DEFENCE HEALTH MAINTENANCE LIMITED

MINIMUM FACILITY &EQUIPMENT REQUIREMENTS FOR PRIMARY ,SECONDARY&TERTIARY HEALTHCARE PROVIDERS.

- -Medical Reception Station (MRS)
- -Out-patient departments of Medical Centers and Hospitals.
- -Medical Centers (MC)
- -Hospitals.

| ame of Medical Facility | • 1 |
|-------------------------|-----|
| ate: | |

| S/N | FACILITY REQUIREMENTS (Required Standard) | Available | Not Available | OBSERVATION/REMARKS (Including shortfalls) |
|-----|---|-----------|------------------|--|
| (a) | (b) | (c) | (d) | (e) |
| 1. | Medical Record | | | |
| | a. Health Technicians in Health Information | | | |
| | Management registered with NHRA and HRORBN | | | |
| | b. OND/HND in health Information Management | | | |
| | registered with NHRA and HRORBN | | | |
| | Material | | | |
| | (a) Patient waiting room furnished | | | |
| | (b) Patients Hand card | | | |
| | (c) Patients folder | | | |
| | (d) Tracer card | | | |

| | (e) Out Patient Register | | |
|----|---|--|--|
| | (f) In Patient Register | | |
| | (g) Notification of Disease Form | | |
| | (h) ICD 10/11 by WHO | | |
| | (i) Computer/IT Backups | | |
| | (j) Library with Professional Medical journals | | |
| | (k) Health records Archive as soecified by HRORBN | | |
| | (l) NHIS desk | | |
| | (m) Good ventilation | | |
| | (n) Washable floor | | |
| | (o) Alternate power supply | | |
| | (p) Fire-fighting equipment | | |
| | | | |
| 2. | Waiting and Reception Area | | |
| | (a) At least 4 x 3 metres | | |
| | (b) Sitting facilities | | |
| | (c) Reception table | | |
| | (d) Registration table | | |
| | (e) Medical record keeping facilities | | |
| | (f) Wheel chair/patients' Trolley | | |
| | (g) Adequate ventilation | | |
| | (h) Weighing scale | | |
| | (i) Stadiometre for heights | | |
| 3. | Consulting Room | | |
| | (a) At least 4 x 3 metres | | |
| | (b) Examination couch | | |
| | (c) Wash hand basin | | |
| | (d) Thermometer | | |
| | (e) Good light source | | |
| | (f) Stethoscope | | |
| | (g) Diagnostic set | | |

| | (h) Sphygmomanometer | | | |
|----|--|----------|-----|--|
| | (i) Table and chairs | | | |
| | (j) Adequate ventilation | | | |
| 4. | Treatment Room | | | |
| '' | (a) At least 2 x 3 metres | | | |
| | (b) Instruments cabinet | | | |
| | (c) Dressing trolley/tray | | | |
| | - Cotton swab | | | |
| | - Needles and syringes | | | |
| | - Galipot | | | |
| | - Dressing forceps | | | |
| | - Needle holder | | | |
| | - Suture materials | | | |
| | - Antiseptics and disinfectants | | | |
| | - Gauze/bandages | | | |
| | - Disposable gloves | | | |
| | - Injection trolley and equipment | | | |
| | (d) Wash hand basin | | | |
| | (e) Dressing stool | | | |
| | (f) Colour coded containers for waste disposal | | | |
| | (g) Safety box (es) for sharps. | | | |
| | | | | |
| 5. | Patients' toilet facilities with adequate water supply | | | |
| 6. | Sterilizer/Autoclave | | | |
| 7. | Containers for disposal of sharp objects | | | |
| 8. | Emergency tray containing: | | | |
| | (a) - Needles and syringes | | | |
| | - Scalp vein needles | | | |
| | - I V giving set | | | |
| | - Injection hydrocortisone | | | |
| | l | <u> </u> | l . | |

| | - Injection adrenaline | | |
|-----|---|--|--|
| | - 5% dextrose | | |
| | - Normal saline | | |
| | - Injection Aminophylline | | |
| | - Gloves | | |
| | (b)- Resuscitative equipment | | |
| | - Ambu bag | | |
| | - Oxygen trolley/cylinder | | |
| | - Suction machine (auto or pedal) | | |
| | - Drip stand | | |
| | -Oropharyngeal airway | | |
| 9. | Appropriate firefighting equipment | | |
| 10. | Adequate waste disposal facilities | | |
| 11. | Alternate Power Supply | | |
| 12. | Refrigerator | | |
| 13. | Obstetrics&Gynaecology | | |
| | (a) Gynaecological clinic | | |
| | (b) Antenatal, Post-natal and Family Planning Clinics | | |
| | (c) Antenatal, Post-natal and Gynae Wards | | |
| | (d) Delivery Suite: | | |
| | i. First Stage | | |
| | -At least one bed | | |
| | ii. Labour room at least 4 x 3 metres | | |
| | (e) Equipment and consumables in labour room: | | |
| | - At least 2 Delivery beds | | |
| | - Baby's cot | | |
| | - Weighing scale for (babies) | | |
| | - Delivery tray containing: | | |
| | - Episiotomy scissors | | |
| | - Kocher forceps | | |

| 1 | T | | |
|--------------------------------------|---|--|--|
| - Artery forceps | | | |
| - Mucous extractor | | | |
| - Surgical scissors | | | |
| - Straight scissors (long) | | | |
| -Cord scissors | | | |
| -Cord Clamp | | | |
| - Needle & Syringe | | | |
| - Surgical gloves | | | |
| - Disposable gloves | | | |
| - Draw Mackintosh | | | |
| - Tape rule | | | |
| - Sterilizer (for delivery pack) | | | |
| - Kidney dish with cover (2) | | | |
| - Kidney dish without cover (2) | | | |
| - Suturing materials | | | |
| - Gauze bowl | | | |
| -Vitamin k, Oxytocin and Ergometrine | | | |
| (f) -Resuscitative Equipment: | | | |
| - Oxygen | | | |
| - Suction machine (auto or pedal) | | | |
| - Resuscitative table | | | |
| - Oropharyngealairway | | | |
| - Disposable gloves | | | |
| - Needles & syringes | | | |
| - 10/50% dextrose | | | |
| - Scalp vein needle 21G, 23G | | | |
| - IV giving set | | | |
| - Normal saline | | | |
| -Dextrose saline | | | |
| -At least 4 beds | | | |
| -Adequate toilet facilities | | | |
| 1 lacquate tonet facilities | | | |

| | -Adequate lighting | |
|-----|---|--|
| | -Adequate water supply | |
| | -Adequate waste disposal | |
| | -Washable floor | |
| | | |
| | (g)Operating Theatre(2°/3° HCP) | |
| | -Standard theatre room | |
| | -Operating table | |
| | -Diathermy Machine | |
| | -Gynae and Obstetrics Packs | |
| | -Anaesthetic machine | |
| | -Cardio-Respiratory Monitor | |
| | -Suction Machine | |
| | -Autoclave | |
| | -Emergency Tray | |
| | -Adequate air-conditioning units | |
| | -Adequate resuscitative equipment | |
| | -Operating light source | |
| | -Washable floor | |
| 14. | SURGERY(2 ^o /3 ^o HCP) | |
| | (a) Surgical Clinic | |
| | (b) Male and Female Surgical Wards | |
| | (c) Operating Theatre | |
| | -Standard theatre room | |
| | -Operating table | |
| | -Diathermy Machine | |
| | -Minor and Major Surgical Packs | |
| | -Anaesthetic machine | |
| | -Cardio-Respiratory Monitor | |
| | -Suction Machine | |
| | -Autoclave | |

| | -Emergency Tray -Adequate air-conditioning units -Adequate resuscitative equipment -Operating light source -Washable floor (c) Casualty (Accident & Emergency) -Stretcher -Couch -Drip Stand -Emergency Trolley/Cupboard -Adequate Resuscitative Equipment | | |
|-----|--|--|--|
| 15. | -Lying-in ward with minimum distance of 1m in between adjoining beds, and 1x3 sq. metres between two rows of bedsSeparate wards for male, female and children -A locker and an over-bed table for each bed -Sterilizer/Autoclave -Wheel chair/patients trolley -Ward screen -Adequate lighting -Toilet and bath facilities with adequate water supply -Adequate drainage -Firefighting facilities that are appropriately distributed throughout the premises -Mosquito screening for the wards -Nurses bay -Doctors room -Laundry Services -Bed pan/Urinal | | |

| | -At least four Bed linens per bed Possession of required professional indemnity insurance cover as stipulated in the NHIS Operational Guidelines -Possession of appropriate equipment and staff to render services in the field of specialization -Registration of premises by the government of the state in which they operate, where applicable -Alternative power supply | | |
|-----|---|--|--|
| 16. | Pharmacy This must be supervised by a resident Pharmacist or Pharmacy technicianapproved and registered by the Pharmacists Council of Nigeria where applicable. Pharmacists possession of current licence to practice from the Pharmacists Council of Nigeria (PCN) Must provide services 24 hours a day and 7 days a weekGeneral outlay of the premises: a. Entire space area of at least 20 sqm b. Arrangement of shelves and drugs for easy access. c. Pharmacist's office/counseling area d. Separate dispensing area with tray and spatula/spoon. e. Refrigerator f. Air-conditioner g. Fans h. Washable floor Drug Information Unit: a. Computer, Printer and Internet access b. Medi-Pharm or MIMs Africa c. National Drug Policy d. Martindale-Extra-pharmacopoeia e. Pharmacy Laws | | |

| | f. British pharmacopoeia | | |
|-----|---|--|--|
| | g. National Essential Drugs List | | |
| | h. Pharmacy Journals | | |
| 17. | i. The 4 part compendium of standards for the assurance | | |
| 1,. | of pharmaceutical care in Nigeria. | | |
| | Schedule drugs | | |
| | a. Separation of schedule drugs from over-the-counter | | |
| | drugs. | | |
| | b. Availability of lockable DDA cupboard | | |
| | c. Availability of disposal of Dangerous Drugs | | |
| | Register (PCN Form K) | | |
| | d. Regular entries into the Dangerous Drugs Register | | |
| | (PCN Form K) | | |
| | | | |
| | Adequate record keeping/computerization | | |
| | a. Drug receipts | | |
| | b. Bin cards | | |
| | c. Sales invoices | | |
| | d. Sales books/ledgers | | |
| | e. Adverse Drug Reaction Register | | |
| | f. Level of drug stock available. | | |
| | (according to National Essential Drug list) | | |
| | g. Alternative Power supply | | |
| | h. Fire Extinguisher | | |
| 18. | Radiography(2°/3°HCP) | | |
| | | | |
| | a. Radiological Centre | | |
| | -Possession of minimum radiological equipment for | | |
| | routine and special investigations, as specified by the | | |
| | Radiographers Registration Board of Nigeria (RRBN) and | | |
| | Nigeria Nuclear Regulatory Agency (NNRA) | | |

| | | | T |
|-----|---|--|---|
| | | | |
| | b. Radiodiagnosis | | |
| | Minimum requirements as follows: | | |
| | -Waiting room | | |
| | -Standard X-Ray room as specified by the RRBN | | |
| | -At least one static X-Ray machine with a minimum of | | |
| | 100MAS and 125 KVP output rating. | | |
| | -One sizeable processing room equipped with a set of | | |
| | manual processor, including a drier | | |
| | -One X-Ray couch with Bucky | | |
| | -One chest stand | | |
| | -2 lead aprons | | |
| | -1 protective cubicle | | |
| | -hangers – all sizes | | |
| | -cassettes – all sizes | | |
| | -X-ray viewing box | | |
| | -Gloves and masks | | |
| | Gonad Shields | | |
| | Safe light | | |
| | Lead lining as specified by RRBN | | |
| | c. Ultrasonography | | |
| | -Registration with RRBN | | |
| | -Patient waiting room | | |
| | -One ultrasound machine with at least standard probes | | |
| | of different resistance rating. | | |
| | -Gel | | |
| 19. | Physiotherapy Services(2°/3°HCP) | | |
| | a. Clinic/Centre | | |
| | The premises must be equipped to meet the | | |

| | | |
|---|------|--|
| minimumrequirements asprescribed below: | | |
| -Certification of equipment and premises by Medical | | |
| Rehabilitation Therapy Technicians Board (MRTB) | | |
| -Registration with the MRTB | | |
| -Current license to practice | | |
| -Well-equipped gymcontaing: | | |
| -Bicycle ergometer | | |
| -Wall & parallel bars | | |
| -Hand and wrist exerciser | | |
| -Traction machines | | |
| -Reduction boards | | |
| -Exercise mats/matresses | | |
| -Shoulder wheels | | |
| -Tread mill | | |
| -Air-conditioner | | |
| -Compression Bands | | |
| -Foam Pads of all sizes and shapes | | |
| -Bowls and dishes | | |
| Sterilizers/Autoclave | | |
| b . Treatment room (rehabilitation equipment electrical) | | |
| -Short-wave diathermy | | |
| -Infra-red | | |
| - Hydro pack (Hot, cold) | | |
| -Electrical stimulators | | |
| -Ultrasound stimulators | | |
| -Wax bath stimulators | | |
| -Ultraviolet stimulators | | |
| -Micro wave stimulators | | |
| -Sphygnomanometer | | |
| -Splints | | |
| -Clean linen | | |

| | -Gloves and masks | | |
|-----|--|--|--|
| | | | |
| | -Crepe bandages -Stadiometer | | |
| | | | |
| | -Ointment/cream for massage | | |
| | -Good ventilation | | |
| | -Medical Records | | |
| | -Washable floor | | |
| | -Generator | | |
| | -Firefighting equipment | | |
| | c. Assistive devices (store) | | |
| | -Walking stick | | |
| | -Crutches | | |
| | -Walking frame | | |
| | -Wheel chairs | | |
| | | | |
| 20. | DENTAL CLINICS(2 ^o /3 ^o HCP) | | |
| | The minimum requirements are as follows: | | |
| | a. Registration with the MDCN | | |
| | -Current licence to practice. | | |
| | b.Dental Clinic | | |
| | -General outlay (20 sq meter) | | |
| | -Waiting area | | |
| | -Screened/Partitioned cubicle | | |
| | -Complete dental unit | | |
| | -Autoclave | | |
| | -Extraction forceps | | |
| | -Elevators | | |
| | -Amalgamator | | |
| | -Tooth filling instruments (temporary/permanent) | | |
| | -Tooth extraction materials | | |
| | -Dental syringes | | |

| | -Xylocainecartridges/spray |
|-----|---|
| | c. Medical Records |
| | -Adequate Record Keeping |
| | -Computerization if available |
| | d. Dental X-Ray Unit |
| | -X-ray machine |
| | -Washable floors |
| | -Washable floors -Waste disposal facilities |
| | -Clean toilet facility |
| | -Adequate water supply |
| | -Constant Electricity supply |
| | -Sterilizer |
| | -Firefighting equipment |
| | - Personnel |
| | -At least one dental surgeon |
| | -At least one dental surgeon |
| | assistant |
| | e. Dental Care |
| | -Preventive dental care |
| | -Scaling & Polishing |
| 21. | INTERNAL MEDICINE |
| 21. | -Medical out-patient department |
| | -Diabetic Clinic |
| | -Hypertensive Clinic |
| | -Cardiology Clinic |
| | -Gastro-enterology Clinic |
| | -Renal/Nephrology Clinic |
| | -Neurology Clinic |
| | -Relevant equipment such as |
| | ECG,EEG,Echocardiography |
| 22. | EAR,NOSE AND THROAT |
| 44. | EARMOSE AND HIROAT |

| | OTORHINOLARYNGOLOGYCLINICS | |
|-----|---|--|
| | $(2^{\circ}/3^{\circ}HCP)$ | |
| | The minimum requirements at each premises are as | |
| | follows: | |
| | a. Registration with MDCN | |
| | b. Well-Equipped Clinic | |
| | -ENT examination table with instrument set (console) | |
| | -Headlamp/head mirror | |
| | -Auroscope | |
| | -Fibre optic Naso-laryngo-pharyngoscope | |
| | -Suction machine | |
| | -Sterilizing systems | |
| | -Chemical sterilization | |
| | -Steam sterilization (Autoclave) | |
| | c. Audiometry Unit | |
| | -Audiometer | |
| | -Tympanometer | |
| | -Calorimeter | |
| | d. Special Therapy Unit | |
| 23. | Paediatrics(2°/3°HCP) | |
| | a . The minimum requirements at each premises are as | |
| | follows: | |
| | -Registration with the MDCN | |
| | -Adequate medical records keeping | |
| | -Adequate ventilation | |
| | -Washable floor | |
| | -Adequate waste disposal facility | |
| | -Adequate toilet facilities | |
| | -Adequate water supply | |
| | -Adequate electricity supply | |
| | b. EQUIPMENT | |
| | -Adequate electricity supply | |

| i) Paediatric Clinic | | |
|--|--|--|
| -Examination couch | | |
| -Auroscope | | |
| -Laryngoscope/Endotracheal tube | | |
| -Oxygen cylinder with face mask | | |
| -Torch light/spot light | | |
| -Tongue depressor | | |
| -Weighing scale | | |
| -Tape rule | | |
| -Suction machine | | |
| -Treatment tray/Cupboard | | |
| -PaediatricSphygnomanometer | | |
| -Paediatric Stethoscope | | |
| -Sterilizer | | |
| -Waiting area | | |
| -Clinical thermometer | | |
| ii. Emergency Paediatric Unit (EPU) | | |
| -Paediatric couch/beds | | |
| -Solusets and Haemosets | | |
| -Weighing scale | | |
| -Tape rule | | |
| -Suction machine | | |
| -Oxygen cylinder/face mask/endotracheal tube | | |
| -Diagnostic set | | |
| -Emergency drug tray/cupboard | | |
| -Treatment tray | | |
| -Sphygnomanometer/Stethoscope | | |
| -Paediatric resuscitative kit | | |
| -Paediatricambu bag | | |
| -Gloves | | |
| iii. Special Care Baby Unit (SCBU) | | |

| | 0 111 7 | | |
|-----|--|--|--|
| | -Scrubbing Room | | |
| | -Incubator | | |
| | -Heat radiant | | |
| | -Exchange Blood Transfusion kits | | |
| | -Solusets (various sets0 | | |
| | -Phototherapy machine | | |
| | -Oxygen cylinder/face mask/endotracheal tube | | |
| | -Weighing scale and Tape rule | | |
| | -Spot light/torch light | | |
| | -Diagnostic set | | |
| | -Emergency drug tray/cupboard | | |
| | -Treatment/Instrument tray | | |
| | iv. Nutritional Rehabilitation Unit (NRU) | | |
| | -Demonstration Laboratory (i.e. room with | | |
| | demonstration aids) | | |
| | -Nutritional clinic | | |
| | a. Weighing scale | | |
| | b. Tape rule | | |
| | c. Health Education Aids (i.e. posters, flow charts) | | |
| | (F) | | |
| | | | |
| 24. | Eye Clinic | | |
| | The minimum requirements are as follows: | | |
| | a. Registration with the MDCN | | |
| | b. Eye Clinic | | |
| | -Waiting area | | |
| | -Instrument tray/trolley | | |
| | -Slit lamp | | |
| | -Application lensometer | | |
| | -Ophthalmoscope | | |
| | -Retinoscope | | |
| | 1 | | |

| | -Flash light -VA chart box | | | |
|-----|--|-----|-----|-----|
| | -Trial lens set (for refraction) -Visual field machine | | | |
| | -AB scanning machine | | | |
| (a) | (b) | (c) | (d) | (e) |
| | -CVF machine | | . , | , , |
| | -Ophthalmic drops | | | |
| | c. Treatment Room | | | |
| | -Examination couch | | | |
| | -Minor treatment set | | | |
| | -Sterilization systems | | | |
| | -Autoclave | | | |
| | -Angle poised lamp | | | |
| | -Treatment tray/trolley | | | |
| | -Flash light | | | |
| | d. Adequate Inpatient Ward | | | |
| | e. Theatre | | | |
| | - Operating microscope | | | |
| | - General ophthalmic surgery set | | | |
| | -Oxygen delivery system | | | |
| | -Medical records | | | |
| | f. General Outlay | | | |
| | -Washable floors | | | |
| | -Waste disposal facilities | | | |
| | -Adequate water supply | | | |
| | -Central sterile supply department | | | |
| | -Toilet facilities | | | |
| | -Adequate ventilation | | | |
| | -Electricity supply | | | |

| | -Standby generator | | |
|-----|--|--|--|
| 25. | Laboratory | | |
| 25. | This should be equipped to perform investigations in the | | |
| | following areas: | | |
| | a) Haematology (FBC,WBC,PCV,HBgenotypeetc) | | |
| | b) Clinical Chemistry(FBS,RBS,etc) | | |
| | c) Medical Microbiology (Urine M/C/S, Urine | | |
| | Analysis, Urine Pregnancy Test, Stool Microscopy, | | |
| | Wound/Throat/HVS M/C/S,etc | | |
| | d) Blood Serology (Widal, Blood grouping etc) | | |
| | e) Medical Parasitology(MP,etc) | | |
| | Possession of the following minimum equipment and | | |
| | consumables. | | |
| | a) Microscope | | |
| | b) Incubator | | |
| | c) Weighing balance | | |
| | d) Water bath | | |
| | e) Centrifuge | | |
| | f) Haemoglobin electrophoresis machine | | |
| | g) Micro-Haematocrit centrifuge and reader | | |
| | h) Westergreen tubes and stand | | |
| | i) Bunsen burner and gas cylinder | | |
| | j) Microbiological culture media | | |
| | k) Biochemistry reagents | | |
| | l) Disposable gloves | | |
| | m) Laboratory glassware | | |
| | n) Serology kits | | |
| | o) Spectrophotometer | | |
| | p) Improved Neubauer counting chamber | | |
| | q) Refrigerator | | |
| | r) Autoclave | | |

| 26. | s) Couch t) Adequate Sharp/Waste Disposal u) Pipettes v) Adequate water supply w) Washable floors Family Planning Services | | |
|-----|--|--|--|
| 20. | This includes family planning education on the | | |
| | following: | | |
| | i) Safe periodii) Pills | | |
| | iii) Condoms | | |
| | iv) Other methods (implant and surgical contraception) | | |
| | | | |
| | | | |
| 27. | Child Welfare Services | | |
| | i) Growth monitoringii) Routine immunization(EPI- BCG, Oral | | |
| | polio,DPT,Measles,HepatitisB,Vit A etc) | | |
| | iii) Nutritional advice, health education, and other services | | |
| | to be included from time to time by the NHIS | | |
| 22. | Counseling/Health Education | | |
| | | | |
| 23. | Others(Please Specify) | | |
| | | | |
| | | | |

Name & Sign of Reporting Officer: