



Department  
of Health

# The Health and Social Care Act 2008

Code of Practice on the prevention and control of  
infections and related guidance

July 2015



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# The Health and Social Care Act 2008

Code of Practice on the prevention and control of infections and related guidance

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# Executive summary

Good infection prevention (including cleanliness)<sup>1</sup> is essential to ensure that people who use health and social care services receive safe and effective care. Effective prevention and control of infection must be part of everyday practice and be applied consistently by everyone.

Good management and organisational processes are crucial to make sure that high standards of infection prevention (including cleanliness) are developed and maintained.

This document sets out the Code of Practice on the prevention and control of infections, under The Health and Social Care Act 2008.<sup>2</sup> It will apply to registered providers of all healthcare and adult social care in England. The Code of Practice (Part 2) sets out the 10 criteria against which the Care Quality Commission (CQC) will judge a registered provider on how it complies with the infection prevention requirements, which is set out in regulations. To ensure that consistently high levels of infection prevention (including cleanliness) are developed and maintained, it is essential that all providers of health and social care read and consider the whole document and its application in the appropriate sector and not just selective parts.

Parts 3 and 4 of this document will help registered providers interpret the criteria and develop their own risk assessments. The appendices provide examples of how a proportionate approach could be applied to the criteria in all sectors and it is important to read the examples given in the appendices, alongside the guidance under each criterion in Part 3 of this document. The bibliography lists a range of supporting national guidance.

This document builds on the previous Code of Practice: *The Health and Social Care Act 2008 Code of Practice for health and adult social care on the prevention and control of infections and related guidance*. The code applies to NHS bodies and providers of independent healthcare and adult social care in England, including primary dental care, independent sector ambulance providers and primary medical care providers.

We have revised the previous Code of Practice document to reflect the structural changes that took effect in the NHS from 1<sup>st</sup> April 2013 and the role of infection prevention (including cleanliness) in optimising antimicrobial use and reducing antimicrobial resistance.

The law states that the Code must be taken into account by the CQC when it makes decisions about registration against the infection prevention requirements. The regulations also say that providers must have regard to the Code when deciding how they will comply with registration requirements. So, by following the Code, registered providers will be able to show that they meet the requirement set out in the regulations. However, the Code is not mandatory so registered providers do not by law have to comply with the Code. A registered provider may be able to demonstrate that it meets the regulations in a

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<sup>1</sup> This description of all activities related to infection prevention and control (IPC) was adopted in response to the consultation on the revision of the code of practice in 2015 to make it clear to non-specialists that cleanliness is an integral part of IPC. Throughout the document “infection prevention” should be interpreted as including cleanliness.

<sup>2</sup> The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Available at: <http://www.legislation.gov.uk/uksi/2014/2936/contents/made>

different way (equivalent or better) from that described in this document. The Code aims to exemplify what providers need to do in order to comply with the regulations.

# Part 1: Introduction

Good infection prevention (including cleanliness)<sup>1</sup> and prudent antimicrobial use are essential to ensure that people who use health and social care services receive safe and effective care. Effective prevention of infection must be part of everyday practice and be applied consistently by everyone. It is also a component of good antibiotic stewardship as preventing infections helps to reduce the need for antimicrobials.

Good management and organisational processes are crucial to make sure that high standards of infection prevention (including cleanliness) are set up and maintained.

As the regulator of health and adult social care in England, the Care Quality Commission (CQC) will provide assurance that the care people receive meets the fundamental standards of quality and safety. These are set out in regulations.<sup>2</sup> This document outlines what registered providers in England, should do to ensure compliance with registration requirement 12 (2) (h) – [providers must] “assessing the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated”. It also sets out the 10 compliance criteria against which registered providers will be judged. Providers should note that Regulation 15 is also relevant to infection prevention and control.

The CQC have published guidance for providers on meeting the regulations,<sup>3</sup> including their enforcement policy and will use these documents in conjunction with this Code of Practice and related guidance when judging compliance.

## What and who is the code of practice for?

The main purposes of the Code of Practice on the prevention and control of infections (The Code) are to:

- make the registration requirements relating to infection prevention clear to all registered providers so that they understand what they need to do to comply;
- provide guidance for the CQC’s staff to make judgement about compliance with the requirements for infection prevention;
- provide information for people who use the services of a registered provider;
- provide information for commissioners of services on what they should expect of their providers; and
- provide information for the general public

Readers will note that only paragraphs in Part 3 of this document have been numbered, as these particular sections are likely to be specifically referenced by the CQC in ensuring compliance with the regulations.

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<sup>1</sup> This description of all activities related to infection prevention and control (IPC) was adopted in response to the consultation on the revision of the code of practice in 2015 to make it clear to non-specialists that cleanliness is an integral part of IPC. Throughout the document “infection prevention” should be interpreted as including cleanliness.

<sup>2</sup> The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Available at: <http://www.legislation.gov.uk/ukSI/2014/2936/contents/made>

<sup>3</sup> CQC Guidance for Providers on meeting the regulations. Available at: <http://www.cqc.org.uk/content/regulations-service-providers-and-managers>



## The terms used in this document

There are a wide range of terms relating to services, organisational structures and different ways to describe the same or similar things across health and social care. In this document we have tried to harmonise some of those terms and use descriptions that are meaningful across all sectors.

For example, we have used the term 'service user' to describe patients, donors, residents and clients. Because National Health Service (NHS) Trusts (as an entity), primary medical and dental care, independent healthcare, independent sector ambulance providers, and adult social care providers are all required to register with the CQC as providers of health or adult social care, they are referred to in this document as 'registered providers'. The term 'care worker' is used to refer to any employee whose normal duties involve providing direct care to service users, for example medical staff, nurses, healthcare assistants, care assistants and volunteers. The term 'independent-sector ambulance provider' includes triage, medical or clinical advice provided remotely, face-to-face treatment and transport services. Transport services are those provided by means of vehicles, which are designed for the primary purpose of carrying a person who requires treatment. The term 'vehicle' includes road, air or water ambulances.

The term 'infection' is used throughout this document, rather than the more explicit term 'healthcare associated infection', except for circumstances where the specific term is appropriate. Antimicrobial resistance (AMR) is defined as resistance of a microorganism to an antimicrobial drug that was originally effective for treatment of infections caused by it and applies to antivirals, antifungals, antiparasitics and antibiotics. Antimicrobial stewardship is the use of coordinated interventions to improve and measure the use of antimicrobials by promoting optimal drug regimen, dose, duration and route. The aim is for optimal clinical outcome and to limit selection of resistant strains. This is a key component of a multi-faceted approach to preventing antimicrobial resistance. The Code recognises that many infections that arise in the community may not be related to the delivery of healthcare. Nevertheless, some of these infections may be preventable by good practice, such as hygiene and immunisation, which is dealt with in the Code and the related guidance. Appendix E provides further definitions.

## Background

This document builds on the previous Health and Social Care Act 2008 Code of Practice for health and adult social care on the prevention and control of infections and related guidance. The previous Code of Practice applied to NHS bodies and providers of independent healthcare and adult social care in England, and was used by the CQC to judge whether those providers complied with the registration requirement for infection prevention.

Although the related guidance has been updated, the revised guidance does not introduce any new requirements.

The way that health and adult social care is regulated has changed since April 2009 because of the introduction of the Health and Social Care Act 2008 (H&SCA 2008).<sup>1</sup> This Act established the CQC and sets out the overall framework for the regulation of health and adult social care activities. Regulations made under this Act describe the health and adult social care

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<sup>1</sup> The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Is available at: <http://www.legislation.gov.uk/uksi/2014/2936/contents/made>

activities that may only be carried out by providers that are registered with the CQC, and set out the registration requirements that these providers must meet to become and stay registered. Further details on how the CQC will assess whether providers meet the requirements of the regulations are available at: <http://www.cqc.org.uk/content/regulations-service-providers-and-managers>.

The H&SCA 2008 and regulations are law and must be complied with. The CQC has enforcement powers that it may use if registered providers do not comply with the law.

NHS bodies providing regulated activities, including prison healthcare services, have been required to comply with the full set of registration requirements since 1 April 2010 with independent healthcare and adult social care providers of regulated activities required to comply with them from 1 October 2010. Primary dental care and independent sector ambulance providers were required to register by April 2011, and primary medical care providers by April 2012.

The regulated activities and registration requirement are set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This is available at: <http://www.legislation.gov.uk/ukxi/2014/2936/contents/made>

## How will the code be used?

Section 21 of the H&SCA 2008 enables the Secretary of State for Health to issue a Code of Practice about healthcare associated infections. The Code contains statutory guidance about compliance with the registration requirement relating to infection prevention (regulation 12 (2) (h) and 21(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Providers should also note that Regulation 15 is also relevant.

The law states that the Code must be taken into account by the CQC when it makes decisions about registration against the infection prevention requirements 12(h) and 21(b). The regulations also say that providers must have regard to the Code when deciding how they will comply with registration requirements. So, by following the Code, registered providers will be able to show that they meet the regulation on infection prevention. However, they do not by law have to comply with the Code. A registered provider may be able to demonstrate that it meets the registration requirement regulation in a different way (equivalent or better) from that described in this document.

CQC's guidance about compliance with the regulations includes a reference to this code of practice in relation to the 'premises and equipment' regulation (regulation 15) as CQC consider this code to be relevant for the purposes of meeting that regulation.

To become and stay registered, providers must meet the full range of registration requirements. The CQC has published guidance about how to comply with all the requirements other than the one on infection control. This guidance is contained in the CQC Guidance for providers on meeting the regulations.<sup>1</sup>

The Code does not replace the requirement to comply with any other legislation that applies to health and adult social care services, for example, the Health and Safety at Work Act 1974 and the Control of Substances Hazardous to Health Regulations 2002.

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<sup>1</sup> <http://www.cqc.org.uk/content/regulations-service-providers-and-managers>

## How will compliance be judged?

The CQC is responsible for judging compliance with the registration requirements set out in regulations. When doing this for infection prevention, it will take account of the Code and how registered providers are doing what the Code says. It will do this in a way that is proportionate to the risk of infection.

All registered providers will need to have adequate systems for infection prevention (including cleanliness), as stated in the Code (see Part 2), if they are to comply with the law, but because of the wide range of services provided by all registered providers, the Code will be applied in a proportionate way. For example, in an acute hospital setting there is a greater risk to patients of infection and therefore the registered provider will need to comply with most aspects of the compliance criteria. However, in a service provided in someone's own home or a care home where people are supported to be independent in a domestic setting, the registered provider will not need to have the same facilities and approach as an acute hospital.

## What happens if a registered provider does not meet the requirements in the code?

The CQC may use its enforcement powers or take other action where it decides that a registered provider is not meeting its legal obligations as set out in the regulations. It will reach this decision by looking at whether a registered provider is doing what is set out in the Code. If a registered provider is not following the Code, then the CQC will want to consider whether that is because it is not appropriate to the type of service being provided. If it is appropriate, the CQC will want to consider whether a registered provider is still protecting people from the risk of infection in another, equally effective way. CQC have the power to bring a prosecution against a provider who fails to meet regulation 12(2)(h), where this failure leads to avoidable harm, or the significant risk of such harm.

Further information about how the CQC will assess registered providers and what action it can take if a registered provider does not comply with the regulation can be found on its website (<http://www.cqc.org.uk/content/enforcement-policy>) or by contacting its customer services team on 03000 616161.

## Commissioning of services

The CQC is responsible for monitoring compliance with the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Commissioning organisations may wish to assure themselves that the services that they commission are meeting expected requirements and this may involve contract monitoring of the service. In doing so, commissioners must make it clear to the provider that this does not replace or duplicate the regulatory role of the CQC.

## Key components to support compliance

This document provides a range of information including appendices, tables, definitions and an extensive bibliography to support providers in complying with the regulations.

Part 2 (The Code) details the criteria against which the registered provider will be judged on how it complies with the registration requirements for infection prevention. Part 3 (Guidance for compliance) provides guidance on how to interpret the compliance criteria and develop risk assessments. Part 4 (Guidance tables) details the relevant criteria that might apply to each regulated activity, offers potential sources of professional advice on infection prevention (including cleanliness) and antimicrobial stewardship and lists which policies may be required

to demonstrate compliance with regulation 12 (Safe care and treatment) and Regulation 15 Premises and Equipment.

The appendices provide examples of how a proportionate approach could be applied to the criteria in adult social care, primary dental care, independent sector ambulance providers and primary medical care services. However, it is important to read the examples given in the appendices, alongside the guidance under each criterion in Part 3 of this document and not just selective parts.

The bibliography lists a range of supporting national guidance. Users may find the website of the National Resource for Infection Control useful for accessing these documents and other relevant material (<http://www.nric.org.uk>).

## Part 2: The Code of Practice

The table below is the 'Code of Practice' for all providers of healthcare and adult social care on the prevention of infections under The Health and Social Care Act 2008. This sets out the 10 criteria against which a registered provider will be judged on how it complies with the registration requirements related to infection prevention. Not all criteria will apply to every regulated activity. Parts 3 and 4 of this document will help registered providers interpret the criteria and develop their own risk assessments.

Compliance criterion	What the registered provider will need to demonstrate
1	Systems to manage and monitor the prevention and control of infection. These systems use risk assessments and consider the susceptibility of service users and any risks that their environment and other users may pose to them.
2	Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections.
3	Ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance.
4	Provide suitable accurate information on infections to service users, their visitors and any person concerned with providing further support or nursing/ medical care in a timely fashion.
5	Ensure prompt identification of people who have or are at risk of developing an infection so that they receive timely and appropriate treatment to reduce the risk of transmitting infection to other people.
6	Systems to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection.
7	Provide or secure adequate isolation facilities.
8	Secure adequate access to laboratory support as appropriate.
9	Have and adhere to policies, designed for the individual's care and provider organisations that will help to prevent and control infections.
10	Providers have a system in place to manage the occupational health needs and obligations of staff in relation to infection.

## Part 3: Guidance for compliance

In order to achieve compliance with the registration requirements relating to infection prevention (including cleanliness), registered providers would normally be expected to demonstrate that they have in place the policies and procedures to meet each relevant criterion listed in Part 2 and have taken account of the following guidance for compliance. This guidance is not mandatory but is considered to represent the basic steps that are required to ensure that the criteria can be met.

There may be additional or alternative strategies that a registered provider is able to justify as equivalent, or more effective, in achieving compliance in their circumstances. Registered providers are free to decide to use alternative approaches but should be prepared to justify to the CQC how the chosen approach is equally effective or better in ensuring that the criteria are met. Providers of regulated activities need to recognise that effective management of infection prevention is an important service user safety issue.

The tables in Part 4 may be used as a guide to help to decide on the application of the individual compliance criteria and the available sources of advice on infection prevention. The principle of proportionality extends throughout this guidance and the level of detail and complexity for each policy will depend on local need based on risk assessment. In particular a local risk assessment will be needed to access services which combine low and higher risk activities.

### Guidance for compliance with criterion 1

Systems to manage and monitor the prevention and control of infection. These systems use risk assessments and consider the susceptibility of service users and any risks that their environment and other users may pose to them.

Appropriate management and monitoring arrangements

1.1 These should ensure that:

- a registered provider has an agreement within the organisation that outlines its collective responsibility for keeping to a minimum the risks of infection and the general means by which it will prevent and control such risks;
- there is a clear governance structure and accountability that identifies a single lead for infection prevention (including cleanliness) accountable directly to the head of the registered provider;
- the mechanisms are in place by which the registered provider ensures that sufficient resources are available to secure the effective prevention of infection. These should include the implementation of an infection prevention and cleanliness programme, infection prevention and cleanliness infrastructure and the ability to monitor and report infections;
- all relevant staff, whose normal duties are directly or indirectly concerned with providing care, receive suitable and sufficient information on, and training and supervision in, the measures required to prevent the risks of infection;
- assurance is in place to ensure that key policies and practices are being implemented, updated and adhered to appropriately;
- a decontamination lead is designated, where appropriate;
- a water safety group and water safety plan are in place

## Risk assessment

1.2 A registered provider should ensure that it has:

- made a suitable and sufficient assessment of the risks to the person receiving care with respect to prevention of infection;<sup>1</sup>
- identified the steps that need to be taken to reduce or control those risks;
- recorded its findings in relation to the first two points;
- implemented the steps identified; and
- methods and interventions in place to monitor the risks of infection to determine whether further steps are needed to reduce or control infection

## Directors of Infection Prevention (In NHS Provider organisations)

1.3 The DIPC<sup>2</sup> in NHS Provider organisations should:

- provide oversight and assurance on infection prevention (including cleanliness) to the Trust board or equivalent,. They should report directly to the board but are not required to be a board member;
- be responsible for leading the organisation's infection prevention team;
- oversee local prevention of infection policies and their implementation;
- be a full member of the infection prevention team and antimicrobial stewardship committee and regularly attend its infection prevention meetings;
- have the authority to challenge inappropriate practice and inappropriate antimicrobial prescribing decisions;
- have the authority to set and challenge standards of cleanliness
- assess the impact of all existing and new policies on infections and make recommendations for change;
- be an integral member of the organisation's clinical governance and patient safety teams and structures, water safety group; and
- produce an annual report and release it publicly as outlined in *Winning ways: working together to reduce healthcare associated infection in England*. Suggestions as to what could be included in the report are provided in the template at:  
[http://webarchive.nationalarchives.gov.uk/+www.dh.gov.uk/en/publicationsandstatistics/publications/publicationspolicyandguidance/dh\\_4064682](http://webarchive.nationalarchives.gov.uk/+www.dh.gov.uk/en/publicationsandstatistics/publications/publicationspolicyandguidance/dh_4064682)

## Infection Prevention Lead (for example adult social care, primary dental and medical care and independent sector ambulance providers)

1.4 Outside of NHS organisations, the responsibilities of the DIPC are discharged by the Infection Prevention (IP) Lead. This role will vary across adult social care, primary dental care, primary medical care and independent sector ambulance providers. The IP Lead should:

- be responsible for the organisation's infection prevention (including cleanliness) management and structure and the establishment of a water safety group;

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<sup>1</sup> Health and Safety Executive (2014) *Risk Assessment – A brief guide to controlling risks in the workplace*. INDG163(rev4)

<sup>2</sup> This role was first described in *Winning ways: working together to reduce healthcare associated infection in England* and has been described in previous editions of the Code.

- oversee local prevention of infection policies and their implementation;
- report directly to the registered provider;
- have the authority to challenge inappropriate practice, if appropriate, including antimicrobial prescribing practice;
- have the authority to set and challenge standards of cleanliness;
- assess the impact of all existing and new policies on infections and make recommendations for change;
- be an integral member of the organisation's governance, water safety group, and safety teams and structures where they exist; and
- produce an annual statement with regard to compliance with practice on infection prevention and cleanliness and make it available on request

## Assurance framework

1.5 Activities to demonstrate that infection prevention and cleanliness are an integral part of quality assurance should include:

### In NHS provider organisations

- regular presentations from the DIPC and/or the infection prevention team to the NHS board or registered provider. These should include a trend analysis for infections, antimicrobial resistance and antimicrobial prescribing and compliance with audit programmes;
- quarterly reporting to the NHS board or registered provider by clinical directors and matrons (including nurses who do not hold the specific title of 'matron' but who operate at a similar level of seniority and who have control over similar aspects of the patient or the patient's environment). What is reported on will vary according to the local arrangements.

For example it may include:

- monthly cleanliness scores (unless this is done via the estates and facilities team);
- annual Patient Led Assessments of the Care Environment (PLACE) scores plus monthly scores (where this is agreed practice); and
- contract performance measures where provision is outsourced, which will include cleanliness measures and issues of non-compliance and subsequent rectification performance;
- Information taken from the organisation's self-assessment using the NHS Premises Assurance Model (NHS PAM)
- Monthly review of antimicrobial prescribing decisions
- Observations taken from board level or other staff "walk rounds"
- Complaints relating to infection prevention (including cleanliness)
- A review of mandatory and voluntary surveillance data, including antimicrobial resistance (drug-bug combinations), outbreaks and serious incidents;
- evidence of appropriate action taken to deal with occurrences of infection including, where applicable, root cause analysis and/or post infection review; and
- an audit programme to ensure that policies have been implemented



### **In adult social care, primary dental care and primary medical care etc.**

- evidence of appropriate action taken to prevent and manage infection;
- an audit programme to ensure that appropriate policies have been developed and implemented; and
- evidence that the annual statement from the Infection Prevention Lead has been reviewed and, where indicated, acted upon
- regular review of antimicrobial prescribing decisions

1.6 In accordance with health and safety requirements, where suitable and sufficient assessment of risks requires action to be taken, evidence must be available on compliance with the regulations or, where appropriate, justification of a suitable better alternative. This applies to all healthcare and adult social care.

### **Infection prevention including cleanliness programme**

1.7 The infection prevention including cleanliness programme should:

- set objectives that meet the needs of the organisation and ensure the safety of service users, health care workers and the public;
- identify priorities for action;
- provide evidence that relevant policies have been implemented; and
- report progress against the objectives of the programme in the DIPC's annual report or the Infection Prevention Lead's annual statement

### **Infection prevention and cleanliness infrastructure**

1.8 An infection prevention infrastructure should encompass:

- in acute healthcare settings, for example, an infection prevention team consisting of an appropriate mix of both nursing and consultant medical expertise (with specialist training in infection prevention and cleanliness), other healthcare workers and appropriate administrative and analytical support, estates and facilities management and adequate information technology – the DIPC is a key member of the Infection prevention team;
- in acute settings, have a multidisciplinary antimicrobial stewardship committee to develop and implement the organisation's Antimicrobial stewardship programme drawing on Start Smart Then Focus;
- in other settings, there will be a lead who is responsible for infection prevention and cleanliness matters and has access to specialist infection control expertise;
- 24-hour access to a nominated qualified infection control doctor (ICD) or consultant in health protection/communicable disease control. The registered provider should know how to access this advice

### **Movement of service users**

1.9 There should be evidence of joint working between staff involved in the provision of advice relating to the prevention of infection; those managing bed allocation; care staff and domestic staff in planning service user referrals, admissions, transfers, discharges and movements between departments; and within and between health and adult social care facilities.

1.10 A registered provider must ensure that it provides suitable and sufficient information on a service user's infection status whenever it arranges for that person to be moved from the care of one organisation to another, of from a service user's home, so that any risks to the service user and others from infection may be minimised. If appropriate, providers of a service user's transport should be informed of the service user's infection status.

*(Refer also to CQC guidance on compliance with Regulation 12 (2)(i) on Safe care and treatment – shared care)*

## Guidance for compliance with criterion 2

Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections

*(Refer also to section on Regulation 15 on Premises and equipment contained in the CQC Guidance for providers on meeting the regulations)*

2.1 With a view to minimising the risk of infection, a registered provider should ensure that:

- it designates leads for environmental cleaning and decontamination of equipment used for diagnosis and treatment (a single individual may be designated for both areas);
- in healthcare, the designated lead for cleaning involves directors of nursing, matrons and the infection prevention team or persons of similar standing in all aspects of cleaning services, from contract negotiation and service planning to delivery at ward and clinical level. In other settings, the designated lead for cleaning will need to access appropriate advice on all aspects of cleaning services;
- in healthcare, matrons or persons of a similar standing have personal responsibility and accountability for maintaining a safe and clean care environment;
- the nurse or other person in charge of any patient or resident area has direct responsibility for ensuring that cleanliness standards are maintained throughout that shift;
- all parts of the premises from which it provides care are suitable for the purpose, kept clean and maintained in good physical repair and condition;
- the cleaning arrangements detail the standards of cleanliness required in each part of its premises and that a schedule of cleaning responsibility and frequency is available on request;
- there is adequate provision of suitable hand washing facilities and antimicrobial hand rubs where appropriate;
- there are effective arrangements for the appropriate cleaning of equipment that is used at the point of care, for example hoists, beds and commodes – these should be incorporated within appropriate cleaning, disinfection and decontamination policies; and
- the storage, supply and provision of linen and laundry are appropriate for the level and type of care

2.2 'The environment' means the totality of a service user's surroundings when in care premises or transported in a vehicle. This includes the fabric of the building, related fixtures and fittings, and services such as air and water supplies. Where care is delivered in the service user's home, the suitability of the environment for that level of care should be considered.

### Policies on the environment

Premises and facilities should be provided in accordance with best practice guidance and assured with NHS PAM or similar model. The development of local policies should take account of infection prevention and cleanliness advice given by relevant expert or advisory bodies or by the infection prevention team and this should include provision for liaison between the members

of any infection prevention team and the persons with overall responsibility for the management of the service user's environment. Policies should address but not be restricted to:

- cleaning services;
- building and refurbishment, including air-handling systems;
- waste management;
- laundry arrangements for the correct classification and sorting of used and infected linen;
- planned preventative maintenance;
- pest control;
- management of drinkable and non-drinkable water supplies;
- minimising the risk of Legionella and other water supply and building related infections eg *Pseudomonas aeruginosa* and aspergillus by adhering to national guidance; and
- food services, including food hygiene and food brought into the care setting by service users, staff and visitors

*(Refer also to Regulation 15 Premises and equipment contained in CQC Guidance for providers on meeting the regulations)*

## Cleaning services

2.4 The arrangements for cleaning should include:

- clear definition of specific roles and responsibilities for cleaning;
- clear, agreed and available cleaning routines;
- sufficient resources dedicated to keeping the environment clean and fit for purpose;
- consultation with ICTs or equivalent local expertise on cleaning protocols when internal or external contracts are being prepared; and
- details of how staff can request additional cleaning, both urgently and routinely

## Decontamination

2.5 The decontamination lead should have responsibility for ensuring that policies exist and that they take account of best practice and national guidance. They should consider guidance under the following headings:

- Decontamination of the environment – including cleaning and disinfection of the fabric, fixtures and fittings of a building (walls, floors, ceilings and bathroom facilities) or vehicle;
- Decontamination of linen – including correct classification and sorting of used linen (e.g. soiled and fouled linen, infectious linen, heat labile linen) and disinfection of linen;
- Decontamination of equipment – including cleaning and disinfection of items that come into contact with the patient or service user, but are not invasive devices (eg beds, commodes, mattresses, hoists and slings, examination couches);
- Reusable medical devices should be reprocessed at one of the following three levels:
  - sterile (at point of use);
  - sterilised (i.e. having been through the sterilisation process);
  - clean (i.e. free of visible contamination)

2.6 The decontamination policy should demonstrate that:

- it complies with guidance establishing essential quality requirements and a plan is in place for progression to best practice;
- decontamination of reusable medical devices takes place in compliant facilities that are designed for the process of decontaminating medical devices through validated processing systems and controlled environmental conditions to ensure all potential environmental, cross-infection, handling and medical device usage risks are minimised;
- appropriate procedures are followed for the acquisition, maintenance and validation of decontamination equipment;
- staff are trained in cleaning and decontamination processes and hold appropriate competences for their role; and
- a record-keeping regime is in place to ensure that decontamination processes are fit for purpose and use the required quality systems

Note: Undertaking the actions in NHS PAM's Self Assessment Question S14 "safe and compliant with well managed systems in relation to: Decontamination Processes" will assist organisations in ensuring they have the correct assurance in place with regards to decontamination.

*(Refer also to Regulation 15 Premises and equipment contained in CQC Guidance for providers on meeting the regulations)*

## Guidance for compliance with criterion 3

Ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance

3.1 Systems should be in place to manage and monitor the use of antimicrobials to ensure inappropriate and harmful use is minimised and patients with severe infections such as sepsis are treated promptly with the correct antibiotic. These systems draw on national and local guidelines, monitoring and audit tools such as NICE guidelines, guidance on patient group directions, the TARGET toolkit in primary care and Start Smart then Focus in secondary care (SSTF).

3.2 Where appropriate, providers should have in place an antibiotic stewardship committee responsible for developing, implementing and monitoring the organisation's stewardship programme. This must be supported by strong leadership across clinical specialties but it could be part of an existing committee such as a drug and therapeutic committee rather than a new body. Membership of this committee will vary dependent on the setting but should include representation from microbiology/infectious diseases, pharmacy and the organisations' director of infection prevention and control or equivalent. The committee should report antimicrobial stewardship activities to the Trust board via the organisation's Director of Infection Prevention and Control or equivalent.

3.3 Providers should develop a local antimicrobial stewardship policy drawing on national guidance (including the British National Formulary, Public Health England the National Institute of Care Excellence) that takes account of local antimicrobial resistance patterns. Policy should cover diagnosis, treatment and prophylaxis of common infections and prescribers should be encouraged to record allergy status, reason for antimicrobial prescription, dose and duration of treatment. Adherence to prescribing guidance and compliance with in hospital post-prescribing review at 48-72 hours should be monitored and audited on a regular basis, with data fed back to prescribers and incorporated into patient safety reporting systems to Boards and

Commissioners. Benchmarking should be used to demonstrate progress in antimicrobial stewardship.

3.4 Providers should have access to timely microbiological diagnosis, susceptibility testing and reporting of results, preferably within 48 hours. Prescribers should have access at all times to suitably qualified individuals who can advise on appropriate choice of antimicrobial therapy.

3.5 In secondary care providers should report local antimicrobial susceptibility data (drug-bug combinations) and information on antimicrobial consumption to the national surveillance body. Surveillance information should be used by the stewardship committee or equivalent to monitor local resistance patterns and guide local prescribing policy. This information should be communicated back to prescribers in primary and secondary care to improve prescribing quality.

3.6 Providers should ensure that all prescribers receive induction and training in prudent antimicrobial use and are familiar with the antimicrobial resistance and stewardship competencies.<sup>1</sup>

## Guidance for compliance with criterion 4

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

### Information for service users and visitors

4.1 Information should be developed with local service user representative organisations, which could include Local Healthwatch and Patient Advice and Liaison Services (PALS).

4.2 Areas relevant to the provision of information include:

- general principles on the prevention of infection and key aspects of the registered provider's policy on infection prevention, which takes into account the communication needs of the service user;
- the roles and responsibilities of particular individuals such as carers, relatives and advocates in the prevention of infection, to support them when visiting service users;
- the importance of appropriate use of antimicrobials;
- supporting service users' awareness and involvement in the safe provision of care;
- the importance of compliance by visitors with hand hygiene;
- the importance of compliance with the registered provider's policy on visiting;
- reporting concerns relating to hygiene and cleanliness including hand hygiene;
- explanations of incident/outbreak management and action taken to prevent recurrence

4.3 Materials from national or local antimicrobial awareness campaigns could be used to develop information on appropriate antimicrobial use. Examples are included in the bibliography.

*(Refer also to Regulation 9, Person Centred Care contained in CQC Guidance for providers on meeting the regulations)*

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<sup>1</sup> Available from: <https://www.gov.uk/government/publications/antimicrobial-prescribing-and-stewardship-competencies>

## Information to those providing further support or nursing/medical care

4.4 A registered provider should ensure that:

- accurate information is communicated in an appropriate and timely manner;
- this information facilitates the provision of optimum care, minimising the risk of inappropriate management and further transmission of infection; and
- where possible, information accompanies the service user

4.5 Provision of relevant information across organisation boundaries is covered by the regulation requirement 9 “Person Centred care”. Due attention should be paid to service user confidentiality as outlined in national guidance and training material.<sup>1</sup>

## Guidance for compliance with criterion 5

Ensure prompt identification of people who have or are at risk of developing an infection so that they receive timely and appropriate treatment to reduce the risk of transmitting infection to other people

5.1 Registered providers, excluding personal care providers, should ensure that advice is received from suitably informed practitioners and that, if advised, registered providers should inform their local health protection team of any outbreaks or serious incidents relating to infection in a timely manner.

5.2 Arrangements should demonstrate that responsibility for infection prevention is effectively devolved to all groups in the organisation involved in delivering care.

5.3 In an adult social care service, General Practitioners will provide the necessary initial advice when a service user develops infection. The General Practitioner may wish to draw on local expertise in infection prevention, and health protection.

## Guidance for compliance with criterion 6

Systems to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection.

6.1 A registered provider should, so far as is reasonably practicable, ensure that its staff, contractors and others involved in the provision of care co-operate with it, and with each other, so far as is necessary to enable the registered provider to meet its obligations under the Code.

6.2 Infection prevention would need to be included in the job descriptions and be included in the induction programme and staff updates of all employees (including volunteers). Contractors working in service user areas would need to be aware of any issues with regard to infection prevention and obtain 'permission to work'.

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<sup>1</sup> Further advice on the principles for appropriate information-sharing can be found in *Confidentiality: NHS Code of Practice; The Care Record Guarantee; and The Social Care Record Guarantee*. Training materials on information governance can be found in *NHS Information Governance Training Tool*.

6.3 Where staff undertake procedures, which require skills such as aseptic technique, staff must be trained and demonstrate proficiency before being allowed to undertake these procedures independently.

## Guidance for compliance with criterion 7

Provide or secure adequate isolation facilities.

7.1 A healthcare registered provider delivering in-patient care should ensure that it is able to provide, or secure the provision of, adequate isolation precautions and facilities, as appropriate, sufficient to prevent or minimise the spread of infection. This may include facilities in a day care setting.

7.2 Policies should be in place for the allocation of patients to isolation facilities, based on a local risk assessment. The assessment could include consideration of the need for special ventilated isolation facilities. Sufficient staff should be available to care for the service users safely.

7.3 Registered providers of accommodation should ensure that they are able to provide or secure facilities to physically separate the service user from other residents in an appropriate manner in order to minimise the spread of infection.

7.4 Care homes are not expected to have dedicated isolation facilities for service users but are expected to implement isolation precautions when a service user is suspected or known to have a transmissible infection.

## Guidance for compliance with criterion 8

Secure adequate access to laboratory support as appropriate.

8.1 A registered provider should ensure that laboratories that are used to provide a microbiology service, in connection with arrangements for infection prevention (including cleanliness), have in place appropriate protocols. These laboratories should operate according to the standards required by the relevant national accreditation bodies. In adult social care, the service user's General Practitioner will arrange such testing and take responsibility for submitting specimens to the laboratory when necessary for the treatment and management of disease.

8.2 Protocols should include:

- a microbiology laboratory policy for investigation and surveillance of antimicrobial resistance and healthcare associated infections; and
- standard laboratory operating procedures for the examination of specimens<sup>1</sup>;
- timely reporting

## Guidance for compliance with criterion 9

Have and adhere to policies, designed for the individual's care and provider organisations that

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<sup>1</sup> This includes provision of sufficient information about the specimen to enable laboratory staff to test the specimen in the correct containment to protect their health. A HSE safety notice on this is available from: <http://www.hse.gov.uk/safetybulletins/clinicalinformation.htm>

will help to prevent and control infections.

9.1 A registered provider should, in relation to preventing, reducing and controlling the risks of infections, have in place the appropriate policies concerning the matters mentioned in a) to y) below. All policies should be clearly marked with a review date and the review date adhered to.

9.2 A guide is given in Table 3 as to which policies may be appropriate to the regulated activities. A decision should be made locally following a risk assessment.

9.3 Any registered provider should have policies in place relevant to the regulated activity it provides. Each policy should indicate ownership (i.e. who commissioned and retains managerial responsibility), authorship and by whom the policy will be applied. Implementation of policies should be monitored and there should be evidence of a rolling programme of audit and a date for revision stated.

#### *a. Standard infection prevention and control precautions*

Preventing infections reduces the overall need to use antimicrobials and helps to reduce selection pressure for the development of antimicrobial resistance.

- Policy should be based on evidence-based guidelines, including those on hand hygiene at the point of care and the use of personal protective equipment;
- Policy should be easily accessible and be understood by all groups of staff, service users and the public.
- Compliance with the policy should be audited
- Provisions on regular refresher training, support for patients to clean their hands, and products for staff with occupational dermatitis are among the issues that should be covered in the hand hygiene policy

#### *b. Aseptic technique*

Where aseptic procedures are performed:

- clinical procedures should be carried out in a manner that maintains and promotes the principles of asepsis;
- education, training and assessment in the aseptic technique should be provided to all persons undertaking such procedures;
- the technique should be standardised across the organisation; and
- an audit should be undertaken to monitor compliance with the technique

#### *c. Outbreaks of communicable infection*

- The degree of detail in the policy should reflect local circumstances. A low risk, single-specialty facility or provider of primary care will not require the same arrangements as those providing the full range of medical and surgical care;
- Professional advice on infection prevention for regulated activities may be drawn from a number of expert sources. Table 2 outlines the most likely arrangements for the different regulated activities;
- Policies for outbreaks of communicable infection should include initial assessment, communication, management and organisation, plus investigation and control, including vaccination where appropriate;
- The contact details of those likely to be involved in outbreak management should be reviewed at least annually;
- All registered providers should report significant outbreaks of infection to their local health protection teams at an early stage, including outbreaks in service



users who are detained under the Mental Health Act 1983, if advised to do so by suitably informed practitioners

*d. Isolation of service users with an infection (see also criterion 7)*

- The isolation policy should be evidence based and reflect local risk assessment;<sup>1</sup>
- Indications for isolation should be included in the policy, as should procedures for the infection prevention and control management of service users in isolation;
- Information on isolation should be easily accessible and understood by all groups of staff, service users and the public

*e. Safe handling and disposal of sharps*

Relevant considerations include:

- risk management and training in the management of mucous membrane exposure and sharps injuries and incidents;
- provision of medical devices that incorporate sharps protection mechanisms where there are clear indications that they will provide safe systems of working for staff;<sup>2</sup>
- a policy that is easily accessible and understood by all groups of staff;
- safe use, secure storage and disposal of sharps; and
- auditing of policy compliance

*f. Prevention of occupational exposure to blood-borne viruses (BBVs) including prevention of sharps injuries*

Measures to avoid exposure to BBV's (hepatitis B and C and HIV) should include:

- immunisation against hepatitis B, as set out in *Immunisation against infectious disease*, better known as 'The Green Book' (published by Public Health England);
- the wearing of gloves and other protective clothing;
- the safe handling and disposal of sharps, including the provision of medical devices that incorporate sharps protection where there are clear indications that they will provide safe systems of working for staff; and
- measures to reduce risks during surgical procedures

*g. Management of occupational exposure to BBVs and post-exposure prophylaxis*

Management should ensure:

- that any member of staff who has a significant occupational exposure to blood or body fluids is aware of the immediate action required and is referred appropriately for further management and follow-up;
- provision of clear information for staff about reporting potential occupational exposure – in particular the need for prompt action following a known or potential exposure to HIV or hepatitis B; and
- arrangements for post-exposure prophylaxis for hepatitis B and HIV

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<sup>1</sup> Health and Safety Executive (2014). Risk assessment – A brief guide to controlling risks in the workplace. INDG(rev4).

<sup>2</sup> Health and Safety (Sharps Instruments in Healthcare) Regulations 2013. Available from: <http://www.hse.gov.uk/pubns/hsis7.pdf>

*(Refer also to Regulation 19, Requirements relating to workers contained in CQC Guidance for providers on meeting the regulations)*

*h. Closure of rooms, wards, departments and premises to new admissions*

- A system should be in place for the provision of advice from the local health protection team/DIPC/ICT for the registered provider;
- There should be clear criteria in relation to closures and re-opening;
- The policy should address the need for environmental decontamination prior to re-opening

*i. Disinfection*

The use of disinfectants is a local decision, and should be based on current accepted good practise.

*j. Decontamination of reusable medical devices*

- Decontamination involves a combination of processes and includes cleaning, disinfection and sterilisation, according to the intended use of the device. This aims to render a reusable item safe for further use on service users and for handling by staff;
- Effective decontamination of reusable medical devices is an essential part of infection risk control and is of special importance when the device comes into contact with service users or their body fluids. There should be a system to protect service users and staff that minimises the risk of transmission of infection from medical devices. This requires that the device or instrument set can be clearly linked in a traceable fashion to the individual process cycle that was used to decontaminate it, such that the success of that cycle in rendering the device safe for reuse can be verified;
- Reusable medical devices should be decontaminated in accordance with manufacturers' instructions and current national or local best practice guidance. This must ensure that the device complies with the 'Essential Requirements' provided in the Medical Devices Regulations 2002 where applicable. This requires that the device should be clean and, where appropriate, sterilised at the end of the decontamination process and maintained in a clinically satisfactory condition up to the point of use;
- Management systems should ensure adequate supplies of reusable medical devices, particularly where specific devices are essential to the continuity of care;
- Reusable medical devices employed in invasive procedures, for example, endoscopes and surgical instruments have to be either individually identifiable or identified to a set of which they are a consistent member, throughout the use and decontamination cycle in order to ensure subsequent traceability;
- Systems should also be implemented to enable the identification of service users on whom the medical devices have been used;
- Decontamination of single-patient use devices, i.e. that equipment designated for use only by one patient, should be subject to local policy and manufacturer's instructions

*(Refer also to Regulations 15, Premises and equipment and Regulation 12 on safe care and treatment contained in CQC Guidance for providers on meeting the regulations)*

*k. Single-use medical devices*

Policies should be in place for handling devices for single use only. Single-use medical devices should be used once and disposed of safely.

#### *l. Antimicrobial prescribing*

- Prescribing should generally be harmonised with that in the *British National Formulary* and draw on national guidance, including guidance for specific infections such as gonorrhoea. However, local guidelines may be required in certain circumstances;
- Procedures should be in place to ensure prudent prescribing and antimicrobial stewardship. There should be an ongoing programme of audit, revision and update with feedback to management, prescribers and administrators. In healthcare settings this is usually monitored by the antimicrobial management team or local prescribing advisors. Antimicrobial pharmacists and CCG prescribing advisors can support these activities

#### *m. Reporting of infection to Public Health England or local authority and mandatory reporting of healthcare associated infection to Public Health England*

- This includes a requirement for NHS Trust Chief Executives to report all cases of MRSA, MSSA and *E. coli* bacteraemias and *Clostridium difficile* infection in patients aged two years or older that are identified in their institution. The independent sector hospitals are also expected to report cases in a similar manner. The requirements of this system will vary from time to time as directed by the Department of Health.

#### *Health Protection (Notification) Regulations 2010*

- These require attending doctors (registered medical practitioners) to notify the Proper Officer of the local authority of cases of specified infectious disease or of other infectious disease or contamination, which present, or could present, significant harm to human health, to allow prompt investigation and response. The regulations also require diagnostic laboratories testing human samples to notify Public Health England of the identification of specified causative agents of infectious disease.

#### *n. Control of outbreaks and infections associated with specific alert organisms*

This should take account of local epidemiology and risk assessment. These infections must include, as a minimum, MRSA, MSSA and *E.coli* bloodstream infections, respiratory infection, viral haemorrhagic fever, diarrhoeal outbreaks, *Clostridium difficile* infection and transmissible spongiform encephalopathies.

#### **MRSA**

The policy should make provision for:

- screening of NHS patients on emergency or elective admission to relevant high risk specialties. The arrangements for undertaking screening will be subject to local agreement;
- suppression regimens for colonised patients when appropriate;
- isolation of infected or colonised patients;
- transfer of infected or colonised patients within organisations or to other care facilities;
- antibiotic prophylaxis for surgery; and
- undertaking a post infection review (PIR) on patients with a MRSA bacteraemia

### *Clostridium difficile*

The policy should make provision for:

- surveillance of *Clostridium difficile* infection;
- diagnostic criteria;
- isolation of infected service users and cohort nursing;
- environmental decontamination;
- antibiotic prescribing policies; and
- contraindication of anti-motility agents

### *Glycopeptide resistant enterococci (GRE)*

The policy should make provision for:

- Identification of high-risk groups;
- Isolation and prevention of cross-infection; and
- Prophylaxis for surgical and invasive procedures

### *Carbapenem resistant organisms (CROs), Acinetobacter, extended spectrum beta-lactamase (ESBLs) and other antibiotic resistant bacteria*

The policy should make provision for:

- surveillance and/or screening of patients at high risk of drug-resistant infection;
- procedures for managing infected patients to prevent spread of infection

### *Viral haemorrhagic fevers (VHF)*

The policy should refer to the latest guidance from the Advisory Committee for Dangerous Pathogens (ACDP) and make provision for:

- appropriate staff to be trained in how to isolate and risk assess patients at risk of VHF;
- appropriate staff to be aware of the special measures to be taken for nursing VHF patients, and to be properly trained in the application of full isolation procedures and use and safe removal of personal protective equipment (PPE);
- patient risk assessment and categorisation;
- confirmed cases to be handled under full isolation measures in a high- security infectious diseases unit or equivalent;
- handling of patient specimens at the appropriate containment level;
- follow-up of all staff in contact with the patient at every stage of care; and
- special measures for the handling, and on-site treatment, of all waste and laundry;
- special measures for transporting patients with VHF

### *Creutzfeld-Jakob disease (CJD), variant CJD (vCJD) and other human prion diseases*

The policy should make provision for the management of patients with, or at increased risk of, CJD/vCJD and other human prion diseases

### *Relevant policies for other specific alert organisms*

The specific alert organisms that follow may be relevant to any unit admitting, or treating as outpatients.

### *Control of tuberculosis, including multi-drug resistant tuberculosis:*

- Isolation of infectious patients;
- Transfer of infectious patients within care organisations or to other care facilities;
- contact tracing; and
- treatment compliance

*Respiratory viruses:*

- alert system for suspected cases;
- isolation criteria; and
- infection prevention and control measures
- for influenza measures to avoid exposure should include immunisation, as set out in Immunisation against infectious disease, better known as 'The Green Book' (published by Public Health England)

*Diarrhoeal infections:*

- isolation criteria;
- infection prevention and control measures; and
- cleaning and disinfection policy

*o. CJD/vCJD*

Advice on the handling of instruments and devices in procedures on patients with known or suspected CJD/vCJD, or at increased risk of CJD/vCJD, including disposal/quarantine procedures, is provided in guidance from the Advisory Committee on Dangerous Pathogens (ACDP) TSE working group.

*(Refer also to Regulation 15, Premises and equipment and Regulation 12 on safe care and treatment contained in CQC Guidance for providers on meeting the regulations)*

*p. Safe handling and disposal of waste*

The risks from waste disposal should be properly controlled. In practice, in relation to waste, this involves:

- assessing risk;
- developing appropriate policies;
- putting arrangements in place to manage risks;
- monitoring, auditing and reviewing the way in which arrangements work; and
- being aware of statutory requirements and; legislative change and managing compliance

Precautions in connection with handling waste should include:

- training and information (including definition and classification of waste);
- personal hygiene;
- segregation and storage of waste;
- the use of appropriate personal protective equipment;
- immunisation;
- appropriate procedures for handling such waste;
- appropriate packaging and labelling;
- suitable transport on-site and off-site;
- clear procedures for dealing with accidents, incidents and spillages; and
- appropriate treatment and disposal of such waste

Systems should be in place to ensure that the risks to service users from exposure to infections caused by waste present in the environment are properly managed, and that duties under environmental law are discharged. The most important of these are:

- duty of care in the management of waste;
- duty to control polluting emissions to the air;
- duty to control discharges to sewers;
- obligations of waste managers;
- collection of data and obligations to complete and retain documentation including record keeping; and
- requirement to provide contingency plans and have emergency procedures in place

(Refer also to Regulation 15, Premises and equipment contained in CQC Guidance for providers on meeting the regulations)

#### *q. Packaging, handling and delivery of laboratory specimens*

Biological samples, cultures and other materials should be transported in a manner that ensures that they do not leak in transit and are compliant with current legislation. Staff who handle samples must be aware of the need to correctly identify, label and store samples prior to forwarding to laboratories. In addition, they must be aware of the procedures needed when the container or packaging becomes soiled with body fluids.

#### *r. Care of deceased persons*

Appropriate procedures should include:

- risk assessment of potential hazards;
- the provision of appropriate facilities and accommodation;
- safe working practices;
- arrangements for visitors;
- information, instruction, training and supervision; and
- health surveillance and immunisation (where appropriate)

#### *s. Use and care of invasive devices*

Policy should be based on evidence-based guidelines and should be easily accessible by all relevant care workers. Compliance with policy should be audited. Information on policy should be included in infection prevention and control training programmes for all relevant staff groups.

(Refer also to Regulation 15, Premises and equipment and Regulation 12 on safe care and treatment contained in CQC Guidance for providers on meeting the regulations)

#### *t. Purchase, cleaning, decontamination, maintenance and disposal of equipment*

Policies for the purchase, cleaning, decontamination, maintenance and disposal of all equipment should take into account infection prevention and cleanliness advice that is given by relevant experts or advisory bodies or by the Infection prevention team.

#### *u. Surveillance and data collection*

For all appropriate healthcare settings, there should be evidence of local surveillance and use of comparative data, where available, to monitor infection rates, antimicrobial resistance and antimicrobial consumption and to assess the risks of infection. This evidence should include data on alert organisms, and other infections where appropriate, alert conditions and wound

infection per clinical unit or specialty. When appropriate or where they exist, recognised definitions should be used.

Electronic reporting to Public Health England of clinical laboratory isolates is recommended where the appropriate information technology is in place.

There should also be timely feedback to clinical units, with a record of achievements and actions taken as a result of surveillance. Post-discharge surveillance of surgical site infection should be considered and, where practicable, should be implemented.

#### *v. Dissemination of information*

There should be a local protocol on information sharing when referring, admitting, transferring, discharging and moving service users within and between health and adult social care facilities. This is to facilitate surveillance and optimal management of infections in the wider community. Guidance on data protection legislation also needs to be observed.

*(Refer also to Regulation 9, Person-centred care contained in CQC Guidance for providers on meeting the regulations)*

#### *w. Isolation facilities*

There should be a policy concerning the appropriate provision and maintenance of isolation facilities. This should address:

- potential sources of infection;
- The types of isolation facility needed for different infections;
- The use of protective measures and equipment; and
- The management of outbreaks

#### *x. Uniform and dress code*

Uniform and workwear policies ensure that clothing worn by staff when carrying out their duties is clean and fit for purpose. Particular consideration should be given to items of attire that may inadvertently come into contact with the person being cared for. Uniform and dress code policies should specifically support good hand hygiene.

#### *y. Immunisation of service users*

Registered providers should ensure that policies and procedures are in place with regard to the immunisation status of service users such that:

- there is a record of all immunisations given;
- the immunisation status and eligibility for immunisation of service users are regularly reviewed in line with *Immunisation against infectious disease* ('The Green Book') and other guidance from Public Health England; and
- following a review of the record of immunisations, all service users are offered further immunisation as needed, according to the national schedule.

### **Guidance for compliance with criterion 10**

Providers have a system in place to manage the occupational health needs and obligations of staff in relation to infection
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10.1 Registered providers should note that this criterion also covers staff education and training and ensure that policies and procedures are in place in relation to the prevention of infection such that:

- all staff can access occupational health services or access appropriate occupational health advice;
- occupational health policies on the prevention and management of communicable infections in care workers are in place;
- decisions on offering immunisation should be made on the basis of a local risk assessment as described in *Immunisation against infectious disease* ('The Green Book'). Employers should make vaccines available free of charge to employees if a risk assessment indicates that it is needed (COSHH Regulations 2002);
- there is a record of relevant immunisations;
- the principles and practice of prevention of infection (including cleanliness) are included in induction and training programmes for new staff. The principles include: ensuring that policies are up to date; feedback from audit results; examples of good practice; and action needed to correct poor practice;
- there is appropriate ongoing education for existing staff (including support staff, volunteers, agency/locum staff and staff employed by contractors), which should incorporate the principles and practice of prevention and control of infection. Clinical staff should have an ongoing understanding of the risk from existing, new and emerging infectious diseases and take this into account when assessing patients;
- there is a record of training and updates for all staff; and
- the responsibilities of each member of staff for the prevention of infection are reflected in their job description and in any personal development plan or appraisal

### *Occupational health services*

10.2 Occupational health services for staff should include:

- risk-based screening for communicable diseases and assessment of immunity to infection after a conditional offer of employment and ongoing health surveillance;
- offer of relevant immunisations; and
- having arrangements in place for regularly reviewing the immunisation status of care workers and providing vaccinations to staff as necessary in line with *Immunisation against infectious disease* ('The Green Book') and other guidance from Public Health England

10.3 Occupational health services in respect of BBVs should include:

- having arrangements for identifying and managing healthcare staff infected with hepatitis B or C or HIV and advising about fitness for work and monitoring as necessary, in line with Department of Health guidance;
- liaising with the *UK Advisory Panel for Healthcare Workers Infected with Blood-borne Viruses* when advice is needed on procedures that may be carried out by BBV-infected care workers, or when advice on patient tracing, notification and offer of BBV testing may be needed;
- a risk assessment and appropriate referral after accidental occupational exposure to blood and body fluids; and
- management of occupational exposure to infection, which may include provision for emergency and out-of-hours treatment, possibly in conjunction with accident and emergency services and on-call infection prevention and control specialists.



This should include a specific risk assessment following an exposure prone procedure.

10.4 Occupational health services in respect of influenza should include:

- arrangements for provision of influenza vaccination for healthcare workers where appropriate

*(Refer also to Regulation 19, Fit and proper persons employed contained in CQC Guidance for providers on meeting the regulations)*

## Part 4: Guidance tables

These tables are designed to help registered providers, the DIPC (NHS provider organisations) and Infection prevention Leads (adult social care, primary dental care and primary medical care, and independent sector ambulance providers) decide how the Code and related guidance applies to the registered activities and type of service they provide. Further guidance on the activities that are covered by registration are available at [www.cqc.org.uk](http://www.cqc.org.uk)

Because of the wide range of services provided in healthcare and adult social care, registered providers should carry out their own risk assessments to help them decide the elements to be included in their policies or whether or not a policy is required at all. They will need to be able to justify their decisions.

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|---------|--|
| Table 1 | The application of the Code of Practice to regulated activities          |
| Table 2 | A guide to potential sources of professional infection prevention advice |
| Table 3 | Policies appropriate to regulated activities                             |

Table 1 - The application of the Code of Practice to regulated activities

This table provides a guide as to which criteria may apply to each regulated activity. This is a matter for local determination.

Compliance criterion and description		Personal care	Accommodation for persons who require nursing or personal care	Accommodation for person who require treatment for substance misuse	Accommodation And nursing or personal care in the further education sector	Treatment of disease, disorder or injury	Assessment or medical treatment for persons detained under the Mental Health Act 1983	Surgical Procedures	Diagnostic and screening procedures	Management of supply of blood and blood derived products etc.	Transport Services, Triage and Medical Advice provided remotely, Ω	Maternity And Midwifery Services	Termination Of Pregnancies	Services in Slimming clinics	Nursing Care	Family planning services
1	Systems to manage and monitor the prevention and control of infection. These systems use risk assessments and consider the susceptibility of service users and any risks that their environment and other users may pose to them.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2	Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections.		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3	Ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance.					✓	✓	✓	✓		✓	✓	✓		✓	✓
4	Provide suitable accurate information on infections to service users, their visitors and any person concerned with providing further support or nursing/ medical care in a timely fashion.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
5	Ensure that people who have or at risk of developing an infection are identified promptly and receive the appropriate treatment and care to reduce the risk of transmission of infection other people.		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

6	Systems to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
7	Provide or secure adequate isolation facilities. ♣		✓	✓		✓	✓	✓				✓				
8	Secure adequate access to laboratory support as appropriate.#			✓		✓	✓	✓	✓	✓		✓	✓		✓	✓
9	Have and adhere to policies, designed for the individual's care and provider organisations that will help to prevent and control infections.	§	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
10	Providers have a system in place to manage the occupational health needs and obligations of staff in relation to infection.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

§ See Table 3    Ω Applies to transport and triage services delivered at site    # Does not apply to primary dental care    ♣ Does not apply to primary dental/medical care

Table 2- A guide to sources of professional infection prevention and control advice

Professional group		Regulated activities														
		Personal care	Accommodation for persons who require nursing or personal care	Accommodation for person who require treatment for substance misuse	Accommodation and nursing or personal care in the further education sector	Treatment of disease, disorder or injury	Assessment or medical treatment for persons detained under the Mental Health Act 1983	Surgical Procedures	Diagnostic and screening procedures	Management of supply of blood and blood derived products etc.	Transport Services, Triage and medical advice provided remotely, Ω	Maternity And Midwifery Services	Termination Of Pregnancies	Services in Slimming clinics	Nursing Care	Family planning services
1	Director of Infection Prevention and Control or Infection Prevention and Control Lead		✓			✓	✓	✓			•	✓	✓			✓
2	Infection control nurse/infection control practitioner					✓	✓	✓			•	✓				
3	Consultant microbiologist					✓	✓	✓	✓	✓		✓	✓			
4	Designated site led for infection (may not always be a healthcare worker)	¥	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓		✓
5	Access to consultant in communicable disease control/local health protection team		✓	✓	✓	✓⊙	✓	✓⊙	✓⊙	✓	•		✓			✓
5	Fully constituted infection control team and infection control committee ♣			✓		✓	✓	✓	✓		•	✓				
6	Primary care pharmacist, CCG prescribing advisor	✓	✓	✓		⊙		⊙	⊙				✓		✓	✓
7	Primary healthcare teams	✓	✓	✓	✓							✓		✓	✓	✓
8	Occupational health services (consult when risk of transmission from care workers to service user or vice versa)	✓	✓	✓	✓	✓⊙	✓	✓⊙	✓⊙	✓	✓	✓	✓	✓	✓	✓

Where no specialist occupational health service exists, advice can be sought from service user's General Practitioner. ● Relevant to acute and independent sector ambulance providers. ¥ Providers of domiciliary care would need to have a designated lead. ⊙ Applies to primary dental/medical care . ♣ Does not apply to primary dental/medical care or independent sector ambulance providers

Table 3 - Policies appropriate to regulated activities

Compliance with criterion 9		Regulated activities														
		Personal care	Accommodation for persons who require nursing or personal care	Accommodation for person who require treatment for substance misuse	Accommodation and nursing or personal care in the further education sector	Treatment of disease, disorder or injury	Assessment or medical treatment for persons detained under the Mental Health Act 1983	Surgical Procedures	Diagnostic and screening procedures	Management of supply of blood and blood derived products etc.	Transport Services, Triage and medical advice provided remotely, Ω	Maternity And Midwifery Services	Termination Of Pregnancies	Services in Slimming clinics	Nursing Care	Family planning services
a	Standard infection prevention and control precautions	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
b	Aseptic technique		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
c	Outbreaks of communicable infection #		✓	✓	✓	✓	✓	✓	▲	✓	✓	✓		✓		
d	Isolation of service users with an infection #		✓	✓	✓	✓	✓	✓	✓		✓	✓		✓		
e	Safe handling and disposal of sharps	✓	✓	✓	✓	✓	✓	✓	✓	✓	•	✓	✓	✓	✓	✓
f	Prevention of occupational exposure to blood-borne viruses, inc prevention of sharps injuries	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
g	Management of occupational exposure to blood-borne viruses and post-exposure prophylaxis	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
h	Closure of rooms, wards, department and premises to new admissions ♣		✓	✓	✓	✓	✓	✓			✓			✓		
i	Disinfection ★		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓
j	Decontamination of reusable medical devices ★		✓			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
k	Single-use medical devices ★	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
l	Antimicrobial prescribing					✓	✓	✓	✓		✓	✓		✓	✓	
m	Reporting of infections to Public Health England or local authority♣#					✓		✓	✓							
n	Control of outbreaks and infections associated with specific alert organisms #		✓	✓	✓	✓	✓	✓	✓			✓	✓			✓
o	CJD/vCJD – handling of instruments and devices #					✓	✓	✓	✓				✓			

p	Safe handling and disposal of waste	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
q	Packaging, handling and delivery of laboratory specimens #		✓	✓	✓	✓	✓	✓	✓	✓		✓	✓		✓	✓
r	Care of deceased persons♣	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓			✓	
s	Use and care of invasive devices #	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓
t	Purchase, cleaning, decontamination, maintenance and disposal of equipment ★		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
u	Surveillance and data collection #					✓	✓	✓				✓	✓			
v	Dissemination of information		✓	✓	✓	✓	✓	✓			✓	✓	✓		✓	✓
w	Isolation facilities♣		✓	✓	✓	✓	✓	✓	✓	✓		✓				
x	Uniform and dress code	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
y	Immunisation of service users #		✓	✓	✓	✓	✓	✓				✓	✓			✓

Ω Applies to transport and triage service delivered at site    ▲ Applies to invasive diagnostic procedures    ★ Decontamination lead will be responsible for these areas

♣ Unlikely or does not apply to primary dental/medical care    # Does not apply to primary dental care

# Appendix A: Examples of interpretation for adult social care

It is essential to read the following examples alongside the guidance under each criterion in Part 3 and not just selective parts.

The examples demonstrate how a proportionate approach to the guidance could apply in certain types of adult social care services. They are examples only and registered providers and Infection prevention Leads should carry out their own risk assessments to help them decide which parts of the criteria apply to their particular service.

Registered providers and Infection prevention Leads will make sure that they can provide evidence to support any decision to follow these examples or any other alternative approaches to the full guidance.

## Guidance for compliance with criterion 1

Systems to manage and monitor the prevention and control of infection. These systems use risk assessments and consider the susceptibility of service users and any risks that their environment and other users may pose to them

In a small service providing personal care or accommodation with personal care:

- Someone with appropriate knowledge and skills will become the infection prevention Lead and take responsibility for infection prevention (including cleanliness). This could be the registered provider, registered manager or another member of staff.
- Infection prevention (including cleanliness) programmes and infrastructures will not need to be as complex as in a larger adult social care or health setting. As a minimum the infection prevention programme should say what:
  - infection prevention and cleanliness measures are needed in the service;
  - policies, procedures and guidance are needed, and how they will be kept up to date and monitored to make sure they are followed; and
  - initial and ongoing training staff will receive
  - a record of the names and contact details of health practitioners who can provide advice. General Practitioners and the local CCG ICT are likely to be key contacts in the infrastructure; and
  - guidance for staff about the type of circumstances in which contact should be made

The annual statement, for anyone who wishes to see it, including residents and regulatory authorities, will not need to be as detailed as one prepared for a health setting. The infection prevention Lead will ensure their annual statement for each facility provides a short review of any:

- known outbreaks of infection;
- audits undertaken and subsequent actions;
- action taken following an outbreak of infection;
- risk assessments undertaken for prevention and control of infection;
- education and training received by staff; and
- review and update of policies, procedures and guidance



## Guidance for compliance with criterion 2

Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections.

Domiciliary care services that provide support in people's own homes will not be expected to comply with this criterion.

Care homes aim to provide a place where people feel at home and the arrangements to keep the environment clean must take this into account. All cleaning routines must respect the fact that in care homes a resident's bedroom and other shared areas may have furniture and other possessions that belong to that individual.

In some small care homes the specific aim will be to support people to be independent and to have choice and control over their daily life, including decisions about the environment in which they live.

In a service where people are generally well and supported to develop independent living skills:

- detailed cleaning schedules would not be necessary. Cleaning responsibilities and routines should form part of the individual plan of care;
- there may be a plan for cleaning communal areas which describes individual responsibilities for cleaning;
- staff should carry out ongoing assessment of the standard of cleanliness and support residents if cleanliness falls short of an acceptable minimum;
- it is unlikely that the policy on the environment will need to cover all the points set out in the main guidance; and
- the decontamination policy is effectively a policy on how to clean all areas of the environment, fixtures and fittings (and medical devices if used) and what products to use. It will not need to be as complex as one in a healthcare setting. Where service users are responsible for cleaning their own rooms, this does not need to be included, although it could be part of their individual plan to help them know how to clean their room and what to use. The policy should cover:
  - how to clean the different areas of the environment, fixtures, fittings and specialist equipment (for example a hoist);
  - what products and equipment to use when cleaning;
  - what to do and what products to use if there is a spillage of blood or body fluids; and
  - what training staff need to implement the policy

## Guidance for compliance with criterion 3

Ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance

Domiciliary care services that provide support in people's own homes will not be expected to comply with this criterion.

For adult social care services providing personal care, providers should keep accurate records of antimicrobial prescriptions including allergies, dose, duration and reason for treatment.

Access to microbiological services and responsibility for stewardship activities rests with the patient's General Practitioner.

## Guidance for compliance with criterion 4

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

Domiciliary care services that provide support in people's own homes, and care services where people are generally well, will not need to have the range of information suggested to meet this criterion. However, they should provide information about their approach to prevention of infection, staff roles and responsibilities, and whom people should contact with concerns about prevention and control of infection.

For adult social care services providing personal care, all the information suggested in the guidance should be included. However, it may not be necessary to provide the level of detail that a healthcare setting would need. For example:

- information should draw people's attention to the need for good hand hygiene; and
- visiting the service user may be restricted if there is an outbreak of infection

For registered providers who share (or transfer) responsibility for the care and treatment of service users with other providers:

The registered provider will need to ensure that information about infections is shared with other providers. This could include circumstances where the service user:

- moves to or from another health or adult social care setting or the service user's home;
- is admitted to hospital;
- is transported in an ambulance; and
- attends for treatment or support in another health or adult social care setting

Staff will need to know:

- how and under what circumstances information about a service user's infection status is shared both routinely and in an emergency; and
- how they ensure that the information they share follows the laws that relate to the safe handling of information

Where personal care is provided by a domiciliary care agency to an individual person in their own home, it is unlikely that the agency will be responsible for providing this information. However, this criterion will apply if it provides personal care to a group of service users in a supported living service or sheltered housing complex and takes an active role in liaising with or contacting healthcare professionals on behalf of service users.

## Guidance for compliance with criterion 5

Ensure prompt identification of people who have or are at risk of developing an infection so that they receive timely and appropriate treatment to reduce the risk of transmitting infection to other people

In an adult social care service, General Practitioners will provide the necessary initial advice when a service user develops an infection. The General Practitioner may then wish to draw on local professional expertise in infection prevention and health protection.

## Guidance for compliance with criterion 6

Systems to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection.

The registered manager must ensure that everyone who is working in the care setting, including agency staff, contractors and volunteers, understand and comply with the need to prevent and control infections. Please also refer to the corresponding item in Part 3 of this document.

## Guidance for compliance with criterion 7

Provide or secure adequate isolation facilities.

Care homes do not need to have dedicated isolation facilities. If isolation is needed, a resident's own room can be used. Ideally the room should be a single bedroom with en-suite facilities.

## Guidance for compliance with criterion 8

Secure adequate access to laboratory support as appropriate.

This criterion does not apply to adult social care services. The General Practitioner will take responsibility for sending off any necessary samples to the laboratory.

## Guidance for compliance with criterion 9

Have and adhere to policies, designed for the individual's care and provider organisations that will help to prevent and control infections.

The following guidance is for the policies that may be most relevant to adult social care services. Registered providers should use Table 3 and their own risk assessments to help them decide how the remaining policy areas might apply to their services.

### a. Standard infection prevention and control precautions

All staff should have training on hand hygiene and when and how personal protective equipment should be used. Policies should also be in place for the safe handling and disposal of sharps and the safe disposal of waste.

Where service users are responsible for their own care, it is important that they understand that they should not share personal items, such as toothbrushes, razors or towels, with other service users.

### b. Aseptic technique

Staff who undertake aseptic procedures, refer to paragraph 6.3 in Part 3. Personal care givers looking after service users with indwelling devices are not responsible for giving clinical care but need to have knowledge of asepsis and an understanding of the importance of not introducing contamination to these devices.

### c. Outbreaks of communicable disease

The policy will not need to be as detailed in a low-risk service where people are not regularly exposed to the risk of infections that can be transferred from one person to another. Guidance should be available to staff about:

- How to recognise symptoms that may indicate a possible outbreak. For example:
  - cough and/or fever might indicate influenza;
  - diarrhoea and/or vomiting might indicate *Clostridium difficile*, norovirus or food poisoning;
  - skin lesion/rash might indicate scabies; and
- the circumstances when medical assistance must be sought without delay

d. Isolation of service users with an infection

The policy should say how staff care for a service user who has to be isolated. Information about the environment used for isolation does not need to be included as this is covered in criterion 7.

e. Safe handling and disposal of sharps

Where the disposal of sharp instruments is required, the corresponding item in Part 3 will apply.

f. Prevention of occupational exposure to BBVs and post-exposure prophylaxis

Standard precautions and the use of the appropriate personal protective equipment should in most instances be adequate to protect the care worker.

g. Management of occupational exposures to BBVs and post-exposure prophylaxis

In most instances a policy would not be appropriate.

h. Closure of rooms, wards, departments and premises to new admissions

Please refer to corresponding item in Part 3.

i. Disinfection

Please refer to corresponding item in Part 3.

j. Decontamination of reusable medical devices

In most cases in care homes, the decontamination of medical devices would include the cleaning of equipment used as aids to daily living such as hoists and wheelchairs.

k. Single-use medical devices

Please refer to corresponding item in Part 3.

l. Antimicrobial prescribing

A service user's General Practitioner should follow local guidelines for prescribing antimicrobials.

m. Reporting of infections to Public Health England or local authority

This does not apply to care homes.

n. Control of outbreaks and infections associated with specific alert organisms

As a minimum, the policy must include how MRSA, MSSA, respiratory illness, diarrhoeal outbreaks, *E.coli* and *Clostridium difficile* infection will be controlled and managed.

It is unlikely that adult social care services will need to have policies to cover all the remaining specific alert organisms listed in the guidance. Registered providers and infection prevention and control leads will need to have initial and ongoing risk assessments to identify which of the other specific alert organisms apply to their services.

Adult social care services are not expected to monitor alert organisms. The registered provider will need to report outbreaks of infection to its local health protection team, as advised by its primary care practitioner.

o. CJD/vCJD – handling of instruments and devices

This does not apply to care homes

p. Safe handling and disposal of waste

In general, the majority of waste in adult social care falls under the category of 'offensive/hygiene' waste. This is waste such as incontinence pads and other waste produced from human hygiene; sanitary waste etc, which is non-infectious and which does not require specialist treatment or disposal, but which may cause offence to those coming into contact with it.

Whether this type of waste can go into the domestic waste stream will depend upon the specific circumstances of each case. It will depend on issues such as risk assessments and whether a care professional is in attendance or not as different legislation would come into play. For example if the resident is self-caring and not requiring the assistance of care workers then the waste may be suitable for the domestic waste stream, bearing in mind that only quantities less than 7kg (approximately one bag) may be placed in the domestic waste stream. However, if the home employs carers to assist in the activities of daily living then waste should not enter the domestic waste stream.

Where any doubt exists, advice should be sought from its local Environment Agency office or local authority.

q. Packaging, handling and delivery of laboratory specimens

Please refer to corresponding item in Part 3.

r. Care of deceased persons

Please refer to corresponding item in Part 3.

s. Use and care of invasive devices

This applies to devices such as feeding tubes and urinary catheters. Please refer to the corresponding item in Part 3.

t. Purchase, cleaning, decontamination, maintenance and disposal of equipment

Please refer to corresponding item in Part 3.

u. Surveillance and data collection

This does not apply to care homes.

v. Dissemination of information

Please refer to corresponding item in Part 3.

w. Isolation facilities

Please refer to corresponding item in Part 3.

x. Uniform and dress code

Staff would not be expected to wear uniforms in a service where the aim is to provide personalised care in a domestic setting. Work wear should be easily washable and disposable single use aprons and gloves should be available for staff if they carry out personal care tasks.

y. Immunisation of service users

Registered providers should ensure that service users have information about vaccinations in a way that they understand so that they are able to make informed decisions about immunisation.

## Guidance for compliance with criterion 10

Providers have a system in place to manage the occupational health needs and obligations of staff in relation to infection.

Small adult social care services that are not part of a large organisational structure may not have access to occupational health services. Registered providers should ensure that they are able to get advice when needed, for example through their insurance company, a General Practitioner or an occupational health agency.

The registered provider should ensure that all staff complete a confidential health assessment after a conditional offer of employment and give information about residence overseas, previous and current illness, and immunisation against relevant infections.

Policies for screening of staff should include:

- health screening for communicable diseases;
- how exposure to infections will be managed;
- risk assessment of the need for immunisations, including influenza vaccination;
- the responsibilities of staff to report episodes of illness; and
- the circumstances under which staff may need to be excluded from work

### Induction

All healthcare support workers and adult social care workers new in post are expected to undertake the Care Certificate as part of their induction.

The Care Certificate sets out explicitly the learning outcomes, competencies and standards of care that will be expected in both sectors to ensure that the health care support worker/adult social care worker is caring, compassionate and provides quality care. There are 15 standards in the Care Certificate and Standard 15 relates specifically to Infection Prevention and Control. More information on the Care Certificate is included in the bibliography.

### Ongoing training

There are a range of knowledge and competence units for adult social care workers which can be taken as part of the diplomas for occupational competence. There are three Level 2 knowledge units which cover infection prevention, the spread of infection and cleaning, decontamination and waste management. There are three competence units at Levels 2,3 and 5 which support the development of skills in managing infection prevention in the workplace. Details of these training units are included in the bibliography.

A record should be kept by the registered manager of all staff induction and ongoing training.

## Appendix B: Examples of interpretation for primary dental care

It is essential to read the following examples alongside the guidance under each criterion in Part 3 and not just selective parts.

The examples demonstrate how a proportionate approach to the guidance could apply in primary dental care practices. They are examples only and registered providers and infection prevention Leads (the nominated lead member of staff as set out in *Health Technical Memorandum 01-05: Decontamination in primary care dental practices* (HTM 01-05)) should carry out their own risk assessments to help them decide which parts of the criteria apply to their particular service.

Registered providers and Infection prevention Leads will make sure that they can provide evidence to support any decision to follow these examples or any other alternative approaches to the full guidance. Providers of dental health services within NHS bodies have been registered with the CQC since April 2010. Independent dental practitioners have been registered with the CQC from April 2011.

Criterion 2 of the Code describes the requirement to provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections. This includes a specific requirement for effective arrangements for the appropriate decontamination of instruments and other equipment.

The HTM 01-05 is designed to assist all registered primary dental care services meet satisfactory levels of decontamination. HTM 01-05 describes essential quality requirements and all practices should have been operating to these essential quality requirements since the end of 2010. This includes having a detailed plan showing how practices will work towards achieving best practice. The Code has taken due note of HTM 01-05 and does not impose any additional burdens on decontamination.

However, whilst HTM 01-05 describes essential quality requirements and provides guidance around decontamination, it is important to recognise that in the same way, the related guidance set out in this Code of Practice document provides guidance around the wider aspects of infection prevention (including cleanliness).

The Department of Health and Infection Prevention Society local self- assessment audit tool outlined in the Bibliography is designed to allow practices to assess compliance with HTM 01-05.

### Guidance for compliance with criterion 1

Systems to manage and monitor the prevention and control of infection. These systems use risk assessments and consider the susceptibility of service users and any risks that their environment and other users may pose to them

A designated person with appropriate knowledge and skills will take responsibility for infection prevention in the practice (the IP Lead). This could be the registered provider, registered manager, or another member of staff. Infection prevention and cleanliness programmes, assurance framework and infrastructures will not need to be as complex as in larger adult social care or health settings.

The infection prevention programme should say as a minimum what:

- infection prevention and cleanliness measures are needed in the practice;
- policies, procedures and guidance are needed and how they will be kept up to date and monitored for compliance; and
- initial and ongoing training staff will receive

The infrastructure should include a record of the names and contact details of health practitioners who can provide advice. Consultants in Dental Public Health in Public Health England, General Practitioners and the local CCG or local authority are likely to be key contacts in the infrastructure. There should be guidance for staff about the type of circumstances in which contact should be made.

The requirement for 24-hour access to a nominated qualified infection control doctor or consultant in health protection/communicable disease control does not apply to primary dental care.

An annual statement, for anyone who wishes to see it, including patients and regulatory authorities, should be prepared by the IP Lead, which should provide a short review of any:

- known infection transmission event and actions arising from this;
- audits undertaken and subsequent actions;
- risk assessments undertaken for prevention and control of infection;
- training received by staff; and
- review and update of policies, procedures and guidance

## Guidance for compliance with criterion 2

Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections.

Clinical areas should be furnished taking account of the guidance issued by the Department of Health and the advice provided by the British Dental Association. Primary dental care facilities are frequently converted or domestic premises where the layout of rooms may be fixed.

There should be a designated lead for cleaning and decontamination of the environment and equipment, who may be the same person as the lead for infection prevention, and who can access appropriate expert advice.

Decontamination policies should comply with essential quality requirements described in national guidance issued by the Department of Health, and should include cleaning of the environment, fixtures and fittings and decontamination of reusable medical devices, what products and equipment to use, and staff training in all these areas. A cleaning schedule should be in place for clinical areas, including specifying which areas are to be cleaned between patients.

Taking account of the guidance issued by the Department of Health, there should be a policy for preventing contamination of dental unit water lines, including appropriate water supply and maintenance schedules. There should be a risk assessment and written control scheme for *Legionella*. Logbooks, including testing, service, maintenance and repair records should be maintained in the practice for at least two years.

## Guidance for compliance with criterion 3

Ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance



Systems should be in place to manage and monitor the use of antimicrobials to ensure inappropriate use is minimised and patients with such infections are treated promptly with the correct antimicrobial at the correct dose. These systems should draw on national and local guidelines, monitoring and audit tools, for example from the BNF (DPF), NICE and the Faculty of General Dental Practice UK guidance on antimicrobial prescribing for general dental practitioners.

Providers should ensure that all prescribers receive induction and training.

## Guidance for compliance with criterion 4

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

Primary dental care practices will not need to supply the full range of information suggested. However, they should have information available about their approach to infection prevention and cleanliness, staff roles and responsibilities, and to whom people should contact with concerns about infection prevention (including cleanliness). It is unlikely that primary dental care practitioners will be required to provide this information except when referring patients to specialist services. In the rare situation that patients require transfer to specialist services, staff should know how and under what circumstances information about a user's infection status is shared, and how they ensure that the information they share complies with the legislation on the safe handling of information.

## Guidance for compliance with criterion 5

Ensure prompt identification of people who have or are at risk of developing an infection so that they receive timely and appropriate treatment to reduce the risk of transmitting infection to other people

Dental practitioners should obtain a medical history and risk factors for infection, including common blood-borne viruses from all service users. Standard precautions should be applied to the management of all service users.

## Guidance for compliance with criterion 6

Systems to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection.

The registered provider must ensure that every person working in the dental practice, including agency staff, contractors and volunteers, understand and comply with the need to prevent and control infections. Please also refer to the corresponding item in Part 3.

## Guidance for compliance with criterion 7

Provide or secure adequate isolation facilities.

Primary dental care facilities do not require dedicated isolation facilities.

## Guidance for compliance with criterion 8

Secure adequate access to laboratory support as appropriate.

This refers to laboratory support for diagnosis or surveillance of infection. Primary care dental practices are not required to have routine access to microbiology laboratory services. They should be aware of local microbiological services and where to access advice should it be required. This criterion does not apply to dental laboratories who manufacture dentures, crowns, orthodontic equipment, etc. as they fall outside the scope of this Code.

## Guidance for compliance with criterion 9

Have and adhere to policies, designed for the individual's care and provider organisations that will help to prevent and control infections.

The following guidance is for the policies that may be the most relevant to primary dental care services. Registered providers should use Table 3 and their own risk assessments to help them decide how the remaining policy areas might apply to their services. In the case of policies referring to decontamination, environment, equipment and waste, reference should be made to the existing guidance issued by the Department of Health, PHE and by the British Dental Association.

### a. Standard infection prevention and control precautions

All staff should be trained in hand hygiene and proper use of personal protective equipment both during clinical work and during decontamination. Policies should be in place for safe handling and disposal of waste and sharps.

### b. Aseptic technique

All staff who perform clinical procedures that require asepsis should be trained in aseptic technique.

### c. Outbreaks of communicable disease

Practices should be aware of the relevant guidance for dentistry.

### d. Isolation of service users with an infection

This does not apply to primary dental care.

### e. Safe handling and disposal of sharps

Please refer to corresponding item in Part 3.

### f. Prevention of occupational exposure to BBVs and post-exposure prophylaxis

This should include the offer of staff immunisation against hepatitis B, and maintenance of a record of employees' hepatitis B immune status. Staff should be trained in sharps handling and in the management of blood and body fluid spills and splashes, including the use of chlorine-releasing agents.

### g. Management of occupational exposures to BBVs and post-exposure prophylaxis

There should be clear, accessible information about reporting occupational exposure and the need for action after exposure to BBVs, as well as arrangements for post-exposure prophylaxis for hepatitis B and HIV, including out of working hours. This may be provided by **CCG** occupational health services if available, but should also be accessible out of hours, for example from a local Accident & Emergency department.

h. Closure of rooms, wards, departments and premises to new admissions

It is unlikely that primary care practices will be required to close premises as a direct consequence of infection.

i. Disinfection

Please refer to corresponding item in Part 3.

j. Decontamination of reusable medical devices

These policies should take into account the national guidance issued by the Department of Health, and should include cleaning, disinfection, inspection, packaging, disposal, sterilisation, transport and storage of reusable instruments. There should be a nominated lead for decontamination. Whilst in some areas of medical and surgical care, instrument sets or individual instruments must be traceable, this does not apply at present to dental instruments.

k. Single-use medical devices

This should detail which instruments are required to be single use. This will include some instruments which are designated as multiple-use by the manufacturers but which are considered single-use owing to the inability to adequately decontaminate them. Current advice (Chief Dental Officer, CDO Update, March 2010) is that reusable endodontic files and reamers may be reused on the same patient, provided processes are adequate as described in that CDO Update.

This proposed relaxation only goes so far as endodontic files and reamers being reused on the same patient. This is conditional upon the instruments being marketed as reusable and the dental practice's registered manager being satisfied that the tracing and audit procedures used are such as to exclude error in identifying the instrument(s) and associating them with the correct patient.

l. Antimicrobial prescribing

Please refer to the corresponding item in Part 3.

m. Reporting of infections to Public Health England or local authority

This does not apply to primary dental care.

n. Control of outbreaks and infections associated with specific alert organisms

This does not apply to primary dental care

o. CJD/vCJD – handling of instruments and devices

This does not apply to primary dental care. Application of HTM 01-05 will effectively reduce the risk of prion transmission.

p. Safe handling and disposal of waste

This should take account of existing guidance issued by the Department of Health, and should include staff training, provision of appropriate waste disposal facilities in treatment rooms, separation of waste streams, and provision of a registered waste contractor.

q. Packaging, handling and delivery of laboratory specimens

This does not apply to primary dental care

r. Care of deceased persons

This does not apply to primary dental care

s. Use and care of invasive devices

This does not apply to primary dental care

- t. Purchase, cleaning, decontamination, maintenance and disposal of equipment

Please refer to corresponding item in Part 3.

- u. Surveillance and data collection

Dental care practices are not required to collect surveillance data on infections.

- v. Dissemination of information

Please refer to criterion 4 of appendix B.

- w. Isolation facilities

Dental care practices are not required to provide dedicated isolation facilities

- x. Uniform and dress code

Please refer to the corresponding item in Part 3. Further guidance is available in *HTM 01-05*.

- y. Immunisation of service users

This does not apply to primary dental care.

## Guidance for compliance with criterion 10

Providers have a system in place to manage the occupational health needs and obligations of staff in relation to infection.

Policies for protection of staff should include:

- risk assessment of need for immunisation, in particular hepatitis B immunisation;
- health screening for communicable disease, including tuberculosis and where appropriate, BBV screening for those undertaking exposure prone procedures;
- use of personal protective equipment (PPE), including staff training in the safe use and disposal of PPE;
- post-exposure management, for example for inoculation injuries; and
- circumstances under which staff may need to be excluded from work

Staff will require ongoing training in infection prevention and cleanliness. A record should be kept of all staff training.

## Appendix C: Examples of interpretation for independent sector ambulance providers

It is essential to read the following examples alongside the guidance under each criterion in Part 3 and not just selective parts.

The examples demonstrate how a proportionate approach to the guidance could apply to independent sector ambulance providers. They are examples only and registered providers and infection prevention Leads should carry out their own risk assessments to help them decide which parts of the criteria apply to their particular service.

Registered providers and infection prevention Leads will make sure that they can provide evidence to support any decision to follow these examples or any other alternative approaches to the full guidance.

### Guidance for compliance with criterion 1

Systems to manage and monitor the prevention and control of infection. These systems use risk assessments and consider the susceptibility of service users and any risks that their environment and other users may pose to them

Please refer to 1.1, 1.2, 1.4, 1.5, 1.6, 1.7 and 1.8 in Part 3.

The infrastructure should include:

- a record of the names and contact details of health practitioners who can provide advice. General Practitioners may be the likely key contacts for day- to-day matters and the local health protection team for emergencies; and
- guidance for staff about the type of circumstances in which contact should be made

The annual statement, for anyone who wishes to see it, including patients and regulatory authorities, will not need to be as detailed as one prepared for the acute sector healthcare setting. The infection prevention Lead will ensure their annual statement for each facility provides a short review of any:

- audits undertaken and action taken following recommendations from an audit;
- risk assessments undertaken for prevention and control of infection;
- training received by staff; and
- review and update of policies, procedures and guidance

### Guidance for compliance with criterion 2

Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections.

Please refer to the corresponding item in Part 3. For decontamination, sterilisation of reusable medical devices is not relevant for independent sector ambulance providers.

## Guidance for compliance with criterion 3

Ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance

Ambulance providers should ensure that where members of ambulance staff administer antibiotics there are adequate systems of training and surveillance/assurance to ensure that prescribing is necessary and appropriate.

## Guidance for compliance with criterion 4

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

Please refer to the corresponding item in Part 3.

## Guidance for compliance with criterion 5

Ensure prompt identification of people who have or are at risk of developing an infection so that they receive timely and appropriate treatment to reduce the risk of transmitting infection to other people

Please refer to the corresponding item in Part 3.

## Guidance for compliance with criterion 6

Systems to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection.

Please refer to the corresponding item in Part 3.

## Guidance for compliance with criterion 7

Provide or secure adequate isolation facilities.

This does not apply to independent sector ambulance providers.

## Guidance for compliance with criterion 8

Secure adequate access to laboratory support as appropriate.

This does not apply to independent sector ambulance providers.

## Guidance for compliance with criterion 9

Have and adhere to policies, designed for the individual's care and provider organisations that will help to prevent and control infections.

- a. Standard infection prevention and control precautions

Please refer to the corresponding item in Part 3.

b. Aseptic technique

Please refer to the corresponding item in Part 3.

c. Outbreaks of communicable disease

This does not apply to independent sector ambulance providers.

d. Isolation of service users with an infection

Registered independent ambulance providers are not expected to have dedicated isolation facilities for service users.

e. Safe handling and disposal of sharps

Please refer to corresponding item in Part 3.

f. Prevention of occupational exposure to BBVs and post-exposure prophylaxis

Please refer to corresponding item in Part 3.

g. Management of occupational exposures to BBVs and post-exposure prophylaxis

Please refer to corresponding item in Part 3.

h. Closure of rooms, wards, departments and premises to new admissions

This does not apply to independent sector ambulance providers.

i. Disinfection

Please refer to the corresponding item in Part 3.

j. Decontamination of reusable medical devices

Effective decontamination of reusable medical devices is an essential part of infection risk control and is of special importance when the device comes into contact with service users or their body fluids. There should be a system to protect service users and staff that minimises the risk of transmission of infection from medical devices.

k. Single-use medical devices

Please refer to corresponding item in Part 3.

l. Antimicrobial prescribing

This does not apply to independent sector ambulance providers.

m. Reporting of infections to Public Health England or local authority

This does not apply to independent sector ambulance providers.

n. Control of outbreaks and infections associated with specific alert organisms

This does not apply to independent sector ambulance providers.

o. CJD/vCJD – handling of instruments and devices

This does not apply to independent sector ambulance providers.

p. Safe handling and disposal of waste

Please refer to the corresponding item in Part 3.

q. Packaging, handling and delivery of laboratory specimens

This does not apply to independent sector ambulance providers.

r. Care of deceased persons

Appropriate procedures should include:

- risk assessment of potential hazards;
- safe working practices;
- information, instruction, training and supervision; and
- health surveillance and immunisation (where appropriate)

s. Use and care of invasive devices

Please refer to the corresponding item in Part 3.

t. Purchase, cleaning, decontamination, maintenance and disposal of equipment

Please refer to the corresponding item in Part 3.

u. Surveillance and data collection

This does not apply to independent sector ambulance providers.

v. Dissemination of information (see also criterion 4)

This policy will not need to be as detailed as healthcare facilities. There should be a local protocol for the dissemination of information about infections between care organisations concerning an individual service user. This is to facilitate surveillance and optimal management of infections in the wider community. Guidance on data protection legislation also needs to be observed.

w. Isolation facilities

This does not apply to independent sector ambulance providers.

x. Uniform and dress code

Please refer to the corresponding item in Part 3.

y. Immunisation of service users

This does not apply to independent sector ambulance providers.

## Guidance for compliance with criterion 10

Providers have a system in place to manage the occupational health needs and obligations of staff in relation to infection.

Registered providers should ensure that policies and procedures are in place in relation to the prevention and control of infection such that:

- all staff can access occupational health services or occupational health advice where relevant and appropriate;
- occupational health policies on the prevention and management of communicable infections in care workers are in place;
- decisions on offering immunisation should be made on the basis of a local risk assessment as described in *Immunisation against infectious disease* ('The Green Book'). Employers should make vaccines available free of charge to employees if a risk assessment indicates that it is needed (COSHH Regulations 2002);
- there is a record of relevant immunisations;
- the principles and practice of prevention and control of infection are included in induction and training programmes for new staff. The principles include: ensuring that policies are up to date; feedback from audit results; examples of good practice; and action needed to correct poor practice;



- there is a programme of ongoing education for existing staff (including support staff, volunteers, agency/locum staff and staff employed by contractors), which should incorporate the principles and practice of prevention and control of infection;
- there is a record of training and updates for all staff; and
- the responsibilities of each member of staff for the prevention and control of infection are reflected in their job description and in any personal development plan or appraisal.

### Occupational health services

Small independent ambulance providers that are not part of a large organisational structure may not have access to occupational health services. Registered providers should ensure that they are able to get advice when needed, for example through their insurance company, a General Practitioner or occupational health agency. The following policies may be required:

- risk-based screening for communicable diseases and assessment of immunity to infection after a conditional offer of employment and ongoing health surveillance;
- provision of relevant immunisations, including annual flu vaccination; and
- having arrangements in place for regularly reviewing the immunisation status of care workers and providing vaccinations to staff as necessary in line with *Immunisation against infectious disease* ('The Green Book') and other guidance from Public Health England

### Occupational health services in respect of BBVs should include:

- having arrangements for identifying and managing healthcare staff infected with hepatitis B or C or HIV and advising about fitness for work in line with guidance from Public Health England;
- liaising with the UK Advisory Panel for Healthcare Workers Infected with Blood-borne Viruses when advice is needed on procedures that may be carried out by BBV-infected care workers, and when advice on patient tracing, notification and offer of BBV testing may be needed; and
- management of occupational exposure to infection, which may include provision for emergency and out-of-hours treatment, possibly in conjunction with accident and emergency services and on-call infection prevention and control specialists

# Appendix D: Examples of interpretation for primary medical care

It is essential to read the following examples alongside the guidance under each criterion in Part 3 and not just selective parts.

The examples demonstrate how a proportionate approach to the guidance could apply in primary medical care practices. They are examples only and registered providers and infection prevention leads should carry out their own risk assessments to help them decide which parts of the criteria apply to their particular service.

Registered providers and infection prevention leads will make sure that they can provide evidence to support any decision to follow these examples or any other alternative approaches to the full guidance.

## Guidance for compliance with criterion 1

Systems to manage and monitor the prevention and control of infection. These systems use risk assessments and consider the susceptibility of service users and any risks that their environment and other users may pose to them

A designated person with appropriate knowledge and skills will take responsibility for infection prevention in the practice (the IP Lead). This could be the registered provider, registered manager, or another member of staff. Infection prevention programmes, assurance framework and infrastructures will not need to be as complex as in larger health or adult social care settings. It is not envisaged that there should be a DIPC in most primary medical care settings.

The infection prevention programme should say as a minimum what:

- infection prevention (including cleanliness) measures are needed in the practice;
- policies, procedures and guidance are needed and how they will be kept up to date and monitored for compliance; and
- initial and ongoing training staff will receive where appropriate.

The provider should have a record of the names and contact details of health practitioners who can provide advice. General Practitioner colleagues or the IP Lead for the provider and the local PHE health protection team are likely to be key contacts. There should be guidance for staff about the type of circumstances in which contact should be made.

An annual statement, for anyone who wishes to see it, including patients and regulatory authorities, should be prepared by the IPC Lead for each registered provider, which should provide a short review of any:

- known infection transmission event and actions arising from this
- audits undertaken and subsequent actions;
- risk assessments undertaken for prevention and control of infection;
- education and training received by staff; and
- review and update of policies, procedures and guidance

## Guidance for compliance with criterion 2

Provide and maintain a clean and appropriate environment in managed premises that

facilitates the prevention and control of infections.

There should be a designated lead for cleaning and decontamination of the environment, who may be the same person as the lead for infection prevention, and who can access appropriate expert advice.

Premises should be furnished taking account of national guidance and rooms with specialist functions, for example minor surgery, should be adapted accordingly following a risk assessment. Planned examination of wounds and potential infected sites should be carried out in a designated setting designed for the purpose, for example a treatment room.

The environmental cleaning and decontamination policy should specify how to clean all areas, fixtures and fittings, and specify what products to use. In those practices that perform invasive procedures, including minor surgery and acupuncture, a policy must be in place for the appropriate decontamination of the rooms used for those procedures. There should be a cleaning schedule, covering communal areas, consultation rooms, treatment areas and specialist surgical or other areas.

The Association of Healthcare Professionals has produced detailed guidance on specifications for cleanliness for primary dental and medical care and these are included in the Bibliography.

### Guidance for compliance with criterion 3

Ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance

Primary medical care practitioner prescribing accounts for 80% of NHS antibiotic use and this antibiotic use must be both necessary and appropriate. Antibiotics should not be prescribed or supplied for viral infections.

Antimicrobial prescribing should follow local policies and national guidance such as PHE primary care guidance: Managing common infections: guidance for primary care and TARGET. Evidence to demonstrate adoption and adherence to policies and guidelines should be available to commissioners.

Prescribers should have access to advice on antibiotic use from prescribing advisers and microbiologists, and used when required.

Primary care practices should participate in local and national activities designed to support antimicrobial stewardship such as backup or delayed antibiotic prescribing, and national antibiotic awareness campaigns.

### Guidance for compliance with criterion 4

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

Primary medical care practices should make available information about their approach to prevention and control of infection, staff roles and responsibilities, and who people should contact with concerns about prevention and control of infection. They should make available up to date information on current infection issues, for example influenza.

Practices may wish to involve or seek advice from their patient groups on the material they are using and how it is disseminated. Practices may wish to display their policies and information on their website or other websites, where appropriate.

The British Medical Association has developed a patient liaison group (PLG) resource which addresses the role of patient participation groups (PPGs) in primary care. PPGs offer General Practitioners an opportunity to involve their patients in the running of their practices.

In addition, the Royal College of General Practitioners has a PPG through which it maintains its links with patients and their concerns. The College ensures that the views of patients are taken into account in the development of general practice

Primary medical care practitioners are key providers of information to other health and adult social care providers and to public health authorities, both concerning individual users and community outbreaks. Appropriate information should be held in the practice patient summary record.

The registered provider may share information with other health and adult social care providers as appropriate, paying attention to service users' confidentiality. This could include circumstances where:

- a service user is referred or admitted to a hospital, adult social care or mental health facility;
- a service user is scheduled for an invasive procedure;
- a service user is transported in an ambulance; or
- there is an outbreak or suspected outbreak amongst service user's

## Guidance for compliance with criterion 5

Ensure prompt identification of people who have or are at risk of developing an infection so that they receive timely and appropriate treatment to reduce the risk of transmitting infection to other people

The primary medical care practitioner will provide initial advice and treatment when a service user under their care develops an infection and will assess any potential communicable disease control issues. In most cases further action will not be needed. If required, the primary medical care practitioner may consult with the designated source of specialist infection control advice and/or the local health protection team or refer to more specialist care. This may be applicable, for example in cases of smear-positive pulmonary tuberculosis, highly transmissible diseases such as chickenpox or norovirus, or suspected outbreaks.

## Guidance for compliance with criterion 6

Systems to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection.

The registered provider must ensure that every person working in the practice, including agency staff, external contractors and volunteers, understand and comply with the need to prevent and control infections, including those associated with invasive devices. Please also refer to the corresponding item in Part 3.

## Guidance for compliance with criterion 7

Provide or secure adequate isolation facilities.

Primary medical care facilities do not require dedicated isolation treatment rooms but are expected to implement reasonable precautions when a service user is suspected or known to have a transmissible infection.

## Guidance for compliance with criterion 8

Secure adequate access to laboratory support as appropriate.

Primary care practices should have access to a diagnostic microbiology and virology laboratory service, which operates according to the requirements of the relevant national accreditation bodies, for the investigation and management of disease. This may be from an NHS acute Trust or from an alternative provider. For the NHS, this will be provided through local commissioning arrangements; non-NHS General Practitioners will need to make appropriate arrangements.

## Guidance for compliance with criterion 9

Have and adhere to policies, designed for the individual's care and provider organisations that will help to prevent and control infections.

The following guidance indicates the policies that may be relevant to primary medical care services. Registered providers should use Table 3 and their own risk assessments to help them decide how the remaining policy areas might apply to their services.

### a. Standard infection and control precautions

All staff should be trained in hand hygiene and proper use of personal protective equipment both during clinical work and during decontamination. Policies should be in place for safe handling and disposal of waste and sharps.

### b. Aseptic technique

All staff who perform clinical procedures should be trained in aseptic technique

### c. Outbreaks of communicable disease

A policy, with the relevant contact names and details, should be in place to respond appropriately to a communicable disease outbreak which is detected by the practice, or by other clinicians or the health protection services. This should include a source of expert infection prevention advice.

### d. Isolation of service users with an infection

Standard precautions minimise the risk of transmission of infection to staff. The policy may include management of patients with suspected communicable infections such as chicken pox or measles in communal waiting areas and clinical areas.

### e. Safe handling and disposal of sharps

Please refer to the corresponding item in Part 3.

### f. Prevention of occupational exposure to BBVs including prevention of sharps injuries

This should include the offer of immunisation to clinical and other relevant staff against hepatitis B, and maintenance of a record of employees' hepatitis B immune status. Training in sharps handling and in management of blood and body fluid spills and splashes should be in place, including the use of chlorine-releasing agents.

g. Management of occupational exposures to BBVs and post-exposure prophylaxis

There should be clear, accessible information about reporting occupational exposure and the need for action after exposure to BBVs, as well as arrangements for post-exposure prophylaxis for hepatitis B and HIV, including out of working hours. This may be provided by CCG occupational health services if available, but should also be accessible out of hours, for example from a local Accident & Emergency department.

h. Closure of rooms, wards, departments and premises to new admissions

It is unlikely that primary care practices will be required to close premises as a direct consequence of infection.

i. Disinfection

Please refer to the corresponding item in Part 3.

j. Decontamination of reusable medical devices

There should be a nominated lead for decontamination of equipment and reusable medical devices. Policy should take account of the existing guidance issued by the Department of Health where available. All staff should be trained in the relevant decontamination procedures. Equipment used for decontamination, including automated washer-disinfectors should be routinely inspected, maintained and validated. Where invasive procedures are undertaken, the practice should ensure that reprocessing of surgical instruments is in line with best practice, for example the use of an accredited sterile supply department.

k. Single-use medical devices

Please refer to the corresponding item in Part 3.

l. Antimicrobial prescribing

An agreed local policy for antimicrobial prescribing should be in place and is as important in primary care as it is in secondary and tertiary care. Where appropriate this should be harmonised with the *British National Formulary*. A source of specialist therapeutic advice should also be available. This could be the CCG prescribing adviser in the first instance. Practices should aim to achieve maximum therapeutic effect whilst minimising the risk of contributing an additional burden on antimicrobial resistance and *Clostridium difficile* infection. Practices may be asked to provide evidence of how they comply with local antimicrobial guidelines and how they check they are adhering to this policy.

m. Reporting of infections to Public Health England or local authority

Please refer to the corresponding item in Part 3.

n. Control of outbreaks and infections associated with specific alert organism

Practices are not expected to have policies for control of alert organisms but are expected to have policies that minimise risk to patients from these organisms, for example antimicrobial prescribing policies that take account of *Clostridium difficile* risk. The policy should also cover management of patients infected with alert organisms. These policies should be compiled by practices with the assistance of the CCG and Public Health England when necessary. Where there is a requirement for screening for the carriage of MRSA prior to admission to secondary care, this should be the subject of local agreement.

o. CJD/vCJD – handling of instruments and devices

Please refer to the corresponding item in Part 3.

p. Safe handling and disposal of waste

This should take account of existing guidance issued by the Department of Health and should include staff training, provision of appropriate waste disposal facilities in treatment rooms, separation of waste streams, and provision of a registered waste contractor.

- q. Packaging, handling and delivery of laboratory specimens

Please refer to corresponding item in Part 3.

- r. Care of deceased persons

Primary medical care practices are not required to meet this specific policy.

- s. Use and care of invasive devices

Policy should be based on evidence-based guidelines and should be easily accessible by all relevant care workers where invasive devices are used. Compliance with policy should be audited. Information on policy should be included in infection prevention training programmes for all relevant staff groups.

- t. Purchase, cleaning, decontamination, maintenance and disposal of equipment

Please refer to the corresponding item in Part 3.

- u. Surveillance and data collection

Primary medical care practices are not required to meet this specific policy.

- v. Dissemination of information

Primary medical care practices are not required to meet this specific policy

- w. Isolation facilities

Primary medical care practices are not required to provide dedicated isolation facilities.

- x. Uniform and dress code

Clothing/uniform and workwear policies ensure that clothing worn by staff when carrying out their duties should be clean and fit for purpose. Particular consideration should be given to items of attire that may inadvertently come into contact with the person being cared for.

- y. Immunisation of service users

Please refer to the corresponding item in Part 3.

## Guidance for compliance with criterion 10

Providers have a system in place to manage the occupational health needs and obligations of staff in relation to infection.

Access to an occupational health service should be available. The provider should comply with guidance in Part 3, pages 31-32.

## Appendix E: Definitions

Acute sector healthcare	Healthcare provided within a hospital setting and those primary care organisations working outside general practice, which would include those services previously provided by primary care trusts.
Adult social care	Social care includes all forms of personal care and other practical assistance provided for individuals who due to age, illness disability, pregnancy, childbirth, dependence on alcohol or drugs or any other similar circumstances are in need of such care or assistance. For the purposes of the CQC, it only includes care provided for, or mainly for adults in England.
Advocate	<p>Advocate can be used in a general sense, as one who speaks on behalf of another, or it can have special meaning derived from the Mental Health Act 1983 and Mental Capacity Act 2005.</p> <p>There are formal and informal advocates and these can be:</p> <p>Individuals acting informally: Carers, relatives, partners, neighbours or friends, staff</p> <p>Those prescribed by legislation, such as Independent Mental Health Advocates and Independent Mental Capacity Advocates.</p> <p>Those provided by schemes run by local authorities, the NHS and charities.</p>
Alert organism	Alert organism surveillance is used widely to detect and prevent outbreaks of infection. These organisms are reported to ICTs on a regular basis to identify possible or potential outbreaks of infections. The organisms that are surveyed will depend on local or national epidemiology. Examples of alert organisms may include Acinetobacter and group A streptococcus.
Antimicrobials	Antimicrobials are substances which are used in the treatment of infection caused by bacteria, fungi, parasites or viruses.



Antimicrobial resistance (AMR)	Resistance of a microorganism to an antimicrobial drug that was originally effective for treatment of infections caused by it.
Antimicrobial stewardship	Antimicrobial stewardship is the use of coordinated interventions to improve and measure the use of antimicrobials by promoting optimal drug regimen, dose, duration and route. The aim is for optimal clinical outcome and to limit selection of resistant strains. This is a key component of a multi-faceted approach to preventing antimicrobial resistance.
Aseptic technique	Used to describe clinical procedures that have been developed to prevent contamination of wounds and other susceptible body sites.
Assurance framework	A system for informing third parties that a process of due diligence is in place to assure safety and quality exists within that setting.
Audit	Audit is a quality improvement process that aims to improve service user care and outcomes by carrying out a systematic review and implementing change. This is not necessarily complex and in its simplest form shows compliance with a single protocol. Its value is in showing improvement or maintenance of a high standard. Once an audit has been completed and actions taken, repeating the audit will complete the audit cycle.
Blood-borne viruses (BBVs)	Organisms such as hepatitis B, hepatitis C and HIV that are potentially transmissible in the occupational setting via percutaneous (sharp) or mucocutaneous (mucous membrane/broken skin) routes.
Care worker	Any person whose normal duties concern the provision of diagnosis, treatment, accommodation or related services to service users and who has access to service users in the normal course of their work. This term includes not only front-line clinical care and support staff, but also volunteers, students, and some staff employed in estates and facilities management, such as cleaning staff and maintenance engineers.

CCG	Clinical Commissioning Groups are groups of General Practices that work with patients and health and social care organisations to plan, design and commission local healthcare services.
Cohort nursing	The physical separation of service users with the same infection or those displaying similar signs and symptoms of infection in either a designated ward or a designated bay on a ward.
Colonisation	Where an organism is present on or within a person's body but without signs or symptoms of disease.
CQC	The Care Quality Commission, which is the integrated regulator of health and adult social care, replacing the Healthcare Commission, the Commission for Social Care Inspection and the Mental Health Act Commission. It was established by section 1 of the Health and Social Care Act 2008.
Decontamination	The combination of processes (including cleaning, disinfection and sterilisation) used to make a reusable item safe for further use on service users and for handling by staff. Reusable medical devices should be reprocessed at one of the following three levels: sterile (at point of use); sterilised (i.e. having been through the sterilisation process); clean (i.e. free of visible contamination).
Decontamination lead	The senior member of staff with responsibility for managing all aspects of decontamination. It is expected that this officer will report directly to the chief executive or registered provider. It is not intended that this post should always be filled by a technically competent individual, merely that their level of seniority within the organisation is sufficient to encompass all aspects of delivery and thus ensure compliance with best practice.
DIPC	Director of Infection Prevention and Control. An individual with overall responsibility for

	infection control and accountable to the registered provider in NHS provider organisations.
Disinfection	A process used to reduce the number of viable infectious agents but which may not necessarily inactivate some microbial agents, such as certain viruses and bacterial spores. Disinfection does not achieve the same reduction in microbial contamination levels as sterilisation.
Domiciliary care	Homecare that helps people cope with disability or illness, and allows them to maintain independence.
Drug-bug combination	Measures the susceptibility of specific bacteria to key antibiotics to monitor levels of antimicrobial resistance
Exposure prone procedure	Exposure prone procedures are those invasive procedures where there is a risk that injury to the worker may result in the exposure of the patient's open tissues to the blood of the worker. Such procedures occur mainly in surgery, obstetrics and gynaecology, dentistry and some aspects of midwifery. Most nursing duties do not involve exposure prone procedures; exceptions include A&E and some aspects of theatre nursing.
Health and Social Care Act 2008	The legislation that established the CQC and lays out the framework for its powers and responsibilities.
Health and Wellbeing Boards	HWBs are a forum where key leaders from the health and social care system work together to improve the health and wellbeing of their local population and reduce health inequalities.
Health Protection Team	Provide specialist local support to prevent and reduce the impact of infectious diseases, chemical and radiation hazards and major emergencies.
Healthwatch	Independent consumer champion that gathers and represents the public's views on health and social care services in England.
ICD	Infection control doctor

ICN/P	Infection control nurse/Infection control practitioner
ICT/IPCT	Infection control team/Infection prevention and control team
Infection	Where the body is invaded by a harmful organism (pathogen) which causes disease or illness.
Invasive device	A device which, in whole or part, penetrates inside the body, either through a body orifice or through the surface of the body.
IP/IPC Lead	Infection Prevention (including cleanliness) / Infection prevention and Control Lead for an organisation will have overall responsibility for infection prevention and control and will be accountable to the registered provider.
IPT	Infection Prevention Team
Isolation facilities	Separation of a service user with a suspected or confirmed infection from other service users. In a healthcare setting, this will usually be a single room with handwashing facilities, ideally with en-suite lavatory and bath/shower. In some instances, isolation rooms will require additional special ventilation. In an adult social care setting, a service user can usually be safely isolated in his or her own room.
Low risk single (specialty) facility	A provider unit delivering care around a single specialty.
Managed premises	Any premises where regulated activities are delivered, but excluding a service user's home where domiciliary care is provided and offices used purely for managerial services.
Medical device	Any instrument, apparatus, appliance, material or other article (whether used alone or in combination, including the software necessary to use it properly, intended by the manufacturer to be used for people for the purpose of:  Diagnosis, prevention, monitoring, treatment or alleviation of disease  Diagnosis, monitoring, alleviation of or compensation for any injury or disability

	<p>Investigation, replacement or modification of the anatomy or of a physiological process</p> <p>Control of conception</p> <p>This also includes devices intended to administer a medicinal product</p>
NHS Body	<p>A CCG, a National Health Service Trust all or most of whose hospitals, establishments and facilities are situated in England; an NHS Foundation Trust; or a Special Health Authority performing functions only or mainly in respect of England.</p>
NHS PAM	<p>NHS Premises Assurance Model is a management tool designed to provide assurance and a nationally consistent approach to evaluating NHS premises and facilities performance against a set of common self-assessment questions and established metrics. Commissioners may require providers to demonstrate active management of the NHS PAM as part of clinical service contracts.</p>
Organisation	<p>This means any provider registered by CQC, whether an NHS trust or an individual</p>
PALS	<p>Patient Advice and Liaison Services, which has been introduced to ensure that the NHS listens to patients, their relatives, carers and friends, answers their questions and resolves their concerns.</p>
Personal care	<p>Physical assistance given to a person in connection with eating and drinking, toileting (including in relation to the process of menstruation), washing and bathing, dressing, oral care, or the care of skin, hair and nails; or the prompting and supervision of a person, in relation to the performance of any of the activities where that person is unable to make a decision for themselves in relation to performing such an activity without such prompting and supervision.</p>
Post-exposure prophylaxis (PEP)	<p>This is a form of treatment to reduce the likelihood of viral infection after potential exposure to BBVs</p>
Post infection review (PIR)	<p>The requirement to institute a review of all</p>

	cases of MRSA bloodstream infection to identify how a case occurred and to identify actions that will prevent similar cases occurring in the future.
Primary dental care	Refers to “High Street” practices rather than community based clinics and services
Primary healthcare teams	Health services primarily based in the local community, including community matrons, district nurses, General Practitioners, pharmacists, dentists, optometrists and podiatrists. This includes people employed by primary care trusts and primary medical care contractors.
Registered manager	An individual who is registered with the CQC to manage regulated activity at particular premises where the registered provider is not in day-to- day control.
Registered person	A person who is the registered provider or registered manager in respect of one or more regulated activities.
Regulated activities	Broad service areas or types of care that are set out in regulations under section 8 of the Health and Social Care Act 2008. They will include those health and adult social care activities that an organisation needs to register with the CQC to provide care or treatment in England.
Risk assessment	An important step in deciding the policies and practices necessary to protect service users and staff from the risks of infection. It requires a careful examination of the service user’s environment and procedures they may undergo that might cause them harm, to enable an assessment to be made of whether sufficient policies and precautions are in place to prevent infection.
Serious incident	An incident that occurred in relation to NHS-funded services and care resulting in one of the following: <ul style="list-style-type: none"> <li>Unexpected or avoidable death of one or more patients, staff, visitors or members of the public;</li> <li>Serious harm to one or more patients, staff, visitors or members of the public or whether</li> </ul>

	<p>the outcomes require life-saving intervention, major surgical/medical intervention, permanent harm or will shorten life expectancy or result in prolonged pain or psychological harm (this includes incidents graded under the NPSA definition of severe harm);</p> <p>a scenario that prevents or threatens to prevent a provider organisation's ability to continue to deliver healthcare services, for example, actual or potential loss of personal/organisational information, damage to property, reputation or the environment, IT failure or incidents in population programmes like screening and immunisation where harm potentially may extend to a large population;</p> <p>allegations of abuse;</p> <p>adverse media coverage or public concern about the organisation or the wider NHS;</p> <p>one of the core set of never events</p>
<p>Service users</p>	<p>A person who receives services provided in the carrying on of a regulated activity. Please note: The regulations refer to "service users" and where we quote the regulation directly we use this phrase. Elsewhere In the CQC guidance the term "people" or "people who use services is used".</p>
<p>Single use device</p>	<p>A medical device that is intended to be used on an individual patient during a single procedure and then discarded. It is not intended to be re-processed and used on another patient. The labelling identifies the device as disposable and not intended to be re-processed and used again</p>
<p>Single patient use</p>	<p>Where a medical device has been designated as suitable for single patient use, more than one episode of use of this device on the same patient is permitted. The device may undergo some form of reprocessing/cleaning between each use in accordance with the manufacturer's instructions for reuse. Before deciding that this is appropriate, it may be necessary to undertake a risk assessment to establish that process is safe.</p>
<p>Start smart then focus</p>	<p>Evidence based guidance on antimicrobial stewardship in secondary care</p>

<p>TARGET toolkit</p>	<p>Treat Antibiotics Responsibly, Guidance, Education and Tools (TARGET) toolkit is a central resource for clinicians, patients and commissioners to promote safe, effective appropriate and responsible antibiotic prescribing.</p>
<p>Traceability</p>	<p>In respect of medical devices, primarily surgical instruments, traceability relates to either individual instruments or instrument sets being tracked through use and decontamination processes and traced in terms of identification of patients on whom they have been used. In most cases, traceability is applied to sets rather than individual instruments but this is changing as technology develops and individual instruments are already tracked in some situations. For example, traceability of individual instruments or devices is recommended where these have come into contact with certain tissues (CNS – brain and posterior ophthalmic) that are classified as carrying a high risk of potential transmission of prion disease should the infectious agent be present.</p>



## Appendix F: Regulations (extract)

The following is an extract from the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Part 3 Section 2.

### **Safe care and treatment**

12.— (1) Care and treatment must be provided in a safe way for service users.

(2) Without limiting paragraph (1), the things which a registered person must do to comply with that paragraph include —

(a) assessing the risks to the health and safety of service users of receiving the care or treatment;

(b) doing all that is reasonably practicable to mitigate any such risks;

(c) ensuring that persons providing care or treatment to service users have the qualifications, competence, skills and experience to do so safely;

(d) ensuring that the premises used by the service provider are safe to use for their intended purpose and are used in a safe way;

(e) ensuring that the equipment used by the service provider for providing care or treatment to a service user is safe for such use and is used in a safe way;

(f) where equipment or medicines are supplied by the service provider, ensuring that there are sufficient quantities of these to ensure the safety of service users and to meet their needs;

(g) the proper and safe management of medicines;

(h) assessing the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated;

(i) where responsibility for the care and treatment of service users is shared with, or transferred to, other persons, working with such other persons, service users and other appropriate persons to ensure that timely care planning takes place to ensure the health, safety and welfare of the service users.

### **Premises and equipment**

15.—(1) All premises and equipment used by the service provider must be—

(a) clean,

- (b)secure,
- (c)suitable for the purpose for which they are being used,
- (d)properly used
- (e)properly maintained, and
- (f)appropriately located for the purpose for which they are being used.

(2) The registered person must, in relation to such premises and equipment, maintain standards of hygiene appropriate for the purposes for which they are being used.

(3) For the purposes of paragraph (1)(b), (c), (e) and ( f), “equipment” does not include equipment at the service user’s accommodation if—

- (a)such accommodation is not provided as part of the service user’s care or treatment, and
- (b)such equipment is not supplied by the service provider

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However, when a medical procedure is carried out in an adult social care setting, the relevant healthcare guidance should be consulted. Procedures should be performed only by carers who have demonstrated the appropriate competency and who are able to work to levels that may be indicated in the following publications.

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