

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



DH INFORMATION READER BOX

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Part 1: Introduction

Good infection prevention and control are 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 and control are set up and maintained.

This document sets out what registered providers of health and social care services should do to ensure compliance with the Care Quality Commission (CQC) registration requirement for cleanliness and infection control (CQC Guidance about compliance, Outcome 8). It also sets out the 10 criteria against which a registered provider will be judged on how it complies with this registration requirement.

Who is the Code of Practice for?

The main purposes of the Code of Practice (Code) are:

- to make the registration requirement for cleanliness and infection control clear to providers of health and social care services so that they know what they need to do to comply;
- for the CQC's staff who will be judging compliance with the Code;
- for people who use the services of a registered provider;
- for commissioners of services (primary care trusts and councils); and
- for the general public.

Readers will note that only paragraphs in Part 3 of this document have been numbered as this is likely to be referenced by the CQC in ensuring compliance with the Code.

The terms used in this document

There is a wide range of 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 both sectors.

For example, we have used the term 'service user' to describe patients, residents and clients. Because NHS trusts (as an entity), and independent healthcare and adult social care

providers are all required to register with the CQC as providers of health or 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 nurses, healthcare assistants and care assistants.

However, there are some circumstances where using a term which has a specific meaning in either health or social care has been the best way to describe what needs to be done to comply with the Code and the related guidance.

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. The Code recognises that some community infections such as influenza are responsible for much morbidity in residential units and are not related to the delivery of healthcare. Nevertheless, they may be preventable by good practice, such as immunisation, which is dealt with in the Code and the related guidance. Appendix B provides further definitions on particular terms used.

Background

This document builds on the previous Code of Practice *The Health and Social Care Act 2008: Code of Practice for the NHS on the prevention and control of healthcare associated infections and related guidance*. The previous Code of Practice only applied to the National Health Service (NHS) and was used by the CQC to judge whether NHS trusts and NHS Blood and Transplant complied with the Health and Social Care Act 2008 (Registration of Regulated Activities) Regulations 2009.

Although the Code of Practice and the related guidance have been updated, the Code does not introduce any new requirements into this document.

What is changing?

The way that health and adult social care is regulated has been changing since April 2009 because of the introduction of the Health and Social Care Act 2008 (H&SCA 2008).¹ This Act established the CQC and sets out the overall framework for the regulation of health and social care activities. Regulations made under this Act describe the health and social care activities that may only be carried out by providers that are registered with the CQC and set out the registration requirements that those providers must meet to become and stay registered. Further details on the registration requirements are available at www.cqc.org.uk

¹ The Health and Social Care Act 2008 is available at www.opsi.gov.uk/acts/acts2008/pdf/ukpga_20080014_en.pdf

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

The first regulations made under Part 1 of the H&SCA 2008 were the Health and Social Care Act 2008 (Registration of Regulated Activities) Regulations 2009. These regulations brought NHS trusts and NHS Blood and Transplant into registration for the first time from April 2009.

When will this happen?

Registration under the H&SCA 2008 is being extended from 1 April 2010 to cover the full range of essential safety and quality requirements. NHS providers of regulated activities, including prison healthcare services, will be required to comply with the full set of requirements from 1 April 2010. Independent healthcare and adult social care providers of regulated activities will then be brought into the new system from October 2010 (which will bring in the majority of providers currently registered under the Care Standards Act 2000), then primary dental care and private ambulance providers from April 2011, and primary medical care providers from April 2012.

Subject to Parliamentary approval the extended range of regulated activities and registration requirements will be set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2009. www.opsi.gov.uk/si/si2009/draft/ukdsi_9780111487006_en_1

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 compliance² with the proposed registration requirement for cleanliness and infection control (regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2009). The law says that the Code must be taken into account by the CQC when it makes decisions about registration and by any court during legal proceedings about registration. The draft 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, health and adult social care registered providers will be able to show that they meet the regulation on cleanliness and infection control. 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 on cleanliness and infection control in a different way (equivalent or better) from that described in this document.

² The CQC has issued draft guidance about compliance with the remaining registration requirements. Further details are available at www.cqc.org.uk

To become and stay registered, providers must meet the full range of registration requirements. The CQC has written draft guidance about how to comply with all the requirements other than the one on cleanliness and infection control. Its guidance is in its *Guidance about compliance: Essential standards of quality and safety* which can be found at www.cqc.org.uk

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

How will compliance be judged?

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

All registered providers will need to have adequate systems for infection prevention and control, as it says in the Code (see Part 2), if they are to comply with the law, but because of the wide range of services provided in health and social care, 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 the acute hospital trust. Further examples of how the Code can be applied proportionately to adult social care can be found in Appendix A.

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 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 doing something set out in 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.

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 Code can be found on its website www.cqc.org.uk or by contacting its customer services team on 03000 616161.

Commissioning of services

Organisations that commission services from providers of regulated activities need to assure themselves that the providers are able to demonstrate compliance with the Code.

Key components to support compliance

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

Part 2 (The Code of Practice) details the criteria against which the registered provider will be judged on how it complies with the registration requirement for cleanliness and infection control. 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 infection prevention and control advice, and lists which policies may be required to demonstrate compliance with criterion 9.

Adult social care services may find Appendix A particularly useful, as it provides examples of how a proportionate approach can be applied to the criteria in certain types of adult social care services.

An extensive bibliography is also included, listing supporting national guidance. Although most of these guidance documents were written for the NHS and prior to the establishment of the CQC and its registration requirements, there will be elements that are relevant to other providers of healthcare and adult social care. How they are used is a matter for local determination.

Users may find the website of the National Resource for Infection Control (www.nric.org.uk) a useful site for accessing these documents and other relevant material.

Part 2: The Code of Practice

The table below is the 'Code of Practice' for health and adult social care on the prevention and control 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 requirement for cleanliness and infection control. Not all criteria will apply to every regulated activity. Part 3 and Part 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 how susceptible service users are 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	Provide suitable accurate information on infections to service users and their visitors.
4	Provide suitable accurate information on infections to any person concerned with providing further support or nursing/medical care in a timely fashion.
5	Ensure that people who have or develop an infection are identified promptly and receive the appropriate treatment and care to reduce the risk of passing on the infection to other people.
6	Ensure that all staff and those employed to provide care in all settings are fully involved in the process of preventing and controlling infection.
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	Ensure, so far as is reasonably practicable, that care workers are free of and are protected from exposure to infections that can be caught at work and that all staff are suitably educated in the prevention and control of infection associated with the provision of health and social care.

Part 3: Guidance for compliance

In order to achieve compliance with the registration requirements relating to infection prevention and control, 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. The guidance that follows 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 and control is an important service user safety issue.

The tables in Part 4 on page 33 may be used as a guide to help to decide on the application of the individual compliance criteria and available infection prevention and control advice. The principle of proportionality extends throughout this guidance and, where it is decided a policy should exist, the policy's level of detail and complexity will depend on local need based on risk assessment.

Guidance for compliance with criterion 1

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

- 1.1 Appropriate management and monitoring arrangements 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;
 - the designation of an individual to be the lead for infection prevention and control and be accountable directly to the registered provider;
 - the mechanisms are in place by which the registered provider intends to ensure that sufficient resources are available to secure the effective prevention and control of infection. These should include the implementation of an

infection prevention and control programme, infection prevention and control infrastructure and the ability to detect and report infections;

- relevant staff, contractors and other persons, 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 and control the risks of infection;
- a programme of audit is in place to ensure that key policies and practices are being implemented appropriately;
- a policy on information sharing when admitting, transferring, discharging and moving service users within and between health and social care facilities is available; and
- a decontamination lead is designated, where appropriate.

(Refer also to Outcome 6, Regulation 24 Cooperating with other providers contained in CQC Guidance about compliance)

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 and control of infection;
- 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
- put appropriate methods in place to monitor the risks of infection to determine whether further steps are needed to reduce or control infection.

Directors of Infection Prevention and Control (healthcare)

1.3 The role of the DIPC³ in healthcare is to:

- be accountable directly to the chief executive and to the board (but not necessarily a member of the board);
- be responsible for the organisation's infection prevention team (IPT) or infection control team (ICT);

³ The role of the DIPC 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 and control of infection policies and their implementation;
- be a full member of the ICT and regularly attend its infection prevention and control meetings;
- report directly to the NHS board and, in non-NHS care settings, the registered provider;
- have the authority to challenge inappropriate practice and inappropriate antibiotic prescribing decisions;
- 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; 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 www.dh.gov.uk/en/Publichealth/Healthprotection/Healthcareacquiredinfection/Healthcareacquiredgeneralinformation/DH_4002303

Infection Prevention and Control Lead (adult social care)

1.4 The role of the Infection Prevention and Control (IPC) Lead in adult social care will depend on the organisational structures and on the level and complexity of the care provided. (This is a description of how the role of the DIPC in healthcare might be applied in adult social care.) Their role is to:

- be responsible for the organisation's infection prevention and control management and structure;
- oversee local prevention and control of infection policies and their implementation;
- report directly to the registered provider;
- have the authority to challenge inappropriate practice;
- 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 and service user safety teams and structures where they exist; and
- produce an annual statement with regard to compliance with good practice on infection prevention and control and make it available on request.

Assurance framework

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

In healthcare

- regular presentations from the DIPC and/or the ICT to the NHS board or registered provider. These should include a trend analysis for infections 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);
- a review of statistics on incidence of alert organisms (for example, but not limited to, meticillin-resistant *Staphylococcus aureus* (MRSA) and *Clostridium difficile*) and conditions, outbreaks and serious untoward incidents;
- evidence of appropriate action taken to deal with occurrences of infection including, where applicable, root cause analysis; and
- an audit programme to ensure that policies have been implemented;

In adult social care

- evidence of appropriate action taken to deal with occurrences of infection;
- an audit programme to ensure that appropriate policies have been developed and implemented; and
- evidence that the annual statement from the IPC Lead has been reviewed and, where indicated, acted upon.

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

Infection prevention and control programme

1.7 The infection prevention and control programme should:

- set objectives that meet the needs of the organisation and ensure the safety of service users;
- identify priorities for action;

- provide evidence that relevant policies have been implemented to reduce infections; and
- if appropriate, report progress against the objectives of the programme in the DIPC's annual report or the IPC Lead's annual statement.

Infection prevention and control infrastructure

1.8 An infection prevention and control infrastructure should encompass:

- in acute healthcare settings, for example, an ICT consisting of an appropriate mix of both nursing and consultant medical expertise (with specialist training in infection prevention and control) and appropriate administrative and analytical support, including adequate information technology – the DIPC is a key member of the ICT;
- in other settings, there will be an infection control nurse (ICN) or another designated person who is responsible for infection prevention and control matters and has access to specialist expertise as necessary; and
- 24-hour access to a nominated qualified infection control doctor (ICD) or consultant in health protection/communicable disease control (CCDC).
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 and control of infection; those managing bed allocation; care staff and domestic staff in planning service user admissions, transfers, discharges and movements between departments; and within and between health and social care facilities. Where necessary, ambulance trusts, hospitals and primary care trusts may need to be involved in such planning.

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, or to and 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 any infection.

(Refer also to Outcome 6, Regulation 24 Cooperating with other providers contained in CQC Guidance about compliance)

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 Outcome 10, Regulation 15 Safety and suitability of premises contained in CQC Guidance about compliance)

- 2.1 With a view to minimising the risk of infection, a registered provider should normally ensure that:
- it designates leads for 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 ICT in all aspects of cleaning services, from contract negotiation and service planning to delivery at ward level. In adult social care, 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 delivering 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 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 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. This includes the fabric of the building, vehicle and 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 the level of care should be considered.

Policies on the environment

- 2.3 Premises and facilities should be provided in accordance with best practice guidance. The development of local policies should take account of infection prevention and control advice given by relevant expert or advisory bodies or by the ICT, and this should include provision for liaison between the members of any ICT 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 used and infected linen;
- planned preventive maintenance;
- pest control;
- management of drinkable and non-drinkable water supplies;
- minimising the risk of Legionella 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 Outcome 10, Regulation 15 Safety and suitability of premises contained in CQC Guidance about compliance)

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 may wish to consider guidance under the following headings:

- Decontamination of the environment – including cleaning and disinfection of the fabric, fixtures and fittings of a building or vehicle (walls, floors, ceilings and bathroom facilities).
- Decontamination of equipment – including cleaning and disinfection of items that come into contact with the patient or service user, but are not invasive devices (beds, commodes, mattresses, hoists and slings).
- Decontamination of reusable medical devices – including cleaning, disinfection and sterilisation of invasive medical devices.
- 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 appropriate facilities designed to minimise the risks that are present;
- 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.

(Refer also to Outcome 11, Regulation 16 Safety, availability and suitability of equipment contained in CQC Guidance about compliance)

Guidance for compliance with criterion 3

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

3.1 Areas relevant to the provision of such information include:

- general principles on the prevention and control of infection and key aspects of the registered provider's policy on infection prevention and control, 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 and control of infection, to support them when visiting service users;
- supporting awareness and empowerment in the safe provision of care by service users;
- the importance of compliance by visitors with hand hygiene;
- the importance of compliance with the registered provider's policy on visiting;
- reporting failures of hygiene and cleanliness;
- explanations of incident/outbreak management.

3.2 Information should be developed with local service user representative organisations, which, in the NHS, would include Local Involvement Networks (LINks) and Patient Advice and Liaison Services (PALS).

(Refer also to Outcome 1, Regulation 17 Respecting and involving service users contained in CQC Guidance about compliance)

Guidance for compliance with criterion 4

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

4.1 A registered provider should ensure that:

- accurate information is communicated in an appropriate 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.

- 4.2 Provision of relevant information across organisational boundaries is covered by the regulation requirement ‘Co-operating with other providers’. Due attention should be paid to service user confidentiality as outlined in national guidance.⁴

(Refer also to Outcome 6, Regulation 24 Cooperating with other providers contained in CQC Guidance about compliance)

Guidance for compliance with criterion 5

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

- 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 agency of any outbreaks or serious infection occurrences.
- 5.2 Arrangements to prevent and control infection should demonstrate that responsibility for infection prevention and control is effectively devolved to all groups in the organisation involved in delivering care.

Guidance for compliance with criterion 6

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

- 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.

⁴ Further advice on the principles for appropriate information-sharing can be found in *Confidentiality: NHS Code of Practice*, the *NHS Care Record Guarantee*, and the *Social Care Record Guarantee* for England.

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 and control have in place appropriate protocols and that they operate according to the standards required for accreditation by Clinical Pathology Accreditation (UK) Ltd. In adult social care, the general practitioner will arrange such testing.
- 8.2 Protocols should include:
 - a microbiology laboratory policy for investigation and surveillance of healthcare associated infections; and
 - standard operating procedures for the examination of specimens.

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.

- 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 paragraphs a to y below. All policies should be clearly marked with a review date.
- 9.2 A guide is given in Table 3 on page 36 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

- 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.

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 will not require the same arrangements as those providing the full range of medical and surgical care.
- Professional advice on infection prevention and control for regulated activities may be drawn from a number of expert sources. Table 2 on page 35 outlines the most likely arrangements for the different regulated activities.
- Regulated activities will require a range of policies and Table 3 on page 36 gives an indication of the scope and application of these.
- Policies for outbreaks of communicable infection should include initial assessment, communication, management and organisation, plus investigation and control.
- 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, 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.
- 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 needlestick injuries;
- provision of medical devices that incorporate sharps protection mechanisms where there are clear indications that they will provide safe systems of working for staff;
- a policy that is easily accessible and understood by all groups of staff; 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 BBVs (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 the Department of Health);
- the wearing of gloves and other protective clothing;
- the safe handling and disposal of sharps protection mechanisms, 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.

(Refer also to Outcome 12, Regulation 21 Requirements relating to workers contained in CQC Guidance about compliance)

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 agency/DIPC/ICT for the registered provider.
- There should be clear criteria in relation to closures.
- 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 practice.

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, such that the success of that cycle in rendering the device safe for reuse can be identified.
- 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. 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, are required to be 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.

(Refer also to Outcome 11, Regulation 16 Safety, availability and suitability of equipment contained in CQC Guidance about compliance)

k. Single-use medical devices

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

l. Antimicrobial prescribing

- Local prescribing should, where appropriate, be harmonised with that in the *British National Formulary*. Local guidelines for primary and secondary care should be observed.
- All local guidelines should include information on a particular drug's regimen and duration.
- Procedures should be in place to ensure prudent prescribing and antimicrobial stewardship. There should be an ongoing programme of audit, revision and update. In healthcare this is usually monitored by the antimicrobial management team.

m. Mandatory reporting of healthcare associated infections to the Health Protection Agency

This includes a mandatory surveillance requirement for NHS trust chief executives to report all cases of MRSA bacteraemia and all cases of *Clostridium difficile* infection in patients aged two years or older (as directed by the Department of Health).

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, respiratory illness, diarrhoeal outbreaks, *Clostridium difficile* infection and transmissible spongiform encephalopathies.

MRSA

The policy should make provision for:

- screening of NHS patients on emergency or relevant elective admission to a unit that provides surgical, diagnostic or other medical care;
- decontamination procedures for colonised patients when appropriate;
- isolation of infected or colonised patients;
- transfer of infected or colonised patients within organisations or to other care facilities; and
- antibiotic prophylaxis for surgery.

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.

Acinetobacter and other antibiotic-resistant bacteria

The policy should make provision for:

- surveillance of identified patients at risk and of high-risk environments; and
- procedures for managing infected patients to prevent spread of infection.

Viral haemorrhagic fevers (VHF)

The policy should make provision for:

- 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;
- 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 of all waste.

Creutzfeldt-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, patients for acute medical/nursing care.

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

- isolation of infectious patients;
- transfer of infectious patients within care organisations or to other care facilities; and
- treatment compliance.

Respiratory viruses:

- alert system for suspected cases;
- isolation criteria; and
- infection prevention and control measures.

Diarrhoeal infections:

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

o. CJD/vCJD – handling of instruments and devices

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 Outcome 11, Regulation 16 Safety, availability and suitability of equipment contained in CQC Guidance about compliance)

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 the way in which arrangements work; and
- being aware of legislative change.

Precautions in connection with handling waste should include:

- training and information;
- personal hygiene;
- segregation 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; and
- obligations of waste managers.

(Refer also to Outcome 10, Regulation 15 Safety and suitability of premises contained in CQC Guidance about compliance)

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.

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 Outcome 11, Regulation 16 Safety, availability and suitability of equipment contained in CQC Guidance about compliance)

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 control advice that is given by relevant experts or advisory bodies or by the ICT.

u. Surveillance and data collection

For all appropriate healthcare settings, there should be evidence of local surveillance and use of comparative data where available in order to monitor infection rates 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.

Voluntary reporting to the Health Protection Agency 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 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.

(Refer also to Outcome 6, Regulation 24 Cooperating with other providers contained in CQC Guidance about compliance)

w. Isolation facilities

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

- potential sources of infection;
- 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 in relation to the immunisation status of service users such that:

- there is a record of relevant immunisations;
- 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 Department of Health guidance; and
- all service users can access relevant health services that provide immunisation.

Guidance for compliance with criterion 10

Ensure, so far as is reasonably practicable, that care workers are free of and are protected from exposure to infections that can be caught at work and that all staff are suitably educated in the prevention and control of infection associated with the provision of health and social care.

10.1 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 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 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, 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

10.2 Occupational health services for staff should include:

- risk-based pre-employment screening for communicable diseases and assessment of immunity to infection and ongoing health surveillance;
- provision 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 Department of Health guidance.

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 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, and when 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.

(Refer also to Outcome 12, Regulation 21 Requirements relating to workers contained in CQC Guidance about compliance)

Part 4: Guidance tables

These tables are designed to help registered providers, the DIPC (healthcare) and IPC Leads (adult social care) 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

Because of the wide range of services provided in health and 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.

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

Table 2 A guide to potential sources of professional infection prevention and control 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.

		Regulated activities														
		Personal care	Accommodation for persons who require nursing or personal care	Accommodation for persons 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 and supply of blood and blood-derived products	Transport services, triage and medical advice provided remotely etc~	Maternity and midwifery services	Termination of pregnancies	Services in slimming clinics	Nursing care	Family planning services
Compliance criterion	1	Systems to manage and monitor the prevention and control of infection. These systems use risk assessments and consider how susceptible service users are 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	Provide suitable accurate information on infections to service users and their visitors	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓
	4	Provide suitable accurate information on infections to any person concerned with providing further support or nursing/medical care in a timely fashion	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	5	Ensure that people who have or develop an infection are identified promptly and receive the appropriate treatment and care to reduce the risk of passing on the infection to other people		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	6	Ensure that all staff and those employed to provide care in all settings are fully involved in the process of preventing and controlling infection	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓
	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	Ensure, so far as is reasonably practicable, that care workers are free of and are protected from exposure to infections that can be caught at work and that all staff are suitably educated in the prevention and control of infection associated with the provision of health and social care	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

~ Applies to transport and triage services delivered at site

§ See Table 3

Table 2 – A guide to potential sources of professional infection prevention and control advice⁵

		Regulated activities															
		Personal care	Accommodation for persons who require nursing or personal care	Accommodation for persons 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 and supply of blood and blood-derived products	Transport services, triage and medical advice provided remotely etc	Maternity and midwifery services	Termination of pregnancies	Services in slimming clinics	Nursing care	Family planning services	
Professional Group	Director of Infection Prevention and Control/Infection Prevention and Control Lead		✓			✓	✓	✓			●	✓	✓			✓	
	Infection control nurse/infection control practitioner					✓	✓	✓			●	✓					
	Consultant microbiologist					✓	✓	✓	✓	✓		✓	✓				
	Designated site lead for infection (may not always be a healthcare worker)	≠	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	
	Access to consultant in communicable disease control/ local Health Protection Agency		✓	✓	✓	✓	✓	✓	✓	✓			✓			✓	
	Fully constituted infection control team and infection control committee					✓	✓	✓			●	✓					
	Primary care trust infection control support	✓	✓	✓									✓		✓	✓	
	Primary healthcare teams	✓	✓	✓	✓									✓	✓	✓	
	Occupational health services (consult when risk of transmission from care workers to service user or vice versa)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	

● Relevant to ambulance trusts

≠ Providers of domiciliary care would need to have a designated lead

5 Where no specialist occupational health service advice exists, advice may be sought from service user's general practitioner.

Table 3 – Policies appropriate to regulated activities

This table provides a guide as to which policies may be required to demonstrate compliance with criterion 9. This is a matter for local determination.

Compliance with criterion 9		Regulated activities														
		Personal care	Accommodation for persons who require nursing or personal care	Accommodation for persons 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 and supply of blood and blood-derived products	Transport services, triage and medical advice provided remotely etc~	Maternity and midwifery services	Termination of pregnancies	Services in slimming clinics	Nursing care	Family planning services
Policies	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, departments and premises to new admissions		✓	✓	✓	✓	✓	✓			✓			✓	
	i	Disinfection *		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	j	Decontamination of reusable medical devices *		✓			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	k	Single-use medical devices *	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	l	Antimicrobial prescribing					✓	✓	✓	✓	✓	✓	✓		✓	✓
	m	Mandatory reporting of healthcare associated infections to the Health Protection Agency					✓		✓	✓						
	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		✓	✓	✓	✓	✓	✓			✓	✓			✓	

~ Applies to transport and triage services delivered at site

▲ Applies to invasive diagnostic procedures

* Decontamination lead will be responsible for these areas

Appendix A: Examples of interpretation for adult social care

The following are examples of 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 IPC Leads should carry out their own risk assessments to help them decide which parts of the criteria apply to their particular service. It is important to read the examples alongside the guidance under each criterion in the main body of this document.

Registered providers and IPC Leads will need to 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 how susceptible service users are 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 need to become the IPC Lead and take responsibility for infection prevention and control. This could be the registered provider, registered manager or another member of staff.
- Infection prevention and control 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 control programme should say what:
 - infection prevention and control 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.

The infrastructure should:

- be a record of the names and contact details of health practitioners who can provide advice. General practitioners and the local primary care trust ICT are likely to be key contacts in the infrastructure; and

- include guidance for staff about the type of circumstances in which contact should be made.

The annual statement will not need to be as detailed as one prepared for a health setting. The IPC Lead will need to ensure their annual statement provides a short review of:

- any outbreaks of infection;
- audits undertaken;
- action taken following an outbreak of infection or 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.

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;

- 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.

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

Guidance for compliance with criterion 3

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

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 and control of infection, staff roles and responsibilities, and whom people should contact with concerns about prevention and control of infection.

For 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.

Guidance for compliance with criterion 4

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

This criterion will apply to 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, paying attention to service users confidentiality. This could include circumstances where the service user:

- moves to or from another health or social care setting or the service user's home;
- is admitted to hospital;
- is transported in an ambulance;
- attends for treatment or support in another health or 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 that people who have or develop an infection are identified promptly and receive the appropriate treatment and care to reduce the risk of passing on the infection to other people.

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 consult with professional infection prevention and control resources or the local health protection agency.

Guidance for compliance with criterion 6

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

The registered 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.

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. Where nursing care is provided, 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 and towels, with other service users.

b. Aseptic technique

This policy will usually only be needed by services that are registered to provide nursing care, for example in a nursing home. In services that provide personal care, the community nursing team will usually be responsible for providing any procedures where an aseptic technique is required.

c. Outbreaks of communicable infection

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.

m. Mandatory reporting of healthcare associated infections to the Health Protection Agency

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, respiratory illness, diarrhoeal outbreaks, *Clostridium difficile* infection and transmissible spongiform encephalopathies will be controlled and managed.

It is unlikely that social care services will need to have policies to cover all the remaining specific alert organisms listed in the guidance. Registered providers and infection 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 agency, as advised by its primary care practitioner.

p. Safe handling and disposal of waste

A domiciliary care service providing services to individual people in their own homes, or a care service provided in a domestic-style setting where service users are generally well, should use the domestic waste stream. Where any doubt exists, advice should be sought from its local authority.

u. Surveillance and data collection

This does not apply to care homes.

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 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

Ensure, so far as is reasonably practicable, that care workers are free of and are protected from exposure to infections that can be caught at work and that all staff are suitably educated in the prevention and control of infection associated with the provision of health and social care.

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 fill in a pre-employment health questionnaire and give information about residence overseas, previous and current illness, and immunisation against relevant infections.

Policies for the protection of staff should include:

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

Induction

In 2005, Skills for Care, the strategic development body for the adult social care workforce in England, launched the *Common Induction Standards*. These are mapped to the General Social Care Council (GSCC) Code of Practice for social care workers, which describes the standards of professional conduct and practice required of social care workers as they go about their daily work. This GSCC Code reflects existing good practice, and must be met by all workers.

The induction process will help employers to meet their responsibility to promote the GSCC's Code of Practice for employers of social care workers, and to provide training and development opportunities to help social care workers to strengthen and develop their skills and knowledge. In particular, it will help employers to meet their Code 3.1: "providing induction, training and development opportunities to help social care workers do their jobs effectively and prepare for new and changing roles and responsibilities".

The *Common Induction Standards* include the prevention and control of infection and show how these are mapped to the GSCC Code and relevant National Vocational Qualifications.

Ongoing training

Staff will require ongoing training in the prevention and control of infection. Skills for Care has developed a knowledge set on the prevention and control of infection to support this. There is also an e-learning programme that care home staff can access.

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

Appendix B: Definitions

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.
Alert organism surveillance	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 outbreaks of infections and serious infections. The organisms that are surveyed will depend on the local epidemiology of infection. 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 and viruses.
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.
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 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 and some staff employed in estates and facilities management, such as cleaning staff and maintenance engineers.
CCDC	Consultant in communicable disease control.
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.
CQC	The Care Quality Commission, which is the new, 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	<p>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.</p> <p>Reusable medical devices should be reprocessed at one of the following three levels:</p> <ul style="list-style-type: none">– 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.
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.
Health and Social Care Act 2008 ('the Act')	The legislation that established the CQC and lays out the framework for its powers and responsibilities.
ICD	Infection control doctor.
ICN/ICP	Infection control nurse/infection control practitioner.
ICT	Infection control team.
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.
IPC Lead	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 their own room.

LINKs	Local Involvement Networks, which aim to give citizens a stronger voice in how their health and social care services are delivered. Run by local individuals and groups and independently supported – the role of LINKs is to find out what people want, monitor local services and to use their powers to hold them to account. Each local authority (that provides social services) has been given funding and is under a legal duty to make contractual arrangements that enable LINK activities to take place.
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	A healthcare product other than medicines used for the diagnosis, prevention, monitoring and treatment of disease, injury or disability. This means everything from artificial hips to wound dressings, incubators to insulin delivery devices, scanners to scalpels, and wheelchairs to commodes.
NHS provider	A primary care trust, an NHS trust where all or most of its hospitals, establishments and facilities are situated in England, or an NHS foundation trust.
PALS	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.
Personal care	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.

Post-exposure prophylaxis (PEP)	This is a form of treatment to reduce the likelihood of viral infection after potential exposure to BBVs.
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	Any person who is the service provider or registered manager.
Registered provider	Any person, partnership or organisation that provides one or more of the regulated activities and is registered with the CQC as a registered provider of that service or those services.
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 untoward incident	The principal definition of a serious untoward incident (SUI) is in general terms something out of the ordinary or unexpected, with the potential to cause serious harm, and/or likely to attract public and media interest. This may be because it involves a large number of people, there is a question of poor clinical or management judgement, a service has failed, a service user has died under unusual circumstances, or there is the perception that any of these has occurred. SUIs are not exclusively clinical issues, for example an electrical failure may have consequences that make it an SUI.
Service users	This covers ‘patients’ and users of adult social care (e.g. ‘clients’) as well as those children’s services regulated by the CQC, such as domiciliary personal care services for children with disabilities.
Single-use device	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.
Specific alert organism	These are micro-organisms which have the potential to cause harm and disease in individuals and which can cause an outbreak of infection. The organisms, which should be subject to specific surveillance, will be selected by local need.
Traceability	In respect of medical devices, including endoscopes, primarily surgical instruments, traceability relates to instrument sets, as distinct from individual instruments, being tracked through use and decontamination processes and traced in terms of identification of patients with whom sets have been used. An exception is noted in that 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. (Note – this partly follows the text used in <i>Coding for Success: simple technology for safer patient care</i> , a report from the Deputy Chief Medical Officer.)

Appendix C: Draft regulations (extract)

The following is an extract from the draft *Health and Social Care Act 2008 (Regulated Activities) Regulations 2009: Part 4 Quality and safety of service provision in relation to regulated activity*.

Cleanliness and infection control

12.—(1) The registered person must, so far as reasonably practicable, ensure that—

- (a) service users;
- (b) persons employed for the purpose of the carrying on of the regulated activity; and
- (c) others who may be at risk of exposure to a healthcare associated infection arising from the carrying on of the regulated activity,

are protected against identifiable risks of acquiring such an infection by the means specified in paragraph (2).

(2) The means referred to in paragraph (1) are—

- (a) the effective operation of systems designed to assess the risk of and to prevent, detect and control the spread of a healthcare associated infection;
- (b) where applicable, the provision of appropriate treatment for those who are affected by a healthcare associated infection; and
- (c) the maintenance of appropriate standards of cleanliness and hygiene in relation to—
 - (i) premises occupied for the purpose of carrying on the regulated activity,
 - (ii) equipment and reusable medical devices used for the purpose of carrying on the regulated activity, and
 - (iii) materials to be used in the treatment of service users where such materials are at risk of being contaminated with a healthcare associated infection.

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However, when a medical procedure is carried out in a 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 standards that may be indicated in the following publications.

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