SERVICE STANDARD 03: FACILITY AND BIOMEDICAL EQUIPMENT MANAGEMENT AND SAFETY

PREAMBLE

The Person In Charge (PIC) shall ensure that the Healthcare Facility is provided with safe, functional and support facilities and equipment for its patients, families, staff and visitors. The facilities, equipment and maintenance staff shall be effectively managed to reduce and control hazards and risks, and prevent accidents and injuries.

These services may be provided from within the Facility by either its own staff or contract staff, or contracted to qualified external contractors.

TOPIC 3.1
ORGANISATION AND MANAGEMENT

STANDARD 3.1.1

The Facility and Biomedical Equipment Management and Safety Services shall be organised and administered to provide optimum maintenance and safety of the Facility and equipment in support of its goals and objectives through an appointed designated Head of Service.

CRITERION NO.	CRITERIA FOR COMPLIANCE			SELF RATING	FACILITY COMMENTS	SURVEYOR FINDINGS		
						AREAS FOR IMPROVEMENT / RECOMMENDATIONS	SURVEYOR RATING	RISK
3.1.1.1	Vision, Mission and values statements of the Facility are accessible. Goals and objectives that suit the scope of the Facility and Biomedical Equipment Management and Safety Services are clearly documented and measurable. These reflect the roles and aspirations of the service and the needs of the community. These statements are monitored, reviewed and revised as required accordingly and communicated to all staff.			4			4	
	EVIDENCE OF COMPLIANCE							
	1.	Vision, Mission and values statements of the Facility are available, endorsed and dated by the Governing Body.	4					
	2.	Goals and objectives of the Facility and Biomedical Equipment Management and Safety Services in line with the Facility statements are available, endorsed and dated.	4					
	3.	Evidence of planned reviews of the above statements.	4					
	4.	These statements are communicated to all staff (orientation programme, minutes of meeting, etc)	4					
	5.	Achievement of goals and objectives are monitored, reviewed and revised accordingly.	4					

<table>
<tr>
<td>3.1.1.2
CORE</td>
<td>There is an organisation chart which:

a) provides a clear representation of the structure, function and reporting relationships between the Head and the staff of the Facility and Biomedical Equipment Management and Safety Services;
b) is accessible to all staff and clients;
c) includes off-site services if applicable;
d) is revised when there is a major change in any of the following:

• organisation;
• functions;
• reporting relationships;
• staffing patterns.

<table>
<tr><th colspan="3">EVIDENCE OF COMPLIANCE</th></tr>
<tr><td>1.</td><td>Clearly delineated current organisation chart with line of functions and reporting relationships.</td><td>4</td></tr>
<tr><td>2.</td><td>Organisation chart of the service is endorsed, dated and accessible.</td><td>4</td></tr>
<tr><td>3.</td><td>The organisation chart is revised when there is a major change in any of the items (d)(i) to (iv).</td><td>4</td></tr>
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<td>3.1.1.3
CORE</td>
<td>Where the entire Facility and Biomedical Equipment Management and Safety Services or any part of the Services has been outsourced to any external service provider(s), the Person In Charge (PIC) shall ensure that there is a written agreement between the external service provider and the Facility stating the requirements for goods and service delivery that addresses the following:
a) formal lines of communication and responsibilities between the external service provider and the Facility;
b) provision of adequate numbers of appropriately qualified personnel to perform their duties;
c) participation, as appropriate, of the external service provider in committees of the Facility;
d) arrangement for adequate pickup and delivery;
e) arrangements for after-hours and emergency services within agreed response time;
f) contingency plans for dealing with problems in service delivery;
g) adequate facilities and equipment for providing the services at the Facility and at the site of the external services;
h) appropriate key performance indicators</td>
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	i) involvement of the external service provider in safety and quality improvement activities of the Facility, as appropriate; j) comply with the appropriate MSQH Standards of Accreditation for Facility and Biomedical Equipment Management and Safety Services. EVIDENCE OF COMPLIANCE 1. The Contract Agreement between the Facility and the external service provider(s) address items (a) to (j). 4 2. Evaluation of service provider performance 4						
3.1.1.4	Regular staff meetings are held between the Head of service and staff with sufficient regularity to discuss issues and matters pertaining to the operations of the Facility and Biomedical Equipment Management and Safety Services. Minutes are kept; decisions and resolutions made during meetings shall be accessible, communicated to all staff of the service and implemented. EVIDENCE OF COMPLIANCE 1. Minutes are accessible, disseminated and acknowledged by the staff. 4 2. Attendance list of members with adequate representatives of the service. 4 3. Frequency of meetings as scheduled. 4 4. Discussion and resolutions are implemented. (Problems not solved to be brought forward in the next meeting until resolved). 4	4			4	
3.1.1.5	The Head of Facility and Biomedical Equipment Management and Safety Services is involved in the planning, justification and management of the budget and resource utilisation of the services. EVIDENCE OF COMPLIANCE 1. Minutes of Facility-wide management meeting 4 2. Documented evidence on request for allocation of budget and resources (staffing, equipment, etc) for the service. 4 3. Approved budget and resources 4	4			4	
3.1.1.6	The Head of Facility and Biomedical Equipment Management and Safety Services is involved in the appointment and/or assignment of staff as well as endorsement of vendor. EVIDENCE OF COMPLIANCE	4			4	

	1.	Records on staff interview (if applicable)	4					
	2.	Appointment/assignment letter of Head of Service	4					
	3.	Job description of Head of Service	4					
	4.	Records on staff deployment	4					
	5.	Duty roster	4					
	6.	Records on evaluation of vendor's performance.	4					
3.1.1.7 CORE	Appropriate statistics and records shall be maintained in relation to the provision of Facility and Biomedical Equipment Management and Safety Services and used for managing the services and patient care purposes.			4			4	
	EVIDENCE OF COMPLIANCE							
	1.	Records are available but not limited to the following:						
	a)	statistics on technical performance indicators for previous and current years;	4					
	b)	asset register;	4					
	c)	maintenance records for previous and current years;	4					
	d)	accident/incident reports;	4					
	e)	staffing number and staff profile;	4					
	f)	staff training records.	4					

TOPIC 3.2:
HUMAN RESOURCE DEVELOPMENT AND MANAGEMENT

STANDARD 3.2.1

The Facility and Biomedical Equipment Management and Safety Services shall be directed by and staffed with adequate numbers of appropriately qualified and licensed personnel as required under relevant Acts, statutory regulations and standards to achieve the objectives of the services.

CRITERION NO.	CRITERIA FOR COMPLIANCE		SELF RATING	FACILITY COMMENTS	SURVEYOR FINDINGS		
					AREAS FOR IMPROVEMENT / RECOMMENDATIONS	SURVEYOR RATING	RISK
3.2.1.1 CORE	The Head and staff of the Facility and Biomedical Equipment Management and Safety Services shall be individuals qualified by education, training, experience and certification commensurate with the requirements of the various positions.		4			4	
	EVIDENCE OF COMPLIANCE						
	1.	The head of service or any management staff shall possess certified healthcare facility manager (CHFM) certification	4				
	2.	The head of service or any management staff shall possess at least 3 years experiences in healthcare facility management	4				
3.2.1.2	The authority, responsibilities and accountabilities of the Head of Facility and Biomedical Equipment Management and Safety Services are clearly delineated and documented		4			4	
	EVIDENCE OF COMPLIANCE						
	1.	Appointment/assignment letter for Head of Service	4				
	2.	Description of duties and responsibilities	4				
3.2.1.3 CORE	Sufficient numbers of personnel and support staff with appropriate qualifications are employed to meet the need of the services.		4			4	
	EVIDENCE OF COMPLIANCE						
	1.	Number of staff and qualification should commensurate with workload.	4				
	2.	Staff to have valid registration with professionals and relevant authorities bodies	4				
	3.	Staffing pattern	4				
	4.	Duty roster	4				

	5.	Census and statistics	4					
3.2.1.4	There are written and dated specific job descriptions for all categories of staff that include: a) qualifications, training, experience and certification required for the position; b) lines of authority; c) accountability, functions, and responsibilities; d) reviewed when required and when there is a major change in any of the following: i) nature and scope of work; ii) duties and responsibilities; iii) general and specific accountabilities; iv) qualifications required and privileges granted; v) staffing patterns; vi) Statutory Regulations.			4			4	
	EVIDENCE OF COMPLIANCE							
	1.	Updated specific job description is available for each staff that includes but not limited to as listed in (a) to (d).	4					
	2.	Job description shall include specialisation skills	4					
	3.	Certification by relevant bodies	4					
	4.	The job description is acknowledged by the staff and signed by the Head of Service and dated.	4					
3.2.1.5	Personnel records on training, staff development, leave and others are maintained for every staff. Note: Staff personal records may be kept in Human Resource Department as per hospital policy.			4			4	
	EVIDENCE OF COMPLIANCE							
	1.	Staff personal records include:						
	a)	staff biodata;	4					
	b)	qualification and experience;	4					
	c)	evidence of current registration;	4					
	d)	training record;	4					
	e)	competency record and certification from relevant bodies	4					
	f)	leave record;	4					

	g)	confidentiality agreement.	4				
3.2.1.6	There is a structured orientation programme where new staff are briefed on their services, operational policies and relevant aspects of the Facility to prepare them for their roles and responsibilities.			4		4	
	EVIDENCE OF COMPLIANCE						
	1.	Policy requiring all new staff to attend a structured orientation programme.	4				
	2.	Records on structured orientation programme	4				
	3.	Orientation module	4				
	4.	List of attendance	4				
3.2.1.7	There is evidence of training needs assessment and staff development plan which provide the knowledge and skills required for staff to maintain competency in their current positions and future advancement.			4		4	
	EVIDENCE OF COMPLIANCE						
	1.	Training needs assessment is carried out and includes various risks and gaps identified.	4				
	2.	A staff development plan based on training needs assessment is available.	4				
	3.	Training schedule/calendar is in place.	4				
	4.	Training module	4				
3.2.1.8	There are continuing education activities for staff to pursue professional interests and to prepare for current and future changes in practice including requirements specific to their areas of operations, i.e. the use of appropriate personal protective equipment (PPE), safety measures in hazardous workplaces, risk identification, nosocomial infections and compliance with relevant statutory regulations.			4		4	
	EVIDENCE OF COMPLIANCE						
	1.	Training calendar includes in-house/external courses/ workshop/ conferences	4				
	2.	Contents of training programme	4				
	3.	Staff education and development programme	4				
	4.	Records on training attended	4				

	5.	Specific training programme on clinical risks attended	4					
3.2.1.9	Staff receive evaluation of their performance at the completion of the probationary period and annually thereafter, or as defined by the Facility.			4			4	
	EVIDENCE OF COMPLIANCE							
	1.	Performance appraisal for staff is completed upon probationary period and as an annual exercise.	4					

TOPIC 3.3:
POLICIES AND PROCEDURES

STANDARD 3.3.1

The Head of the Facility and Biomedical Equipment Management and Safety Services shall ensure that there are appropriately documented policies and procedures that reflect current knowledge and practice for the services, and they are consistent with the objectives of the Facility and Biomedical Equipment Management and Safety Services, relevant regulations and statutory requirements.

CRITERION NO.	CRITERIA FOR COMPLIANCE			SELF RATING	FACILITY COMMENTS	SURVEYOR FINDINGS		
						AREAS FOR IMPROVEMENT / RECOMMENDATIONS	SURVEYOR RATING	RISK
3.3.1.1 CORE	There are written policies and procedures for the Facility and Biomedical Equipment Management and Safety Services which are consistent with the overall policies of the Facility, regulatory requirements and current standard practices. These policies and procedures are signed, authorised and dated. There is a mechanism for and evidence of a periodic review at least once in every three years.			4			4	
	EVIDENCE OF COMPLIANCE							
	1.	Documented policies and procedures for the service.	4					
	2.	Policies and procedures are consistent with regulatory requirements and current standard practices.	4					
	3.	Policies and procedures are updated, endorsed and dated.	4					
	4.	Evidence of periodic review.	4					
3.3.1.2	Policies and procedures are developed by a committee in collaboration with staff, medical practitioners, Management and where required with other external service providers and with reference to relevant sources involved. Cross departmental collaboration is practised in developing relevant policies and procedures where applicable.			4			4	
	EVIDENCE OF COMPLIANCE							
	1.	Minutes of committee meetings on development and revision on policies and procedures.	4					
	2.	Minutes of meeting with evidence of cross reference with other departments	4					
	3.	Documented cross departmental policies	4					
3.3.1.3	Current policies and procedures are communicated to all staff			4			4	

	EVIDENCE OF COMPLIANCE						
	1.	Training and briefing on the current policies and procedures/Minutes of meetings	4				
	2.	Circulation list and acknowledgement	4				
3.3.1.4 CORE	There is evidence of compliance with policies and procedures			4			4	
	EVIDENCE OF COMPLIANCE						
	1.	Compliance with policies and procedures through:					
	a)	interview of staff on practices;	4				
	b)	verify with observation on practices;	4				
	c)	results of audit on practices;	4				
	d)	practices in line with established policies and procedures.	4				
3.3.1.5	Copies of policies and procedures, protocols, guidelines, relevant Acts, Regulations, By-Laws and statutory requirements are accessible to staff			3			3	
	EVIDENCE OF COMPLIANCE						
	1.	Copies of policies and procedures, protocols, guidelines, relevant Acts, Regulations, By-Laws and statutory requirements are accessible on-site for staff reference.	3				
3.3.1.6 CORE	The policies and procedures shall include emergency and contingency plans for the following outages: a) water; b) electricity; c) medical gas supply; d) communication system (PABX/Telephone/Nurse call system/PA system); e) internet connectivity			4			4	
	EVIDENCE OF COMPLIANCE						
	1.	Policies and procedures for emergency response plan (ERP) that address items (a) to (d) are in place.	4				
	2.	Contact numbers of staff in-charge/relevant authorities/ vendors/suppliers is made available.	4				
	3.	Flow chart on line of communication.	4				

3.3.1.7	A permit-to-work shall always be issued before any work is carried out for all Facilities or Mechanical and Electrical works. The purpose of such a permit is to identify the works to be carried out and to provide documentary evidence that a system is only taken back into use when all tests have been satisfactorily completed.		3			3	
	EVIDENCE OF COMPLIANCE						
	1.	Documented permit for any Facilities/Mechanical and electrical works from the relevant authority is available if any works authorised.	3				
	2.	All relevant tests satisfactorily done for new works.	3				

TOPIC 3.4:
FACILITIES AND EQUIPMENT

STANDARD 3.4.1
The Head of Facility and Biomedical Equipment Management and Safety Services shall ensure adequate facilities and equipment appropriate to the needs of the various services shall be made available to meet the goals and objectives of the Facility.

CRITERION NO.	CRITERIA FOR COMPLIANCE			SELF RATING	FACILITY COMMENTS	SURVEYOR FINDINGS		
						AREAS FOR IMPROVEMENT / RECOMMENDATIONS	SURVEYOR RATING	RISK
3.4.1.1 CORE	There are adequate and appropriate facilities and equipment with proper utilisation of space to enable staff to carry out their professional and administrative functions.			4			4	
	EVIDENCE OF COMPLIANCE							
	1.	Adequate facilities, equipment and proper utilisation of space within the Facility for staff and outsourced service providers to carry out activities related to Facility and Biomedical Equipment Management and Safety Services:						
	a)	As built drawings	4					
	b)	Appropriate office and workshop	4					
	c)	Appropriate equipment for repairs, testing, calibration, etc	4					
3.4.1.2	There is documented evidence that facilities and equipment in the Facility complies with relevant national/international standards and current statutory requirements.			4			4	
	EVIDENCE OF COMPLIANCE							
	1.	As built drawings endorsed by Professional Engineers/Architect	4					
	2.	Operation and Maintenance Manual	4					
	3.	Evidence of compliance to standards, e.g. testing and commissioning records, asset records, log book and log sheet.	4					
	4.	Relevant warranty certificates.	4					
3.4.1.3 CORE	There is evidence that the Facility has a comprehensive maintenance programme such as predictive maintenance, planned preventive maintenance and calibration activities, to ensure the facilities and equipment are in good working order. The maintenance programme and budget are reviewed.			4			4	
	EVIDENCE OF COMPLIANCE							

	1.	Operation and Maintenance Manual	4				
	2.	Maintenance records	4				
	3.	Calibration, testing and commissioning records, such as schedule, stickers, etc.	4				
	4.	Asset register	4				
	5.	Planned Predictive Maintenance (PdM)	4				
	6.	Planned Preventive Maintenance (PPM) records	4				
	7.	Planned Corrective Maintenance records	4				
	8.	Planned Replacement Programme	4				
	9.	Complaint records	4				
	10.	Records on work orders	4				
	11.	Log book and log sheet	4				
3.4.1.4	Where specialised equipment is used, there is evidence that only staff who are trained and authorised by the relevant bodies operate and maintain such equipment.			4			4	
	EVIDENCE OF COMPLIANCE							
	1.	List of personnel authorised by the Person In Charge (PIC) to operate specialised equipment.	4				
	2.	Letter of authorisation	4				
	3.	Training records	4				
	4.	Staff profile of authorised personnel	4				
	5.	Competency assessment records	4				
	6.	Certificate/registration of competent person as required.	4				

TOPIC 3.5:
SAFETY AND PERFORMANCE IMPROVEMENT ACTIVITIES

STANDARD 3.5.1

The Head of Facility and Biomedical Equipment Management and Safety Services shall ensure the provision of safe and quality performance with staff involvement in the continuous safety and performance improvement activities of the services.

CRITERION NO.	CRITERIA FOR COMPLIANCE	SELF RATING	FACILITY COMMENTS	SURVEYOR FINDINGS		
				AREAS FOR IMPROVEMENT / RECOMMENDATIONS	SURVEYOR RATING	RISK
3.5.1.1	There are planned and systematic safety and performance improvement activities to monitor and evaluate the performance of the Facility and Biomedical Equipment Management and Safety Services. The process includes: a) Planned activities b) Data collection c) Monitoring and evaluation of the performance d) Action plan for improvement e) Implementation of action plan f) Re-evaluation for improvement Innovation is advocated.	4			4	
	EVIDENCE OF COMPLIANCE					
	1. Planned performance improvement activities include (a) to (f)	4				
	2. Records on performance improvement activities	4				
	3. Minutes of performance improvement meetings	4				
	4. Quality improvement studies	4				
	5. Records on innovation if available	4				
3.5.1.2	The Head of Facility and Biomedical Equipment Management and Safety Services has assigned the responsibilities for planning, monitoring and managing safety and performance improvement activities to appropriate individual/personnel within the respective services.	4			4	
	EVIDENCE OF COMPLIANCE					
	1. Minutes of meetings	4				
	2. Letter of assignment of responsibilities	4				
	3. Job description	4				

3.5.1.3	The Head of Facility and Biomedical Equipment Management and Safety Services shall ensure that the staff are trained and complete incident reports which are promptly reported, investigated, discussed by the staff with learning objectives and forwarded to the Person In Charge (PIC) of the Facility. Incidents reported have had Root Cause Analysis done and action taken within the agreed time frame to prevent recurrence. **EVIDENCE OF COMPLIANCE** 1. System for incident reporting is in place, which include: a) Training of staff — 4 b) Policy on incident reporting — 4 c) Methodology of incident reporting — 4 d) Register/records of incidents — 4 2. Completed incident reports and statistics — 4 3. Root Cause Analysis — 4 4. Corrective and preventive action plans — 4 5. Remedial measure — 4 6. Minutes of meetings — 4 7. Acknowledgment by Head of Service and PIC/Hospital Director — 4 8. Feedback given to staff regarding incident reporting. — 4	4			4	
3.5.1.4 CORE	There is tracking and trending of specific performance indicators not limited to but at least three (3) of the following: a) percentage of planned preventive maintenance being done on schedule (Target: 98%) b) percentage of system/service uptime (Target: 92%) c) response time • i) response time to equipment failure (BEMS) (Target: Critical care equipment – 15 minutes Other's equipment – 2 hours) • ii) response time to equipment failure (FEMS) (Target: Emergency– 15 minutes Non-emergency– 2 hours) d) repair time (Target: 7 working days) **EVIDENCE OF COMPLIANCE**	4			4	

	1.	Specific performance indicators monitored.	4					
	2.	Records on tracking and trending analysis.	4					
	3.	Remedial measures taken where appropriate	4					
3.5.1.5	Feedback on results of safety and quality activities are regularly communicated to the staff and relevant authority.			4			4	
	EVIDENCE OF COMPLIANCE							
	1.	Monthly report to Hospital Management	4					
	2.	Circulation list to Hospital Management, end user and engineering staff.	4					
	3.	Evidence of feedback via communication on results of quality activities through continuing education activities/meetings.	4					
	4.	Minutes of service/unit/committee meetings	4					
3.5.1.6	Appropriate documentation of safety and performance improvement activities is kept, and confidentiality is preserved.			4			4	
	EVIDENCE OF COMPLIANCE							
	1.	Documentations on performance improvement activities and performance indicators.	4					
	2.	Policy statement on anonymity on patients and providers involved in performance improvement activities.	4					
3.5.1.7 CORE	There are safety and performance improvement activities that address staff safety of the outsourced service providers.			4			4	
	EVIDENCE OF COMPLIANCE							
	1.	Staff health screening	4					
	2.	Identification of health risk factors	4					
	3.	Infectious diseases prevention programme/activities	4					
	4.	Anti-smoking programme	4					
	5.	Healthy life style campaign	4					
	6.	Staff training on:						
	a)	sharps and needle stick injury management ;	4					
	b)	occupational Safety and Health;	4					
	c)	ergonomics;	4					

	d)	biohazard waste disposal.	4					
	7.	Medical check-up record.	4					
	8.	Post exposure management	4					
	9.	Universal/standard precautions	4					

TOPIC 3.6:
SPECIAL REQUIREMENTS

STANDARD 3.6.1
BIOMEDICAL EQUIPMENT MANAGEMENT
The Facility is equipped with safe and functional medical equipment, operated and maintained in a manner that supports the patient care objectives and compliance with regulatory requirements and safety of patients and staff.

CRITERION NO.	CRITERIA FOR COMPLIANCE			SELF RATING	FACILITY COMMENTS	SURVEYOR FINDINGS		
						AREAS FOR IMPROVEMENT / RECOMMENDATIONS	SURVEYOR RATING	RISK
3.6.1.1 CORE	All biomedical equipment shall comply with Medical Device Act 2012(Act 737), Atomic Energy Licensing Act 1984 (Act 304) and other applicable Act(s) for specific medical devices; the Medical Device Regulations and other applicable Regulations for specific medical device and associated Guidelines, and MS 2058, where applicable.			4			4	
	EVIDENCE OF COMPLIANCE							
	1.	Relevant documents pertaining to Medical Device Act 2012 and MS2058 are available.	4					
	2.	Evidence of medical devices/equipment procured from licensed establishment	4					
	3.	Medical device registration certificate from Medical Device Authority.	4					
3.6.1.2	Life cycle costs and utilisation of biomedical equipment are reviewed and recommendations made inclusive of equipment categorised as Beyond Economic Repair (BER).Equipment are upgraded and replaced in accordance with relevant statutory regulations.			4			4	
	EVIDENCE OF COMPLIANCE							
	1.	Records on Life Cycle Cost Analysis (LCC) programme	4					
	2.	Upgrading and replacement of biomedical equipment comply with statutory regulations as evidenced per records.	4					
3.6.1.3	Operational and service manuals for biomedical equipment are current and accessible			4			4	
	EVIDENCE OF COMPLIANCE							
	1.	Operation and service manuals for biomedical equipment are available, appropriate and related to the services.	4					

3.6.1.4	New biomedical equipment are checked for compliance with established standards prior to use		4			4	
	EVIDENCE OF COMPLIANCE						
	1.	Operation and service manual is available	4				
	2.	Safety and performance test result.	4				
	3.	Records on testing and commissioning	4				
	4.	The terms of warranty is managed	4				
3.6.1.5 CORE	An asset register on biomedical equipment is maintained		4			4	
	EVIDENCE OF COMPLIANCE						
	1.	Asset register is available and maintained.	4				
3.6.1.6 CORE	There is a comprehensive planned maintenance programme including the following documentation: a) assets register; b) work schedule system; c) schedules and records on maintenance inspections; d) supervision of service contracts; e) proper calibration of test equipment as evidenced by certification.		4			4	
	EVIDENCE OF COMPLIANCE						
	1.	Documented planned maintenance programme is available and addresses items (a) to (e).	4				
	2.	The planned maintenance programme schedule follows the manufacturer/suppliers' specifications and/or relevant authorities' regulation	4				
	3.	Completed planned preventive maintenance service checklist/report	4				
	4.	Test equipment calibration report certified by accredited 3rd party or manufacturer.	4				
	5.	Vendors approved by relevant authorities.	4				
3.6.1.7	Medical equipment breakdown repairs shall be recorded, prioritised and if parts required it shall be use genuine parts; repaired by competent personnel. Upon completion of repair; performance test and electrical safety test to be performed (if required).		4			4	
	EVIDENCE OF COMPLIANCE						

	1.	Repair service log	4					
	2.	Repair service reports	4					
	3.	Spare part list	4					
3.6.1.8 CORE	Relevant licenses/certificates of fitness are acquired and kept current as required.			4			4	
	EVIDENCE OF COMPLIANCE							
	1.	All licenses/certificates for equipment are current and complied with.	4					
	2.	Equipment used for Radiology/Diagnostic Imaging, Medical Laboratory and Nuclear Medicine have certifications from relevant agencies/authorities for operations.	4					
3.6.1.9	The medical device shall only be used if it is: a) safe and efficacious. b) used in accordance with its intended purpose. c) used in accordance with manufacturer's instructions. d) properly installed, tested, commissioned, maintained, and disposed by qualified and competent person.			4			4	
	EVIDENCE OF COMPLIANCE							
	1.	Operation Manual is available.	4					
	2.	Equipment is safe and used as per manufacturer’s instructions.	4					
	3.	Testing and Commissioning record is available.	4					
	4.	Calibration records are available.	4					
	5.	Certificate of staff competency, e.g. registration with Medical Device Authority is available.	4					
3.6.1.10	The facility take the medical device out of operation when it is no longer safe and effective for use shall not be used and must be taken out from facility and store in appropriate please. A medical device shall be condemned or decommission if: a) BER b) Obsolete c) Unavailability of spare part in the market			4			4	
	EVIDENCE OF COMPLIANCE							
	1.	Condition appraisal by qualified biomedical engineer/ vendor	4					

	2.	Recommendation from users and/or technical experts on the ineffectiveness of any medical device.	4				
3.6.1.11	A medical device which has been taken out of operation shall be removed and disposed of in a safe manner which eliminates or reduces any of the following: a) danger and injury; b) danger of contamination with biological material or other contaminants; c) danger of environment damage; d) danger of it being re-used.			4			4	
	EVIDENCE OF COMPLIANCE							
	1.	Plan/Programme for disposal of equipment is available.	4					
	2.	Contractor/vendor for disposal programme is qualified and competent.	4					
	3.	Disposal of radioactive related equipment comply with relevant agency/local authority requirement. i.e. Department of Environment (DOE), Atomic Energy Licensing Board (AELB)	4					
	4.	Disposal records	4					
3.6.1.12	The Biomedical Engineering Service shall assist the Facility with the planning and inclusion of new medical equipment and replacement of existing equipment.			4			4	
	EVIDENCE OF COMPLIANCE							
	1.	Records on advice/consultation between the Facility Management and the Biomedical Engineering Services. Inventory list of new and replaced biomedical equipment.	4					
3.6.1.13	The performance of the medical equipment management program shall be monitored and evaluated periodically using a combination of indicators and audits, with the purpose of finding opportunities for continual improvement. Continual improvement projects shall be implemented and their results evaluated.			4			4	
	EVIDENCE OF COMPLIANCE							
	1.	Annual Medical Equipment Management Programme Performance Evaluation Report	4					
	2.	Records on performance indicators and audits	4					
	3.	Continual improvement project record/report	4					
3.6.1.14	Action taken on field safety notice (FSN)/field safety corrective action (FSCA)/recall issued if any by Medical Device Authority or manufacturer and documented.			4			4	

	EVIDENCE OF COMPLIANCE							
	1.	Recall notice if any and evidence of compliance	4					
	2.	Action taken on safety notice issued by any authority	4					
3.6.1.15	The medical equipment has to be decontaminated before being sent to the biomedical workshop. (Refer to PCI Standard) Biomedical workshop shall be equipped with cleaning area.			4			4	
	EVIDENCE OF COMPLIANCE							
	1.	Designated area for cleaning within the biomedical equipment workshop.	4					
	2.	Procedure for cleaning in place and being practiced.	4					

STANDARD 3.6.2

FACILITY MANAGEMENT

The Facility is constructed, equipped, operated and maintained in a manner that supports the patient care objectives and the safety and comfort of patients, staff and visitors.

CRITERION NO.	CRITERIA FOR COMPLIANCE	SELF RATING	FACILITY COMMENTS	SURVEYOR FINDINGS		
				AREAS FOR IMPROVEMENT / RECOMMENDATIONS	SURVEYOR RATING	RISK
3.6.2.1 CORE	All facilities including motor vehicles should be subjected to scheduled maintenance programme and should be under the responsibility of the respective Facility Management irrespective of whether or not a full preventive maintenance scheme is being implemented in the hospital as a whole.	4			4	
	EVIDENCE OF COMPLIANCE					
	1. Facility is managed by certified Healthcare Facility Manager	4				
	2. Planned Preventive Maintenance (PPM) schedule (Plan and Actual)	4				
	3. Contract agreements for outsourced services	4				
	4. Job Sheet/Maintenance report	4				
3.6.2.2	The Head of the Facility Management is responsible for ensuring that the person working on any facilities and equipment are appropriately trained and qualified to carry out the work.	4			4	
	EVIDENCE OF COMPLIANCE					
	1. Competent person with qualification and certification from relevant authority works on designated facilities and equipment e.g., lifts, medical gas, ACMV, chargeman	4				
3.6.2.3	The healthcare and related facilities shall request for competency training from approved manufacturer or approved 3rd party training centre.	4			4	
	EVIDENCE OF COMPLIANCE					
	1. Records on request for competency training programme	4				
	2. Attendance list and training records	4				
	3. Training certificate must be verified and endorsed by 3rd party.	4				
3.6.2.4	The service provider shall provide all appropriate tests equipment. The test equipment shall be calibrated in accordance with the manufacturer's recommendations.	4			4	

	EVIDENCE OF COMPLIANCE						
	1.	Availability of appropriate tests equipment	4				
	2.	Validity of calibration certificate	4				
3.6.2.5	A record of the service/repair done should be kept. All the inspections and maintenance reports shall be recorded, documented and stored.		4			4	
	EVIDENCE OF COMPLIANCE						
	1.	Maintenance and inspection records history.	4				
3.6.2.6	Life cycle costs and utilisation of buildings and plants are reviewed and recommendations made. Building and facilities are upgraded and replaced in accordance with relevant statutory regulations.		4			4	
	EVIDENCE OF COMPLIANCE						
	1.	Records of building facilities inspections with the Life Cycle Cost Analysis (LCC) programme on facilities	4				
	2.	Records on upgrading and replacement of the building facilities comply with statutory regulations.	4				
3.6.2.7	Drawings and operational manuals for plants and equipment are current and accessible.		4			4	
	EVIDENCE OF COMPLIANCE						
	1.	Drawings and operation manuals for plants and equipment for related services are:					
	a)	available;	4				
	b)	properly kept.	4				
	2.	Drawings are endorsed by Professional Engineer	4				
3.6.2.8	New/replaced plants and equipment are checked for compliance with established standards prior to use.		4			4	
	EVIDENCE OF COMPLIANCE						
	1.	Verification plant room area	4				
	2.	Compliance of plants and equipment with relevant standards and regulations	4				
	3.	Record in asset registration	4				
	4.	Safety and performance test result	4				

3.6.2.9	An asset register of plants and equipment is maintained. EVIDENCE OF COMPLIANCE 1. Asset register is maintained — 4		4			4	
3.6.2.10	There is a comprehensive planned maintenance programme including the following documentation: a) assets register. b) work schedule system. c) schedules and records on maintenance inspections. d) record of inspections of statutory equipment. e) supervision of service contracts. f) proper calibration of the testing and measurement tool by certified calibration laboratories as evidenced by certification. EVIDENCE OF COMPLIANCE 1. Documented maintenance programme is available. — 4 2. The maintenance schedule follows the manufacturer/ suppliers' specifications and/or relevant authorities' regulation. — 4 3. The calibration report of test tool to be conducted by certified calibration laboratories. — 4		4			4	
3.6.2.11 CORE	Relevant licences/certificates of fitness are acquired and kept current as required (e.g., lift/ any pressured vessel according to DOSH requirements) EVIDENCE OF COMPLIANCE 1. All licences/certificates should be current and complied with. — 4		4			4	
3.6.2.12	Safety stores, cold rooms and plant rooms are equipped with self-closing doors or safety latches, where appropriate. EVIDENCE OF COMPLIANCE 1. Installation of self-closing doors and/or safety latches for stores, cold rooms, plant rooms etc. — 4		4			4	
3.6.2.13	Signs throughout the Facility are clearly displayed, and easy to follow (for example, directional and safety signs, exits, isolation areas). EVIDENCE OF COMPLIANCE 1. Able to find the specific locations without asking. — 4		4			4	

	2.	Appropriate signs are available and displayed clearly.	4					
3.6.2.14	There are policies on managing motor vehicles provided for staff and patient use including requirements for proper maintenance and competency of drivers with valid licences.			4			4	
	EVIDENCE OF COMPLIANCE							
	1.	Policies on the use and maintenance of motor vehicles used for staff and patients.	4					
	2.	Validity of drivers' licences	4					
	3.	Vehicles maintenance record	4					

STANDARD 3.6.3

BUILDING REQUIREMENTS

The building requirements shall cover the following aspects of the Facility:

- *Building- Roof Top*
- *Ceiling Height*
- *Entrances and Exits*
- *Windows*
- *Doors*

These fixtures of the buildings in the Facility providing healthcare for inpatients and outpatients shall be designed, built and maintained as per local and national standard requirements.

CRITERION NO.	CRITERIA FOR COMPLIANCE	SELF RATING	FACILITY COMMENTS	SURVEYOR FINDINGS		
				AREAS FOR IMPROVEMENT / RECOMMENDATIONS	SURVEYOR RATING	RISK
3.6.3.1	Building - Roof Top There shall be absence of water ponding and plant growth on the roof top and gutters. The slab water proofing to be in good condition. **EVIDENCE OF COMPLIANCE** 1. On-site inspection shows: a) roof top has no water ponding and plant growth; 4 b) no leaks spotted from the roof. 4 2. Waterproofing warranty for flat roof 4	4			4	
3.6.3.2	Ceiling Height The minimum height of the ceiling shall be as stated in the relevant statutory regulations as follows: a) 2.4 metres minimum clear floor to ceiling height for air-conditioned rooms or areas. b) 3.0 metres minimum clear floor to ceiling height for non-air-conditioned rooms or areas. c) 2.7 metres minimum clear floor to ceiling height in operating rooms, labour delivery rooms and similar rooms having special ceiling-mounted light fixtures. **EVIDENCE OF COMPLIANCE** 1. Design and height of the ceiling for specific rooms/locations comply with relevant requirements as listed in (a) to (c). 4	4			4	
3.6.3.3 CORE	The ceilings in clean room areas and critical pressure controlled rooms shall be seamless type.	4			4	

	EVIDENCE OF COMPLIANCE						
	1.	Design of the ceiling in critical areas such as isolation room, microbiology room, Sterile Store, operating theatre, Intensive Care Unit comply with specific requirements, i.e. seamless type.	4				
3.6.3.4	Entrances & Exits a) Entrances and exits in the facility shall be located in an area where minimum disturbance is caused to patients. The entrance for patients and visitors of the facility shall be adjacent to the lobby. b) There shall be at least one entrance designed without stairs for the movement of patients in wheelchairs or on stretchers within the facility or service. c) There shall be separate entrances for emergency patients, service personnel, and patients and visitors. d) The emergency patient entrance shall be located for ready access to the emergency department or unit and easily accessible to pedestrians, ambulances, and other vehicular traffic. e) The service entrance shall be located close to storage rooms or areas, elevators, and the kitchen. f) There shall be a dedicated exit for the unobtrusive removal of deceased bodies. g) The entrances shall be equipped with mechanisms to prevent the ingress of hot and humid outside air into the building to reduce the risk of surface condensation.		4			4	
	EVIDENCE OF COMPLIANCE						
	1.	Building design shows entrances and exits comply with requirements listed (a) to (f) upon inspection.	4				
	2.	Entrances and exits to the buildings comply with the requirements of relevant authorities i.e. fire authority	4				
3.6.3.5	Windows Windows are required in all patient rooms except labour delivery rooms. Windows allow for unobstructed natural lights.		4			4	
	EVIDENCE OF COMPLIANCE						
	1.	Presence of windows in all patient care rooms except in Labour Delivery Suites. Verified upon inspection.	4				
3.6.3.6	Doors Doors to patient rooms and exit doors are not locked from the inside, except where specifically required (for example, psychiatric units). In such cases, there are documented policies and procedures to ensure adequate access and egress.		4			4	

	EVIDENCE OF COMPLIANCE						
	1.	Policies and documented instructions on access and egress to patients' rooms.	4				
	2.	Doors to patients' rooms found not locked from the inside as per policy upon inspection.	4				
3.6.3.7	Patients' toilet door to be open outward but not to obstruct main corridors.			4			4	
	EVIDENCE OF COMPLIANCE						
	1.	Patients' toilet door open outward as per regulation.	4				

STANDARD 3.6.4

EXTERNAL FACILITIES

The external facilities of the buildings that cover the estate grounds and include parking space and internal roads shall be well maintained to provide easy and safe access and prevent potential harm from the surroundings to patients, staff and visitors to the Facility.

CRITERION NO.	CRITERIA FOR COMPLIANCE			SELF RATING	FACILITY COMMENTS	SURVEYOR FINDINGS		
						AREAS FOR IMPROVEMENT / RECOMMENDATIONS	SURVEYOR RATING	RISK
3.6.4.1	The estate grounds are well maintained as follows: a) road and drainages kept clean; b) trees are trimmed with no potential falling branches; c) drains and manholes are not clogged and properly covered.			4			4	
	EVIDENCE OF COMPLIANCE							
	1.	Visual inspection shows clean estate grounds as listed (a) to (c)	4					
	2.	Maintenance records	4					
3.6.4.2	Parking space shall be adequately provided, and properly lighted and managed.			4			4	
	EVIDENCE OF COMPLIANCE							
	1.	Adequate parking space; well lighted and managed.	4					
	2.	Maintenance records	4					
	3.	Plan and provision to cater for insufficient parking space to patient and visitors	4					

STANDARD 3.6.5

SEWAGE AND SEWERAGE SYSTEM

The management shall ensure that the sewerage system of the Healthcare Facility is uninterrupted and functional at all times and ends at the entry to a sewage treatment plant maintained by the Facility or the local authority.

CRITERION NO.	CRITERIA FOR COMPLIANCE			SELF RATING	FACILITY COMMENTS	SURVEYOR FINDINGS		
						AREAS FOR IMPROVEMENT / RECOMMENDATIONS	SURVEYOR RATING	RISK
3.6.5.1 CORE	There shall be no exposed sewer line located directly above clinical areas, working, storing or eating surfaces in kitchens, dining rooms or areas, pantries, food storage rooms or areas or where medical or surgical supplies are prepared, processed or stored.			4			4	
	EVIDENCE OF COMPLIANCE							
	1.	Inspection and checking of the as built drawing shows no exposed sewer lines over critical clinical and support services areas.	4					
3.6.5.2	Affluent test is to be conducted every six months.			4			4	
	EVIDENCE OF COMPLIANCE							
	1.	Affluent test reports.	4					
3.6.5.3	There shall be a competent operator available to manage the sewage treatment plant as required under the Drainage and Sewerage Act			4			4	
	EVIDENCE OF COMPLIANCE							
	1.	Compliance with National Water Services Commission (Suruhanjaya Perkhidmatan Air Negara, SPAN) regulation	4					
	2.	The contractor doing the maintenance work is qualified and registered with SPAN.	4					
3.6.5.4	Water run-off from clinical and domestic waste storage area shall be connected to the sewage treatment plant (STP) of the Facility or municipal sewage treatment plant.			4			4	
	EVIDENCE OF COMPLIANCE							
	1.	Piping system connected to STP as observed upon inspection	4					
	2.	As built drawing of facility and piping system	4					
3.6.5.5	The Sewage System shall be properly maintained. There shall be no waste water and sewage overflow to open environment.			4			4	

	EVIDENCE OF COMPLIANCE							
	1.	Maintenance reports on STP	4					
	2.	Visual checking of the piping system	4					

STANDARD 3.6.6
MECHANICAL SYSTEM
AIR CONDITIONING AND VENTILATION SYSTEM
Air conditioning and ventilation systems installed for the purpose of patient and staff safety and comfort must take into consideration the control of airborne infections. Operating suites, nurseries, special care units, isolation rooms and laboratories shall be air-conditioned and ventilated in accordance with the requirements of the relevant Acts, statutory requirements, and local building codes.

CRITERION NO.	CRITERIA FOR COMPLIANCE			SELF RATING	FACILITY COMMENTS	SURVEYOR FINDINGS		
						AREAS FOR IMPROVEMENT / RECOMMENDATIONS	SURVEYOR RATING	RISK
3.6.6.1 CORE	Air conditioning and ventilation systems installed for the purpose of patient and staff safety and comfort should take into consideration the control of airborne infections. Operating suites, nurseries, special care units, isolation rooms and laboratories shall be air-conditioned and ventilated in accordance with the requirements of the relevant Acts, statutory requirements, and local building codes.			4			4	
	EVIDENCE OF COMPLIANCE							
	1.	Comply with the requirements of the relevant Acts, statutory requirements, and local building codes.	4					
3.6.6.2	Cooling towers associated with air conditioning systems are inspected regularly to ensure they are clean and free from algae and Legionella bacteria.			4			4	
	EVIDENCE OF COMPLIANCE							
	1.	Records on monthly inspection of cooling towers	4					
	2.	Results on test on Legionella bacteria done every six (6) months.	4					
	3.	Regular water quality test results	4					
3.6.6.3	Where cooling is required for critical service areas, a backup chiller or standby unit chiller, supplied with essential electrical power supply is required.			4			4	
	EVIDENCE OF COMPLIANCE							
	1.	Evidence of standby/backup chiller as required	4					
	2.	As built drawings	4					
3.6.6.4	The air ducts at critical areas and filters are inspected, cleaned and maintained regularly; and included in the yearly preventive maintenance programme			4			4	
	EVIDENCE OF COMPLIANCE							
	1.	Air ducts and filters preventive maintenance programme covers:						

	a)	list of critical areas;	4					
	b)	duct inspection done yearly;	4					
	c)	duct cleaning done when required;	4					
	d)	filter inspection done regularly.	4					
	2.	Maintenance records	4					
3.6.6.5	Air handling units, fan coil units, exhaust fans, and piping systems are maintained and checked regularly. EVIDENCE OF COMPLIANCE			4			4	
	1.	Maintenance records	4					
3.6.6.6	Ventilation a) All rooms and areas shall be adequately ventilated with minimum six (6) air change per hour. b) The ventilation system shall be adequate to provide ten (10) air change per hour without re-circulation in areas in which excessive heat, moisture, odours or contaminants originate. c) Microbiology work rooms or areas shall not have any re-circulation of air and shall be air-conditioned. d) All fresh air supply inlets shall be so located to ensure a source of fresh air away from any source of contaminants or odours (shall be not less than 2.5m from the ground level or similar external surfaces). e) Air discharge exhaust shall be located away from air supply intakes or windows to avoid cross circulation of air (shall be not less than 2.5m from the ground level or similar external surfaces). f) The design and balancing of the ventilation system shall be such as to avoid airflow from rooms or areas likely to contain contaminants to other patient care rooms or areas, food preparation or serving rooms or areas, and rooms or areas containing clean or sterile supplies and equipment. g) Where centralised air conditioning is used, air from rooms or areas likely to contain infectious micro-organisms or noxious gas shall be exhausted to the outside and not re-circulated through the normal air conditioning system. h) Where toxic materials are used in a laboratory, the ventilation system shall be capable of removing toxic and noxious fumes and providing adequate fresh air to the laboratory. i) All air supplied to critical service areas such as operating theatres, labour-delivery rooms and nurseries shall be delivered at or near the ceiling of such room or areas served. j) The ventilation for the newborn nursery shall:			4			4	

- i) have a minimum ventilation rate of twelve air change per hour which is provided by mechanical supply and exhaust air systems;
- ii) have filters with a minimum efficiency of ninety percent in the retention of particles with a pre-filter of twenty-five percent efficiency rate;
- iii) maintain a positive air pressure relative to the air pressure of adjacent rooms or areas.

k) Operating theatres and its ancillary facility shall be:

- i) mechanically ventilated to provide one hundred percent fresh air without recirculation;
- ii) be provided with a minimum ventilation rate of twenty air change per hour by mechanical supply and exhaust air systems;
- iii) outdoor air intakes shall be located as far as practicable but not less than 7.6 metres from the exhausts from any ventilation system, combustion equipment, medical-surgical vacuum system or plumbing vent or areas which may collect noxious fumes.

l) The ventilation for isolation room for patients with airborne infection shall be as follows:

- i) the air inlets should be at a high level close to the patient's head with extraction points at low level;
- ii) have a minimum ventilation rate of twelve air change per hour which is provided by mechanical supply and exhaust air systems;
- iii) maintain a negative pressure relative to air pressure of adjacent areas;
- iv) the air should flow from cleaner areas into isolation rooms (less clean areas) to prevent spread of contaminants to other areas;
- v) air from the room shall be fully exhausted to outside air through HEPA filtration.
- vi) Ante room shall be provided with pressure differential indicator for patient and ante room.

m) The ventilation for isolation room for immunodeficiency patient shall:

- i) have a minimum ventilation rate of twelve air change per hour which is provided by mechanical supply and exhaust system;

- ii) maintain a positive pressure relative to air pressure of adjacent areas.

n) In critical services areas such as operating theatres, sterile store, Central Sterilising Supply Unit, Intensive Care Unit, High Dependency Unit, Neonatal Intensive Care

EVIDENCE OF COMPLIANCE		
1.	Annual Indoor Air Quality (IAQ) reports	4
2.	Inspection of the ventilation system in the facility and compliance to requirements as listed (a) to (n)	4
3.	Evidenced as per as built drawings	4

STANDARD 3.6.7

INDOOR AIR QUALITY

The Facility implements Indoor Air Quality Programme to ensure the quality of air conforms to Ministry of Health Guidelines on Indoor Air Quality that supports the patient care objectives; and safety of patients, staff and visitors.

<table>
<tr><th rowspan="2">CRITERION NO.</th><th rowspan="2">CRITERIA FOR COMPLIANCE</th><th rowspan="2">SELF RATING</th><th rowspan="2">FACILITY COMMENTS</th><th colspan="3">SURVEYOR FINDINGS</th></tr>
<tr><th>AREAS FOR IMPROVEMENT / RECOMMENDATIONS</th><th>SURVEYOR RATING</th><th>RISK</th></tr>
<tr><td>3.6.7.1</td><td>Indoor Air Quality (IAQ)
Head of the Facility Management shall ensure optimal Indoor Air Quality (IAQ) as follows:
a) establish documented strategies, objectives and plans to effectively manage IAQ;
b) implement and monitor regularly Indoor Air Quality (IAQ) in identified areas in the hospitals;
c) plan and conduct yearly audits for compliance with performance standards and requirements.
d) Perform remediation actions on identified indoor air quality and indoor surface condensation issues.

EVIDENCE OF COMPLIANCE
1. Annual Monitoring/mapping IAQ report is available — 4
2. Audit report on compliance to performance standards is available. — 4
3. No visible fungal or mould growth seen especially at critical patient care areas and indoor surfaces. — 4</td><td>4</td><td></td><td></td><td>4</td><td></td></tr>
</table>

STANDARD 3.6.8

MEDICAL GASES

Medical gas supply includes delivery of oxygen, nitrous oxide, active anaesthetic gas scavenging system (AGSS), medical/ surgical air, vacuum system etc either by cylinders or piped to various parts of the healthcare facility. There is evidence that the healthcare facility has documented procedures and practice good management to ensure that medical gas supply is supplied and delivered in a clean, safe and reliable manner.

The safety of all Medical Gas System is dependent on four (4) basic tenets:

a) identification;
b) adequacy;
c) continuity;
d) quality of supply.

CRITERION NO.	CRITERIA FOR COMPLIANCE			SELF RATING	FACILITY COMMENTS	SURVEYOR FINDINGS		
						AREAS FOR IMPROVEMENT / RECOMMENDATIONS	SURVEYOR RATING	RISK
3.6.8.1	Standard compliance Medical Gas System (MGS) installation shall comply with Medical Device Act (MDA) (Act 737), Private Healthcare Facilities and Services (PHFS) Act, MS 2675-1..2017 and relevant Malaysian/international standards. All installation, construction, testing and commissioning, operation and maintenance of the system shall be done by competent persons, supervised by an Authorised Person and approved by relevant authorities.			4			4	
	EVIDENCE OF COMPLIANCE							
	1.	As Built Drawing of the system certified by Authorised Engineer/Professional Engineer	4					
	2.	Testing and commissioning report witnessed by competent person.	4					
	3.	Department of Occupational Safety and Health (DOSH) PMT certificates	4					
3.6.8.2 CORE	Competencies All staff handling Medical Gas System (MGS) has to be competent. There is an Authorised Person to manage and supervise the medical gasses operations and maintenance. Regular training to be done according to the standards requirements for all staff handling medical gas.			4			4	
	EVIDENCE OF COMPLIANCE							
	1.	Competency Certificate of Competent Person and Authorised Person	4					
	2.	Staff training records	4					
3.6.8.3	Plant Room			4			4	

	MGS Plant/Manifold/Storage Rooms shall be dedicated and no other materials are allowed in these rooms. It shall be ventilated, properly labelled for each system and with easy excess for cylinder delivery. These rooms shall be secured, clean and weather proofed. All cylinders shall be secured. EVIDENCE OF COMPLIANCE 1. Compliance to standard requirements of MGS plant room 4 2. Verification upon inspection 4					
3.6.8.4	Fire Precautions Smoke or heat detector heads shall be installed in the plant rooms/medical gases manifold rooms and medical gases cylinder stores in (when inside) any facility. EVIDENCE OF COMPLIANCE 1. As built drawings 4 2. Verification on inspection 4	4			4	
3.6.8.5	Electrical Precautions The electricity supply to medical gas installations/plant/manifold shall be taken from separate circuits from a distribution board which is an "essential" board fed by the emergency generator system. The manifolds to be connected with unswitched fused spur. EVIDENCE OF COMPLIANCE 1. As built drawing 4 2. Verification on inspection 4	4			4	
3.6.8.6	Identification a) All pipe needs to have proper labelling of specific gas, colour coded with directional flow. b) All valves need to be labelled and an indication of which area they are serving. The index shall be placed in an area which is accessible to maintenance staff or the staff in-charge of that area. c) Plant/Manifold Rooms needs to be labelled with No Parking signs, Each Service of Gases: Primary, Emergency Standby and Storage of Cylinders. Cylinder stores MUST clearly label empty cylinder and full cylinder areas. d) Riser and access to high level ball valves needs to be identified. e) Ward cylinder storage area needs to be identified and also properly secured. f) The cylinders valves to be pin index type. EVIDENCE OF COMPLIANCE	4			4	

	1.	Verification on medical gas safety requirements as listed (a) to (f) through site inspection.	4					
3.6.8.7	Source of Supply (Adequacy & Continuity) Manifold System Oxygen, Medical Air, Nitrous Oxide and Entonox supply should consist of PRIMARY Source, EMERGENCY Standby Source and a STORAGE Source of Supply as follows: a) the primary source can be made up of two automatic gas manifolds. The gas manifold storage is usually provided on the basis of one week's supply; each bank of the manifold shall hold not less than two days' supply and a supply for three days shall be held in cylinders in the store. The primary system shall change over automatically from bank to bank; b) all change of cylinders shall be logged in a log book. If each bank change is less than two days for a bank of cylinders then provision to increase the number of cylinders shall be done; c) Bulk Liquefied Oxygen (VIE Tank) for oxygen can be used when the PRIMARY manifold size is 10 cylinders on each banks; d) medical air can be supplied by oil free compressor plant when the cylinders need to be frequently changed; e) additionally an emergency standby source manifold with sufficient connected capacity to supply the pipeline for at least four hours.			4			4	
	EVIDENCE OF COMPLIANCE							
	1.	Verification on inspection that Medical Gas Plant System (MGPS) consists of PRIMARY Source, EMERGENCY Standby Source and a STORAGE Source of Supply.	4					
	2.	Calculation of gas supply consumption and adequacy by Authorised Person/ Professional engineer.	4					
	3.	Emergency Standby Source functionality is regularly tested and the valves are open.	4					
	4.	There is a test point to check the quality of gas.	4					
3.6.8.8	Vacuum Insulated Evaporator (VIE) System for Oxygen The liquid oxygen vessel is normally selected to provide for at least 14 days' consumption or subjected to risk assessment by an Authorised Person/ Professional engineer, Suppliers and Management. An emergency back-up supply equivalent to 24 hours average use shall be available on site. This may be provided by bulk liquid or oxygen cylinders as appropriate for each site. There has to be a performance contract with the gas supplier to ensure continuous supply including emergency usage.			4			4	

	EVIDENCE OF COMPLIANCE						
	1.	Calculation on oxygen usage report	4				
	2.	Risk assessment report	4				
	3.	Maintenance record	4				
3.6.8.9	The VIE vessel shall be approved by Department of Occupational Safety and Health (DOSH).			4			4	
	EVIDENCE OF COMPLIANCE						
	1.	PMT certificate	4				
3.6.8.10	The VIE tanks shall be fenced off. Adequate warning signage shall be posted on the fence. No vehicle or unsafe activities to be done within the safe distance as per Malaysian Standard on Medical Gas Piping System guidelines.			4			4	
	EVIDENCE OF COMPLIANCE						
	1.	Site inspection on compliance with Malaysian Standard on Medical Gas Piping System guidelines.	4				
3.6.8.11	Where consumption of gas is low or the use is only for specific location, e.g. for surgical air, entonox or carbon dioxide etc than PRIMARY gas manifold source and a STORAGE source of supply is allowed.			4			4	
	EVIDENCE OF COMPLIANCE						
	1.	As built drawing	4				
	2.	Verification on inspection	4				
3.6.8.12 CORE	Plant Monitoring System A 24 hours Medical Gas monitoring Alarm Panel needs to be installed at the manned staff area. (e.g. control room). It will send a warning signal for any fault from the plant or user areas i.e. Low flow or Low Pressure. There are regular tests of the functionality of the alarm system.			4			4	
	EVIDENCE OF COMPLIANCE						
	1.	Records on testing of the alarm system.	4				
	2.	Verification on inspection of the Medical Gas monitoring Alarm Panel.	4				
3.6.8.13	Quality a) The supplier of medical gas shall ensure the quality of medical gas supply complies with the national or appropriate sections of the current edition international standard			4			4	

b) There is record of commissioning and testing of all medical gas piping systems for new and retrofit installation
c) Additional quality test may be conducted whenever there is a concern on gas quality.

EVIDENCE OF COMPLIANCE		
1.	Latest quality certificates of the medical gas supplier.	4
2.	Commissioning and testing reports	4

STANDARD 3.6.9

MEDICAL AIR SYSTEM

Medical Air Supply is an integral part of a patient's life support system. As such, each component must be carefully designed to ensure the air purity and operational reliability required.

<table>
<tr><th rowspan="2">CRITERION NO.</th><th rowspan="2">CRITERIA FOR COMPLIANCE</th><th rowspan="2">SELF RATING</th><th rowspan="2">FACILITY COMMENTS</th><th colspan="3">SURVEYOR FINDINGS</th></tr>
<tr><th>AREAS FOR IMPROVEMENT / RECOMMENDATIONS</th><th>SURVEYOR RATING</th><th>RISK</th></tr>
<tr><td>3.6.9.1
CORE</td><td>Medical Air supply ensures:
a)medical air is supplied at a pressure of 400kPa required to drive ventilators and for other respiratory applications.
b)surgical air is supplied at a pressure of 700kPa or higher for surgical air to drive surgical tools.
c) the medical air system shall have minimum Duplex System with Emergency Standby Manifold from oil free compressors.
d)medical air supply design must ensure air purity and operational reliability

EVIDENCE OF COMPLIANCE
1. Verification upon inspection — 4
2. PMT certificate — 4
3. As Built Drawing to be endorsed by professional engineer — 4</td><td>4</td><td></td><td></td><td>4</td><td></td></tr>
</table>

STANDARD 3.6.10

VACUUM SYSTEM

The vacuum system is an integral part of the patient's life support system. The Healthcare Facility has documented procedures and practice good management to ensure that the vacuum system is clean, safe and reliable.

CRITERION NO.	CRITERIA FOR COMPLIANCE	SELF RATING	FACILITY COMMENTS	SURVEYOR FINDINGS		
				AREAS FOR IMPROVEMENT / RECOMMENDATIONS	SURVEYOR RATING	RISK
3.6.10.1	The vacuum system is normally supplied at 40kPa at the terminal unit used via a suction control device and fluid is collected in suction jars. Typically the duplex system is installed and adequate number of outlets is available at the patient areas. The exhaust shall be away from any air intake, windows or air compressor intake. There is a record of regular replacement of bacterial filter.	4			4	

EVIDENCE OF COMPLIANCE		
1.	Verification on inspection	4
2.	Records on regular replacement of filters to the suctions	4

STANDARD 3.6.11

ACTIVE ANAESTHETIC GAS SCAVENGING SYSTEM

There is evidence that the Healthcare Facility has documented procedures and practice good management to ensure that AGSS is made available wherever nitrous oxide is administered. Active Anaesthetic Gas Scavenging Systems (AGSS) enhances the safety of the environment in which members of the staff are in close proximity with waste anaesthetic gas.

CRITERION NO.	CRITERIA FOR COMPLIANCE	SELF RATING	FACILITY COMMENTS	SURVEYOR FINDINGS		
				AREAS FOR IMPROVEMENT / RECOMMENDATIONS	SURVEYOR RATING	RISK
3.6.11.1	The number of disposal system pumps should match the number of Air Handling Unit (AHU) installed in the area required. Wherever Nitrous Oxide is administered, an Anaesthetic Gas Scavenging System (AGSS) shall be made available.	4			4	

EVIDENCE OF COMPLIANCE		
1.	As built drawing	4
2.	Verification on inspection	4

STANDARD 3.6.12

VERTICAL TRANSPORT SYSTEM

Vertical Transport System covers any equipment that transports passengers and goods vertically such as lifts, escalators, dumbwaiters, suspended platform etc. Pneumatic tube system is also part of the transport system.

<table>
<tr><th rowspan="2">CRITERION NO.</th><th rowspan="2">CRITERIA FOR COMPLIANCE</th><th rowspan="2">SELF RATING</th><th rowspan="2">FACILITY COMMENTS</th><th colspan="3">SURVEYOR FINDINGS</th></tr>
<tr><th>AREAS FOR IMPROVEMENT / RECOMMENDATIONS</th><th>SURVEYOR RATING</th><th>RISK</th></tr>
<tr><td>3.6.12.1
CORE</td><td>a) There is a certificate of fitness to verify that elevators comply with requirements of the Department of Occupational Safety and Health.
b) The number and size of the elevators comply with the requirements of the Private Healthcare Facilities and Services Act (PHFSA) 1998 and Regulations 2006 that covers the following:
i) its use to facilitate hospital operation features;
ii) lifts shall be provided with Automatic Rescue Devices (ARD), Emergency Battery Operated Power (EBOP) and Car Locking Devices;
iii) for patient transportation, the size of such elevator is at least to be 1.5 metres by 2.1 metres clear size with a capacity of 1,500 kilograms, car and shaft doors of at least 1.2 metres clear opening;
iv) for transfer of patient-bed with attachments, the size of such elevators are appropriate to such function.

<table><tr><th colspan="3">EVIDENCE OF COMPLIANCE</th></tr><tr><td>1.</td><td>Valid and current certificate of fitness</td><td>4</td></tr><tr><td>2.</td><td>Yearly licence by Department of Occupational Safety and Health (DOSH)</td><td>4</td></tr><tr><td>3.</td><td>The design, size and specification of lift comply with Private Healthcare Facilities and Services Act 1998, and Regulations 2006.</td><td>4</td></tr><tr><td>4.</td><td>Verification of lift Operation and Maintenance (O&M) and lift drawing endorsed by manufacturer, Professional Mechanical Engineers and inspected by Department of Occupational Safety and Health (DOSH).</td><td>4</td></tr><tr><td>5.</td><td>Records on maintenance and inspection</td><td>4</td></tr></table></td><td>4</td><td></td><td></td><td>4</td><td></td></tr>
</table>

STANDARD 3.6.13
WATER SUPPLY
Clean and potable water shall be available in sufficient quantity for the operations of the Facility for patient care, staff and visitors.

CRITERION NO.	CRITERIA FOR COMPLIANCE	SELF RATING	FACILITY COMMENTS	SURVEYOR FINDINGS		
				AREAS FOR IMPROVEMENT / RECOMMENDATIONS	SURVEYOR RATING	RISK
3.6.13.1 CORE	There is evidence that water supply is microbiologically tested periodically and treated as necessary. The Facility shall obtain the water quality report for water supplied directly from a public water service provider. EVIDENCE OF COMPLIANCE 1. Minimum storage of 48 hours water supply. 4 2. Verification of as built drawing for cold water system for kitchen, suction tank, storage tank 4	4			4	
3.6.13.2	The Facility water supply complies with the World Health Organization (WHO) water quality standards and guidelines and tested by certified laboratory. EVIDENCE OF COMPLIANCE 1. Results of water sampling test from the approved body 4	4			4	
3.6.13.3	The Facility's water supply system shall not be connected with other piping systems or with a fixture that could allow contamination of the water supply. Water to kitchen and food preparation areas shall be directly from main supply. EVIDENCE OF COMPLIANCE 1. Visual check on the piping system 4 2. Hot and cold water piping as built drawings endorsed by Professional Engineer. 4	4			4	
3.6.13.4	Drinking water storage tanks (if available) are secured and inspected monthly to ensure they are safe and free from algae. The water shall be maintained at a microbiologically accepted standard. Water analysis for drinking water shall be done at least once yearly to acceptable standard (e.g. World Health Organization, WHO). EVIDENCE OF COMPLIANCE	4			4	

	1.	Maintenance reports on water storage tanks, i.e.log book on inspection	4					
	2.	Report on the cleaning of storage and suction tanks	4					
	3.	Reports on water analysis	4					

STANDARD 3.6.14

ELECTRICAL SYSTEM – GENERAL COMPLIANCE

The general compliance to the electrical system covers the following aspects in the Facility:

- *Electrical Supply*
- *Electrical Distribution Scheme*
- *Electrical Standby Generator*
- *Uninterrupted Power Supply System (UPS)*
- *Illuminations and Light Fittings*
- *Switch Socket Outlets*

The electrical system of the Healthcare Facility shall be adequately sized and comply to Act 586 and MS IEC 60364 to cater for the services requirements.

CRITERION NO.	CRITERIA FOR COMPLIANCE			SELF RATING	FACILITY COMMENTS	SURVEYOR FINDINGS		
						AREAS FOR IMPROVEMENT / RECOMMENDATIONS	SURVEYOR RATING	RISK
3.6.14.1	Electrical Supply Electrical supply to the healthcare facilities shall be adequately sized to cater for the services' requirements that include provision for emergency supply and uninterrupted power supply. The installation and operation of electrical system shall meet with regulatory requirements			4			4	
	EVIDENCE OF COMPLIANCE							
	1.	As Built Drawings on the electrical system	4					
	2.	Appointment of Competent Electrical Engineers, charge-man, wiremen	4					
	3.	Letter of appointment and credentials of electrical engineer and charge-man including competent personnel certification from National Energy Commission	4					
3.6.14.2	Electrical Distribution Scheme Normal, essential and uninterrupted power supply shall be provided in hospital facilities accordance to requirement and criticality of service requirement.			4			4	
	EVIDENCE OF COMPLIANCE							
	1.	Verification of evidence as endorsed from as built drawings.	4					
	2.	Electrical single line diagram endorsed by Professional Engineer.	4					
3.6.14.3 CORE	Electrical Standby Generator a) Adequate emergency electrical generator with automatic transfer in case of interruption of normal power supply shall be provided to the following essential systems, equipment, rooms or areas:			4			4	

i) Public Address System/Fireman Evacuation Announcement System;
ii) Nurse Call System;
iii) Alarm System;
iv) Piped Medical Gas System;
v) Equipment necessary for maintaining telephone service (PABX);
vi) Fire lift;
vii) Fire pumps;
viii) selected sockets in the vicinity of emergency electrical generating equipment;
ix) selected areas in nurseries, critical care units, intensive care units, cardiac care units, exhaust systems at isolation rooms, operating theatres, labour-delivery rooms, emergency rooms, recovery rooms, laboratory, blood bank locations, medicine dispensing areas, radiology and radiographic rooms, mortuary freezers.
x) Air conditioning system in critical service areas.
b) The generator-set fuel storage shall be able to provide backup power supply in the event of power failure for at least eight (8) hours.
c) The emergency power shall be in operation within the stipulated time after interruption of normal power supply.
d) Emergency power supply shall also be provided for the illumination of:
i) exit signs, exit directional signs and staircases;
ii) nurses' stations;
iii) corridors in patient care rooms or areas and patient toilets;
iv) vicinity of electrical generating equipment.
e) The generator installation shall have proper acoustic treatment to meet the regulations by the Department of Environment, i.e. Sound Level must be less than 85dB.
f) Electrical generator shall be operated for a minimum of thirty minutes weekly or as stipulated by the manufacturer including a monthly test under "load" condition and proper record of tests shall be maintained.

EVIDENCE OF COMPLIANCE		
1.	Evidence of emergency electrical generator supply for services listed in (a)(i) to (x)	4
2.	Dedicated electrical board for emergency power supply is available and clearly labelled.	4
3.	The switched-socket outlet is red-coloured rocker.	4
4.	Endorsed as built drawings of emergency power supply	4
5.	Relevant test reports	4
6.	Test report for eight (8) hours consumption.	4
7.	Evidenced as in endorsed as built drawings.	4

	8.	Verification as evidenced through inspection	4					
	9.	As built drawings	4					
	10.	Verification by inspection	4					
	11.	Relevant test reports	4					
3.6.14.4 CORE	Uninterrupted Power Supply System (UPS) a) Uninterrupted power supply (UPS) shall be provided for life support systems, essential lights in operating theatres and rooms for interventional procedures. b) UPS system in operating theatres shall be provided with an alarm system at the reception counter and control room which will be triggered when the system is not charged. c) Adequate UPS also shall be provided to the following: i) Public Address/Fireman Evacuation Announcement System ii) Nurse Call System iii) IT server room			4			4	
	EVIDENCE OF COMPLIANCE							
	1.	Endorsed as built drawing i.e. for UPS and power supply for Nurse Call system	4					
	2.	Periodic maintenance records	4					
	3.	Verification through actual site inspection.	4					
3.6.14.5	Illuminations and Light Fittings a) The level of illuminations shall meet the MS 1525. b) Bedhead lamp shall be located at each bed. c) There shall be adequate lighting in patient toilet room with adequate back-up by emergency power supply for the light fitting. d) Night light shall be properly located in each patient room and at proper intervals in corridors in nursing unit. e) Switches for night lights and general illumination shall be adjacent to doors to patient rooms; except for psychiatric patient; the switches shall be placed outside of the rooms.			4			4	
	EVIDENCE OF COMPLIANCE							
	1.	Lighted areas and level illuminations meet MS 1525	4					
	2.	Energy audit reports	4					
	3.	Evidence through actual site inspection	4					
	4.	Endorsed as built drawings.	4					
3.6.14.6	Switch Socket Outlets			4			4	

	a) Nature of electrical sockets. The type, quantity, location and height of electrical sockets shall be appropriate for the services to be performed and all sockets shall be of the grounding type as per National Energy Commission requirements. There shall be compliance with electrical standards for cardiac-protected or body-protected electrical areas in the operating rooms, interventional cardiology laboratory and critical care units. b) Switch socket outlets shall be differentiated between normal, uninterrupted power supply (UPS) and emergency power supply and coded according to international standards. Notes/Explanations: International color codes for switch socket outlets: • normal local supply – white; • uninterrupted power supply (UPS) – yellow; • emergency power supply (EPS) – red. c) There shall be adequate number of electrical sockets connected to an emergency power source: i) located in operating theatres, nursery, labour-delivery rooms, emergency room and all intensive care units suitable for the services to be performed; ii) located at the head of each bed in patient rooms, labour-delivery rooms, recovery rooms and all intensive care units; iii) in all nursing units; iv) for critically needed equipment in all patient care areas; v) for refrigerators for biologicals; vi) for x-ray illuminators in each operating theatre room and emergency room; vii) The sockets shall not be used other than for patient care purposes. EVIDENCE OF COMPLIANCE 1. Electrical sockets in the facility cover all aspects listed in (a) to (c) 4 2. Endorsed as built drawings. 4 3. Evidence through actual site inspection. 4					
3.6.14.7	Voltage stabilisers shall be provided in areas where high precision equipment is located. EVIDENCE OF COMPLIANCE 1. Voltage stabilisers available where required 4 2. Endorsed as built drawings. 4 3. Evidenced through actual site inspection. 4	4			4	

3.6.14.8	Surge protection devices (SPDs) shall be provided for the main electrical distribution system including sub-witchboards and distribution boards, computers, electronic equipment, etc. which are susceptible to lightning and switching surges; in adequate quantity. EVIDENCE OF COMPLIANCE 1. Surge protection devices available where required — 4 2. Evidenced through actual site inspection. — 4	4			4	
3.6.14.9	Use of Telecommunication Device a) The use of telecommunication devices shall not be permitted within critical care units, operating theatre and any other room or area where the use of telecommunication device will disrupt the proper functioning of any equipment in the room or area. b) The signage relating to the prohibition of the use of telecommunication device shall be prominently displayed and strictly adhered to. EVIDENCE OF COMPLIANCE 1. Policy on the use of telecommunication device. — 4 2. Signage on the prohibition of use of telecommunication device. — 4	4			4	
3.6.14.10 CORE	Maintenance a) Frequency and maintenance procedure shall be according to the Operation Manual and Maintenance (O&M) from the original manufacturer of the equipment or under the regulatory requirements. b) All maintenance and calibration work shall be carried out by the competent person mentioned as per regulatory requirements. c) Electrical substations, rooms and distribution board to be secured and can only be accessed by authorised personnel. EVIDENCE OF COMPLIANCE 1. Scheduled maintenance shall follow recommendation from manufacturer/supplier/installer. — 4 2. Records on maintenance and evidenced through as built drawings — 4	4			4	

STANDARD 3.6.15

ELECTRICAL SYSTEM FOR CRITICAL AREAS

The electrical system for critical areas cover as follows but not limited to:

1. *Operation Theatres*
2. *Critical Care Area (Intensive Care Unit, High Dependency Unit, Cardiothoracic Intensive Care Unit, Cardiology Care Unit, NICU & PICU)*
3. *Isolation Room*
4. *Central Sterile Supply Department*
5. *IT Server Rooms*
6. *Microbiology laboratory*
7. *Blood Bank*

CRITERION NO.	CRITERIA FOR COMPLIANCE	SELF RATING	FACILITY COMMENTS	SURVEYOR FINDINGS		
				AREAS FOR IMPROVEMENT / RECOMMENDATIONS	SURVEYOR RATING	RISK
3.6.15.1 CORE	Isolated Power Supply System (IPS) [for operating theatres, critical care area] is designed that: a) The department shall be facilitated with adequate Insulation Monitoring Device (IMD) OR Line Isolation and Overload Monitoring Device (LIOM) an integral part of Isolated Power Supply System (IPS). b) The system shall be used and maintained properly with proper documentation. **EVIDENCE OF COMPLIANCE** 1. Endorsed as built drawing. 4 2. Periodic maintenance records 4 3. Evidenced upon actual site inspection 4	4			4	
3.6.15.2	Uninterruptible Power Supply System (UPS) [for operating theatres, critical care area] is designed that: a) Uninterruptible power supply system shall be provided for life support system, essential lights in the operation theatres and rooms for interventional procedure. b) The UPS, including the battery, shall be of sufficient capacity for the present loads. The battery capacity shall be not less than one (1) hour at the capacity of the UPS, including future extension. c) UPS system in operating theatres shall be provided with an alarm system at the reception counter and control room which will be triggered when the system is not charged; d) A UPS shall also be provided for Nurse Call System. **EVIDENCE OF COMPLIANCE**	4			4	

	1.	UPS is provided in operating theatre and critical care areas and covers all aspects as listed (a) to (d).	4					
	2.	Endorsed as built drawing, i.e. for UPS and for nurse call power supply.	4					
	3.	Periodic maintenance records	4					
	4.	Evidenced through actual site inspection	4					
3.6.15.3	Electrical Standby Generator Set [for operating theatres, critical care area, isolation rooms, Central Sterile Supply Department, Sterile Store] is designed that: a) These areas shall have adequate emergency electrical standby generator power supply which is equipped with automatic transfer switch (ATS) in case of power supply interruption for selected power socket outlets, lightings and other major equipment which relates to patients and staff safety. b) Emergency power supply system shall also provide the illuminations for exit signage, emergency lights, and nurse stations.			4			4	
	EVIDENCE OF COMPLIANCE							
	1.	Endorsed as built drawing, i.e. for Electrical Standby Generator Set and for nurse call power supply	4					
	2.	On-load and full load test records together with test schedule.	4					
	3.	Relevant maintenance schedule (Planned Preventive Maintenance, Corrective Maintenance. Routine Inspection).	4					
	4.	Periodic maintenance records	4					
	5.	Evidenced upon actual site inspection	4					
3.6.15.4	The number of electrical sockets ensures that: i) No adaptors, extension cords and junction boxes shall be permitted in any room or area. ii) There shall be adequate number of electrical sockets			4			4	
	EVIDENCE OF COMPLIANCE							
	1.	Endorsed as built drawing.	4					
	2.	Periodic maintenance records	4					
	3.	Evidenced upon actual site inspection.	4					

STANDARD 3.6.16

ENERGY MANAGEMENT

The Facility is planned with appropriate energy management programme to ensure effective usage of electrical energy as stipulated in the National Energy Commission guidelines that supports patient care objectives, safety of patients, staff and visitors.

<table>
<tr><th rowspan="2">CRITERION NO.</th><th rowspan="2">CRITERIA FOR COMPLIANCE</th><th rowspan="2">SELF RATING</th><th rowspan="2">FACILITY COMMENTS</th><th colspan="3">SURVEYOR FINDINGS</th></tr>
<tr><th>AREAS FOR IMPROVEMENT / RECOMMENDATIONS</th><th>SURVEYOR RATING</th><th>RISK</th></tr>
<tr><td>3.6.16.1</td><td>There is an energy management programme in place and includes the following:
a) A Certified Energy Manager (CEM) shall be appointed to manage the energy efficiency program.
b) A Registered Electrical Energy Manager (REEM) shall be appointed by the Facility if the electrical consumption is more than three (3) million kWh for a period of six (6) months as required under the Efficient Management of Electrical Energy Regulation 2008, under the Electricity Supply Act 1990.
c) The Sustainable Energy Management Committee shall be established to carry out the following activities with the involvement of the Energy Manager:
i) establish policies and procedures, support the energy management committee to implement, maintain and continually improve the effective usage of electrical energy in accordance with the regulatory requirements;
ii) identify, perform, set up energy targets, plan and manage the energy consumption through the Sustainable Energy Management Programme(SEMP);
iii) conduct technical audits that include financial evaluation for energy conservation measures.
d) The energy management programme complies with regulatory requirements and should not compromise the safety and comfort of patients and staff.

<table>
<tr><th colspan="3">EVIDENCE OF COMPLIANCE</th></tr>
<tr><td>1.</td><td>Appointment of Registered Energy Manager OR Certified Energy Manager in accordance to National Energy Commission guidelines</td><td>4</td></tr>
<tr><td>2.</td><td>Energy management programme is available</td><td>4</td></tr>
<tr><td>3.</td><td>Energy audit reports</td><td>4</td></tr>
<tr><td>4.</td><td>Copies of reports to Energy Commission</td><td>4</td></tr>
<tr><td>5.</td><td>Minutes of Sustainable Energy Management Committee</td><td>4</td></tr>
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</td><td>4</td><td></td><td></td><td>4</td><td></td></tr>
</table>

STANDARD 3.6.17
CONNECTIVITY
The facilities is equipped with secured and effective connectivity of high speed WIFI services

CRITERION NO.	CRITERIA FOR COMPLIANCE			SELF RATING	FACILITY COMMENTS	SURVEYOR FINDINGS		
						AREAS FOR IMPROVEMENT / RECOMMENDATIONS	SURVEYOR RATING	RISK
3.6.17.1	All healthcare organization need to develop and implement a contingency plan which must include disaster recovery plan.			4			4	
	EVIDENCE OF COMPLIANCE							
	1.	Five (5) things to be in place in the disaster recovery plan (DRP)						
	a)	Be proactive with DRP	4					
	b)	Identify the organizations critical functions and infrastructure	4					
	c)	Create emergency response policies and procedures	4					
	d)	Document back up and restoration process	4					
	e)	Perform routine test and drills	4					
3.6.17.2	Data in electronic medical record (EMR) must be stored for 6 years and all of it must be retractable at any point			4			4	
	EVIDENCE OF COMPLIANCE							
	1.	Three (3) plans for backup recovery are:						
	a)	Data backup	4					
	b)	Disaster recovery plan	4					
	c)	An emergency mode operation (EMOP) – An EMOP contains a process that enables organization to continue to operate in the event of disaster or system failure	4					
3.6.17.3	Connectivity means is being in the quality of stable, state or capability of being connective.			4			4	
	EVIDENCE OF COMPLIANCE							
	1.	Wi-Fi connectivity must ensure physician and others healthcare staff reachable.	4					
	2.	Data recovery is a process of retrieving back data so it can be restored and utilized must be in place.	4					

	3.	Back up data must be stored off premises to prevent loss of data if damage occurs to computer equipment.	4					
	4.	An effective disaster recovery plan must be in place to restore the medical data and resume normal processes with minimal downtime in the (following) event of any type of data loss.	4					
	5.	Important files must be back up at minimum once a week, preferably once every 24 hours which can be done manually or automatically.	4					
	6.	Data backup and recovery must be in place as the process of backing up data in the event of loss. A system must be in placed to allow recovery of data and backup which will copy and archive computer data in case of corruption or deletion	4					

SERVICE SUMMARY	
-	
OVERALL RATING :	NA
OVERALL RISK :	-