



Government of the Republic of Trinidad and Tobago

## **Ministry of Health**

PROCUREMENT UNIT

#4-6 Queens Park East, Port of Spain 101002

### **Request for Proposal –**

### **Provision of Haemodialysis Services for the Ministry of Health**

February 10<sup>th</sup>, 2026

The Procurement Unit of the Ministry of Health (MOH) is kindly requesting a proposal for the following:

- **Provision of Haemodialysis Services for the Ministry of Health**

Proposals should be submitted to via email to [procurement@health.gov.tt](mailto:procurement@health.gov.tt)

**All quotations must be valid for at least sixty (60) days.**

If you require any further information or clarification, please feel free to contact the Procurement Unit at 217 – 4664 ext 14803 - 14808 or email us at [procurement@health.gov.tt](mailto:procurement@health.gov.tt).

# REQUEST FOR PROPOSALS

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FOR THE PROVISION OF HAEMODIALYSIS  
SERVICES FOR THE MINISTRY OF HEALTH

## SECTION A

### INSTRUCTIONS AND GENERAL CONDITIONS

**The service provider is expected to examine carefully all instructions, conditions, forms and terms. Failure to comply with the requirements of submission will be at the service provider's own risk and may result in the rejection of their offer.**

#### **1 Introduction**

The provision of dialysis services to citizens of Trinidad and Tobago through the utilization of private health care institutions by Government commenced in November 2006. This was in keeping with the policy of Government to provide services to the citizenry at private institutions in areas where there was a great demand and where the capacities and capabilities of the public health institutions could not respond to these demands on a timely basis.

To date the demand for dialysis services continues to increase exponentially in Trinidad and Tobago. Given the existing organizational structure, staffing and capacity at the major hospitals relative to the demand for dialysis services, the public health institutions continue to be unable to meet demand. As a result, Government has agreed to continue utilizing the services of approved private health care centres at a **fixed rate** per session per patient for services as outlined in this document.

The Ministry of Health hereby invites private health care providers who are equipped with functional dialysis units to provide haemodialysis services for the citizens of Trinidad and Tobago who are in need of such services.

## **2. CONTENT OF REQUEST FOR PROPOSALS**

The set of documents issued for the purpose of inviting proposals includes:

- Instructions and General Conditions – Section A
- Scope of Services – Section B
- Appendix II – Infection Control and Prevention Performance Assessment Indicators
- Appendix II – Haemodialysis Standard Operating Tool
- Draft Contract

The service provider is expected to examine all terms and instructions included in the documents. All information requested must be provided.

### **2.1 CLARIFICATION**

If the service provider requires clarification regarding the meaning or interpretation of the Request for Proposal (RFP), notify the under mentioned person by letter or email by referring all queries to:

Mr. Dale Kawal  
Project Manager  
External Patient Programme  
Ministry of Health  
Queens Park East  
Port of Spain  
Telephone No. 1-868-217-4664 ext. 10201  
Email: [dale.kawal@health.gov.tt](mailto:dale.kawal@health.gov.tt)

Such answers, as necessary, will be given as a matter of assistance to the service provider but must not be construed as adding to or taking away from, or otherwise altering the meaning and intent of the RFP and/or the service provider's obligations, which can only be varied by a letter signed by the Permanent Secretary, Ministry of Health.

### **2.2 SUBMISSION REQUIREMENTS**

The service provider must provide the following in their proposal:

- (a) The full name, signature, office and registered address of the service provider.
- (b) The signature of the person making the submission, or a duly authorized officer or employee of the service provider.
- (c) There should be no erasures or “white off” used on the proposal. All changes shall be crossed off, corrected and initialed by a duly authorized officer or employee of

- the service provider.
- (d) All information requested in the RFP **must** be provided.

**2.2.1** Proposals must be accompanied by the following: -

- a) **Valid Income Tax Certificate** issued by the Board of Inland Revenue and dated not more than six (6) months prior to the closing date of proposals, and
- b) **Valid Value Added Tax Clearance Certificate** issued by the Board of Inland Revenue and dated not more than six (6) months prior to the closing date of proposals.
- c) Valid certificate of compliance issued in accordance with the National Insurance Board (NIB) Act from the National Insurance Board.

**2.2.2 Mode of Submission**

Proposals must be submitted electronically to [procurement@health.gov.tt](mailto:procurement@health.gov.tt) with subject: -

**“Engagement of Health Care Service Providers for the Provision of  
Haemodialysis Services for the Ministry of Health”**

Proposals must be addressed to:

**Permanent Secretary  
Ministry of Health  
Queen’s Park East  
Port of Spain  
Trinidad**

**2.2.3 Submission Period and Evaluation Process**

This Request for Proposals is issued as an open and continuous procurement process. There is no fixed closing date for the submission of proposals. Proposals may be submitted at any time following the publication of this RFP and will be evaluated on a rolling basis in accordance with the evaluation criteria set out herein.

The Ministry of Health will commence evaluation of proposals upon receipt, and proposals that meet the minimum mandatory and technical requirements may be advanced through the evaluation process without waiting for other submissions.

## **2.3 COST OF PREPARATION OF PROPOSAL**

The service provider shall bear all costs associated with the preparation and submission of his proposal.

## **2.4 FRAUD AND CORRUPTION**

**2.4.1** Service providers shall adhere to the highest ethical standards, and report to the Ministry of Health all suspected acts of fraud or corruption of which they have knowledge or become aware both, during the procurement process and throughout the execution of a contract. Fraud and corruption are prohibited. The list of definitions set forth below involves the most common types of corrupt practices, but are not exhaustive. For this reason, the Ministry of Health will also consider claims of similar nature involving alleged acts of corruption in accordance with the established procedure.

- (a) “Bribery” means the act of unduly offering, giving, receiving or soliciting anything of value to influence the process of procuring goods or services, selecting consultants/service providers, or executing contracts.
- (b) “Extortion” or “Coercion” means the act of attempting to influence the process of procuring goods or services, selecting consultants/service providers, or executing contracts by means of threats of injury to person, property or reputation.
- (c) “Fraud” means the misrepresentation of information or facts for the purpose of influencing the process of procuring goods or services, selecting consultants/service providers, or executing contracts, to the detriment of the Ministry of Health or other participants.

If, in accordance with the administrative procedures of the Ministry of Health, it is demonstrated that a government official or anyone acting on his or her behalf or a service provider in a procurement process or Supplier/Contractor during the execution of the contract, has committed corrupt practices, the Ministry of Health will:

- (a) Reject a proposal to award a contract in connection with the respective procurement process; and/or
- (b) Declare an institution and/or its personnel directly involved in corrupt practices temporarily or permanently ineligible to be awarded future contracts under its projects;

The service provider shall disclose any commissions or fees that may have been paid or are to be paid to agents, representatives or commission agents, with respect to the bidding process or execution of the contract. The information disclosed must include at least the name and address of the agent, representative or commission agent, the amount and currency and the purpose of the commission or fee.

## **2.5 CONFLICT OF INTEREST**

A service provider shall not have a conflict of interest. A service provider found to have a conflict of interest with one or more parties in this process shall be disqualified. Service providers may be considered to have a conflict of interest with one or more parties in this process if:

- (a) its shareholders, directors and other technical or professional staff, or its subcontractors belong or have worked for or have been part of the permanent or temporary staff of the Ministry of Health at the time of Tender or within six (6) months prior to these dates; or
- (b) they have, directly or indirectly, controlling shareholders or partners; or
- (c) they receive or have received direct subsidies from any of the individuals named in (a) above; or
- (d) their legal representatives are the same or have a common party in their executive boards or administration, or when the decision-making portion of their shareholders at assemblies or meetings belong directly or indirectly to the same natural persons or juridical entities; or
- (e) they have a relationship with each other, directly or through common third parties that puts them in a position to have access to information about or influence other service providers, or influence the decisions of the Employer, regarding this Tender process; or have participated directly or
- (f) indirectly, in any capacity, in the preparation of the technical specifications of the works or related services that are the subject of this process.

## **2.6 VISIT TO PREMISES**

The Ministry of Health reserves the right to visit, at any reasonable time, without notice, the premises of the said service provider at which the dialysis services are provided.

## 2.7 AMENDMENTS TO THE RFP

- (a) At any time the Ministry of Health may for any reason whether at its own initiative or in response to a clarification requested by a service provider, modify these documents by the issuance of an Addendum.
- (b) The Addendum will be sent in writing or by letter or email to the prospective service provider who has been issued the RFP and will be binding upon them. The prospective service provider shall promptly acknowledge receipt thereof by letter or email to the Ministry of Health.

## 2.8 EVALUATION PROCESS

Evaluation will be conducted as follows:

- Infection Control and Prevention Performance Assessment Indicators - APPENDIX I  
Institutions will be assessed and scored as detailed below:
  - Dialysis – Clinical - 17 points
  - Dialysis – Clinical Practice - 25points
  - Environmental Services - 30 points
  - Dialysis – Hand Hygiene - 14 points
  - Dialysis – Sharps - 14 points

Service providers must attain a minimum score of seventy (70) points to advance to the next stage of the evaluation process. Upon selection, the Ministry of Health will conduct site inspections to the selected institutions. At this stage of the evaluation process institutions must meet the requirements of the site inspection to be considered for providing the required services.

If, in the opinion of the Ministry of Health, a proposal or any proponent within is unclear in any respect, the Ministry of Health may, in its absolute discretion, seek clarification from the service provider. Failure to supply clarification to the satisfaction of the Ministry of Health may render the proposal incomplete and liable to disqualification.

The Ministry of Health reserves the right to award contracts to one or more health care providers so as to allow patients greater access to haemodialysis services.

## 2.9 CONTRACT AWARD

If awarded the contract the successful service provider(s) will be required to sign a Contract with the Permanent Secretary Ministry of Health, to provide haemodialysis services for a

period of two (2) years at a cost of TT\$950.00 per session per patient, (VAT inclusive) for a maximum of fourteen (14) sessions per month, in accordance with the Haemodialysis Standard Operating Tool issued by the Ministry of Health, which is attached as **Appendix II**.

The Contract will be prepared by the Legal Department of the Ministry of Health.

## **2.10 CANCELLATION OF REQUEST FOR PROPOSALS: HAEMODIALYSIS SERVICES**

The Ministry of Health reserves the right to cancel the process in its entirety or even partially without defraying any costs incurred by any proponent.

**The Ministry of Health may reject any offer that does not comply with any of the requirements listed above.**

## SECTION B

### SCOPE OF SERVICES

1. The cost approved by Government for undertaking the under-mentioned services is a fixed rate of **\$950.00 per session for a maximum of 14 sessions per patient per month for a period of two (2) years**. Service providers must indicate in their proposal their acceptance of this rate and submit the required documentary evidence to support their capability requirements for evaluation and selection outlined in Appendix I.

#### 2. **Scope of services**

The service providers are required to undertake the following services with respect to the patients who have been referred for haemodialysis treatment:

- Registrations;
- Injections/Medications;
- Dressings;
- Doctor / Consultant visits;
- Blood Transfusions;
- Cost of disposables and all sundries used during dialysis, related routine and essential investigations; and
- The medicines required for Haemodialysis e.g., Heparin, Saline etc.

#### 3. **Service Provider's responsibility:**

- The service provider will carry out the dialysis of patients as referred by the Ministry of Health at the approved rate of **TT\$950.00 per session** for a maximum of 14 sessions per patient per month for a period of two (2) years.
- The service provider shall submit monthly invoices for payment supported by the details of the services provided as outlined at item 2 above together with the list of all the patients who received dialysis treatment for the period for which payment is requested.
- Verification and contact information for the patients listed must accompany the invoices. All information and details pertaining to their proposal including a Schedule of Costs of any services/treatment other than those listed at Item 2 above that may be required by the patient and for which the patient will be liable and are not covered by the Ministry of Health's rate of \$950.00 per session.

- All documents must be signed by the person duly authorized to do so in the particular institution. Payment will be made by the Ministry of Health only upon satisfactory completion of verification of the actual services provided and the following criteria is met:
  - i. **Patient sheets-** detailing the number of sessions with the respective dates along with the patient's signature certifying the receipt of the treatment listed. In the case where the patient is unable to sign the patient's thumbprint can be utilised, the patient can also assign a relative where possible to sign on their behalf. Please ensure the patient sheet also has accurate contact information to facilitate treatment verification. Please note that the information on the patient sheet, invoice and the treatment summary sheet must be accurate.
  - ii. **Invoice-**the invoice must contain the number of sessions for each patient with the respective rate, invoice number, date, total cost on invoice as well the company stamp and signature. Please note that the full name of each patient must be utilised and spelt correctly, in alphabetical order, for the invoice to be processed.
  - iii. **Treatment summary sheet-** This sheet references the dates of each session per patient in alphabetical order.
  - iv. **Letters certifying treatment where necessary-** If the patient is unable to sign the patient sheet, the service provider must provide a letter stating the reason for this. This applies to cases such as where a relative signs, the patient has passed away or is hospitalised.
  - v. **Other supporting documents-** Any other supporting document deemed necessary to verify treatment such as identification cards, death certificates.
  
- The service provider shall provide the Ministry of Health with access to all financial and all medical records, in relation to the treatment/dialysis of patients referred by the Ministry of Health, as and when required.
  
- The service provider shall maintain the established space and standards as outlined in the Standard Operating Tool for Haemodialysis and hereto attached as **APPENDIX II**.
  
- (d) Any liability arising out of default or negligence in providing or performance of the medical services shall be borne exclusively by the health care provider.
  
- The health care provider shall not be eligible for payment in excess of the approved rates.

#### **4 Ministry of Health's responsibility:**

- The Ministry of Health shall ensure that patients are appropriately assessed by the attending Nephrologist and the Medical Social Worker before they are referred to the selected dialysis centre.
- The Ministry of Health shall inspect institutions as required to ensure that they are properly equipped to provide the services on a regular basis.
- The Ministry reserves the right to investigate all cases of infections by our Quality Control Department.

#### **5. Mandatory Criteria**

**The health care providers must indicate in their proposal that they can meet the following stipulations:**

- Existing dialysis services with proper conditions for such haemodialysis services including resuscitation services.
- Nephrologist, providing specialist services to the patients at the institution. An "on site" physician needs to be available for medical emergencies
- Haemodialysis technicians who must have had more than two (2) years dealing with dialysis equipment.
- Nurses certified in dialysis and who must have had more than two (2) years dialysis experience.
- Other Nursing Assistants either in training or Certificate level from an accredited program.
- Procedures to tackle any emergency arising during the treatment of patient. This is to include a fully equipped crash cart with defibrillator and fully trained personnel in its use with evidence of Basic Life Support (BLS) certification. A Standard Operating Procedure inclusive of clinical pathway for emergencies
- Haemodialysis equipment/machines in good functioning condition, proper calibration and certified yearly. A documented maintenance management plan must be in place.

- Internationally acceptable water treatment and filtration system in a secured area as outlined in the Haemodialysis standard operating tool as issued by the Ministry of Health.
- Area with controlled/regulated entry, to include proper access and egress for patients with directional signs. Emergency exits must be clearly identified in accordance with the Occupational Safety and Health Act Chapter 88:08
- Area must ensure and cater for differently-abled persons with proper access.
- Infection control systems as outlined in the Haemodialysis standard operating tool as issued by the Ministry of Health to include proper air flow within designated treatment areas.
- Evidence of medicolegal insurance for Physicians
- Evidence of rosters for clinical staff

## **2 Applicant Information for the Request for Proposals:**

In addition to the Submission requirements under Section A 2, the service provider must provide the following in their application:

- a. Curricula Vitae of all medical personnel identified in Section B 5 above including medical practitioners and nurses as well as Haemodialysis technicians, signed and dated by the respective persons. There must also be evidence of medicolegal insurance for Physicians and also evidence of Property and Casualty insurance
- b. Information attesting to the financial ability of the service provider to undertake any financial aspects of the job. Each service provider is required to submit definite proof of:
  - (i) copies of the Auditor's report together with audited statements made in accordance with the approved standards for the last three (3) years; or
  - (ii) if not required by law to have audited financials, unaudited statements and legal proof that audited financials are not required.
- c. A statement advising whether there is any pending litigation against the service provider, and if there is such litigation, the name(s) of the court(s) and descriptions on the matter.

## Dialysis- Clinical 17 Points

No.	Indicators	Yes/No	Remarks
1.	Infection Control guidelines are readily available		
2.	Guidelines for hand hygiene are readily available		
3.	Guidelines for cleaning are readily available		
4.	Cleaning schedule is readily available		
5.	Cleaning schedule is available for the toilet		
6.	Approved alcohol-based hand sanitizers are wall mounted at the entrance of wards/department		
7.	Approved alcohol-based hand sanitizers are in use		
8.	PPE are available for staff handling clinical waste bags		
9.	Posters are appropriate and up to date		
10.	Waste bags are 2 ml thick		
11.	Storage areas are locked and inaccessible to pests and unauthorised persons		
12.	Areas are free of extraneous items		
13.	Equipment are not stored in the sluice room		
14.	Waste disposal bins are foot operated with sack holders		
15.	Wall mounted antiseptic scrub/liquid soap dispenser is available		
16.	Ward stores/cleaning products are kept in locked cupboard		
17.	Shoe covers are not worn outside Dialysis unit		

**Dialysis      Clinical practices – 25 points**

	<b>Indicators</b>	<b>Yes/No</b>	<b>Remarks</b>
1	Staff are aware of Infection Control guidelines		
2	Approved trays are used as a field for sterile procedures		
3	Sterile gloves are used for sterile procedures		
4	Non - sterile gloves are used for non- sterile procedures		
5	Gloves are worn when handling body fluids		
6	Disposable plastic aprons are used when needed		
7	Eye/face protection is used		
8	Betadine is used to swab the site in preparation for central venous lines and peripheral lines		
9	Blood C/S container is swabbed with betadine prior to blood being inserted in it		
10	Examination couch is clean after each change of disposable paper		
11	Site is swabbed before insertion of needle into IV port		
12	Specimens are transported in approved containers		
13	Specimens are appropriately disposed		
14	Food/drink are stored/prepared away from specimens and clinical areas		
15	Sterile tubing is used		
16	The clinical area is free from inappropriate items		
17	Heplock is removed after 72 hours		
18	There is no evidence of rodents		
19	The area is free from mosquito breeding		
20	Foot operated waste bins are used		

	<b>Indicators</b>	<b>Yes/No</b>	<b>Remarks</b>
21	Pantry is not used for specimen/medical equipment storage		
22	Alcohol prep pads/dry cotton is sprayed with alcohol is used to disinfect skin prior to invasive procedure		
23	Alcohol prep pads/dry cotton sprayed with alcohol is used to disinfect thermometer		
24	Door to entrance of ward is kept locked for flow of visitors		
25	Proper disposal of items are in place.		

**Dialysis      Environmental Services – 30 points**

	<b>Indicators</b>	<b>Yes/No</b>	<b>Remarks</b>
1	Surfaces are disinfected		
2	Dust is absent on high horizontal surfaces		
3	Walls are wiped daily with approved solution		
4	Floor is disinfected and dry		
5	Wet mopping is done		
6	Mop heads are laundered after use and stored upright		
7	Cautionary "wet floor" sign is visible and in use		
8	Approved mop cans are in use		
9	Rubber gloves are in use		
10	Rubber gloves are stored clean and dry		
11	Approved chemicals are used		
12	Chemical containers are appropriately labelled		
13	Cleaning products are stored above floor level		
14	Approved cleaning cloths are in use		
15	Cloths are washed & placed to dry after use		
16	Approved cleaning basin is in use		
17	Hand washing sink is clean		

	<b>Indicators</b>	<b>Yes/No</b>	<b>Remarks</b>
18	Red bags are used for soiled and infectious waste		
19	Black bags are used for municipal waste		
20	Waste bags are labelled with the name of the unit  Waste bags are 2/3 full or less		
21	Waste bags are securely tied  Waste is stored in designated area prior to disposal		
22	Curtains and blinds are clean		
23	Storage areas are clean		
24	Fittings are disinfected and dry		
25	Posters are clean		
26	Toilet seats are disinfected and dry		
27	Deep sink is used for cleaning equipment		
28	Staff uses approved PPE		
29	All surfaces and fittings are free from extraneous items		
30	Domestic staff demonstrate good hand hygiene techniques		

**Dialysis    Hand Hygiene -14 points**

	<b>Indicators</b>	<b>Yes/No</b>	<b>Remarks</b>
1	Nurses demonstrate good hand hygiene techniques		
2	Nursing and Dialysis Technicians in training demonstrate good hand hygiene techniques.		
3	Medical staff demonstrate good hand hygiene techniques		
4	Medical students demonstrate good hand hygiene techniques.		
5	Approved alcohol-based hand sanitizers are available		
6	Approved liquid antibacterial soaps are used prior to perform invasive procedures		
7	Nurses demonstrate meticulous hand washing between patients/invasive procedure/ handling of body fluids		
8	Staff utilises sensor, foot/elbow pedal of the hand washing sink		
9	Medication cups and eating utensils are not washed in the hand washing sink		
10	Hand washing sink is not cluttered		
11	Reusable towels are not in use		
12	Paper towels are available at <u>all</u> hand washing sinks in wall mounted dispensers		
13	Posters demonstrating effective hand wash techniques are available near all sinks		
14	Tissue/elbow/wrist/sensor is used to close tap		

**Dialysis Sharps – 14 points**

	<b>Indicators</b>	<b>Yes/No</b>	<b>Remarks</b>
1	Sharps guidelines are readily available		
2	Staff knows the protocol following a sharps injury/significant exposure		
3	A sharps injury first aid poster is on display		
4	Sharps container is of appropriate type		
5	Sharps container is of appropriate size		
6	Sharps container is available in nurses station, admission room, dressing room		
7	Sharps container is 3/4 full or less		
8	Sharps container is correctly assembled with lid secured		
9	Sharps container is labelled with the correct name of the unit		
10	Sharps container is locked when 3/4 full		
11	Sharps container when full is stored in a designated locked area awaiting collection/disposal		
12	Sharps container is stored above floor level and safely out of reach of children and visitors		
13	Sharps container is not decanted from one receptacle to another		
14	Sharps are disposed of directly into a sharps container following use		

## Haemodialysis Standard Operating Tool

Name of Dialysis Unit/Centre: \_\_\_\_\_

Address of Unit/Centre: \_\_\_\_\_

Telephone Contact: \_\_\_\_\_

Date dialysis service commenced: \_\_\_\_\_

Hours of service at this Centre/Unit: \_\_\_\_\_

Number of sessions per day      .....

Nephrologist attached at the Centre: \_\_\_\_\_

A Dialysis centre delivers patient care, and has specific requirements of treated water, electricity, medical gases and plumbing for waste disposal. The centre additionally requires to accommodate all the staff involved in patient care, allow for emergency and planned procedures, adherence to adequate hygiene and the maintenance of specialized and sophisticated equipment.

This Standard Operating Guidelines would assist Dialysis Centres to provide excellent serve to all patients under its care.

## **Governance**

<b>NO</b>	<b>Governance</b>	<b>Compliance</b>
1.	The Dialysis Centre must be license under the Private Hospital Act	
2.	Dialysis Centre must have certificate from housing stating purpose of use	
3.	Dialysis Centres must have Policies, protocols and Procedure's guidelines	
4.	There must be a Nephrologist attached to the Dialysis Centre	
5.	There must be a Registered or Certified Renal Nurse working in the unit	
6.	To every six dialysis patients there must be a certified renal nurse on a shift	
7.	All haemodialysis treatment must be provided under the order of a Nephrologist or a Physician with requisite training under the supervision of a Nephrologist.	
8.	Nursing staff other than registered or certified renal nurse may assist in the haemodialysis treatment but under the direct supervision of a certified renal nurse	
9.	A formal system of staff evaluation and monitoring staff shall be established with performance evaluation taking place at least annually	
10.	All staff must have a current health check-up and Hepatitis B vaccination status prior to employment	
11.	Only a Physician, qualified and or a Certified Renal nurse must administer medication to a patient	
12.	Qualified and Certified staff must administer direct patient care to the Dialysis patient	

## **Dialysis Room Physical Facilities**

<b>No.</b>	<b>Physical Facilities</b>	<b>Compliance</b>
1.	There must be a storeroom with adequate space for supplies	
2.	There must be a dedicated, suitable and secure area for clinical waste	
3.	There must be adequate space in the dialysis areas	
4.	There must be Resuscitation equipment in the Dialysis area	
5.	There must be a clean water treatment Room	
6.	There must be adequate located toilet and face basins	
7.	All haemodialysis rooms must have air conditioning	
8.	The electrical supply should be stable and uninterrupted. The use of surge protectors is necessary to protect dialysis machine's electronics	
9.	There shall be adequate space for dialysis machine and bed/couch/dialysis chair and such space shall be at least 11x10 ft. (100 to 110 square feet). This is needed in case of emergency.	
10.	Each machine area should be easily observed from the nursing station	
11.	Each dialysis chair/couch should have stable electrical supply, access to oxygen and vacuum outlet, treated water inlet and drainage facilities.	
12.	There should be an adequate storage area for storage of new supplies.	
13.	A clean room is needed for the preparation of sterile trays for dialysis and for preparation of infections.	
14.	There must be an area for dirty utility. This area should be located in such a way that personnel and material need not come from dirty utility to clean area of dialysis.	
15.	Anti HCV seropositive patients shall be dialysed in a separate room with a fixed partition and dedicated machines.	
16.	HIV seropositive patients shall be dialysed in a separate room with dedicated machines, equipment, instruments, single use items and medications	
17.	HBsAG seropositive patients shall be dialysed in a separate room with dedicated machines, equipment, instruments, single use items and medications	

## **Equipment**

	<b>Haemodialysis Machines</b>	<b>Compliance</b>
1.	Haemodialysis Machine shall be capable of performing conventional (diffusive) Haemodialysis and preferably convective therapy	
2.	The machines must meet the conditions set up by the Ministry of Health	
3.	There must be a mechanism to return blood from the extra-corporeal circuit in the event of a power failure	
4.	Centres operating on full capacity (one machine to six patients), there shall be one back-up machine	
5.	Centres operating on full capacity with more than ten (10) machines, a minimum of one back-up machine is required for every ten Haemodialysis machine	
6.	When performing high flux haemodialysis, endotoxin retention filter for dialysate shall be used	
7.	The external surfaces of the Haemodialysis machines shall be disinfected after each dialysis session	
8.	Disinfection of the internal hydraulic circuit of the Haemodialysis machines shall be performed after the last dialysis session of the day. However, it is preferable to disinfect after each haemodialysis session.	
9.	All machines shall have a planned preventative maintenance and technical safety check according to manufacturer recommendations	
10.	All planned preventative maintenance shall be documented	
11.	Haemodiafiltration machines shall have a fully automated integrated unit that can perform haemodiafiltration and haemofiltration	

## **Water Treatment System**

Water treatment system is an important component in haemodialysis treatment. It has to be well maintained and monitored in order to prevent any complication that may arise from chemical and microbiological contaminant

No	Water Treatment System	Compliance
1.	The room that houses the water treatment system shall be located in an area, which minimizes the noise and disruption to haemodialysis treatment	
2.	There shall be adequate ventilation to prevent over-heating	
3.	Floor traps shall be made available to drain excess water	
4.	Flow diagram of the water treatment system shall be displayed in water treatment room	
5.	All water treatment components and equipment shall be clearly labelled	
6.	Pressure gauge shall be installed before and after each component to monitor fouling of the components	
7.	Daily recording of the parameters of water treatment system shall be performed	
8.	All tanks must be covered	
9.	Tanks must be inspected for defects and cleaned at 6 monthly intervals	
10.	Tanks should have an appropriate capacity that is adequate to enable at least one shift of treatment to be completed if water supply is disrupted.	
11.	Filters shall be replaced as necessary or when there is pressure difference of 15 psi before and after guard filter.	

## **Dialysis Consumables**

	<b>Consumables</b>	<b>Compliance</b>
1.	Commercially prepared or readymade dialysate shall be accompanied by a certificate of analysis from an accredited laboratory or supplied by producers with a valid ISO certificate	
2.	In the absence of an expert technician, On-site dialysate preparation is not recommended	
3.	The dialysate packaging shall have the following information clearly labelled: <ul style="list-style-type: none"> <li>• Address of manufacturer</li> <li>• Contents</li> <li>• Concentration of electrolytes</li> <li>• Dialysate concentration ratio</li> <li>• Date of manufacture and expiry date</li> <li>•</li> </ul>	
4.	Dialysers used for haemodialysis treatment shall be approved by regulatory authorities	
5.	Dialysers made from biocompatible membranes shall be used	
6.	Bloodlines shall not be re-used	
7.	Arterio-venous needle used for haemodialysis treatment shall be approved by regulatory authority	
8.	The disposal of clinical waste shall follow the Ministry of Health Infection Prevention and Control Manual	

## Water Quality

	<b>Water Quality</b>	<b>Compliance</b>
1	Dialysis water shall be produced by the process of reverse osmosis	
<b>Chemical Contaminants</b>		
2	Permissible levels of chemical contaminants shall be observed and adhered to	
3	Chlorine and Chloramines and water hardness testing shall be performed onsite using available kits which shall be performed daily and logged	
4	Full analysis for chemical contaminants shall be performed by an accredited laboratory	
5	Six (6) monthly testing must be done by an accredited laboratory for chemical analysis	
6	Six (6) monthly full laboratories testing for chemicals shall be done at raw water point, pre and post RO	
7	If limits exceed normal, evaluate water treatment system and rectify as necessary	
8	All the results shall be properly documented and made available for inspection	
9	Monthly testing for bacterial count and endotoxin test	
10	Sites of sampling for testing <ul style="list-style-type: none"> <li>• Post RO membrane</li> <li>• First point of the distribution loop</li> <li>• End point of distribution loop (last machine port)</li> </ul>	
11	Handling of water sample- Assay done within 30 minutes of collection	
12	If action levels are observed, disinfection and retesting shall be done immediately to restore the quality into acceptable level. (action levels CFU level >100 CFU/ml Endotoxin Level > 0.125EU/ml)	

## **Infection Prevention and Control**

Infection can develop in a healthcare facility through various sources, namely, patients, visitors, staff, as well as objects. Comprehensive infection prevention and control practices are required to effectively prevent, identify, monitor, and control the spread of infection in all health care facilities and environment

No	Infection Prevention and Control	Compliance
1	Comprehensive infection prevention and control practices shall be adhered to in each dialysis setting	
2	Infection prevention and control in the dialysis centre shall be effectively and efficiently supervised, and supported by appropriated and adequate resources	
3	Standard Precautions shall be implemented	
4	Staff must be trained in Infection Prevention and Control Measures	
5	Staff must wash hands after attending to each patient	
6	There must be sufficient hand sanitizers in the dialysis areas	
7	Staff must wear the appropriate PPE when attending to the patients	
8	If PPE is visibly soiled, PPE must be changed immediately	
9	Sterile gloves are worn for any procedure where aseptic technique is required (e.g, invasive procedure)	
10	Disposal gloves are to worn when performing a procedure and then be discarded	
11	Disposable gloves are not to be worn continuously	
12	Single use protective barriers should be discarded into the appropriate receptacle(s)	
13	Dispose of all single use person protective equipment immediately after use	
14	Perform hand hygiene after removal of protective barriers	

## **Sharps Disposal**

All Healthcare facilities shall take precautions to prevent injuries caused by needle, scalpels, and other sharp instruments or devised during procedures; when cleaning used instruments; during disposal of used needles; and when handling sharp instruments after procedures.

	<b>Sharps Disposal</b>	<b>Compliance</b>
1	Use needles shall not be recapped	
2	Single use sharps shall be disposed of immediately in designated puncture-resistant containers labelled with a biohazard symbol.	
3	Used syringes and needles shall be discarded as a unit in the designated puncture-resistant, liquid proof container	
4	Place container as close as feasible to the area in which the items are used. Ensure that area is secure.	
5	Collect non-sharp infectious wastes in colour-coded bags, or marked with a biohazard sign	
6	Store and maintain infectious waste bags and sharps containers in a secure area prior to transportation for treatment or disposal.	
7	Prior to transport for disposal, ensure that infectious waste bags and sharps containers are closed immediately before removal or replacement to prevent spillage or protrusion of contents during handling, storage and transport.	
8	Place content in secondary container if leakage is possible. Colour-coded or mark with a biohazard sign	
9	Maintain physical separation between clean and contaminated equipment and supplies	