

# Independent Clinics

## Additional guidance for providing a service in a service user's home

UNDER REVIEW

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## **Introduction**

This guidance document should be followed in addition to the *Guidance for online application – applications to register as an IHC service*, which applies to all services.

## **Act and Regulations**

The *National Health Service (Scotland) Act 1978(a)* grants Healthcare Improvement Scotland the power to regulate independent healthcare services in Scotland. We took over these responsibilities from the Care Commission on 1st April 2011. The *Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*, are made under this Act and require the following in terms of premises:

- 'Regulation 10(1) states that 'a provider must not use premises for the provision of an independent health care service unless they are fit to be so used'.
- Regulation 10(2) states that 'a premises are unfit to be used for the provision of an independent health care service unless –  
(a) they are suitable for the purpose of the independent healthcare service';  
(b) they are of sound construction and kept in a good state of repair both externally and internally; and  
(c) they have adequate and suitable equipment, ventilation, heating and lighting.'
- Regulation 3(a) states that a service provider must 'make proper provision for the health, welfare and safety of service users'.
- Regulation 3(d)(i) states that a service provider must 'have appropriate systems, processes and procedures for all aspects of care and treatment carried out by the independent health care service including in particular – the prevention and control of infection'.

## **Health and social care standards**

The Scottish Government's *Health and Social Care Standards: my support, my life (June 2017)* set out what people should expect when using health, social care or social work services in Scotland. These replaced the National Care Standards in April 2018.

The Health and Social Care Standards can be found here:

<https://beta.gov.scot/publications/health-social-care-standards-support-life/>

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## General requirements

If you are providing a service in the service user's home, then you **must** ensure the following.

- There is a designated area for the safe and clean storage of your equipment and products in the registered premises from which you provide your service.
- The area where treatment is being carried out has suitable lighting.
- There is good ventilation – a supply of fresh, clean air drawn from outside or a mechanical ventilation system appropriate to the setting and procedures being undertaken.
- A reasonable working temperature, usually at least 16°C.
- Lighting must be suitable for the work being carried out.
- You must use your own clinical treatment couch for service users while providing treatments, unless you are a GP, dentist or midwife carrying out home visits related to primary medical care.
- The service user must not consume alcohol prior to or during the procedure.
- Children must not be present when you provide your service in a service user's home, unless they are the service user and your condition of registration allows you to treat children.
- You must not allow animals or pets in the area where you provide your service in a service user's home, with the exception of service animals.
- The environment must be smoke free prior to and during the procedure.

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## **Accidents, incidents and adverse events**

You must keep a record of all accidents, incidents and adverse events that involve you, your employees or service user's. Some accidents are also reportable under the *Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (2013)* (RIDDOR). Some of these may be reportable to Healthcare Improvement Scotland as a notification. Please refer to the Healthcare Improvement Scotland website for further information about reportable notifications. Keeping records will help you to identify patterns of accidents and injuries.

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## **Safe use of medicines**

Services are responsible for ensuring that they comply with the legal requirements and current best practice and guideline recommendations with regard to the safe, effective and secure use of medicines. Healthcare Improvement Scotland have developed a Medicine Management Governance Tool to assist you to assess that you are compliant with legislation best practice.

The Medicine Management Governance Tool is available on our website.

[http://www.healthcareimprovementscotland.org/our\\_work/inspecting\\_and\\_regulating\\_care/independent\\_healthcare/register\\_a\\_new\\_service.aspx](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/register_a_new_service.aspx)

## **Medical consultation and prescription**

Some injectable cosmetics are a prescription-only medicine. For prescription only medicines:

- Prescribers must meet with patients face-to-face before prescribing injectable cosmetics to make sure they fully understand the patient's medical history and reasons for wanting the treatment.
- You must demonstrate that a consultation has taken place in your patient health care records.

## **Storage**

You must have secure storage for medications, including a designated refrigerator approved for the storage of temperature controlled medicines, in the registered premises. You must monitor the operating temperature of the refrigerator and keep a written record to demonstrate that medicines are stored within the correct temperature parameters as required by the manufacturer. Records must be kept of corrective action where the temperature range is out with the safe storage range.

## **Transport**

A cold packed vaccine insulated box (or similar) must be used for transport of temperature controlled medicines if you are providing a service in a service user's home. You must demonstrate that medicines are stored within the correct temperature parameters as required by the manufacturer during transport. Temperature sensitive drugs must be audited appropriately.

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## **Standard infection control precautions**

Providers should adhere to the guidance in the *Health Protection Scotland's (HPS) National Infection Prevention and Control manual*. This document sets out best practice guidance for the prevention and control of infection in all healthcare settings.

<http://www.hps.scot.nhs.uk/haic/ic/guidelines.aspx>

## **Hand hygiene**

Hand hygiene is considered an important practice in reducing the transmission of infectious agents that cause healthcare associated infection.

### **When to wash your hands**

- Before and after contact with each client.
- After contact with any blood or body fluids.
- Immediately after the removal of gloves.
- After using a tissue or handkerchief.
- After smoking.
- After visiting the toilet.
- Before and after eating.
- Immediately after any other activity or contact with a service user's surroundings that could potentially result in hands becoming contaminated.

Hand wipes must not be used for hand hygiene. Hand wipes are not an alternative to hand washing or using ABHRs.

You must have:

- A personal supply of hand soap and paper towels to suitably decontaminate your hands using the hand wash facilities available to you in the service user's home.

Alcohol based hand rub to decontaminate your hands. ABHR solutions should contain 60-80% alcohol by volume.

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## Safe disposal of waste

Good waste management is important to:

- Reduce the health and safety risk to staff, clients and visitors.
- Protect the environment.
- Reduce waste disposal costs.

All providers have a legal responsibility to dispose of waste safely, ensuring no harm is caused either to staff, members of the public or the environment. This responsibility begins when waste is generated and ends with its final disposal. It is essential that persons handling waste fulfil their legal responsibilities by taking care to prevent injury or transmission of infection to themselves or others. The provider is responsible for ensuring that contracts are in place for the collection and safe disposal of offensive/hazardous waste from the premises. Providers must keep appropriate documentation provided by the waste management company to demonstrate appropriate of waste.

### Waste Streams

- **Healthcare (including clinical) waste** - is produced as a direct result of healthcare activities eg. soiled dressings, sharps. There are two waste streams through which clinical waste is disposed:
  - Orange – low risk** - consists of items which are contaminated or likely to be contaminated with infectious blood and/or body fluids. Final disposal following heat disinfection is to landfill.
  - Yellow– high risk** – Waste which poses ethical, highly infectious or contamination risks. This includes anatomical and human tissue which is recognisable as body parts, medical devices and sharps waste boxes that have red, purple or blue lids. Disposal is by specialist incineration.
- **Domestic waste - Black** - Final disposal to landfill. Clear/opaque receptacles may also be used for domestic waste at care area level.

### Safe waste disposal at care area level

Always dispose of waste:

- immediately and as close to the point of use as possible; and
- into the correct segregated colour coded UN 3291 approved waste bag (either orange/yellow for healthcare waste or black/clear/opaque for domestic) or container (sharps box).

Waste bags must be no more than 3/4 full or more than 4 kgs in weight; and use a ratchet tag/or tape (for healthcare waste bags only) using a 'swan neck' to close with the point of origin and date of closure clearly marked on the tape/tag.

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Store all waste in a designated, safe, lockable area whilst awaiting uplift.  
Sharps boxes must:

- have a dedicated handle
- have a temporary closure mechanism, which must be employed when the box is not in use
- be disposed of when the manufacturers' fill line is reached, and
- be labelled with point of origin and date of closure.

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## **Personal Protective Equipment (PPE)**

Before undertaking any procedure, staff should assess any likely exposure to blood or body fluids and ensure PPE is worn that provides adequate protection against the risks associated with the procedure or task being undertaken.

All PPE should be:

- located close to the point of use;
- stored to prevent contamination in a clean/dry area until required for use (expiry dates must be adhered to);
- single-use only items unless specified by the manufacturer; and
- disposed of after use into the correct waste stream ie. healthcare waste or domestic waste.

Reusable PPE items, eg. non-disposable goggles/face shields/visors must be included in a cleaning schedule.

For guidance on appropriate glove use and selection, refer to the HPS national infection prevention and control manual.

### **Management of blood and body fluid spillages**

Spillages of blood and other body fluids may transmit blood borne viruses. Spillages must be decontaminated immediately by staff trained to undertake this safely.

It is the responsibility of the provider to ensure that they have explained to the service user that there may be some blood or body fluid spillages arising from the consultation/treatment. A body fluid and spill kit must be carried by the provider.

You must use a chlorine releasing disinfectant and detergent for the decontamination of blood and body fluid spillages in accordance with the guidance in the HPS national infection prevention and control manual.

For guidance on the safe management of blood or body fluid spillages, refer to the HPS national infection prevention and control manual.

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## **Management of care equipment**

Care equipment is easily contaminated with blood, other body fluids, secretions, excretions and infectious agents. Consequently it is easy to transfer infectious agents from communal care equipment during care delivery.

Care equipment is classified as either:

1. **Single-use** – equipment which is used once on a single patient and then discarded. They must never be reused, even on the same patient.
2. **Single patient use** – equipment which can be reused on the same patient.
3. **Reusable invasive equipment** - used once then decontaminated eg. surgical instruments.
4. **Reusable non-invasive equipment** (often referred to as communal equipment) - reused on more than one patient following decontamination between each use eg. commode, patient transfer trolley.

Decontamination of reusable non-invasive care equipment must be undertaken:

- between each use
- after blood and/or body fluid contamination
- at regular predefined intervals as part of an equipment cleaning protocol, and
- before inspection, servicing or repair.

You should adhere to the manufacturers' guidance for use and decontamination of all care equipment.

You should develop cleaning schedules which include the responsibility for; frequency of; and method of cleaning.

You must take suitable cleaning products and materials with you to ensure that all equipment is decontaminated following use in line with the HPS national infection prevention and control manual.

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