

## ANNEXURE 17

### SCOPE OF WORK GOVERNMENT HOSPITAL, SECTOR 5-D, LAL MARKET, NEW KARACHI

#### 50 BEDDED REHABILITATION CENTER

The bidder or if the bidder is a consortium / is required to as per the timelines of the Concession Agreement:

1. To establish and maintain acceptable standards for operation of Drug Treatment and Rehabilitation center.
2. To keep the facility operational 24 hours a day during the concession term.
3. To improve the health and quality of the life of people with drug use disorders, and to help individuals achieve recovery to the extent possible.
4. To ensure efficient and effective delivery of drug treatment and rehabilitation services to:
  - Stop or reduce drug use;
  - Improve health, well-being and social functioning of the affected individual; &
  - Prevent future harms by decreasing the risk of complications and relapse.

The underlying scope of work is as follows:

- A. Installation Phase/ IPP Period
- B. Operating and Maintenance Phase

#### **A. Installation Phase:**

##### **➤ Refurbishment / Renovation of existing facility (where required) During the IPP Period**

1. **Safety Upgrades:** Prioritize safety upgrades to address any structural deficiencies, electrical hazards, fire safety concerns, or accessibility issues within the facility. This may include installing smoke detectors, fire extinguishers, emergency lighting, handrails, ramps, and other features to enhance safety for residents and staff.
2. **Environmental Modifications:** Evaluate the indoor environment for factors that may impact residents' health and well-being, such as ventilation, air quality, natural light, and noise levels. Consider making modifications to improve indoor air circulation, reduce exposure to environmental toxins, enhance natural lighting, and minimize disturbances to support a therapeutic atmosphere.
3. **Space Utilization:** Assess the layout and functionality of existing spaces within the facility to optimize space utilization and accommodate the diverse needs of residents and staff. This may involve reconfiguring rooms, creating multipurpose areas for group activities and therapy sessions, and enhancing privacy and confidentiality in living quarters and treatment areas.
4. **Aesthetic Enhancements:** Incorporate aesthetic enhancements to create a welcoming and aesthetically pleasing environment that promotes a sense of comfort, dignity, and well-being for residents. This may include interior design updates, paint refreshments,

artwork displays, landscaping improvements, and the creation of outdoor recreational areas for relaxation and leisure activities.

➤ **Installation of Furniture and Fixture / Medical Equipment / Safety and Security**

**1. Furniture and Fixtures:**

- a. Choose furniture that is durable, comfortable, and easy to clean to withstand the demands of a healthcare environment.
- b. Select furnishings that promote safety and minimize the risk of injury, such as rounded edges, non-slip surfaces, and sturdy construction.

**2. Medical Equipment:**

- a. Equip the Drug Rehabilitation Center with essential medical equipment necessary for providing quality healthcare services, including diagnostic tools, treatment modalities, and monitoring devices such as X-Ray machines, Blood test equipment and ECG machines and any other machines as deemed appropriate by the bidder/operators
- b. Implement regular maintenance schedules and quality assurance protocols to ensure the reliability, functionality, and safety of medical equipment throughout its lifespan.

**3. Safety Measures:**

- a. Implement comprehensive safety protocols and procedures to mitigate potential risks and hazards within the Drug Rehabilitation Center, including measures to prevent falls, accidents, and emergencies.
- b. Install appropriate safety features such as handrails, grab bars, non-slip flooring, and emergency call systems in resident rooms, bathrooms, and common areas to enhance safety and accessibility.
- c. Conduct regular safety inspections and risk assessments to identify and address potential safety concerns, such as fire hazards, electrical issues, and environmental hazards, in a timely manner.

**4. Security Measures:**

- a. Implement robust security measures to safeguard the well-being and confidentiality of residents, staff, and visitors within the Drug Rehabilitation Center.
- b. Control access to the facility through secure entry points, visitor registration processes, and electronic access systems to prevent unauthorized entry and ensure a safe and secure environment.
- c. Implement surveillance systems and security alarms to monitor activity within the facility and deter potential security threats, vandalism, or theft.

➤ **Staffing**

**1. Nursing Staff:**

- a. Hire registered nurses (RNs) to provide clinical care, medication administration, health assessments, and coordination of care for residents undergoing addiction recovery.
- b. Consider employing licensed practical nurses (LPNs) or licensed vocational nurses (LVNs) to assist RNs with patient care tasks, such as administering medications, wound care, and monitoring vital signs.
- c. Ensure adequate staffing levels across all shifts to provide 24/7 nursing coverage and address the medical needs of residents, including during evenings, nights, weekends, and holidays.

## **2. Hiring of Key Staff:**

- a. Hire medical doctors and psychiatrists specializing in addiction medicine to provide clinical care, medication management, psychiatric assessments, and treatment planning for residents undergoing addiction recovery.
- b. Ensure they oversee the health assessments and coordinate the care plan for each resident, integrating medical and psychiatric care as needed.
- c. Employment of psychologists to provide therapy and counseling services, complementing the medical and psychiatric treatment provided by the doctors and psychiatrists.
- d. Additionally, consider hiring a project director to oversee the overall operations of the facility, ensuring smooth functioning and adherence to regulatory standards.
- e. Employ an accounts/compliance manager to handle financial matters, budgeting, and ensure compliance with legal and regulatory requirements.

## **3. Non-Nursing Staff:**

- a. Employ security guards to ensure the safety and security of residents, staff, and visitors within the Drug Rehabilitation Center.
- b. Hire janitorial staff to maintain cleanliness, hygiene, and sanitation standards within the Drug Rehabilitation Center.
- c. Ensure adequate staffing levels to ensure safety, security, cleanliness, and operational efficiency, contributing to the overall well-being and success of residents in recovery.

## **4. Staffing Ratios and Workload Management:**

- a. Determine appropriate staffing ratios and workload expectations for nursing and non-nursing staff based on resident acuity, census, care needs, and regulatory requirements.
- b. Monitor staffing levels regularly and adjust staffing patterns as needed to ensure that workload is distributed equitably and that staff have adequate time and resources to meet residents' needs effectively.

- c. Address staffing shortages or surpluses proactively through strategies such as cross-training, flexible scheduling, temporary staffing agencies, or staff reassignments to maintain optimal staffing levels and resident care quality.

➤ **Developing the facilities according to the applicable standards for rehabilitation Centre**

The bidder must ensure compliance with standard in order to create a conducive environment for recovery. This involves adhering to regulations and guidelines to develop facilities that prioritize the safety, well-being, and inclusivity of residents. Key considerations include accessibility, safety measures, and the provision of resources to support holistic healing and rehabilitation.

**Operating and Maintenance Phase:**

**1. Operation & Maintenance of the Infrastructure and Installed Equipment(s)**

- To ensure efficient and effective delivery of drug treatment and rehabilitation services, the premises and other environmental resources will need to meet the requirements of appropriate regulatory bodies. The accommodation provided in the program should be comfortable and should meet the needs of the residents keeping in view the right to privacy and confidentiality, dignity, respect and personal independence.
- During operation and maintenance phase, the Operator shall be required to maintain the Facility as per the best industry practices and as per the requirements to fulfill with an adequate DRC.
- Operator will be responsible to establish and maintain a **Repair and Maintenance Plan** i.e., Organizations' policies and procedures regarding overall maintenance of buildings, furniture & fixture, medical equipment, safety and security equipment etc.
- Operator will be responsible to established and maintained **Disaster Management plan**, which must be developed and maintained with assistance of qualified fire, safety, and other appropriate experts.
- Operator shall be responsible to maintain and implement **Health & Hygiene practices and Food Plan** in the facility, with proper cleanliness in Non- Residential and Residential area, corridors, other areas and wherever movement of patients and staff takes place within the premises.

**2. Housekeeping / cleanliness as per applicable standards:**

- The facility's staff at all times should be tidy and in clean uniforms.
- For Housekeeping, cleanliness of the complete facility, at all times and to identify, investigate, prevent, and control the cause of patient infections, the facility must have written **Sanitary Environment Plan** which must have details about catering facilities (provided to the users, which must be hygienic, healthy and to be provided in disposable crockeries), procedure for efficient biomedical waste disposal of the facility(s), procedure for disinfection, fumigation and paste control / anti-bacterial services, laundry services.

**3. HR Management / Records, Reporting, Accounts and Audits:**

The Operator shall be responsible to maintain detail record of staff:

- All professionals and non-professional staff with their proven credentials / Special licensing conditions associated with the service, if any, for the period of concession.
- Written Rules and Regulation, according to applicable International HR Management Standards, must be available and should be followed in the Facility.
- All records and reports to be uploaded on SOURCE Platform and the same shall be updated regularly.
- Written **Responsibility of staff** <sup>1</sup> including but not limited to the following:

Experts / Psychiatrist/ Psychologist / psychotherapist Social workers / Occupational therapist /councilor / Physician/ dietitian / General and psychiatric nurse / other support staff / volunteer patients working in hospital.

**The Operator shall be responsible to deliver, implement and maintain detail record of:**

- Prevention Activities with No. of awareness program conducted on hotspot areas and awareness campaign through electronic / Print / social media/ Recreational activities inside and outside of premises.
- Community meetings for awareness and coordination on mental health promotion and addiction prevention spiritual, religious preaching, activities conducted.
- National & International events commemoration.
- Sports activities, mentoring session.
- Comprehensive insurance policies for damages to the facilities and O&M Works, Comprehensive Third-Party Liability.
- Maintain Stock register of medicine and other medical equipment etc.
- Facilitating the statutory and other audit process in respect of books of accounts and technical details as per the Management Contract. Ensure Bio-metric attendance of staff for recording / monitoring of staff attendance during the O&M Period.
- Keep paid up all utility bills at all times, keeping in view the efficient utilization of the utilities.
- Policies and procedures for staff recruitment and performance monitoring and should be clearly articulated and known to all.
- Service level agreement (if any)

**The Operator shall be responsible to maintain complete details of patients:**

- No. of Volunteer patients, listing (family).
- No. of Patients found on street / involved in Crime.
- No. of Vulnerable group
- Preparation of case histories of patients
- Maintain complete details of follow up, relapsed patient, recovered patient.
- Details Plan of Essential Treatment / Services, Patient Care Policy, Patients' Treatment Plan

- Patient record and data collection systems should be in line with international indicators and should be in place to ensure accountability and continuity of treatment and care, while respecting patient confidentiality.

#### **4. Placement after Recovery and Follow Up Services**

For reintegration in the society Operator shall be responsible:

- Identify skill-based jobs, on best effort basis, for reintegration of patients into the society.
- Vocational training in at least six different skills to detoxicated (in case of adults)
- Enrolment of children in a local school or non-formal education (in case of children)
- Coordination / cooperation through NGOs and other government departments for identifying suitable opportunities for the patients.
- Develop Self-help groups or mentors and provide them job opportunities within the facility or facilitate in placement.
  - Individual, Family and Group Counselling
  - Creation of an Alumni Programs
- Liaising with nearby law enforcement agency(s) and relevant medical hospital(s) as required on case to case basis.
  - Follow up services for rehabilitated persons to reduce chances of relapse.
  - Work plan for moral and inspiration of the employees of the DRC.

#### **5. Prevention / Awareness / Research Work:**

- Conduct proper survey to identify Hot Spots, most affected age group, potential drivers, etc. of drugs addiction in Karachi and to make a Comprehensive Strategy for awareness campaigns, at least once a quarter (3 months).
- Use Print, Social, Electronic Media or awareness programs.
- The Operator will be responsible to provide Detail Program at the start of each financial year. For Prevention and Awareness campaigns/programs to include, but not limited to, the following: -
  - Providing basic info about drug use and abuse (informative lectures)
    - Facebook live sessions on diverse topics for children mental health
    - Awareness sessions in communities' school and colleges on mental health & wellbeing
    - Field Visits to identify and motivate adults and young children and their parents for the treatment of SUD
  - Helping them to share the damage caused guiding them to develop short term and long-term goals (counseling)
  - Strengthening motivation by providing tips to stay sober (sharing by recovering patients) Inculcating values through narration of stories (story telling).
  - Manger will be responsible for running awareness campaigns through:

- Awareness Program at public place / educational institution and **HOTSPOT** areas etc.
- Healthy, recreational, leisure, religious, sports activities.
- Community engagement.
- Operator shall be responsible to put information on the availability and accessibility of essential treatment services within easy reach, using multiple sources including the Internet, printed materials and open access services.

**6. Patient Treatment:**

Treatment services and interventions must be based on scientific evidence, and match the specific needs of individual patients at a particular phase or severity of their disorder should be gender-sensitive. Operator shall be responsible to maintain and implement approved Detailed Plan of Essential Treatment / Services<sup>2</sup>, Patient Care Policy<sup>3</sup>, Patients’ Treatment Plan<sup>4</sup>.

If the facility provides its own laboratory services, the services must meet the applicable requirements for laboratories. If the facility chooses to refer specimens for laboratory testing, the referral laboratory must be certified in the appropriate specialties and subspecialties of services in accordance with applicable standards.

Manger shall be responsible to follow the standard / appropriate sequence of procedure during each phase of treatment i.e. Assessment, Detoxification and Rehabilitation.

Assessment Phase	Detoxification Phase	Rehabilitation Phase
<ul style="list-style-type: none"> <li>➤ Use standard assessment / screening procedures according to the substance and model used.</li> <li>➤ Conduct all necessary tests (including blood test, HIV/AIDS, hepatitis A/ B/ C, tuberculosis, and other infectious diseases, COVID-etc.) at the time of treatment / admission.</li> <li>➤ Liaising with nearby law enforcement agency(s) and relevant medical hospital(s) as required on case-to-case basis.</li> <li>➤ Identify and address additional physical or psychological Comorbidities. (If required).</li> </ul>	<ul style="list-style-type: none"> <li>➤ Appropriate level of treatment according to the substances and model, or any other method according to best practices in medical science (international best practices).</li> <li>➤ Follow appropriate phases of detoxification i.e. evaluation, stabilization, and preparing entry into the detailed treatment process.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Perform psychotherapy Occupational therapy, group therapy, on to one therapy, family therapy etc.</li> <li>➤ Skill development (refine exiting skill, new skill set according to the need/ demand) in-house or outsourced.</li> <li>➤ Spiritual or Religious preaching/ teaching/ plantation/ agro therapy.</li> <li>➤ Activities like sports / music etc.</li> </ul>

### **1) Staff and their Responsibilities during treatment of patient:**

- Punitive, humiliating or degrading interventions (such as beatings, chaining, withholding of treatment and food, etc.) should never be used. A strict code of ethics for staff should apply.
- Selected and properly trained peers can work in treatment services, providing specific interventions aimed at helping identify patients, engage them and keeping them in treatment.
- Staff of treatment services should receive proper training in the delivery of treatment in full compliance with ethical standards and human rights principles, and show respectful, non-stigmatizing and non-discriminatory attitudes towards service users.
- Staff working in specialized services for drug use disorders should be adequately qualified, and receive on-going evidence-based training, certification, support and clinical supervision.
- Ethical standards of care in treatment services should apply to all populations with special treatment and care needs, without discrimination.
- Service procedures should require staff to adequately inform patients of treatment processes and procedures, including their right to withdraw from treatment at any time.
- Primary health care professionals should be trained in the identification of drug use, as well as the diagnosis and management of drug use disorders and related health conditions.
- The treatment of drug use disorders in primary health care should be supported by specialized services with the required skills and competences, particularly for the treatment of severe cases and patients with comorbid psychiatric and physical health conditions.
- Any research conducted in treatment services involving patients should be subject to the review of human research ethical committees. Ethical committees are encouraged to consider the opinions of people who have experienced drug use and drug treatment and are recovering from drug use disorders. The participation of patients in the research should be strictly voluntary, with informed written consent obtained in all cases.

### **2) Detailed plan of Essential Treatment / Services:**

- The services include: community-based outreach; services in non-specialized settings; inpatient and outpatient treatment; medical and psychosocial treatment (including the treatment of alcohol and other substance use disorders as well as other psychiatric or physical health comorbidities); long-term residential or community-based treatment or rehabilitation; and recovery-support services.
- Essential treatment services include: outreach services; screening and brief psychosocial interventions; diagnostic assessment; out-patient psychosocial and pharmacological treatment; the management of drug-induced acute clinical conditions (such as overdose, withdrawal syndrome); inpatient services for the management of severe withdrawal and drug-induced psychoses; long-term residential services; the treatment of comorbid substance use and psychiatric and physical disorders; and recovery management services delivered by trained clinicians.

### **3) Patient Care Policy:**

The Patient Care Policy, a written description of personnel tasks during medical emergencies and specific responsibilities, where assigned, the types of drugs and biological usually kept on



the premises, their use, their manner of storage, who has access to these materials and a procedure for periodic review to determine the expiration date of the drugs and biological, criteria about patient admission, continuing care. The patient care policies must ensure security and privacy of the patients and their families and must include the following:

- A description of the services the facility furnishes through employees and those furnished under arrangements;
- Rules for and personnel responsibilities in handling medical emergencies;
- Rules for the storage, handling, and administration of drugs and biological;
- Criteria for patient admission, continuing care, and discharge;
- A procedure for explaining to the patient's family the extent and purpose of the services to be provided;
- A procedure to assist the referring physician in locating another level of care for patients whose treatment has terminated and who are discharged;
- A requirement that patients accepted by the facility must be under the care of a physician;
- A requirement that there be a plan of care established by a physician for each patient;
- Timing of Facility for Patient, visitor and family/ relatives of patients.
- A procedure to ensure that the group of professional personnel reviews and takes appropriate action on recommendations from the utilization review committee regarding patient care policies.

#### **4) Patient Treatment Plan**

- Delineate anticipated goals and specify the type, amount, frequency and duration of services to be provided and indicates the diagnosis and anticipated rehabilitation goals.
- It must be promptly evaluated after changes in the patient's condition and revised when necessary.
- It must, if appropriate, be developed in consultation with the facility physician and the appropriate facility professional personnel.
- It must be reviewed at least after every 60 days (the 60-day period begins with the first day of skilled rehabilitation therapy) by a facility physician who, when appropriate, consults with the professional personnel providing services.
- It must be revised if the comprehensive reassessment of the patient's condition indicates the need for revision.
- The time, date, referring physician's name, if any, source and contents of the verbal order must be documented and signed by the person receiving the order, and countersigned by the referring physician as soon as possible.
- Detail of necessary tests (including blood test, HIV/AIDS, hepatitis A/ B/ C, tuberculosis, and other infectious diseases, COVID-etc.) at the time of treatment / admission.

- After treatment has begun, any change in the plan of treatment should be supported in the patient's clinical record by dated documentation signed by either the facility physician. Any change in the patient's condition must be accompanied by a revised plan of treatment.
- Actual Lengths of Patient stay at hospital
- Their Sources, Age and gender etc.
- Patient Profile / IDs / data in integrated management information System.
- Average No. of days required to recover.
- Results of each phase of treatment i.e., Assessment, Detoxification and Rehabilitation.
- The patients should grant informed consent before treatment begins and have an option to withdraw from treatment at any time, except for patients brought through legal/criminal system.
- All the inpatient and outpatients shall be provided detailed therapies or other techniques of treatments, as deemed necessary.

**Note:**

To provide better treatment and rehabilitation facilities to meet the quality standards, manger can follow the standards of UNODC regarding Drugs Treatment

- International standards for the treatment of drug use disorders by UNODC.
- Treatment Quality Standards for Drug Dependence Treatment and Care Services by UNODC.
- Drug Treatment and Rehabilitation: a Practical Planning and Implementation Guide.

The bidder must develop a comprehensive treatment protocol for individuals undergoing various stages of drug dependency, including assessment, detoxification, and rehabilitation. The plan should encompass detailed strategies tailored to each stage of the treatment process, ensuring thorough care and support for patients throughout their journey towards recovery. The proposed approach should address the unique needs and challenges faced by individuals at each stage, emphasizing a holistic and evidence-based approach to treatment. By outlining specific methodologies and interventions, the bidder should aim to optimize patient outcomes and promote sustained recovery from substance abuse. This comprehensive plan should underscores the bidder's commitment in delivering effective and compassionate care to individuals seeking support for drug dependency and treatment.

The bidder must be prepared to undertake any supplementary tasks necessary to achieve the Key Performance Indicators (KPIs) effectively, if any.

**REFERENCE DETAIL OF SCOPE OF WORK IN INSTALLATION PLANNING AND PREPARATION PHASE**

The Manger shall be required to:

- Carry out preliminary survey of infrastructure / Facilities for preparing the required interventions which may include refurbishment, refurbishing, upgrading and / or procuring the required material/resources for Rehabilitation Centre(s) for drugs addicts
- Undertake all works necessary during the Installation period, in order to ensure that the facility is brought up to the required standard for carrying out operational activities smoothly.
- Prepare detailed overall, refurbishment plan along with budget and the same shall be reviewed by the Independent Engineer

During the Installation Period, the **scope of work** of the Operator shall, *inter-alia*, constitute the following:

- Refurbishment / Renovation of existing building and structure (where required).
- Installation of Furniture and Fixture / Medical Equipment / Safety and Security.
- Staffing
- Developing the facilities according to the applicable standards for rehabilitation Centre.

Refurbishment / Renovation of the Facilities	Installation of Furniture & Fixtures	Installation of Medical Equipment(s)	Installation(s) of Safety & Security	Staffing and Others Activities
<p>Design &amp; Construction of the following, as per the architectural design, within the Facility:</p> <p><b>A. Non-Residential Treatment* Area including but not limited to the following:</b></p> <ul style="list-style-type: none"> <li>➤ Patient Reception Area / Group Meeting Area.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Procurement and installation of Furniture &amp; Fixture as per Approved specification</li> <li>➤ Beds, tables, chairs, benches etc. for patients and their attendants.</li> <li>➤ Computer system/Laptops and printers, Multimedia /Fax Machine / telephone, Photocopier for staff etc.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Medicine /Instrument cupboard, Wooden and Steel cabinets, over bed trolley, Wheel Chair, etc.</li> <li>➤ Anesthesia apparatus with ventilator, Patient monitor normal and with (gas cylinder), Suction Machine.</li> <li>➤ Pulse Oximeter, Intensive care ventilator (Optional) ECG Machine</li> </ul>	<ul style="list-style-type: none"> <li>➤ Fire Extinguishers, water sprinklers, fire alarms and Fire Exit(s) etc.</li> <li>➤ Reception and information desk / counter, check post etc.</li> <li>➤ Walk through gates, scanners and manual barriers.</li> </ul>	<p><b>Staffing:</b></p> <ul style="list-style-type: none"> <li>➤ Hiring &amp; placement of required staff necessary for running the facility including but not limited to doctors, paramedical staff, admin, janitorial and security.</li> </ul> <p><b>Others:</b></p> <ul style="list-style-type: none"> <li>➤ Necessary electric/solar system / gas / water/</li> </ul>

<ul style="list-style-type: none"> <li>➤ Consultation, Examination and Treatment Room and Psychological Testing Area.</li> <li>➤ Toilet / bath / lavatory – one for every 10 patients.</li> <li>➤ HR Management / Records, Reporting, Accounts and Audits.</li> <li>➤ Dispensary and Laboratory for specific tests etc.</li> <li>➤ General Cafeteria, Wazu area, Prayer room</li> </ul> <p><b>B. Residential Treatment** Area including but not limited to the following:</b></p> <ul style="list-style-type: none"> <li>➤ Registration Area/ Waiting Area / Reception.</li> <li>➤ Emergency Clinic.</li> <li>➤ Counseling and Testing Room.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Cupboards, dispensers, ACs, filling cabinet, etc.</li> <li>➤ Install any other necessary electric appliances, furniture &amp; fixtures etc. where required.</li> </ul>	<p>6 channel, Glucometer, Ultrasonic nebulizer, Resuscitation Trolley.</p> <ul style="list-style-type: none"> <li>➤ Blood gas analyzer, Bowel stand with two bowels, Equipment trolley, Instrument Trolley, EEG Monitor, Flow meter with humidor, Dressing Trolley, Venisection kit, Drugs detox kits.</li> <li>➤ BP Apparatus(set) wall mounted / mobile on stand / table type, X-ray Viewer (Small size &amp; large size),</li> <li>➤ Medicament Refrigerators Small, Refrigerator for store blood, Drug analyzer, Portable X ray Machine 100 MA, Weight -Height Machine, Gas burner for pantry, Refrigerators for patients, Examination couch, Footstep's double, Waste basket(s), Waste paper.</li> <li>➤ Exercise Machines.</li> <li>➤ weighing scale</li> </ul>	<ul style="list-style-type: none"> <li>➤ Security Guard(s) &amp; their patrolling system.</li> <li>➤ Access control system for staff (with multiple electronic doors)</li> <li>➤ Bio-Metric attendance of staff for recording / monitoring attendance.</li> <li>➤ Digital &amp; Closed-circuit camera(s) for monitoring &amp; Security.</li> <li>➤ Power generators as per working load of the facilities including UPS etc.</li> <li>➤ Separate attendance mechanism for inpatients / admitted patients as per the arrangements.</li> <li>➤ Restricted / Access control entry and exits of required blocks and the overall facility.</li> <li>➤ Control room facility linked with nearby law enforcement agency(s) and</li> </ul>	<p>communication connections from relevant authorities.</p> <ul style="list-style-type: none"> <li>➤ All the utility(s) bills shall be paid, at all times, during the Installation Period.</li> <li>➤ Developing modus operandi / SOPs as per facility management information system.</li> <li>➤ Purchase necessary Medicine, (If any) to maintain emergency stock and stock Register.</li> </ul>
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<ul style="list-style-type: none"> <li>➤ Separate Living Quarters for female and male with Toilet</li> <li>➤ Dining Area, Kitchen area with provision for security / lock of all sharp objects, Laundry area.</li> <li>➤ Multipurpose area (religious, recreational, educational, skill development activities etc.) to provide overall healthy and hygienic environment in the facility.</li> <li>➤ Outdoor Activity Area.</li> <li>➤ Toilet.</li> <li>➤ Administrative Office, Section(s) for Doctors, Psychiatrists, Psychologists, Medical Officers, Supporting Para Medical Staff.</li> <li>➤ Procedure Room, Detoxification.</li> <li>➤ Specific sections/area/store for</li> </ul>		<ul style="list-style-type: none"> <li>➤ Temperature control system, for medicine.</li> <li>➤ Or any other medical equipment where required.</li> </ul>	<p>relevant medical hospital(s).</p>	
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<p>medicine, Psychotherapy Exercise, Vocational / occupational therapy.</p> <p><b>Miscellaneous:</b></p> <ul style="list-style-type: none"> <li>➤ Carry out electrical work, keeping patient safety and security in mind, Plumbing, Sanitary work, HVAC where required.</li> <li>➤ Any other facility / block / arrangement as per requirements, proposed in architectural / engineering design drawings deemed necessary to ensure optimum efficiency.</li> </ul> <p><b>Note:</b> <b>For Guidelines in Design of Non-Residential Treatment Area and Residential Treatment Area, Table-A and Table-B are attached below.</b></p>				
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**\*Non-residential Treatment (Out-patient Center)**

A health facility that provides diagnosis, treatment and management of drug dependents on an outpatient basis. It may be a drop-in/walk-in Center  
Or any other office/facility used by support groups that provide consultation or counseling. From time to time, it may provide temporary shelter for patients in crisis for not more than twenty- four (24) hours.

**\*\*Residential Treatment Center (In-patient Center)**

A health facility that provides comprehensive rehabilitation services utilizing, among others, any of the accepted modalities: Multidisciplinary Team Approach, Therapeutic Community Approach and/or Spiritual Services towards the rehabilitation of a drug dependent.

**Guidelines in the Planning and Design of Treatment and Rehabilitation Facilities:**

- a. The size of the facility must be adequate for the intended use- the building shall be well-ventilated and spacious for occupants to be relatively comfortable to allow privacy for the medical treatment area, counseling and group activities. The land area must whenever possible have enough space for sports and recreation and learning activities.
- b. The building should meet construction and safety standards, as well fire regulation and health and sanitation requirements.
- c. Bathroom and toilets – There shall be at least one bathroom, one toilet, and one lavatory is in good working conditions for every ten patients. The bathroom and toilets shall not be provided with locks except those for the exclusive use of administrative staff.
- d. Kitchen shall be clean at all times and shall be equipped with adequate basic cooking utensils and food storage and with provision to secure/locks all sharp objects.
- e. Dining area shall be clean, well-lighted, protected from insects and vermin, cheerfully decorated and shall be provided with chairs and tables.
- f. **For residential facilities with bedrooms, the requirements are:**
  1. The bed shall be placed at least 100 cm. or one (1) meter apart.
  2. If a double-decked bed is utilized, this shall have at least one- meter space from the ceiling and again between the upper and lower beds.
  3. The bedroom shall be clean and orderly at all times.
- g. Emergency clinic shall accommodate patients who are physically sick. It must be well-secured, spacious enough for at least two patients and with provision for their personal hygiene and excretory functions. It must be visibly accessible for those who are on duty.

- h. Adequate water supply and electricity must be available to the extent possible; there must be telephone and other means for outside communication.

**TABLE-A**  
**GUIDELINES IN THE DESIGN OF NON-RESIDENTIAL TREATMENT AREA<sup>1</sup>**  
**(Minimum of Forty (40) Square Meters in Floor Area)**

Area	Activity	People	Equipment	Furniture and Fixture	Minimum Floor Area in Square Meters	Planning Relationship
Patient Reception Area / Group Meeting Area	<ul style="list-style-type: none"> <li>receiving of Patient,</li> <li>group, counseling, education and therapy</li> <li>follow – up and aftercare program</li> </ul>	<ul style="list-style-type: none"> <li>clerk</li> <li>patient</li> <li>parents/guardians</li> <li>physician</li> <li>psychologist /social worker</li> </ul>		<ul style="list-style-type: none"> <li>bench</li> <li>chair</li> <li>office table</li> </ul>	<b>15.00</b> <b>(accommodate 7 persons and attendant at a given time)<sup>2</sup></b>	<ul style="list-style-type: none"> <li>immediately accessible to patient</li> <li>located near entrance of the facility</li> </ul>
Consultation, Examination and Treatment Room and Psychological Testing Area	<ul style="list-style-type: none"> <li>drug abuse assessment and management</li> <li>emergency assistance for drug withdrawal and psychiatric illness</li> </ul>	<ul style="list-style-type: none"> <li>patient</li> <li>nurse</li> <li>physician</li> </ul>	<ul style="list-style-type: none"> <li>clinical weighing scale</li> <li>examining light</li> <li>examining table</li> <li>sphygmoma nometer</li> <li>stethoscope</li> <li>psychologica l testing materials</li> </ul>	<ul style="list-style-type: none"> <li>chair</li> <li>office</li> <li>table</li> <li>lavatory</li> <li>medicine cabinet</li> </ul>	<b>10.04<sup>3</sup></b>	<ul style="list-style-type: none"> <li>adjacent to patient reception area / group meeting area</li> </ul>



Toilet with lavatory	<ul style="list-style-type: none"> <li>managing of personal hygiene</li> </ul>	<ul style="list-style-type: none"> <li>clerk</li> <li>patient</li> <li>nurse</li> <li>physician</li> <li>psychologist / social worker</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>	<ul style="list-style-type: none"> <li>lavatory water closet</li> </ul>	<b>1.67</b>	<ul style="list-style-type: none"> <li>separate toilet and hand washing facility</li> <li>adjacent to consultation, examination and treatment room</li> </ul>
HR Management / Records, Reporting, Accounts and Audits:	<ul style="list-style-type: none"> <li>performance of personnel, accounting, records, supply and housekeeping</li> </ul>	<ul style="list-style-type: none"> <li>clerk</li> </ul>	<ul style="list-style-type: none"> <li>computer</li> <li>printer</li> <li>telephone</li> </ul>	<ul style="list-style-type: none"> <li>cabinet</li> <li>chair</li> <li>office table</li> </ul>	<b>5.02<sup>4</sup></b>	<ul style="list-style-type: none"> <li>located near entrance</li> </ul>

**TABLE-B**  
**GUIDELINES IN THE DESIGN OF RESIDENTIAL TREATMENT AREA<sup>5</sup>**  
**(Minimum of Twenty Five (400) Square Meters in Floor Area)**

Area	Activity	People	Equipment	Furniture and Fixture	Minimum Floor Area in Square Meters	Planning Relationship
Registration Area/ Waiting Area / Reception	<ul style="list-style-type: none"> <li>receiving of patient</li> </ul>	<ul style="list-style-type: none"> <li>Clerk</li> <li>Patient</li> <li>Physician</li> <li>Psychologist</li> <li>social worker</li> </ul>	<ul style="list-style-type: none"> <li>computer</li> <li>printer</li> <li>telephone</li> </ul>	<ul style="list-style-type: none"> <li>Bench</li> <li>Chair</li> <li>desk</li> </ul>	<b>20.00</b> <b>(Accommodate 7 persons and attendant at a given time)</b>	<ul style="list-style-type: none"> <li>Immediately accessible to patient located near entrance</li> </ul>
Emergency Clinic	<ul style="list-style-type: none"> <li>drug abuse assessment and management</li> <li>emergency assistance for</li> </ul>	<ul style="list-style-type: none"> <li>patient</li> <li>nurse</li> <li>physician</li> </ul>	<ul style="list-style-type: none"> <li>clinical weighing scale</li> <li>examining light</li> <li>examining table</li> </ul>	<ul style="list-style-type: none"> <li>bed</li> <li>lavatory</li> </ul>	<b>10.04</b>	<ul style="list-style-type: none"> <li>adjacent to patient reception area</li> </ul>

	drug withdrawal and psychiatric illness		<ul style="list-style-type: none"> <li>• sphygmomanometer</li> <li>• stethoscope</li> <li>• thermometer</li> </ul>			
Counseling and Testing Room	<ul style="list-style-type: none"> <li>• drug abuse assessment and management</li> <li>• individual counseling, education and therapy</li> <li>• follow – up and aftercare program</li> </ul>	<ul style="list-style-type: none"> <li>• patient</li> <li>• nurse</li> <li>• physician</li> </ul>	<ul style="list-style-type: none"> <li>• psychological testing materials</li> </ul>	<ul style="list-style-type: none"> <li>• arm chairs</li> <li>• office table</li> </ul>	<b>10.04</b>	<ul style="list-style-type: none"> <li>• adjacent to patient reception area</li> </ul>
Separate living Quarters (Female / Male) with Toilet	<ul style="list-style-type: none"> <li>• lodging</li> <li>• storing of personal belongings</li> <li>• managing of personal hygiene</li> </ul>	<ul style="list-style-type: none"> <li>• patient</li> </ul>	<ul style="list-style-type: none"> <li>• electric fan</li> </ul>	<ul style="list-style-type: none"> <li>• bed</li> <li>• cabinet</li> </ul>	111.45 (accommodate 15 persons at a given time) <sup>6</sup>	<ul style="list-style-type: none"> <li>• segregated for privacy</li> </ul>
Dining Area	<ul style="list-style-type: none"> <li>• taking of meals</li> </ul>	<ul style="list-style-type: none"> <li>• patient</li> </ul>	<ul style="list-style-type: none"> <li>• electric fan</li> </ul>	<ul style="list-style-type: none"> <li>• chair</li> <li>• table</li> </ul>	42 (accommodate 30 persons at a given time) <sup>7</sup>	<ul style="list-style-type: none"> <li>• adjacent to kitchen</li> </ul>
Kitchen	<ul style="list-style-type: none"> <li>• cold and dry storage</li> <li>• food preparation</li> <li>• cooking and baking</li> <li>• serving and food assembly</li> </ul>	<ul style="list-style-type: none"> <li>• cook</li> <li>• cooking aide</li> </ul>	<ul style="list-style-type: none"> <li>• electric fan</li> <li>• refrigerator</li> <li>• sink</li> <li>• stove</li> </ul>	<ul style="list-style-type: none"> <li>• cabinet</li> <li>• counter</li> </ul>	4.65	<ul style="list-style-type: none"> <li>• adjacent to dining area</li> </ul>

	<ul style="list-style-type: none"> <li>• washing</li> </ul>					
Multipurpose area/recreational area	<ul style="list-style-type: none"> <li>• group counseling, education and therapy</li> <li>• rehabilitation</li> <li>• follow – up and aftercare program</li> </ul>	<ul style="list-style-type: none"> <li>• patient</li> <li>• physician</li> <li>• psychologist / social worker</li> </ul>	<ul style="list-style-type: none"> <li>• electric fan</li> <li>• karaoke</li> <li>• television</li> </ul>	<ul style="list-style-type: none"> <li>• chair</li> <li>• table</li> </ul>	42 (accommodate 30 persons at a given time)	<ul style="list-style-type: none"> <li>• accessible from female and male ward</li> </ul>
Outdoor Activity Area	<ul style="list-style-type: none"> <li>• group counseling, education and therapy</li> <li>• rehabilitation</li> <li>• follow – up and aftercare program</li> </ul>	<ul style="list-style-type: none"> <li>• patient</li> <li>• physician</li> <li>• psychologist / social worker</li> </ul>		<ul style="list-style-type: none"> <li>• bench</li> </ul>	42 (accommodate 30 persons at a given time)	<ul style="list-style-type: none"> <li>• accessible from female and male ward</li> </ul>
Toilet	<ul style="list-style-type: none"> <li>• managing of personal hygiene</li> </ul>	<ul style="list-style-type: none"> <li>• clerk</li> <li>• nurse</li> <li>• physician</li> <li>• psychologist / social worker</li> </ul>		<ul style="list-style-type: none"> <li>• lavatory</li> <li>• water</li> <li>• closet</li> </ul>	1.67	<ul style="list-style-type: none"> <li>• separate toilet and hand washing facility</li> <li>• accessible from consultation, examination and treatment room</li> <li>• accessible from administrative office</li> </ul>
Administrative Office	<ul style="list-style-type: none"> <li>• performance of personnel, accounting, records, supply and housekeeping</li> </ul>	<ul style="list-style-type: none"> <li>• administrator</li> <li>• clerk</li> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>• computer</li> <li>• fire extinguisher</li> <li>• printer</li> <li>• telephone</li> </ul>	<ul style="list-style-type: none"> <li>• cabinet</li> <li>• chair</li> <li>• office tables</li> </ul>	10.04	<ul style="list-style-type: none"> <li>• immediately accessible to patient</li> <li>• located near entrance of the facility</li> </ul>

**Reference:**

1. Refer to Annex A: Prototype Floor Plan of Non – Residential Treatment Area
2. Based on 1.40 m<sup>2</sup>/person (unit area per person occupying the space at one time)
3. Clear floor area per examining table that includes space for passage of equipment
4. Work area per staff that includes space for a chair and a desk, space for occasional visitor, and space for aisle
5. Refer to Annex B: Prototype Floor Plan of Residential Treatment Area.
6. Based on 7.43 m<sup>2</sup>/bed (clear floor area per bed that includes space for single bed, space for occasional visitor, and toilet)
7. Based on 1.40 m<sup>2</sup>/person (unit area per person occupying the space at one time)