**GA Aesthetic Pathway Premises Standards Checklist**

All premises used for the delivery of the GA Aesthetic Pathway qualifications must meet minimum requirements for the purposes of general and modality-specific health and safety, record-keeping and medicines management.

The premises, inclusive of main centre premises, satellite centres and additional assessment venues, must meet ALL criteria below.

**Where a centre is submitting an application for a satellite site or additional assessment venue,** the completed Premises Standards Checklist must be submitted alongside the Application for a Satellite Centre / Application for an Additional Assessment Venue to [approvals@gatehouseawards.org](mailto:approvals@gatehouseawards.org)

The application will be reviewed by a member of our approvals team, who may request additional information.

Premises standards will be reviewed by GA as part of on-going external quality assurance processes.

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| **Main Centre Name** |  |
| **Main Centre Number** |  |
| **Venue Full Address** |  |
| **Venue Contact Name** |  |
| **Venue Contact Details – Tel / Email** |  |

**Audit Checklist**

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| **STANDARD 1: Hands will be decontaminated correctly and in a timely manner using a cleansing agent to reduce the risk of cross infection.** | | | | | |
|  | **Criteria** | **Yes** | **No** | **N/A** | **Comments** |
| 1 | There is a liquid hand soap dispenser located near all hand wash basins and sink areas. |  |  |  |  |
| 2 | Liquid soap is in the form of a single use cartridge or disposable pump dispenser. |  |  |  |  |
| 3 | Soft absorbent paper towels in wall mounted paper dispensers are at all wash hand basins and sink areas. |  |  |  |  |
| 4 | There are no re-usable towels used to dry hands. |  |  |  |  |
| 5 | There is an accessible wash hand basin within each treatment area. |  |  |  |  |
| 6 | Hand wash basins are dedicated for the sole use of washing hands. |  |  |  |  |
| 7 | Hand wash basins are free from cups/ drinking facilities and equipment. |  |  |  |  |
| 8 | There are no re-usable nailbrushes used or present at hand wash basins. |  |  |  |  |
| 9 | A supply of clean hot & cold or warm water is available at hand wash basins and sinks. |  |  |  |  |
| 10 | Hand washing facilities are clean and intact (check sink taps, splashbacks (clean and impervious), soap and dispensers). |  |  |  |  |
| 11 | The hand wash basin has no plugs and water from taps is not directly situated over plug hole. |  |  |  |  |
| 12 | Mixer taps\* (preferably hands free e.g., elbow/wrist operated taps) are available at all hand wash basins in treatment areas. |  |  |  |  |
| 13 | A laminated/wipeable handwashing technique poster is displayed by all wash hand basins. |  |  |  |  |
| 14 | Staff toilets have a hand wash basin, a constant supply of hot and cold or warm water, liquid soap, and paper towels. |  |  |  |  |
| 15 | Practitioners’ nails are short, clean and free from nail extensions and varnish. |  |  |  |  |
| 16 | No wrist watches, stoned rings or other hand/face/body jewellery are worn whilst undertaking a procedure. |  |  |  |  |
| 17 | Alcohol hand rub is available in treatment/ operating areas for practitioner use. *If alcohol hand rub not appropriate, consider other appropriate product.* |  |  |  |  |
| 18 | Practitioners are encouraged to use hand moisturisers that are pump operated for personal use. |  |  |  |  |
| 19 | There is a foot operated bin for waste towels near hand wash basins which are fully operational. |  |  |  |  |
| 20 | All staff members have received hand hygiene procedures training (check staff records), including as part of induction training. |  |  |  |  |

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| **STANDARD 2: The practice environment is maintained appropriately to reduce the risk of cross infection.** | | | | | |
|  | **Criteria** | **Yes** | **No** | **N/A** | **Comments** |
| 1 | Overall appearance of environmental area is in good repair and uncluttered and free from dirt, grease, stains and dust. |  |  |  |  |
| 2 | All areas are light, to allow good visibility, and well ventilated. A minimum lux of 500 is deemed appropriate to provide good lighting. Magnifying lamp with light and/or Headband with magnifying glasses & light recommended. |  |  |  |  |
| 3 | There is a documented, regular cleaning programme in operation. |  |  |  |  |
| 4 | There is a cleaning schedule in place which is adhered to throughout the day (check cleaning records). |  |  |  |  |
| 5 | There are designated areas and sufficient surface areas for different activities i.e., clear distinction between ‘clean’ and ‘dirty’ areas. |  |  |  |  |
| 6 | Treatment areas have intact surfaces and are clean and free from extraneous items. |  |  |  |  |
| 7 | Treatment / work surfaces are cleaned and disinfected between clients. |  |  |  |  |
| 8 | All sterile products are stored above floor level. |  |  |  |  |
| 9 | Surfaces are easy to clean and impervious to water. |  |  |  |  |
| 10 | All walls, floors and ceilings should be smooth, impervious to water and kept in good repair as to enable easy and effective cleaning. |  |  |  |  |
| 11 | Floor coverings are washable and impervious to moisture. |  |  |  |  |
| 12 | The complete floor, including edges and corners are visibly clean with no visible body substances, dust, dirt, or debris. |  |  |  |  |
| 13 | Furniture, fixtures, and fittings are visibly clean with no body substances, dust, dirt or debris or adhesive tape. |  |  |  |  |
| 14 | All dispensers, holders, and parts of the surfaces of dispensers of soap and alcohol gels products, paper towel/couch roll/toilet paper holders are visibly clean with no body substances, dust, dirt or debris or adhesive tape. |  |  |  |  |
| 15 | Toilets are visibly clean with no body substances, deposits, or smears - including underneath toilet seat. |  |  |  |  |
| 16 | Handwash basins are visibly clean with no body substances, dust, limescale stains, deposits, or smears. |  |  |  |  |
| 17 | Waste bins are clean, including lid and pedal bin. |  |  |  |  |
| 18 | Foot pedals of waste bins are clean and in good working order. |  |  |  |  |
| 19 | All contact surfaces in treatment areas (e.g., couches/chairs) are easy to clean and impervious to water. |  |  |  |  |
| 20 | Chairs and couches are free from rips and tears and should form part of regular maintenance checks. |  |  |  |  |
| 21 | Disposable paper couch/chair rolls are available for use as required and stored in a manner to avoid contamination (e.g., wall mounted). |  |  |  |  |
| 22 | Where used, disposable paper couch/chair roll is changed between clients. |  |  |  |  |
| 23 | Trolley/work/table surfaces are visibly clean and uncluttered, to enable cleaning. |  |  |  |  |
| 24 | In between use, mop heads should not be left standing in cleaning solution i.e. should be resting in the drainage part of the mop bucket to allow air drying. |  |  |  |  |
| 25 | Mop cleaning solution is changed or renewed when visibly dirty daily. Mop cleaning efficacy of the solution should be BS EN 1276 standard. |  |  |  |  |
| 26 | Mop heads are renewed regularly. |  |  |  |  |
| 27 | If not disposable, mops heads are removed at the end of each day, cleaned with detergent and warm water, rinsed with disinfectant, wrung out and left to dry before reuse (e.g., wall mounted or left inverted). |  |  |  |  |
| 28 | Mop buckets are rinsed clean at the end of the day and left upside down to dry before reuse. |  |  |  |  |
| 29 | There is a suitable sink for filling and emptying the mop buckets of water (i.e. not a hand wash basin). |  |  |  |  |
| 30 | Treatment room cleaning equipment is stored separately from kitchen cleaning equipment, in a dedicated area. |  |  |  |  |
| 31 | Cleaning cloths are single use and non-shedding. |  |  |  |  |
| 32 | Cleaning equipment is colour coded for use as per the national coding scheme (NPSA). |  |  |  |  |

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| **STANDARD 3: Personal protective equipment (PPE) is available and is used appropriately to reduce the risk of cross infection.** | | | | | |
|  | **Criteria** | **Yes** | **No** | **N/A** | **Comments** |
| 1 | Staff are trained in the use of PPE as part of their induction. Check all staff have an Ofqual Level 2 Infection Control Qualification. |  |  |  |  |
| 2 | Nonsterile gloves (powder free) conforming to European Community (EC) standards are fit for purpose (no splitting, etc.) are located in all treatment areas. |  |  |  |  |
| 3 | Alternatives to natural rubber latex (NRL) gloves are available for use by practitioners and clients with NRL sensitivity. |  |  |  |  |
| 4 | There is an appropriate range of glove sizes available. |  |  |  |  |
| 5 | Gloves are worn as single use items. |  |  |  |  |
| 6 | Hands are washed before and after removal of gloves (and at all other times when using any PPE) to enable infection prevention. |  |  |  |  |
| 7 | Gloves are stored appropriately for easy access as well as avoiding contamination. |  |  |  |  |
| 8 | Appropriate gloves are accessible for when handling chemicals (i.e., when cleaning or undertaking decontamination processes). |  |  |  |  |
| 9 | Single use plastic aprons are changed between procedures. |  |  |  |  |
| 10 | Aprons are stored appropriately to avoid contamination (e.g., in a wall mounted container). |  |  |  |  |
| 11 | Face (e.g. disposable face mask) and eye (e.g. cleanable goggles) equipment are available for use if there is a risk assessment made of there being a high likelihood of any blood/body fluid splashing into the face and eyes (COSHH regs). N.B. whilst such exposure is unlikely it is still recommended to have available on the premises. |  |  |  |  |
| 12 | Staff have been trained on the correct use of PPE. |  |  |  |  |
| 13 | Staff members are seen wearing / using PPE appropriately. |  |  |  |  |

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| **STANDARD 4: Waste is disposed of safely according to current waste legislation and without risk of contamination or injury.** | | | | | |
|  | **Criteria** | **Yes** | **No** | **N/A** | **Comments** |
| 1 | Staff have been trained in the correct and safe handling and disposal of waste. |  |  |  |  |
| 2 | There is evidence that staff are separating waste correctly (look in bins and ask a practitioner). |  |  |  |  |
| 3 | There is clear signage (posters) identifying waste segregation in all areas. |  |  |  |  |
| 4 | There are foot operated, lidded bins for all waste types (labelled for type of waste to be disposed of) with bin liner bags in place. |  |  |  |  |
| 5 | All waste bins are in working order. |  |  |  |  |
| 6 | All waste bins are visibly clean- externally and internally. |  |  |  |  |
| 7 | Waste bags are removed from the treatment areas daily and kept in the dedicated storage area awaiting collection. |  |  |  |  |
| 8 | There is no emptying of offensive waste from one bag to another. |  |  |  |  |
| 9 | Yellow bags with a black stripe (tiger bags)\* are used for disposal of offensive waste. |  |  |  |  |
| 10 | Hazardous (sharps) and offensive waste is segregated from domestic waste in storage. |  |  |  |  |
| 11 | There are no overfull bags. All waste bags, other than domestic, are less than 2/3full. |  |  |  |  |
| 12 | Offensive waste bags are labelled (with number and full post code of the premises) and secured before disposal and stored in a designated area prior to collection for disposal (segregated from other waste). There may (or may not) be separate requirements in place as required under the waste disposal contract. |  |  |  |  |
| 13 | Hazardous and offensive waste storage area is marked with a biohazard sign. |  |  |  |  |
| 14 | Hazardous and offensive waste storage area is kept secure, cleanable and not accessible to the public or animals. |  |  |  |  |
| 15 | The waste storage area is clean and tidy. |  |  |  |  |
| 16 | For outside hazardous and offensive waste storage areas, the dedicated area should be under cover from the elements, lockable, free from pests and vermin and inaccessible to animals and unauthorised persons/the public. |  |  |  |  |
| 17 | Collection of hazardous and offensive waste is undertaken by a registered waste management company with a valid licence (check records). |  |  |  |  |
| 18 | Waste contract and any transfer or consignment notes are kept on site. They should identify the type of waste, type of container, quantity of waste, time and place of transfer and name/address of transfer and transferee. There may (or may not) be separate requirements in place as required under the waste disposal contract. |  |  |  |  |

*\* New European waste management legislation reclassifies non-healthcare waste produced from municipal premises, other than domestic, as offensive/hygiene waste (e.g. used swabs, gloves, aprons, dye containers, dressings etc). This waste will now be collected in yellow with black stripe ‘tiger’ bags, rather than yellow bags.*

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| **STANDARD 5: Sharp instruments are handled safely to reduce the risk of injury and sharps/needlestick or splashes involving blood or body fluids are managed in a way to reduce risk of infection.** | | | | | |
|  | **Criteria** | **Yes** | **No** | **N/A** | **Comments** |
| 1 | All staff receive training in sharps/splash management of needlestick and are aware of actions to take following an injury (check staff records). |  |  |  |  |
| 2 | All needlestick/sharps injuries are recorded in an accident book, reported to the manager, and prompt, appropriate action undertaken (i.e., first aid actions taken and then to go to A&E immediately afterwards for risk assessment / treatment). |  |  |  |  |
| 3 | There is signage (e.g., a poster) displayed for the management of needlestick/sharps injuries or blood/body fluid splashes. |  |  |  |  |
| 4 | Sharps bins are available for use, are of an appropriate size and located within easy reach of practitioner at the point of use. |  |  |  |  |
| 5 | Sharps bins are stored above floor level, below eye level and safely out of reach of children and visitors. |  |  |  |  |
| 6 | Sharps bins conform to British Standard (BS) 7320 (1990)/UN3291. |  |  |  |  |
| 7 | Sharps bins are not filled beyond the indicator mark i.e., less than 2/3 full, with no protruding sharps. |  |  |  |  |
| 8 | There are no inappropriate items e.g., packaging or swabs in the sharps bins. |  |  |  |  |
| 9 | Sharps bins are visibly clean with no blood/ body substances, dust, dirt or debris. |  |  |  |  |
| 10 | Sharps bins are assembled correctly, and the lid is secure. |  |  |  |  |
| 11 | The temporary closure mechanism is used when the sharps bin is not in use. |  |  |  |  |
| 12 | Full sharps bins are sealed only with the integral lock, tape or stickers are not used. |  |  |  |  |
| 13 | The label on sharps bins is completed regarding date and person assembling and closing the bin once full, including the address/ postcode of the premises. There may (or may not) be separate requirements in place as required under the waste disposal contract. |  |  |  |  |
| 14 | Sealed and locked sharps bins are stored in a dedicated, locked area prior to disposal, away from public areas. |  |  |  |  |
| 15 | Sharps bins are collected on a regular basis by a registered waste management company. |  |  |  |  |
| 16 | Sharps bins are not placed in waste bags prior to disposal. |  |  |  |  |
| 17 | Inappropriate re-sheathing does not occur i.e., used razors/needles are not re-sheathed (check staff records). |  |  |  |  |
| 18 | Only sterile disposable needles are used and are single use only, disposed as a single unit if attached to any other parts that are designed as single use only. There may (or may not) be separate requirements in place as required under the manufacturer instructions for use/disposal. |  |  |  |  |
| 19 | Staff are aware of what to do if there is a sharps injury (ask a member of staff). |  |  |  |  |

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| **STANDARD 6: Appropriate chemicals are used correctly and safely to reduce the risk of infection.** | | | | | |
|  | **Criteria** | **Yes** | **No** | **N/A** | **Comments** |
| 1 | Chemical detergents/disinfectants and autoclave/ultrasonic bath fluids are used in accordance with the manufacturers’ instructions and stored safely. BS EN 1276 means cleaning product is antibacterial. |  |  |  |  |
| 2 | Trigger spray bottles in use are prefilled (manufactured) environmental cleaning solutions. The bottles are disposed of when empty. |  |  |  |  |
| 3 | Trigger spray bottles are not used for locally made-up environmental cleaning solutions. |  |  |  |  |
| 4 | Risk assessments/ data sheets are available in accordance with Control of Substances Hazardous to Health (COSHH) regulations. |  |  |  |  |
| 5 | Staff are trained on the hazards of products and chemicals they are using in the premises (check staff records). |  |  |  |  |
| 6 | All chemical containers are labelled with the name of the product and hazard warnings. |  |  |  |  |
| 7 | There are material safety data sheets for products used in the premises. |  |  |  |  |
| 8 | Staff are aware of where material safety data sheets are kept and understand their purpose. |  |  |  |  |
| 9 | Flammable or toxic chemicals are kept in closed containers and locked away when not in use and are not accessible by the public. |  |  |  |  |
| 10 | Effective chemicals should be available for pre-procedure skin cleaning, which should only be performed with solutions containing ethyl alcohol, or a hypochlorite/hypochlorous solution. |  |  |  |  |
| 11 | Eating and drinking is prohibited in areas where products or chemicals are used. |  |  |  |  |
| 12 | Chemical solutions are not decanted (poured from one bottle to another). |  |  |  |  |

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| **STANDARD 7: Staff and clients are protected from blood borne viruses (e.g. hepatitis B, hepatitis C and HIV).** | | | | | |
|  | **Criteria** | **Yes** | **No** | **N/A** | **Comments** |
| 1 | Staff are aware of what to do if there is an environmental blood/body fluid contamination (e.g., a blood spill) (check staff records). |  |  |  |  |
| 2 | Personal protective equipment (PPE) is available for use for any environmental blood/body fluid contamination incident. |  |  |  |  |
| 3 | Dedicated equipment is available for cleaning up and decontaminating environmental blood and body fluid contamination. |  |  |  |  |
| 4 | Equipment used to clear up environmental blood/body fluid contamination is disposable or able to be decontaminated. |  |  |  |  |
| 5 | Hypochlorite that can be prepared from NaDCC (Sodium Dichloroisocyanurate) to give a solution of 10,000 ppm available chlorine is available for environmental blood contamination. |  |  |  |  |
| 6 | Appropriate disinfectants are available for cleaning environmental body fluid contamination. |  |  |  |  |
| 7 | There are arrangements in place to encourage staff to be immunised against hepatitis B. This is recommended for all staff. |  |  |  |  |

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| **STANDARD 8: Clients’ information is recorded and stored according to data protection requirements.** | | | | | |
|  | **Criteria** | **Yes** | **No** | **N/A** | **Comments** |
| 1 | Records are kept of client information in a locked and secure place and in line with Data Protection Act 2018 requirements. |  |  |  |  |
| 2 | Records include:  Name  Address  Date of birth and Age  Photograph  Proof of photographic identification - if client looks under 25 (treatment for 18 years old and over)  Part of body to be treated  Medical history  Health related questions and assessment  Signed consent form  Name of practitioner giving treatment/ procedure  Date treatment/ procedure undertaken |  |  |  |  |
| 3 | Client records are documented in English. |  |  |  |  |
| 4 | Clients are given verbal after care information |  |  |  |  |
| 5 | Clients are informed how to make subject access requests |  |  |  |  |
| 6 | Clients are given written after care information |  |  |  |  |

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| **STANDARD 9: Reuseable equipment and instruments are adequately decontaminated (including sterilised as required) and stored correctly prior to any reuse to reduce the risk of cross infection and to manage any associated risks.**  **9a) Handling, storage and general principles of decontamination of reusable equipment:** | | | | | |
|  | **Criteria** | **Yes** | **No** | **N/A** | **Comments** |
| 1 | Equipment is cleaned, maintained, and stored appropriately. |  |  |  |  |
| 2 | Evidence that single use equipment is used only once and immediately disposed of. |  |  |  |  |
| 3 | Equipment is stored in fresh tap water within a labelled, robust, washable container or in a high humidity atmosphere (a closed vessel with a small amount of water) until cleaned and disinfected/autoclaved on the day of use. |  |  |  |  |
| 4 | There is a dedicated and separate decontamination area for equipment/instruments, away from the clinical area. |  |  |  |  |
| 5 | There is a workflow system that segregates clean from dirty procedures and ensures effective segregation of dirty from clean instruments. |  |  |  |  |
| 6 | Once correctly decontaminated (including sterilisation as appropriate as per risk assessment), instruments are stored clean and dry in clearly labelled, washable, lidded boxes and in clean drawers/cupboards or on shelving until use. |  |  |  |  |
| 7 | Sterile and clean products are stored in appropriate containers and above floor level. |  |  |  |  |
| 8 | Instruments must be sterilised according to the manufacturer’s instructions (evidence of this must be always recorded and adhered too). |  |  |  |  |
| 9 | Correct PPE is used for decontamination processes:  Disposable gloves  Disposable apron  Goggles |  |  |  |  |

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| **9b) Manual cleaning and disinfection procedures for reuseable equipment** | | | | | |
|  | **Criteria** | **Yes** | **No** | **N/A** | **Comments** |
| 1 | Correct PPE is used for manual cleaning:  Disposable gloves  Disposable apron  Goggles |  |  |  |  |
| 2 | Disposable, single use brushes or daily autoclavable brushes, or brushes washed after use (and replaced at manufacturer's recommended interval or when damaged) are used for cleaning instruments. |  |  |  |  |
| 3 | There is a separate dedicated sink with hot and cold water available where the cleaning of equipment takes place. The dimensions of this sink should allow items to be washed under water. |  |  |  |  |
| 4 | Manual cleaning occurs with equipment/instruments fully immersed under the water surface (and not cleaned under running water). |  |  |  |  |
| 5 | Sharp items are never cleaned manually. |  |  |  |  |
| 6 | Appropriate detergent is used for cleaning and used as per manufacturer instructions. BS EN 1276 products apply to antibacterial. |  |  |  |  |
| 7 | Equipment and instruments are rinsed after cleaning and checked for any residual debris before drying. |  |  |  |  |
| 8 | Correct and documented disinfectant/sterilisation of equipment occurs after cleaning, following manufacturer instructions. |  |  |  |  |
| 9 | Disinfectant solution is changed in accordance with manufacturers advice (see data sheet). |  |  |  |  |

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| **STANDARD 10 (LASER LIPLED): There are adequate processes in place to allow safe use of lasers and/or light therapies.** | | | | | |
|  | **Criteria** | **Yes** | **No** | **N/A** | **Comments** |
| 1 | There is a named LPA appointed with roles & responsibilities clearly defined. |  |  |  |  |
| 2 | There is a named LPS who has specific training for devices in use in addition to Core of Knowledge training. |  |  |  |  |
| 3 | All practitioners working in this field have training of recognised/accredited Core of Knowledge (taken within 5 years as dictated by MHRA). |  |  |  |  |
| 4 | There are Local Rules in place for each laser on site. |  |  |  |  |
| 5 | There are accurate records of device, serial numbers, intended treatments for each device. Client consent records. Separate treatment Protocols for each device.  Treatment protocol approved by EMP includes: 1. Name and technical specification of equipment. 2. Contraindications. 3. Treatment technique – general. 4. Treatment technique – specific. 5. Client consent prior to treatment. 6. Cleanliness and infection control. 7. Pre-treatment 'patch' tests. 8. Post-treatment care. 9. Recognition of treatment-related problems.  10. Log of treatment setting/shots/reactions for each client (kept with clients’ records). 11. Protocol for before and after photos/where photos stored, etc. 12. Daily log evidencing safety checks prior to use (e.g., checking device has not been tampered with, no parts damaged or chipped, emergency switch working, hand pieces clean, eye wear clean and no damage/scratches, test shot has been undertaken before 1st client treated), etc. |  |  |  |  |
| 6 | There is a suitable entrance warning sign/sign on treatment room door which complies with  Health and Safety (Safety and Signs and Signals Regulations 1996 and BS EN 60825-1). |  |  |  |  |
| 7 | There is protective eyewear in place as indicated by the Local Rules and covers the correct wavelength recommended by the manufacturer. *We highly recommend keeping spare pairs in stock in case eyewear gets damaged/scratched (or should client require a chaperone in the room).* |  |  |  |  |
| 8 | There is an eye/skin adverse incident policy & procedure in place. |  |  |  |  |
| 9 | There is a laser/light device risk assessment complete and appropriate. |  |  |  |  |
| 10 | Devices are serviced in line with manufacturer guidelines and records made available. |  |  |  |  |
| 11 | There is laser proof blinds/barriers in  place at windows, which block optical radiation, if indicated by the local rules. *We recommend light coloured tunic/scrubs/enclosed footwear. No metal attachments such as metal zips/buttons, no reflective fabrics, no jewellery, covering of any tattoo (including SPMU of eyebrows/lips, etc..* |  |  |  |  |

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| **STANDARD 11: Medicine Management. Medicines are stored and managed safely.** | | | | | |
|  | **Criteria** | **Yes** | **No** | **N/A** | **Comments** |
| 1 | Medicines are stored in locked cupboards or refrigerators as appropriate or according to the manufacturer’s instructions. |  |  |  |  |
| 2 | There is a medicines register of drug stock in and drugs used and there is evidence of correct drug stock management. |  |  |  |  |
| 3 | There is a system for the supervision and recorded management of medicines cupboard keys. |  |  |  |  |
| 4 | Medical fridge temperatures are recorded daily, with minimum and maximum temperatures. |  |  |  |  |
| 5 | There is a system in place for checking expiry dates of all medicines. |  |  |  |  |
| 6 | Unused medicines are disposed of in the correct waste stream. |  |  |  |  |
| 7 | Medicines delivered from the pharmacy are checked and distributed to store cupboards and/or fridges without delay. |  |  |  |  |
| 8 | Medicines are 'managed' in line with the SPC (summary of product characteristics) and used accordingly unless otherwise directed. |  |  |  |  |
| 9 | Medicines are administered against the signed, legible directions of an appropriate prescriber. |  |  |  |  |
| 10 | Blank Prescriptions are stored securely. |  |  |  |  |
| 11 | Clients are provided with a copy of the medicines patient information leaflet. |  |  |  |  |

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| **STANDARD 12 (Health and Safety – General): There are H&S systems in place to ensure the safety of staff, visitors and clients.** | | | | | |
|  | **Criteria** | **Yes** | **No** | **N/A** | **Comments** |
| 1 | The employer (or premises manager) understands their role/ responsibilities in relation to Health and Safety. |  |  |  |  |
| 2 | The employer (or premises manager) provides medical / health screening if appropriate and any required medical / health surveillance. |  |  |  |  |
| 3 | The employer (or premises manager) has access to competent health and safety advice and assistance, and there is evidence of risk assessment complete with risks identified, and hazards and controls. |  |  |  |  |
| 4 | Health and safety is reviewed annually and there is written evidence to show this has been completed and actions recorded. |  |  |  |  |
| 5 | The liability insurance is current and other insurance in place as appropriate to the business undertaking. |  |  |  |  |
| 6 | The working environment (temperature, space, ventilation, noise) is an appropriate safe and healthy one. Space - there should be enough space to reach around all sides of the treatment couch. Ventilation - there should be 10 air changes per hour, Temperature - this should be comfortable for the client and staff member to work in. |  |  |  |  |
| 7 | Welfare facilities are offered (toilets, washing, drinking water, changing) is provided. |  |  |  |  |
| 8 | There is dedicated hand washing facilities. The sink must not be dual purpose e.g., a kitchen or bathroom sink. |  |  |  |  |
| 9 | There are appropriate laundry  facilities and supplies of clean  linen/towels sufficient for each  treatment/procedure and for  additional use for modesty reasons  as required. |  |  |  |  |
| 10 | The substances which fall under  the Control of Substances  Hazardous to Health Regulations  2001are kept in a suitable storage  with safety data sheet. |  |  |  |  |
| 11 | Facilities are provided to ensure  modesty and privacy appropriate  to the treatment/procedure. |  |  |  |  |
| 12 | The door to the clinical area is lockable. |  |  |  |  |
| 13 | There are sufficient treatment couches available with multi positioning back rest, that are height adjustable, that are able to facilitate emergency recovery positioning. |  |  |  |  |

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| **STANDARD 13: Health and Safety - Fire and Emergencies are managed in line with Regulatory Reform (Fire Safety) Order 2005.** | | | | | |
|  | **Criteria** | **Yes** | **No** | **N/A** | **Comments** |
| 1 | There are means of raising the  alarm and fire detection in place. |  |  |  |  |
| 2 | There are appropriate means of  fighting fire in place. |  |  |  |  |
| 3 | There are effective means of escape in place including unobstructed routes and exits. |  |  |  |  |
| 4 | There a named person(s) responsible for managing emergencies. |  |  |  |  |
| 5 | There are fire-fighting equipment, preventive measures and emergency arrangements maintained, including through tests and practise drills. |  |  |  |  |
| 6 | There is a fire log/record book kept to record fire checks and evacuation drills. |  |  |  |  |
| 7 | There is evidence of a bespoke fire safety risk assessment. |  |  |  |  |

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| **STANDARD 14 (Health and Safety): there are adequate first aid arrangements in place in line with First Aid – Health and Safety (First Aid) Regulations 1981.** | | | | | |
|  | **Criteria** | **Yes** | **No** | **N/A** | **Comments** |
| 1 | There are adequate arrangements for first aid materials. |  |  |  |  |
| 2 | There are adequate trained first aid persons recorded *(this is optional where there are fewer than 5 employees at the venue).* |  |  |  |  |
| 3 | There is process for recording incidents and accidents and all staff are aware of this. |  |  |  |  |
| 4 | Provision, level of training and the equipment / facilities for First Aid is determined by the number of employees and type of injuries likely to be encountered. |  |  |  |  |
| 5 | All legally reportable accidents, incidents and ill-health are documented, reported to the enforcing authority and are investigated to enable suitable remedial action is taken. |  |  |  |  |

**Declaration**

I hereby confirm that all information supplied by or on behalf of the Applicant (the Main Centre) to Gatehouse Awards Limited in connection with this application is true, complete and accurate. I further confirm that I am authorised to make this application on behalf of both the applicant centre and, if applicable, the owners/directors/management of the proposed Satellite Centre or Additional Assessment Venue.

I acknowledge that any assessment undertaken at the centre’s venue will remain the sole responsibility of the Main Centre and that any issues regarding malpractice or maladministration raised at the Main Centre, Satellite Centre or Additional Assessment Venue will affect the Approved Centre status for the Centre.

I accept that the GA Terms and Conditions of Business apply to all Satellite Centres and Additional Assessment Venues as well as the Main Centre, as do all GA Policies, Procedures and other requirements. I also agree that GA will have the right of entry to the Main Centre, Satellite Centre(s) and Additional Assessment Venue(s), whether prior notice has been received or not, for the purpose of checking all such requirements are being adhered to.

I will ensure that, should any actual or potential Conflicts of Interests arise out of this arrangement, a Declaration of Interests will immediately be completed and forwarded to GA.

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| This form must be signed by the Head of Centre. | |
| **Head of Centre Name** |  |
| **Signature** |  |
| **Print Name** |  |
| **Date** |  |