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Standards for Home Healthcare Services Version (1)

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Health Regulation Sector (2024)



ACKNOWLEDGMENT

The Health Policy and Standards Department (HPSD) developed this standard in collaboration with Subject Matter Experts and would like to acknowledge and thank these health professionals for their dedication toward improving the quality and safety of healthcare services in the Emirate of Dubai.

Health Regulation Sector

Dubai Health Authority

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INTRODUCTION

The Health Regulation Sector (HRS) plays a key role in regulating the health sector. HRS is mandated by the Dubai Health Authority (DHA) Law No. (6) of the year (2018) with its amendments pertaining to DHA, to undertake several functions including but not limited to:

- Developing regulations, policies, standards, and guidelines to improve quality and patient safety and promote the growth and development of the health sector.
- Licensure and inspection of health facilities as well as healthcare professionals and ensuring compliance with best practices.
- Managing patient complaints and assuring patient and physician rights are upheld.
- Governing the use of narcotics, controlled and semi-controlled medications.
- Strengthening health tourism and assuring ongoing growth; and
- Assuring management of health informatics, e-health and promoting innovation.

The Standards for Home Healthcare Services aims to fulfill the following overarching Dubai Health Sector Strategy 2026:

- Pioneering a Human-centered health system to promote trust, safety, quality, and care for patients and their families.
- Make Dubai a lighthouse for healthcare governance, integration, and regulation.
- Become a global digital health hub.
- Strengthening the economic contribution of the health sector, including health tourism, to support Dubai's economy.



EXECUTIVE SUMMARY

Providing high-quality home healthcare services in Dubai is not just a service but a commitment to the well-being of our patients. This document outlines the standards established by the Dubai Health Authority (DHA) for home healthcare service providers. It emphasizes the key components necessary to maintain excellence in service delivery to individuals who require medical, rehabilitative, or palliative care outside of hospital settings, placing the patient's needs and comfort at the forefront.

The DHA, as the regulatory Authority for healthcare in Dubai, has established comprehensive standards to ensure patients receive safe, effective, high-quality home healthcare services. These standards are based on extensive research, industry best practices, and input from healthcare professionals. They aim to promote excellence in service delivery, protect patients' well-being, and maintain the integrity of home healthcare services.

This standard should be read in conjunction with related UAE laws, DHA standards, policies, manuals, and other relevant documents, including but not limited to:

- UAE Federal Law No. 5 of 2019 on the Subject of Regulating the Practice of the Profession of Human Medicine,
- UAE Federal Law No. 4 of 2016 on the Subject of Medical Liability,
- UAE Federal Law No. 4 of 2015 concerning Private Health Facilities.
- UAE Cabinet Resolution No. (20) of 2017, which approves the unified standards for licensing health professionals at the state level. Ministerial Resolution No. (14) of



2021 regarding the Patient's Rights & Responsibilities Charter in the United Arab Emirates (UAE) on Charter of Patient's Rights and Responsibilities.

- Ministerial Resolution No. (1448) of 2017 On Adoption of Code of Ethics and Professional Conduct for Health Professionals.
- Unified National Standards for Hospitals (2018).
- Unified Healthcare Professional Qualification Requirements (PQR).
- National Guidelines for Biosafety 2020.
- DHA Manual for Licensing Health Facility.
- DHA Role and Responsibilities of Medical Director Policy.
- DHA Communicable Disease Notification Policy.
- DHA Health Information Assets Management Policy.
- DHA Sentinel Event Notification and Management Standards.
- DHA Referral and interfacility Transfer policy.
- DHA Health Data and Information Sharing Policy.
- DHA Standards for Medical Advertisement Content on Social Media.
- DHA Standards for Renal Dialysis.
- DHA Standards for Oncology Services.
- DHA Standards for physiotherapy Services.
- DHA Standards for Clinical Laboratory Services.
- DHA Standards for Telehealth Services.
- DHA Pharmacy Guideline.



- DHA Guideline for Patient Consent.
- DHA Clinical Guideline for Best Practice in immunization.



DEFINITIONS

Adverse Event: an event, incident or condition that results in harm to a patient where harm includes disease, injury, suffering, disability or death.

Healthcare Professional: a natural person who is authorized and licensed by the Dubai Health Authority (DHA) to practice any healthcare profession as per the Unified Healthcare Professional Qualifications Requirement (PQR) or the United Arab Emirates.

Homebound: refers to individuals confined to their homes due to physical, mental, or emotional conditions that make it difficult or impossible to leave without assistance. These conditions may result from illness, disability, frailty, or other health-related limitations.

Completely Homebound: A person entirely confined to their home who cannot leave without extensive assistance.

Semi-Homebound: A person mostly confined to their home but able to leave for short, infrequent trips for necessary activities, such as medical visits or religious services, though these outings still require considerable effort or assistance.

Home Healthcare Service Provider: is an organization or agency authorized and licensed by the Dubai Health Authority (DHA) to deliver medical, therapeutic, and personal care services to patients in their homes.



Home Healthcare Team: A multidisciplinary group of healthcare professionals—including physicians, nurses, therapists, social workers, and support staff—who deliver medical, therapeutic, and supportive care in the patient's home. This team provides coordinated, patient-centred care that promotes comfort, independence, and continuity of care.

Informed Consent: refers to an agreement or permission accompanied by full information on the nature, risks and alternatives of a surgical or interventional procedure before the physician begins the procedure/treatment. Accordingly, the patient either consents to or refuses treatment.

Licensure: issuing official permission to operate a health facility to an individual, government, corporation, partnership, Limited Liability Company (LLC), or other form of business operation that is legally responsible for the facility's operation.

Patient: Any individual who receives medical attention, care, treatment, or therapy from a DHA-licensed healthcare professional in a DHA-licensed health facility.



ABBREVIATIONS

ACLS : Advanced Cardiovascular Life Support

ADLs : Activities of Daily Living

AN : Assistant Nurse

BLS : Basic Life Support

CBCT : Dental Cone Beam Ct Scan

DHA : Dubai Health Authority

ER : Emergency Room

ESRD : End-Stage Renal Disease

HRS : Health Regulation Sector

IV : Intravenous Lines

KPIs : Key Performance Indicators

MOHAP : Ministry of Health and Prevention

PALS : Paediatric Advanced Life Support

PCI : Prevention and Control of Infection

PQR : Professional Qualification Requirements

QA : Quality Assurance



RN : Registered Nurse

UAE : United Arab Emirates

VOIP : Voice Over Internet Protocol

MOU : Memorandum of Understanding

SDS : Safety Data Sheets



1. BACKGROUND

Home healthcare services have significantly evolved in recent decades, becoming a vital component of the global healthcare system. This shift from traditional, hospital-based care to home-based care reflects a broader trend toward patient-centered approaches, prioritizing comfort, personalized care, and maintaining a high quality of life for individuals with chronic conditions or those recovering from acute illnesses.

The primary goal of home healthcare services is to provide medical and therapeutic care in the comfort of a patient's home. This includes a wide range of services, from basic assistance with daily living activities to complex medical treatments. Services often encompass skilled nursing care, physical therapy, occupational therapy, speech therapy, and medical social services. This array of services allows patients to remain in their familiar environment while receiving care that is tailored to their specific needs.

Home healthcare is a critical element of Dubai's long-term strategy, aligning with its vision for a world-class healthcare system. Dubai aims to leverage cutting-edge technologies, innovation, and personalized care to enhance patient well-being.

The Dubai Health Authority (DHA) has recognized home healthcare as a strategic priority, aiming to expand these services to reduce hospital admissions and ensure patients receive high-quality care in the comfort of their homes. With the aging population and the rise of



chronic conditions, Dubai's healthcare system increasingly relies on home-based solutions to meet the growing demand, reduce healthcare costs, and improve patient satisfaction.

Healthcare systems and hospitals worldwide are also recognizing the advantages of home-based care, which often results in better patient outcomes and higher satisfaction levels. It includes a wide range of services, such as and not limited to palliative care, geriatric care, chronic disease management, pediatric care, mental health support, rehabilitation, wound care, post-surgical assistance, medication management, and nutritional support. As technological innovations, evolving patient needs, and policy changes propel the sector forward, home healthcare continues to advance, providing more sophisticated, patient-centered solutions that enhance quality of life, reduce hospital admissions, and offer a sustainable, cost-effective healthcare model for the future.

2. SCOPE

- 2.1. All health professionals and healthcare facilities, whether standalone operations or add-on facilities, provide medical or clinical services to patients in their homes.

3. PURPOSE

- 3.1. This standard provides a comprehensive framework for delivering medical and healthcare services in patients' homes, ensuring minimum quality and safety standards for all healthcare professionals and health facilities.



4. APPLICABILITY

- 4.1. DHA-licensed healthcare professionals and health facilities providing home healthcare services in the Emirates of Dubai.

5. STANDARD ONE: REGISTRATION AND LICENSURE PROCEDURES

- 5.1. All health facilities providing home healthcare services shall adhere to the United Arab Emirates (UAE) Laws and Dubai regulations.
- 5.2. Health facilities aiming to provide home healthcare services shall comply with the DHA licensure and administrative procedures available on the DHA website:
<https://www.dha.gov.ae>.
- 5.3. Licensed health facilities opting to add home healthcare services shall submit an application through Sheryan platform to obtain permission to provide the service.
 - 5.3.1. This applies to all healthcare facilities within the Dubai Emirates.
 - 5.3.2. Any services carried out at home shall be under the umbrella of home healthcare services.
- 5.4. Home Healthcare Services is only available for the following healthcare facility types:
 - 5.4.1. Hospitals
 - a. General Hospital
 - b. Speciality Hospital
 - 5.4.2. Outpatient Health Facilities.
 - a. Day Surgical Center
 - b. General Clinic



- c. Polyclinic
- d. Specialty clinic
- e. Dental clinic
- f. Renal dialysis centre
- g. Oncology centre
- h. Psychiatric centre

5.4.3. Diagnostic centre

- a. Medical Laboratory

5.4.4. Specialized units

- a. Standalone Home Healthcare facility.

5.4.5. TCAM centre

5.4.6. Clinical Support facilities

5.4.7. Long Term residential Healthcare Facilities

- a. Convalescence
- b. Nursing Home
- c. Hospice Facility
- d. Addiction Treatment and Rehabilitation Centre

5.5. The Home Healthcare facility's license shall be publicly posted at the organization's central administrative office or main facility.



6. STANDARD TWO: HEALTH FACILITY REQUIREMENTS

- 6.1. The home healthcare facility must meet the health facility requirements as per the DHA Guidelines for Health Facility design.
- 6.2. Accreditation is recommended for all home healthcare services. All standalone home healthcare facilities and home renal dialysis facilities recommended to be accredited within two (2) years of obtaining their license. Accreditation certificates shall be uploaded to the Sheryan platform.
 - 6.2.1. Accreditation shall be for the home healthcare services by an International Society for Quality in Health Care External Evaluation Association (ISQua EEA) approved entities, such as:
 - a. Joint Commission International (JCI).
 - b. Health Standards Organization Accreditation Canada (HSO/AC)
 - c. Australian Council on Healthcare Standards International (ACHSI)
 - d. Emirates International Accreditation Center (EIAC)
- 6.3. Each Licensed Home Healthcare Service provider shall appoint qualified personnel and maintain staffing levels as required to ensure reliable and consistent care.
- 6.4. The Home Healthcare Service provider shall maintain accurate and complete personnel records for all employees, including training records. Such records shall be maintained and kept confidential.
- 6.5. The home healthcare facility design shall provide assurance of patient and staff safety.



6.6. The home healthcare facility shall ensure healthcare professionals' safety and shall be responsible for arranging transportation for them to conduct home visits.

6.7. The health facility should develop the following policies and procedures; but not limited to:

- 6.7.1. Patient identification
- 6.7.2. Patient acceptance criteria
- 6.7.3. Patient assessment, care planning and education
- 6.7.4. Patient health record and confidentiality
- 6.7.5. Infection control measures and hazardous waste management
- 6.7.6. Incident reporting and emergency action plans
- 6.7.7. Patient Privacy and Informed consent
- 6.7.8. Medication Management, including High-Alert and Look-Alike/Sound-Alike Medications
- 6.7.9. Patient discharge and transfer processes
- 6.7.10. Verbal and/or telephone communication among caregivers
- 6.7.11. Reporting Critical Diagnostic Test Results
- 6.7.12. Care of High-Risk Patients and Safety Protocols
- 6.7.13. Pain management
- 6.7.14. Handover communication
- 6.7.15. Addressing Unusual delays in diagnostic and/or treatment services
- 6.7.16. Clinical practice guidelines, clinical pathways and/or clinical protocols



- 6.7.17. Scope of Services, Credentialing, and Privileging of Staff
 - 6.7.18. Protection and safety of healthcare professionals
 - 6.7.19. Utilization of Telehealth and Remote Monitoring
 - 6.7.20. Patient and Family/Caregiver Involvement in Care
- 6.8. The health facility shall provide documented evidence of the following, but not limited to:
- 6.8.1. Transfer of critical/complicated cases when required
 - 6.8.2. Multidisciplinary decision-making and management of patients
 - 6.8.3. Clinical laboratory services
 - 6.8.4. Equipment maintenance services
 - 6.8.5. Medical waste management as per Dubai Municipality (DM) requirements
- 6.9. The health facility must maintain a charter of patient rights and responsibilities posted at the entrance of the premises in two languages (Arabic and English).

7. STANDARD THREE: HEALTHCARE PROFESSIONALS REQUIREMENTS

- 7.1. All home Healthcare professionals engaged in delivering Home Healthcare services shall be Licensed and registered with the DHA.
- 7.2. Home Healthcare Service provider shall have a medical director who shall act as a supervisor over the professional staff, be responsible for the services provided in the home healthcare facility and establish the services' policies and procedures.



- 7.3. Home Healthcare Service providers may also have an administrative director who oversees the facility's administrative functions and activities and shall be available within a reasonable time. (if requested)
- 7.4. Home healthcare facilities shall employ a minimum of one physician and one registered nurse.
- 7.5. Facilities offering home healthcare services as an additional service shall ensure that their staffing levels are adequate to meet the demands of both in-facility and home-based care, while maintaining consistent service quality and patient care across both settings.
- 7.6. The Privileging Committee and/or Medical Director of the health facility shall privilege the physician aligned with his/her education, training, experience, and competencies. The privilege shall be reviewed and revised at regular intervals. Physicians with the privilege of providing home healthcare shall comply with the following requirements:
- 7.6.1. Licensure: Physicians shall hold a current and valid medical license issued by
DHA.
- 7.6.2. Continuing Professional Development (CPD): Physicians are required to complete ongoing CPD relevant to their specialty and the services they provide, ensuring they remain informed about current practices and innovations in patient care. Training may include topics such as



dementia care, working with patients with learning disabilities, cultural sensibilities, and wound care management.

- a. Physicians require forty (40) CPD hours annually to renew their license.
- b. Nurses require twenty (20) CPD hours annually to renew their license.

7.6.3. Clinical Competence: Physicians shall demonstrate clinical competence in the home healthcare services they are privileged to provide.

7.6.4. Adherence to Protocols: Physicians shall comply with the health facility's established clinical protocols, guidelines, and policies, ensuring consistency and quality in patient care

7.6.5. Documentation: Physicians shall maintain accurate and thorough documentation of all patient encounters, treatments, and communications, adhering to legal and ethical standards.

7.6.6. Emergency Preparedness: Physicians shall be prepared to manage emergencies effectively, including having a clear understanding of protocols for urgent situations that may arise during home healthcare.

7.6.7. Ethical Standards: Physicians are required to uphold ethical standards in practice, including obtaining informed consent and respecting patient autonomy and confidentiality and demonstrating strong communication and interpersonal skills in all interactions.



- 7.7. Home healthcare services may be provided by a multidisciplinary team of healthcare professionals, including but not limited to the following:
- 7.7.1. Physician
 - 7.7.2. Dentist
 - 7.7.3. Nursing (only Registered Nurses and Assistant Nurses). RN to AN ratio shall be 1:3
 - 7.7.4. Physiotherapist and physiotherapist assistant
 - 7.7.5. Occupational therapist
 - 7.7.6. Clinical dietitian
 - 7.7.7. Respiratory Therapist
 - 7.7.8. speech therapist/speech & language pathologist
 - 7.7.9. Psychologist
 - 7.7.10. Clinical social worker
- 7.8. All healthcare professionals must provide care to patients in the Home Healthcare facility within their scope of practice.
- 7.9. Maintaining a consistent line of communication and oversight between registered nurses (RNs) and assistant nurses (ANs) is the main objective of monitoring to ensure patients receive quality care.
- 7.10. Methods and frequency of Monitoring:
- 7.10.1. Verbal/Virtual Monitoring



- a. Daily or frequent check-ins: RNs should establish consistent communication with ANs through phone calls or virtual platforms. This should occur daily or at a frequency aligned with the patient's acuity level and care needs.
- b. Use of Telehealth: Video conferencing, messaging platforms, telemonitoring, mobile devices, or dedicated healthcare apps should be employed for real-time communication, documentation tracking, and remote patient monitoring.

7.10.2. In-Person Supervision

- a. Scheduled visits: RNs shall conduct in-person visits to the patient's home at least once weekly for patients requiring moderate-to-intensive care and biweekly for lower-acuity patients. These visits should include a review of the care provided, patient assessments, and performance evaluation of the AN.
- b. Unscheduled visits: Occasional unscheduled visits may be implemented to ensure the consistency and quality of care being provided.

7.11. Frequency of Monitoring:

- 7.11.1. Monitoring frequency is determined by patient care complexity, agency policy, and regulatory standards. The following serves as a guideline for frequency:



- a. Higher-Acuity Patients (complex medical conditions or post-surgical care):
 - i. Verbal/Virtual Check-ins: Daily
 - ii. In-Person Visits: Weekly
- b. Lower-acuity patients (routine care and assistance with daily activities):
 - i. Verbal/Virtual Check-ins: Weekly or biweekly
 - ii. In-Person Visits: Biweekly or monthly

Method of Monitoring	Frequency	Examples
Verbal/Virtual	Daily/Weekly	Phone calls, virtual meetings
In-Person	Weekly/Biweekly/Monthly	Home visits for patient assessments and AN evaluation
Remote Platforms	Ongoing	Telehealth

8. STANDARD FOUR: PATIENT CARE

8.1. Patient Selection Criteria

8.1.1. Home healthcare services shall be available to individuals whose health conditions or limitations necessitate in-home care to maintain safety, manage health needs effectively, and support recovery or quality of life without requiring regular visits to healthcare facilities.



8.1.2. Home healthcare services shall be offered to patients who are referred by a physician.

8.1.3. The patient shall be homebound or semi homebound, meaning they cannot leave the house without assistance due to illness or injury, whether due to physical limitations or cognitive impairment.

8.1.4. The patient shall require specialized medical care that requires skilled nursing care, such as intravenous (IV) therapy, G-tube maintenance, wound management, or tracheostomy maintenance.

8.1.5. The patient shall require rehabilitation services, such as physical therapy, occupational therapy, speech therapy, and respiratory therapy.

8.1.6. The patient shall have a functional limitation status that prevents them from meeting their daily needs, such as bathing, dressing, and other basic daily tasks.

8.1.7. The patient shall have medical conditions that pose safety risks to themselves or others if they remain at home without proper care and supervision. For example, individuals with cognitive impairments shall be at risk of wandering or experiencing accidents, while those with mobility limitations shall be prone to falls.

8.1.8. The patient shall have a chronic or progressive disease that requires ongoing care and monitoring. Examples shall include chronic illnesses, progressive diseases, and conditions that require long-term care.



8.1.9. The patient shall be medically stable and able to receive care at home without immediate hospitalization or constant medical attention; however, serious medical conditions may still require regular medical supervision.

8.1.10. The patient's family shall agree to accept Home Healthcare Services.

8.1.11. The patient's residence has adequate facilities for the patient's proper care.

8.1.12. The patient shall require antenatal or postnatal care that can be effectively managed within the home healthcare setting to support maternal and infant health.

8.1.13. The patient shall require paediatric care that addresses specific health needs manageable within a home healthcare setting, ensuring continuity of care for children.

8.1.14. The patient shall require palliative care to manage symptoms and provide comfort within the home.

8.1.15. The patient shall require mental health support to address psychological and emotional well-being, which can be effectively managed within a home healthcare setting.

8.2. Patient Assessment and Care Planning

8.2.1. A qualified physician must assess the patient face-to-face before any home healthcare services can take place.



8.2.2. Medical care plans shall be developed in consultation with the treating physician and collaboration with the interdisciplinary team of the Home Healthcare Service.

8.2.3. An appropriate comprehensive medical history, physical examination, and assessment of the level of impairment, medications, and drug allergies shall be conducted, as well as an assessment of the impact of the condition on their activities of daily living (ADLs).

8.3. Clinical Services

8.3.1. Clinical care services shall be provided by a licensed physician and may include, but are not limited to, the following:

- a. Physician consultations at the patient's home.
- b. Comprehensive assessment, development of a patient care plan, ongoing evaluation, treatment, management, and follow-up.
- c. Reviewing and managing laboratory results and making necessary adjustments to the care plan based on findings.
- d. Manage acute medical issues and coordinate with emergency services when necessary.
- e. Addressing mental health concerns, including anxiety, depression, and cognitive decline, through counselling, medication management, and coordination with mental health professionals.



- f. Offering Telephone and telehealth consultations for follow-ups and ongoing care management.
- g. Referrals to specialists or additional services as needed based on the patient's condition.
- h. Prescription, replacement, and refill of medications.
- i. Prescriptions for specific personal medical devices.
- j. Home preparation to assess the environment and set up the necessary equipment.
- k. Home visits for prenatal or postnatal evaluation and basic management.
- l. Home visits for newborn evaluation and management.
- m. Home visits for complex wound care and debridement.
- n. Education and counselling consistent with the type and nature of treatment and/or care management needs.

8.3.2. Clinical care services shall be provided by a licensed Registered Nurse (RN) and

may include, but are not limited to, the following:

- a. Respond to acute medical issues and coordinate emergency services when needed.
- b. Conduct thorough health assessments and evaluate patients' physical and mental conditions.



- c. Develop and implement individualized care plans based on patient assessments and healthcare needs.
- d. Conduct comprehensive vital signs assessments of blood pressure, heart rate, respiratory rate, temperature, and oxygen saturation for patients.
- e. Assist with administering prescribed medications, monitoring side effects, and providing education about medications such as injections, IVs, inhalations, oral fluids, infusions, rectal, and enteral.
- f. Provide specialized wound care, including dressing changes and infection prevention.
- g. Monitor and manage chronic health conditions, adjusting care plans as necessary.
- h. Maintain diabetes control by administering daily insulin injections, monitoring blood glucose levels regularly, interpreting results, and educating patients about diet, exercise, and lifestyle management.
- i. Evaluate patients for oxygen therapy needs initiate therapy as ordered and monitor effectiveness and patient response.
- j. Assess patients' nutritional needs and manage tube feeding, ensuring proper administration and monitoring for complications.
- k. Perform nasopharyngeal and tracheostomy suctioning.



- l. Intrathecal pump management, including monitoring medication delivery, refilling the pump, and monitoring for complications.
- m. Insert, care for, and maintain indwelling catheters, ensuring aseptic techniques to prevent infection.
- n. Perform venepuncture for blood draws as needed, ensuring proper techniques and patient comfort.
- o. Perform point-of-care testing (e.g., blood glucose level, dipstick urine) and interpret results to guide patient management and treatment decisions.
- p. Insert and care for nasogastric tubes, monitoring for placement and complications.
- q. Insert Foley catheters when indicated and manage ongoing care to prevent infection and ensure patient comfort.
- r. Provide education and hands-on support for patients with ostomies, including care, maintenance, and troubleshooting issues.
- s. Educate patients and families about disease management, treatment protocols, and self-care techniques.
- t. Management of palliative care patients diagnosed with cancer or advanced progressive illnesses/terminal life-threatening diseases, including pain management (without out-of-control medication).



- u. Collaborate with other healthcare professionals, including physicians, therapists, and social workers, to ensure comprehensive patient care.
- v. Offer virtual consultations and remote monitoring to assist with ongoing care management.
- w. Conduct prenatal, postnatal, and newborn assessments; monitor health status; provide education; and manage care plans.

8.3.3. Clinical care services shall be provided by a licensed Assistant nurse (AN) and may include, but are not limited to, the following:

- a. Record the care provided and any observations in the patient's medical records as required.
- b. Assisting with daily living activities includes helping patients with feeding, bathing, dressing, grooming, personal hygiene, toileting, and other necessary tasks.
- c. Help patients with mobility, including turning, repositioning on the bed, transferring them from bed to wheelchair, providing walking assistance, and providing support to prevent falls.
- d. Offer companionship and emotional support to patients, improving their overall well-being.
- e. Provide basic education to patients and their families about daily care routines and healthy practices.



- f. Maintain a clean and safe environment for patients, including light housekeeping tasks and ensuring equipment is sanitized.
- g. Maintaining adherence to a patient's prescribed treatment.
- h. Measure and monitor patients' basic vital signs, such as temperature, pulse, respiration, and blood pressure.
- i. Observe and report any changes in the patient's condition or behaviour to the supervising RN.
- j. Help patients with blood glucose testing by preparing the equipment and recording results for the RN.
- k. Help with the setup and administration of tube feedings and PEG tube feeding, ensuring patient comfort, under the supervision of an RN.
- l. Assist patients with diabetes by reminding them about their insulin schedule and monitoring for signs of hypoglycaemia or hyperglycaemia.
- m. Assist patients with basic wound care tasks, such as changing dressings, under the supervision of a RN.
- n. Support patients with ostomy care by helping them with cleaning and changing ostomy bags, as directed by a RN.
- o. Assist patients with rehabilitation activities as directed by the supervising RN or physical therapist.



8.4. Discharge, Referral, and Follow-Up.

8.4.1. Home care facilities develop and implement discharge plans and referral processes based on patient readiness.

8.4.2. Per the patient's care plan, the home healthcare team should have an MOU or collaboration with a hospital for emergency transfer, providing services (e.g., admission or radiology) and referral.

8.4.3. The transfer should be planned with the other hospital to ensure continuity of care with proper handover. The facility shall adhere to the DHA policy for Patient Referral and Interfacility Transfer.

8.4.4. Referral procedures shall ensure proper transfer of patient care responsibilities to another qualified provider or facility if the patient's condition necessitates higher levels of care or specialized services unavailable within the home healthcare setting.

8.4.5. Home Healthcare Service Providers should ensure that the discharge of patients meets the following criteria and complete the "Homecare Discharge Plan" documentation:

- a. The established goals and objectives for care have been met.
- b. The patient, family, or legal guardian refuses services or no longer desires services.



- c. The patient's condition has changed, and the provider's resources are such that the required care or services are beyond the scope, type, or quantity that the provider can provide.
- d. The patient has left the provider's service area.
- e. The patient, family, or legal guardian is no longer able or willing to cooperate with the established Care Plan.
- f. The patient's referring physician will not initiate or renew home health orders.
- g. The patient's home environment will not support services.
- h. The patient requires hospitalization.

8.5. Emergency Management

8.5.1. Home healthcare providers must have a comprehensive emergency management plan in place, ensuring preparedness for various emergency scenarios at home.

8.5.2. The emergency management plan should include, but is not limited to:

- a. Procedures for handling medical emergencies, such as cardiac arrest, respiratory distress, and severe allergic reactions.
- b. Protocols for natural disasters, fires, and other environmental emergencies.
- c. Evacuation plans for patients in case of emergency situations that require relocation.



- d. Communication strategies to ensure timely coordination with emergency services and healthcare facilities.
- e. Regular training and drills for staff to ensure familiarity with emergency procedures.

8.5.3. Maintain adequate medical supplies and equipment necessary for emergency care in the home setting.

8.5.4. Home healthcare service providers shall provide an emergency kit per DHA emergency medication policy in standalone outpatient categories.

8.5.5. Establish a clear process for documenting and reviewing all emergency incidents to improve future response and management.

9. STANDARD FIVE: PATIENT SAFETY

9.1. Medical health record

9.1.1. Home health services providers shall maintain accurate, comprehensive, and easily retrievable health records and reports for all patients.

9.1.2. A list of all patients under the facility home care (active and non-active) shall be maintained in the facility office.

9.1.3. Home healthcare facilities should maintain an electronic medical report /Nabidh system for patient documentation as per the DHA Policy for Health Data Quality with the following but not limited to

- a. Patient Identification Data: All relevant identification information.



- b. Vital Signs and Assessments: Documentation of vital signs and clinical assessments during each home visit.
- c. Medical History: A comprehensive record of current and past illnesses, surgeries, allergies, and family history.
- d. Medication Documentation: Detailed records of all prescribed medications, including dosage, route of administration, and frequency.
- e. Care Plan: A detailed care plan, including goals, interventions, expected outcomes, and any changes with documented rationale.
- f. Risk Assessments: A section for documenting risk assessments (e.g., falls, pressure ulcers) and associated management plans.
- g. Physician Orders: All prescribed orders from the primary treating physician shall be signed and incorporated into the patient's health record.
- h. Consent Forms: A copy of the signed general consent form, with regular updates as necessary.
- i. Communication Records: Documentation of any communication with the patient, family, or other healthcare providers.
- j. Referrals and Reports: Copies or summaries of any referrals, consultations, or specialist reports.



- k. Discharge Summary: Upon termination of home health services, a detailed discharge summary shall be prepared and included in the patient's health record.

9.1.4. Medical records shall be documented electronically within 24 hours of the patient's visit and authenticated by electronic or computer-generated signature.

9.2. General and Informed consent

9.2.1. The home healthcare provider shall obtain signed general consent from the patient before beginning home healthcare services.

9.2.2. The general/ informed consent shall be signed by the patient or the patient's legal guardian or substitute consent giver upon receiving home health care.

9.2.3. In the event that a patient does not have the total capacity (e.g., is less than 18 years of age or is not oriented), general/ informed consent shall be obtained from a relative up to the fourth degree.

9.2.4. A copy of the general/ informed consent shall be maintained in the patient's health record and be available for review by DHA inspectors at all times.

9.2.5. Informed patient consent shall be written and include the following:

- a. Nature and purpose of the treatment.
- b. Expected benefits and potential risks.



- c. Alternatives to the proposed treatment include the option of not receiving treatment.
- d. Potential consequences of refusing treatment.
- e. Patient rights and responsibilities.
- f. Specialized consent forms are required for specialized services like dialysis, IV therapy, etc.

9.2.6. For further information, refer to DHA Guidelines for Patient Consent.

9.3. Incident Reporting

9.3.1. A Home Healthcare medical director shall review the process leading up to a medication error or adverse event when it occurs.

9.3.2. The Home Healthcare management team shall report Medication Errors or adverse drug reaction to the Health Regulation sector (HRS).

9.3.3. The home healthcare medical director shall review all cases of harm and incidents where healthcare professionals were at risk. The director shall establish a support system and implement an improvement plan to address identified issues and prevent future occurrences.

10. STANDARD SIX: IN-HOME RENAL DIALYSIS SERVICES

10.1. In-home renal dialysis services refer to the provision of dialysis treatment for patients with kidney failure (end-stage renal disease, ESRD) in their home environment rather than in a clinical or hospital setting. Two types of dialysis can be performed at home: peritoneal dialysis (PD) and home Hemodynamic (HHD).



- 10.2. Home Healthcare Service provider shall submit a special request seeking DHA licensing to provide renal dialysis services at home.
- 10.3. All patients shall receive a nephrologist consultation and approval before starting a home dialysis program.
- 10.4. The Home Healthcare Service provider shall support patients with a dedicated team, including nephrologists, technicians, and nurses, ensuring rapid access to in-home dialysis.
- 10.5. All in-home renal dialysis services must maintain an electronic medical report/ Nabidh that includes comprehensive documentation of all procedures.
- 10.6. Eligibility criteria for patients suitable for in-home renal dialysis shall be based on medical stability, motivation, and the ability to manage self-care.
 - 10.6.1. Stable end-stage renal disease (ESRD): The patient must be diagnosed with ESRD and have a prescription for dialysis.
 - 10.6.2. Hemodynamic Stability: The patient should have a stable cardiovascular that can accommodate home dialysis. Unstable patients might need to be treated in a centre where closer monitoring is available.
 - 10.6.3. Absence of sever comorbidities: Patients with uncontrolled cardiovascular disease, respiratory failure, or active infections might not be suitable for home dialysis.
 - 10.6.4. Adequate vascular access: For haemodialysis, the patient must have an arteriovenous (AV) fistula or graft that works well for blood filtration.



- 10.6.5. Peritoneal Access: For peritoneal dialysis, the patient needs a functional peritoneal catheter.
- 10.6.6. Cognitive and Physical Ability: Patients should have the mental and physical capability to perform dialysis or have a trained caregiver who can assist them.
- 10.6.7. Stable electricity and water supply: The home must have access to uninterrupted electricity, clean water, and proper drainage to support the dialysis machine. For more information, refer to the DHA standards for Renal Dialysis Services.
- 10.6.8. The home healthcare services shall not be provided to the following groups:
- a. Pregnant patients.
 - b. Patients with a history of drug or alcohol abuse.
 - c. Patients with metabolic disorders, or morbid obesity.
 - d. Patients with extreme ages (over 80 years old).
- 10.7. All nurses in charge must be either a DHA-licensed Dialysis Nurse or a registered nurse (RN) with adequate nephrology training and a minimum of two (2) years of experience in renal dialysis services. The nurse shall possess competencies in:
- 10.7.1. Basic Life Support (BLS) and Advanced Cardiac Life Support (ACLS).
- 10.7.2. Insertion of intravenous (IV) lines.



- 10.7.3. Medicine preparation and administration, including understanding the pharmacology of the agents administered.
- 10.8. The registered nurse responsible for monitoring patients receiving dialysis shall:
 - 10.8.1. Recognize dialysis-related complications and seek medical assistance when necessary.
 - 10.8.2. Maintain a regular review and update of the patient's care plan based on their progress and any changes in their condition.
 - 10.8.3. Ensure that dialysis equipment and supplies are maintained to meet safety standards.
 - 10.8.4. Implement and enforce strict infection control protocols for dialysis access sites to prevent infections.
 - 10.8.5. Monitor kidney function and dialysis effectiveness and conduct follow-up visits as needed.
 - 10.8.6. Provide patients and caregivers with an emergency plan, including procedures for handling power outages and equipment failures.
 - 10.8.7. Offer consultations on fluid and nutrient restrictions and provide dietary counselling tailored to the specific needs of dialysis patients.

11. STANDARD SIX: IN-HOME DENTAL SERVICES

- 11.1. Registration and Eligibility for In-Home Dental Services
 - 11.1.1. Dental facilities licensed by the DHA can provide in-home dental care.



- 11.1.2. The health facility shall apply through the Sherman platform to register as a home healthcare service provider.
- 11.1.3. The Dental facilities should have at least 3 full-time licensed dentists.
- 11.1.4. In-house sterilization services should be available at the clinic.
- 11.2. Professional Requirement
 - 11.2.1. Home healthcare visits should always be accompanied by at least one dentist and one dental assistant or nurse.
 - 11.2.2. Dental professionals should adhere to the DHA scope of practice for dental professionals.
 - 11.2.3. General dentists providing in-home dental services should have at least ten years of postgraduate experience.
 - 11.2.4. Dental professionals must be experienced in handling elderly, disabled, or special needs patients and know how to adjust care to accommodate those with limited mobility, cognitive impairments, or chronic medical conditions.
- 11.3. Criteria for Providing In-Home Dental Services
 - 11.3.1. Dental Equipment Availability: Ensure essential, portable equipment is accessible.
 - 11.3.2. Dentist's Experience: Assign experienced dentists and provide ongoing training.



- 11.3.3. Treatment Complexity: Prioritize treatments based on difficulty and safety.
- 11.3.4. Patients' Medical Conditions: Consider medical history and health for treatment suitability.
- 11.3.5. Home Safety: Assess home safety and hygiene before treatment.
- 11.3.6. Treatment Limitations: Define in-home treatment limits and establish referral protocols.
- 11.4. Types of in-home dental services
 - 11.4.1. Dental Examination and Assessment: Full oral health assessment, including examination of teeth, gums, and soft tissues.
 - 11.4.2. Medical Prescription: Prescription of dental medications, such as pain relievers, antibiotics, and anti-inflammatory drugs, where necessary.
 - 11.4.3. Temporary Dressings and Simple Fillings: Treatment of cavities or dental damage with temporary solutions using portable dental equipment.
 - 11.4.4. Scaling and Polishing: Non-invasive cleaning of teeth to remove plaque and calculus.
 - 11.4.5. Oral Hygiene Advice: Personalized oral hygiene guidance tailored to the patient's condition and limitations.
 - 11.4.6. Fabrication of Dentures and Related Treatments: Taking impressions for dentures and delivering/adjusting them.



11.4.7. Simple Teeth Extractions (Low-Risk Cases): Removal of mobile or easily extractable teeth with minimal complication risk.

11.5. Dental Equipment Requirements

11.5.1. The equipment used for in-home dental services must be portable. Portable dental chairs or recliners must be available, as should lighting, suction devices, sterilization units, and other necessary tools.

11.5.2. Each patient shall have access to a set of dental equipment designed for single-patient use to prevent cross-contamination.

11.5.3. All instruments shall be sterilized in a certified facility prior to the home visit, and sterile instruments should be transported in sealed, sterile packaging.

11.5.4. The dentist shall assess the safety of the home environment, ensuring there is enough space for the setup of equipment and proper lighting.

11.5.5. Dentists shall follow strict infection control protocols, including hand hygiene, use of personal protective equipment (PPE), and proper disinfection of the treatment area.

11.5.6. Dentists shall carry basic emergency equipment (e.g., oxygen, emergency medications) and be trained in first aid and basic life support (BLS).

11.6. Limitation and exclusion



- 11.6.1. Complex procedure: Procedures involving advanced surgical techniques, root canal treatments, and multiple extractions with a high risk of complications are not permitted during in-home visits and should be referred to a clinic or hospital setting.
- 11.6.2. Specialist Treatment: Treatments requiring the expertise of specialists (e.g., orthodontics, complex prosthodontics, endodontics, or oral surgery) must be conducted in a fully equipped dental facility.
- 11.6.3. Cosmetic dental services and veneers shall not be offered in a home setting
- 11.6.4. Radiographic limitation: Full-mouth radiographic examinations, CBCT scans, or radiographic techniques cannot be performed during home visits.

12. STANDARD EIGHT: TELEHEALTH SERVICES

- 12.1. Healthcare providers offering teleconsultation shall not exceed their scope of practice, privileges, or protocols. Emergency or complex cases should be referred to face-to-face consultations to ensure patient safety and optimal care.
- 12.2. All teleconsultation sessions should be fully documented in the patient's medical record, including the consultation's nature, advice, diagnosis, treatment plan, and any follow-up actions.
- 12.3. Teleconsultation services shall:



- 12.3.1. Provide comprehensive care, complement in-person visits, and reduce the need for frequent home visits.
- 12.3.2. Ensure compliance with Telecommunications and Digital Government Regulatory Authority for Voice Over Internet Protocol (VOIP) channel requirements related to telehealth.
- 12.3.3. Ensure patient identification, authentication, verification, and consent.
- 12.3.4. A DHA-licensed physician shall provide consultations, possessing the appropriate skills, competencies, training, and knowledge of relevant technologies and tools necessary for effective teleconsultation services.
- 12.3.5. Maintain the same standard of care as in-person consultations, ensuring thorough assessment, diagnosis, and treatment planning.

12.4. For more information, refer to the DHA standards for Telehealth Services.

13. STANDARD NINE: INFECTION CONTROL

- 13.1. Infection prevention control policy and procedures shall be implemented to oversee the DAHC Central Infection Prevention and Control Program. These include but are not limited to the policies and procedures in (Appendix 1).
- 13.2. All equipment shall be supplied in adherence to the Prevention and Control of Infection (PCI) Standard Requirements of Equipment and Items.
- 13.3. Monitoring shall be implemented to control the spread of infection.
- 13.4. The Infection Control Coordinator shall report to the Medical Director.



- 13.5. Written policies and procedures regarding infection control management, prevention and surveillance should be in place and documented as part of the home healthcare services policies and procedures. These are available on the DHA website.
- 13.6. The infection control program shall support safe practices and ensure a safe environment for customers, healthcare workers and visitors.
- 13.7. Healthcare professionals' immunization protocol must be followed to ensure staff and patient safety. Refer to the DHA Policy for health professional screening and immunization.
- 13.8. Orientation and ongoing training should be attended annually as well as whenever needed. Infection control competency for all the staff/campaign/awareness activities and training for any changes or updates in Infection Control policies and procedures.
- 13.9. Hand hygiene protocol to be followed as per the DHA Health Facility Guidelines (Part D – Infection Control, Chapter 2 - Hand Hygiene).
- 13.10. External service providers and visitors shall be advised of the Infection Control requirements.
- 13.11. Regular surveillance to ensure the maintenance of a clean and safe environment at the home healthcare facility premises, including resources such as air-conditioning units and water-cooling towers, shall be conducted by the Engineering and Biomedical Department.



- 13.12. The Environmental Health and Safety Department shall maintain Safety Data Sheets (SDS) for all chemicals used for cleaning and disinfection within the facility premises.
- 13.12.1. These sheets shall detail the safe and proper use and emergency protocol for a chemical.
- 13.12.2. Safety Data Sheets should be used to train staff on the safe use of each chemical.
- 13.12.3. All domestic area requirements for equipment and items are to be maintained.

14. STANDARD TEN: MEDICATION MANAGEMENT

- 14.1. The home healthcare facility shall follow all the HRS regulations and requirements when managing and using medications.
- 14.2. The home healthcare facility shall clearly define which professionals are authorized to prescribe, dispense, and administer medications.
- 14.3. A qualified and licensed healthcare professional, such as a physician or RN, shall oversee medication usage, ensuring proper management and protocol adherence.
- 14.4. Physicians and registered nurses (RNs) are responsible for preparing and administering medications in home healthcare settings. On the other hand, Assistant nurses support and facilitate the RN's role in safely administering medications under supervision.



- 14.5. The healthcare team should give patients adequate, clear information on medication use, its therapeutic effects, side effects and other safety measures.
- 14.6. All medications shall be clearly labelled with the patient's name, medication name, dose, instructions, and expiration date.
- 14.7. Home healthcare providers shall routinely check medications to ensure they have not expired, and the integrity of the medications is maintained.
- 14.8. Medications should be recorded in the patient's medical record every time they are administered.
- 14.9. While handling and using any high-alert medications and high concentrated electrolytes, the health facility shall implement an independent double-verification procedure to ensure patient safety
- 14.10. The health facility shall have a formal process for identifying, managing and communicating any adverse drug reactions events.
- 14.11. Medication errors should be monitored and acted upon.

15. STANDARD ELEVEN: MEDICAL EQUIPMENT MANAGEMENT

- 15.1. All medical equipment used in home healthcare services shall be approved by the MOHAP.
- 15.2. Home healthcare facilities must have a comprehensive plan for the maintenance and management of medical equipment that include but are not limited to:
 - 15.2.1. Equipment acquisition and selection.
 - 15.2.2. Equipment tagging and inventory management.



- 15.2.3. Breakdown and preventive maintenance.
- 15.2.4. Safety testing and performance evaluation.
- 15.2.5. Medical device recalls procedures.
- 15.2.6. Handling of compressed gases.
- 15.3. All medical equipment must be acquired based on a needs assessment to ensure it meets space, safety, and operational requirements.
- 15.4. Home healthcare facilities should ensure that all equipment is tested for operation and safety prior to use and that records of testing are documented with a date for re-testing.
- 15.5. Home healthcare facilities should ensure that staff receive training for new equipment and devices used in care.
- 15.6. Home healthcare facilities should conduct regular safety checks and performance evaluations. For more information, refer to the DHA standards for Medical Equipment Management.

16. STANDARD TWELVE: QUALITY ASSURANCE (QA)

- 16.1. The following quality assurance standards should be implemented and monitored regularly to ensure high-quality care, patient safety, and operational efficiency in home healthcare services.
 - 16.1.1. Clinical Documentation Accuracy: The percentage of patient records that are complete, accurate, and up to date, meeting clinical and regulatory requirements.



- 16.1.2. Patient Consent Compliance: percentage of patients with signed and documented consent forms for all treatments and procedures.
- 16.1.3. Patient Safety Incident Rate: Number of patient safety incidents (e.g., falls, injuries, medical errors, abuse) per 1,000 patient visits.
- 16.1.4. Infection Rate: The Percentage of patients who develop infections (e.g., catheter-associated infections, wound infections) while receiving home healthcare services.
- 16.1.5. Infection Control Compliance: Percentage of staff adhering to infection prevention and control protocols (e.g., hand hygiene, use of personal protective equipment).
- 16.1.6. Adverse Events Rate: Number of adverse events (e.g., falls, pressure ulcers) per 1,000 patient visits.
- 16.1.7. Adverse Event Reporting Rate: percentage of adverse events (e.g., medication errors, falls, patient safety incidents) reported, investigated, and documented.
- 16.1.8. Patient Feedback and Complaint Resolution Time: Average time to address and resolve patient complaints or feedback, ensuring prompt service recovery.
- 16.1.9. Patient Discharge to the community: Percentage of patients successfully discharged from home care without requiring readmission or complications.



17. STANDARD THIRTEEN: KEY PERFORMANCE INDICATORS (KPIs)

17.1. To effectively monitor and enhance the performance of home healthcare services, the following KPIs provide critical insights into clinical outcomes, operational efficiency, and patient satisfaction, serving as measurable benchmarks for success and progress.

17.1.1. Clinical Outcomes Improvement: Percentage of patients showing improvement in clinical indicators (e.g., wound healing, mobility improvement, symptom relief).

17.1.2. Medication Management Accuracy: The percentage of patients receiving the correct medications and dosage as prescribed without errors.

17.1.3. Wound Care Rate: The percentage of wounds that heal within the expected time frame as per the care plan.

17.1.4. Incidence of New Pressure Ulcers: The percentage of patients receiving home health care who develop a new pressure ulcer during the care period.

17.1.5. Response Time to Service Requests: Average time taken to respond to patient requests or inquiries for service (e.g., initial contact after referral or patient call).



- 17.1.6. Unplanned Re-visits Rate: Percentage of patients requiring unplanned follow-up visits within a specific period (indicating potential inefficiencies in initial care).
- 17.1.7. Hospital Re-admission Rate: The percentage of patients readmitted to the hospital within 30, 60, or 90 days after receiving home healthcare services.
- 17.1.8. Hospital-Free Days: Number of days a patient remains free from hospitalization while under home healthcare services.
- 17.1.9. Emergency Room (ER) Visit Rate: percentage of patients who require an ER visit after receiving home healthcare services.
- 17.1.10. Utilization of telehealth: Percentage of patients utilizing telehealth to reduce the need for in-person visits.



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19. APPENDIX

APPENDIX 1: List of internal policies and procedures for infection control

List of internal policies and procedures for infection control
Perform Hand Hygiene
Manage Standard Precaution
Manage Isolation and Transmission Based
Clean, Disinfect, Sterilize and Patient Care Equipment
Safely Handle and Dispose of Sharps and Needles
Manage Usage of Consumables Beyond Expiry Dates
Manage Blood and Body Fluid Spillage
Waste management in healthcare Facilities
Cleaning and Disinfection of the physical environment in healthcare facilities.
Educate Patients, Visitors and Staff about Infection Control
Manage the Usage of Single Use Devices (SUD)
Handle, Store and Transport Clean, Used and Contaminated Linen
Manage Infection Control During Construction and Renovation
Manage Outbreak Investigation
Manage Occupational Exposure to Sharps and Needles, Mucous Membranes and Non-Intact Skin exposures
Use of Personal Protective Equipment (PPE)
Use Particulate respirator N95 or another equivalent respirator