LEGAL NOTICE NO. 173

THE MEDICAL PRACTITIONERS AND DENTISTS ACT

(Cap. 253)

IN EXERCISE of the powers conferred by section 23 of the Medical Practitioners and Dentists Act, the Cabinet Secretary for Health, on the recommendation of the Kenya Medical Practitioners and Dentists Council, makes the following Rules –

THE MEDICAL PRACTITIONERS AND DENTISTS (MENTAL HEALTH TREATMENT AND REHABILITATION INSTITUTIONS) RULES, 2022

PART I – PRELIMINARY

1. These Rules may be cited as the Medical Practitioners and Dentists (Mental Health Treatment and Rehabilitation Institutions) Rules, 2022.

Citation.

- 2. These Rules shall apply to mental health and rehabilitation institutions.
- Application.
- 3. In these Rules, unless the context otherwise requires—

Interpretation.

"access" means that the service or personnel is available or can be outsourced at a different facility to which linkage is provided and documentary evidence of this is available including memorandum of understanding or service contract;

"drug" as defined under the Pharmacy and Poisons Act;

Cap. 244

"halfway house" means a home where people recovering from mental health conditions including substance use and behavioral disorders can stay for a limited period of time with a view of transitioning to healthy living;

"harm reduction services" means a set of practical strategies that reduce negative consequences of drug use, incorporating a spectrum of strategies from safer use to managed use to abstinence;

"mental health" means a state of wellbeing in which the individual realizes his or her own abilities, can cope with the normal

stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her own community;

"mental illness" means a wide range of conditions that affect mood, thinking and behaviour;

"substance use disorder" means a maladaptive pattern of substance use leading to clinically significant impairment or distress;

"substance use disorder treatment" means a service or set of services that may include medication, counselling, and other supportive services designed to enable an individual to reduce or eliminate alcohol or other drug use, address associated physical or mental health problems, and restore the patient to maximum functional ability;

"support group" means a group of people with common experiences or concerns who provide each other with encouragement comfort or advice:

"rehabilitation" means a process of medical and non-medical therapeutic treatment of substance use and behavioural disorders, the general intent being to enable the client confront or manage substance use disorders alongside other co-occurring conditions or disorders to achieve their optimal level of functioning;

"treatment" means

- (a) the provision of one or more structured interventions designed to manage health and other problems as a consequence of drug abuse and to improve or maximize personal and social functioning; or
- (b) the process that begins when a person with substance use disorder comes into contact with a health or any other community service provider including counselling and drug testing, and may continue through a succession of specific interventions until the highest attainable level of health and well-being is reached.

PART II - REGISTRATION AND LICENSING

4. A person who intends to operate a mental health or rehabilitation institution shall be licensed by the Council in accordance with requirements prescribed under these Rules.

Registration.

5. (1) A person who intends to register a mental health institution shall upon application to the Council in the prescribed form, submit the following requirements—

Application for registration.

- (a) company or business certificate registration;
- (b) certified copies of professional certificate of healthcare personnel;
- (c) certified copies of valid practicing licenses of the healthcare personnel issued by the relevant regulatory body;

- (d) proof of payment of the prescribed fee; and
- (e) any other requirements the Council shall consider necessary.
- (2) An institution maybe registered as a mental health and rehabilitation institution where—
 - (a) the institution conforms to the description, infrastructure and personnel criteria for the respective category and facility set out in the Schedule;
 - (b) the Council has carried out a pre-registration inspection and the premises and facilities have been found to be satisfactory;
 - (c) the healthcare personnel providing services at the institution are holders of valid practice licenses; and
 - (d) the quality of care to be provided at the institution meets the minimum standards acceptable by the Council.

give such

- (3) Where the applicant satisfies the Council that the institution meets the requirements for registration, the registrar shall register the institution as an approved mental health and rehabilitation institution.
- (4) The Council shall issue every approved mental health and rehabilitation institution registered under these Rules a certificate of registration in the prescribed form.
- (5) The Registrar shall keep a register of all mental health and rehabilitation institutions.
- 6. (1) A person who wishes to operate a mental health treatment or rehabilitation institution, shall apply to the Council for a licence.

Application for licence.

- (2) An application for the grant or renewal of a licence to operate a facility shall be in the prescribed form.
- (3) Any application for a license under this rule shall be accompanied with the documents set out in rule 5(1).
- 7. (1) Where an applicant fails to submit all documents or information required under these Rules, the Council shall reject the application and inform the applicant, in writing, of the rejection and the reason for the rejection.

Failure to submit documents or information.

- (2) Where the Council rejects an application due to incomplete or insufficient information, the rejection shall not, bar the applicant from resubmitting the application.
- (3) The Council shall consider the re-submitted application as a new application.
- 8. (1) The Council shall, within seven days after receipt of the application for registration, constitute an Inspection Committee comprising representatives of the relevant agencies to undertake an inspection of the proposed facility.

Inspection Committee.

- (2) The Inspection Committee shall, when undertaking an inspection, ensure that the applicant meets all the requirements set out in the Schedule.
 - (3) The Inspection Committee shall, prior to its sittings—
 - (a) notify the Public Health Officer in charge of the County where the applicant's facility is situated, in writing; and
 - (b) invite the public to make any presentations on the suitability of the applicant or facility.
- (4) The Inspection Committee shall determine its own calendar and procedure for its proceedings.
- 9. (1) The Council shall, within thirty days of receipt of the application under rule 5, inspect and assess the institution, make a determination and submit to the Council an Inspection Report with its findings.

Pre-registration and routine inspections.

- (2) The report under subrule (1) and criteria set out under these rules or any applicable written law and shall indicate whether—
 - (a) the facility is suitable for the provision of services under these Rules;
 - (b) the facility conforms to the prescribed occupational health and safety requirements;
 - (c) the facility has the physical infrastructure, treatment and rehabilitation systems and equipment necessary to carry out the services; and
 - (d) the facility has the sufficient number of competent staff for the provision of treatment and rehabilitation services and management as the Council may from time to time determine.
- 10. (1) The Council shall, after considering the Inspection Report, make a determination on whether or not to grant the licence.

Grant of licence.

- (2) Where the Council has no objection to the application under rule 5, the Council shall grant a licence to the applicant upon payment of the prescribed fees.
- (3) The licence shall be in the prescribed form and subject to such conditions as the Council may consider necessary.
- (4) Where the Council is not satisfied with the application under sub-rule (1), the Council may—
 - (a) reject the application and within twenty-one days of the decision notify the applicant of the rejection in writing stating the reasons for the rejection; or
 - (b) within twenty-one days of the decision notify the applicant of the decision, in writing and return the application to the applicant with comments and recommendations.

- (5) The applicant to whom the application is returned under subrule (4)(b) may re-submit a revised application within three months of the date of notification.
- (6) Upon receipt of a revised application under sub-rule (5), the Council shall, within thirty days determine the application in accordance with this Act.
- (7) Where the Council grants a licence under these rules, it shall ensure that the information related to the license is accessible to the public and shall publish the grant of licence in its website.
- 11. (1) The Council may specify the terms and conditions of a licence consistent with the provisions of the Act, Rules and other relevant circumstances.

Conditions of licence.

- (2) A licensee shall comply with all terms and conditions of the licence.
- (3) The Council shall issue licences in accordance with the categories and levels of care as prescribed in the Schedule.
- 12. (1) The licences which may be granted under these Rules shall be those specified in the Schedule, and the provisions of that Schedule shall have effect in relation to the respective licences therein specified.

Validity of licence.

- (2) A licence shall not be granted to apply to more than one facility at a time.
- 13. (1) Every licence and every renewal, or revocation thereof shall be sufficiently authenticated by the Council.

Renewal of licence.

- (2) Every grant of a licence and every renewal shall—
- (a) be subject to the payment of the fee as stipulated in Schedule; and
- (b) expire on the 31st day of December each year.
- (3) Where an application for the renewal of a licence has been made and the Council has not by the date of expiration of the licence reached a decision thereon, such licence shall remain in force until the decision of the Council is made known:

Provided that a licensee shall apply for renewal of a licence at least three months before the day of the expiry of the licence.

14. A licensee shall—

Change of particulars.

- (a) notify the Council of its intention to change the name or contact address it filed with the Council at least thirty days before effecting such change; and
- (b) notify the Council and the public of any trade or brand name it intends to use at least thirty days prior to using the trade or brand name.

15. The Council may refuse to renew a license if the licensee—

Refusal to renew licence.

- (a) has breached any of the conditions of the licence;
- (b) has failed to comply with the standards and code of practice specified;
- being a professional regulated under any written law, has ceased being in good standing with the relevant professional body;
- (d) has failed to maintain or operate the facility in accordance with these Rules or any written laws.
- 16. An applicant whose application for a new license or, renewal of a license has been refused may within twenty-one days appeal against such refusal to the High Court.

Appeals to Court

17. (1) The Council may revoke a licence in accordance with these Rules.

Revocation of licence.

- (2) The Council may revoke the licence after conducting its own inspection of the facility or after considering the inspection report of the Inspection Committee.
- (3) The Council may revoke a Practitioner's Licence upon an inquiry into the conduct of the holder of a Practitioner's Licence.
- (4) Upon considering the report, the Council shall issue a written notice to the licensee, a copy of the inspection report and the reasons for the intended revocation and an invitation of the licensee to appear before the Council at least, twenty-one days before the date of the hearing.
- (5) A licensee concerning whom the report is to be considered may appear in person or by an advocate before the Council.
- (6) The Council, having duly considered the report and having heard the licensee, if he appears, may, if it thinks fit, revoke the licence of the licensee reported upon, or it may make such an order in respect of such licence or the licensed facility specified therein as, in the opinion of the Council, is necessary.
- (7) A person aggrieved by the decision of the Council upon any such report may within twenty-one days appeal against the decision to the High Court.
- 18. (1) Every licence shall be prominently and conspicuously displayed on the facility to which it relates, and any licensee who fails or neglects so to display his license commits an offence.

Display of licence.

(2) A person causing or permitting to be on his premises or on the premises under his control any words, letters or sign falsely purporting that he is a licensee commits an offence.

PART III - STANDARDS

19. (1) The Council shall publish the standards for facilities and the code of practice for providing treatment and rehabilitation services under the Act and these Rules.

Standards or code of practice.

- (2) The standards and code of practice published under subrule (1) shall conform to standards, guidelines and protocols set by the Ministry of Health, Kenya Board of Mental Health, World Health Organization or any other internationally recognized evidence-based treatment and practices applicable in the field of rehabilitation of persons with substance use and behavioural disorders.
- (3) The standards for the facility published under subrule (1) shall include, among others—
 - (a) compliance with t
 - (b) he building code;
 - (c) essential or mandatory physical infrastructure;
 - (d) necessary equipment; and
 - (e) occupational health and safety rules;
- (4) The code of practice for providing treatment and rehabilitation services published under subrule (1) shall include, among others,—
 - (a) rights and responsibilities of persons receiving services;
 - (b) levels and processes of service delivery and interventions;
 - (c) management systems for the facility including personnel;
 - (d) core professional practice requirements within the facility;
 - (e) ethical practice requirements for service delivery.
 - 20. (1) A licensee shall ensure that—

Compliance with standards.

- (a) the facility is operated, maintained or managed in accordance with the standards and conditions prescribed under these Rules; and
- (b) code of practice is complied with by any person involved in the provision of service under these Rules.
- (2) A person who contravenes this rule commits an offence and shall be liable to a fine not exceeding five hundred thousand shillings or to a term of imprisonment not exceeding two years or both.

PART IV - ENFORCEMENT

21. (1) The Council shall designate such number of authorized officers to carry out inspections or seek compliance with these Rules.

Authorized officers.

- (2) The powers and procedures to be followed by an authorized officer shall be as provided for under the Medical Practitioners and Dentists (Inspections and Licensing) Rules, 2022.
- 22. The Council shall inspect or investigate matters relating to the quality of services, of a licensee from time to time to ensure

Inspections and investigations

compliance; or carry out any visits or inspections pursuant to the provisions of the Act.

23. (1) The Council shall investigate complaints received relating to Mental and Alcohol and Drug Abuse Treatment and Rehabilitation Facilities and prepare reports on the findings.

Handling of complaints.

- (2) The Council shall take such measure as will be necessary to ensure that the complaint is efficiently and effectively resolved and where applicable, shall refer the matter to other relevant Authorities for investigation and action.
 - 24. A person who-

Offences.

- (a) operates a facility without a valid licence; or
- (b) allows and unqualified and unlicensed professional to work at a facility,

commits an offence.

- 25. (1) A licensee shall submit quarterly reports to the Council in Reports. a prescribed form.
- (2) The Report submitted under sub-rules (1) shall contain all such information as may be prescribed in a Schedule to these Rules.

SCHEDULE

(r. 10(3))

		CHEDULE	(r. 10(3))
		LEVEL 1	
Facility type and description	Core services	Infrastructure/ Equipment	Core personnel
description Community- based services (provides outreach and early intervention services)	(i) Community sensitisation, education and mobilisation (ii) Health promotion (iii) Early identification of substance abusers (iv) Harm reduction services (v) Information on mental health services (vi) Support groups (vii) Individual and group counselling (viii) Family education and therapy (ix) Life and social skills training (x) Empowering individual to maintain healthy lifestyle (xi) Brief intervention (xii) Linkage to SUD treatment and rehabilitation services (xiii) Linkage to comprehensive	 (viii) Security and safety measures (ix) Recreational facilities (x) Access to ambulance for referrals 	(i) CHVs/CHEWs (ii) Peer educators (iii) Community health nurse (iv) Mental health nurse (v) HPOs (vi) Addiction counsellors (vii) Psychologists (viii) Nutritionist (ix) Social workers (x) Case workers (xi) Trainers (xii) Volunteers (xiii) Support staff (xiv) Community leaders

			LEVE	L 2		
Facility type and description	(Core services	Infrast	ructure/ Equipment	Co	re personnel
i. Basic outpatient facility (provides low- to midintensity		Basic screening for SUD and mental illness Initiation of and linkage to SUD and mental		Screening tools e.g. Mental status exam, PHQ-9, CAGE, ASSIST, COWS, ASI, ASAM	``	Resident Mental health clinical officer Resident Mental health nurse
intervention s – only day time)		health treatment services	` '	IEC materials Emergency	(iii)	Addiction counsellors
	(111)	Brief intervention	(iv)	resuscitation kits Emergency		Psychologists
	(iv)	Treatment planning	(11)	resuscitation kits	` /	Social workers
	(v)	Outpatient	(v)	Consultation rooms	` ′	Case workers HRIO
	()	meetings	(vi)	Counselling rooms	, ,	HPO
	(vi)	Addiction counselling	(vii)	Meeting rooms	, ,	Access to
	(vii)	Mental health counselling	(viii)	Basic routine laboratory services		Laboratory technologists
	(viii)	Support groups	(ix)	Sample collection and referral	(x)	Access to Pharmaceutical technologists
	(ix)	Individual and group counselling	(x)	Dispensing pharmacy	(xi)	Access to Occupational
	(x)	Family education and	(xi)	Health records and information management		therapist Nutritionist
	(xi)	therapy Harm reduction		system	(xiii)	Peer educators
	(XI)	services	(xii)	IPC and WASH requirements	(xiv)	Trainers
	` /	Life and social skills training	(xiii)	Security and safety measures	(xv)	Support staff including cleaners and
	(xiii)	Empowering individual to maintain healthy	(xiv)	Recreational facilities	(xvi)	security guards Volunteers
		lifestyle	(xv)	Utility vehicle	(xvii)	Community
			(xvi)	Access to ambulance for referrals		leaders

ii. Drop-in centre	(i)	Screening and basic	(i)	Screening tools e.g. Mental status exam,	(i)	Resident Mental health clinical
(a)"collectio		assessment of		PHQ-9, CAGE,		officer
n point"		SUD and		ASSIST, COWS	(ii)	Resident Mental
or		mental illness	(ii)	IEC materials	, ,	health nurse
gateway	(ii)	Brief	(iii)	Consultation rooms	(iii)	Psychiatrist on
to SUD		intervention	(iv)	Counselling rooms	` ′	call
treatment	(iii)	Overnight stays	(v)	Meeting rooms	(iv)	Addiction
facilities	(iv)	Treatment	(vi)	Emergency or	` /	counsellors
– open 24	` ′	planning	(11)	observation room	(v)	Psychologists
hours)	(v)	Individual and	(vii)	Inpatient rooms or	(vi)	Access to Social
	, ,	group	(, 11)	wards with a	,	workers
		counselling		capacity of not	(vii)	Access to
	(vi)	Harm reduction		more than eight	,	Laboratory
		services		beds		technologists
	(vii)	Life and social	(viii)	Sample collection	(viii)	Access to
		skills training		and referral	,	Pharmaceutical
	(viii)	Empowering	(ix)	Dispensing		technologists
		individual to	\	pharmacy	(ix)	Access to
		maintain	(x)	Health records and	, ,	Occupational
		healthy lifestyle	` ′	information		therapist
	(ix)	Family		management	(x)	Nutritionist
		education and		system	(xi)	HRIO
		therapy	(xi)	IPC and WASH	(xii)	Access to HPO
	(x)	Linkage and		requirements	(xiii)	Peer educators
		referral to	(xii)	Kitchen	(xiv)	Volunteers
		comprehensive	(xiii)	Laundry	(xv)	Support staff
		SUD treatment	(xiv)	Security and safety	(xvi)	Community
		centres		measures	(111)	leaders
			(xv)	Recreational		
				facilities		
			(xvi)	Utility vehicle		
			(xvii)	Access to		
				ambulance for		
				referrals		
iii. Halfway	(i)	Basic	(i)		(i)	Access to
house		screening and		e.g. Mental status		Psychiatrist
(recovery		assessment for		exam, PHQ-9,	(ii)	Resident mental
manageme		SUD and		CAGE, ASSIST,		health nurse or
nt and		mental illness		COWS		clinical officer
social	(ii)	Individual and	(ii)		(iii)	KRCHNs
support for		group	(iii)	Resuscitation kits	(iv)	Resident
clients		counselling	(iv)			addiction
who have	(iii)	Brief		dormitory facilities		counsellors
been		intervention		for:	(v)	
discharged	(iv)	Harm reduction		(a) At least twelve		psychologists
from		services		(12) male	(vi)	Access to
residential	(v)	Life and social		(b) At least twelve		

Г				(1.5)		
treatment		skills training		(12) female		Social workers
and/or	(vi)	Empowering	(v)	Vocational training	(vii)	Case workers
rescued		individual to		rooms	(viii)	Access to
from toxic		maintain healthy	(vi)	Consultation		Laboratory
home		lifestyle		rooms		technologists
environme	(vii)	Relapse	(vii)	Counselling rooms	(ix)	=
nts – open	, ,	prevention	(viii)	Meeting rooms		Pharmaceutical
24 hours)		strategies	(ix)	At least two (2)		technologists
	(viii)	-	(IX)	observation or	(x)	
	(. 111)	education and		emergency rooms	(A)	Occupational
		therapy	(11)			therapists
	(iv)	Reintegration	(x)	Sample collection and referral	(xi)	_
	(IA)	and linkage to			(XI)	
		social support	(xi)	Dispensing		Physiotherapist
		services		pharmacy		S
		including:	(xii)	Health records and	(xii)	
		_		information	(xiii)	
		(a) Family		management	(xiv)	HPO
		support		system	(xv)	Peer educators
		(b) Vocational	(xiii)	IPC and WASH	(xvi)	Volunteers
		training		requirements	(xvii)	Support staff
		(c) Income	(xiv)	Kitchen	(xviii)	
		generating	(xv)	Laundry	(xix)	
		opportunitie	(xvi)	Security and safety	(AIA)	leaders
		S	(11.1)	measures		icaceis
		(d) Sporting	(xvii)	Library with books		
		activities	(AVII)	and computers and		
		(e) Housing		internet		
		(f) Legal	(:::)	Recreational		
		(g) NCPWD	(xviii)			
		(h) Law		facilities		
		enforcement	(xix)	Sporting facilities		
	(x)	Linkage and	$(\lambda\lambda)$	Utility vehicles		
	(X)	referral to	(xxi)	Access to		
				ambulance for		
		treatment		referrals		
		services				
	(xi)	Discharge				
		planning				
			<u> </u>			
			LEVE		ı	
Facility type and	(Core services	Infras	tructure/ Equipment	$C\epsilon$	ore personnel
description						
3A:	(i)	Comprehensive	(i)	Screening tools	(i)	Access to
Comprehensive		biopsychosocial		IEC materials		Psychiatrist
outpatient		assessment	` ′	Emergency	(ii)	Resident
facility	(ii) Treatment		resuscitation kits		Medical Officer
(mid- to high-	,	planning		Consultation rooms		or Resident
intensity	(iii		` ′	Counselling rooms		Mental health
interventions –	(111	assisted	(٧)	Counselling rooms		clinical officers
inter (entions		abbibiou	l		L	01110110

	1					
only day time)		detoxification		Meeting rooms	(111)	Resident Mental
	(iv)	Maintenance	(vii)	Observation or		health nurses
		medication		emergency room	(iv)	Resident
	(v)	Behavioural	F	Procedure room		Psychologists
		and	(viii)	Pharmacy	(v)	Resident
		psychosocial	(ix)	Laboratory able to		Addiction
		treatment of		do routine tests and		counsellors
		addiction and		rapid drug tests,	(vi)	Laboratory
		psychiatric		sample collection		technologists
		disorders		and referral for	(vii)	Pharmaceutical
	(vi)	Family		other tests		technologists
		education and	(x)	Health records and	(viii)	_
		therapy	(.1)	information	(' 111)	workers
	(vii)	Harm		management system	(iv)	Access to
	(reduction	(vi)	IPC and WASH	\ /	Occupational
		services	(A1)	requirements		therapist
	(viii)	Life and social	(-::)	•	()	Access to
	(1111)	skills training	(xii)		(X)	
	(iv)	Empowering	,	measures		Physiotherapists
	(IX)	individual to	(X111)	Recreational	` ′	Nutritionists
		maintain		facilities	` ′	Case workers
				Utility vehicles	, ,	Peer educators
		healthy	(xv)	Ambulance for	(xiv)	Volunteers
	()	lifestyle		referrals	(xv)	Trainers
	(X)	Linkage to			(xvi)	HRIO
		residential and				HPOs
		comprehensive			, ,	Support staff
		treatment			(XVIII)	Support starr
		centres				
	(xi)	Discharge				
		planning and				
		linkage				
3B:	(i)	Comprehensiv	(i) Screening tools	(i)	Access to
Pagia innetiant		e	(ii) IEC materials		Psychiatrist
Basic inpatient		biopsychosocia	(11) IEC materials	(::)	A
facility		1 assessment) Emergency	(11)	Access to
(Provides	,			resuscitation kits		Medical Officer
residential	(11)	Individualized	(:	C14-4:	(iii)	Resident Mental
treatment that is	5	treatment	(10)) Consultation		health clinical
both short- and		planning		rooms		officer
long-term)		Maintenance	(v) Counselling rooms		
iong tonn,	(111)	medication	, .	. M .:	(iv)	Resident
			(V1) Meeting rooms		Psychologists/
	(iv)	Behavioural	(vii) Procedure room		Addiction
		and				counsellors
		psychosocial	(V111	Inpatient facilities	(37)	Resident Mental
		management		for:	(()	health nurses
	(37)	Continuous		(a) At least eight		
	(v)			(8) male	(vi)	Access to
		clinical		` /		Laboratory

	assessment	patients	technologists
(vi)	Engagement with patient's family/ social		(vii) Access to Pharmaceutical technologists
	network to support recovery.	(c) At least four (4) adolescents or children	(viii) Access to Social workers
(vii)	Family education and therapy.	(ix) At least one	(ix) Access to Occupational therapist
(viii)	Life and social skills training.	(x) Nursing station (xi) Basic pharmacy	(x) Access to Physiotherapists
(ix)	Empowering individual to maintain healthy lifestyle.	(xii) Side laboratory i.e. able to do routine rapid tests (dipstick) and rapid drug tests, and offer sample	(xi) Nutritionists ± Volunteers Support staff
	Linkage to residential and comprehensive treatment centres	collection and referral for other tests (xiii) Health records and	
(xi)	Linkage to halfway and other recovery	information management system	
	support programs.	(xiv) Linkage to imaging services	
(xii)	Linkage to management of co-morbid	(xv) Linkage to Electroencephalog raphy	
	medical and/or psychiatric disorders.	(xvi) Health records and information management	
(xiii)	Relapse prevention and management	system	
(xiv)	Nutritional assessment and	(xviii) Kitchen	
(xv)	management Discharge planning and	(xx) Security and safety	
	linkage	(xxi) Library with	

books,

computers

and internet	
access.	
(xxii) Recreational	
facilities	
("") 0 ((114)	
(xxiii) Sporting facilities	
(xxiv) Utility vehicles	
(xxv) Ambulance for referrals	
LEVEL 4	
Facility type and Core services Infrastructure/ Equipment Core person	onnel
description	,,,,,,,,
Primary (i) Comprehensive (i) Screening tools (i) Visiting	σ
treatment biopsychosocial (ii) IEC materials Psychia	
(iii) Emergency	nt al Officer
d	-
outpatient and planning (v) Counselling rooms Mental	
tame residential (VI) Meeting rooms	l officer
treatment (VII) Inpatient facilities (IV) Residen	
for:	
open 24 hours) (iv) Initiation of (a) At least twelve and clin	
maintenance (12) male psycho	-
medication patients (v) Reside	
(v) Behavioural and (b) At least twelve Addict	
psychosocial (12) female counse	llors
treatment of patients (vi) Mental	health
addiction and (c) At least four (4) nurses	
psychiatric adolescents or (vii) Labora	tory
disorders children technol	logists
including 12- oten (viii) Emergency or (viii) Pharma	
	aceutical
programmes doscivation fooths tacknot	
(vi) Continuous deprivation rooms (ix) Social	
clinical deprivation forms (a) October	
assessment (A) Tharmacy	
(vii) Engagement (XI) Laboratory able to	
with patient's (vii) Nutrit	
family/social (viii) Coses	
network to	
support recovery (xii) Access to imaging (xiv) Traine	
(viii) Family services – x-ray, (xv) Peer e	
education and ultrasound (xvi) Volum	
therapy (xiii) Access to (xvii) HRIO	
(ix) Harm reduction electroencephalogra (xviii) HPOs	
services phy (xix) Suppo	ort staff
(x) Life and social (xiv) Health records and	
skills training information	
(xi) Empowering management system	

1						
	1	individual to		IPC and WASH		
		maintain healthy		requirements		
	1	lifestyle	(xvi) l	Kitchen		
		Linkage to	(xvii) l	Laundry		
		secondary and	xviii) S	Security and safety		
		tertiary	1	measures		
		residential	(xix) l	Library with books,		
		treatment		computers and		
		centres		internet access		
		Linkage to	(xx) l	Recreational		
		management of		facilities		
		co-morbidities	(xxi) S	Sporting facilities		
	(xiv)	Discharge		Utility vehicles		
		planning and		Ambulance for		
		linkage		referrals		
			LEVE			
E 11:		•				7
Facility type and	C	ore services	Infrasi	tructure/ Equipment	Cor	re personnel
description						
Secondary		Comprehensive	(i)	Screening tools	` '	esident
treatment facility		biopsychosocial	(ii)	IEC materials		sychiatrist
(provides		assessment	(iii)	Emergency	(ii) Re	esident
comprehensive	(ii)	Individualised		resuscitation kits	Ph	nysician
outpatient and	Į	treatment	(iv)	Consultation	(iii)	Other medical
comprehensive		planning	,	rooms	, ,	specialists
residential	(iii)	Provide	(v)	Counselling rooms		and/or
treatment i.e.	` ′	emergency		Meeting rooms		subspecialists
both short- and	l	resuscitation		•		available on
long-term		services and	(VII)	Inpatient facilities		call
residential		linkage to		for:	(iv)	Medical
treatment - open		critical care	((a) At least twenty	(11)	officers
24 hours)		Medical		(20) male	(v)	Pharmacists
,	(11)	detoxification		patients		
		for	((b) At least twenty	(V1)	Resident
		management of		(20) female		Clinical
		withdrawal		patients		psychologist
			((c) At least twelve	(vii)	
	()	symptoms		(12) adolescents	(viii)	
	(v)	Management		or children		Addiction
		of co-morbid	(viii)	At least eight		counsellors
		medical and/or	, ,	emergency or	(ix)	Mental health
		psychiatric		observation rooms		clinical
		disorders	(ix)	Access to HDU or		officers
	(vi)	Maintenance	(1/1/)	ICU facilities	(x)	Mental health
		treatment	(v)	Pharmacy	` '	nurses
	(vii)	Prevention of		•	(xi)	
		relapse	(X1)	Laboratory able to	\ /	Laboratory
	(viii)	Behavioural		do comprehensive	(XII)	technologists
		and		tests and	(v:::)	
		psychosocial		comprehensive	(xiii)	
				drug tests		1 technologists

	adding psychological psycholog	ical issment agement agement apatient's ily/social work to port overy uding ital therapy m action ices kage to ary dential tment tres kage to imunity ital health ices charge ining and	(xiii) (xiv) (xv) (xvi) (xvii) (xviii) (xix) (xxi) (xxii) (xxiii) (xxiv)	Imaging – x-ray, ultrasound Access to CT, MRI, PET, etc Electroencephalog raphy Health records and information management system IPC and WASH requirements Kitchen Laundry Security and safety measures Library with books, computers and internet access Recreational facilities Sporting facilities Vocational training facilities Utility vehicles Ambulance for referrals	(xvi) (xvii) (xviii) (xix) (xxi) (xxii) (xxiii) (xxiii) (xxivi)	Social workers Occupational therapist Physiotherapis ts Nutritionists Case workers Trainers Peer educators Volunteers HRIOs HPOs Support staff
		0	LEVEI	. 6		
Facility type and description	Core se	ervices		ructure/ Equipment	Cor	e personnel
6A: Tertiary treatment facility (provides comprehensive outpatient and	biop 1 ass (ii) Indi trea plan	orehensive osychosocia sessment vidualised tment uning	(ii) (iii) (iv)	Screening tools IEC materials Emergency resuscitation kits Consultation rooms	(ii) (iii)	Resident Psychiatrists Resident Physicians Resident Neurologist
intensive residential	(iii) Med deto	lical exification		Counselling rooms Meeting rooms	(iv)	Resident Anaesthesiolo

treatment within		for	(viii)	Inpatient facilities		gist or Critical
Level 6 hospital		management of		for:		care specialist
open 24 hours)		withdrawal			()	-
– open 24 nours)			((a) At least thirty-	(V)	Resident
	(:)	symptoms		two (32) male		medical
	(iv)	0		patients		specialists and
		of intoxication	,	(b) At least thirty-		sub-specialists
		and overdose		two (32) female	(V1)	Medical
		including ICU	((c) At least sixteen		officers
		care		(16) adolescents	. ,	Pharmacists
	(v)	Management		or children	(viii)	Resident
		of co-morbid	(viii)	At least twelve		Clinical
		medical and		(12) observation or		psychologists
		psychiatric		emergency rooms	(ix)	Psychologists
		disorders	(ix)	At least eight (8)		Addiction
	(vi)	Maintenance		isolation rooms	()	counsellors
		treatment	(x)	At least two (2)	(xi)	Mental health
	(vii)	Relapse	()	sensory	(111)	clinical
		prevention		deprivation rooms		officers
		strategies	(xi)	Sensory	(vii)	Mental health
	(viii)	Behavioural	(111)	stimulation therapy	(AII)	nurses
		and	(vii)	Brain stimulation	(viii)	Critical care
		psychosocial	(AII)	therapy e.g. ECT,	(AIII)	nurses
		treatment of		TMS, VNS	(:)	
		addiction and	(xiii)		(XIV)	Laboratory
		psychiatric			()	technologists
		disorders		HDU	(xv)	Pharmaceutica
		including brief		Pharmacy		1 technologists
		intervention,	(xvi)	Laboratory able to	, ,	Social workers
		cognitive		do comprehensive	(xvii)	Occupational
		behavioural		tests and		therapist
		therapy (CBT)		comprehensive	(xviii)	Physiotherapis
		and 12-step		drug tests		ts
		programmes	(xvii)	Imaging - x-ray,	(xix)	Nutritionists
	(ix)	Continuous		doppler	(xx)	Case workers
	` /	clinical		ultrasound, CT,	(xxi)	Trainers
		assessment		MRI, PET	, ,	Peer educators
	(x)	Engagement	(xviii)	Electroencephalog		Volunteers
	(11)	with patient's		raphy	(xxiv)	
		family/social	(xix)	IPC and WASH		
		network to		requirements		HRIOs
		support		Kitchen	(XXVI)	Support staff
		recovery		Laundry		
	(vi)	Family		Security and safety		
	(A1)	education and	(11111)	measures		
		therapy	(xxiii)	Library with		
	(vii)		(AAIII)	books, computers		
		Marital therapy		and internet access		
	(XIII)	Harm	(vviv)	Recreational		
		reduction	(AAIV)	facilities		
				Tacilities		

			(******)	Cnouting f = -!1!4!		
	(:)	services		Sporting facilities		
	(XIV)	Life and social	(XXV1)	Vocational training		
	()	skills training	(: <u>:</u>)	facilities		
	(XV)			Utility vehicles		
		specialist	XXV111)	Ambulance for		
		treatment		referrals		
		centres				
	(XV1)	Discharge				
		planning				
	(xvii)	Linkage to				
		community				
		mental health				
(D	(1)	services	(1)	9	<i>(</i> 1)	5
6B:	(1)	Comprehensiv	(1)	Screening tools	(1)	Resident
Specialist		e	(ii)	IEC materials		Psychiatrists
treatment centre		biopsychosocia		Emananav	(ii)	Resident
(a stand-alone		1 assessment	(111)	Emergency resuscitation kits	, ,	Physician
comprehensive	(ii)	Individualised		resuscitation kits	(;;;)	Resident
outpatient and		treatment	(iv)	Consultation	(111)	Anaesthesiolo
intensive		planning		rooms		• .
residential	(iii)	Medical	(v)	Counselling rooms		gists or Critical care
mental health	(111)	detoxification				specialists
and SUD		for	(V1)	Meeting rooms	<i>(</i> ;)	-
treatment centre		management of	(vii)	Inpatient facilities	(iv)	Resident or
open 24 hours)		withdrawal		for:		visiting
,		symptoms	(a) At least thirty-		Neurologist
	<i>(</i> ;)	•	(two (32) male	(v)	Other medical
	(iv)	0		patients		specialists and
		of intoxication		1		sub-specialists
		and overdose	(b) At least thirty-		available on
		including ICU		two (32) female		call
		care	(c) At least sixteen	(vi)	Medical
	(v)	Management	Ì	(16) adolescents	(11)	officers
		of co-morbid		or children		
		medical and	(11111)	At least twelve	(vii)	Pharmacists
		psychiatric	(VIII)	(12) observation or	(viii)	Resident
		disorders		` '	` /	Clinical
	(vi)	Maintenance		emergency rooms		psychologists
	(12)	treatment	(ix)	At least eight (8)	(:)	
				isolation rooms	(IX)	Psychologists
	(V11)	Relapse	(x)	At least two (2)	(x)	Addiction
		prevention	()	sensory		counsellors
		strategies		deprivation rooms	(xi)	Mental health
	(viii)	Behavioural		_	(A1)	clinical
		and	(X1)	Sensory		officers
		psychosocial		stimulation therapy	,	
		treatment of	(xii)	Brain stimulation	(xii)	Mental health
		addiction and		therapy e.g. ECT,		nurses

	psychiatric		TMS, VNS	(xiii)	Critical care
	disorders	(xiii)	ICU		nurses
	including brief intervention,	(xiv)	HDU	(xiv)	Laboratory technologists
	cognitive behavioural therapy (CBT)		Pharmacy Laboratory able to	(xv)	Pharmaceutica l technologists
	and 12-step programmes		do comprehensive tests and	(xvi)	Social workers
(ix)	Continuous		comprehensive drug tests	(xvii)	Occupational therapist
	clinical assessment	(xvii)	Imaging – x-ray, doppler	(xviii)	Physiotherapis ts
(x)	Engagement with patient's		ultrasound, CT, MRI, PET	(xix)	Nutritionists
	family/social	(vviii)	Electroencephalog	(xx)	Case workers
	network to support	(AVIII)	raphy	(xxi)	Trainers
	recovery	(xix)	IPC and WASH	(xxii)	Peer educators
(xi)	Family		requirements	(xxiii)	Volunteers
	education and	(xx)	Kitchen	(xxiv)	HRIOs
(v;;)	therapy Marital tharapy		Laundry	(xxv)	HPOs
	Marital therapy Harm	(xxii)	Security and safety	(xxvi)	PHOs
(XIII)	reduction services	(xxiii)	measures Library with	(xxvii)	Support staff
(xiv)	Life and social skills training		books, computers and internet access		
(xv)	Discharge	(xxiv)	Recreational facilities		
	planning	(xxv)	Sporting facilities		
(xvi)	Linkage to community mental health	(xxvi)	Vocational training facilities		
	services	(xxvii)	Utility vehicles		
		xxviii)	Ambulance for referrals		

Abbreviations:

• CHV Community health volunteer

• CHEW Community health extension worker

• CT Computed tomography scan

• ECT Electroconvulsive therapy

• EEG Electroencephalography

• KRCHN Kenya Registered Community Health Nurse

1376	Kenya Subsidiary Legislation, 2022
• HDU	High dependency unit
 HPO 	Health promotion officer
• HRIO	Health records and information officer
• ICU	Intensive care unit
• IEC	Information, education and communication
• IPC	Infection prevention and control
• MRI	Magnetic resonance imaging
• NCPWD	National Council for Persons with Disabilities
• PET	Positron emission tomography
 PHO 	Public health officer
• SUD	Substance use disorder
• TMS	Transcranial magnetic stimulation
• VNS	Vagus nerve stimulation

Screening tools:

WASH

 ASSIST – Alcohol, Smoking and Substance Involvement Screening Tool – developed by the WHO

Water, sanitation and hygiene

- CAGE Questionnaire it has 4 questions to gauge a client's alcohol use i.e. Cut down, Annoyed, Guilty and Eye-opener
- COWS Clinical Opiate Withdrawal Scale the examining clinician assesses the client on 11 items
- PHQ-9 Patient Health Questionnaire it has 9 questions to assess for depression.

Comprehensive package of HIV prevention, treatment and care interventions for people who inject drugs (PWID)

Core components recommended by WHO/UNODC/UNAIDS:

- Needle and syringe programme (NSP)
- Opioid substitution therapy (OST) and other evidence-based treatment persons with opioid use disorder
- HIV testing and counselling
- Antiretroviral therapy (ART)
- Prevention and treatment of sexually transmitted infections (STIs)
- Condom programmes for PWID and their sexual partners
- Targeted information, education and communication for PWID and their sexual partners

- Vaccination, diagnosis and treatment of viral hepatitis
- Prevention, diagnosis and treatment of tuberculosis (TB)
- Outreach services
- Overdose prevention and management Made on the 5th August, 2022.

MUTAHI KAGWE, Cabinet Secretary for Health.