

The Health Act 2006

Code of Practice for the Prevention and Control of Healthcare Associated Infections



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Code of Practice for the Prevention and Control of Healthcare Associated Infections

Revised January 2008

DH INFORMATION READER BOX

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Cross reference	<i>Getting Ahead of the Curve; Winning Ways: Working together to reduce Healthcare Associated Infection in England; Towards cleaner hospitals and lower rates of infection: a summary of action; Saving Lives: A delivery programme to reduce healthcare associated infection including MRSA; and Essential steps to safe clean care: Reducing healthcare-associated infections.</i>
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Introduction

Prevention and control of healthcare associated infections

The term ‘healthcare associated infections’ (referred to in this Code of Practice as ‘HCAIs’) encompasses any infection by any infectious agent acquired as a consequence of a person’s treatment by the NHS or which is acquired by a healthcare worker in the course of their NHS duties. The prevention and control of HCAIs is a high priority for all parts of the NHS. It is of equal importance for healthcare providers in the independent and voluntary sectors.

Effective prevention and control of HCAIs has to be embedded into everyday practice and applied consistently by everyone. It is particularly important to have a high awareness of the possibility of HCAIs in both patients and healthcare workers to ensure early and rapid diagnosis. This should result in effective treatment and containment of the infection. Effective action relies on an accumulating body of evidence that takes account of current clinical practices. This evidence base should be used to review and inform practice. All staff should demonstrate good infection control and hygiene practice. However, it is not possible to prevent all infections.

Background

The Department of Health is firmly committed to reducing HCAIs.¹ It has produced a number of guidance documents: *Getting Ahead of the Curve*,² *Winning Ways: Working together to reduce Healthcare Associated Infection in England*³ and *Towards cleaner hospitals and lower rates of infection: a summary of action*.⁴ *Clean, Safe Care – reducing infections and saving lives*,⁵ *Saving Lives: A delivery programme to reduce healthcare associated infection including MRSA*⁶ and *Essential steps to safe clean care: Reducing healthcare-associated infections*⁷ provide guidance on moving towards compliance with these policies, best practice and evidenced based care. Participation in this programme will help demonstrate compliance with this Code of Practice (‘the Code’).

The Health Act 2006 makes provision for the Secretary of State to issue a code of practice relating to the prevention and control of HCAIs in connection with healthcare provided by or for the following NHS bodies. These are English NHS bodies other than strategic health authorities (SHAs) and cross-border SHAs.

Purpose of the Code of Practice

The purpose of the Code is to help NHS bodies plan and implement how they can prevent and control HCAs. It sets out criteria by which managers of NHS organisations are to ensure that patients are cared for in a clean environment, where the risk of HCAs is kept as low as possible. Failure to observe the Code may result either in an Improvement Notice being issued on the NHS body by the Healthcare Commission or in it being reported for significant failings and placed on 'special measures'.

NHS bodies must also comply with all relevant legislation, such as the Health and Safety at Work Act 1974 and Control of Substances Hazardous to Health Regulations.^{8,9}

Application of the Code

The Code is presented under three headings that form the basic Code:

1. Management, organisation and the environment
2. Clinical care protocols
3. Healthcare workers

Each of the provisions of the basic Code applies to all acute trusts. For the purposes of this Code an acute trust is any:

- NHS foundation trust; or
- NHS trust that is not established as a mental health trust or an ambulance service trust, all or most of whose hospitals, establishments and facilities are situated in England.

Appendix 1 sets out which provisions of the basic Code apply to other NHS bodies. These NHS bodies are:

- any NHS trust established as a mental health trust or ambulance service trust, all or most of whose hospitals, establishments and facilities are situated in England;
- NHS Blood and Transplant (NHS BT); and
- any primary care trust (PCT).

References in the basic Code to 'an NHS body' are to be read accordingly, and any reference to 'the Board' includes the executive committee of a primary care trust.

For each section of the basic Code there is an associated annex. Each annex identifies supporting guidance and other publications which are intended to inform policy development. An NHS body must, in complying with a provision of the basic Code, take the content of each annex into account so far as it is relevant to that provision, including the content of guidance and other publications referred to in any relevant citations.

A list of references at the end of the Code gives in full the citations referred to in the Code. Users may find the National Resource for Infection Control (www.nric.org.uk) a useful site to access these documents and other relevant material.

Direct provision by the NHS

The Code relates to healthcare provided directly by such NHS bodies. Each NHS body is expected to have systems in place that are sufficient for it to apply evidence based protocols and to comply with the relevant provisions of the basic Code so as to minimise the risk of HCAs to patients, staff and visitors.

Services commissioned by the NHS

When commissioning services, an NHS body to which this Code applies should satisfy itself that contractors have appropriate systems in place to keep patients, staff and visitors safe from HCAs, so far as is reasonably practicable.

Systems to prevent healthcare associated infections

Good management and organisation are crucial to establishing high standards of infection control. The systems for the prevention and control of HCAs are expected to address:

- management arrangements to include access to accredited microbiology services;
- clinical leadership;
- application of evidence based protocols and practices for both patients and staff;
- design and maintenance of the environment and medical devices; and
- education, information and communication.

The Code

Management, organisation and the environment

(Further information and references are to be found in Annex 1.)

1. General duty to protect patients, staff and others from HCAs

An NHS body must ensure that:

- a. so far as is reasonably practicable, patients, staff and other persons are protected against risks of acquiring HCAs, through the provision of appropriate care, in suitable facilities, consistent with good clinical practice; and
- b. patients presenting with an infection or who acquire an infection during treatment are identified promptly and managed according to good clinical practice, for the purposes of treatment and to reduce the risk of transmission.

2. Duty to have in place appropriate management systems for infection prevention and control

An NHS body must ensure that it has in place appropriate arrangements for and in connection with allocating responsibility to staff, contractors and other persons concerned in the provision of healthcare in order to protect patients from the risks of acquiring HCAs.

In particular, these arrangements must include:

- a. a Board level agreement outlining its collective responsibility for minimising the risks of infection and the general means by which it prevents and controls such risks;
- b. the designation of an individual as director of infection prevention and control (DIPC) accountable directly to the chief executive and the Board;
- c. the mechanisms by which the Board intends to ensure that adequate resources are available to secure the effective prevention and control of HCAs. These should include implementing an appropriate assurance framework, infection control programme and infection control infrastructure;
- d. ensuring that relevant staff, contractors and other persons whose normal duties are directly or indirectly concerned with patient care receive suitable and sufficient training, information and supervision on the measures required to prevent and control risks of infection;

- e. a programme of audit to ensure that key policies and practices are being implemented appropriately; and
- f. a policy addressing, where relevant, the admission, transfer, discharge and movement of patients between departments, and within and between healthcare facilities.

3. Duty to assess risks of acquiring HCAs and to take action to reduce or control such risks

An NHS body must ensure that it has:

- a. made a suitable and sufficient assessment of the risks to patients in receipt of healthcare with respect to HCAs;
- b. identified the steps that need to be taken to reduce or control those risks;
- c. recorded its findings in relation to items (a) and (b);
- d. implemented the steps identified; and
- e. appropriate methods in place to monitor the risks of infection such that it is able to determine whether further steps need to be taken to reduce or control HCAs.

4. Duty to provide and maintain a clean and appropriate environment for healthcare

An NHS body must, with a view to minimising the risk of HCAs, ensure that:

- a. there are policies for the environment that make provision for liaison between the members of any infection control team (ICT) and the persons with overall responsibility for facilities management;
- b. it designates lead managers for cleaning and decontamination of equipment used for treatment (a single individual may be designated for both areas);
- c. all parts of the premises in which it provides healthcare are suitable for the purpose, kept clean and maintained in good physical repair and condition;
- d. the cleaning arrangements detail the standards of cleanliness required in each part of its premises and that a schedule of cleaning frequencies is publicly available;
- e. there is adequate provision of suitable hand washing facilities and antibacterial handrubs;
- f. there are effective arrangements for the appropriate decontamination of instruments and other equipment;
- g. the supply and provision of linen and laundry supplies reflect Health Service Guidance (HSG) (95)18 *Hospital Laundry Arrangements for Used and Infected Linen*, as revised from time to time; and

- h. uniform and workwear policy ensure that clothing worn by staff when carrying out their duties is clean and fit for purpose.

‘The environment’ means the totality of a patient’s surroundings when in NHS premises. This includes the fabric of the building and related fixtures, fittings and services such as air and water supplies.

5. Duty to provide information on HCAIs to patients and the public

An NHS body must ensure that it makes suitable and sufficient information available to:

- a. patients and the public about the organisation’s general systems and arrangements for preventing and controlling HCAIs; and
- b. each patient concerning:
 - any particular considerations regarding the risks and nature of any HCAI relevant to their care; and
 - any preventive measures relating to HCAIs that a patient ought to take after discharge.

6. Duty to provide information when a patient moves from the care of one healthcare body to another

An NHS body must ensure that it provides suitable and sufficient information on a patient’s infection status whenever it arranges for that patient to be moved from the care of one organisation to another, so that any risks to the patient and others from infection may be minimised.

7. Duty to ensure co-operation

An NHS body must, so far as is reasonably practicable, ensure that its staff, contractors and others involved in the provision of healthcare co-operate with it, and with each other, so far as is necessary to enable the body to meet its obligations under this Code.

8. Duty to provide adequate isolation facilities

An NHS body providing in-patient care must ensure that it is able to provide, or secure the provision of, adequate isolation facilities for patients sufficient to prevent or minimise the spread of HCAIs.

9. Duty to ensure adequate laboratory support

An NHS body must ensure that if services are provided by a microbiology laboratory in connection with the arrangements it makes for infection prevention and control, the laboratory has in place appropriate protocols and that it operates according to the standards from time to time required for accreditation by Clinical Pathology Accreditation (UK) Ltd.

Clinical care protocols

(Further information and references are to be found in Annex 2.)

10. Duty to adhere to policies and protocols applicable to infection prevention and control

Policies

An NHS body must, in relation to preventing and controlling the risks of HCAIs, have in place the appropriate core policies concerning the matters mentioned in paragraphs (a) to (l) below:

The appropriate core policies are:

- in the case of an acute trust, all of them; and
 - in the case of any other NHS body to which Appendix 1 applies, the policies specified in the relevant entry in that appendix.
- a. Standard (universal) infection control precautions
 - b. Aseptic technique
 - c. Major outbreaks of communicable infection
 - d. Isolation of patients
 - e. Safe handling and disposal of sharps
 - f. Prevention of occupational exposure to blood-borne viruses (BBVs), including prevention of sharps injuries
 - g. Management of occupational exposure to BBVs and post-exposure prophylaxis
 - h. Closure of wards, departments and premises to new admissions
 - i. Disinfection policy
 - j. Antimicrobial prescribing
 - k. Reporting HCAIs to the Health Protection Agency (HPA) as directed by the Department of Health. This includes a mandatory requirement for the trust's chief executive to report all cases of meticillin-resistant *Staphylococcus aureus* (MRSA) bacteraemia and cases of *Clostridium difficile* infection in patients aged 2 years or older.
 - l. Control of infections with specific alert organisms, taking account of local epidemiology and risk assessment. These infections must include, as a minimum, MRSA, *Clostridium difficile* infection and transmissible spongiform encephalopathies.

Any NHS body that is required to have in place any of the core policies mentioned above must, having regard in particular to the healthcare it provides, also consider whether it would be appropriate for it to have in place any of the policies, or to take any of the measures, mentioned in Appendix 2, with a view to minimising the risk of HCAIs.

If such an NHS body considers that it is appropriate for it to have in place any of those policies or take any of those measures, it must take into account the content of Appendix 2 in so far as it is relevant to making those arrangements, including the content of guidance and other publications referred to in any relevant citation.

The sufficiency and suitability of any policy implemented in accordance with this provision of the Code must be monitored via the clinical governance system, and there must be evidence of a rolling programme of audit, revision and update.

All policies must be clearly marked with a review date.

Healthcare workers

(Further information and references are to be found in Annex 3.)

11. **Duty to ensure, so far as is reasonably practicable, that healthcare workers are free of and are protected from exposure to communicable infections during the course of their work, and that all staff are suitably educated in the prevention and control of HCAs**

A healthcare worker is any person whose normal duties concern the provision of treatment, accommodation or related services to patients and who has access to patients in the normal course of their work. This term includes not only front-line clinical and paraclinical staff, but also some staff employed in estates and facilities management, such as cleaning staff and engineers.

An NHS body must ensure that policies and procedures are in place in relation to the prevention and control of HCAs such that:

- a. all staff can access relevant occupational health services
- b. occupational health policies on the prevention and management of communicable infections in healthcare workers, including immunisation, are in place;
- c. prevention and control of infection is included in induction programmes for new staff, and in training programmes for all staff;
- d. there is a programme of ongoing education for existing staff (including support staff, agency/locum staff and staff employed by contractors);
- e. there is a record of training and updates for all staff; and
- f. the responsibilities of each member of staff for the prevention and control of infection is reflected in their job description and in any personal development plan or appraisal.

Key policy components and references to support compliance with the Code

Annex 1: Management, organisation and the environment

This annex relates to the ‘Management, organisation and the environment’ section of the Code.

Appropriate management systems for infection prevention and control

Arrangements to prevent and control HCAs should be such as to demonstrate that responsibility for infection prevention and control is effectively devolved to:

- all professional groups in an NHS body; and
- clinical specialties and directorates and, where appropriate, support directorates or other similar units.

Director of infection prevention and control (DIPC)¹⁰

The role of the DIPC is to:

- be responsible for the ICT within the organisation;
- oversee local control of infection policies and their implementation;
- report directly to the chief executive (not through any other officer) and the Board;
- have the authority to challenge inappropriate clinical hygiene practice as well as inappropriate antibiotic prescribing decisions;
- assess the impact of all existing and new policies on HCAs 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 on the state of HCAs in the organisation for which he or she is responsible and release it publicly.

Assurance framework^{3,5,7,11,12,15}

Activities to demonstrate that infection control is an integral part of clinical and corporate governance should include:

- regular presentations from the DIPC and/or the ICT to the Board;
- quarterly reporting to the Board by matrons* and clinical directors;

* The term ‘matrons’ includes nurses who do not hold that specific title, but who operate at a similar level of seniority, and who have control over similar aspects of the patient environment.

- review of statistics on incidence of alert organisms (e.g. MRSA, *Clostridium difficile*) and conditions, outbreaks and serious untoward incidents;
- evidence of appropriate actions taken to deal with infection occurrences; and
- an audit programme to ensure that policies have been implemented.

Infection control programme¹⁵

The infection control programme should:

- set objectives;
- identify priorities for action;
- provide evidence that relevant policies have been implemented to reduce HCAs; and
- report progress against the objectives of the programme in the DIPC's annual report.

Infection control infrastructure^{3,15}

An infection control infrastructure should encompass the following elements:

- in acute trusts, an ICT consisting of an appropriate mix of both nursing and consultant medical expertise (with specialist training in infection control) and appropriate administrative and analytical support, including adequate information technology;
- in other NHS bodies, an infection control nurse or another designated person responsible for infection control matters; and
- 24 hour access to a nominated qualified infection control doctor, or a consultant in communicable disease control.

Movement of patients^{3,4,5,6,15}

There should be evidence of joint working between the ICT and the bed managers in planning patient admissions, transfers, discharges and movements between departments and other healthcare facilities. Where necessary, ambulance trusts may need to be involved in such planning.

Policies on the environment

Premises and facilities should be provided in accordance with best practice guidance. The development of local policies should take account of infection control advice given by relevant expert or advisory bodies or by the ICT, and policies should address but not be restricted to:

- cleaning services;^{16,17,18,19}
- building and refurbishment, including air-handling systems;^{20,21}
- clinical waste management;¹¹
- planned preventive maintenance;

- pest control;²²
- management of potable and non-potable water supplies;¹⁰⁶ and
- food services, including food hygiene and food brought into the organisation by patients, staff and visitors.^{23,24,25}

Cleaning services^{16,17,18,19,27}

The arrangements for cleaning should include:

- clear definition of specific roles and responsibilities for cleaning;
- clear, agreed and well-publicised cleaning routines;
- consultation with ICTs on cleaning protocols when internal or external contracts are being prepared; and
- sufficient resources dedicated to keeping the environment clean and fit for purpose.

Decontamination^{3,6,28,29,30,31,32,33,34,35,36,37,38,39,40,41,42,43,44,46,47,48,49}

The decontamination lead should have responsibility for ensuring that a decontamination programme is implemented in relation to the organisation and that it takes proper account of relevant national guidelines.

The decontamination programme should demonstrate that:

- decontamination of reusable medical devices takes place in appropriate dedicated facilities;
- appropriate procedures are used for the acquisition and maintenance of decontamination equipment;
- staff are trained in decontamination processes and hold appropriate competencies for their role; and
- there is a monitoring system in place to ensure that decontamination processes are fit for purpose and meet the required standard.

‘Medical devices’ refers to all products, except medicines, used in healthcare for diagnosis, prevention, monitoring or treatment. The range of products is very wide and includes contact lenses, condoms, heart valves, hospital beds, resuscitators, radiotherapy machines, surgical instruments and syringes, wheelchairs and walking frames.

Linen, laundry and dress^{26,50}

(Users are referred to duty 4g of the basic Code.)

Particular consideration should be given to items of attire that may inadvertently come into clinical contact with a patient. Uniform and dress code policies should specifically support good hand hygiene.

Duty to provide information on HCAs to patients and the public^{51,52,53,54,55,56}

Areas relevant to the provision of such information include:

- general principles pertaining to the prevention and control of HCAs;
- the role and responsibilities of individuals in the prevention and control of HCAs when visiting patients;
- encouraging vigilance in patients;
- compliance by visitors with hand washing and visiting restrictions;
- reporting breaches of hygiene and cleanliness;
- explanation of incident/outbreak management;
- feedback that is focused on the patient pathway; and
- providing information across organisational boundaries, such as pre-admission screening and postoperative wound surveillance.

Isolation of patients^{19,20}

Policies should be in place concerning the allocation of patients to isolation facilities, based on local risk assessment. The risk assessment should include consideration of the need for special ventilated isolation facilities.

Laboratory support

Protocols should include:

- a microbiology laboratory policy for investigation of HCAs and surveillance; and
- standard operating procedures for the examination of specimens.

Annex 2: Clinical care protocols

This annex relates to the ‘Clinical care protocols’ section of the Code.

a. **Standard (universal) infection control precautions**^{3,6,11,12,13,14,56}

- Policy should be based on evidence based guidelines, including those on hand hygiene and the use of personal protective equipment.
- Policy should be easily accessible to all groups of staff, patients and the public.
- Compliance with the policy should be audited.
- Information on the policy should be included in induction programmes for all staff groups.

b. **Aseptic technique**^{3,6,7,11,13,14,59}

- 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.
- Audit should be undertaken to monitor compliance with the technique.

c. **Major outbreaks of communicable infection**^{3,56}

The degree of detail in the policy should reflect local circumstances. A low-risk single-specialty facility, for example, will not require the same arrangements as a district general hospital.

- Policies for major outbreaks of communicable infection should include initial assessment, communication, management and organisation, and investigation and control.
- The contact details of those likely to be involved in outbreak management should be reviewed at least annually.
- Major outbreaks should be reported as serious untoward incidents.
- Formal arrangements should be in place to fund the cost of dealing with outbreaks.

d. **Isolation of patients**^{19,20}

- 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 control management of patients in isolation.
- Information on isolation should be easily accessible to all groups of staff, patients and the public.

e. Safe handling and disposal of sharps^{2,11,12,13,45,60}

Relevant considerations include:

- risk management and training in management of needle stick injuries;
- provision of medical devices that incorporate sharps protection mechanisms;
- policy that is easily accessible to all groups of staff;
- auditing of policy compliance; and
- inclusion of information on policy in induction programmes for all staff groups.

f. Prevention of occupational exposure to blood-borne viruses, including prevention of sharps injuries^{56,59,60,61,62,63,64,65,66,67}

Measures to avoid exposure to BBVs should include:

- immunisation against hepatitis B;
- the wearing of gloves and other protective clothing;
- the safe handling and disposal of sharps, including the provision of medical devices that incorporate sharps protection; and
- measures to reduce risks during surgical procedures.

g. Management of occupational exposure to blood-borne viruses and post-exposure prophylaxis^{56,59,60,61,62,63,64,65,66,67,68,69,70,71,72,73,74,75,76,77,78}

Management should include:

- designation of one or more doctors to whom healthcare staff and others may be referred immediately for advice following occupational blood exposure;
- provision of clear information to healthcare staff about reporting potential occupational exposure – in particular the need for prompt action following a known or potential exposure to human immunodeficiency virus (HIV);
- arrangements for post-exposure prophylaxis for hepatitis B and HIV, and follow-up; and
- follow-up of hepatitis C exposures.

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

- A system should be in place for the provision of advice by the ICT to the chief executive and medical director.
- There should be clear criteria in relation to closures.
- Management arrangements for redirecting admissions should be drawn up with ICT input.
- The policy should address the need for environmental decontamination prior to re-opening.

i. Disinfection policy^{11,12}

- The use of disinfectants is a local decision, and there should be local policies on disinfectant use that focus on specific infection risks.
- If appropriate, the role of high-level disinfectants to kill bacteria, viruses and spores should be considered.

j. Antimicrobial prescribing^{80,81}

- Local prescribing should, wherever possible, be harmonised with that in the *British National Formulary* (BNF).
- All local guidelines should include information on drug, regimen and duration.
- Procedures should be in place to ensure prudent prescribing.

k. Reporting HCAs to the Health Protection Agency as directed by the Department of Health^{82,83,84,85,86}

- Reporting should include procedures for dealing with serious untoward incidents.

l. Control of infections of specific alert organisms

MRSA^{87,88,89}

The policy should make provision for:

- admission screening, which should include screening of all elective admissions by March 2009 and provision for screening of emergency admissions at presentation as soon as is practical;
- decontamination procedures for colonised patients;
- isolation of infected or colonised patients;
- transfer of infected or colonised patients within NHS bodies or to other healthcare facilities; and
- antibiotic prophylaxis for surgery.

***Clostridium difficile* infection^{90,91,92}**

The policy should make provision for:

- surveillance of *Clostridium difficile*-associated disease;
- diagnostic criteria;
- isolation of infected patients and cohort nursing;
- environmental decontamination;
- antibiotic prescribing policies; and
- a statement concerning contraindication of anti-motility agents in symptomatic antimicrobial-associated diarrhoea.

Transmissible spongiform encephalopathies^{31,93,94}

The policy should make provision for the management of known or high-risk patients.

Relevant policies for other specific alert organisms

The specific alert organisms and matters mentioned below are also relevant to any acute trust. They may also be relevant to certain other NHS bodies to which paragraph (l) of provision 10 applies, depending on their spectrum of activity.

- Glycopeptide-resistant enterococci:⁹⁵
 - screening of high-risk groups;
 - isolation and prevention of cross-infection;
 - decolonisation of colonised patients;
 - prophylaxis for surgical procedures.
- Acinetobacter and other antibiotic-resistant bacteria:⁹⁶
 - surveillance of identified patients at risk and high-risk environments;
 - procedures for managing infected patients to prevent spread of infection.
- Control of tuberculosis, including multi-drug-resistant tuberculosis:^{79,97,98,99}
 - isolation of infected patients;
 - transfer of infected or colonised patients within NHS bodies or to other healthcare facilities;
 - treatment compliance.
- Respiratory viruses:^{100,101}
 - alert system for suspect cases;
 - isolation criteria;
 - infection control measures;
 - terminal disinfection and discharge.
- Diarrhoeal infections^{102,103}
 - isolation criteria;
 - infection control measures;
 - cleaning and disinfection policy.
- Viral haemorrhagic fevers (VHF):^{104,105}
 - patient risk assessment and categorisation;
 - all 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;
 - confirmed cases to be handled under full isolation measures in a high-security infectious diseases unit or equivalent;

- handling of patient specimens at Laboratory Containment Level 4;
 - follow-up of all staff in contact with the patient at every stage of care;
 - special measures for the handling of all clinical waste.
- Legionella:¹⁰⁶
 - Premises should be regularly reviewed for potential sources of infection, and a programme should be prepared to minimise any risks. Priority should be given to patient areas, although the exact priority will depend on local circumstances.

Annex 3: Healthcare workers

This annex relates to the 'Healthcare workers' section of the Code.

Occupational health services^{58,79,107}

Occupational health services should include:

- health screening for communicable diseases;
- management of exposure to HCAs, which should include provision for emergency treatment out of hours; and
- relevant immunisations.

Occupational health services for blood-borne viruses^{59,60,61,62,63,64,65,66,67,68,69,70,71,72,73,74,75,76,77,78,110}

Occupational health services in respect of BBVs should include:

- arrangements for identifying and managing healthcare workers infected with hepatitis B, HIV or hepatitis C and restricting their practice as necessary in line with Department of Health guidance; and
- 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 healthcare workers, and when patient tracing, notification and offer of BBV testing may be needed.

Induction, training programmes and ongoing education^{108,109}

Induction and training programmes for new staff and ongoing education for existing staff should all incorporate the principles and practice of infection prevention and control. These include:

- ensuring that policies are up to date;
- feedback of audit results;
- examples of good practice; and
- action needed to correct deficiencies.

Appendix 1

Application of Code to other NHS bodies

	Code requirement no.	NHS body				
		Ambulance	Mental health	NHS BT	PCT	
Management and organisation and the environment	1	✓	✓	✓	✓	
	1a	✓	✓	✓	✓	
	1b	✓	✓	–	✓	
	2	✓	✓	✓	✓	
	2a	✓	✓	✓	✓	
	2b	✓	✓	✓	✓	
	2c	✓	✓	✓	✓	
	2d	✓	✓	✓	✓	
	2e	✓	✓	✓	✓	
	2f	1	✓	✓	–	✓
	3	✓	✓	✓	✓	
	3a	✓	✓	✓	✓	
	3b	✓	✓	✓	✓	
	3c	✓	✓	✓	✓	
	3d	✓	✓	✓	✓	
	3e	✓	✓	✓	✓	
	4	✓	✓	✓	✓	
	4a	2	✓	✓	✓	✓
	4b	✓	✓	✓	✓	✓
	4c	✓	✓	✓	✓	✓
	4d	✓	✓	✓	✓	✓
	4e	✓	✓	✓	✓	✓
	4f	✓	✓	✓	✓	✓
	4g	✓	✓	–	✓	
	4h	✓	✓	✓	✓	
	5	✓	✓	✓	✓	
	5a	✓	✓	✓	✓	
	5b	–	✓	–	✓	
	6	✓	✓	–	✓	
	7	✓	✓	✓	✓	
	8	–	✓	–	✓	
	9	–	✓	✓	✓	

	Code requirement no.	NHS body			
		Ambulance	Mental health	NHS BT	PCT
Clinical care protocol	10	✓	✓	✓	✓
	10a	✓	✓	✓	✓
	10b	✓	✓	✓	✓
	10c	–	✓	–	3
	10d	–	✓	–	3
	10e	✓	✓	✓	✓
	10f	✓	✓	✓	✓
	10g	✓	✓	✓	✓
	10h	–	✓	–	3
	10i	✓	✓	✓	✓
	10j	–	✓	–	✓
	10k	✓	✓	✓	✓
10l	–	✓	–	✓	
Healthcare workers	11	✓	✓	✓	✓
	11a	✓	✓	✓	✓
	11b	✓	✓	✓	✓
	11c	✓	✓	✓	✓
	11d	✓	✓	✓	✓
	11e	✓	✓	✓	✓
	11f	✓	✓	✓	✓

- 1 Policy required by Ambulance Trust to reflect transfer of potentially infectious patients between facilities
- 2 See annex 1: *policies for the environment*. Aspects of cleaning , clinical waste management, planned preventative maintenance, pest control are of relevance to Ambulance Trusts
- 3 Where a PCT manages facilities for inpatient care, this policy will apply

Appendix 2

Additional policies for consideration

This Appendix relates to provision 10 and the Clinical care protocols section of the Code.

a. Handling of medical devices in procedures carried out on known/suspect CJD patients, and on patients in risk categories for CJD (including disposal/quarantining procedures)^{31,93,94}

- the risks should be assessed in all cases where there may be exposure to biological agents
- when appropriate, measures should be introduced either to prevent, or adequately, control exposure.

b. Safe handling and disposal of clinical waste¹¹¹

- The risks from healthcare waste should be properly controlled. In practice this involves:
 - assessing risk
 - developing policies
 - putting arrangements into place to manage risks
 - monitoring the way arrangements work
 - awareness of legislative change
- Precautions in connection with handling healthcare waste should include:
 - training and information
 - personal hygiene
 - segregation of wastes
 - the use of appropriate personal protective equipment
 - immunisation
 - appropriate procedures for handling such waste
 - appropriate packaging and labelling
 - suitable transport on and off-site
 - clear procedures for dealing with accidents, incidents and spillages
 - appropriate treatment and disposal of such waste

- Systems should be in place to ensure that the risks to patients from exposure to infections caused by healthcare waste present in the environment are properly managed, and 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 in discharges to sewers
 - obligations of waste managers.

c. Packaging, handling and delivery of laboratory specimens^{67,111}

- biological samples, cultures and other materials should be transported in a manner that ensures they do not leak in transit.

d. Care of the cadaver¹¹⁰

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
- health surveillance and immunisation (where appropriate).

e. Best practice guidance for the care of patients whose treatment involves the use of invasive devices should be followed^{3,5,6,11,13,14,57}

- policy should be based on evidence based guidelines
- policy should be easily accessible by all relevant healthcare workers
- compliance with policy should be audited
- information on policy should be included in infection control training programmes for all relevant staff groups.

f. Decontamination of reusable medical devices^{28,29,30,31,32,33,34,35,36,37,38,39,40,41,42,43}

Effective decontamination of reusable medical devices is essential. There should be systems to protect patients and staff which minimise the risk of transmission of infection from medical devices and other equipment which comes into contact with patients or their body fluids.

Decontamination is the combination of processes, including cleaning, disinfection and sterilization, used to render a reusable item safe for further use on patients and handling by staff.

- Reusable medical devices and other devices should be decontaminated in accordance with manufacturer's instructions and current guidelines.

- Systems should allow reusable medical devices to be tracked through decontamination processes in order to ensure that the processes have been carried out effectively
- Systems should also be implemented to enable the identification of patients on whom the medical devices have been used.

g. Instruments for single use only or limited reuse⁴³

Policies should be in place for handling instruments designed for single use only, or limited re-use.

h. Purchase and maintenance of equipment

Policies for the purchase cleaning and maintenance of all clinical equipment should take into account infection control advice given by relevant expert or advisory bodies or by the ICT.

i. Surveillance and data collection^{3,82,83,84,85,86}

For all appropriate clinical 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 infections. This evidence should include data on alert organisms, alert conditions, and wound infection by clinical unit or specialty (a recognised scoring system should be in use for this). There should also be timely feedback to clinical units with a record of actions taken and achievements as a result of surveillance. Post discharge surveillance of wound infection should be considered and, where practical, should be implemented.

j. Dissemination of information

There should be a local protocol for the dissemination of information about HCAs between healthcare organisations. This is to facilitate surveillance and optimal management of infections in the wider community.

k. Isolation facilities^{19,20}

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
- the management of outbreaks.

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Glossary

Assurance framework	Describes organisational objectives, and identifies potential risks to their achievement and gaps in assurance.
Audit	A process to improve quality. It seeks to improve patient care and outcomes through systematic review of care against explicit criteria and the implementation of change. Aspects of the structure, processes and outcomes of care are selected and systematically evaluated against specific criteria. Where indicated, changes are implemented at an individual, team or service level and further monitoring is used to confirm improvement in healthcare delivery.
CJD	Creutzfeldt-Jakob disease
Clinical governance	A framework through which an NHS organisation is accountable for continually improving the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish.
Clinical Pathology Accreditation (UK) Ltd	CPA (UK Ltd) provides a means to accredit. It involves an external audit of the ability to provide a service of high quality by declaring a defined standard of practice, which is confirmed by peer review.
Corporate governance	In the NHS, the system by which an organisation is directed and controlled, at its most senior levels, in order to achieve its objectives and meet the necessary standards.
Healthcare	Services provided for or in connection with the prevention, diagnosis or treatment of illness, and the promotion and protection of public health.
HCAIs	Healthcare associated infection – any infection to which an individual may be exposed or made susceptible to, or more susceptible to, where the risk of exposure or susceptibility is directly or indirectly attributable to the provision of healthcare by an NHS body to which the Code applies. The individual who may be at risk of infection does not have to be the individual receiving the healthcare, but could be a healthcare worker acting in the course of their duties.
Healthcare Commission	Established in April 2004 as the Commission for Healthcare Audit and Inspection. Its functions include reviewing, inspecting and investigating the provision of healthcare by the NHS and the independent sector.
MRSA	Meticillin-resistant <i>Staphylococcus aureus</i>

- Risk management** Covers all the processes involved in identifying, assessing and judging risks, assigning ownership, taking actions to mitigate or anticipate them, and monitoring and reviewing progress.
- Serious untoward incident** An accident or incident in which a patient, member of staff (including those working in the community) or member of the public suffers serious injury, major permanent harm or unexpected death in hospital, other health service premises or other premises where NHS care is provided and where actions of health service staff are likely to cause significant public concern.



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