centered health system to promote trust, safety, quality and care for clients and their families.
- Make Dubai a lighthouse for healthcare governance, integration and regulation.
- Pioneering prevention efforts against non-communicable diseases.
- Foster healthcare education, research and innovation.

EXECUTIVE SUMMARY

Mental health services are essential to promoting overall health and well-being in any community. They address complex needs that span emotional, psychological, and social dimensions. Effective mental health care requires more than therapeutic interventions; it depends on robust systems that ensure safety, quality, and client-centered care. The Mental Health Services Standard aligns with the Dubai Health Sector Strategy 2026 and the Mental Wealth Framework, positioning Dubai as a model for integrated, human-centered mental healthcare. This document is designed to ensure the highest standards of quality and safety for mental health services, contributing to the ongoing improvement of healthcare in Dubai. Developed in alignment with evolving healthcare needs and international best practices, the standards support Dubai's vision for a safe, innovative, and client-focused mental health system. This standard should be read in conjunction with related UAE laws, DHA standards, policies, manuals, and other relevant documents, including but not limited to:

- UAE Federal Law No. 5 of 2019 on the Subject of Regulating the Practice of the Profession of Human Medicine,
- UAE Federal Law No. 4 of 2016 on the Subject of Medical Liability,
- UAE Federal Law No. 4 of 2015 concerning Private Health Facilities.
- Cabinet Decision No. (29) of 2020 regarding the Executive Regulations of Federal Law No. (4) of 2015 concerning Private Health Facilities.

- Federal Law No. 8 of 2023 regarding the amendment of certain provisions of Federal Law No. 4 of 2015 concerning Private Health Facilities.
- UAE Cabinet Resolution No. (20) of 2017, which approves the unified standards for licensing health professionals at the state level. Ministerial Resolution No. (14) of 2021 regarding the Patient's Rights & Responsibilities Charter in the United Arab Emirates (UAE) on Charter of Patient's Rights and Responsibilities.
- Ministerial Resolution No. (1448) of 2017 On Adoption of Code of Ethics and Professional Conduct for Health Professionals.
- Unified National Standards for Hospitals (2018).
- Unified Healthcare Professional Qualification Requirements (PQR).
- National Guidelines for Biosafety 2020.
- DHA Manual for Licensing Health Facility.
- DHA Role and Responsibilities of Medical Director Policy.
- DHA Communicable Disease Notification Policy.
- DHA Health Information Assets Management Policy.
- DHA Sentinel Event Notification and Management Standards.
- DHA Referral and interfacility Transfer policy.
- DHA Health Data and Information Sharing Policy.
- DHA Standards for Medical Advertisement Content on Social Media.
- DHA Standards for physiotherapy Services.

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- DHA Standards for Clinical Laboratory Services.
 - DHA Standards for Addiction Treatment and Rehabilitation Services.
 - DHA Standards for Telehealth Services.
 - DHA Pharmacy Guideline.
 - DHA Guideline for Patient Consent.

DEFINITIONS

Addiction: a compulsive need to continue performing the same behavior or activity despite the known harmful consequences of that behavior or activity. Addictions can be related to substance use, as well as substance use disorders, or behaviors, as with behavioral addictions. Addictions can have significant immediate and long-term detrimental effects on a person's physical and psychological health and well-being.

Assessment: a comprehensive, evidence-based process that uses standardized tools to identify health needs and symptom periods assessments help teams to develop individualized care plans and provide the appropriate type and level of care.

Care: actions taken in any setting to address a clients' social, physical, personal, emotional, psychological, cultural, spiritual, and medical needs to support their health and well-being. Care is relational and founded in relationships that emphasize and embrace the unique experiences common values, perspectives, and the personhood of the client and the provider.

Client: the person who receives, participates in, and benefits from healthcare, as a Co producer of health. For the purposes of this standard, this term includes people seeking care for their mental health symptoms. Depending on the care setting or contacts, clients may be referred to as a patient, resident, or community member. When the facility is not providing services directly to individuals, client refers to the community or population that is served by the organization.

Client-Centered Care: an approach based on the philosophy of human-centered care that ensures that the client is a partner and active participant in their care and that the client's goals, abilities, and preferences drive decision-making for care.

Clinical Privileging: is the process of giving a DHA licensed healthcare professional permission to carry out specific duties as per health facility's scope of practice and licensure and aligned with the professional's scope of practice. This involves the review of credentials and qualifications, training, competence, practical independence and experience.

Continuity of Services: the coordination, uninterrupted, and seamless provision of healthcare services for the clients' transition to a new model of care as they age or as needs change.

Evidence-Informed: An approach to informing policies, procedures, and practices that integrates quantitative and qualitative knowledge from research, implementation science, and people with expertise in those with lived experiences. Combining research, expertise, and lived experiences inclusive approach that ensures evidence reflects the person, the context, and the evolving nature of knowledge.

Mental Health Facility: Facilities that provide mental health services and are authorized by DHA in accordance with the standards of mental health services.

Healthcare Professional: A natural person authorized and licensed by the DHA to provide any of the healthcare professions in the emirate of Dubai.

Informed Consent: Permission given for the provision of care, support, or participation in an activity. The consent must be given voluntarily, with a full understanding of the nature, risks, and alternative options. It may be implied, or it may be specifically expressed either orally or in writing.

Medical Director: A DHA licensed healthcare professional who holds responsibility and oversight of medical services to assure the provision of the evidence-based treatments/protocols within a DHA licensed health.

Medication Management: A prescription, administration, monitoring, and review of medications and their adverse side effects for the treatment of mental health issues.

Mental Illness: A health condition involving changes in emotion, thinking, or behavior that is associated with distress or problems functioning in social, work, or family activities.

People of Determination: A person suffering from a temporary or permanent, full or partial deficiency or infirmity in physical, sensory, mental, communicational, educational or psychological abilities.

Policy: The documented rules and regulations that guide an organization. A policy provides consistency, accountability, and clarity on how an organization operates. A policy needs to comply with jurisdictional requirements.

Practice: An activity performed in a care setting in the presence of a client or on a client's behalf as part of a client's care.

Preference: An approach or option that a client wants included as part of their care.

Procedure: The documented steps for completing a task, often connected to a policy. Procedures are evidence-informed and comply with jurisdictional requirements.

Restraint: A physical or chemical measure that controls or limits a client's movement, behavior, or mobility. The use and definitions of restraints may vary by jurisdiction and population type. Except in an emergency, the use of restraints requires the informed consent of a capable client or, if incapable, their substitute decision-maker.

Recovery-Oriented: This approach “recognizes that recovery is a personal, non-linear journey guided by accountability, informed by each person's well-being goals, the pace they desire to go, the relationship they have with their illness, the agency they exercise, and the opportunity they are offered to lead their most satisfying and meaningful lives” (BC Mental Health and Substance Use Services, 2020).

Self-Management: A self-management approach means taking an active role in our own health and well-being.

Telehealth: Involves using telecommunications and virtual technology to deliver healthcare services remotely outside the traditional healthcare facility setting without a physical presence and examination of the patient. It is used to exchange a patient's medical information from one site to another via the available electronic communication platforms, such as two-way video, email, smartphones, wireless tools, and other telecommunication technology to assess and

evaluate the patient's health status for treatment. Telehealth facilitates the delivery of health and health-related services, including patient assessment, diagnosis, treatment, therapy, referral, provider and patient education and self-care, and the exchange of health information services via telecommunications and digital communication technologies.

ABBREVIATIONS

ACT: Assertive Community Treatment

AV: Average Visit

CBT: Cognitive Behavioral Therapy

CR: Consistent Range

CDA: Community Development Authority

DBT: Dialectical Behavioral Therapy

DHA: Dubai Health Authority

DM: Dubai Municipality

FACT: Flexible Assertive Community Treatment

GP: General Practitioner

HP: Healthcare Professional

HF: Health Facility

HFG: Health Facility Guidelines

HPSD: Health Policy and Standards Department

HRS: Health Regulation Sector

KPI: Key Performance Indicator

MD: Median

MN: Mean

NHS: National Health Service

PHC: Primary Healthcare Center

PQR: Professionals Qualification Requirement

SD: Standard Deviation

UAE: United Arab Emirates

UK: United Kingdom

1. BACKGROUND

Mental illness affects more than one billion people globally (Rehm & Shield, 2019). Mental health symptoms affect people throughout their lives (Cleary & Thomas, 2017). Mental illnesses include depressive disorders, anxiety disorders, personality disorders, eating disorders, trauma- and stressor-related disorders, and psychotic disorders (American Psychiatric Association, 2013).

Unidentified or poorly managed mental health symptoms can result in physical, financial, emotional, and social burdens for those living with these symptoms, as well as for their families and society (Rehm & Shield, 2019; McQuaid et al., 2017; National Alliance on Mental Illness, n.d.). For example, people with severe mental illnesses die up to two decades earlier than members of the general population (World Health Organization, n.d. a). These burdens are decreased through prevention; early intervention; coordinated delivery of services; integration of physical, social, and mental healthcare; and access to care (Takkunen & Zlevor, 2018; GBD 2019 Mental Disorders Collaborators, 2022; World Health Organization, n.d. a).

This standard for Mental Health Services is designed for facilities offering mental health services across the lifespan and the continuum of care. This includes but is not limited to mental health promotion and education, early intervention services, crisis intervention, counseling and therapy, inpatient and outpatient treatment, peer/self-help programs, diversion and court support, and social rehabilitation/recreation. Mental health services are provided in the client's preferred environment whenever possible and safe, and could include inpatient and outpatient settings,

such as a clinic, primary care center, community agency, hospital, individuals or families home, school or workplace.

2. SCOPE

2.1. Mental Health Services in DHA-licensed health facilities for both inpatient and outpatient care, covering adult, adolescence and paediatric mental health services.

3. PURPOSE

3.1. To assure the provision of the highest levels of safety and quality for Mental Health services in Dubai Health Authority (DHA) licensed health facilities.

4. APPLICABILITY

4.1. DHA licensed healthcare professionals (HP) and health facilities providing Mental Health services.

5. STANDARD ONE: REGISTRATION AND LICENSURE PROCEDURES

5.1. All health facilities (HFs) providing mental health services shall adhere to the United Arab Emirates (UAE) Laws and Dubai regulations for providing mental health services.

5.2. HF aiming to provide mental health services within the Dubai Emirates shall comply with the DHA licensure and administrative procedures available on the DHA website <https://www.dha.gov.ae>.

5.3. Licensed health facilities opting to add mental health services shall submit an application through Sheryan platform to obtain permission to provide the service.

5.4. Mental Healthcare Services are only available for the following healthcare facility types:

5.4.1. Hospitals

- a. General hospital
- b. Speciality hospital

5.4.2. Outpatient health facilities, such as and not limited to:

- a. General Clinic
- b. Polyclinic
- c. Specialty clinic
- d. Renal dialysis centre
- e. Oncology centre
- f. Psychiatric centre

5.4.3. Specialized units

- a. Standalone mental Healthcare facility.
- b. Standalone Home Healthcare facility.

5.4.4. Long term residential healthcare facilities

5.5. Please refer to the DHA manual for licensing health facility.

6. STANDARD TWO: HEALTH FACILITY REQUIREMENTS

6.1. HF shall comply with all legislations in force in the country and the instructions issued by the DHA, in particular the Federal Law No. (10) Concerning Mental Health of 2023

and the Federal Decree Law No. (30) of 2021 regarding combating Narcotics Drugs and Psychotropic Substances.

6.2. Mental health services shall be provided in HF that are licensed by DHA to provide these services.

6.3. The HF should meet the HF requirements as per the DHA Health Facility Guidelines (HFG).

6.3.1. For more information, refer to the [DHA Health Facility Guidelines](#), Part B – Health Facility Briefing and Design: Mental Health Unit - Adult, Child, Adolescent, and Older Persons.

6.3.2. Mental health facilities for inpatient units should be separated by gender, with distinct sections for males and females.

6.3.3. Mental health facilities Designs must minimize any unintended opportunities for suicide attempts and ensure clear visibility for staff to effectively supervise all patients, eliminating blind spots.

6.3.4. HF Room size and occupancy for adult acute units:

- a. Room must be no less than 30 square meters for single-occupancy rooms and 25 square meters per bed for double-occupancy rooms
- b. Four-bed rooms may be allowed in exceptional circumstances, particularly in acute care settings, but only if the room design includes necessary safety measures, such as secure furniture, adequate

supervision capabilities, and clear sightlines for staff. These rooms must meet specific regulatory standards and be used sparingly.

6.3.5. HF room size and occupancy for adolescent inpatient units:

- a. Rooms should provide a minimum of 30 square meters per bed. Single-occupancy rooms are ideal, but up to two-bed rooms may be considered with adequate supervision and safety measures in place.

6.3.6. HF room size and occupancy for paediatric inpatient units:

- a. Paediatric rooms should provide a minimum of 30 square meters per bed, with single-occupancy rooms being the preferred option.
- b. Rooms with two beds may be allowed, with maximum occupancy is 4 beds if adequate space, privacy, and safety are ensured.

6.4. The HF is recommended to be accredited by one of the accredited organizations for mental health services within 24 months from licensure activation as per [DHA Hospital Accreditation Policy](#). The accreditation certificates shall be uploaded to the Sheryan platform.

6.4.1. Accreditation recommended to be for the mental healthcare services by an International Society for Quality in Health Care External Evaluation Association (ISQua EEA) approved entities, including but not limited to:

- a. Joint Commission International (JCI)

- b. Commission on Accreditation of Rehabilitation Facilities (CARF International)
 - c. Accreditation Canada – Qmentum International Program
 - d. Australian Council on Healthcare Standards International (ACHSI)
- 6.5. All mental healthcare facilities shall conduct a pre-construction risk assessment for any new construction, renovation, or demolition activity.
- 6.6. The HF shall ensure the following:
- 6.6.1. Easy access to the health facility and treatment areas for all patient groups.
 - 6.6.2. Provide assurance of patients and staff safety.
 - 6.6.3. A safe environment where qualified personnel, facilities, equipment, and, if applicable, emergency drugs and equipment are immediately available.
 - 6.6.4. Easy access to people of determination.
 - 6.6.5. Ensure patient privacy in all consultation, examination rooms, and treatment rooms.
 - 6.6.6. A high level of infection control in all aspects.
- 6.7. Special consideration shall be provided to people of determination, which is aligned with DHA standards for people of determination.
- 6.8. Each Licensed HF shall appoint qualified personnel and maintain staffing levels as required to ensure reliable and consistent care.

6.9. The HF shall maintain a charter of clients' rights and responsibilities posted at the entrance of the premise in two languages (Arabic and English).

6.10. The HF should develop the following policies and procedures to support the delivery of high-quality and safe care; included but not limited to:

6.10.1. Patient acceptance criteria.

6.10.2. Patient assessment and admission.

6.10.3. Patient education, communication and Informed consent.

6.10.4. Patient health record, confidentiality and privacy as per DHA Policy for Health Information Assets Management.

6.10.5. Patient and Staff Safety.

6.10.6. Patient discharge/transfer.

6.10.7. Patient restraint and seclusion.

6.10.8. Emergency and disaster preparedness.

6.10.9. Incident reporting.

6.10.10. Infection prevention and control.

6.10.11. Medication management and pharmacy services as per DHA Guidelines for Pharmacy.

6.10.12. Information management.

6.10.13. Use of electronic communications and technologies.

6.10.14. Staffing plan, staff management and clinical privileging.

6.10.15. Violence against Staff/Zero Tolerance.

6.10.16. Sentinel Event Notification and Management Policy.

6.10.17. Issuance of Sick Leave Certificate & Escort Certificate

6.11. The HF shall provide documented evidence of the following:

6.11.1. Transfer of critical/complicated cases when required.

6.11.2. Patient discharge.

6.11.3. Clinical laboratory services.

6.11.4. Equipment maintenance services.

6.11.5. Laundry services.

6.11.6. Medical waste management as per Dubai Municipality (DM) requirements.

6.11.7. Housekeeping services.

7. STANDARD THREE: HEALTHCARE PROFESSIONALS REQUIREMENTS

7.1. All HPs should hold an active DHA license as per the Unified Professionals Qualification Requirements (PQR), and the listed Allied HPs must be licensed by CDA and to work within their scope of practice.

7.2. All DHA license physicians, Allied and Nurses HPs who provide Mental Health Services, including but not limited to:

7.2.1. Physicians: Psychiatrists

7.2.2. Addiction Psychiatrists

7.2.3. Child and Adolescent Psychiatrists

7.2.4. Clinical Neurophysiologists

7.2.5. Liaison Psychiatrists

7.2.6. Forensic Psychiatrists

7.2.7. Geriatric Psychiatrists

7.2.8. Hospice and Palliative Medicine Psychiatrists

7.2.9. Medical Psychotherapy Psychiatrists

7.2.10. Pain Medicine Psychiatrists

7.2.11. Learning Disability Psychiatrists

7.2.12. Psychosomatic Medicine Psychiatrists

7.2.13. Rehabilitation Psychiatrists and Sleep Medicine Psychiatrists

7.2.14. Allied HPs: Psychologists in clinical specialties (Addiction, Clinical, Forensic, Health and Neuropsychology)

7.2.15. Mental Health Nurses

7.3. The listed Allied HPs must be licensed by CDA:

7.3.1. General Psychologists

7.3.2. Psychometrists and Assistant Psychologists

7.3.3. Psychologists in non-clinical specialties (e.g. Child, Counselling, Educational, Marriage and Family, and Occupational).

7.3.4. Social Workers and Assistant Social Workers

7.3.5. Applied Behavioural Analysts and Behaviour therapy Technicians.

7.4. HPs working in healthcare facilities (HFs) providing mental health services should be aware of their ethical responsibilities and comply with the Code of Ethics and Professional Conduct, governed by the principle of client-centeredness.

7.5. All HPs must maintain a valid Basic Life Support certification (BLS).

7.6. Continuing Professional Development (CPD) activities shall be documented, and evidence of a learning and development system shall ensure the skill and competence of staff by allocation.

7.6.1. For more information, refer to the DHA Manual for Licensing Healthcare Professionals.

7.7. The Medical Director should take responsibility for administering all medical services performed by the HF and shall be responsible for ensuring the HF complies with all applicable federal and local laws and regulations.

7.8. The Medical Director shall ensure an appropriate number of trained healthcare professionals and nonclinical and support staff are available.

7.8.1. Please refer to the DHA policy regarding the roles and responsibilities of medical directors.

7.9. The HF must implement a documented process to address performance issues identified with HPs holding privileges.

7.10. The HF should provide general facility orientation for all new staff and specific orientation to the new staff members according to their roles and responsibilities,

including infection control practices, emergency procedures, policies, reporting of medical errors, and workplace violence prevention, and maintain a record of that.

7.11. The HF should maintain documented, standardized, and current personnel information for each staff member, including current job description, staff work history, immunizations and/or evidence of immunity, and performance evaluation results.

7.12. The HF may provide mental health services through a multidisciplinary team of healthcare professionals, including but not limited to the following:

7.12.1. Psychiatrist

7.12.2. Psychologist

7.12.3. Psychiatric Nurse or Mental Health Nurse

7.12.4. Counsellor or Psychotherapist

7.12.5. Occupational Therapist (OT)

7.12.6. Rehabilitation Specialist

7.12.7. Clinical Social workers if required

7.13. Mental health facilities providing inpatient care must provide 24-hour direct clinical care with minimum safe staffing levels as follows:

7.13.1. A psychiatrist must be on-call 24/7 and able to report to the inpatient unit within 30 minutes during emergencies.

7.13.2. Psychiatrist Staffing Requirements for inpatient units:

a. Consultant psychiatrists: 1 per 140 inpatients or fewer.

b. Specialist psychiatrists: 1 per 70 inpatients or fewer.

c. Resident psychiatrists: 1 per 21 inpatients or fewer.

7.13.3. Nursing Staff Requirements for Inpatient Units:

a. Adult Inpatient Unit: 1 nurse per 3 inpatients or fewer, with 1:1 staffing for suicidal inpatients.

b. Adolescent Inpatient Unit: 1 nurse per 2 inpatients or fewer, with 1:1 staffing for suicidal inpatients.

c. Child Inpatient Unit: 1 nurse per inpatient, with 1:1 staffing for suicidal inpatients.

7.14. Nursing services must be under the direct supervision of a licensed nurse with at least two years of mental health nursing experience, including one year in a supervisory role.

8. STANDARD FOUR: RESTRAINT AND SECLUSION PROCEDURES

8.1. The HF shall establish written policies and procedures governing the use of restraint and seclusion.

8.2. The use of restraint or seclusion must be medically justified and documented in the patient's record by the treating physician. These measures shall only be used to prevent the patient from harming themselves or others, or to prevent severe disruption of the therapeutic environment.

- 8.3. Restraint or seclusion must be terminated immediately once the reason for its application no longer exists.
- 8.4. HP implementing restraint or seclusion shall be trained and certified in its appropriate use.
- 8.5. Restraint or seclusion shall not be used in a manner that causes physical harm or pain to the patient.
- 8.6. Continuous, uninterrupted monitoring of the patient is required throughout the period of seclusion or restraint.
- 8.7. Seclusion room must be no less than 14 square meters and shall meet the specifications outlined in the [DHA Health Facility Guidelines](#), Part B – Health Facility Briefing and Design: Mental Health Unit - Adult, Child, Adolescent, and Older Persons.
- 8.8. Procedures shall respect the patient’s dignity and physical safety, and actions should be completed as quickly as possible. The facility must notify the appropriate committee immediately and maintain detailed records of all restraint and seclusion incidents, using the designated template.

9. STANDARD FIVE: PATIENT CARE

9.1. Assessment and admission

- 9.1.1. Defined eligibility criteria shall be established for outpatient services catering to adults, adolescents, and pediatric patients, ensuring prioritization based on the severity of their condition and clinical needs.

9.1.2. Clear and structured admission protocols shall be implemented for inpatient services, applicable to adults, adolescents, and pediatric patients, based on clinical necessity and the urgency of their mental health condition.

9.1.3. All patients, including adults, adolescents, and pediatric patients, shall undergo a comprehensive clinical assessment conducted by a licensed psychiatrist to ensure accurate diagnosis and treatment planning.

9.1.4. Adolescent and child assessments shall address developmental disorders, behavioral issues, and emotional distress.

9.1.5. Initial assessments for adults, adolescents, and pediatric patients shall include:

- a. A detailed history (medical, psychiatric, and psychosocial).
- b. A mental state examination tailored to the patient's age and developmental stage.
- c. A physical examination, as clinically indicated.
- d. A thorough risk assessment considering age-specific factors (e.g., self-harm risk in adolescents, developmental risks in pediatric patients).
- e. Assessment should utilize internationally recognized methods, tools, and the latest versions of disease classification systems, such as the Diagnostic and Statistical Manual of Mental Disorders (DSM) and the

International Classification of Diseases (ICD) for Mental and Behavioral Disorders.

9.2. Care planning

9.2.1. Care plans shall be tailored to the patient's age, clinical needs, and personal goals.

9.2.2. Each patient shall have an individualized care plan developed within 48 hours of admission for inpatient or after the first two visits for outpatient.

9.2.3. The care plan shall be reviewed at least weekly for inpatients and monthly for outpatients.

9.2.4. Facilities shall not implement care plans without patient and/or family involvement unless clinically contraindicated.

9.2.5. Care plans shall include:

- a. Diagnosis and treatment objectives
- b. Schedule of therapeutic interventions (individual, group, or family therapy)
- c. Crisis management strategies
- d. Medication management plans (if applicable)
- e. Discharge planning and transition support

9.2.6. As part of the patient's care plan, the outpatient mental healthcare facilities should establish (MOUs) or collaborate with hospitals and specialized services for:

- a. Emergency transfer services.
- b. Access to complementary services (e.g., psychiatric admission, diagnostic evaluations, or therapy services).
- c. Referrals for specialized mental health interventions.

9.3. Discharge, Transfers

9.3.1. Criteria for Discharge

- a. Defined clinical and functional improvement criteria shall be established for discharge. These criteria must address the following:
 - i. Stabilization of symptoms.
 - ii. Patient's ability to function in their environment (home, school, or work).
 - iii. Availability of adequate support systems at discharge.

9.3.2. Discharge Plan

- a. The discharge plan shall include:
 - i. A summary of the patient's mental health condition and treatment progress.

- ii. Recommendations for ongoing outpatient treatment, including medications, therapies, and follow-ups.
- iii. Referrals to community mental health services, school-based programs, or specialized clinics as needed.
- iv. A crisis management plan with emergency contacts and support mechanisms.
- v. Psychoeducation for the patient and family about the diagnosis, treatment, and warning signs of relapse.

9.3.3. Transfers should be pre-arranged with receiving facilities to ensure continuity of care. Proper handovers must adhere to the DHA policy for Patient Referral and Interfacility Transfer.

10. STANDARD SIX: PATIENT SAFETY

10.1. Medical health record

- 10.1.1. HFs must not disclose the information included in these records except in legally prescribed circumstances and must not allow unauthorized individuals to access them.
- 10.1.2. HF shall maintain accurate, comprehensive, and easily retrievable health records and reports for all patients across inpatient and outpatient settings.
- 10.1.3. A list of all active and inactive mental health patients under the facility's care must be maintained within the facility's records management system.

10.1.4. HFs must maintain electronic medical records (e.g., NABIDH) for patient documentation in compliance with the DHA Policy for Health Data Quality.

10.1.5. All medical records should be documented electronically within 24 hours of the patient's visit and authenticated using electronic or computer-generated signatures.

10.2. Inform consent

10.2.1. HFs must comply with the provisions of Federal Law No. (10) of 2023 regarding mental health patient informed consent.

10.2.2. The consent shall be informed and should clearly explain the following to the psychiatric patient:

- a. The circumstances and requirements of the treatment.
- b. The treatment duration.
- c. Potential side effects (if any).
- d. Prescribed doses.
- e. Consequences of neglecting or missing the treatment.
- f. Any other information the psychiatrist considers necessary.

10.2.3. Consent must be given willingly and voluntarily, without any physical or psychological pressure. The treating psychiatrist is responsible for assessing the patient's mental capacity to provide consent and must document this assessment in the patient's medical record.

10.2.4. For further information, refer to DHA guidelines for patient consent.

10.3. Patient rights

10.3.1. HFs must comply with the provisions of Federal Law No. (10) of 2023 regarding mental health in this matter.

10.3.2. HFs shall establish policies and procedures for the use of force and restrictive interventions in accordance with Federal Law No. (10) of 2023 concerning mental health. Such interventions, including physical restraint, chemical restraint, seclusion, and/or long-term segregation, should only be employed when necessary, adhering to the principle of least restriction, safeguarding the rights and dignity of patients, and promoting skilled, trauma-informed, and patient-centered care.

10.3.3. Healthcare facilities (HFs) shall develop advanced proactive plans for the use of restrictive interventions for patients who have exhibited self-harm or harm to others. These plans should aim to identify triggers and early warning signs to mitigate risks and reduce the need for restrictive interventions in the future.

10.3.4. Healthcare facilities (HFs) shall ensure that all staff interacting with patients and their caregivers in mental health services demonstrate sensitivity and respect. Staff shall consider the following factors to provide personalized, patient-centered care:

- a. Age
- b. Disability and cognitive capacity.
- c. Ethnicity, culture, religion, and other personal characteristics.
- d. Socioeconomic status.
- e. The patient's level of knowledge and understanding of mental disorders and their treatment, ensuring the use of developmentally appropriate language and offering further information as needed.

11. STANDARD SEVEN: MEDICATION MANAGEMENT REQUIREMENTS

11.1. Medication use in the mental health facilities shall be organized to meet patient needs and comply with applicable local and federal laws and regulations in the UAE.

11.2. Medications shall be safely stored to ensure efficacy and safety:

11.2.1. A secured, lockable steel cabinet(s) for controlled and semi-controlled drugs.

11.2.2. Access to storage areas limited to authorized healthcare professionals (HPs).

11.2.3. All medications must be stored in accordance with the manufacturer requirements.

11.3. Risks related to medications shall be managed:

11.3.1. look-alike, sound-alike (LASA) medications identified and segregated.

11.3.2. Multi-use medications labelled with the open date and expiration date.

11.3.3. Expired medications removed and discarded according to DHA Medication Disposal and Waste Management.

a. For controlled/semi-controlled drugs, the facility must contact the Drug Control Section.

b. All HPs are responsible for safe medication use and management.

c. HPs shall have timely access to:

11.3.4. Patient information, including medication allergies and adverse drug reactions.

11.3.5. The patient's medication profile and essential information.

11.3.6. Medication management processes, the formulary, and information on high-alert medications.

11.4. Medications shall be safely and appropriately prescribed, ordered, and administered.

11.4.1. All instructions related to medications (including medication orders, reorders, and reassessments) shall be recorded in a timely manner upon admission, end of service, or transfer to another level of care.

11.4.2. Medications shall be dispensed in a safe, secure, and timely manner.

11.4.3. Prescribed medications shall be administered safely.

11.4.4. Medications prescribed and/or administered shall be noted in the patient's health record.

11.4.5. A copy of controlled and semi-controlled drug prescriptions is maintained in the patient's health record.

11.5. Drug incidents and medications errors shall be reported to HRS through the email: Drugcontrol@dha.gov.ae by filling the Drug Incident Report form within forty-eight (48) hours. The form is available in Appendix 5 of the DHA pharmacy Guidelines.

11.6. For further information, refer to DHA Pharmacy Guidelines and DHA policy for emergency medications.

12. STANDARD EIGHT: INFECTION PREVENTION AND CONTROL REQUIREMENTS

12.1. Infection prevention control policy and procedures shall be implemented to oversee the DAHC Central Infection Prevention and Control Program. . These include but are not limited to the policies and procedures in (Appendix 1).

12.2. All equipment shall be supplied in adherence to the Prevention and Control of Infection (PCI) Standard Requirements of Equipment and Items.

12.3. The HF must have an infection control and prevention program to identify and reduce risks of acquiring and transmitting infections among patients, healthcare personnel, and visitors.

12.4. The Infection Control Coordinator shall report to the Medical Director.

12.5. A collaborative approach should be used to support infection prevention and control activities.

- 12.5.1. Responsibility for planning, developing, implementing, and evaluating infection prevention and control activities should be assigned.
- 12.5.2. Infection prevention and control policies and procedures should be made readily available to team members.
- 12.5.3. Compliance with infection prevention and control policies and procedures shall be monitored and improvements are made to the policies and procedures based on the results.
- 12.5.4. Infection prevention and control policies and procedures shall be updated regularly based on changes to applicable regulations, evidence, and best practices.
- 12.6. The HF must have a contract with a specialized company to regularly collect, transport and destroy medical waste materials according to the conditions issued by Public Health Department in Dubai Municipality.
- 12.7. The occupational health and safety policies shall address infection prevention and control.
- 12.7.1. There shall be occupational health and safety policies and procedures to reduce the risk of transmission of infections to team members.
- 12.7.2. There shall be policies and procedures for using appropriate personal protective equipment.

12.7.3. There shall be policies and procedures for the disposal of sharps at the point of use in appropriate puncture-, spill-, and tamper-resistant sharps containers.

12.8. Healthcare professionals' immunization protocol must be followed to ensure staff and patient safety. Refer to the DHA Policy for health professional screening and immunization.

12.9. Hand hygiene protocol to be followed as per the DHA Health Facility Guidelines (Part D – Infection Control, Chapter 2 - Hand Hygiene). Part D_2 - Hand Hygiene

12.10. The Environmental Health and Safety Department shall maintain Safety Data Sheets (SDS) for all chemicals used for cleaning and disinfection within the facility premises.

12.10.1. These sheets shall detail the safe and proper use and emergency protocol for a chemical.

12.10.2. Safety Data Sheets should be used to train staff on the safe use of each chemical.

12.10.3. All domestic area requirements for equipment and items are to be maintained.

12.11. For further information, please refer to the DHA Communicable Disease notification policy.

13. STANDARD NINE: TELEHEALTH SERVICES

13.1. Healthcare providers offering teleconsultation shall not exceed their scope of practice, privileges, or protocols. Emergency or complex cases should be referred to face-to-face consultations to ensure patient safety and optimal care.

13.2. All teleconsultation sessions should be fully documented in the patient's medical record, including the consultation's nature, advice, diagnosis, treatment plan, and any follow-up actions.

13.3. Teleconsultation services shall:

13.3.1. Ensure compliance with Telecommunications and Digital Government Regulatory Authority for Voice Over Internet Protocol (VOIP) channel requirements related to telehealth.

13.3.2. Ensure patient identification, authentication, verification, and consent.

13.3.3. Patient shall be informed that their health information will be recorded in a client record.

13.3.4. The patients informed consent shall be obtained and documented before providing Teleconsultation.

13.3.5. Provide comprehensive care, complement in-person visits, and reduce the need for frequent home visits.

13.3.6. Maintain the same standard of care as in-person consultations, ensuring thorough assessment, diagnosis, and treatment planning.

13.3.7. The HF shall ensure that all DHA Standards and policies, relevant safety laws, privacy legislation, regulations, and international standards and codes for the service are met when delivering virtual care.

13.4. For more information, refer to the DHA standards for Telehealth Services.

14. STANDARD TEN: EMERGENCY AND DISASTER PREPAREDNESS REQUIREMENTS

14.1. The HF leaders shall invest in emergency and disaster preparedness activities.

14.1.1. The HF shall have policies and procedures on emergency and disaster preparedness including a disaster and emergency preparedness plan.

14.1.2. The HF's policies and procedures on emergency and disaster preparedness shall comply with applicable laws and regulations.

14.1.3. The HF should regularly review and update policies and procedures on emergency and disaster preparedness.

14.1.4. The HF shall have a designated person or committee responsible to coordinate emergency and disaster preparedness activities.

14.1.5. The HF should have an emergency response team with defined roles, responsibilities, and reporting relationships.

14.1.6. The emergency response team should receive regular training in emergency response.

14.1.7. The HF should have a deployment plan for the emergency response team.

- 14.1.8. The HF shall train and educate all staff, including service providers and senior leaders, on emergency and disaster preparedness upon orientation and annually thereafter.
- 14.1.9. The HF shall maintain records on emergency and disaster preparedness training in its files.
- 14.1.10. Regular drills of the emergency and disaster plans shall be carried out.
- 14.1.11. The results of the drills should be used to review and revise the disaster and emergency plan as necessary.
- 14.1.12. The HF should have an up-to-date emergency management manual.
- 14.2. The HF shall identify, assess, and mitigate the risks of emergencies and disasters.
- 14.2.1. The HF should conduct a comprehensive risk assessment.
- 14.2.2. The HF shall develop and implement a risk mitigation strategy.
- 14.3. The HF shall prepare for emergencies and disasters.
- 14.3.1. The HF shall have an emergency management plan.
- 14.3.2. The plan shall include procedures to relocate and evacuate admitted clients.
- 14.3.3. The plan should address how the HF will meet increased demand for in-patient and outpatient services in a timely manner.
- 14.3.4. The HF shall regularly test the plan with exercises and drills.

14.3.5. The HF shall train and educate staff and service providers on the emergency notification system.

14.3.6. The HF should regularly test the emergency notification system.

14.4. The HF shall have an emergency communication plan.

14.4.1. The emergency communication plan shall include 24-hour contact information for key internal and external personnel.

14.4.2. The emergency communication plan should describe how information will be communicated with internal and external stakeholders.

14.5. The HF should develop policies and procedures for restoring normal operations following an emergency or disaster.

14.5.1. The HF shall provide immediate support services to staff and service providers directly involved in the incident.

14.5.2. The HF shall have a process in place to debrief staff, service providers, casualties and their families, and the community after the incident.

14.5.3. The HF should provide staff and service providers with access to emotional support and counselling.

14.5.4. The HF shall evaluate each emergency management exercise, drill or actual event to identify successes and opportunities for improvement.

15. STANDARD ELEVEN: KEY PERFORMANCE INDICATORS (KPIs)

15.1. To effectively monitor and enhance the performance of Mental healthcare services, the following KPIs provide critical insights into clinical outcomes, operational efficiency, and patient satisfaction, serving as measurable benchmarks for success and progress.

15.1.1. Percentage of Clients Satisfaction of the mental health services.

15.1.2. Screening for Mental Health illness

15.1.3. Wait Times for Mental Health Counselling

15.1.4. 30 – Day Readmission Rate to Hospital For Psychiatric Reasons

15.1.5. Follow-up appointment for Persons with Mental Health Disorders Within
7-14 Days After Hospitalization

15.1.6. Rate of Seclusion Room Use Per 1000 Days

15.1.7. Prevalence of Physical Restraint Use

15.1.8. Average Treatment Visits Per 90 Days in Polyclinics

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16. APPENDIX

APPENDIX 1: LIST OF INTERNAL POLICIES AND PROCEDURES FOR INFECTION CONTROL

List of internal policies and procedures for infection control
Perform Hand Hygiene
Manage Standard Precaution
Manage Isolation and Transmission Based
Clean, Disinfect, Sterilize and Patient Care Equipment
Safely Handle and Dispose of Sharps and Needles
Manage Usage of Consumables Beyond Expiry Dates
Manage Blood and Body Fluid Spillage
Waste management in healthcare Facilities
Cleaning and Disinfection of the physical environment in healthcare facilities.
Educate Patients, Visitors and Staff about Infection Control
Manage the Usage of Single Use Devices (SUD)
Handle, Store and Transport Clean, Used and Contaminated Linen
Manage Infection Control During Construction and Renovation
Manage Outbreak Investigation
Manage Occupational Exposure to Sharps and Needles, Mucous Membranes and Non-Intact Skin exposures
Use of Personal Protective Equipment (PPE)
Use Particulate respirator N95 or another equivalent respirator