

ENVIRONMENTAL HEALTH OFFICERS ASSOCIATION

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POLICY DOCUMENT ON THE ENVIRONMENTAL HEALTH ASSESSMENT OF NURSING HOMES

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ACCOMMODATION.

DEPARTMENT OF HEALTH – GUIDE TO NURSING HOME LEGISLATION.

Accommodation.

The recommended sizes for Accommodation are as follows:

- Single Bedrooms.

Single rooms should be at least 100 sq. ft. (9.3sq. m) with a minimum ceiling height of 8 ft.

- Shared Bedrooms

- Shared bedrooms should have a minimum of 80 sq. ft. per bed. (7.4 sq. m.)

- Day Space

There should be 25 sq ft (2.3 sq m) of day space per resident.

- Visitors reception Area.

There should be a visitor reception area of 100 sq ft (9.3 sq m). This space can be included in the total day space available.

- Dining Area.

An area of 12 sq ft per resident (1.1 sq m) should be provided for dining in addition to the day space. Account should be taken of the number of residents who will use the dining room.

- Kitchen and Storage Area.

The regulations require each home to have a separate kitchen, properly equipped and to provide for the storage of food in hygienic conditions (Article 14). An area of 200 sq ft minimum should be provided for the kitchen.

- Access Ramps.

Access ramps should be 1 metre wide and have gradients no steeper than 1:12, with handrails on both sides.

- Office.

The office should be no smaller than 80 sq ft, (7.5 sq m). A rest room / changing room for staff should also be provided.

Sanitary Facilities.

Under Article 14(d) and 16.3 the following facilities must be provided in every nursing home.

- Piped hot and cold water.
- A wash hand basin in each bedroom. Wash hand basins and hand drying facilities should be provided at an accessible height.
- A sufficient number of toilets. There should be a minimum of 1 toilet per 6 residents. At least 1 toilet should allow for access for residents in wheelchairs. There should be at least 1 toilet on each floor of the Nursing Home. The recommended area for a toilet with a wash hand basin for a wheelchair is 30 sq ft (3 sq m). One raised toilet seat and toilet aid should be available on each floor. Patients should not have to negotiate a stairs to use a toilet.
- A sufficient number of commodes. Commodes should available, and one accessible to wheel-chair users should be available on each floor.
- A sufficient number of baths and showers. There should be not less than one bath for every fifteen patients. If showers are provided they should be additional and special shower units for dependant people should be provided where possible. There should be at least one assisted bathroom in each nursing home.

FOOD HYGIENE REQUIREMENTS.

1. Kitchen Location and Space Requirements,

In the planning of the premises care should be taken to site the laundry and sluice room in an area where there is no contact with any of the catering facilities. No dirty linen should be brought into the food areas and consequently there should be no washing machines located in any food rooms.:

Under the Nursing Home (Care and Welfare) Regulations 1993, there shall be:

- a. A separate kitchen with suitable and sufficient cooking facilities, kitchen equipment and tableware.
- b. Provision for the storage of food in hygienic conditions.

For these purposes a minimum area of 200 sq ft should be provided in nursing home kitchens catering for up to 20 residents. Above this number a minimum of 8 sq ft per additional person should be added to the minimum requirement.

Food storage areas should be provided in addition to the above.

2. Structural Surfaces.

Walls.

These are to be constructed and decorated to provide durable, smooth, impervious and easily cleanable surfaces. Acceptable finishes include;

- Ceramic wall tiles with waterproof grouting.
- Stainless steel sheeting fixed directly to the walls to prevent the formation of voids and with all joints and fixings flush and sealed.
- Light coloured epoxy resin as coating.

Walls behind sinks, wash hand basins, work surfaces etc. may require a high durability finish to prevent water or impact damage.

Ceiling

These are to be constructed and decorated to provide durable, smooth, impervious and easily cleanable surfaces. Acceptable finishes include;

- Light coloured non toxic washable paint.
- Easily removable panels capable of being adequately cleaned.
- Suspended ceilings designed for food handling areas.

Where suspended ceilings are in place the voids above them must be readily accessible for maintenance.

Wall/ceiling junctions must be coved to facilitate cleaning procedures.

Floors.

These are to be constructed and decorated to provide durable, smooth, impervious and easily cleanable surfaces. Acceptable finishes include;

- Quarry tiles
- Vinyl floor covering. (min. thickness 3.2mm)

A non slip and grease resistant floor finish should be used and coved at the junctions and corners with walls.

3. Equipment fixtures and finishes.**Sinks.**

Twin stainless steel sinks of a suitable commercial size and design complete with drainers for the cleansing of utensils should be provided. The provision of a dish washing machine does not invalidate this requirement.

A sink, of suitable commercial size and design, complete with drainers should be provided for food preparation.

Sinks must be provided with an instantaneous supply of hot and cold water (mains). They must be connected to trapped waste pipes which are in turn connected to an efficient drainage system. Where excessive amounts of grease or sediment are expected from any process, extra grease traps should be installed to prevent deposits to the foul drainage system. These traps should be located outside the food room.

A separate wash hand basin, with an instantaneous supply of hot and cold water must be provided for the sole purpose of staff hand-washing. A soap dispenser and a hand drying facility must be provided in close proximity to the unit. It is recommended that taps to wash-hand basins should be foot or knee operated.

Cupboards and Work Surfaces:

Special consideration should be given, in the design of all kitchen units, to avoid inaccessible cavities and ledges where food debris and dirt can lodge, and harbourage for insects and vermin can be provided. The materials used should provide a finish that is smooth, durable, impervious and easily cleanable.

Wooden chopping boards should not be permitted. Colour coded, durable synthetic boards should be provided to reduce the risk of cross contamination.

4. Food Storage Facilities:

Cool, ventilated accommodation, suitably racked or shelved using durable impervious and easily cleanable materials, for the storage of dry food products, should be provided. The lowest shelf should be at least 225mm above the floor level to facilitate efficient cleaning procedures. No food items should be stored directly on the floor.

A ventilation system communicating directly with the outside air should be installed in the dry goods store and it should be capable of providing approximately two air changes per hour.

Sufficient and suitable refrigerators and freezers should be provided. Refrigerators should operate in the temperature range of 1 to 3 degrees centigrade and the freezers at or below -18 degrees centigrade. A suitable temperature monitoring programme should be devised and implemented.

No medicines, dressings, medical appliances etc. for use in the nursing home should be stored in the food area. There should however be a first aid box for catering staff.

5. Ventilation:

A ventilation system communicating directly with the outside air must be installed and it must be capable of providing 15 – 20 air changes per hour. Mechanically aided extract ventilation directly to the external air must be provided over all steam emitting and cooking appliances by means of a stainless steel extract canopy incorporating an adequate number of grease filters. The canopy should extend over the cooking equipment by at least 225 mm and should have a cleanable channel around the lower edge to collect condensation.

6. Lighting:

Suitable and sufficient lighting should be provided to all parts of the kitchen and storage areas to facilitate cleaning and provide safe and satisfactory working conditions.

The method of lighting should be natural daylight, supplemented by artificial lighting encased in shatterproof diffusers.

Required Illumination Levels.

Area	Lighting Levels: Lux
Floor	100-200
Worktops/Cooking areas	300-500
Sanitary Accommodation	200

7. Pest Control:

All door and window openings to the food storage and preparation rooms should be effectively screened to prevent the ingress of birds, vermin and airborne insects.

Adequate proofing must be made to the structure to prevent infestations.

8. Refuse Storage:

Suitable and sufficient containers with close fitting lids must be provided in the kitchen for the temporary storage of refuse. These should be emptied frequently. Only refuse generated in the food rooms should be placed in these bins and no non-food waste from the nursing home itself should be brought into the food room.

Refuse awaiting collection must also be stored in containers with close fitting lids. The containers should be sited on a screened, drained, hard standing away from food rooms with facilities provided for washing the containers and hard standing.

9. Staff Sanitary Accommodation.

Separate sanitary accommodation must be provided in a readily accessible location for the sole use of staff.

The walls ceilings and floors must be finished with smooth, durable, impervious and easily cleanable materials.

The room containing the sanitary convenience must be provided with an adequate means of ventilation to the outside air and be separated from any work room or food room by means of a properly constructed intervening ventilated lobby. All doors must be tight fitting and self closing.

A wash hand basin with an instantaneous supply of hot and cold water, soap and a hand drying facility must be provided within the sanitary accommodation.

10. Food Workers:

It is recommended that where practical, care workers do not engage in the handling of food. However, where this situation is unavoidable, care workers should change their outer clothing and wash their hands thoroughly prior to handling food. Residents should not be allowed access to the food areas.

Food workers must wear clean washable over clothing and head covering. The wearing of jewelry and cosmetics is not acceptable.

Food workers must refrain from any personal habits that may contaminate food or utensils, e.g. smoking, spitting etc.

Cuts, sores and abrasions must be reported to a nominated qualified person, examined, and if not septic, kept covered with a water proof dressing. Food handlers, suffering from skin disorders, septic discharges, abdominal pains, diarrhoea or other similar symptoms must report to their supervisor.

Staff should not be allowed to take meals in the kitchen or food preparation rooms.

Suitable, sufficient and secure lockers, or other accommodation for clothing and footwear not worn during working hours must be provided for all food workers.

11. Cleaning Schedules:

Cleaning schedules should be formulated, implemented and maintained to include regular periodical cleansing programmes of risk areas, work surfaces, utensils, equipment, structural surfaces, fixtures and fittings. All cleaning agents should be stored in an area completely separate from food items and utensils.

12. Food Hygiene Training:

All staff with responsibility for food handling should undertake the E.H.O.A. Basic course in the Principles and Practices of Food Hygiene

Note: In the assessment of kitchen/food preparation facilities the nature, extent of the business must be considered. Without prejudice to the requirement for safe and hygienic preparation and storage of food, professional discretion may be exercised in the implementation of these requirements in individual premises.

LAUNDRY FACILITIES

Article 14 (c) states that the registered proprietor and person in charge of the home shall ensure that there are adequate arrangements for laundering at regular intervals, and as occasion may require, of linen, clothing and other articles belonging to or used by dependant persons maintained in the nursing homes.

Laundry Facilities – on site.

Paragraph 3.22.2 of the Guide to Nursing Home Legislation states that ‘if laundry facilities are provided on site these should be separate from residents accommodation, food service areas and other areas which might give rise to cross infection.

For this purpose laundry facilities must be readily accessible from all floors of the building and should preferably have an external access door where feasible.

The laundry must be adequate in size and this is obviously dependant on the number of residents the home can accommodate. A suitable transportation method must be provided for moving soiled and fouled laundry. Such laundry should be placed inside and fastened. Care should be taken to prevent laundry and foul seepage escaping from bags and contaminating other items or staff.

Finishes:

- Floor finishes should be , smooth durable impervious and non-slip. They should be coved at the junction with walls.
- Walls and ceiling surfaces should be smooth, durable and capable of being easily and readily cleaned. Suitable splash-backs should be provided to all sink units.

Equipment:

A single stainless steel sink unit, with double drainers must be provided. It must be serviced with a constant and instantaneous supply of hot and cold water and properly connected to the drainage system.

Provide a wash hand basin serviced with a constant and instantaneous supply of hot and cold water. Provide a supply of bactericidal soap and suitable hand drying facilities.

Suitable and sufficient work tops and racking for sorting of clean and dirty linen and the storage and airing of clean laundry should be provided. A rail with garment hangers may be necessary for drip drying.

Suitable and sufficient laundry machines, preferably of commercial grade must be provided. The washing process should have a disinfection/sterilization cycle and would include two cycles, the first being approximately 60 C and the second thermal disinfection temperature in which the load temperature is maintained at;

- 65 C for not less than 10 minutes, or,
- 71 C for not less than 3 minutes.

A sluice cycle should be included.

Ideally all washing machines should be fitted with accurate thermometers which measure true wash temperatures. The thermometers should be calibrated yearly by the manufacturer/service engineer. Tumble dryers should be provided and if necessary spin dryers may be installed.

It is accepted that many items of clothing cannot be subjected to such high temperatures as certain fabrics would become damaged. Washing instructions on labels must be carefully examined and where necessary alternative disinfection techniques must be employed,

Lighting and Ventilation.

The laundry should be equipped with adequate natural and artificial lighting. The level of illumination in the general work area should be 300 – 500 lux. All light fittings must be provided with shatterproof diffusers.

A system of intake/extract ventilation must be provided which will allow for a minimum of 10 – 15 air changes per hour. Proper provision must be made for the supply of air extracted by the tumble dryer.

Laundry Facilities – off site.

Once again fouled/soiled laundry should be placed in suitable bags and fastened. Care should be taken to prevent laundry and foul seepage escaping from bags and contaminating other items or staff. All bags must be suitably stored until removed to the laundry facility.

A proper method of transportation must be provided. If a vehicle is to be provided by the nursing home owner for this purpose it must be capable of being easily and readily cleaned. Under no circumstances should this vehicle be used for food transportation.

It is the responsibility of the owner/person in charge of the nursing home to ensure that 'adequate arrangements for laundering are provided'. For this purpose he must ensure that all fouled/soiled laundry is washed and disinfected as previously outlined in the paragraph entitled 'equipment'.

Once laundered, it is imperative that clean linen/clothing are not subject to re-contamination during transportation back to the nursing home.

Sluice Rooms.

Article 14(d) of the Nursing Homes Regulations states that 'the registered proprietor and person in charge of the home shall ensure that a separate well ventilated room is provided for sluicing and the storage of dirty linen'.

The Department of Health 'Guide to Nursing Home Legislation' states that the recommended size of the sluice room is 50 sq ft (5 sq m).

Sluicing facilities should be easily accessible from all floors of the building and must be entirely separate from resident accommodation, food service areas and other areas which might give rise to cross-infection.

Finishes.

Floor finishes should be smooth, durable, impervious and non-slip. They should be coved at the junction with the walls.

Walls and ceiling surfaces should be smooth, durable and capable of being easily cleaned. Suitable splash backs should be provided to all sink units.

Lighting and Ventilation

The sluice facilities should be equipped with adequate natural and artificial lighting. The level of illumination in the general work area should be 300 – 500 lux. All light fittings must be provided with shatterproof diffusers.

A system of intake/extract ventilation must be provided which will allow for a minimum of 10 – 15 air changes per hour. Where a separate sluice room is provided it must not communicate directly with any food room, sleeping accommodation, living room or work room.

Equipment.

The sluice sink itself must be large enough to allow the cleaning of bedpans etc.. without spillage. A water closet is therefore too small.

For ease of use the sluice should be fixed at about waist height.

The sluice should have a large outlet (110 mm/4”), have a constant and instantaneous supply of hot and cold water at tap outlets and should be equipped with a flushing cistern. A fixed jet is recommended as this will help avoid contact with faecal matter. In order to avoid the risk of contamination the water supply to the water jet must be indirect.

The sink must be properly connected to the foul drainage system and must not be allowed discharge over a gully,

A wash hand basin serviced with a constant and instantaneous supply of hot and cold water must be installed. Provide at the wash hand basin a supply of bactericidal soap and suitable hand drying facilities. It should be noted that in homes which accept high dependency elderly residents and where non disposable bed linen is used, a further sluice sink may be required for the sluicing of soiled bedding. This can be supplied as a unit with the above fitting or as a separate sink.

In large nursing homes, consisting of a number of storeys, the provision of sluice facilities on each floor should be considered.

HEALTHCARE WASTE DISPOSAL.

Nursing Homes (Care and Welfare) Regulations 1993, Article 15 (g) states;

“The registered proprietor and the person in charge of the nursing home shall ensure that: adequate arrangements are made for the proper disposal of swabs, soiled dressings, instruments, disposable syringes and sheets, incontinence pads and other similar substances and materials.”

Up to Autumn 1994 there was no definition for clinical/healthcare waste in Ireland. However in September 1994 the Department of Health adopted the EU Priority Waste Stream Projects Groups definition for healthcare waste. This definition was outlined in the Department of Health’s “Health Services Waste Policy”, and is to be adopted throughout the EU. The definition is as follows;

- a. Healthcare; the medical activities such as diagnosis, monitoring, treatment, prevention of disease or alleviation of handicap in humans or animals including related research (see note 1) performed under supervision of a medical practitioner or veterinary surgeon (see note 2).
- b. Healthcare Waste: the solid or liquid waste arising from healthcare.
- c. Healthcare risk waste:
 - Biological (recognisable anatomical waste)
 - Infectious (see note 4)
 - Chemical, toxic or pharmaceutical including cytotoxins.
 - Sharps (eg needles, scalpels, sharp broken materials)
 - Radioactive (refer to radioactive waste directive(s))

Note 1 Wherever appropriate and applicable, waste from basic and fundamental biomedical and other research shall be managed in accordance with the principles set out for Healthcare Waste and Healthcare Risk Waste.

Note 2 The above mentioned supervision may also be carried out by any other person authorized by virtue of their professional qualifications to do so.

Note 3 infectious waste is any Healthcare Waste known or clinically assessed to be at risk of being contaminated with;

- a. Any of the articles mentioned in Article 2(d) groups 3 and 4 or identified through the procedure set out in article 3 of the Council Directive (90\679\EEC) of 26 November 1990 on the protection of workers from risk related to exposure to biological agents at work, or
- b. With other biological agents artificially cultivated to significantly elevated numbers.

The disposal of healthcare waste from nursing homes includes the collection, storage and destruction/removal for destruction elsewhere. In nursing homes the main types of healthcare waste arising are;

- Discarded syringes, needles, cartridges, broken glass and any other sharp instruments.
- Used disposable bedpan liners, urine containers, incontinence pads and stoma bags with some small quantities of
- Certain pharmaceutical and chemical wastes.
- Soiled surgical dressings, swabs and all other contaminated waste from treatment of residents.
- Material other than linen from cases of infectious diseases.

These wastes must be treated as healthcare waste and must not be placed in black refuse sacks to be sent for disposal with domestic/household rubbish. All premises have a duty of care in relation to the waste they produce and the safe disposal of this waste. This duty of care is embodied in the Department of Health "Health Services Waste Policy" document. It states that all healthcare agencies should prepare a healthcare waste management plan. Small producers of healthcare waste may not require a written plan but they should be knowledgeable of the hazards and of the proper packaging and disposal procedures for waste generated in their premises.

A healthcare waste management plan for a nursing home should include the following elements:

1. Strategies for minimizing the quantities of healthcare waste generated.
2. Methods of segregation of healthcare waste from other waste.
3. Proper receptacles and containers for the collection and storage of waste.
4. Suitable labeling/colour coding for healthcare waste.
5. Adequate and safe storage facilities on site.
6. Provision for regular, ongoing staff instruction about proper handling and potential hazards of healthcare risk waste.
7. Prior treatment may be necessary for some waste (see below).
8. Final disposal methods include:

- Incineration.

An incinerator which is used for the disposal of healthcare waste should be constructed and run to comply with the minimum standards as outlined in the UK Department of the Environment "Secretary of State's Guidance Clinical Waste Incineration Processes under 1 tonne and hour" PG5/1(92). This details emission limits and controls, flue gas treatments, operating temperatures etc. Incineration is a recognized disposal method suitable for all health care waste types.

- Landfill

Some hospitals dispose of their healthcare waste by deep burial under licence from the local authority in a designated section of a landfill site. Other healthcare facilities pre-treat the waste before final disposal to landfill (see below). These are more suitable procedures especially for healthcare risk waste. Laboratory and post mortem is not suitable for disposal by landfill.

- Microwave, steam or chemical treatment and finally landfill.

These are the three main pre-treatment methods available for healthcare waste prior to final disposal in landfill. They all involve the shredding of the waste in special units and the treatment of this macerated waste by way of a chemical solution, high temperature steam or very strong microwaves. The volume of the waste is reduced to a biologically safe residue and can be compacted or baled and landfilled. These treatment methods are not suitable for anatomical or body parts. They are however suitable for the type of healthcare waste which is produced in nursing homes. The Department of Health are proposing in the "Health Services waste Policy" to set up 4 such treatment centres in Ireland - 2 in the eastern region 1 in the south and 1 in the western region.

- Discharging via sewers.

This presents a possible disposal route for some healthcare waste especially the bedpan liners, incontinence pads etc. In suitable conditions and with the correct facilities and permission from the local authority such disposable items can be macerated and discharged into the sewerage system. This method is used in England, but it is restricted in that it would be unsuitable for use in rural areas.

The quantities of healthcare waste being produced by Nursing Homes can be quite small in comparison to hospital. However this waste must not be disposed of with domestic rubbish. The Department of Health "Guide to Nursing Homes Legislation" suggests that the registered proprietor and the Health Board come to an arrangement for the disposal of healthcare waste.

ACCIDENT PREVENTION

Article 12 (a) of the Nursing Homes (Care and Welfare) Regulations 1993 states that ...

“The registered proprietor and the person in charge of the nursing home shall take precautions against the risk of accidents to any dependent person in the nursing home and in the grounds of the nursing home”.

Accident prevention is a vital part of protecting the welfare of elderly people. As people become older, they tend to get slower in their movements, and to get tired more quickly, their hearing, smell and sight become less acute. This reduced sensitivity, combined with slower reactions, physical frailty and a tendency to dizziness, may lead to serious accidents. Death as a result of accidental falls, burns, scalds and gas poisoning is much more frequent amongst the elderly. It is imperative therefore that legislation is introduced to minimize accident occurrence to people in care, and therefore Article 12 (a) is a welcome provision of the Nursing Home Regulations 1993.

This legislation will be enforced by designated officers of Health Boards, authorized by the CEO of the Health Boards, ie basically Medical Officers, Public Health Nurses and Environmental Health Officers will be the enforcement officers for this legislation. Traditionally Medical Officers and Public Health Nurses are concerned with staffing levels and the adequacy of nursing and medical care provided in the home, being experts in this area. Environmental Health Officers as their name suggests are concerned with how ones environment affects ones health. It stands to reason therefore that if an environmental factor in a nursing home is likely to cause an accident to an elderly person, thereby affecting their health, then it is our responsibility to enforce the legislation available to us to safeguard nursing home dependants.

Of all Health Board officials Environmental Health Officers are the obvious individuals to assess compliance with article 12 (a). Environmental Health Officers routinely inspect nursing homes anyway to assess compliance with environmental health related factors such as heating, lighting, adequate space, food safety etc. Such inspections also include a basic assessment of many accident prevention measures taken in the home, such as the provision of a fire certificate, grab rails, hand rails, adequate wheelchair access, etc.

The majority of accidents can be prevented if the physical limitations of the elderly and the infirmities to which they are prone are taken into account at the design stage of nursing home accommodation. As Environmental Health Officers are involved in the appraisal of planning applications for new Nursing Homes, possible causes of accidents can quite easily be predicted and controlled at this stage

If EHO's do not enforce Article 12 (a) of the Regulations and assess accident prevention in nursing homes, then who will? The Health and Safety Authority only enforce Department of Labour Legislation and are mainly concerned with promoting the safety health and welfare of employees in their workplace. Article 12(a) is concerned with the safety of nursing home dependants only and does not relate to accident prevention to employees at all. This is because, until now, if an employee of a nursing home (nurse, aid, cleaner etc,) had an accident they would already be covered by Irish health and safety legislation. Whereas it is not clear whether a comparatively more vulnerable nursing home dependant would have been covered by the same legislation.

To try and clarify the Health and Safety Authority's role in relation to nursing homes I contacted Mr. Pat Griffin, in the information section of the Health and Safety Authority. He informed me that nursing home dependants may be covered under section 7 of the Safety Health and Welfare at Work Act 1989, which states:

"It shall be the duty of every employer to conduct his undertaking in such a way as to ensure, so far as is reasonably practicable, that persons not in his employment who may be affected thereby are not exposed to risks to their safety and health".

This clause however is very general and court cases have been taken where members of the public have been injured in places of work and some of these cases have been thrown out of the court by the judge due to the general nature of section 7. Therefore section 7 of the Safety Health and Welfare at Work Act 1989 cannot be relied on to safeguard the health and safety of nursing home dependants. Article 12 (a) of the Nursing Home Regulations 1993 is very specific in relation to safeguarding the health and safety of nursing home dependants. Mr. Griffin also stated that the Health and Safety Authority would only inspect premises such as nursing homes every 2 or 3 years, whereas EHO's would inspect nursing homes a lot more frequently.

Therefore realistically speaking unless EHO's assess Article 12 (a) of the 1993 Regulations, the prevention of accidents to nursing home dependants will be ignored.

I must emphasise that, unlike in the UK, EHO's are in no way responsible for overall health and safety in Nursing homes, and have absolutely no authority to investigate measures taken to safeguard the health and safety of nursing home employees, or to require employers to provide safety statements etc. This is without doubt the responsibility of the Health and Safety Authority and we should know our boundaries and not encroach on their territory.

The following is a sample set of guidelines which could be used in assessing accident prevention measures in a typical nursing home.

I must stress that these are only a rough set of draft guidelines, which I personally would consider to be potential causes of accidents in Nursing Homes. These guidelines are, of course, open to discussion, adaptation and development should they be used as a checklist for assessing accident prevention measures to be taken in a Nursing Home.

Floors:

Floor finishes for old people should be quiet (particularly in corridors), resilient, non-slip and easy to clean and maintain.

- All floor coverings must be flat and close fitting so that there are no tripping hazards. Deep pile carpets are not recommended and neither are scatter rugs, as these are potential trip hazards.
- Holes and tears in a floor covering should be reported and repaired promptly and effectively, particularly those on stair floor coverings.
- Changes of floor level must be clearly marked, and floors should as far as possible be on the same level.

Doors:

- Self-closing doors should have self closing devices which are specifically designed for use by the elderly. Doors should open with minimum force and close slowly.

Staircases and Ramps.

- Handrails should be provided on both sides of the staircase. If there are windows on the stair case the handrail should run past them. Additional support and confidence is obtained where handrails are no more than 900mm apart so that both sides of the stairs may be gripped at the same time. The optimum height of the handrail is approximately 840 mm.
- Midrails should be provided as necessary depending on the width of the staircase.
- Balustrades to landings and stairs should be structurally secure and should also instill confidence by appearing to be so.
- Staircases should be effectively and adequately illuminated throughout 24 hours every day.
- Flooring materials on stairs must be non-slip, and in new nursing homes, it would be desirable to choose contrasting colours for treads and risers to aid those with failing eyesight.

Lighting:

Lighting affects the safety of old people and must therefore be designed with care, imagination and understanding. A high level of illumination is helpful to many elderly people though of course it cannot fully compensate for failing eyesight.

- Lighting should consist of both natural and artificial means.
- Different lighting standards are necessary for different areas and activities. The artificial lighting should be in accordance with the Chartered Institution of Building Services Engineers Guidance.
- Emergency lighting should be provided.
- The difficulty of seeing steps is a frequent cause of accidents among old people. Occasional single steps and raised door thresholds should be avoided in new buildings. Where they exist some contrast should be provided between tread and rise or between the step and the surrounding floor finish. The level of illumination over steps should be increased.

Windows:

- All windows should be in a good state of repair, and as strength and grip diminish with age, old people need windows that can be opened with very little effort.
- Glazed areas in windows below 1100mm should be protected and patio doors toughened. Windows at first floor level and above should be restricted so as not to be fully openable.

Water and Surface Temperatures:

- The heated surfaces of radiators, accessible pipes etc. should not exceed 43°C.
- Hot water heating systems may exceed this surface temperature but only if pipework and radiators are enclosed in an outer cover which prevents prolonged contact with the heated surface.
- Domestic hot water available to residents should not exceed a temperature of 43°C. The installation of thermostatic mixing valves with lockable temperature controls in bath and shower rooms should be provided.

Bathrooms and Water Closets:

- All doors to bathrooms and water closet compartments should open outwards.
- Door locks on these doors should open from either side.
- Grips, handrails and bathmats should be provided where necessary,
- Taps should be easily manipulated and in good repair, and should not have sharp edges,
- The height of the rim of the wash hand basin should be related to elbow height (approx 800mm) and the bottom of the basin should be within easy downward reach.
- Hot water should be thermostatically controlled to give a maximum output temperature of 43 C to prevent shocks and accidents from scalding water.
- Emergency call facilities should be installed in water closet compartments.

Drugs

- All drugs and medicines should be safely stored in a lockable press.
- Sharps, syringes etc. should be placed in suitable sharps boxes and disposed of with other clinical waste Ref. Healthcare Waste Disposal.

Chemical Safety:

One would not expect that chemical safety would be an issue in a nursing home, however, when you consider the various types of chemicals that can be used in a nursing home, e.g. cleaning materials, bleaches, disinfectants etc. you will realise that precautions must be taken and staff properly advised and instructed.

The following general advice on the safe handling of chemicals should be observed:

- All chemicals must be kept in their correct, labeled bottles or containers. They must not be decanted into other bottles or containers.
- Kitchen cleaners/chemicals must not be stored in food cupboards.
- All chemicals should be stored in lockable cupboards.
- The manufacturers instructions for use and storage of chemicals must be followed.

Stair Lifts.

- Every stair lift must be fitted with a suitable belt or harness to the chair.
- The stair lift rail should be positioned so as not to prevent a tripping hazard to other users of the stairs or landings.
- There must be suitable and sufficient floor area to enable residents to mount and dismount from the stair lift in safety and comfort.
- The stairway should provide at least a width of 500mm of unobstructed space along its whole length when the lift is in operation.

Electrical Safety:

- Sufficient sockets, fitted with switches should be provided in each room to accommodate all the appliances likely to be in use at any one time. Sockets should be fitted with neon indicating lamps where non-luminous heating appliances are used.
- Sockets for use by residents should not be less than one metre above floor level and should be sited in accessible positions. Unsuitable positions include under beds, behind dressing tables and drawers or near to wash hand basins in bedrooms.
- All portable apparatus, including extension leads, should be subject to routine inspection and preventive maintenance.
- Flexes should be routinely checked for damage.
- All damaged electrical equipment and wiring/flexes should be replaced, not repaired.
- All work on electrical equipment must be undertaken by a competent person.
- Double adaptors or multi-adaptors should not be used. Sufficient sockets should be installed instead.
- Avoid long trailing flexes, by installing sufficient sockets.
- All sockets/outlets other than special shaver outlets are prohibited in bathrooms.
- No portable electrical appliances are allowed in the bathroom (including washing machines) even if plugged in outside the bathroom.
- All room and water heaters in bathrooms should be permanently fixed, wired by a competent person, and at least 0.8m from the nearest edge of any bath/sink with a pull cord or switch in another room.

Machinery and Equipment:

- All equipment and machinery used by residents in the home should be safe for use, and subject to approved service and maintenance.
- If any equipment breaks down or requires repair, it must be reported immediately to the manager or responsible person and then repaired by a competent person. Signs should be placed on the defective equipment stating that the equipment is "out of order" and must not be used until repaired

Hairdressers.

- Any hairdressers visiting the home must be competent, and any room used for hairdressing must be suitable for this purpose and adequately ventilated.

Accident Reporting:

- A record should be kept of all accidents that occur to residents in the nursing home.
- This record should contain the date and time of the accident, the name of the person affected, and the nature of the injury. It should also contain the place where the accident happened, and a brief description of the circumstances.
- Such records of accidents should help to identify likely common occurrences and prevent future accidents.

Anthropometric Considerations

Anthropometric factors of clearance and reach etc. should be taken into account at the design stage of nursing homes, e.g. design of cupboards, shelves, worktops, sinks, baths, telephone locations etc. taking into account dimensions of height, width, reach etc.

NOTE:

It would be impossible to list every possible cause of accident which could arise in every nursing home, as all such facilities will vary, and even the smallest change of circumstances in any particular home can greatly alter the risk of accident occurrence. The list above is therefore not exhaustive and should only be regarded as a set of guidance notes which can give one an insight into the types of accidents likely to occur in a typical nursing home. Certain factors related to health and safety in nursing homes have specifically been omitted from this list, namely accidents caused by technical faults in equipment and accidents caused by fire.

Accidents caused by technical faults have been omitted from this list as it would be impossible for any single member of any profession to have the technical expertise required to enable him/her to effectively assess the safe operation of every piece of machinery and equipment installed in the nursing home. For example, Environmental Health Officers could not possibly assess whether electrical installations do, in fact, comply with all the rules of the Electro Technical Council of Ireland Regulations, likewise we cannot be expected to be experts on inspecting lifts for compliance with BS5655 or for inspecting heating system boiler plants to ensure that they comply with the relevant technical specifications etc. etc.

Accidents caused by fire have been omitted from this list due to the fact that fire safety in nursing homes is the responsibility of the Fire Officer and not the Environmental Health Officer

INFECTIOUS DISEASES.

The spread of infectious diseases from person to person or through some factor in the environment such as contaminated food, is a potential problem in nursing homes. Obviously older people are more susceptible to infections and some illnesses which may cause very unpleasant symptoms in most of the population can in fact be life threatening to the elderly and frail.

Notifiable Diseases:

The following are listed in the schedule to "The Infectious Diseases Regulations 1981" and are thereby specified to be infectious diseases:

Acute anterior poliomyelitis
Acute encephalitis
Acute viral meningitis
Anthrax
Bacillary dysentery
Bacterial meningitis [including meningococcal septicaemia]
Brucellosis
Cholera
Diphtheria
Food Poisoning [bacteria other than salmonella]
Gastro enteritis [when contracted by children under 2 years]
Infectious mononucleosis
Influenza pneumonia
Legionnaires Disease
Leptospirosis
Malaria
Measles
Ornithosis
Plague
Rabies
Rubella
Salmonellosis [other than typhoid or paratyphoid]
Smallpox
Tetanus
Tuberculosis
Typhoid and Paratyphoid
Typhus
Venereal diseases - gonococcal infections
- syphilis
- other [including non-specific urethritis, chanorid,
granuloma, inguinale, and lympho-granuloma venereum]
Viral haemorrhagic diseases [including lassa fever and marburg disease]
Viral hepatitis Type A
Type B

Type unspecified

Whooping cough
Yellow Fever

Under the above regulations there is a legal obligation on all medical practitioners, whether working in general practice or in an infectious disease hospital/unit to notify the names and addresses of any cases of infectious diseases they encounter. It should be noted that while the legal obligation to notify rests with the medical profession, information about infectious diseases passed on to the medical officer of health of EHO by home owners/staff is very often extremely useful for bringing about timely measures to control their spread.

In addition to the above listed schedule diseases, the following diseases also require investigation and action to prevent their spread:

- i) Listeriosis.
- ii) Giardia lamblia.
- iii) Cryptosporidium.

While the medical officer for health has the primary responsibility for the control of infectious diseases in Nursing Homes, the Environmental Health Officer should be responsible for matters relating to food safety and hygiene concerning water supply, sanitation and other facilities in the nursing home.

Article 11 of The Infectious Diseases Regulations 1981 reads as follows:

"On becoming aware, whether from a notification or intimation under these regulations or otherwise, of a case or a suspected case of an infectious disease or of a probable source of infection with such disease, a Medical Officer of Health, or a Health Officer on the advice of a Medical Officer of Health, shall make such enquiries and take such steps as are necessary or desirable for investigating the nature and source of such infection, for preventing the spread of such infection and for removing conditions favourable to such infection."

THE ROLE OF THE REGISTERED PROPRIETOR AND PERSON IN CHARGE.

Article 14 (6) of The Nursing Homes [Care and Welfare] Regulations 1993 states;

"The registered proprietor and the person in charge of the nursing home shall make adequate arrangements for the prevention of infection, infestation, toxic conditions or spread of infection and infestation at the Nursing Home."

Paragraph 3.24.1 of the Guide to the Nursing Home Legislation states that:

"It is the duty of the person in charge to notify the Environmental Health Officer or the Medical Officer of health of any food borne infection. Domestic staff should be instructed in methods of cleaning which aid the control of infection. Cleaning procedures should provide for regular cleaning of all accommodation. Separate cleaning equipment should be provided for areas of special risk".

THE ROLE OF THE ENVIRONMENTAL HEALTH OFFICER:

While all infectious diseases, whether notifiable or not, may have a serious effect on residents, some are extremely rare in Ireland and are unlikely to be seen in Nursing Homes. It is therefore important to look at our role in relation to diseases which are likely to cause disruption in nursing homes and may cause anxiety amongst residents, relatives and staff. The guidelines specifically state that either the Environmental Health Officer or the medical Officer of Health should be notified of any foodborne infection. Such conditions would certainly include:

- food poisoning [including salmonellosis]
- dysentery
- hepatitis A
- tuberculosis
- diphtheria
- legionnaires disease
- any other food borne/water borne diseases [scheduled or unscheduled]

It is in relation to such diseases as listed above that there is a definite role for the Environmental Health Officer. It is envisaged that our role would be two fold:

- *Preventative measures*
- *Corrective action should an outbreak occur.*

Preventative Measures:

- i) Structural hygiene
- ii) Operational hygiene
Personal Hygiene [Education in these areas would include the provision of the basic food hygiene courses]
- iii) Education specifically in relation to infectious diseases. It is envisaged that a possible information document for owners, managers and staff should be devised in relation to the control of infectious diseases in Nursing Homes. The overall aim would be to provide information on infectious diseases, to facilitate communication and action by all those involved in the running of the facility, to quickly contain any outbreak and to outline relevant preventative measures. e.g. Attached fact sheet.

In order to produce this policy document it is felt that a co-ordinating committee be established – all professional bodies involved in Nursing Homes would be represented on this committee.

Corrective Action should an Outbreak occur:

It is felt there should be in place a contingency plan in the event of an outbreak of infectious disease in a nursing home. There should be clear demarcation lines between the various professionals involved as to who is responsible for what. Proper channels of communication must be established between all personnel involved and there must be an overall coordinator of the investigation.

EXAMPLE ONLY

Infectious Diseases: Fact Sheet for Owners, Managers and Staff:

FOOD POISONING:

General Background

Usual symptoms: Vomiting, diarrhoea, abdominal pain or any combination of these three. Sometimes a high temperature is also associated with food poisoning.

Cause: Unlike the many other notifiable diseases food poisoning may result from a variety of causes including bacteria, viruses, protozoa, toxins produced by bacteria and chemical toxins from food or water.

Medical consequences: Often resolves completely in 1-3 days but some cases of food poisoning can be very severe and may require admission to hospital. It can on occasion and particularly in relation to the elderly, be life threatening. Even mild food poisoning may be highly infective involving large numbers of residents and staff.

Possible Preventative Measures:

As nursing homes cater for a highly vulnerable sector of the population, the standards relating to the catering operation should be of the highest.

In order that various interlinking aspects of food safety are effectively managed, the responsible person of the home should prepare and adopt a comprehensive catering policy containing the following elements;

- A general commitment to securing the highest standard of hygiene.
- An organization specifying individual responsibilities.
- An outline of the arrangements in place for carrying out the policy, including the implementation of specific documented procedures to ensure the:
 - Maintenance and repair of food rooms.
 - Proper cleaning of food rooms and sanitary accommodation by the use of cleaning schedules.
 - Monitoring of staff illness, illness reporting and exclusion procedures of food handlers.
 - Monitoring and control of refrigeration/freezer temperatures and stock rotation.
 - Safe preparation of the items on the set menu and the recording of variations to the menu.
 - Maintenance of Personal Hygiene.
 - Implementation of food safety training, e.g. the Environmental Health Officers Association basic food hygiene course.

Communication.

The Medical Officer of Health and the Environmental /Health Unit should be informed whenever an unusual number of cases of diarrhoea and / or vomiting occur in the home.

Action in the event of an Outbreak:

1. Inform the Medical Officer of Health and the Environmental Health Unit immediately. Keep the Medical Officer of Health and the Environmental Health Unit informed as to further cases. Inform the residents GP immediately.
2. Record age, name and address of residents and staff ill with symptoms which may be food poisoning. Record the type, severity and date and time of onset of each symptom.
3. Exclude from work staff who have any symptoms of vomiting, diarrhoea, etc. until medical clearance.
4. Implement the following measures to control infection.

A. Personal Hygiene/Prevention of Cross Contamination.

1. Disposable aprons and gloves should be worn by all persons when in contact with residents having symptoms or potentially infectious soiled material. These must be changed and disposed of after each patient or procedure.
2. Following contamination these items should be disposed of in bags (double bagged) marked "infectious material – for disposal" Ref Clinical Waste.
3. Those disposing of these bags must wear protective clothing
4. After removal of gloves all staff must wash their hands thoroughly in bactericidal wash.
5. Whenever possible, residents hands should be washed with bactericidal wash after visits to the toilet.
6. Disposable paper towels should be used for hand drying by residents using communal sanitary facilities, and for staff. Residents not using communal facilities must not share towels.

B. Disinfection (whilst cases are occurring)

1. Water closets, commodes, cistern handles, wash hand basin, taps, sluices, grab handles and water closet compartment door handles should be cleaned as often as practicable (at least 3 times daily) with suitable disinfection.
2. The solution should be rinsed off after application.
3. Sanitary convenience walls and floors should also be cleaned with a suitable disinfectant as often as necessary, and particularly after faecal contamination.
4. Other contaminated areas (e.g. carpeting) should be disinfected using a proprietary disinfectant (following manufacturers instructions).

C. Food Hygiene during an outbreak.

In addition to normal food hygiene practice, the following should also be undertaken:

1. Food preparation should be strictly limited to catering staff only, therefore residents or other members of staff should not enter the kitchen.
2. The menu should be streamlined in terms of choice and should be restricted [as far as possible] to food requiring cooking after preparation and handling and before serving. For instance, cold sandwiches, meats, etc. should be taken off the menu temporarily.
3. Bactericidal wash and disposable paper towels should be provided for hand washing purposes in the kitchen.

D. Laundry – if provided on site.

1. Contaminated laundry should be double bagged in labeled bags for transportation purposes.
2. Laundry staff should wear suitable clothing which should be either disposable or capable of disinfection, to protect arms and legs.
3. Heavily soiled items of laundry should initially be sluiced and then soaked in a disinfectant overnight, before being washed.
4. Potentially contaminated items should be washed using a suitable wash cycle of the washing machine, i.e. a core temperature of at least 65C must be achieved for 10 minutes for disinfection purposes. If high temperatures will damage fabrics a suitable alternative washing/disinfection technique must be employed.
5. Bactericidal soap and disposable paper towels should be provided for staff hand washing purposes.

E. Laundry – Off site.

1. Contaminated laundry should be bagged in labeled bags for transportation purposes.
2. If nursing home staff collect fouled and soiled laundry they should wear suitable clothing which should either be disposable or be capable of disinfection, to protect the hands, arms and legs.
3. If appropriate, heavy soiled items of laundry should initially be sluiced and then soaked in a disinfectant overnight, before being washed.
4. When choosing a laundering service you must ensure proper facilities are provided to ensure proper washing and disinfection of contaminated laundry.
5. Laundered items must not be exposed to the risk of contamination during transportation back to the nursing home.

USEFUL TELEPHONE NUMBERS:

Environmental Health Officer: _____

Public Health Nurse: _____

Medical Officer of Health: _____

MORTUARY FACILITIES.

EXPLANATORY LEAFLET.

While most Nursing Homes, particularly smaller homes, will not have such a facility, it is important that standard requirements are in place for assessing Nursing Homes at both the planning and registration stages.

The information set out is based on British Department of the Environment Guidelines for Mortuaries, with emphasis on good structural and operational hygiene and respect for the deceased, visiting relatives and friends and residents of the Nursing Home.

Nursing Homes – Mortuary Facilities.

NOTE: In planning accommodation the following must be considered:

- a. Relatives or friends of the deceased who come to see the body should be provided with decent surroundings and waiting accommodation and proper viewing facilities which should be secluded from the rest of the mortuary.
- b. The surrounding area should be quiet and pleasant, with provision for a covered access point for hearses, out of public view and with parking facilities for several cars.

Construction Requirements.

1. The walls, ceilings and doors should be provided with a finish which is smooth durable and capable of being easily cleaned.
2. The floor finish must be smooth, durable, non-slip and capable of being easily cleaned.
3. Natural lighting by windows should be adopted where possible. The windows should have northerly aspects particularly in the mortuary. They should be fitted with opaque glazing and the sills of windows should be at least 5 ft. above the outside ground level.
4. The mortuary and ancillary areas must be permanently ventilated directly to the external air. The following air change rates must be achieved.

AREA	AIR Changes per hour.
Mortuary	5
Waiting Room	4 – 6
Sanitary Accommodation	3
Sanitary Accommodation Lobby	2

Service Facilities – Mortuary.

1. A constant and instantaneous supply of running hot and cold water must be provided at a suitable sink.
2. A wash hand basins must be provided, with a constant and instantaneous supply of hot and cold water. A suitable means of hand drying and liquid bactericidal soap must be provided adjacent to the wash hand basins.
3. Sanitary accommodation for staff use only, must be provided adjacent to the mortuary. An intervening ventilated lobby must be provided between the water closet cubicle and the work areas.
4. Proper storage facilities for equipment, cleaning equipment etc. must be provided.
5. All work surfaces, shelving and storage facilities must be provided with suitable finishes which are smooth durable and capable of being easily cleaned.
6. Suitable facilities must be provided for the storage of waste/refuse pending proper disposal.

Reception and Waiting Facilities:

It is recommended that a waiting/reception room with adjoining (or easily accessible) sanitary facilities, should be provided for relatives or visitors to use. The water closet should be provided with a serviced wash hand basin and both the water closet and intervening lobby permanently and independently ventilated to the external air (ref. construction requirements)

REGISTRATION DATA SHEET AND DESK ASSESSMENT FORMS

EXPLANATORY LEAFLET.

Registration Data Sheet:

The Act obliges Health Boards to maintain a register of Nursing Homes and sets out the information contained therein. All of this information is sought on the Registration Data Sheet. Additional information which would also be of use to the officer is also sought, including registration date, re-inspection due date, fax number, whether the registration decision was appealed and the result of such appeal. There is also a section for indicating what referrals (if any) were made, It is envisaged that this data sheet would be suitable for storage on computer.

Nursing Home Registration.

Desk Assessment: The Department of Health "Guide to Nursing Homes Legislation" advises that certain information, including a copy of the nursing home brochure, certificate of planning permission, full particulars of staff employed etc. should be supplied, ideally with the application for registration.

A check list for such information with provision for comments should be provided. The Environmental Health Officer will not be assessing aspects such as "Fitness of the Proprietor" but will seek such documentation for information purposes only e.g. Declaration of fitness 9 of the proposed proprietor) would indicate that the proprietor is not guilty of an offence which would render them unfit to be the proprietor of the nursing home. E.g. prosecution under the Food Hygiene Regulations 1950 – 1989.

Details such as therapeutic or recreational facilities are sought as the EHO will be assessing the structural and operational hygiene and accessibility of such facilities. Where such details are sought for information purposes only, this is indicated on the form.

Nursing Home Plans:

A format for the assessment of plans and an advisory leaflet as to the basic requirements of the regulations re: sanitary accommodation and facilities is provided.

There is space which allows for note taking and detailing areas which may require further information e.g. from the proprietor, the architects etc.

NOTE:

It is envisaged that the registration data sheet and associated forms will form a permanent record for each Nursing Home and will only be changed or amended at the re-registration stage or in the event of significant changes to the nature and extent of the business.

The availability of a permanent record will be of particular benefit in the event of change of district or management staff.

_____ **HEALTH BOARD**

NURSING HOME (CARE AND WELFARE) REGULATIONS 1993
REGISTRATION DATA SHEET.

Name of Nursing Home: _____

Registered Proprietor _____

Address: _____ Phone No. _____

_____ Fax No. _____

Person in Charge: _____ Phone: _____

Qualifications: _____

Address of Nursing Home: _____

Max. No. in home _____ Max Number in shared rooms: _____

Application Date: _____ Report due by: _____

Registration Date: _____ Registration Expires: _____

RE-Inspection Due: _____

Registration Conditions: Yes/No File Reference _____

Appeal to HB: None ____ Current: _____ Decision: _____

Circuit Court Appeal: None ____ Current: _____ Decision: _____

Referrals: Plans ____ Fire Officer ____ H. & S. ____ MOH/PHN ____

Dates // // // //

Building Regs. ____ S.W. ____ Other _____

Dates // // //

Comment: _____

Nursing Home Registration

DESK ASSESSMENT

DOCUMENTATION SUBMITTED	ASSESSED	COMMENT
Declaration of Fitness (Proprietor) Information Purposes only.		
Report of Competent Person. (Assessment by Tech. Officer. Information Only)		
Scale Plan Nursing Home		
Certificate of Planning Permission.		
Statement of Res. Care Provided. (Include restrictions applying. Information only)		
Statement of Therapeutic Facilities. (Information Only)		
Statement of Recreational Facilities. (Information Only)		

Nursing Homes Plans

Desk Assessment

No. of Residents _____

No. of single bedrooms _____ whb in each: _____

No. of shared bedrooms: _____ Adequate whb's _____

Day space: _____ sq ft Including visitors reception: _____

Dining area: _____ sq ft Kitchen Area: _____ sq ft.

Access Ramps: _____ Width: _____ Gradient: _____

Staff Offices: _____ sq ft Staff rest rooms/changing rooms: Yes/No

Sanitary Facilities:

1 WC / 6 residents Yes/No

1 WC / each floor Yes/No

1 Wheelchair Access: Yes/No

1 Raised Seat wc /each floor Yes/No

Number of commodes / each floor: _____

1 wheelchair Commode/ each floor: _____

1 Bath / 15 Residents: Yes/No 1 shower/each floor Yes/No

1 Assisted bathroom/each floor Yes/No

Sluice Room (50 sq ft) Yes/No

Nursing Homes Plans

Desk Assessment

Notes

Ventilation _____

Lighting _____

Heating _____

Drainage _____

Other _____

INSPECTION REPORT FORM

EXPLANATION LEAFLET

The Inspection report sheets will provide a format on which to base routine inspections.

It is not envisaged that Officers will be obliged to use the forms during inspections, but the forms will at least be useful as a guide and should provide a concise record of each inspection.

Details such as the name of the proprietor and sections relating to the services and facilities available [e.g. water supply] may only be sought on the first inspection or in the event of a change.

Such details may be obtained prior to, or at the commencement of the inspection.

Details relating to "Services" and "Facilities" should be descriptive. (As per "Description of Food Premises on the Food Hygiene Registration Assessment Forms)

The following are the actual assessment forms for each inspection. Some details sought, if already on record, may be ignored, e.g. area of rooms.

_____ **HEALTH BOARD**

NURSING HOME (CARE AND WELFARE) REGULATIONS 1993

INSPECTION REPORT FORM

Name of Nursing Home: _____ Inspection Date: _____

Name of Owner _____ Person in charge: _____

Max. Capacity of home: _____ Number of Residents: _____

Number of Bedrooms: _____ Single: _____

Shared: _____

SERVICES

Water Supply _____ Public/Private: _____

Potable Table Drinking Supply: _____

Water Heating System[incl. safety controls] _____

Space Heating System(s) [incl. safety controls] _____

Disposal of Clinical Waste: _____

FACILITIES

Laundry Facilities: _____

Sluice Facilities _____

Catering Facilities: _____

Dining Facilities: _____

Mortuary Facilities: _____

Handrail/Circulation Areas: _____

Precautions re: Risk of Accidents/General Safety on site: _____

BEDROOMS

Bedroom No.			
Location			
Area:			
Number of Beds ○ Approved ○ Actual ○			
Wheelchair Access.			
Ventilation: ○ Natural ○ Mechanical			
Lighting ○ Natural ○ Artificial			
Over bed lights			
Room Temperature			
Number of whb's ○ details			
Floor Surface.			
Wall Finish			
Emergency Call Facilities:			
Sanitary Accommodation ○ details			
General Condition of Room			

OTHER ROOMS.

Room Description			
Location			
Area			
Room Temperature			
Lighting			
Ventilation			
Wheelchair Access			
General Condition of Room.			

Note: To include; Day Rooms, Dining Rooms, Reception Areas, Staff Offices, General Circulation Areas etc.

LIST OF COMMITTEE MEMBERS:

Marie Bowens: Senior Environmental Health Officer.

Teresa Hession: Environmental Health Officer.

Elaine Lee: Environmental Health Officer.

Mary Lee: A/Senior Environmental Health Officer.

Nora Long: A/Senior Environmental Health Officer.