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# STANDARDS FOR PEOPLE OF DETERMINATION

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Health Policies and Standards Department  
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### 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 Standards for People of Determination aims to fulfill the following overarching Dubai Health Sector Strategy 2026:

- Pioneering Human-centered health system to promote trust, safety, quality and care for patients and their families.
- Make Dubai a lighthouse for healthcare governance, integration and regulation.
- Strengthening the economic contribution of the health sector, including health tourism to support Dubai economy.

## EXECUTIVE SUMMARY

People of Determination (POD) face significant barriers to accessing essential healthcare services, including inaccessible provider offices, structural challenges, inadequate medical equipment, and restrictive policies, which lead to disparities in care and delays in treatment. To address these issues, it is essential to establish a standardized framework for healthcare services tailored to the needs of POD.

The laws and anti-discrimination provisions in Dubai set important standards for healthcare professionals, promoting unbiased access to services for individuals with disabilities. By raising awareness among healthcare professionals and implementing effective solutions, we can enhance physical accessibility, ensure equitable access to care, and reduce health disparities for People of Determination.

The Ministry of Community Empowerment (MOCE) have recognized several categories of disabilities for POD, including:

- Intellectual disabilities
- Communication disorders
- Autism spectrum disorder
- ADHD
- Specific Learning Disorder
- Vision impairment
- Hearing impairment
- Deaf–Blind Disability
- Physical disabilities

- Psycho-emotional disorders
- Multiple Disability

This categorization aims to create a unified national classification of disabilities that facilitates service access based on individual needs, enhances coordination among entities, adopts global best practices for rights protection, and relies on validated assessments from accredited professionals.

## DEFINITIONS

**Braille:** a tactile writing system used by people who are visually impaired. It uses raised dots to represent letters, numbers, and punctuation.

**Disability:** refers to inability or limitation in performing socially defined activity and roles expected of patients within a social and physical environment.

**Discrimination:** Any segregation, exclusion or restriction due to special needs leading to the damage or denial of recognition of any rights granted by the prevailing legislation in the country or its practice or enjoyment on an equal footing.

**Outpatient and Support Centre Management:** These services are for those patients who visit any outpatient clinic or support center for an acute or follow up clinical management or supportive therapies.

**People of Determination (POD):** under the UAE National Policy for Empowering People with Special Needs, or disabilities will be referred to as 'People Of Determination' to recognize their achievements in different fields.

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## ABBREVIATIONS:

**ADHD:** Attention–deficit hyperactivity disorders.

**DDS:** Dubai Disability Strategy

**DHA:** Dubai Health Authority.

**HRS:** Health Regulation Sector.

**MDT:** Multi-Disciplinary Team.

**POD:** People of Determination.



## 1. BACKGROUND

The Health Regulation Sector (HRS) at Dubai Health Authority (DHA) is responsible for regulating, licensing, and monitoring health facilities and professionals in Dubai. People of Determination (POD) are a vital part of the population, with approximately 19% of the geriatric population living with some degree of disability and around 30% of the total population dependent on others. To address these diverse needs, adopting a social model approach has proven effective in various countries.

The Dubai Universal Code outlines service integration requirements, supported by the Dubai Civil Defence Fire and Life Safety Code, Human Resource Law No. (8) 2018, and Dubai Health Authority Facility guidelines. To better serve POD, the Primary Healthcare and Health Regulation Sector has developed comprehensive healthcare service delivery standards for both private and public facilities, aiming to enhance and standardize care across Dubai. These standards guide health facilities in improving the quality and safety of patient care across major healthcare dimensions.

Recognizing that individuals with disabilities often face barriers in accessing healthcare, education, employment, and transportation, Dubai Government launched the Dubai Disability Strategy (DDS) in 2014, with the slogan “My Community...A City for Everyone.” This strategy aims to make Dubai an inclusive city for POD by focusing on Health and Rehabilitation, Education, Employment, Universal Accessibility, and Social Protection.

For true healthcare inclusion, it is essential that POD have equal access to care and support, with measures in place to help them maintain independence. The Health and Rehabilitation pillar of

Dubai's strategy emphasizes high-quality healthcare services for all community members. The government has introduced a "Health Inclusive Policy" that aligns with guidelines from The Executive Council, outlining steps and standards to improve inclusive healthcare practices across Dubai.

## **2. SCOPE**

2.1. People of Determination Services in DHA licensed Health Facilities.

## **3. PURPOSE**

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

## **4. APPLICABILITY**

4.1. All DHA licensed Health Facilities.

## **5. STANDARD ONE: LEADERSHIP COMMITMENT**

5.1. Effective leadership is crucial for the successful delivery of healthcare services to People of Determination (POD). This standard outlines the necessary dimensions of leadership involvement in identifying, assessing, and addressing the needs of POD through service planning, implementation, monitoring, and evaluation. The criteria for this standard are set out below:

- 5.1.1. Leadership must be actively involved in the development and implementation of a quality and safety management plan in collaboration with other appropriate stakeholders of the health facility.
- 5.1.2. The health facility is recommended to appoint at least one representative from the People of Determination community in leadership, quality improvement, or policy committees. It is recommended that this individual have voting rights on disability-related policies.
- 5.1.3. The health facility shall establish/develop an ethical framework to ensure that safe ethical practices are followed, which aid in sound clinical decision-making and safe patient care by following appropriate regulatory, clinical, financial, ethical, business, and legal norms. The ethical framework recognizes a process for identifying, managing, and communicating ethical issues, concerns, and dilemmas

## 6. STANDARD TWO: SERVICE PLANNING

- 6.1. The Medical Director of the health facility shall plan collaboratively with staff and the community to design and render services. This can be achieved through active involvement in data collection, needs analysis, collaboration with other entities, and adopting a structural framework by the Medical Director and leaders, then cascading the required information down the line of the health facility. The criteria for this are set out below:

- 6.1.1. The health facility should collaboratively design services with stakeholders, including representatives from the People of Determination (POD) community, to integrate their needs and preferences.
- 6.1.2. Services must integrate various stages and levels of disability relevant to the health facility's scope, ensuring a comprehensive care approach.
- 6.1.3. Assess physical, psychological, and social needs for each patient using appropriate tools, involving input from the patient and their family.
- 6.1.4. Screening shall be done to identify POD using self-assessment questions and clinical assessments. The screening and assessment tools shall identify the POD categories which include the following:
  - a. Intellectual disabilities
  - b. Communication disorders
  - c. Autism spectrum disorder
  - d. ADHD
  - e. Specific Learning Disorder
  - f. Vision impairment
  - g. Hearing impairment
  - h. Deaf–Blind Disability
  - i. Physical disabilities
  - j. Psycho-emotional disorders
  - k. Multiple Disability

- 6.1.5. If a comprehensive approach isn't feasible, guide or refer POD and their families to partner health facilities or appropriate referral centers to ensure continuity of care.
- 6.1.6. In the case where the facility is unable to meet the client's needs, the rationale is explained and access to other services is facilitated. The information is documented for use in service planning.
- 6.1.7. Each health facility shall allocate at least 5% of its annual budget for disability-related accessibility improvements, staff training, and assistive technology to ensure sustainable support for POD.
- 6.1.8. Establish mechanisms for collecting feedback from POD and their families about services provided, using this feedback to inform improvements and responsiveness.

## 7. STANDARD THREE: ORGANIZATIONAL PRACTICE

### 7.1. Defining the organizational scope.

Organizational practices determine the safety and quality of care rendered for People of Determination. Key factors include:

- 7.1.1. The health facility shall clearly define and communicate its scope of services to its stakeholders.
- 7.1.2. The service information should be clearly available, displayed and accessible at the facility.

7.1.3. When communicating the scope of services to stakeholders, the following minimum information must be included:

- a. The organization's range of services.
- b. Location and timings for all services.
- c. The intended stakeholders/ target population.

## 7.2. Staffing Requirements

Staff working with POD in healthcare services have a major impact on the quality of life of those patients. While having the requisite knowledge and skills is vital, qualities such as respect, empathy and enthusiasm are equally as important. Criteria for this is set out below:

7.2.1. The health facility shall assure that the right number and skill requirements of the staff are available to provide high quality and safe patient care. The health facility can decide the required staff numbers based on their scope of service, statistics, and regulatory requirements and other specific needs of the organization.

7.2.2. According to the POD's specific case, the health facility should implement a multidisciplinary approach to deliver POD services through a Multi-Disciplinary Team (MDT).

7.2.3. The health facility shall maintain sufficient staff to ensure patient safety at all times.

7.2.4. Health professional roles and responsibilities should be clearly defined in writing and communicated to the staff.

7.2.5. Recruitment and retention practices.

- a. The health facility shall develop a clear policy for values-based recruitment and retention, ensuring job descriptions are current and reflect service needs.

7.2.6. Staff qualifications, licence and training.

- a. The health facility should follow the Scope of Competent Educational/Experience Requirements as per the Dubai Health Authority and/or Community Development Authority professional licensing criteria.
- b. The health facility should identify the training, competencies and personal attributes required of staff involved in providing support to the patients.
- c. All healthcare professionals shall undergo a minimum of 12 hours of annual disability competency training, covering inclusive communication, assistive technology use, and emergency response for POD.

7.2.7. This mandatory training could include but is not limited to:

- a. Physical health assessment for POD.
- b. Understanding health problems, physical observations and when to refer the patient to a specialist.
- c. Learning disability awareness training for all acute care and other healthcare staff who are likely to come into contact with people with learning disabilities.
- d. Patient rights in relation to confidentiality.

- e. Education about the legal rights of POD and the ethical considerations in providing care and support.
- f. Training on how to communicate effectively with patients who may have cognitive impairment, learning disabilities or developmental disabilities.
- g. Effective communication with individuals, emphasizing a person-centered approach.

7.2.8. The health facility must prioritize staff wellbeing by ensuring a safe working environment, implementing proactive risk management, facilitating communication of concerns and utilizing staff feedback for service improvement.

### 7.3. Prevention and control of infection.

7.3.1. The health facility shall develop and implement infection control policies and procedures. These shall include but are not limited to:

- a. Hand hygiene.
- b. Standard precautions.
- c. Transmission-based precautions.
- d. Prevention and management of infection in service providers.
- e. Antimicrobial usage.
- f. Outbreak management.
- g. Cleaning, disinfection, sterilization, and reprocessing of reusable medical.
- h. Devices (if applicable) and equipment.
- i. Single use items.



j. Renovations and construction.

7.3.2. The health facility shall develop and implement an infection control program in accordance with international best practices, ensuring that it addresses the needs of individuals with disabilities.

7.3.3. The infection control program should be developed in consultation with relevant key stakeholders, including representatives from disability advocacy groups, taking into account the risk assessment process, monitoring and surveillance data, trends, and relevant strategies specific to individuals with disabilities.

7.3.4. The health facility shall clearly define and document the infection control programme which should be reviewed annually.

7.3.5. Reporting lines and frequency shall be clearly defined within the health facility, including processes for prompt notification of serious infection control-related issues affecting individuals with disabilities.

7.3.6. An infection control team/personnel and/or committee should be organized based on the functional program, size, and complexity of the health facility, with specific roles addressing the needs of individuals with disabilities.

- a. The team/personnel and/or committee should be responsible for monitoring the infection control programme.
- b. The role of the infection control team/personnel and/or committee shall be clearly identified.

7.3.7. Infection Control Surveillance should be carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme with a focus on individuals with disabilities.

- a. The health facility, through its infection control team/personnel and/or committee, determines the type of surveillance required and the frequency with which it is undertaken according to the size and complexity of the health facility.
- b. The surveillance should be appropriate for the health facility, including but not limited to:
  - i. Size.
  - ii. Type of services provided.
  - iii. Acuity, risk factors, and needs of the consumer, POD in particular.
  - iv. Risk factors to service providers especially when working with POD.

7.3.8. The surveillance methods, analyses, and assignment of responsibilities should be described and documented properly.

7.3.9. Results of surveillance, conclusions, and specific recommendations to assist in achieving infection control and prevention should be acted upon, evaluated, and reported to relevant personnel and management in a timely manner.

#### 7.4. Antimicrobial usage.

7.4.1. The health facility has established and implemented policies and procedures for the use of antibiotics to promote the appropriate prudent prescribing in line

with accepted guidelines. The criteria required to achieve this outcome shall include the organization ensuring:

- a. The health facility, medical practitioners, or other prescribers have an antimicrobial policy that is consistent with current accepted practices for treating infections in individuals with disabilities, taking into account their specific medical conditions and potential drug interactions.
- b. Regular auditing and monitoring of compliance with prophylactic and therapeutic antimicrobial policies shall be a component of the facility's infection control programme.
- c. Information on the antimicrobial susceptibility patterns of significant clinical isolates should be fed back to the infection control team/personnel and/or committee and prescriber by the local diagnostic laboratory.

## 8. STANDARD FOUR: HEALTH FACILITY REQUIREMENTS

8.1. Accessibility of healthcare facility should be as per Dubai Universal Design Code and Dubai Guide for Built Environment Universal Design.

8.1.1. Physician rooms, clinics, and other healthcare facilities.

It is essential in providing medical care to POD, to take into consideration the needs of persons with visual impairments, persons with hearing impairments (deafness, late-onset deafness, hard of hearing) or with motor impairments, and persons using mobility aids and wheelchairs.

8.1.2. Requirements for new construction of and alterations to health facilities and buildings are set out below:

- a. The facilities shall follow the applicable government rules and regulations in constructing and maintaining the facility.
- b. All the entry and exit points should be clearly designated and visible.
- c. Universal signs and symbols should be used to mark entry and exits.
- d. The health facility should have a written documented plan for utility system failures.
- e. Water supply, power supply and Air conditioning systems should be in place.
- f. A formal plan and protocol for reducing and managing fire hazards should be developed and implemented. The fire and safety preparedness plan addresses the following components at a minimum:
  - i. An emergency action plan, which details what to do when a fire occurs.
  - ii. A fire prevention plan, which describes what to do to prevent a fire from occurring.
  - iii. The fire detection, firefighting and fire alarm systems are regularly tested and maintained.
- g. The health facility should clearly identify the high-risk areas with designated signage.
- h. The health facility should develop and implement a plan for periodic preventive maintenance of the medical technologies and biomedical equipment.

- i. The health facility should have a formal documented plan for managing (storing, labelling and using) hazardous chemicals and materials.
- j. The health facility should regularly monitor and evaluate all the plans and use this information to improve these services.

## 8.2. Security and evacuation procedures.

8.2.1. All health facilities should have in place written and up to date security and evacuation procedures. Including but not limited to the below:

- a. An evacuation plan should be available in all floors.
- b. Pictorial symbols should be included in all fire evacuation areas.
- c. Accesses to 'staff only' areas should be clearly identified and designated.
- d. Audio and visual emergency alarms should be provided throughout the building.
- e. Visual Emergency alarms shall have a flash rate between 1 and 3 Hz (flashes per second).
- f. Training in techniques to use evacuation devices, including specific techniques for assisting POD with various needs (mobility, visual, hearing, cognitive, etc.), should be provided to all staff.
- g. Evacuation procedures and training should be developed in conjunction with the Civil Defence Regulations.
- h. Staff should be competent on the fire evacuation program, including regular drills and simulations that incorporate scenarios involving POD.

- i. All fire exit signs and escape routes should be suitable for wheelchair users and individuals with other mobility limitations.
- j. Emergency exits should be checked regularly and should not be blocked by equipment or other obstacles.
- k. An evacuation device or evacuation chair for persons with activity limitations should be accessible and available in designated, clearly marked locations.
- l. Evacuation devices should be available on every floor.
- m. Ensure tactile maps and Braille signage are available to guide individuals with visual impairments. Consider audio cues along escape routes.
- n. Visual alarms are essential for people with hearing impairment.
- o. Use clear, simple language and visual aids in evacuation instructions.
- p. Ensure all escape routes are wide enough for wheelchairs and other mobility devices. Ramps should have appropriate slopes and handrails.
- q. Designated safe waiting areas should be provided on each floor for those who cannot use stairs.
- r. Establish a system, including a voluntary registry or alternative methods, to identify individuals needing evacuation assistance and communicate their location and needs directly to emergency responders.

### 8.3. Monitoring and evaluation.

- 8.3.1. The health facility should ensure monitoring and evaluating the following clinical measurement domains:

- a. Patient assessment.
- b. Documentation.
- c. Patient care management.
- d. Timeliness of clinical services (e.g. doctor, nurse, lab, radiology).
- e. Medication management.
- f. Infection control practices.
- g. Surgical management.
- h. Clinical care outcome measures.
- i. Effective use of clinical guidelines and pathways.

8.3.2. The health facility should assure monitoring and evaluating the following managerial indicators:

- a. Utility management.
- b. Management of supplies and equipment (supply-chain management).
- c. Customer services and expectations.
- d. Staff satisfaction and wellbeing.
- e. Financial management.
- f. Risk management.
- g. Organizational demographics and statistics.

8.3.3. The health facility must establish performance metrics for monitoring the quality of services provided to People of Determination such as:

- a. Patient satisfaction surveys.
- b. Frequency of training programs for staff regarding POD needs.

c. Training logs and drill reports.

8.3.4. POD, and/or their family supporter or guardian can contribute to the improvement of their care by evaluating their experience in the following aspects of care:

- a. Parking
- b. Signage
- c. Reception
- d. Pre-admission processes
- e. Communication needs, gaps and accessibility of information.
- f. Support during all aspects of admission
- g. Understanding of multidisciplinary approaches
- h. Meeting disability support needs during admission
- i. Communication between clinicians for transitions of care
- j. Discharge planning
- k. Transition of care

8.3.5. This information shall be used by the leadership to develop a POD service plan, which will help the facilities to improve outcomes of POD.

## 9. STANDARD FIVE: DOCUMENTATION AND DATA PROTECTION

### 9.1. Management of information

The health facility must keep up-to-date documentation for each patient, including, but not limited to:



- 9.1.1. Records of the patient's case history, diagnosis, the course of the condition, and prescribed treatments.
- 9.1.2. Documentation of the procedure used to obtain informed consent from the patient (or authorized representative).
- 9.1.3. Information in the patient's file concerning decisions where the patient lacked capacity, including the reasons and the authorized family member for treatment decisions.
- 9.1.4. Records in the patient's file of any measures taken that limit the patient's freedom.
- 9.1.5. Documentation of restrictive measures including when, where, why, and for how long restraints were required. (Restrictive methods are used only during an emergency and when all positive methods have failed).
- 9.1.6. Documentation on use of restrictive methods includes when, where, why, and for how long restraints were required
- 9.1.7. The information plan shall address these components
  - a. Health record documentation process. Only the authorized person can access the health record, time period allotted for documentation and record retention procedures.
  - b. The use of electronic systems.
  - c. Only the standardized diagnostic codes for procedures and abbreviations should be used.

9.2. The health facility should use evidence-based approaches, tools and other methods to comply with the requirements. Criteria for this is set out below:

9.2.1. The security, confidentiality and accuracy of patient data should be maintained at all times and at all levels of the service delivery.

a. All patient data for POD shall be available in accessible formats, including braille, audio versions, and simplified language, ensuring universal access to personal medical records.

9.2.2. An individual medical record for each POD patient that includes adequate information to identify the POD patient should be updated information on diagnosis, data to support diagnosis, details of treatments and results of treatment procedures, investigations performed, management plans and evaluations as applicable.

## **10. STANDARD SIX: PATIENT ASSESSMENT AND CARE**

10.1. Diagnosis and assessment of disability provide valuable insights into factors not predicted by medical diagnosis alone, including:

10.1.1. Identification of the patient's specific needs and service requirements.

10.1.2. Determination of the appropriate level of care (e.g., primary care, specialty care, rehabilitation).

10.1.3. Prognosis and anticipated outcomes of care.

10.1.4. Estimation of the duration of treatment or length of stay in a facility.

10.1.5. Assessment of the patient's ability to return to previous life roles and work activities.

#### 10.1.6. Providing medical reports to relevant authorities.

- a. Healthcare providers shall ensure all medical reports related to POD are provided in easy-to-understand formats (Braille, large print, sign language video) and delivered within 7 working days of a request.

#### 10.1.7. Evaluation of the patient's ability to reintegrate into the community and participate in social activities.

### 10.2. Physical health assessment includes:

#### 10.2.1. Updated medical and surgical history.

#### 10.2.2. Allergies.

#### 10.2.3. Medication management history.

#### 10.2.4. History of disability:

- a. Type and nature of disability
- b. Onset and duration of disability.
- c. Severity and impact of disability on the patient's life.
- d. Assistive devices and technology.
- e. Support needs: personal assistance with activities.
- f. Accessibility needs: (e.g., wheelchair-accessible environment, sign language interpretation).

#### 10.2.5. Present health condition assessment.

#### 10.2.6. Nutritional status and Dietary needs.

#### 10.2.7. Complete physical assessment.

### 10.3. Elements of psychosocial health.

- 10.3.1. Functional and emotional status.
- 10.3.2. Family members and caregiver involvement.
- 10.3.3. Communication and self-care abilities and strengths.
- 10.3.4. Mental health status, including personality and behavioural characteristics.
- 10.3.5. Cognitive status.
- 10.3.6. Social and family members life.
- 10.3.7. Socio-economic status.
- 10.3.8. Cultural and spiritual beliefs and needs.
- 10.3.9. Participation and inclusion.
- 10.3.10. Assessment of the patient's perceived quality of life.
- 10.3.11. Vocational and/or academic functioning.
- 10.4. The scope and content of the all the initial and re-assessments of patients are identified, documented and communicated to its applicable stakeholders.
- 10.5. The patient assessments and re-assessments should be performed using standardized tools and is completed within a timeframe determined by the health facility.
- 10.6. The standardized assessment tools used will depend on the needs of the client and the type and range of services provided. Examples of standardized assessment tools are the Glasgow Coma Scale, the Clinical Frailty Scale, the Beck Depression Inventory, or the InterRAI tool. The standardized assessment tools used shall be evidence-informed and meaningful for the services provided.
- 10.7. The assessment findings should include measurable goals/ objectives based on it. This should be documented in the health records of the patient

10.8. The health facility should communicate the assessment findings with the patient and family and facilitate further management of the condition.

10.9. Only the qualified persons as determined by the health facility performs the patient assessments.

10.10. Classifications of disabilities and qualified assessors are listed in **Appendix 1**.

10.11. Care of Patients.

10.11.1. Care-planning process.

The health facility shall ensure that even care is practiced across the health facility through:

- a. Even access to disabled patients.
- b. Standardized care by staffing.
- c. Consistent level of care is provided at all levels, at all sites and all times.

Criteria for this is set out below:

- a. An individual care plan/management plan should be formulated for each patient based on their identified needs.
- b. The care plan should be documented in an even standardized location and is reviewed by the team members and modified regularly based on patient's condition.
- c. For children with developmental disabilities, a dedicated and focused school integration management plan and resources should be identified and documented. Activities to facilitate school inclusion can include learning and

practicing skills that prepare children and youth for school (e.g., communication, socialization, and autonomy).

- d. High-risk patients should be identified as per the health facility definition and managed accordingly as per the condition demands.
- e. The health facility should be aware of the cultural sensitivity about the patient and adopts appropriate strategies and measures to meet the cultural and social needs of the patient at all levels of care.

#### 10.11.2. Patient and Family Education

- a. The healthcare facility shall identify educational needs of POD. Based on these needs appropriate and effective patient education shall be provided to the patients and family.
- b. Clients and families should be encouraged to be actively engaged in planning and preparing for transitions in service.
- c. The team, client and family should discuss the client's service plan, goals, and preferences; the services provided; outstanding issues; what to expect during transition; follow-up appointments; exercise and nutrition plans, where applicable; contact information for the team members and details on when they should be contacted.

#### 10.12. Multidisciplinary team.

- 10.12.1. If the patient has multiple disabilities or co-occurring conditions (eg. a physical disability combined with a learning disability, or a developmental disability with a mental health condition), a

multidisciplinary team should be constituted to manage the patient condition with coordinated care.

10.12.2. The MDT team should consist of professionals from various fields, including medical, mental health, developmental, rehabilitation, psycho-social, and geriatric specialties, based on the patient's clinical needs and the facility's scope. Team members may include psychiatrists, physiotherapists, specialist physicians, clinical nurse specialists, community mental health nurses, psychologists, social workers, occupational therapists, medical secretaries, and occasionally other professionals like counsellors and care assistants.

10.12.3. The MDT members should discuss patient progress at least monthly and make the necessary adjustments to the treatment plan.

10.12.4. The health facility should monitor and evaluate the effectiveness of the MDT and communicate these results with the team members and leadership to improve the process.

#### 10.13. Outpatient and Support Centre Management.

10.13.1. Patient service areas should be designed safely to maintain the patient privacy and confidentiality at all time and all levels of care.

10.13.2. When the services are provided outside the health facility premises, the multidisciplinary team should collaborate and coordinate with patient and family members to ensure safety and privacy.

10.13.3. A designated person (coordinator) should be responsible for the overall care coordination and relevant communication to the patient and family members.

10.13.4. The patient service areas should be designed safely to maintain patient privacy and confidentiality at all time and all levels of care

a. The health facility should implement and monitor evidence based clinical guidelines and/or protocols/programs to manage its patients in a safe manner.

10.14. Medication Management.

10.14.1. The health facility shall follow all the local regulations and requirements in managing and using the medications.

10.14.2. The health facility shall define who can prescribe, dispense and administer the medications.

10.14.3. The health facility shall provide appropriate and effective patient education to the patients.

10.14.4. Patients should be given adequate clear information on medications use, its therapeutic effects, side effects and other safety measures by the healthcare team.

10.14.5. The health facility should have a formal process and equipment to manage any emergency medical conditions resulting from medication use.



10.14.6. While handling and using any high alert medications and high concentrated electrolytes, the health facility shall implement an independent double verification procedure to ensure the patient safety.

10.14.7. Medication errors should be monitored and acted upon.

10.14.8. The health facility shall have a formal process on identifying, managing and communicating any adverse drug events.

10.15. Tele-medicine services.

10.15.1. The health facility should have a documented scope for telehealth services that includes the following:

- a. Range of telehealth services.
- b. The eligibility criteria for selecting the patients.
- c. Duration and frequency of telehealth services.
- d. Staff members involved and their specific roles and privileges.
- e. The objectives of the services.

10.15.2. Telemedicine services shall include real-time closed captioning, sign-language interpretation, and screen reader-friendly interfaces to ensure full accessibility for POD patients.

## **11. STANDARD SEVEN: PUBLIC AND PATIENT COMMUNICATION**

11.1. Communication to the POD patients and their family members.

11.1.1. A dedicated team member/s should be available at all times to communicate effectively with the patient and their family members using appropriate communication methods (braille, sign language etc.) and strategies.

11.1.2. A documented formal system should be implemented to assess the healthcare literacy and barriers of communication for POD patients and families.

11.2. The health facility should identify and communicate POD service options to the public:

11.2.1. The scope of service.

11.2.2. The location and timings for availing specific services.

11.2.3. Dedicated disability service support systems and priority protocols.

11.2.4. Contact information.

11.2.5. Information of the medical physician shall be communicated to the patient and family members upon their request.

11.3. Complaint management.

11.3.1. The Health Facility shall document evidence to demonstrate compliance with Dubai Health Authority Patient`s Right and Responsibility.

11.3.2. The Health Facility shall document evidence to demonstrate compliance with Dubai Health Authority requirements for Patient`s Consent.

## **12. STANDARD EIGHT: EMERGENCY PREPAREDNESS**

12.1. All health facilities should properly document the emergency operation plan which has disability inclusion and comply with local and federal laws and regulations.

- 12.1.1. The emergency operation plan should describe the procedure for each event, how and who activates the plan and also clearly defines the roles and responsibilities of the staff during different types of emergencies.
- 12.1.2. The health facility should identify substitute facilities with universal design standards in case of temporary closure.
- 12.1.3. The health facility should test the plan including people with different types of disabilities at least annually and revise the plan accordingly.
- 12.1.4. The health facility should provide orientation to POD, families or caregivers about the physical setup, exits and assembly points upon registration or admission.
- 12.1.5. The health facility should require all emergency staff to receive disability awareness training.
  - a. Emergency staff shall complete annual disability-inclusive evacuation drills, ensuring POD-specific evacuation plans, tactile signage for visually impaired persons, and dedicated assembly points.
- 12.1.6. The health facility should document emergency management risk assessment and risk mitigation strategies which should be reviewed at least annually.
- 12.1.7. The health facility should demonstrate emergency preparedness through planning, training and exercising.

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## APPENDIX

### APPENDIX 1: UAE 2018 POD CLASSIFICATION AND ASSESSORS

Disability	Assessment Staff
Intellectual disabilities	Psychologist/ Clinical Psychologist/ Psychiatrist
Communication disorders	Speech / Language Therapist Hearing Specialist / Audiologist
Autism spectrum disorder	Psychologist/ Clinical Psychologist Speech-Language Pathologist
ADHD	Child Development Specialist/ Neurologist/ Psychiatrist
Specific Learning Disorder	Special Education Specialist/ Learning Disabilities Specialist/ Educational Psychologist
Vision impairment	Ophthalmologist
Hearing impairment	Ear Nose and Throat (ENT) Specialist/ Hearing Specialist
Deaf–Blind Disability	Ear Nose and Throat (ENT) Specialist/ Hearing Specialist and Ophthalmologist
Physical disabilities	Neurologist/ Orthopaedic Surgeon/ Physical Therapist
Psycho-emotional disorders	Psychologist/ Clinical Psychologist
Multiple Disability	According to the above-mentioned disability categories.