

Annexure 'A'

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

Type of Facility	Category -I Short Term Treatment including Detoxification centre for drug abuse (<1month) For Detox and acute treatment of overdoses and withdrawal. Management of craving and relapse.	Category -II Long Term Treatment Rehabilitation Centre (1 months or more) Admission only after treatment for withdrawal. Management of craving and relapse management Counselling and Occupational rehabilitation.	Category-III Treatment Centre for drug abuse and other mental disorders Treatment of primary Psychiatric illness along with substance abuse.
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 from 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
A. 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 and should be able to attend to the emergencies promptly	Part time and available on call should be able to attend to the emergencies promptly
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 upto 20 beds 2 for 21-50 beds 3 for 51 beds or more	Not Mandatory
B5. Nursing staff/ Paramedic Nos. (To be as per nursing council norms) Minimum qualification –	GNM/ Paramedic (Pharmacist , Male nurse/male health worker) GNM D.Pharma	GNM/ Paramedic (Pharmacist , Male nurse/male health worker) GNM D.Pharma	GNM/ Paramedic (Pharmacist , Male nurse/male health worker) GNM D.Pharma.
B6A. Vocational trainers	Not Mandatory for facility for Adults Mandatory for facilities of Minors	Preferable	Preferable
B6B. Yoga trainers	Not Mandatory	Preferable as per Mandatory	Preferable
B7. Support Services/Staff (Sanitation, Security, attendants. Clerical and managerial staff etc.)	Sanitation 2 for every 20 beds Security 4 for every 20 beds Attendants 4 for every 20 beds	Sanitation 2 for every 20 beds Security 4 for every 20 beds Attendants 4 for every 20 beds	Sanitation 2 for every 20 beds Security 4 for every 20 beds Attendants 4 for every 20 beds
B8. Laboratory services	Essential – either in house/ outsourcing arrangement	Essential – either in house/ outsourcing arrangement	Essential – either in house/ outsourcing arrangement
B. 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

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HPSMHA*

C5. Psychosocial interventions	As per requirement, to be delivered by the qualified personnel	Regular session with psychologist, to be delivered by the qualified personnel	As per requirement, to be delivered by the qualified personnel
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	Patients should have access to wholesome food and daily dietary requirements (If an in-house kitchen is maintained, appropriate regulatory norms must be followed) Special Nutritional needs to be assessed by Paediatrician / Dietician in case of Facilities admitting Minors	Patients should have access to wholesome food and daily dietary requirements (If an in-house kitchen is maintained, appropriate regulatory norms must be followed) Special Nutritional needs to be assessed by Paediatrician / Dietician in case of Facilities admitting Minors	Patients should have access to wholesome food and daily dietary requirements (If an in-house kitchen is maintained, appropriate regulatory norms must be followed)
C8. Record maintenance A. Mode of Records B. Institutional Policy for confidentiality and record keeping	Manual or digital ensuring confidentiality As per provision of MHA 2017 In place	Manual or digital ensuring confidentiality as per provisions of MHA 2017 In place	Manual or digital ensuring confidentiality as per provisions of MHA 2017 In place
C. Mandatory records to be maintained	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 viii. Medication related records as per The Drugs and Cosmetics Act 1938 and Rules there under ix. Records to be maintained as per other applicable Acts such as JJ Act/POCSO etc. in case of Minors	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 viii. Medication related records as per The Drugs and Cosmetics Act 1938 and Rules there under. ix. Records to be maintained as per other applicable Acts such as JJ Act/POCSO etc. in case of Minors	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 viii. Medication related records as per The Drugs and Cosmetics Act 1938 and Rules there under ix. Records to be maintained as per other applicable Acts such as JJ Act/POCSO etc. in case of Minors

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<p>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>
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Admission protocols:

1. No person shall be admitted in any substance use treatment centre without the psychiatric / medical evaluation and records of such psychiatric and medical evaluation should be attached with the patient file.
2. Drug management of the craving and relapse management should be prescribed by the psychiatrist and patient managed accordingly in the SUD treatment centre.
3. Written consent should be obtained from patient or first degree relatives for the admission of the person with a history of substance abuse.
4. Admission should be regulated as per the MHCA -2017 under section 86, 87, 89, 90.

Treatment protocols

1. WHO recommended treatment protocols for detoxification, craving and long term relapse management.
2. NGO running rehab shall observe the provisions of section 20 and section 26 of mental health care Act 2017.

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