

THE ARCH MANUAL OF GOOD PRACTICE & HYGIENE

This manual has taken into account the current guidelines produced by the Department of Health, NICE, The National Occupational Standards and the Environmental Agency. These can be subject to amendment at any time. This manual states the **minimum** hygiene standards required by ARCH.

This document is not intended to set out members legal responsibilities to ensure the safety and wellbeing of their clients. It is a statement of ARCH's own rules and requirements. Members are under an obligation to satisfy themselves that they are operating in all areas in accordance with all relevant laws and regulations (see Appendix 1). Members should be aware that local authority regulations vary and it is your responsibility to find out the regulations in force by your local authority. In addition members must familiarize themselves and comply with those National Occupational Standards (NOS) relevant to our profession; CNH1, CNH2 and CNH26 (see Appendix 2). Members must at all times work within their level of competence.

1. Premises

All premises must adhere to health and safety regulations. If working from home it is your responsibility to ensure you comply with local authority regulations and health and safety regulations. If working from a clinic this is usually undertaken by the proprietor/practice manager but it is still your responsibility to ensure that local authority regulations and health and safety requirements are complied with. The proprietor must ensure **full compliance** with this code of practice. A First Aid kit must be kept on the premises and members must hold a valid first aid certificate. Members must observe the guidelines for reporting injuries, diseases and dangerous occurrences regulations 2013 (RIDDOR) (see Appendix 1).

2. Waiting Facilities

Arrangements should be available so that clients may wait in comfort. The waiting area must be clean and tidy at all times. Appointments should be made to avoid too much overlap or lengthy waiting. It is recommended that a minimum of one and a half hours be allowed for the first consultation; follow-up sessions should be at least one hour.

3. Record Taking

- a. A consultation room or a discrete area of the treatment room shall be available for the taking of every client's case history in privacy, and for any relevant physical examinations. A full case history must be taken which includes details of any allergies or infectious diseases, any diagnostic investigations and treatments and any medications a client may have received/be taking. You should be aware of any contra-indications when assessing the case and blood pressure should be taken and recorded prior to treatment. If a client has not been seen for some time a review of health/treatment/medications must be taken. A Member **must not** advise a client to stop medication or treatment that has been prescribed or recommended by a GP or other statutorily regulated healthcare professional. If a Member has well-founded concerns about the effects on a client's health of treatment prescribed or recommended by another health professional they should advise the client to discuss the issue with the health professional who recommended or prescribed it or contact the client's GP if the client consents to your doing this. A minor (anyone under the age of 16) must have a letter of referral from a GP, paediatrician or other health specialist and must be accompanied by a parent or guardian at all times. If treatment is indicated, an under-age consent form must be signed as per section 1.h of ARCH Rules & Code of Ethics. Any client who is mentally or physically disabled and unable to consent him/herself must be accompanied by a carer. In the case of existing

medical conditions such as angina, asthma, epilepsy etc. instructions must be given as to how the client would like to be treated in case of an attack/emergency. The procedure must be clearly explained to the client, parent and/or carer, and you must answer any questions at a level and pace that is appropriate to the client's needs. You should confirm the client's understanding of the procedure and complete the consent form which should contain a declaration that the client has fully disclosed all health issues, fully understands the procedure and gives their consent to be examined and treated. Suggested wording for case history questionnaires can be found under resources. After care advice can be given either at this stage or at the end of treatment. Contact details should be provided to the client to enable them to seek further clarification or advice if necessary.

Telephones and mobile phones must not be used/answered when in consultation with a client except in the case of an emergency.

4. Record Keeping

Full, clear and legible records of the case history, treatments, treatment plan, results and progress should be kept in writing*. All notes should be written in ink (for accurate photocopying). Any errors should be crossed out with a single line and initialed and dated by the practitioner. Correction fluid must not be used. All record sheets should contain the patient's name and the pages should be sequentially numbered. Records must be stored in a lockable secure cabinet/place so that no one, other than the therapist, or person authorized by the therapist, may have access to them at any time.

* If stored on computer disk or other electronic devices, these shall be made equally secure, protected from accidental erasure and backed up. You must be registered with the Information Officer under the General Data Protection Regulation (GDPR) when necessary (See Resources).

Records must be kept for at least 7 years after completion of treatment. Our insurers recommend they should never be discarded, but redundant ones may be stored in a locked room/attic etc.

5. Changing Arrangements/Draping

Clean and comfortable facilities should be made available for changing. If using gowns a single use disposable or clean cotton/towelling gown must be provided for **each** client to wear and a clean towel provided to cover the client. You must use your discretion as to how often towels should be changed; they should be changed immediately if soiled. If gowns are not used a clean towel, fleece or blanket must be provided for **each** client. Clients' must be properly draped at all times to protect their modesty and for warmth. Facilities for storing belongings and hanging clothes and their security should exist.

6. Toilet Facilities

An en-suite toilet is preferable, otherwise the toilet must be conveniently located near the treatment room and reserved solely for client's use during working hours.

A sanitary waste system or a waste bin with disposable liner must be provided for the disposal of sanitary towels and soiled articles.

A bidet, whilst not essential is desirable; otherwise wet wipes must be provided.

Liquid soap in a pump dispenser and disposable paper, or single use, towels should be provided.

7. Treatment Room

The treatment room must be adequately lighted, heated and ventilated. If electric heaters or cooling fans are used, they must comply with health and safety guidelines. Gas heaters must have adequate ventilation as required by law.

A sink or large hand basin with hot and cold running water must be located in the treatment room and preferably near the tank or machine as appropriate. Lever taps are strongly recommended.

Dispenser liquid soap and disposable paper towels are required to be at the hand basin.

Floor surfaces must be durable, impervious, non-slip and washable: sealed cork, vinyl sheeting, laminate or tiles.

The finish on all surfaces within the treatment area should be made of materials that are easily cleaned.

An adequate sized bin, with disposable liner must be provided for disposal of waste.

A laundry bin/basket should be available for used towels/gowns if required.

A selection of pillows, bolsters and blankets should be available for client's comfort.

8. Disposal of waste

Colon hydrotherapy falls under the category of clinical waste. Clinical waste is defined in the Controlled Waste Regulations 1992 as meaning

"... (a) - 'any waste which consists wholly or partly of human or animal tissue, blood or other bodily fluids, excretions, drugs or other pharmaceutical products, swabs or dressings, or syringes, needles or other sharp instruments, being waste which unless rendered safe may prove hazardous to any person coming into contact with it'.

You should contact your local environmental health department to see what is required regarding the removal of waste in your area. If you are required to have it removed for incineration or deep landfill you can find a list of registered contractors in your area on the Environmental Agencies website (See Resources).

9. Equipment

Machines

Machines must be CE or FDA certified and must be installed and maintained according to the manufacturer's instructions. Pre-heaters must also comply with WRAS regulations.

A maintenance record book must be kept and produced on clinic inspection.

The machine must be disinfected between each client in line with the manufacturer's recommendations and all parts of the machine which have been touched must be wiped down with a disinfectant wipe or spray after each client.

Gravity Tank (For details of Colonic Room/Equipment Set-Up Gravity Feed - see Appendix 3)

The gravity tank must be of a shape that allows complete drainage. This includes any fittings, spigots, taps or valves. The tank inlet pipe must not be connected in any way to the inside of the tank and must never touch the water level inside the tank. This is to be achieved by ensuring a complete vertical mechanical separation between the filling pipe outlet and the maximum water level is a minimum of 2 inches (50mm). The fitting of float valves inside the tank is not permitted. An overflow pipe is advisable and if fitted should have a u-bend before the connection point to the drain. A general disinfectant (eg Milton) mixed according to manufacturers instructions should be allowed to overflow down the pipe each time the tank is disinfected to prevent mould spores, bacteria etc. proliferating.

It is strongly recommended that at least two thermometers be fitted to the tank near the water exit point. At least one of the thermometers should be a professionally certified calibrated unit with an absolute accuracy of +/-1 degree Celsius at or near body temperature. The second thermometer enhances client safety in the event of unnoticed failure or calibration change of the first. The thermometers should have a sufficiently rapid

response time to minimise the risk of introducing water of an incorrect temperature into the client (for this reason many "aquarium" type thermometers are unsuitable). (See references for suppliers of suitable thermometers.) Water temperature should be maintained as near to body temperature to prevent thermal shock or scalding but can be regulated throughout treatment when necessary as determined by the client's bowel motility, and between the absolute limits of 80°-104°F (26.6° – 40°C).

The minimum vertical distance between the top of the mattress and the tank outlet spigot should be 650mm (26") and the maximum between the mattress top and the upper level of water in the feed tank 1300mm (51"). These distances also apply to an enema bucket for implants, although it is likely to be situated at the lower level.

The tank should be cleaned at least once weekly using hydrogen peroxide or a general disinfectant (eg Milton) solution and left overnight before emptying and rinsing through three times the next morning. It is recommended that the tank be thoroughly scrubbed both inside and out at least twice per year.

10. Water Filtration

A suitable water filtration system must be fitted to all systems and should be capable of reducing/removing particulate matter, dissolved organic and inorganic matter. It is recommended that where possible a pre-filter and a carbon filter should be fitted. Pre-filters will extend the life of the carbon filter. Carbon filter reduces all organic chemicals and sediment. It is recommended that wherever possible a 0.5 micron filter should be fitted as this will remove microbes such as cryptosporidium. In areas where there is a high sedimentation you may need to use a 5 micron pre-filter. Ultra violet systems are particularly good for the destruction of bacteria and parasites. A double check valve must be fitted to the mains water inlet pipe before the filter and/or pre-heater to prevent back-flow upstream to the mains feed. The filter element must be replaced at the manufacturers recommended intervals; or more frequently if required; and as an absolute minimum of twice per year. A filter maintenance book/record must be kept and produced on clinic inspection.

11. Treatment Couch

The treatment couch should be strong and stable, have a smooth impervious surface and be of a comfortable size. If a pneumatic couch is not used then a suitable durable step must be provided to assist clients on and off the couch. The couch should be dressed with either a sheet or washable cover; incontinence pad and disposable couch roll. The incontinence pad and couch roll must be changed after each treatment. If unsoiled they can be placed in normal domestic waste. Soiled pads and gowns should be disposed of as advised by your local environmental officer.

Any soiled waterproof sheet must be wiped down with a disinfectant wipe.

If working in a clinic soiled linen must be bagged and clearly marked. You must not expose others to contaminated linen.

12. Lubricant

Lubricant contamination is potentially a serious concern. Therefore lubricant must be either in a tube, single use sachet, or in a pump dispenser. Water-based (e.g. creams, KY gel) should be used, not oil-based lubricants such as ointments due to their barrier-producing nature.

13. Gloves

Gloves are for single use only and should be disposed of as instructed by your local environmental health officer. You must keep a supply of latex free gloves in case a client is allergic to latex. Whenever possible low-allergen and powder-free gloves should be used.

Incidences of latex allergies are high and Members are encouraged to familiarize themselves of this (see references).

14. Hosing and Specula

Machines:

Single use, CE or FDA approved, disposable kits are required and should be used according to manufacturers instructions. It is recommended that a selection of sizes is kept.

Gravity System Specula

Only single use, CE or FDA approved, disposable specula can be used. The specula we use is regarded as a Class 1 invasive device (a device which, in whole or in part, penetrates inside the body), for transient use ie. intended for continuous use for less than 60 minutes. It is recommended that a selection of sizes is kept.

Hosing

Only disposable waste hosing can be used.

Disposable specula and hoses are for single treatment use only, they must be used according to manufacturers' instructions and they must never be reused.

The junction at which the disposable hose is connected to the waste outlet should be cleansed between treatments.

15. Reusable Inlet hosing requirements

Reusable inlet hosing can be used if preferred. All reusable last stage inlet hosing must be disinfected before use. It is required that you have at least two sets, and preferably three sets, of inlet hosing for rotation, if treating clients in quick succession. A non-return valve should be fitted on the inlet tubing to prevent the risk of backflow.

For each set of hosing you will require:

If using an enema bucket

2 lengths of inlet hoses (to attach to tank and enema bucket)

1 Y connector

1 non-return valve

1 length of inlet hose (generally 2 to 3 feet long) (last stage inlet hosing)

2 / 3 Hose clips

1 Enema bucket

Without enema bucket

1 length of inlet hose (generally 2 to 3 feet long) (last stage inlet hosing) with **non-return valve fitted in-line**

1 Hose clip

16. Infection Control - Cleaning/Disinfection/Sterilisation

Contamination: The soiling of an object with harmful, potentially infectious or unwanted matter.

Decontamination: A combination of processes – cleaning, disinfection and/or sterilisation – that are used to ensure the destruction or removal of micro-organisms.

Cleaning: This process uses water and detergent to remove visible contamination but does not necessarily destroy micro-organisms, although it should reduce their numbers. This is an extremely important precursor to further cleaning and is essential before disinfection or sterilisation is carried out. Neutral detergent and warm water and single use cloths or detergent wipes are recommended.

Disinfection: This is the process used to reduce the number of micro-organisms to a less harmful level. Disinfection may not inactivate some microbial agents, such as certain viruses and bacterial spores. It may involve the use of a high level disinfectant (a chemical agent that can kill bacteria and viruses), disinfection sprays or wipes or high temperature using a pressure autoclave. Disinfectant solutions must always be diluted according to manufacturer's instructions, if a weaker solution is used the micro-organisms will not be killed, too strong, and equipment or surfaces can be damaged. A disinfectant solution is not effective if there is dirt or visible soiling. Disinfection does not achieve the same reduction in microbial contamination levels as sterilisation.

Sterilisation: A process that removes or destroys all organisms including spores. The use of bench top steam sterilisers (autoclaves) is not recommended. Sterilisation is a specialist means of decontamination of equipment and not available to us as colon hydrotherapists.

17. High Level Disinfectant Agents

High Level Disinfectant Agents (HLD) must be used for disinfecting reusable inlet hosing. It is the members responsibility to ensure that the HLD they are using is suitable for disinfecting instruments and that they are not merely surface disinfectants

HLD's must be diluted and used strictly according to the manufacturer's instructions. A new batch should be made according to instructions and some excess retained for topping up as required. In busy practices the solutions may need to be changed more frequently especially if the solution is visibly contaminated with any debris.

Other disinfectants can only be used to disinfect disposable equipment prior to disposal, as a surface disinfectant or to disinfect the tank.

Disinfectant wipes or sprays are recommended for all surface cleaning.

It is recommended that you familiarise yourself with the 'Control of Substances Hazardous to Health Regulations 2002' (COSHH) and, where necessary, keep a copy of the Safety Data Sheet for all chemical substances you use. These can be obtained from the manufacturer/supplier. In the case of accident it should be produced and given to the paramedic.

18. Cleaning of non-disposable equipment

Containers for inlet hose, enema buckets etc

The containers must be of a suitable size to accommodate the inlet hosing, Y connectors, clips and enema bucket. They must be durable so as not to get corroded by solutions. One container per set of equipment is required. All hoses must be fully submerged without kinks or any presence of air. Hoses must have internal and external contact with the

solution. Leave to soak for the appropriate length of time as recommended by manufacturers.

19. Disinfecting/Cleaning Procedures

Whilst carrying out disinfecting procedures Members may want to protect their eyes and mouths from splashes of potential pathogens by wearing a visor/goggles/mask and/or water-resistant apron. This is a matter of choice for the Member.

After each treatment

Last stage inlet tubing should be wiped down to remove any fatty deposits before being placed in the container.

Used brushes should be kept in a mild bleach solution or Hibiscrub which must be changed daily. Brush handles, if not immersed in a solution, should be wiped with a disinfectant wipe.

At the end of the day all inlet tubing, Y connectors and enema buckets should be removed from the tank and disinfected.

When not in use, all equipment should either be left immersed in their respective solutions or re immersed before use.

20. Use of Ultrasonic Cleaners or Autoclaves

Ultrasonic cleaners if used allow for microscopic cleaning of surfaces and items such as clamps, nail brushes etc. They must be used according to manufacturer's instructions.

Autoclaves, if used, must be serviced regularly according to manufacturer's instructions and records kept of cycles, times and running temperatures. Pressure autoclaves are the only ones suitable, not the dry heat type.

21. Therapists Hygiene

As a therapist it is your duty to protect the health and wellbeing of your clients. It is imperative that you do not put your client's health at risk of cross infection. Many resistant bacteria, viruses, parasites and other organisms are potentially transmissible if inadequate infection control measures are not in place.

Members should maintain high standards of personal hygiene at all times. You should not work if physically or mentally ill or under the influence of alcohol or drugs as this may impair judgment. You should consult your GP or health care practitioner when situations arise which may compromise your work. You should not carry out any treatment if you are suffering from, or have been in contact with a notifiable infectious disease, or if there is a likelihood that you could contaminate equipment, supplies or working surfaces with body fluids or pathogenic organisms.

Members should dress in clean, appropriate attire which reflects our profession.

Fingernails should be kept short, clean and free from nail polish and artificial fingernails.

Jewellery should be removed from hands and wrists. Wedding bands are permitted but they must be removed for hand washing in order to remove all micro-organisms

Long hair should be tied back.

The wearing of strong perfume should be avoided.

22. Hand Washing

The importance of handwashing and hand care cannot be over emphasized. It is the single most important practice in reducing the spread of infectious agents. The current NOS requirements for handwashing are as follows:

Continually assess the need to perform hand hygiene

Any cuts and abrasions, or other open wounds on exposed skin should be covered with a waterproof dressing which should be changed as necessary and when soiled.

The surface of hands and nails should be cleaned immediately before and after treatment with each client.

The recommended method for hand washing is as follows:

Wet hands under running water

Apply liquid soap

Rub hands vigorously

Wash hands all over, including backs of hands, tips of fingers, wrists, thumbs, between fingers for 15-20 seconds;

Rinse hands well; and

Thoroughly dry hands with a single use paper towel.

Avoid contamination of your hands between hand hygiene and contact with the client

Nails should be scrubbed at the beginning of every working day, and at any time you may have accidentally contaminated your hands.

Nailbrushes should not be used for scrubbing areas of the hands other than nails as they may damage the skin.

Alcohol based hand rubs can also be used.

Apply foam or gel to the palm of one hand (the amount used depends on specific hand rub product).

Rub hands together, covering all surfaces, focusing in particular on the fingertips and fingernails, until dry. Use enough rub to require at least 15 seconds to dry.

However due to the nature of our work we do not recommend alcohol based hand rubs to be the sole hand washing method.

23. Cleaning Premises

Premises should be maintained in a clean and hygienic condition at all times. If you are working in a clinic and sharing your room with other therapists, it is your responsibility to ensure that standards are maintained, regardless whether or not the other therapists are ARCH members. Each therapist must perform the basic hygiene and sterilisation required after their last client and not rely on the cleaning company to do this as they are not familiar with our protocol. If cleaners are provided you should find out what duties they are expected to perform and any remaining duties which are necessary to meet ARCH standards must be carried out by the therapists sharing the room. Premises are subject to inspection, by appointment, by an appointed member of ARCH. Any premises not coming up to standard can be removed from the register until the premises are brought up to an acceptable standard. A fee will be charged for each inspection and re-inspection should the premises fail. It is the responsibility of the Member to ensure everything meets the requirements set out in this document. Should a complaint be received about the hygiene of a clinic an inspection will take place immediately by an appointed ARCH member (as per section 3.b of ARCH's Rules & Codes of Ethics). Any member failing to comply will be removed from the website until a satisfactory inspection has been carried out.

Waiting room

Flooring must be vacuumed or washed daily, or more frequently as required.

All waste bins must be emptied at the end of each day or more frequently as required.
All table tops, shelves and impervious surfaces (including doors and skirting boards) must be cleaned and dusted at least weekly with a damp cloth and occasionally with hot water and detergent.

Treatment Room

Fittings in the treatment area such as work surfaces should be cleaned between each client.
The floor must be washed daily or more frequently if there has been a spillage.

All shelves and impervious surfaces (including doors and skirting boards) must be cleaned and dusted with a damp cloth at least weekly and occasionally with hot water and detergent.

All waste bins must be emptied at the end of each day or more frequently as required.

Any surface which may have been contaminated must be disinfected immediately.

The outside of the waste pipe must be cleaned if it becomes contaminated with debris during treatment. At the end of the day it is recommended that the outside of the pipe is cleaned with a disinfectant wipe and that the inside is scrubbed with a soapy solution. Clean water should be flushed through to ensure all debris is flushed away

Clinical waste for incineration must be securely stored and removed regularly.

Toilet

The toilet must be thoroughly cleaned after **each** client. Toilet cleaner, toilet brush and surface wipe disinfectants should be available for cleaning purposes. Anywhere the client touches is a likely area of contamination and must be cleaned to prevent cross contamination.

Clean the inside of the toilet with toilet cleaner and brush. The outside of the toilet bowl, seat, underneath the seat, lid, handle and bidet must be cleaned with a disinfectant wipe or spray.

The sink, taps, door handle, soap dispenser, wet wipe container and stool step must be cleaned with a disinfectant wipe or spray.

Be aware of any splashes which may contaminate the floor, door or walls.

The bin must be emptied after each client.

The floor must be washed daily or more frequently if there has been a spillage.

All shelves and impervious surfaces (including doors and skirting boards) must be cleaned and dusted with a damp cloth at least weekly and occasionally with hot water and detergent

Any sanitary wastage unit must be emptied regularly.

APPENDIX 1

Members must operate in accordance with all relevant laws and regulations. Most national regulations including

The Health and Safety at Work Act 1974

An Act to make further provision for securing the health, safety and welfare of persons at work, for protecting others against risks to health or safety in connection with the activities of persons at work.

can be found on the government website www.hse.gov.uk/legislation or www.businesslink.org

Health and Safety Executive, Reporting Accidents and Incidents at Work -

A brief guide to the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)<http://www.hse.gov.uk/pubns/indg453.pdf>

UK Water Authority Regulations

Members are responsible for ensuring that all plumbing is carried out in compliance with the UK Water Regulations. Full details and information can be found at WRAS (Water Regulations Advisory Service) <http://www.wras.co.uk/> or view <http://www.youtube.com/watch?v=EMxjPqm4slk>

Portable Appliance Testing

Members are responsible for ensuring that electrical appliances are tested if appropriate <http://www.hse.gov.uk/electricity/faq-portable-appliance-testing.htm>

APPENDIX 2

Members should familiarize themselves with National Occupational Standards CNH1, CNH2, CNH26 and the principles of Good Practice

https://tools.skillsforhealth.org.uk/competence_search/

which form the National Occupational Standards for Colon Hydrotherapy

Members should also familiarize themselves with the following NOS competencies, https://tools.skillsforhealth.org.uk/competence_search/ which form the Transferable Role Template for Colon Hydrotherapy

Core Competences for Career Framework Level 6

GEN97 - Communicate effectively

GEN13 - Synthesise new knowledge into the development of your own practice

CFAM&LAA3 - Develop and maintain your professional networks

GEN23 - Monitor your own work practices

SCDHSC0033 - Develop your practice through reflection and learning

SCDHSC0043 - Take responsibility for the continuing professional development of yourself and others

IPC2.2012 - Perform hand hygiene to prevent the spread of infection

PROHSS1 - Make sure your own actions reduce risks to health and safety

PMWRV1 - Make sure your actions contribute to a positive and safe working culture

SCDHSC0024 - Support the safeguarding of individuals

CFAM&LCA1 - Identify and evaluate opportunities for innovation and improvement

GEN63 - Act within the limits of your competence and authority

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HT4 - Manage and organise your own time and activities
SCDHSC0234 - Uphold the rights of individuals
SCDHSC3111 - Promote the rights and diversity of individuals
CHS169 - Comply with legal requirements for maintaining confidentiality in healthcare
CFA_BAD332 - Store and retrieve information using a filing system
SCDHSC0241 - Contribute to the effectiveness of teams
CFAM&LDD1 - Develop and sustain productive working relationships with colleagues
ESKITU020 - Use digital communications

Role Specific Competences

GEN21.2012 - Interact with individuals using telecommunications
GEN14 - Provide advice and information to individuals on how to manage their own condition
GEN1 - Ensure personal fitness for work
GEN96 - Maintain health, safety and security practices within a health setting
IPC1.2012 - Minimise the risk of spreading infection by cleaning, disinfecting and maintaining environments
IPC11.2012 - Minimise the risk of spreading infection when laundering used linen
IPC9.2012 - Minimise the risk of spreading infection when removing used linen
CFAWB12 - Deliver a good service to customers
CHS38 - Plan assessment of an individual's health status
CHS39 - Assess an individual's health status
CHS118 - Form a professional judgement of an individual's health condition
CHS168 - Obtain a patient/client history
CHS230 - Assess the need for intervention and present assessments of individuals' needs and related risks
CHS120 - Establish an individual's suitability to undergo an intervention
CHS65 - Enable individuals with long term conditions to respond to acute episodes
GEN2 - Prepare and dress for work in healthcare settings
GEN4 - Prepare individuals for healthcare activities
CHS6.2012 - Move and position individuals
SCDHSC0223 - Contribute to moving and positioning individuals
GEN7 - Monitor and manage the environment and resources during and after clinical/ therapeutic activities
SCDHSC0243 - Support the safe use of materials and equipment protocols and guidelines
CHS59 - Respond to referrals of individuals with health conditions
CHS99 - Refer individuals to specialist sources of assistance in meeting their health care needs
CHS55 - Facilitate the individual's management of their condition and treatment plan
CHS228 - Control adverse events which arise during an individual's healthcare procedure
CHS225 - Implement a treatment plan
SCDHSC0226 - Support Individuals who are distressed
CHS236 - Support individuals during activities to improve their physical health and wellbeing
PE2 - Manage information and materials for access by patients and carers
HT3 - Enable individuals to change their behaviour to improve their own health and wellbeing
CHS212 - Disposal of clinical and non clinical waste within healthcare
PE5 - Develop relationships with individuals that support them in addressing their health needs
GEN95 - Monitor stock levels of clinical equipment or resources within accepted safe limits
CHS197 - Plan the maintenance of equipment and medical devices within healthcare
CFALG2 - Keep up to date with current legislation affecting your business
GEN64 - Ensure the availability of physical resources
CFALG5 - Assess the environmental impact of your business
GEN25 - Administer appointments
SCDHSC3115 - Process information for use in decision-making
CFABS2 - Monitor the quality and use of supplies and equipment in your business

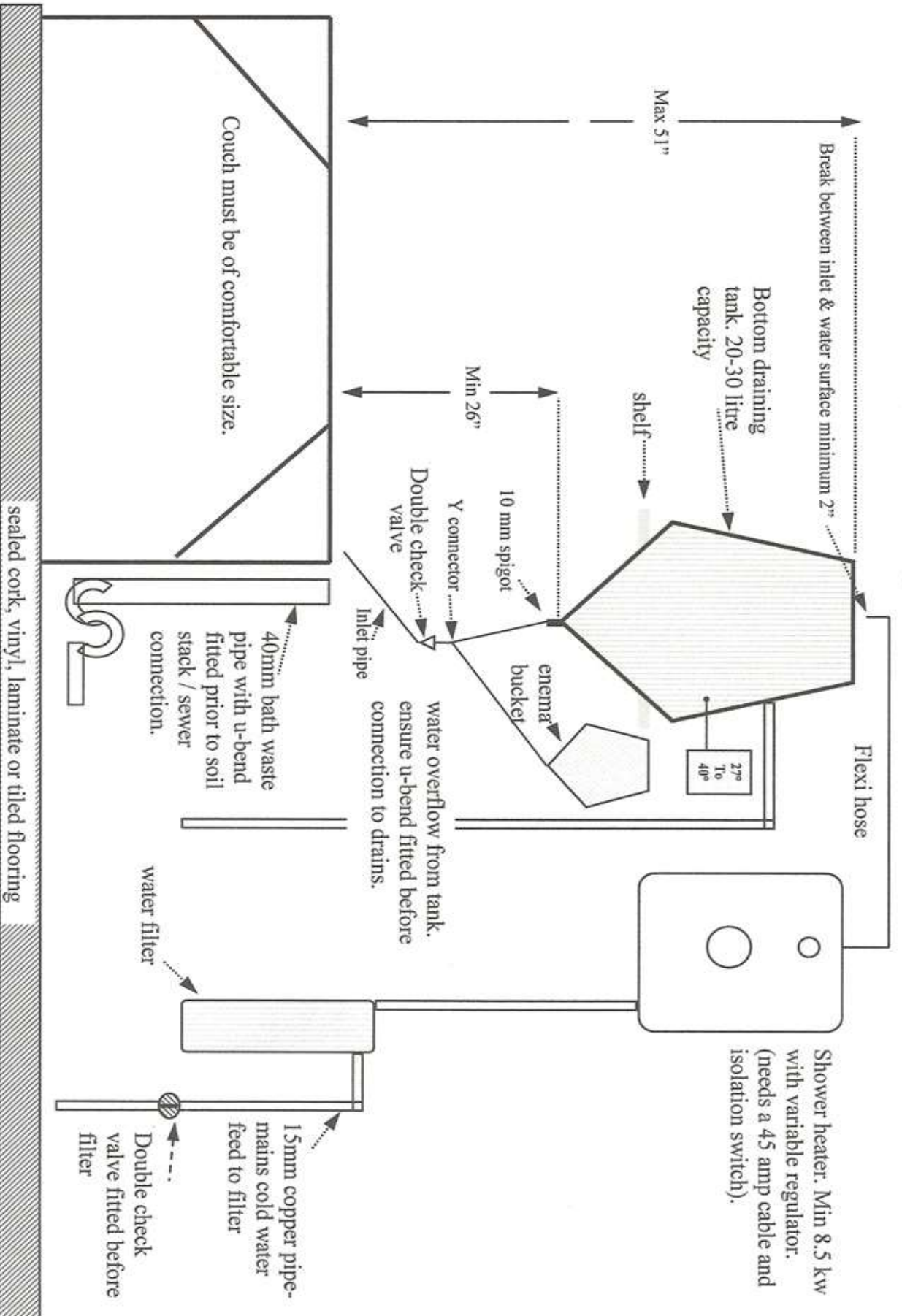
GEN26 - Deal with financial transactions within a health facility

Competences which may apply to some Members but not all

CFA_CSD22 - Develop a customer service network through social media platforms
CH HM1 - Assess the needs of the client
CH HM2 - Provide a treatment and management plan to meet the needs of the client
CHS44 - Plan activities, interventions and treatments to achieve specified health goals
GEN6.2012 - Manage environments and resources for use during healthcare activities
CHS19.2012 - Undertake routine clinical measurements
CHS35 - Provide first aid to an individual needing emergency assistance
CHS163 - Manage Emergency Situations
PHP27 - Respond to requests for information from the media
CHS200 - Install equipment and associated systems within healthcare
CFABL3 - Contract for a business premises
CFABL2 - Choose a business premises
CFAWB7 - Sell your products or services on the internet
GEN44 - Liaise between primary, secondary and community teams
CFA_CSA19 - Deal with customers using a social media platform

APPENDIX 3

COLON ROOM / EQUIPMENT SET-UP. GRAVITY FEED.



Resources

1. Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire SK9 5AF
Tel: 0303 123 1113/ 01625 545745 (Information line)
<https://ico.org.uk/>
2. Environmental Agency, National Customer Contact Agency, PO Box 544, Rotherham, S60 1BY
General Enquiries: 03708 506 506 (Mon-Fri 8-6)
Hazardous Waste Registration number: 03708 502 858 (Mon-Fri 9-5)
(Any enquiries regarding Hazardous Waste Registration)
<https://www.gov.uk/government/organisations/environment-agency>
email enquiries@environment-agency.gov.uk
3. Suggested wording which could be used in case history questionnaires/consent forms

"If suffering from diabetes, angina, heart disease, or epilepsy, in the event of an attack, I agree to the following action to be taken: (delete as necessary) administer my medication / call ambulance / call relative / discontinue treatment / position comfortably.

I confirm this form has been completed by the Therapist from true and accurate information I have provided.

I confirm the absence of any active or current contra-indicated conditions. I also agree to a digital rectal examination (DRE) and subsequent colon hydrotherapy treatment and that the data herein collected may be used and held securely and confidentially under GDPR 2018 guidelines.

I agree to my health record being securely and confidentially held by the therapist signing below for a minimum of seven years.

Signed by client

Signed by Therapist"

Suppliers:

Abi Francis Tel: 07799331589 E-mail: abi@yvts.co.uk
Supplies enema herbs

Colonic Supplies 17 North Town Road Maidenhead Berks SL6 7JQ Tel: 01628 626611
<http://www.colonicsupplies.co.uk/>
Suppliers of disposables and colon hydrotherapy equipment, gravity tanks and machines

Diamond Spring Water Technologies, PO Box 6109, Epping, Essex CM16 6SL Tel: Mobile 07761 102813 E-mail: Diamond@waternet.co.uk

Dotolo Europe Ltd, Unit 5 Base 329 Headley Road East, Woodley, Reading, Berkshire RG5 4AZ, United Kingdom <http://www.dotolo.eu/> / Tel: 0844 854 92 22, Email : info@dotolo.eu
Suppliers of machines and pre-heaters, machine parts, disposable specula packs, disinfectant and other colonic supplies

Econo-Group Midsummer House, Adam Court, Newark Road, Petersborough PE1 5PP
Tel: 0844 824 3464 <http://www.econogroup.com/>
Suppliers of couch rolls, paper hand towels, disinfectants and medical supplies

FreshWater Filter Company Ltd, Unit 3 Old Winery Business Park, Chapel Street, Norwich, Norfolk,
NR10 4FE Tel: 01603 871 594 <http://www.freshwaterfilter.com/>

ICHF, 49 St James Road, Carshalton, Surrey SM5 2DT Tel: 0208 669 5155
Suppliers of disposable specula/packs

Kingspeed Services, Unit 4 Belvedere Business Park, Crabtree Manorway South, Belvedere, Kent
DA17 6AH, Tel: 0208 311 8200
E-mail info@kingspeedservices.co.uk
Suppliers of gloves, disposable gowns, inco pads, lubricants, high level disinfectants, disposable
specula packs

Medisave (UK) Ltd, Medisave House, Mercery Road, Weymouth, Dorset DT3 5FA
Tel: 0800 804 6447 www.medisave.co.uk
Suppliers of medical supplies

Practitioner Supplies, 1 Chapel School, St Nicholas Avenue, Sabden, Clitheroe, Lancashire, BB7
9HR Tel. 01282 777480 www.practitionersupplies.co.uk
Suppliers of gravity tanks, inlet and outlet hosing, clips, brushes, high level disinfectants, herbal
enema tinctures, Co-Tons, Lubricants, Calibrated thermometers, disposable specula,

Roger Groos, Peggies, Beach Road, Woolacombe, EX34 7AE Tel: 01271 870436
Supplier of one way valves

The Specula Company, 29, Purcell Road, Witham, Essex CM8 1AG Tel: 01376 520438 E-mail:
thespeculacompany@btinternet.com
Suppliers of specula

References:

Premises: Health & Safety Executive – Health & Safety Law

Record Taking: Professional Advice for Complementary Practitioners by David Balen
www.balens.co.uk

Infection Control: National Institute for Clinical Excellence (NICE)
Prevention of healthcare-associated infection in primary and community care
Clinical Guideline 2 June 2003
Health & Safety Executive – Infections at work www.hse.gov.uk
Infection Prevention Control
<http://www.infectionpreventioncontrol.co.uk/resources/decontamination-equipment/>

Disposal of Waste

Management of Healthcare Waste – Sector Information Minute SIM 7/2006/22
Contaminated Waste – Control of Pollution Act 1974; Environmental Protection Act 1990;
Controlled Waste Regulations 1992; Special Waste Regulations 1996; The Environmental
Protection (Duty of Care) Regulations 1991

Department of Health – Environment and sustainability – Health Technical Memorandum 07-01:
Safe management of healthcare waste – November 2006
Environmental Agency – Your waste – your responsibility (Factsheet on Treating offensive or
hygiene waste for landfill)

Gloves and Handwashing

National Institute for Clinical Excellence (NICE) - Prevention of healthcare-associated infection in
primary and community care - Clinical Guideline 2 June 2003

Health & Safety Executive – Latex Allergies: “The Law” and “About Latex Allergies”

www.hse.gov.uk/latex/index.htm and <http://www.hse.gov.uk/healthservices/latex/index.htm>

Endonurse www.endonurse.com – See Infection Control - Ready...Set...Gloves (Tina Brooks
06/01/2004)

Latex Allergies Health and Safety executive

Latex Allergy – www.mayoclinic.com/print/latex-allergy

Family Doctor Org – Latex Allergy www.familydoctor.org

Disinfection

MHRA – Sterilisation, disinfection and cleaning : guidance on decontamination from the
Microbiology Advisory Committee (the MAC Manual May 2010)

<https://www.gov.uk/government/collections/decontamination-and-infection-control>

Disposables

MHRA – Medical Devices Classification

www.mhra.gov.uk/Howweregulate/Devices/Classification/index.htm

[https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/403442/Single-
use_medical_devices__implications_and_consequences_of_reuse.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/403442/Single-use_medical_devices__implications_and_consequences_of_reuse.pdf)

National Occupational Standards:

Skills for Health : National Occupational Standards www.skillsforhealth.org.uk

See Appendix 2