
**Tourism and related services —
Medical tourism — Service
requirements**

*Tourisme et services connexes — Tourisme médical — Exigences de
service*

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Foreword

ISO (the International Organization for Standardization) is a worldwide federation of national standards bodies (ISO member bodies). The work of preparing International Standards is normally carried out through ISO technical committees. Each member body interested in a subject for which a technical committee has been established has the right to be represented on that committee. International organizations, governmental and non-governmental, in liaison with ISO, also take part in the work. ISO collaborates closely with the International Electrotechnical Commission (IEC) on all matters of electrotechnical standardization.

The procedures used to develop this document and those intended for its further maintenance are described in the ISO/IEC Directives, Part 1. In particular, the different approval criteria needed for the different types of ISO documents should be noted. This document was drafted in accordance with the editorial rules of the ISO/IEC Directives, Part 2 (see www.iso.org/directives).

Attention is drawn to the possibility that some of the elements of this document may be the subject of patent rights. ISO shall not be held responsible for identifying any or all such patent rights. Details of any patent rights identified during the development of the document will be in the Introduction and/or on the ISO list of patent declarations received (see www.iso.org/patents).

Any trade name used in this document is information given for the convenience of users and does not constitute an endorsement.

For an explanation of the voluntary nature of standards, the meaning of ISO specific terms and expressions related to conformity assessment, as well as information about ISO's adherence to the World Trade Organization (WTO) principles in the Technical Barriers to Trade (TBT), see www.iso.org/iso/foreword.html.

This document was prepared by Technical Committee ISO/TC 228, *Tourism and related services*.

Any feedback or questions on this document should be directed to the user's national standards body. A complete listing of these bodies can be found at www.iso.org/members.html.

Introduction

The number of people travelling from one country to another searching for healthcare has quickly increased in recent years. Some of the reasons for this are the competitive prices that certain countries offer, the unavailability of treatment in medical tourists' home countries and the desire of medical tourists to skip long waiting lists. Furthermore, the growing demand within this global market has benefited from the ease and affordability of international travel as well as technological progress and the possibilities that the internet offers. Treatments include cosmetic surgery, dentistry, laser surgery for eyes, spinal disc replacement, brain surgery (e.g. cerebral valve adaptation), oncologic surgery (e.g. tumorsexeresis or complete organ removal), bariatric surgery (e.g. gastric bypass) and cardiac bypass surgery.

Multiple stakeholders are involved in the medical tourism value chain, including facilitators, healthcare providers (e.g. clinics and hospitals), professionals (e.g. doctors) and other interested parties (e.g. insurance companies and consulates). The development of medical tourism faces many challenges, such as simplifying the administrative tasks, enhancing and adapting healthcare procedures and post-treatment care, and coordinating travel arrangements. These might present some difficulties for healthcare providers in meeting medical tourists' expectations.

There is an obvious need, therefore, to define, at an international level, the minimum quality requirements for providing medical tourism services, considering the different stakeholders involved, in order to meet the expectations of medical tourists.

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Tourism and related services — Medical tourism — Service requirements

1 Scope

This document establishes the requirements and recommendations for facilitators and healthcare providers in medical tourism.

This document intends to ensure quality service provision for tourists in order to meet the expectations of tourists travelling for medical reasons as a primary motivation.

This document does not apply to thalassotherapy centres, medical spas or wellness spas.

2 Normative references

There are no normative references in this document.

3 Terms and definitions

For the purposes of this document, the following terms and definitions apply.

ISO and IEC maintain terminological databases for use in standardization at the following addresses:

- ISO Online browsing platform: available at <https://www.iso.org/obp>
- IEC Electropedia: available at <http://www.electropedia.org/>

3.1

concierge service

service provided by the *facilitator* (3.2), the *healthcare provider* (3.4) or both to enhance the medical tourist's experience

EXAMPLE Pick-up or return to the airport, medical and leisure activity escort, parking services, translation services, babysitting, cleaning staff, drivers, 24-h personal attention, accommodation rental.

3.2

facilitator

medical-tourism-specialized intermediary which aids the medical tourist in the process of contracting medical services

Note 1 to entry: Some facilitators also completely or partly arrange concierge services, flights or accommodation for the medical tourist.

EXAMPLE Travel agency, medical cluster, the international department of a healthcare provider.

3.3

healthcare

activities to maintain and improve the health of individuals or the general population

[SOURCE: ISO 22886:2020, 3.11.2]

**3.4
healthcare provider**

organisation where *medical tourists* (3.9) are given medical consultation, diagnosis, rehabilitation and medical or surgical treatment

EXAMPLE Clinic, hospital, rehabilitation centre.

**3.5
healthcare staff**

qualified staff who provide clinical services to *medical tourists* (3.9)

EXAMPLE Nurse practitioner, physician's assistant, emergency medical technician, radiography staff, dietician.

**3.6
medical procedure**

action intended to deliver *healthcare* (3.3)

EXAMPLE Diagnosis, treatment, therapeutics and tests.

**3.7
medical staff**

graduates in medicine who meet the legal requirements for the practice of the profession

**3.8
medical tourism**

international or national travel which has *healthcare* (3.3) as a primary motivation

**3.9
medical tourist**

person travelling for *healthcare* (3.3)

Note 1 to entry: The reasons for such travel include medical consultation, diagnosis, rehabilitation and medical or surgical treatment.

**3.10
temporary exit allowance**

permission given to the *medical tourist* (3.9) to leave the *healthcare provider* (3.4) and continue the *treatment* (3.11) afterwards, when the treatment is carried out in several stages

Note 1 to entry: In some treatments, such as oncology, the treatment is carried out over several periods.

**3.11
treatment**

healthcare (3.3) given to the *medical tourist* (3.9) for an illness, injury or disease in order to make them healthy or to improve their quality of life

4 General requirements

4.1 General

This clause establishes the requirements for quality service in medical tourism and applies to both the facilitator and the healthcare provider.

The facilitator and the healthcare provider shall:

- a) provide the medical tourist with documented information about their specialties, the services offered and their field of expertise;
- b) cooperate with each other and with the medical tourist to facilitate the process, providing the medical tourist with the required information regarding both the travel and the medical procedure;

- c) have appropriate insurance for their activities;
- d) identify the legal requirements that apply to them (e.g. operating licence, authorization of the health authority, health transport, food safety, hazardous waste management, X-ray facilities) and ensure that these are taken into account when offering and providing the services;
- e) define and implement a documented procedure to identify the different job profiles of the organization managing the personal and clinical data of medical tourists and establish the level of permissions necessary to access that information for each job profile;
- f) ensure confidentiality and data protection for medical tourists (e.g. separate records for clinical data and administrative data); it is highly recommended that software systems are implemented which allow the management of and control the access to this information (e.g. tests, results, diagnostics);
- g) recommend contracting an insurance policy to cover possible complications of the treatment when this is not included in the given quotation, considering also other expenses for death and repatriation (for the medical tourist and their companions);
- h) implement a management system that evidences quality service provision and appropriate internal management.

4.2 Visa arrangements

The facilitator, the healthcare provider or both should identify and document the visa requirements for international medical tourists, where applicable and at least for those countries of origin where most of their medical tourists come from.

In some cases, the healthcare provider can write an invitation letter when requested by the medical tourist.

4.3 Concierge services

4.3.1 General

Concierge services can be offered either by the facilitator or the healthcare provider.

The facilitator or healthcare provider shall define the services offered for their medical tourists' convenience. For that purpose, it should analyse, for example:

- a) the treatments offered;
- b) the average stay of the medical tourists;
- c) the origin of the medical tourists;
- d) the languages and other cultural issues related to the medical tourists.

4.3.2 Foreign languages and translation services

The facilitator and the healthcare provider shall communicate and provide their services in at least one foreign language, which shall be determined considering the countries of origin of their medical tourists. When translation services are required, these services shall be provided.

The facilitator and healthcare provider shall have a list or access to contact details related to translation service providers.

4.3.3 Transportation services

Transportation services from from the main destination entrance points (e.g. airports) shall be offered. Appropriate vehicles and facilities for medical tourists with physical disabilities should be provided. The medical tourists shall be informed of applicable conditions in advance.

Transportation to the accommodation facilities at the destination shall be provided by the healthcare provider or the facilitator (upon request, if applicable). The transportation should be appropriate to the medical condition of the medical tourists.

4.3.4 Accommodation services

When, due to the type of treatments carried out by the healthcare provider (i.e. follow-up activities and recovery), an accommodation service outside the healthcare provider is needed, the facilitator and the healthcare provider shall cooperate with accommodation providers and other service companies at the destination in order to offer practical information. The accommodation should account for the needs and requirements of people with disabilities.

NOTE For additional information about accessibility requirements see ISO 21902¹⁾.

The opportunity to book those services together with the treatment as a package should be available.

4.4 Medical tourist satisfaction monitoring and action plan

Both the healthcare provider and the facilitator shall measure and monitor medical tourist satisfaction with their own service. Also, concierge services, when applicable, shall be measured and monitored.

The results obtained from this evaluation shall be available for the staff involved so that the healthcare provider, the facilitator or both implement an action plan to improve medical tourist satisfaction. They shall also handle medical tourists' complaints.

The results obtained from the monitoring plan of medical tourist satisfaction as well as the actions taken to improve medical tourist satisfaction shall be recorded.

5 Requirements for facilitators

5.1 General

Medical tourism is divided into three major processes:

- pre-travel and pre-treatment;
- treatment;
- post-treatment, including return home and follow-up.

The facilitator shall:

- a) have specific knowledge of the healthcare sector;
- b) document its relationship with the healthcare provider through a contract, which includes the procedure to be followed by both parties; this contract shall also ensure the data protection of the medical tourists;
- c) keep documented information of the medical procedure.

The minimum competencies for facilitators shall be as specified in [Annex B](#).

1) Under preparation. Stage at the time of publication: ISO/DIS 21902:2020.

5.2 Pre-travel and pre-treatment

The facilitator shall:

- a) collect general information from the medical tourist so the appropriate treatment can be offered by the healthcare provider and, when requested by the medical doctor, submit a form to be completed by the medical tourist to inform the medical doctor of his or her medical history;
- b) provide the medical tourist with the information needed regarding the medical doctor, healthcare provider and/or its own services and expertise;
- c) ensure that an application form is completed by the medical tourist; the application form shall include at least the medical tourist's contact details, language preference and submission of privacy policy, and shall allow the medical tourist to explain his or her needs or case;
- d) contact the medical tourist in order to get additional information to that previously provided through the application form, regarding his or her special needs, concerns and expectations, quotation and requested time frame for the treatment;
- e) request from the healthcare provider information regarding, for example, the medical staff, treatment, test benefits, possible general risks and complications of the treatment, length of stay and estimated time to discharge and recovery time, and inform the patient accordingly, referring the medical tourist to the healthcare provider for a medical process explanation;
- f) provide the medical tourist with general information regarding the travel arrangements offer (e.g. general visa information when needed, transfer information);
- g) ensure that the medical tourist has given formal consent for their personal information to be collected and disseminated to the medical staff;
- h) ensure that the requested medical data and tests (e.g. magnetic resonance imaging, X-rays, photos, clinical laboratory test results) are provided by the medical tourist when needed for the medical procedure;
- i) agree with the medical tourist about the most convenient travel dates;
- j) agree with the medical tourist about the accommodation facilities and other concierge services needed; the facilitator should suggest an accommodation provider which meets the medical tourist's needs (i.e. in terms of accessibility, nutrition and a companion person);
- k) request from the healthcare provider a quotation for the treatment;
- l) inform the medical tourist about the following:
 - the necessary travel documents, such as passport and visa acquisition and their estimated costs;
 - the possibility that the treatment might be cancelled for medical reasons once the medical tourist is at the healthcare provider;
 - the possibility that the selected doctor will not be available due to unforeseen circumstance; in this case, an alternative shall be determined in consultation with the medical tourist;
 - the payment policy;
 - the responsibility of every party in the process (facilitator and healthcare provider);
 - the applicable legislation, which is the one in the country where the treatment is carried out;
- m) after receiving all the information (including the medical process as well as the concierge services), send a final quotation of all services to the medical tourist for approval; this quotation shall be clear enough to allow them to identify what is included and what is not; coverage in case of complications (if any) shall be determined;

- n) book the treatment with the healthcare provider;
- o) arrange concierge services, taking into account the medical tourist's special needs and requests;
- p) send in advance the complete travel information to the medical tourist, above all departure and arrival dates at destination;
- q) ensure that administrative personnel of the facilitator have no access to clinical data.

5.3 Treatment

The facilitator shall stay in contact with the healthcare provider to monitor and ensure the correct fulfilment of the agreement during the whole treatment and assist the medical tourist in case of unsatisfactory results.

5.4 Post-treatment

5.4.1 General

The facilitator shall stay in contact with the healthcare provider to monitor and ensure the correct development of the agreement during the post-treatment and act as a mediator in case of complications or unsatisfactory results.

Specifically, during the recovery period at the destination (if any), the facilitator, as mediator, shall ensure the medical tourist receives from the healthcare provider the necessary post-treatment follow-up, according to the medical procedure.

The facilitator shall ensure that the accommodation is adapted to the medical tourist's specific needs.

5.4.2 Return home and follow-up

If the facilitator is responsible for the medical tourist's return home process, he shall plan this process according to the specific needs of the medical tourist.

The facilitator should ensure a follow-up service once the medical tourist is back home.

6 Requirements for healthcare providers

6.1 General

The healthcare provider shall:

- a) define and communicate its insurance policy for medical tourists;
- b) ensure effective communication with the medical tourist;
- c) inform the medical tourist of their rights and respect these.

NOTE [Annex A](#) includes information about the rights and duties of the medical tourist.

6.2 Information

6.2.1 Information about the healthcare provider

The healthcare provider shall inform the medical tourist about the following:

- a) the name of the healthcare provider in the local language and in English;

- b) service hours, availability of staff, emergency phone numbers and staff involved in and in charge of the medical procedure;
- c) the accessibility characteristics of the facilities and services (e.g. registration process, services offered, emergency advice);
- d) accepted insurance, costs, payment methods and financial assistance possibilities;
- e) concierge services offered to the medical tourist and companions, such as transportation services, accommodation (including information about types and length of stay);
- f) ancillary services of the healthcare provider (e.g. library, cafeteria, laundry service);
- g) visa requirements;
- i) cancellation policy; the evidence of the acceptance by the medical tourist shall be kept;
- j) the healthcare provider's responsibilities when the treatment is denied or interrupted for medical reasons;
- k) the conditions regarding a change of healthcare provider; if this happens, evidence of the acceptance by the medical tourist shall be kept;
- l) information about the insurance coverage that the healthcare provider holds.

The healthcare provider should display recognitions, certificates and accreditations that support their knowledge and expertise in the health field.

6.2.2 Information about the treatments

For each type of treatment offered, the healthcare provider shall inform the medical tourist about the following:

- a) associated risks, possible side effects or reactions (allergies), contraindications, medication; specifically, treatments which are not suitable in cases of pregnancy or a specified illness shall be identified and communicated;
- b) pre-treatment (preparation), post-treatment and follow-up;
- c) quotation;
- d) techniques used, drugs, follow-up and other similar procedures and services not covered by the quotation;
- e) clothing and personal items allowed;
- f) indications of the preparation required by certain tests (e.g. dietary specifications);
- g) specifications about the treatment in a way which can be understood by the medical tourist; this notification should be documented.

6.3 General service provision

The healthcare provider shall:

- determine if a schedule for consultation and admission in advance shall be offered, depending on the services provided;
- provide the required documentation for admission;
- establish a method to deal with conflicts or situations in which the medical tourist does not agree with the medical opinion on the risk linked with the interruption of the treatment (e.g. signature of a declaration of exemption from liability of the healthcare provider);

- define the steps to be followed in case any medical emergency or complication occurs (e.g. person to contact, medical transportation);
- offer to the medical tourist the option to interrupt the treatment at any time, even when there is a previous informed consent;
- give the medical tourist the option to revoke the informed consent; in cases where an informed consent is revoked or there is a voluntary discharge, a record shall be kept by the healthcare provider together with the medical history;
- respect the medical tourist's last will, informing them about the legal framework, if applicable;
- facilitate the relevant records when the medical tourist asks for a second opinion or changes the treating doctor for that purpose;

The healthcare provider should establish specific measures to protect the medical tourist's belongings.

6.4 Staff

6.4.1 Staff planning and coordination

The healthcare provider shall:

- a) define the workforce needed depending on criteria like the demand of services, shifts, specialization of the centre and opening hours;
- b) identify and document the different job positions needed and their responsibilities;
- c) implement and document the steps to coordinate the attention to each medical tourist.

6.4.2 Qualification requirements

The different job profiles for the previously identified job positions shall be defined, considering:

- a) capacities, skills knowledge and certificates required (e.g. certificate of membership);
- b) responsibilities and duties.

Medical and healthcare staff shall have an official diploma according to their job position and specialty. Specifically, healthcare staff of technical degree (e.g. nurses, physical therapists, physicists, image diagnostic technicians, analysts, opticians, medical laboratory scientists, blood bank specialists) shall conform to the relevant requirements (e.g. civil liability insurance, membership certificate, licence for X-ray operators).

For those job positions in contact with medical tourists, special attention shall be paid to medical tourists' orientation and language skills.

6.4.3 Training

The healthcare provider shall offer the training required for the employees. Therefore, a training plan for the different working areas shall be defined and implemented. This plan may contain training activities provided by both external and internal staff.

In order to design this plan, the healthcare provider shall identify the training needs of the employees. The frequency of the training activities shall be defined, as well as the follow-up mechanisms.

The following topics and any other relevant need for the healthcare provider should be considered within the training plan, depending on the job position:

- a) courtesy rules, considering the segmentation of medical tourists, culture approach, values and needs;

- b) foreign languages, taking into account the countries of origin of the medical tourists;
- c) information technology skills;
- d) quality requirements;
- e) assisting people with special needs (such as persons with disabilities and elderly people);
- f) risk, fire and accident prevention;
- g) dealing with emergency situations;
- h) food safety (when applicable);
- i) medical tourist rights and duties;
- j) informed consent;
- k) ethics.

The healthcare provider shall define a minimum period of training for new staff, considering staff experience, internal procedures and job positions. Records of the training should be kept.

6.5 Medical service provision

6.5.1 Admission process

The admission process shall be defined and documented according to medical criteria. The healthcare provider shall:

- a) admit a medical tourist only if the necessary care and services can be provided in a suitable environment;
- b) ensure that medical tourists are uniquely identified to avoid mistakes (e.g. with a bracelet);
- c) determine if a prior medical examination or screening is needed to admit a medical tourist, in which case a schedule for consultation and admission should be established in advance; if the medical tourist is admitted, he or she shall be addressed to the proper care unit;
- d) have specific instructions to keep medical tourists under observation;
- e) provide information about payment methods and medical providers' facilities;
- f) define how to reserve a room at the healthcare provider and how to book ancillary and concierge services, when needed.

6.5.2 Medical tourist history

The medical tourist's care shall be planned and recorded on the medical tourist's history by qualified staff. The medical tourist's history shall be accessible only to authorized staff and shall include at least the medical procedures performed on the medical tourist, medication, surgical information, type of anaesthesia used (if needed), reactions and outcomes.

6.5.3 Informed consent

- a) The medical tourist shall be informed about those issues related to the planned medical procedure, in order to make an informed decision.
- b) The healthcare provider shall have documented procedures and forms to obtain, when needed, the medical tourist's informed consent before the treatment, considering a cooling-off period.

- c) Documented procedures shall include who, besides the medical tourist, is allowed to give the informed consent.
- d) The informed consent shall be documented and shall specifically include:
 - explanation of the treatment and contraindications;
 - benefits of the treatment;
 - risks of the treatment;
 - specific risks for the medical tourist;
 - therapeutic alternatives.
- e) The informed consent shall be signed by the medical tourist or their legal representative if they lack the capacity to sign it.
- f) The healthcare provider shall give the medical tourist the option to ask questions if he or she has any doubt, and the healthcare provider shall answer them. The informed consent can be asked for more than once during the treatment if the risk of the medical procedures to be carried out is high. Furthermore, the option to revoke the informed consent shall be given to the medical tourist.
- g) The informed consent shall be available and officially translated into a language which can be understood by the medical tourist.
- h) The medical tourist's personal data shall be available only to authorized staff.

6.5.4 Rooms

When the healthcare provider offers rooms in its own facilities, these shall have the necessary space for the medical tourist and the adequate equipment.

These rooms shall have adjustable natural lighting, thermal insulation and air conditioning to ensure a comfortable temperature for the medical tourist, as well as acoustic insulation and conditioning to allow the medical tourist to rest. They shall have an accessible bathroom en suite.

6.5.5 Discharge

The healthcare provider shall document a procedure to discharge a medical tourist, either to return home or to be transferred to another healthcare provider or accommodation at the destination.

The discharge process shall include a complete discharge report, indications about the timing to issue it and the obligation to record it as a part of the medical history. The discharge report shall include at least:

- the admission or entry causes and diagnosis;
- the dates of entry and discharge;
- the results of the tests which are significant in the medical tourist procedure;
- the medical procedures which have been carried out by the healthcare provider;
- the health condition when discharging;
- the significant drugs provided, including the medication after discharge to be taken by the medical tourist;
- the follow-up instructions.

Regarding the discharge procedure, the following requirements shall be met:

- a) one copy of the discharge report shall be recorded as a part of the clinic history and another copy shall be delivered to the medical tourist; the given record cannot be changed afterwards and shall be signed by the medical doctor in charge of the medical tourist;
- b) temporary exit allowances shall be considered, when needed, as well as the recommendations to be followed during those permissions;
- c) specific instructions to be followed by the medical tourist shall be provided to them and to their companions;
- d) the healthcare provider shall consider the country of origin (or returning country) of the medical tourist when prescribing drugs, following treatment or both, taking into consideration, for example, non-accessible drugs and illegal drugs or treatments;
- e) in case the medical tourist is transferred to another healthcare provider following the recommendation of the original healthcare provider in order to receive further care, a cooperation and coordination system shall be defined to guarantee the level of service; in case of transfer to another healthcare provider, the original healthcare provider shall:
 - have determined first that the healthcare provider to which the medical tourist is going to be transferred can fulfil the needs of that medical tourist;
 - establish the transfer conditions, according to the health situation of the medical tourist, as well as the equipment needed for the transfer;
 - inform the healthcare provider where the medical tourist is being transferred, about his or her special needs and required medical monitoring, drugs and any other relevant information to be communicated;
 - identify responsibilities at each stage of the transfer and communicate them clearly to the different parties involved;
 - provide a discharge report to the healthcare provider to which the medical tourist is going to be transferred;
 - assign a qualified person to monitor the health situation of the medical tourist while transferring them to another healthcare provider; this person shall have also a copy of the discharge report;
 - consider if a companion is needed in the case of transfers managed by the healthcare provider;
 - make a follow-up of the transfer, if applicable;
- f) situations where it is not possible to transfer the medical tourist to another healthcare provider shall be considered.

6.5.6 The medical tourist's follow-up

The healthcare provider shall define the follow-up procedure, assist the medical tourist in the post-treatment follow-up and act accordingly.

6.6 Nutrition

Nutrition is an integral part of the medical service and a very important element in the treatment of the medical tourist. The culinary offer shall include balanced and healthy options, such as vegetarian and salt-free options.

When offering catering services, the nutrition regimens should consider:

- a) the health status of the medical tourist: provision of specific diets for medical tourists suffering from cardiovascular disease, gastrointestinal disease, diabetes or allergies;

- b) personalized diets: the preparation of personal nutritional regimes considering the eating habits and preferences of the medical tourist.

6.7 Safety and security

6.7.1 General

The healthcare provider shall assess the risks and define the protective measures to be taken to ensure the maximum level of safety for the medical tourist and staff.

These measures shall at least include:

- a) the designation of a responsible body for health and safety and security;
- b) the prevention and mitigation of clinical risks;
- c) the prevention and mitigation of general risks and accidents;
- d) food and hygiene arrangements;
- e) first aid, fire protection and emergency measures;
- f) staff training.

The healthcare provider shall plan, organize, control and monitor the preventive and protective measures defined after the risk assessment.

The healthcare provider shall keep a special health and safety archive that includes at least:

- the documented risk assessment and the corresponding protective measures;
- the health and safety system arrangements (procedures and instructions);
- the emergency response and evacuation procedures, considering medical tourists with special needs;
- the routine health and safety inspections;
- the accident investigation records;
- the arrangements for handling hazardous substances, including the corresponding safety data sheets;
- the records of staff training, including mock evacuations.

6.7.2 Food safety

The healthcare provider shall define the necessary measures to ensure food safety for its medical tourists. These measures shall cover, as a minimum, the control of supplies, the traceability of the food, the control of its preservation and the qualification of staff to handle food. The healthcare provider shall conform with the hazard assessment critical control points (HACCP) or good manufacturing practices (GMP) for food delivery.

6.7.3 Pest control and disinfection

A program for the extermination of rodents, disinfection and pest control shall be defined, taking into account the location and the specific condition of the facilities. For the application of products either by its own staff or by external staff, the healthcare provider shall have a copy of the authorization and sanitary registration of the products to be used.

At the same time, the healthcare provider shall consider the actions necessary to control and prevent contamination in susceptible facilities such as cooling towers, heat exchangers, tanks, showers, hot water taps, heated swimming pools, ornamental fountains, sprinkling systems, fire protection systems and cold-water facilities in general.

6.7.4 Security measures and medical tourist properties

The healthcare provider shall define the measures to ensure the security of the medical tourist and the staff on its premises. This includes the assets belonging to the medical tourist, the staff or the healthcare provider itself.

The premises should have external monitoring and control actions in place such as security guards, video cameras, control of car park keys and special attention during the loading and unloading of luggage.

Regarding security within the facilities of the healthcare provider:

- a) all staff shall be identified;
- b) access to the premises and medical wards (where relevant) shall be controlled day and night;
- c) the rooms shall be furnished with the necessary mechanisms to guarantee privacy and security.

6.7.5 Fire risk assessment and protection

The healthcare provider shall define the necessary measures to ensure fire protection according to the results of the risk assessment.

Emergency exits shall be duly signposted, permanently free from obstacles and easily opened from the inside without any form of lock, such as chains or padlocks.

6.7.6 Emergency and evacuation plan

The healthcare provider shall establish, implement and maintain an emergency plan that defines:

- the response to emergency situations, including the provision of first aid;
- the necessary training for the planned response;
- the periodic testing and exercising of the planned response capability;
- the communication of the plan to all staff, including their duties and responsibilities relating to its execution;
- the communication to medical tourists, visitors and other third parties;
- the communication with the relevant emergency response services and other government or local authorities where necessary.

An emergency drill shall be conducted periodically and the results shall be documented.

The healthcare provider shall inform the medical tourist and their companions, if needed, on how to act in the case of emergency and evacuation.

6.8 Cleaning, disinfection, sterilization and maintenance

6.8.1 Cleaning, disinfection and sterilization

The healthcare provider shall designate a responsible person to ensure cleaning, disinfection and sterilization.

A cleaning and aseptic plan shall be defined, documented and implemented based on the clinical risk assessment. The healthcare provider shall ensure a high level of cleanliness, taking into account the healthcare provision, the needs and the cleaning routines. All the healthcare provider's facilities (e.g. common areas, rooms) shall be properly cleaned and disinfected. The healthcare provider shall perform

bacteriologic and microbiological controls in the environment to support the efficacy of the cleaning and disinfection products.

Cleaning activities should be carried out in a way that minimizes the discomfort of the medical tourist.

6.8.2 Maintenance

The healthcare provider shall designate a person responsible for maintenance.

All the healthcare provider's facilities (common areas and those for individual treatments) shall be properly maintained. Maintenance activities shall be carried out without disturbing the medical tourist.

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