

Annexure 'A'

Minimum Standards of various subcategories of Substance use disorder treatment and Rehabilitation Facilities

Type of Facility	Short Term Treatment including Detoxification centre for drug abuse (<1month)	Long Term Treatment Rehabilitation Centre (1 months or more)	Treatment Centre for drug abuse and other mental disorders
Requirement			
1	2	3	4
A. Physical Infrastructure			
A1. Living and Physical space (situated at an easily accessible place ensuring safety and security of patients with proper ventilation and sanitation facility)	Minimum patient /Ward area of 60 sq. feet per bed including adequate area for recreational facilities, therapies, counselling, follow-up/OPD etc. Minimum facility built up of 2000Sq Feet for 20 patients Children and adolescents are to be segregated form Adult patients Facility for safe keep of personal belongings of patients	60 Sq. Feet per bed including adequate area for recreational facilities, therapies, counselling etc. Children and adolescents are to be segregated from Adult patients Facility for safe keep of personal belongings of patients	Minimum patient /Ward area of 60 sq. feet per bed and adequate area for recreational facilities, therapies, counselling ,follow-up/ OPD etc. Children and adolescents are to be segregated from Adult patients Facility for safe keep of personal belongings of patients
B. Human Resources			
B1. Trained Physician/ Medical care* *Minimum qualification – Graduate degree (as per the system of allopathic/AYUSH medicine) along with registration with the concerned Medical Council	Part time and available on call If patients with overdose are admitted, the doctor has to be available round the clock. Gynaecologist on Call for facilities admitting Females Paediatrician on Call for facilities admitting Minors	Part time and available on call	Part time and available on call
B2. Psychiatrist (Minimum Qualification – Diploma / MD / equivalent in Psychiatry/Psychological Medicine along with registration with the Medical council.	Part time and available on call	Access to Psychiatrist on call	Visiting Psychiatrist with daily visits
B3. Counsellors Minimum qualification – graduate in Clinical Psychology / Psychology / Social Work Experience of working for 6 months in De-addiction services	Full time 1 for every 30 beds or part thereof	Full time 1 for every 30 beds or part thereof	Full time 1 for every 30 beds or part thereof
B4. Social workers& Persons in Recovery	Not Mandatory	Regular 1 for upto20 beds 2 for 21-50beds 3 for 51 beds or more	Not Mandatory

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B5. Nursing staff Nos. (To be as per nursing council norms) Minimum qualification –	At least 1 nursing staff to be available round the clock GNM	As per requirement GNM	At least 1 nursing staff to be available round the clock GNM
B6A. Vocational trainers	Not Mandatory for facility for Adults Mandatory for facilities of Minors	Preferable as per Mandatory	As per requirement
B6B. Yoga trainers	Not Mandatory	Preferable as per Mandatory	As per requirement
B7. Support Services/Staff (Sanitation, Security, attendants. Clerical and managerial staff etc.)	As per requirement, In-house or outsourcing arrangement Females attendants to be available around the clock for facilities admitting Females and /or Minors	As per requirement, In-house or outsourcing arrangement	As per requirement, In-house or outsourcing arrangement
B8. Laboratory services	Essential – either in house/ outsourcing arrangement	Not mandatory	Essential – either in house/ outsourcing arrangement
C. Services			
C1. Registration	Essential Every patients' details to be recorded and each patient to get a unique ID	Essential Every patients' details to be recorded and each patient to get a unique ID	Essential Every patients' details to be recorded and each patient to get a unique ID
C2. Inpatient Treatment	Every patient to be seen by the doctor every day of the stay at least once and on SOS basis. Availability of isolation facility to reduce transmission of communicable diseases/infection	Every patient to be seen by the doctor at least once per week during the stay or on SOS basis.	Every patient to be seen by the doctor every day of the stay at least once or on SOS basis.
C3. Emergency services	Linkage/network with a hospital with 24 hour emergency medical facilities	Linkage/network with a hospital with 24 hour emergency medical facilities	Linkage/network with a hospital with 24 hour emergency medical facilities
C4. Dispensing of medications (Pharmacotherapy)	Only on prescription by the doctor and by the staff authorized to dispense	Only on prescription by the doctor and by the staff authorized to dispense	Only on prescription by the doctor and by the staff authorized to dispense
C5. Psychosocial interventions	As per requirement, to be delivered by the qualified personnel	As per requirement, to be delivered by the qualified personnel	As per requirement, to be delivered by the qualified personnel

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C6. Referral / Consultation Liaison/Legal/ Ambulance Services	Formal arrangements with concerned agencies/ organisations/ professionals	Formal arrangements with concerned agencies/organisations/ professionals	Formal arrangements with concerned agencies/ organisations/ Professionals
C7. Diet / food	<p>Patients should have access to wholesome food and daily dietary requirements (If an in-house kitchen is maintained, appropriate regulatory norms must be followed)</p> <p>Special Nutritional needs to be assessed by Paediatrician / Dietician in case of Facilities admitting Minors</p>	<p>Patients should have access to wholesome food and daily dietary requirements (If an in-house kitchen is maintained, appropriate regulatory norms must be followed)</p> <p>Special Nutritional needs to be assessed by Paediatrician / Dietician in case of Facilities admitting Minors</p>	<p>Patients should have access to wholesome food and daily dietary requirements (If an in-house kitchen is maintained, appropriate regulatory norms must be followed)</p>
C8. Record maintenance A. Mode of Records	Manual or digital ensuring confidentiality As per provision of MHA 2017	Manual or digital ensuring confidentiality as per provisions of MHA 2017	Manual or digital ensuring confidentiality as per provisions of MHA 2017'
B. Institutional Policy for confidentiality and record keeping	In place	In place	In place
C. Mandatory records to be maintained	<ul style="list-style-type: none"> i. Patients register ii. Patients assessment formats iii. Signed Consent forms iv. Doctors prescription v. Medication related records vi. Records of psychosocial intervention vii. Discharge slip / summary 	<ul style="list-style-type: none"> i. Patients register ii. Patients assessment formats iii. Signed Consent forms iv. Doctors prescription v. Medication related records vi. Records of psychosocial intervention vii. Discharge slip / summary 	<ul style="list-style-type: none"> i. Patients register ii. Patients assessment formats iii. Signed Consent forms iv. Doctors prescription v. Medication related records vi. Records of psychosocial intervention vii. Discharge slip / summary

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	<p>viii. Medication related records as per The Drugs and Cosmetics Act 1938 and Rules thereunder</p> <p>ix. Records to be maintained as per other applicable Acts such as JJ Act/POCSO etc. in case of Minors</p>	<p>viii. Medication related records as per The Drugs and Cosmetics Act1938 and Rules thereunder</p> <p>ix. Records to be maintained as per other applicable Acts such as JJ Act/POCSO etc. in case of Minors</p>	<p>viii. Medication related records as per The Drugs and Cosmetics Act1938 and Rules thereunder</p> <p>ix. Records to be maintained as per other applicable Acts such as JJ Act/POCSO etc. in case of Minors</p>
<p>D. Other Common minimum standards</p>	<p>D1. As per the MHA 2017, maintenance of minimum standards is the responsibility of the organization seeking registration.</p> <p>D2. The critical issue of “informed written consent’ for admission will be as per the provisions of MHA, 2017 and the Rules thereof.</p> <p>D2. Patients should be given adequate information about the patient rights, services, rules, charges, grievance redressal systems etc. at the time of admission and relevant information in this regard should be prominently displayed at the location of registration / intake.</p> <p>D3. Services should be addressed to the needs of the special /socially vulnerable population groups (Children, Women, Senior Citizens, Transgenders) incorporating gender and age sensitivities in addiction and related stress management.</p> <p>D4. In case the facility provide services to children in need of care and protection, the services should be in consonance with the facility illustrated in the Juvenile Justice Rules 2016 and guidelines issued by the Government from time to time .</p> <p>D5. The facility shall submit periodical returns as may be prescribed from time to time by Government/SMHA.</p> <p>D6. Provisions of all other applicable Acts/Rules for operating the facility shall be applicable.</p>		