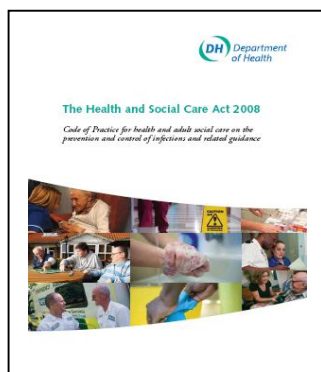


### Code of Practice Compliance Criteria



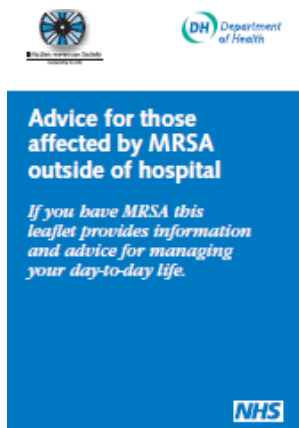
This is the second in a series of factsheets designed to help care homes meet the criteria in the Health and Social Care Act 2008 (H&SCA 2008) for the prevention and control of infection. This newsletter will focus on criteria 3, 4, 5, 6 and 7, and will again offer some ideas on how the criteria can be met and how your care home can collect evidence for your 'Health Act' file.

### Criterion 3

#### Criterion 3

Provide suitable accurate information on infections to service users and their visitors.

It's important that care home residents, visitors, helpers and all care and support staff are aware of their role in the prevention and control of infection. To make sure that people understand the risks from infections and what they need to do to avoid them, they should be provided with verbal and/or written information.



The local Infection Prevention Control (IPC) team and specialist staff from your local Public Health England (PHE) team are happy to offer advice on a range of infection control topics and how to manage specific diseases. All staff should be made aware of these specialists and how to contact them.

A DVD entitled 'Introduction to Infection Control in Care homes' was sent to all care homes by the Health protection Agency. You can also access this resource by going to the following link: [www.hpa.org.uk/Publications/InfectiousDiseases/InfectionControl/InfectionControlInCareHomes](http://www.hpa.org.uk/Publications/InfectiousDiseases/InfectionControl/InfectionControlInCareHomes)

#### **Evidence for your file:**

In your evidence and infection control files you should have the contact numbers for specialists who can offer infection prevention and control advice, including:

- Community Infection Control Team
- Local Public Health England

## Criterion 4

### **Criterion 4**

Provide suitable accurate information on infections to any person concerned with providing further support or nursing/ medical care in a timely fashion.

It is of the utmost importance that accurate information about a person's infection is communicated appropriately to other care providers so that the right action can be taken. Providing relevant information to other organisations is covered by the regulation requirement 'Co-operating with other providers'. Make sure issues of service user confidentiality are considered, as outlined in the national guidance (Code 2008).

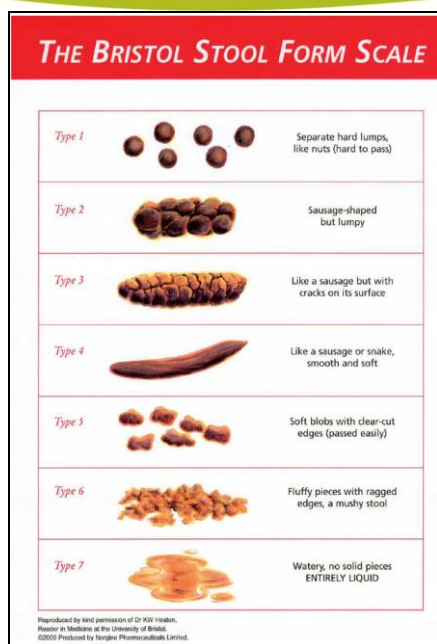
Every care home should have a written policy on the transfer of residents to and from care facilities. If not, the weblinks below can help care homes to develop one. The local IPC team may also be happy to share their policy if you contact them.

#### **Evidence for your file:**

- A written policy on the transfer of residents between care institutions
- A transfer letter template for appropriate care staff to complete
- Audit records of past letters with recommendations where appropriate actions are needed
- Minutes of the infection control meetings discussing any admission/discharge letters/issues

<http://www.clean-safe-care.nhs.uk/>

Essential Steps [Inter-healthcare patient infection risk assessment form \(PDF, 252Kb\)](#)



Inter-healthcare infection control transfer form	
<b>Patient/client details:</b> (insert label if available) Name: _____ Address: _____ NHS number: _____ Date of birth: _____	
<b>Consultant:</b> GP: _____ Current patient/client location: _____ Transferring facility – hospital, ward, care home, other: _____ Contact no: _____ Is the ICT aware of transfer? Yes/No	
<b>Receiving facility – hospital, ward, care home, district nurse</b> Contact no: _____ Is the ICT/ambulance service aware of transfer? Yes/No	
<b>Is this patient/client an infection risk?</b> Please tick most appropriate box and give confirmed or suspected organism <input type="checkbox"/> Confirmed risk: Organism: _____ <input type="checkbox"/> Confirmed risk: Organism: _____ <input type="checkbox"/> Suspected risk: Organism: _____ <input type="checkbox"/> No known risk Patient/client exposed to others with infection eg DBV Yes/No	
<b>If patient/client has diarrhoeal illness, please indicate bowel history for last week:</b> (based on Bristol stool form scale, see previous page) Is the diarrhoea thought to be of an infectious nature? Yes/No Relevant specimen results (including admission screens – MRSA, glycopeptide-resistant enterococcus SPP, C. difficile, multi-resistant Acinetobacter SPP) and treatment information, including antimicrobial therapy:	
Specimen: _____ Date: _____ Result: _____ Treatment information: _____ Other information: _____	
Is the patient/client aware of their diagnosis/risk of infection? Yes/No Does the patient/client require isolation? Yes/No Should the patient/client require isolation, please phone the receiving unit in advance.	
Name of staff member completing form: _____ Print name: _____ Contact number: _____ For further advice, please contact your infection control team/adviser	

## Criterion 5

### Criterion 5

Ensure that people who have or develop an infection are identified promptly and receive the appropriate treatment and care to reduce the risk of passing on the infection to other people.

Specialist advice regarding the appropriate treatment of the care home resident will normally be provided by their GP or a hospital doctor, who will also prescribe any treatment. Where there is an infection risk, advice might also be given by a number of specialists such as the hospital microbiologist, GP, community infection control team, hospital infection control team, Public Health England or environmental health.

In most circumstances, your point of contact for infection control support will be the Community Infection Prevention Control (IP&C) Team, and **all staff** should be aware of how to contact them.

Where a patient is suspected or known to have an infection, care staff must be able to make an appropriate risk assessment and then take any actions to avoid transferring the infection to others. A complete set of infection prevention and control guidelines will help you manage this and more detail can be found in later newsletters. However a 'care plan' will help with the management of residents with a known or suspected infection.

The following activities should be in a care plan:

- Patient treatment (eg administration of drugs or creams etc)
- Isolation (where appropriate)
- Hand hygiene (for both staff and visitors)
- Use of personal protective equipment (PPE)
- Taking of specimens
- Decontamination of the resident, equipment and the environment
- Handling of laundry
- Handling of waste
- Information for and management of visitors
- Safe transfer to another care facility

#### Evidence for your file:

- Contact details for the following: microbiologist, GP, community infection control team, hospital infection control team, local health protection agency contact, environmental health team.
- List of IP&C policies which includes: management of outbreaks (including diarrhoea and vomiting), MRSA and *Clostridium difficile*
- Care plan guidance for staff which advises on the appropriate actions required (as listed above).
- Minutes of meetings that discuss individual or outbreaks of infection and the actions that were undertaken to manage such incidents.

## Criterion 6

### Criterion 6

Ensure that all staff and those employed to provide care in all settings are fully involved in the process of preventing and controlling infection.

The registered care home manager must be able to provide evidence to the CQC showing that staff are trained appropriately and have access to PPE to help stop infections. A number of organisations use their staff appraisal system to make sure training is being put into practice, and hand hygiene audits are also a good way to do this. Audits and staff training records should be kept and action taken where appropriate to make improvements.

Always ensure that before staff (including agency staff) start their shift, they are made aware of infection risks so they can take appropriate actions to prevent the spread of infection. In some circumstances relatives may need further information to help them decide what they need to do, which may include avoiding visits during outbreaks.

#### Evidence for your file:

- Individual staff responsibilities for their role in IP&C is noted or will be noted in all existing and any new job descriptions.
- IP&C training is recorded at staff appraisals.
- Staff personal development plans clearly outline what IP&C training they require and dates that this training should be undertaken by.
- Appropriate disciplinary procedure and records of any serious IP&C risks are kept and actions noted.

## Criterion 7

### Criterion 7

Provide or secure adequate isolation facilities.

In hospitals, isolation rooms are used to isolate patients suffering from infectious diseases. In the community this shouldn't be necessary however during outbreaks of infection, isolation of residents may be helpful. In many care homes residents have their own rooms, so isolating them for a short time may be possible, but this must be assessed against their mental and physical health needs. If residents share a room it will be necessary to undertake a risk assessment. Remember it's about isolating the organism not the person!

Where residents have symptoms of infectious diarrhoea it is best practice to try and isolate them until they have been symptom-free for 48 hours. This will help reduce the risk of spread of infection throughout the care home.

Staff should be trained in the management of outbreaks, and should be aware of how important their individual role is in reducing further spread of infection. During outbreaks, residents who need to be isolated should have their own toilet, but where this is not possible they must have a commode for their own personal use. Always contact your local community infection control team and local Public Health England team where an outbreak is suspected.

#### Evidence for your file:

- Written evidence where advice regarding isolation of residents has been deemed necessary.
- Outbreak policy with actions for staff to follow.
- Staff records indicating training in outbreak management.