CES 179

Compulsory

Ethiopian Standard

Second Edition

2020

Home based health care service Requirements

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CES 179

Foreword

This Ethiopian Standard has been prepared under the direction of the Technical Committee for Medical Science & Health care facility (TC 90) and published by the Ethiopian Standards Agency (ESA).

Application of this standard is COMPULSORY with respect to health & safety

A Compulsory Ethiopian Standard shall have the same meaning, interpretation and application of a "Technical Regulation" as implied in the WTO-TBT Agreement.

Implementation of this s tandard shall be effective as of xxxxx October 20xxx

Home Based Health Care Requirement

1. Scope

These Ethiopian standards provide minimum requirements for the establishment and maintenance of Home Based Health Care services with respect to practices, premises, professionals and products or materials put into use.

2. Normative Reference

ES xx Part 1-Health services-Terms and definitions

CES xx-Part 2- Health services –General requirements

CES xx-part 3-Health Services –Physical Infrastructure Requirements

3. Terms and Definitions

For the purpose of this standard the terms and definition in ES xx and the following definitions shall apply.

3.1. Authority;

Shall mean the Ethiopian Food, Medicine and Healthcare Administration and Control Authority.

3.2. Appropriate organ;

Shall mean a state government organ authorized to implement and control activities at a state level;

3.3. Person;

Shall mean any physical or judicial person.

3.4. Authorized person;

Shall mean any home based care service staff who is responsible for a given service.

3.5. Home based health care service;

Shall mean a type of health care and a philosophy of care, prescribed services provided in the home, such as nursing, speech therapy, occupational therapy, mental health cognitive therapy, dermatological diagnosis and treatment, nutrition, physical therapy and any health promotion activities. Focuses on relieving symptoms and supporting patients these symptoms can be physical, emotional, spiritual or social in nature.

3.6. Terminally ill patients;

Shall mean a person who has an illness that is reasonably expected to cause the death of the patient in six months or less if the disease runs its natural course.

3.7. Palliative care;

Shall mean the medical specialty focused on improving overall quality of life for patients and families facing serious illness. Emphasis is placed on intensive communication, pain and symptom management, and coordination of care. Palliative care is provided by a team of professionals working together with the primary doctor. It is appropriate at any point in a serious illness and can be provided at the same time as treatment that is meant to cure.

3.8. Long-term care;

Shall mean care that supports patients with chronic impairment for an indefinite period of time; it is provided in nursing facilities, at home or in the community.

3.9. Terminal illness;

Shall mean a medical term to describe an active and malignant disease that cannot be cured or adequately treated and that is reasonably expected to result in the death of the patient. This term is more commonly used for progressive diseases such as cancer or advanced heart disease than for trauma. A patient who has such an illness may be referred to as a terminal patient or terminally ill. Often, a patient is considered to be terminally ill when the life expectancy is estimated to be six months or less, under the assumption that the disease will run its normal course.

3.10. Chronic Debilitating;

Shall mean diseases that significantly interfere with the activities of daily living. While disorders of any organ system can hinder daily living to some extent, diseases that significantly hamper the capacity for physical activity tend to be most debilitating.

3.11. Home based health care;

Shall mean any form of health care giving to sick people in their own home.

3.12. Holistic;

Shall mean an approach that looks at the complete person, physically, psychologically and socially.

3.13. Informed consent;

Shall mean a decision made on the bases of information provided to the patient and /or family on the best options of care, and a mutual understanding of the implications of those options of care and treatment, medication side effects, and mutual agreement to pursue the options available.

3.14. Care Giver;

Shall mean a person whom the patient designates to provide his/her emotional support and/or physical care.

3.15. Nosocomial infection;

Shall mean infections are acquired in hospitals and other healthcare facilities. To be classified as a nosocomial infection, the patient must have been admitted for reasons other than the infection. He or she must also have shown no signs of active or incubating infection.

These infections occur up to 48 hours after hospital admission, up to 3days after discharge & up to 30 days after an operation in a healthcare facility when a patient was admitted for reasons other than the infection.

4. General Requirement

4.1 The Home based health care shall fullfill Physical requirements in CES xxx.

4.2 The Home based health care shall fullfill general requirements specified in CES xx part.

4.3 The home base health care service shall be available for at least working hours.

4.4 The home based care shall protect and promote each patient's rights. This includes the establishment and implementation of written policies and procedures for the patient right.

4.5 For undertaking any type of procedures and treatments an informed consent shall be required from the patient or patient's next of kin or guardian.

4.6 An informed consent may not be required during emergency cases or life threatening situations where the patient is not capable of giving an informed consent and his or her next of kin or guardian is not available.

4.7 The home based care service provider shall not provide services that require medication prescriptions other than OTC drugs, diagnostic and interventional investigations.

4.8 The home based care service provider shall not provide medication refilling service.

4.9 The home base care service provider shall develop a system to communicate with the primary service provider physician regarding the patients progress and outcome.

5. Specific requirements

5.1 Practice

5.1.1 There shall be eligibility criteria for Home based health care service. People eligible for receiving Home-Based Care includes but not limited to;

a. Any chronically/terminally ill adult or child, male or female;
b. Frail older people
c. People with moderate to severe functional disabilities
d. People recovering from an illness in need of assistance
e. People living with a debilitating disease or condition
f. Children, particularly with HIV, orphans and who are vulnerable as well as children in child headed households
g. Children with disabilities
h. HIV positive lactating mothers in need of assistance
i. People with mental illness

5.1.2 The Home based health care service shall have the following components*;*

a. Basic physical care

Physical care at home involves providing basic nursing care and comfort measures. Such care includes; recognizing symptoms, diagnosis, treatment, symptom management, referral and follow-up.

b. Basic nursing care

Basic nursing care includes positioning and mobility, bathing, wound care, skin care, oral hygiene, adequate ventilation and guidance and support for adequate nutrition.

c. Symptom management

Symptom management depends on the ill person's condition. However, basic symptom management and progress follow up includes:

- Reduce fever;
- Relieve pain;
- Contracture
- Joint stiffness
- Shock handling
- Seizure handling
- Hypoglycaemia

d. Palliative care;

- Home Nursing and Treatment Adherence
- Emotional, Psychological and Spiritual Care
- Social, legal and Household Livelihood Support
- Psychosocial support and counselling
- Physical rehabilitation
- Pain management

5.1.3 The Home based health care service shall provide at least the following services using written protocols:

a. Preventive care services
b. Palliative care services
c. Pain & other symptoms medication/ management
d. Treatment administration and follow up as per treating physician's prescriptions
e. Terminal care,
f. And other nursing care services
g. Post mortem care (optional)

5.1.4 The Home based health care service shall review its written protocol at least once every three years.

5.1.5 Written copies of nursing procedure manual shall be made available to the nursing staff. The manual shall be used at least to:

a. Provide a basis for induction of newly employed nurses,
b. Provide a ready reference on procedures for all nursing personnel,
c. Standardize nursing procedures and practice,
d. Provide a basis for continued professional development in nursing procedures/techniques.

5.1.6 There shall be a procedure for standardized, safe and proper administration of medications by nurses or designated home based health care service staff.

5.1.7 The Home based health care service shall have standard operating procedure for nursing care.

5.1.8 A licensed nurses shall assess and document regarding the followings:

a. Formulate and implement goal-directed nursing interventions,
b. Evaluate the plan of nursing care and
c. Involve patients, their relatives or next of kin in decisions about their nursing care.

5.1.9 Patient documentation in home based health care service shall include:

a. Medication/ treatment/ other items ordered by authorized treating physician,
b. Nursing care needed,
c. Long-term goals and short-term goals,
d. Patient/ family teaching and instructional programs,
e. The psycho- social & spiritual needs of the patient,
f. Preventative nursing care.

5.1.10 Implementation of infection prevention procedures shall be in place.

5.1.11 Copies of Nurse's code of professional practice shall be available and nurses shall abide by their code of professional practice.

5.1.12 The Home based health care service nursing staff shall make sure medications with clients are taken properly & timely.

5.1.13 Each patient shall be identified prior to drug administration. Drugs dispensed for one patient shall not be administered to another patient.

5.1.14 There shall be a policy for reporting and documenting drug errors and adverse drug reactions by attending nursing personnel to the prescriber.

5.1.15 Client referrals shall be determined by the client's need for care or guided by aims to reduce suffering and improve quality of life.

5.1.16 Home based health care service providers shall have trainings to recognize the need for referrals, to know when a referral is required, to consult as needed to determine the source of required services and to assist the clients and their families to make the necessary contacts.

5.1.17 Nursing personnel shall make sure medicines, needles, syringes and other supplies used for home based health care service shall be maintained under proper conditions.

5.1.18 Medications for pain control for terminally ill patients/clients shall be under strict control by a nursing staff with relevant training & experience.

5.1.19 Any home based health care service trial without the permission of the Authority is prohibited in these health facilities.

5.1.20 Disinfectants and other chemicals shall be stored separately from emergency medicines.

5.1.21 Medicines shall be kept in a secured, clean, ventilated cabinet and in accordance with the manufacturers' recommendation for storage conditions.

5.1.22 The Home based health care service shall manage and dispose medicines waste in accordance with the directive issued by the Authority.

5.1.23 The Home based health care service shall manage and dispose Sharp waste in accordance with the national requirement.

5.1.24 The Home based health care service shall be accessible to authorized inspector of an appropriate regulatory body.

5.1.25 There shall be Provision of emergency medicines recording and monitoring of use of drugs, compliance with prescribed drugs and non drug treatment. List of these medicines shall be according to the Authority's emergency Medicines List.

5.1.26 There should be periodic team meetings between the local health facility and Home based health care service team members.

5.1.27 There shall be practice of identifying & providing the service for patients who require assistance in feeding, mobilization and any biological process.

5.1.28 The Home based health care service shall have written agreement with health centers, hospitals, nursing home cares or medium clinics for advice or treatment.

5.2 Premises

5.2.1 The Home based health care service shall have well secured with regulated entrance & exit.

5.2.2 The Home based health care service team should be located in a local health facility where meetings can be held, records kept and supplies and equipment stored.

5.2.3 The Home based health care service shall have a minimum of the following premises set up:

Premises required	Number of rooms	Area required
• Office	1	9 sq. m
• Staff room /changing room/area	1	6 sq. m
• Toilet with hand washing basin (male and female)	2	4 sq. m each
• Sterilization room	1	4sq.m
• Store room	1	4sq.m
• Incinerator with ash pit	1	

NB; If the incinerator is not within the compound of the home based care office, the home based care service shall have a contractual agreement with authorized waste managing institution.

5.3 Professional

5.3.1 Home based health care service shall be directed by a: licensed nurse.

5.3.2 The home based health care service shall have the following minimum staff:

Professional required	Number required
• Head of home based health care service nurse	1
• Nurse	2
• Emergency and critical care • nurse (optional)	1
• Physiotherapist (Optional)	1
• Midwife(optional)	1
• General practitioner/HO(optional)	1
• Psychologist/counsellor (optional)	1
• Psychiatry (mental health)professional (optional)	1
• Speech therapist (optional)	1
• Occupational therapist (optional)	1
• Nutrition professional (optional)	1

5.4 Products

5.4.1 The Home based health care service shall have the following diagnostic sets:

a. Sphygmomanometer,

b. Stethoscope,
c. Thermometer
d. Othoscope
e. Torch
f. Pulsoximeter
g. Gluocometer
h. Goinometer (optional if there is no physiotherapy professional)
i. Reflex hammer
j. Tape meter
k. Fetoscope(optional if there is no midwife)

5.4.2 Home based health care service shall have the following consumable supply.

a. Urinary catheter
b. Surgical glove
c. Disposable glove
d. Cleaning supplies (detergents, disinfectants and other cleaning solutions etc.)
e. Conforming bandage
f. Rolled cotton wool 50g (100% pure)
g. Latex Lubricated condoms
h. Gauze swabs
i. Adhesive plaster
j. Disposable aprons plastic
k. Petroleum jelly/KY jelly
l. Spatula (wood)
m. Gentian violet
n. Povidone iodine
o. Condom catheter
p. Oral airway (optional)
q. Face mask
r. Nasal catheter
s. Normal saline
t. 40% glucose
u. Cotton applicator
v. Burn ointment

w. Telkom powder

x. Cotton Ring

y. Hot water bag

z. POP(for physiotherapy

aa. Splint material

5.4.3 Home based health care service shall have the following equipment's.

a. Dressing set

b. Refrigerator (optional)

c. chairs, cupboard

d. Table

e. Storage shelves for the medical equipment, Disinfectant chemicals, Dressing set.

f. Drum

g. Equipment holding kit

h. Medical bed (optional)

i. Suction machine(optional)

j. Oxygen cylinder with flow meter (optional)

k. Physiotherapy ultrasound (optional)

l. Tense (optional)

m. Walker (optional)

n. Wheelchair (optional)

o. Exercise ball (optional)

p. Cranach (optional)

q. Weight scale (optional)

r. Hot bag (optional)

s. Ice bag (optional)

t. Screen (optional)

The home base health care service shall full fill the requirement specified in general standards CES xx.

6. Health Promotion

6.1 The Home based health care service shall give health promotion activities based on the guidelines prepared by relevant health institution.

6.2 The Home based health care service shall provide information, education and communication (IEC) and behavioural change communication (BCC) service to the respective family.

6.3 The Home based health care service shall have a planned approach to collaborate with other health service levels and other institutions and sectors on ongoing basis. This shall include:

6.4 Health promotion services are coherent with current provisions and health plans.

6.5 Cooperate with existing health and social care providers and related organizations and groups in the community.

6.6 Documentation and patient information is communicated to the relevant recipient/follow-up partners.

7. Infection Prevention

7.1 Practices

7.1.1 All activities performed for infection prevention shall comply with the national infection prevention guidelines.

7.1.2 Infection prevention and control shall be effectively and efficiently governed and managed.

7.1.3 The Home based health care service shall identify the procedures and processes associated with the risk of infection and shall implement strategies to reduce infection risks.

7.1.4 The Home based health care service shall perform the following infection risk- reduction activities:

a) equipment cleaning and sterilization

b) proper disposal of infectious waste and body fluids

c) Handling and disposal of blood and blood components

d) Safe disposal of sharps and needles

e) Management of hemorrhagic (bleeding) patients

7.1.5 The following written policies and procedures shall be maintained

a) Hand hygiene

- Standard precautions for hand hygiene
- Personal protective measures
- Monitoring and surveillance of hand hygiene practice

b) Transmission-based precautions: Contact, Droplet, Airborne

c) Post-Exposure Prophylaxis programming (PEP) for some communicable diseases like rabies, HIV, meningitis etc.

- Standard precautions to follow
- PEP policy
- Procedures for PEP

d) Environmental infection prevention

- General the Home based health care service hygiene
- Structural infection prevention
- Physical Home based health care service organization

e) Waste management

- Cleaning medical instruments
- Implementation of a disposal system
- Handling medical waste
- Waste removal

7.1.6 The following specific standard precautions shall be practiced and the Home based health care service shall have its own guidelines:

a) Hand hygiene shall be performed after touching blood, body fluids, secretions, excretions, and contaminated items, both immediately before& after removing gloves and between patient contacts.

- Thorough hand washing
- Use disinfectants
- Standard procedure for using anti-septic cleaner

b) Protective:

- Gloves
- Gowns
- Masks, goggles

c) Soiled patient-care equipment ,textiles and laundry shall be handled appropriately,

d) Handling sharps,

7.1.7 There shall be transmission-based precautions and the Home based health care service shall have its own guideline for the followings:

a) Contact precautions

b) Droplet precautions

c) Airborne precautions (for diseases like SARS ,TB, Swine flu, etc)

7.1.8 Each Home based health care service site shall train all staff on how to minimize exposure to blood-borne diseases. These include**:**

a) Immediate first aid

b) Reporting exposures

c) Assign area for starter packs during regular working time

d) Counselling and testing for exposed staff

e) Reporting and monitoring protocols

f) Evaluate post exposure program (PEP) program

7.1.9 The infection prevention focal person shall have written protocols, procedures and shall oversee the following activities and this shall be documented**:**

a) Developing the Home based health care service annual infection prevention and control plan with costing, budgeting and financing

b) Monitoring and evaluating the performance of the infection prevention program by assessing

implementation progress as well as adherence to IPC practice

c) Assessing and promoting improved IPC practice within the Home based health care service

d) Developing an IEC strategy on IP for Home based health care service provider.

e) Ensuring the continuous availability of supplies and equipment for client care management.

f) Monitoring, providing data and measuring the overall impact of interventions on reducing infection risk.

7.1.10 The Home based health care service care shall provide regular training on infection prevention and control practice to staff, patients and as appropriate, to family and caregivers

7.1.11 The following training guidelines shall be available.

a) Prevention of the spread of infections

b) Improving the quality of patient care

c) Promoting safe environment for both patients and staff:

- Segregation of medical waste,
- Temporary storage of medical waste,
- Transport of medical waste,
- Disposal of medical waste**,**

7.2 Premises

7.2.1 The Home based health care service shall have a designated instrument processing/ sterilization room/area

7.2.2 The Home based health care service shall have a room or area for temporary storage of waste containers,

7.2.3 The Home based health care service shall have incinerator with ash and burial pits at central level.

7.3 Professionals:

7.3.1 The Home based health care service shall have a designated staff to serve as (IP) infection prevention and control (IP) nurse

7.4 Products

7.4.1 The Home based health care service shall have the following adequate supplies and equipment needed for infection prevention and control practice.

a. Waste management equipment and supplies:

- Incinerator
- Ash pit

b. Cleaning

- Mop
- Bucket
- Broom
- Dust mop

c. Instrument processing

- Garbage bins
- Safety boxes
  - Cleaning cloth
  - Detergent
  - Bleach
  - Autoclaves / oven
  - Test strips

- Storage shelves for the medical equipment
- Brushes (tooth brush for small items)

d. Hand hygiene

- Sinks
- Water container with faucet
- Soap dispenser
- Personal Towels
- Alcohol based hand rub

e. Personal Protective Equipment

- Heavy duty glove
- Surgical/ glove
- Disposable glove
- Eye/ face shield (optional)
- Goggle
- Plastic apron
- Chemicals & disinfectants 0.5% chlorine solution (diluted bleach)

8. Record Keeping and reporting

8.1 The Home based health care service shall maintain family folder, reporting formats, tally sheets and other necessary forms as per the requirement in HMIS guidelines for that level.

8.2 The Home based health care service shall maintain such forms in a manner to ensure accuracy and easy retrieval.

8.3 Any medical record or household information shall be kept confidential, available only for use by authorized persons or as otherwise permitted by law.

8.4 The Home based health care service shall have adequate space shelves and other furniture for keeping various forms and folders**.**

9. Waste Management Systems

9.1 The Home based health care service shall follow the waste disposal guideline or directive at national or state level.

9.2 Sanitation techniques shall be regularly reviewed by the infection prevention focal person and documented as stated under Infection prevention section of this requirement.

9.3 Medical waste which is not infectious shall be disposed according to Health Care Waste Management National Guideline by incineration or sanitary landfill.

9.4 The Home based health care service shall have an organized waste disposal and removal system and shall ensure the safe handling of all waste**.**

Annex I: HBC FORM 1: CLIENT PROFILE

This form is to be filled in when the caregiver makes the first contact with the client. The completed form is then returned to the appropriate regulatory body through the appropriate management channels. The completed form immediately becomes a confidential document. It must be carefully and respectfully secured. It must not be accessible to any unauthorized persons. Any information recorded on this form must be kept in a secure database held by the local health post or clinic responsible for overseeing the Home based health care service in the respective Home based health care service programme catchments area.

CLIENT BACKGROUND

1. **NAME OF CLIENT:**_____**SEX:**_____**Age:** _____
2. **NAME OF VILLAGE/TOWN/CITY:** _____
3. **REFERRED BY:** _____
4. **HEAD OF HOUSEHOLD:** _____
   (e.g., client, wife, husband, aunt, children, grandparents)
5. **NUMBER OF CHILDREN IN THE HOUSEHOLD:** _____
6. **NUMBER OF ORPHANS:** _____

7. **DATE PATIENT RECEIVED**
8. **FIRST CARE BY CAREGIVER:**_____/____/_____
9. **NAME OF PRIMARY CAREGIVER:** _____
10. **AGE OF PRIMARY CAREGIVER:** _____
11. **NAME OF VOLUNTEER GROUP IF ANY:**

_____

_____ _____ _____**DATE:** / /

Annex 2: CLIENT BRIEF CONFIDENTIAL MEDICAL HISTORY

1. HIV TEST DONE? NO [ ] YES [ ] WHEN? [_____/____/____]

2. HIV STATUS +[ ] – [ ]

3. IS THE CLIENT BEDRIDDEN? YES [ ] NO [ ] IF YES, FOR HOW LONG?

_____

4. CLIENT COMPLAINTS: _____

_____

5. OTHER ILLNESSES REPORTED: _____

_____

6. OTHER COMMENTS: _____

_____

NAME OF INTERVIEWER: _____

_____ _____ _____ **DATE: / /**

HBC FORM 2: CLIENT MANAGEMENT FORM
PART 1: GENERAL INFORMATION

Date form was started:_____/_____/_____

1. Name of patient:

_____

2. Name of district:

_____

3. Period of care in months:

_____

4. Name of caregiver:

_____

5. Name of kebele: _____

6. Referred by:

_____

7. Marital status: Married [ ] Single [ ] Widowed [ ] Divorced [ ] Student [ ]

8. Age:_____years

9. Sex: Male [ ] Female [ ]

10. Occupation:

_____

Annex: PART 2: OBSERVATION OF PATIENT'S CONDITION

Tick the condition(s) that best describe your OBSERVATION of the patient on the visit indicated. In the box labeled (INV), record any referral made by placing (R) in the box. If an intervention other than referral was made, abbreviate the intervention as appropriate, For example: Sponged (SP), Counseled (CL), Assisted (AS). For all other common options, abbreviations should be drawn up, standardized and used consistently by all caregivers.

DATE	WEEK 1 __/ /__			WEEK 2 __/ /__			WEEK 3 __/ /__			WEEK 4 __/ /__			WEEK 5 __/ /__			WEEK 6 __/ /__			WEEK 7 __/ /__			WEEK 8 __/ /__			WEEK 9 __/ /__			WEEK 11 __/ /__			WEEK 12 __/ /__		
CONDITION	Y	N	Inv	Y	N	Inv	Y	N	Inv	Y	N	Inv	Y	N	Inv	Y	N	Inv	Y	N	Inv	Y	N	Inv	Y	N	Inv	Y	N	Inv	Y	N	Inv	Y	N	Inv
Weakness																																				
Cannot sit alone																																				
Cannot walk alone																																				

Cannot turn in bed																															
Sweating a lot																															
Feeds self																															
Chest Infection																															
Non productive cough																															
Productive without blood																															
Productive with blood																															
Difficulty breathing																															
STI																															
Vaginal discharge foul																															
Non foul vaginal discharge																															
Urethral discharge																															
Sores on penis																															
Vaginal sores																															

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Ethiopian Standards Agency

Organization and Objectives

The Ethiopian Standards Agency (ESA) is the national standards body of Ethiopia established in 2010 based on regulation No. 193/2010.ESA is established due to the restructuring of Quality and Standards Authority of Ethiopia (QSAE) which was established in 1998.

ESA's objectives are:-

- ❖ Develop Ethiopian standards and establish a system that enable to check whether goods and services are in compliance with the required standards,
- ❖ Facilitate the country's technology transfer through the use of standards,
- ❖ Develop national standards for local products and services so as to make them competitive in the international market.

Ethiopian Standards

The Ethiopian Standards are developed by national technical committees which are composed of different stakeholders consisting of educational Institutions, research institutes, government organizations, certification, inspection, and testing organizations, regulatory bodies, consumer association etc. The requirements and/ or recommendations contained in Ethiopian Standards are consensus based that reflects the interest of the TC representatives and also of comments received from the public and other sources. Ethiopian Standards are approved by the National Standardization Council and are kept under continuous review after publication and updated regularly to take account of latest scientific and technological changes. Orders for all Ethiopian Standards, International Standard and ASTM standards, including electronic versions, should be addressed to the Documentation and Publication Team at the Head office and Branch (Liaisons) offices. A catalogue of Ethiopian Standards is also available freely and can be accessed in from our website.

International Involvement

ESA, representing Ethiopia, is a member of the International Organization for Standardization (ISO), and Codex Alimentarius Commission (CODEX). It also maintains close working relations with the international Electro-technical Commission (IEC) and American Society for Testing and Materials (ASTM).It is a founding member of the African Regional Organization for standardization (ARSO).

<u>More Information</u>?
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