

## Essential steps to safe, clean care

Reducing healthcare-associated infections in Primary care trusts; Mental health trusts; Learning disability organisations; Independent healthcare; Care homes; Hospices; GP practices and Ambulance services.

### Self-assessment tool for Primary care trust Mental health Learning disability Independent healthcare

Name of person completing the tool:

Date:

Organisation:

# Introduction

The self-assessment tool provides a framework to assist organisations in embedding good infection prevention and control throughout the health and social care setting.

The self-assessment tool consists of seven key challenges.

Under each challenge, there are a series of questions with supporting evidence. Examples of evidence have been provided, but there is space for users to input their own local examples.

Completion of the self-assessment tool and scoring of the challenges will produce a balanced scorecard and will enable organisations to identify any areas for improvement. The tool provides space for users to state future actions and set a review date to monitor progress against the key questions and challenges.

This tool can be used as a discussion guide or benchmarking system at board, task group or senior management level.

The useful resources section at the end of each challenge signposts evidence, policy and practice documents that relate to that particular challenge.

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**Total score for the self-assessment tool** p. 62



Engage with staff throughout the organisation to promote and secure the implementation of best practice in the prevention and control of infection.

# Challenge 1

Engage with staff throughout the organisation to promote and secure the implementation of best practice in the prevention and control of infection.

## Question 1

Is accountability for infection-control defined throughout the organisation?

YES

NO

### Evidence example

- Organisational governance structure.
- Individual job descriptions.

### Future actions

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### Local evidence

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Reassessment review date

Responsibility for actions identified

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# Question 2

Is there a recognised director for infection prevention and control (DIPC) or designated lead within the organisation?

YES

NO

## Evidence example

- Appointed director of infection prevention and control (DIPC).
- Evidence in job descriptions.

## Future actions

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## Local evidence

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Reassessment review date

Responsibility for actions identified

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# Challenge 1

Engage with staff throughout the organisation to promote and secure the implementation of best practice in the prevention and control of infection.

# Question 3

Is the DIPC or designated lead appropriately trained for the role?

YES

NO

## Evidence example

- Evidence of training.

## Future actions

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## Local evidence

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Reassessment review date

Responsibility for actions identified

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# Question 4

Is there access to an appropriately staffed and trained infection-control service?

YES

NO

## Evidence example

- Staffing of infection-control service in relation to current recommendations.
- Evidence of training.

## Future actions

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## Local evidence

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Reassessment review date

Responsibility for actions identified

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# Challenge 1

Engage with staff throughout the organisation to promote and secure the implementation of best practice in the prevention and control of infection.

## Question 5

Is there an appropriately functioning infection-control committee (ICC) and does it communicate all its reports to the trust/ independent sector board?

YES

NO

### Evidence example

- Terms of reference of ICC.
- ICC minutes.
- Board reports.

### Future actions

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### Local evidence

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Reassessment review date

Responsibility for actions identified

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# Question 6

Is there an organisation-wide annual infection prevention and control programme which is endorsed by the board?

YES

NO

## Evidence example

- Board-approved annual report and programme for prevention and control of infection.

## Future actions

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## Local evidence

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Reassessment review date

Responsibility for actions identified

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# Challenge 1

Engage with staff throughout the organisation to promote and secure the implementation of best practice in the prevention and control of infection.

## Question 7

Is there an annual infection prevention report which is reported to the board?

YES

NO

### Evidence example

- Board approved annual report.
- Copy of Board minutes.

### Future actions

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### Local evidence

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Reassessment review date

Responsibility for actions identified

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# Question 8

Is there access to 24 hour infection control advice?

YES

NO

## Evidence example

- Senior managers on-call.
- Handbooks identify local procedures.

## Future actions

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## Local evidence

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Reassessment review date

Responsibility for actions identified

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# How did you score?

To calculate your score for this challenge, multiply the number of “yes” answers in the challenge by 100, and then divide this number by the number of questions in the challenge.

Number of ‘YES’ answers  $\times$  100

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8

Score =

%

-  **100%**  
Full compliance
-  **71—99%**  
Action required
-  **50—70%**  
Urgent action required
-  **0—49%**  
Organisational priority

# Useful resources

## Challenge 1: Engagement / Leadership

Resources especially relevant to this area

Department of Health (2004) Competencies for Directors of Infection Prevention and Control.

[www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/HealthcareAcquiredInfection/HealthcareAcquiredGeneralInformation/HealthcareAcquiredGeneralArticle/fs/en?CONTENT\\_ID=4002303&chk=bPWxLy](http://www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/HealthcareAcquiredInfection/HealthcareAcquiredGeneralInformation/HealthcareAcquiredGeneralArticle/fs/en?CONTENT_ID=4002303&chk=bPWxLy)

Department of Health (2004) NHS Knowledge and Skills and Framework and the Development Review Process.

[www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT\\_ID=4090843&chk=dyrb/a](http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4090843&chk=dyrb/a)

Department of Health (2003) Winning ways: working together to reduce healthcare associated infection in England, Department of Health, London.

[www.dh.gov.uk/assetRoot/04/06/46/89/04064689.pdf](http://www.dh.gov.uk/assetRoot/04/06/46/89/04064689.pdf)

Hayley, RW (1995) The scientific basis for using surveillance and risk factors data to reduce nosocomial infection rates, *J Hosp Infect* 30.(Suppl)pp 3-14.

Infection Control Nurses Association (2003) Core Competencies for Infection Control. Meridian, Huntingdonshire.

[www.icna.co.uk](http://www.icna.co.uk)

Institute for Healthcare Improvement (IHI) White Paper 'Seven Leadership Leverage Points'.

[www.ihl.org/IHI/Products/WhitePapers/SevenLeadershipLeveragePointsWhitePaper.htm](http://www.ihl.org/IHI/Products/WhitePapers/SevenLeadershipLeveragePointsWhitePaper.htm)

This White Paper presents what the IHI believes are some important leverage points for leaders who want to achieve dramatic, system-level improvements.

Loveday, HP, Harper, PJ, Mulhall, A et al (2002) Informing the future – A review of nursing roles and responsibilities in community infection-control. Part 1 *Br J Infect Cont* 3 (6)

Loveday, HP, Harper, PJ, Mulhall, A et al (2003) Informing the future – A review of nursing roles and responsibilities in community infection-control. Part 2 *Br J Infect Cont* 4 (1)

NHS Clinical Governance Support Team, Board Development Programme.  
[www.cgsupport.nhs.uk/Programmes/Board\\_Development\\_Programme.asp](http://www.cgsupport.nhs.uk/Programmes/Board_Development_Programme.asp)  
Clinical governance is a responsibility of the entire trust board in NHS organisations. The CGST's Board Development Programme develops effective governance within NHS trusts, foundation trusts, strategic health authorities and inter-organisational governance structures.

NHS Modernisation Agency Improvement Leaders' Guides – General Improvement Skills.  
[www.wise.nhs.uk/cmsWISE/Tools+and+Techniques/ILG/improvementskills/improvementskills.htm](http://www.wise.nhs.uk/cmsWISE/Tools+and+Techniques/ILG/improvementskills/improvementskills.htm)

NHS Modernisation Agency Improvement Leaders' Guide – Personal and Organisational Development.  
[www.wise.nhs.uk/cmsWISE/Tools+and+Techniques/ILG/development/development.htm](http://www.wise.nhs.uk/cmsWISE/Tools+and+Techniques/ILG/development/development.htm)

National Patient Safety Agency (2004) Seven Steps to patient safety.  
[www.npsa.nhs.uk/site/media/documents/500\\_Final%20Seven%20steps%20intro.pdf](http://www.npsa.nhs.uk/site/media/documents/500_Final%20Seven%20steps%20intro.pdf)

A large graphic consisting of a light gray outer circle and a blue inner circle. The word "Challenge" is written in white, sans-serif font, arched across the top of the blue circle. Below it, the number "2" is written in a large, white, sans-serif font.

# Challenge 2

Review the patient/client journey in order to reduce the risk of transmission of infection.

# Challenge 2

Review the patient/client journey in order to reduce the risk of transmission of infection.

# Question 1

Is there local infection-control guidance on the assessment of the clinical need for and risk of patient transfer in and out of the organisation?

YES

NO

## Evidence example

- Written guidelines are available.

## Future actions

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## Local evidence

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Reassessment review date

Responsibility for actions identified

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# Question 2

Is there written infection-control guidance specifying the factors that determine if a patient is confirmed or suspected with an infective condition?

YES

NO

## Evidence example

- Written guidelines are available.

## Future actions

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## Local evidence

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Reassessment review date

Responsibility for actions identified

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# Challenge 2

Review the patient/client journey in order to reduce the risk of transmission of infection.

# Question 3

Is there a documented treatment pathway/care plan for patients colonised/infected with MRSA?

YES

NO

## Evidence example

- Written guidelines are available.

## Future actions

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## Local evidence

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Reassessment review date

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Responsibility for actions identified

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# Question 4

Is there a documented treatment pathway/care plan when a patient is confirmed or suspected with an infective condition (e.g. MRSA, Clostridium difficile) including a risk assessment as to whether or not to isolate the patient?

YES

NO

## Evidence example

- Written treatment pathway/ care plan available.

## Future actions

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## Local evidence

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Reassessment review date

Responsibility for actions identified

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# How did you score?

To calculate your score for this challenge, multiply the number of “yes” answers in the challenge by 100, and then divide this number by the number of questions in the challenge.

Number of ‘YES’ answers  $\times$  100

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4

Score =

%

-  **100%**  
Full compliance
-  **71—99%**  
Action required
-  **50—70%**  
Urgent action required
-  **0—49%**  
Organisational priority

# Useful resources

## Challenge 2: The Patient Journey

Resources especially relevant to this area

A simple guide to MRSA.

[www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/HealthcareAcquiredInfection/HealthcareAcquiredGeneralInformation/HealthcareAcquiredGeneralArticle/fs/en?CONTENT\\_ID=4093113&chk=7/XgcQ](http://www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/HealthcareAcquiredInfection/HealthcareAcquiredGeneralInformation/HealthcareAcquiredGeneralArticle/fs/en?CONTENT_ID=4093113&chk=7/XgcQ)

Clinical Systems Improvement Programme.

[www.wise.nhs.uk/cmsWISE/Cross+Cutting+Themes/csi/introduction.htm](http://www.wise.nhs.uk/cmsWISE/Cross+Cutting+Themes/csi/introduction.htm)

Access five on line learning modulesto help clinical teams improve efficiency and quality of patients experience.

Coia, JE et al (2006) Guidelines for the control of and prevention of methicillin-resistant staphylococcus aureus (MRSA) in healthcare facilities by the Joint BSAC/HIS/ICNA Working Party on MRSA. J Hosp Infect Volume 63 suppl 1.

Health Protection Agency Clinical guidelines.

[www.hpa.org.uk/infections/topics\\_az/staphylo/guidelines.htm](http://www.hpa.org.uk/infections/topics_az/staphylo/guidelines.htm)

NHS Modernisation Agency, 10 High Impact Changes for Service Improvement and Delivery.

[www.wise.nhs.uk/cmsWISE/HIC/HIC+Intro.htm](http://www.wise.nhs.uk/cmsWISE/HIC/HIC+Intro.htm)

NHS Modernisation Agency Improvement Leaders' Guides – General Improvement Skills.

[www.wise.nhs.uk/cmsWISE/Tools+and+Techniques/ILG/improvementskills/improvementskills.htm](http://www.wise.nhs.uk/cmsWISE/Tools+and+Techniques/ILG/improvementskills/improvementskills.htm)

National Patient Safety Agency

[www.npsa.nhs.uk/health/resources/root\\_cause\\_analysis/conditions](http://www.npsa.nhs.uk/health/resources/root_cause_analysis/conditions)

The National Patient Safety Agency offers free training and has a range of web-based tools to aid in the Root Cause Analysis process of investigating patient safety incidents. These resources may be especially helpful where a decision has been taken to manage HCAI as an adverse incident.

The Pareto principle and cause and effect diagrams – a tool to identify where the improvements should be targeted. The Pareto chart identifies the 'vital few' areas, which if targeted will have the greatest impact. What is the Pareto principle? How to identify where to implement the High Impact Interventions. How to construct a Pareto chart. How to identify cause and effect.

<http://www.tin.nhs.uk/index.asp?pgid=1135>

<http://www.tin.nhs.uk/index.asp?pgid=1132>

A large graphic consisting of a light grey outer circle and a blue inner circle. The word "Challenge" is written in white, sans-serif font, arched across the top of the blue circle. Below it, the number "3" is written in a large, white, sans-serif font.

# Challenge 3

Ensure that written policies, procedures and guidance or the prevention and control of infection are implemented and reflect relevant legislation and published professional guidance.

# Challenge 3

Ensure that written policies, procedures and guidance for the prevention and control of infection are implemented and reflect relevant legislation and published professional guidance.

# Question 1

Are policies/procedures in place for infection prevention and control which include, hand hygiene; standard infection-control precautions; safe handling and disposal of clinical waste; safe handling and disposal of sharps; prevention and management of occupational exposure to blood-borne viruses; antimicrobial prescribing; aseptic technique; outbreaks of communicable infection; handling of medical devices in procedures carried out on known/suspect CJD patients and on patients in risk categories for CJD; packaging; handling and delivery of laboratory specimens; decontamination; vaccine storage and transport and care of the cadaver?

YES

NO

## Evidence example

- Infection-control policies/procedures are available.

## Future actions

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## Local evidence

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Reassessment review date

Responsibility for actions identified

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# Question 2

Is there a system in place to monitor and review policies/procedures at least every two years and to undertake an assessment of published evidence whenever they are reviewed?

YES

NO

## Evidence example

- Evidence that policies have been updated and reviewed according to published evidence.

## Future actions

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## Local evidence

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Reassessment review date

Responsibility for actions identified

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# Challenge 3

Ensure that written policies, procedures and guidance for the prevention and control of infection are implemented and reflect relevant legislation and published professional guidance.

## Question 3

Do staff have access to the policies/procedures and is there a system for dissemination of information?

YES

NO

### Evidence example

- Evidence of dissemination e.g. policy/procedure for dissemination of policies.

### Future actions

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### Local evidence

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Reassessment review date

Responsibility for actions identified

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# How did you score?

To calculate your score for this challenge, multiply the number of “yes” answers in the challenge by 100, and then divide this number by the number of questions in the challenge.

Number of ‘YES’ answers  $\times$  100

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3

Score =

%

-  100% Full compliance
-  71—99% Action required
-  50—70% Urgent action required
-  0—49% Organisational priority

# Useful resources

## Challenge 3: Policies

### Resources especially relevant to this area

Department of Health (2003) Winning ways: working together to reduce healthcare associated infection in England, Department of Health, London.

[www.dh.gov.uk/assetRoot/04/06/46/89/04064689.pdf](http://www.dh.gov.uk/assetRoot/04/06/46/89/04064689.pdf)

National Institute for Health and Clinical Excellence (2003) Infection Control. Prevention of healthcare-associated infections in primary and community care. Department of Health, London.

[www.nice.org.uk/page.aspx?o=CG002](http://www.nice.org.uk/page.aspx?o=CG002)

National Resource for Infection Control.

[www.nric.org.uk](http://www.nric.org.uk)

The EPIC project The multi-professional evidence-based guidelines developed by the EPIC project, which cover various actions essential to prevent the spread of hospital-acquired infection including multi-drug resistant strains are available at:

[www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT\\_ID=4005481&chk=idSu0R](http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4005481&chk=idSu0R)

A large graphic consisting of a light gray outer circle and a blue inner circle. The word "Challenge" is written in white, sans-serif font, arched across the top of the blue circle. Below it, the number "4" is written in a large, white, sans-serif font.

# Challenge 4

Ensure effective auditing of infection-control standards across the care providers through monitoring and implementation of new findings.

# Challenge 4

Ensure effective auditing of infection-control standards across the care providers through monitoring and implementation of new findings.

## Question 1

Is there an annual audit programme of infection-control policies/procedures?

YES

NO

### Evidence example

- There is an ongoing audit programme agreed according to local governance arrangements.

### Future actions

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### Local evidence

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Reassessment review date

Responsibility for actions identified

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# Question 2

Do teams review the results of infection-control audits and incorporate these into plans for continuing improvement?

YES

NO

## Evidence example

- There is evidence that audit findings have resulted in action plans with review dates.

## Future actions

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## Local evidence

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Reassessment review date

Responsibility for actions identified

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# How did you score?

To calculate your score for this challenge, multiply the number of “yes” answers in the challenge by 100, and then divide this number by the number of questions in the challenge.

Number of ‘YES’ answers  $\times$  100

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2

Score =

%

-  **100%**  
Full compliance
-  **71—99%**  
Action required
-  **50—70%**  
Urgent action required
-  **0—49%**  
Organisational priority

# Useful resources

## Challenge 4: Audit

### Resources especially relevant to this area

A useful MS Excel – based tool for creating SPC charts:

The Clinical Indicators Support Team has created an easy, to use, SPC chart generator.

[www.show.scot.nhs.uk/indicators/tutorial/main.htm](http://www.show.scot.nhs.uk/indicators/tutorial/main.htm)

Infection Control Nurses Association (2005) Audit Tools for Monitoring Infection Control Guidelines within the Community Setting. Meridian, Huntingdonshire.

[www.icna.co.uk](http://www.icna.co.uk)

Infection Control Nurses Association (2004) Audit Tools for Monitoring Infection-control Guidelines within Acute and Intermediate Care Settings. Meridian, Huntingdonshire

[www.icna.co.uk](http://www.icna.co.uk)

Measurement – A useful MS Excel based tool for creating Statistical Process Control charts. The Modernisation Agency has created a simple SPC form to create an SPC chart.

[www.wise.nhs.uk/cmsWISE/Tools+and+Techniques/Statistical\\_Process\\_Control/Intro.htm](http://www.wise.nhs.uk/cmsWISE/Tools+and+Techniques/Statistical_Process_Control/Intro.htm)

Measurement for Improvement – A document to guide you on measuring the success of your improvement programme is available at

[www.wise.nhs.uk/cmsWISE/Tools+and+Techniques/LG/processandsystems/processandsystems.htm](http://www.wise.nhs.uk/cmsWISE/Tools+and+Techniques/LG/processandsystems/processandsystems.htm)

National Institute for Health and Clinical Excellence, (2003), Infection Control. Prevention of healthcare-associated infections in primary and community care. Department of Health, London.

[www.nice.org.uk/page.aspx?o=CG002](http://www.nice.org.uk/page.aspx?o=CG002)

The National Patient Safety Agency offers free training and has a range of web-based tools to aid in the Root Cause Analysis process of investigating patient safety incidents. These resources may be especially helpful where a decision has been taken to manage HCAI as an adverse incident.

[www.npsa.nhs.uk/health/resources/root\\_cause\\_analysis/conditions](http://www.npsa.nhs.uk/health/resources/root_cause_analysis/conditions)

The Pareto Principle – a tool to identify where the improvements should be targeted  
The Pareto Chart identifies the 'vital few' areas, which if targeted will have the greatest impact. What is the Pareto principle? How to identify where to implement the High Impact interventions. How to construct a Pareto chart.

[www.tin.nhs.uk/index.asp?pgid=1135](http://www.tin.nhs.uk/index.asp?pgid=1135)

A graphic consisting of a large light grey circle containing a smaller blue circle. Inside the blue circle, the word "Challenge" is written in white, curved text at the top, and the number "5" is written in large white font in the center.

# Challenge 5

Ensure the organisation has a programme of education and training for infection-control that is tailored to the needs of care delivery.

# Challenge 5

Ensure the organisation has a programme of education and training for infection-control that is tailored to the needs of care delivery.

## Question 1

Is there an ongoing training programme for infection prevention and control?

YES

NO

### Evidence example

- Evidence of training/education programme.

### Future actions

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### Local evidence

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Reassessment review date

Responsibility for actions identified

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# Question 2

Is infection-control included in all staff induction programmes?

YES

NO

## Evidence example

- Training records.

## Future actions

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## Local evidence

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Reassessment review date

Responsibility for actions identified

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# Challenge 5

Ensure the organisation has a programme of education and training for infection-control that is tailored to the needs of care delivery.

## Question 3

Is infection-control included in annual mandatory training sessions?

YES

NO

### Evidence example

- Training records.

### Future actions

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### Local evidence

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Reassessment review date

Responsibility for actions identified

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# Question 4

Is infection-control training included in annual appraisals for all staff?

YES

NO

## Evidence example

- Personal development plans.

## Future actions

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## Local evidence

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Reassessment review date

Responsibility for actions identified

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# How did you score?

To calculate your score for this challenge, multiply the number of “yes” answers in the challenge by 100, and then divide this number by the number of questions in the challenge.

Number of ‘YES’ answers  $\times$  100

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4

Score =

%

-  100% Full compliance
-  71—99% Action required
-  50—70% Urgent action required
-  0—49% Organisational priority

# Useful resources

## Challenge 5: Education

Resources especially relevant to this area

Department of Health (2003) Winning ways – working together to reduce healthcare-associated infection in England, Department of Health, London.  
[www.dh.gov.uk/assetRoot/04/06/46/89/04064689.pdf](http://www.dh.gov.uk/assetRoot/04/06/46/89/04064689.pdf)

Department of Health (2004) NHS Knowledge and Skills and Framework and the Development Review Process.  
[www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT\\_ID=4090843&chk=dyrb/a](http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4090843&chk=dyrb/a)

National Institute for Health and Clinical Excellence (2003) Infection Control. Prevention of healthcare-associated infections in primary and community care. Department of Health, London.  
[www.nice.org.uk/page.aspx?o=CG002](http://www.nice.org.uk/page.aspx?o=CG002)

NHS e-learning.  
[www.infectioncontrol.nhs.uk](http://www.infectioncontrol.nhs.uk)

The Matron's Charter.  
[www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT\\_ID=4091506&chk=L2Id5d](http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4091506&chk=L2Id5d)

This document contains good ideas and case studies for setting up your ward-based programmes.





Ensure that healthcare environments reflects best practice design for infection-control and effective cleaning services are available.

# Challenge 6

Ensure that healthcare environments reflects best practice design for infection-control and effective cleaning services are available.

## Question 1

Are infection-control issues taken into consideration at the planning and design stage of refurbishments/new builds?

YES

NO

### Evidence example

- Infection-control representation at facilities/estates meetings.
- Minutes of meetings.

### Future actions

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### Local evidence

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Reassessment review date

Responsibility for actions identified

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# Question 2

Is infection-control advice sought for the provision/commissioning of services that have implications for infection-control e.g. laundry, clinical waste?

YES

NO

## Evidence example

- Infection-control representation at facilities/estates meetings
- Minutes of meetings.
- Evidence in service contracts.

## Future actions

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## Local evidence

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Reassessment review date

Responsibility for actions identified

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# Challenge 6

Ensure that healthcare environments reflects best practice design for infection-control and effective cleaning services are available.

## Question 3

Is there an adequate cleaning service available?

YES

NO

### Evidence example

- Audit of cleaning service.

### Future actions

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### Local evidence

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Reassessment review date

Responsibility for actions identified

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# Question 4

Is there a cleaning schedule available based on the principles of the NHS Cleaning manual or a suitable alternative?

YES

NO

## Evidence example

- Evidence of cleaning schedule.

## Future actions

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## Local evidence

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Reassessment review date

Responsibility for actions identified

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# Challenge 6

Ensure that healthcare environments reflects best practice design for infection-control and effective cleaning services are available.

# Question 5

Do cleaning staff receive training on infection-control?

YES

NO

## Evidence example

- Training records.

## Future actions

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## Local evidence

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Reassessment review date

Responsibility for actions identified

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# Question 6

Do all staff have access to cleaning materials?

YES

NO

## Evidence example

- Results of audit.

## Future actions

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## Local evidence

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.....

.....

Reassessment review date

Responsibility for actions identified

.....

# How did you score?

To calculate your score for this challenge, multiply the number of “yes” answers in the challenge by 100, and then divide this number by the number of questions in the challenge.

Number of ‘YES’ answers  $\times$  100

---

6

Score =

%

-  100% Full compliance
-  71—99% Action required
-  50—70% Urgent action required
-  0—49% Organisational priority

# Useful resources

## Challenge 6: Environment

Resources especially relevant to this area

Department of Health (2003) Winning ways – working together to reduce healthcare-associated infection in England. Department of Health, London.  
[www.dh.gov.uk/assetRoot/04/06/46/89/04064689.pdf](http://www.dh.gov.uk/assetRoot/04/06/46/89/04064689.pdf)

Department of Health: DH Estates and Facilities Knowledge and Information.  
[www.dh.gov.uk/PolicyAndGuidance/OrganisationPolicy/EstatesAndFacilitiesManagement/EstatesAndFacilitiesArticle/fs/en?CONTENT\\_ID=4118956&chk=gz0VFG](http://www.dh.gov.uk/PolicyAndGuidance/OrganisationPolicy/EstatesAndFacilitiesManagement/EstatesAndFacilitiesArticle/fs/en?CONTENT_ID=4118956&chk=gz0VFG)

Infection Control Nurses Association (2005) Audit Tools for monitoring Infection Control Standards within the Community Setting. ICNA.  
[www.icna.co.uk](http://www.icna.co.uk)

NHS Estates.

[http://patientexperience.nhsestates.gov.uk/clean\\_hospitals/ch\\_content/cleaning\\_manual/background.asp](http://patientexperience.nhsestates.gov.uk/clean_hospitals/ch_content/cleaning_manual/background.asp)

'Healthcare Facilities Cleaning Manual' provides advice, guidance and best practice on the effective cleaning of healthcare premises.

NHS Estates Infection Control in the Built Environment.

[www.hcsu.org.uk/index.php?option=com\\_docman&task=cat\\_view&gid=84&limit=5&limitstart=20](http://www.hcsu.org.uk/index.php?option=com_docman&task=cat_view&gid=84&limit=5&limitstart=20)

NHS Estates Primary and social care premises: Planning and Design Guidance.

[www.primarycare.nhsestates.gov.uk/secure/content.asp](http://www.primarycare.nhsestates.gov.uk/secure/content.asp)





Implement an organisation-wide policy/procedure for the decontamination of re-usable medical devices including but not limited to surgical instruments

# Challenge 7

Implement an organisation-wide policy/procedure for the decontamination of re-usable medical devices including but not limited to surgical instruments.

## Question 1

Is there a Board approved policy on the decontamination of medical devices?

YES

NO

### Evidence example

- Policy/procedure available.

### Future actions

.....

.....

.....

.....

.....

.....

### Local evidence

.....

.....

.....

Reassessment review date

Responsibility for actions identified

.....

# Question 2

Is there an appropriately trained decontamination lead within the organisation?

YES

NO

## Evidence example

- Job description.
- Training records.

## Future actions

.....

.....

.....

.....

.....

.....

.....

.....

## Local evidence

.....

.....

Reassessment review date

DD

MM

YY

Responsibility for actions identified

.....

# Challenge 7

Implement an organisation-wide policy/procedure for the decontamination of re-usable medical devices including but not limited to surgical instruments.

## Question 3

Does the organisation have a board approved local policy in place to address the national decontamination strategy?

YES

NO

### Evidence example

- Decontamination Strategy.
- Audit of compliance.

### Future actions

.....

.....

.....

.....

.....

.....

### Local evidence

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.....

.....

Reassessment review date

Responsibility for actions identified

.....

# Question 4

Is infection-control advice sought during the procurement process for medical devices?

YES

NO

## Evidence example

- Medical devices committee/group minutes.

## Future actions

.....

.....

.....

.....

.....

## Local evidence

.....

.....

Reassessment review date

Responsibility for actions identified

.....

# How did you score?

To calculate your score for this challenge, multiply the number of “yes” answers in the challenge by 100, and then divide this number by the number of questions in the challenge.

Number of 'YES' answers  $\times$  100

---

4

Score =

%

-  100% Full compliance
-  71—99% Action required
-  50—70% Urgent action required
-  0—49% Organisational priority

# Useful resources

## Challenge 7: Decontamination

Resources especially relevant to this area

British Society of Gastroenterology (2003). 'Endoscopy guidelines'.  
[www.bsg.org.uk](http://www.bsg.org.uk)

Decontamination information and guidance.  
[www.dh.gov.uk/PolicyAndGuidance/OrganisationPolicy/EstatesAndFacilitiesManagement/EngineeringEnvironmentAndTechnology/EngineeringEnvironmentArticle/fs/en?CONTENT\\_ID=4118225&chk=QGwbyF](http://www.dh.gov.uk/PolicyAndGuidance/OrganisationPolicy/EstatesAndFacilitiesManagement/EngineeringEnvironmentAndTechnology/EngineeringEnvironmentArticle/fs/en?CONTENT_ID=4118225&chk=QGwbyF)

Department of Health: DH Estates and Facilities Knowledge and Information.  
[www.dh.gov.uk/PolicyAndGuidance/OrganisationPolicy/EstatesAndFacilitiesManagement/EstatesAndFacilitiesArticle/fs/en?CONTENT\\_ID=4118956&chk=gz0VFG](http://www.dh.gov.uk/PolicyAndGuidance/OrganisationPolicy/EstatesAndFacilitiesManagement/EstatesAndFacilitiesArticle/fs/en?CONTENT_ID=4118956&chk=gz0VFG)

Infection Control Nurses Association (2005) Audit Tools for monitoring Infection Control Standards within the Community Setting. ICNA.  
[www.icna.co.uk](http://www.icna.co.uk)

Medical device information and guidance – The Medicines and Healthcare Products Regulatory Body.  
[www.mhra.co.uk](http://www.mhra.co.uk)

NHS Estates (2003) Decontamination programme – strategy for modernising the provision of decontamination services. NHS Estates, Leeds.

NHS Estates (2005) National Standards – Local Delivery. Main Principles to be considered when setting up a Decontamination Service for PCTs. NHS Estates.



# Useful websites

Department of Health [/www.dh.gov.uk](http://www.dh.gov.uk)

Department of Health (2005) Saving Lives: a delivery programme to reduce healthcare associated infection (HCAIs) including MRSA  
[www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT\\_ID=4113888&chk=X7ISqd](http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4113888&chk=X7ISqd)

Healthcare Associated Infection and Infection Control  
[www.show.scot.nhs.uk/scieh/infectious/infhospital.html](http://www.show.scot.nhs.uk/scieh/infectious/infhospital.html)

Healthcare Commission [www.healthcarecommission.org.uk](http://www.healthcarecommission.org.uk)

Healthcare Standards Unit [www.hcsu.org.uk](http://www.hcsu.org.uk)

Health Protection Agency [www.hpa.org.uk](http://www.hpa.org.uk)

Hospital Infection Society [www.his.org.uk](http://www.his.org.uk)

Infection Control Nurses Association [www.icna.org.uk](http://www.icna.org.uk)

National Audit Office [www.nao.org.uk](http://www.nao.org.uk)

National Electronic Library for Infection  
[www.neli.org.uk/IntegratedCRD.nsf/NeLI\\_Home?OpenPage](http://www.neli.org.uk/IntegratedCRD.nsf/NeLI_Home?OpenPage)

National Institute for Health and Clinical Excellence [www.nice.org.uk](http://www.nice.org.uk)

National Patient Safety Agency [www.npsa.nhs.uk](http://www.npsa.nhs.uk)

National Patient Safety Agency (NPSA) 'cleanyourhands' campaign  
[www.npsa.nhs.uk/cleanyourhands](http://www.npsa.nhs.uk/cleanyourhands)

National Resource for Infection Control [www.nric.org.uk](http://www.nric.org.uk)

NHS Education for Scotland 'Cleanliness Champions' initiative [www.space4.me.uk/hai](http://www.space4.me.uk/hai)

Royal College of Nursing 'Wipe it out' campaign [www.rcn.org.uk/resources/mrsa](http://www.rcn.org.uk/resources/mrsa)

# Total score for the self-assessment

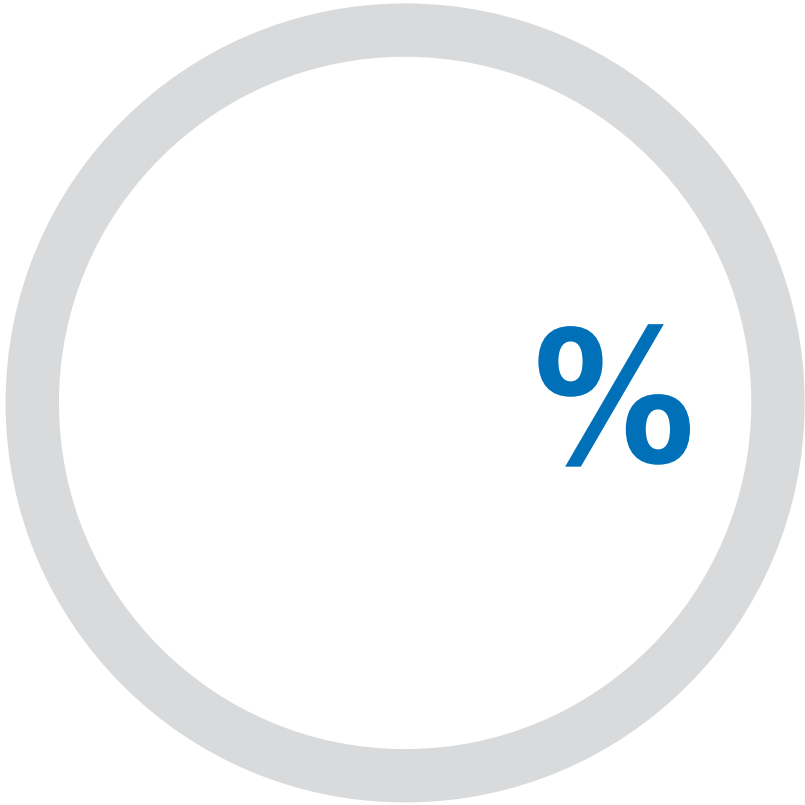
To calculate the **overall score** for the self-assessment tool, multiply the total number of “yes” answers in all challenges by 100, and then divide this number by the total number of questions.

Total no. of 'YES' answers  $\times$  100

---

**31**

# TOTAL SCORE



 **100%**  
Full compliance

 **71—99%**  
Action required

 **50—70%**  
Urgent action  
required

 **0—49%**  
Organisational  
priority

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275765 1p 10k Jun06  
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