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Health Act

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

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Introduction

Prevention and control of Healthcare Associated Infection

The term “Healthcare Associated Infection”, HCAI, encompasses any infection, by any infectious agent acquired as a consequence of treatment for a medical condition, or acquired by a healthcare worker in the course of their duties. The prevention and control of healthcare associated infection 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 HCAI 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 HCAI in both patient and attendant, 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 HCAI¹. It has produced a number of 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, as guidance to reduce Health Care Associated Infection. The most recent, *Saving Lives: a delivery programme to reduce healthcare associated infection including MRSA*⁵ and *Essential Steps to Safe Clean Care: Reducing Healthcare Associated Infection*⁶ guides NHS Bodies on moving toward compliance with these policies, best practice and evidenced based care. Participation in this programme will help demonstrate compliance with this Code for all health care providers.

Purpose of the Code of Practice

The purpose of this Code of Practice is to help NHS Bodies plan and implement how they can prevent and control HCAI. It sets out criteria by which managers of NHS organisations and other health care providers should ensure that patients are cared for in a clean environment, where the risk of HCAI is kept as low as possible. Failure to comply with the Code may result in an Improvement Notice being issued.

NHS organisations must also comply with all relevant legislation such as the Health and Safety at Work Act⁷ and Control of Substances Hazardous to Health Regulations⁸.

Users of the Code

The following NHS Bodies are covered by this Code:

- Primary Care Trusts (as commissioners and providers)
- NHS Trusts, including Acute Trusts, Mental Health Trusts and Ambulance Trusts established in relation to English NHS Foundation Trusts
- NHS Blood and Transplant (NHS BT)

Direct provision by the NHS

This Code of Practice applies to NHS Bodies and the services they provide directly. They should have systems in place to apply evidence based protocols and Core Standards to minimise the risk of HCAI to patients, staff and visitors.

Services commissioned by the NHS

When commissioning services, NHS Bodies should satisfy themselves that contractors have appropriate systems in place to keep patients, staff and visitors safe from HCAI so far as reasonably practicable.

Systems to prevent HCAI

The systems for the prevention and control of HCAI should address:

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

Presentation of the Code

The basic Code, applicable to Acute Trusts, is presented under three headings which delineate Duty of Care required and the accompanying 11 core requirements:

1. Management, Organisation and the Environment
2. Clinical care protocols
3. Healthcare workers

For each of the above there is an associated Annex. The bullet points for each policy identify the key components that should be taken into account when developing policies or considering compliance with the code. The Annexes also identify supporting references to inform policy development. Users may find the National Resource for Infection Control (www.nric.org.uk) a useful site to access these.

A bibliography gives the full references to the guidelines and other relevant material

Appendix 1 describes where the Code will differ for other NHS Bodies

The code of practice

Management, Organisation and the Environment

(Further information and references will be found in Annex 1)

1. General duty to protect patients, staff and others from healthcare associated infections

Every NHS Body must ensure that:

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

2. Duty to establish appropriate management systems for infection prevention and control

Every NHS Body must ensure that it has in place appropriate systems and arrangements for allocating responsibilities and accountability to all staff, contractors and other persons involved in the delivery of healthcare in order to protect patients from risks of acquiring infections. 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 a Director of Infection Prevention and Control (DIPC) accountable directly to the Board
- c. the mechanisms by which the Board ensures that adequate resources are available to secure effective prevention and control of healthcare associated infections. These would include: assurance framework, infection control programme and infection control infrastructure.
- d. the provision of suitable and sufficient training, information and supervision to all relevant staff, contractors and other persons concerned with patient care 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.
- f. A policy addressing, where relevant, admission, transfer discharge and movement of patients between departments within and between healthcare facilities.

3. Duty to assess risks of acquiring healthcare associated infection and to take action to reduce or control such risks

Every NHS Body must ensure that it has:

- a. made a suitable and sufficient assessment of the risks that patients may encounter with respect to healthcare associated infection whilst receiving care and identified the steps that need to be taken to reduce or control these risks in accordance with core requirement 1.
- b. implemented the steps identified and recorded the findings.
- c. appropriate methods in place to monitor the risks of infection and to inform subsequent protective action as appropriate.

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

Every NHS Body must ensure that:

- a. there are policies for the environment which take account of infection control advice.
- b. lead Managers for cleaning and decontamination are designated.
- c. all parts of the premises in which it provides healthcare are suitable for the purpose, are kept clean and are 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 the schedule for cleaning frequencies is publicly available.
- e. there is adequate provision of suitable hand wash facilities and antibacterial hand rubs.
- f. there are effective arrangements made for the appropriate decontamination of instruments and other equipment.
- g. there is adequate provision for linen and laundry supplies in line with national guidelines.
- h. The dress code for staff (including uniforms) should ensure attire is clean and fit for purpose.

5. Duty to provide information on healthcare associated infections to patients and the public

Every NHS Body must ensure that it makes available to patients and the public suitable and sufficient information on:

- a. the organisation's general systems and arrangements for securing the prevent and control HCAI.
- b. any particular considerations regarding the risks and nature of any HCAI that are relevant to the patient's own care.
- c. any protective measures relating to HCAI that a patient is advised to take after discharge.

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

Every NHS Body must ensure that it provides suitable and sufficient information on each patient's infection status whenever they are moved from the care of one organisation to another.

7. Each NHS Body shall, so far as reasonably practicable, ensure its staff, contractors and others involved in the provision of health care co-operate with it, and with each other, so far as necessary to enable the body to meet its obligations under this code.

8. Duty to provide adequate isolation facilities

All NHS Bodies providing inpatient care must ensure that they have adequate isolation facilities to prevent the spread of healthcare associated infection.

9. Duty to ensure adequate laboratory support

All NHS Bodies must ensure that support for infection prevention and control is provided by a microbiology laboratory working to the standards as presently required for accreditation by Clinical Pathology Accreditation (UK) Ltd.

Clinical care protocols

(Further information and references will be found in Annex 2)

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

Policies

Appropriate policies must be in place, where relevant, for infection prevention and control in clinical settings. These should reflect national guidelines, where applicable, and evidence based practice. Implementation of the policies should be monitored via the clinical governance system. There should be evidence of a rolling programme of audit, revision, and update.

To comply with the Code they should include the following core policies:

Core policies (see Annex 2A):

- 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. Control of infections with specific alert organisms taking account of local epidemiology and risk assessment. These should include, as a minimum, MRSA, *Clostridium difficile* infection and Transmissible Spongiform Encephalopathies (TSE)

Other policies may be required dependent on local circumstances (see Annex 2B)

All policies should be clearly marked with a review date.

Healthcare workers

(Further information and references will be found in Annex 3)

11. Duty to ensure that healthcare workers are free of and are protected from exposure to communicable disease during the course of their work, and are educated in the prevention and control of healthcare associated infection

Every NHS Body must ensure that policies and mechanisms are in place to ensure the following.

- a. occupational health services: NHS Bodies should ensure that all staff can access occupational health services.
- b. occupational health policies: there should be occupational health policies for the prevention and management of communicable infections in healthcare workers.
- c. induction and training: NHS Bodies should include prevention and control of infection in induction programmes for new staff, and in training programmes for all staff.
- d. education for existing staff: there should be a programme of ongoing education for existing staff (including support staff, agency/locum staff and staff employed by contractors).
- e. updating staff: there should be a record of training and updates for all staff, and prevention and control of infection should be included in job descriptions, personal development plans and appraisal for all staff groups.

Key policy components and supporting references to support compliance with the Code

Annex 1 Management , Organisation and the Environment

Good management and organisation is crucial to establishing high standards of infection control. This annex expands on the core requirements set out in the Management ,Organisation the Environment section of this Code of Practice.

Director of Infection Prevention and Control (DIPC)⁹

The role of the DIPC is to:

- be responsible for the infection control team (ICT) within the healthcare 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 antibiotic prescribing decisions
- assess the impact of all existing and new policies on HCAI and make recommendations for change
- be an integral member of the organisation's clinical governance and patient safety teams and structures
- produce an annual report on the state of HCAI in the organisations for which he or she is responsible and release it publicly.

Assurance framework^{3,6,,10,11,12,13,14}

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
- review of statistics on prevalence of alert organisms (e.g. MRSA, *Clostridium difficile*) and conditions, outbreaks and serious untoward incidents. For some Trusts, such as, Ambulance Trusts, this may not be necessary
- evidence of appropriate actions taken to deal with infection occurrences
- an audit programme to ensure that policies have been implemented.

Infection control programme¹⁴

The infection control programme should:

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

Infection control infrastructure^{3,14}

An infection control infrastructure should be in place and encompass the following elements:

- for 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.
- for other NHS Bodies, an Infection Control Nurse or designated person responsible for infection control matters.
- there should be 24 hour access to a nominated qualified Infection Control Doctor, or a consultant in communicable disease control.

Liaison on patient movements^{3,4,6,14}

There should be evidence of joint planning between the ICT and the bed managers for planning patient admissions, transfers, discharges, and movements between departments and other healthcare facilities. Where necessary, Ambulance Trusts may need to be involved.

Evidence

Evidence should demonstrate that responsibility for infection prevention and control is effectively devolved to:

- all professional groups in the NHS Body
- clinical specialties and directorates and, where appropriate, support directorates or other units.

Policies for the environment

Premises and facilities provided are in accordance with best practice guidance. The development of local policies should take account of infection control advice and will include, but not be restricted to:

- cleaning services^{15,16,17}
- building and refurbishment, including air handling systems^{18,19,20}
- clinical waste management^{21,22,23,24,25}
- planned preventive maintenance
- pest control²⁶
- management of potable and non-potable water supplies^{27,28,29,30}
- food services including food hygiene and food brought into the organisation by patients, staff and visitors.^{31,32,33,34,35}

Cleaning services^{4,6,15,16,17,34,35}

The arrangements should include the following:

- 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
- sufficient resources dedicated to keeping the environment clean and fit for purpose.

Decontamination^{3,6,36,37,38,39,40,41,42,43,44,45,46,47,48,49,50}

A decontamination lead should be designated with responsibility for ensuring that a decontamination programme is implemented throughout the NHS Body, consistent with national guidelines.

The decontamination programme should demonstrate that

- decontamination of reusable medical devices takes place in appropriate dedicated facilities
- acquisition and maintenance of decontamination equipment is in accordance with National and European guidelines
- staff are trained in decontamination processes and hold appropriate competencies for their role
- there is quality system in place to ensure that processes meet the required standard.

Linen, laundry and dress

- processing and supply of linen and laundry should conform to national guidelines¹⁷.
- particular attention should be drawn to items of attire that may inadvertently come into clinical contact with a patient.

Provision of information^{51,52,53,54}

Areas covered should include:

- general principles pertaining to the prevention and control of HCAI
- the role and responsibilities of individuals in the prevention and control of HCAI when visiting patients.

Involving patients and the public in infection prevention and control^{51,52,53,54}

Policies should encourage

- vigilance
- visitors to comply with hand washing and visiting restrictions
- reporting breaches of hygiene
- explanation of incident/ outbreak management
- feedback focused on patient pathway
- providing information across organisational boundaries such as pre-admission screening, post operative wound surveillance.

*Isolation of patients*¹⁸

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

Laboratory protocols should include:

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

Annex 2 Clinical care protocols

This annex expands on the statements made in the Clinical care protocols section of this Code of Practice. The core requirements will control nosocomial infections but infection prevention and control has a broader remit to stop the spread of other infections within a hospital e.g. multiresistant TB and legionella. Thus, the list below is more extensive than may be expected.

Annex 2A

The following sets out the core policies required in this Code of Practice and some key points that should be addressed.

- a. *Standard (universal) infection control precautions*^{3,6,10,12,13,55}
 - policy to be based on evidence based guidelines, which include hand hygiene and the use of personal protective equipment
 - policy to be easily accessible to all groups of staff, patients and the public
 - compliance to the policy to be audited
 - information on the policy to be included in induction programmes for all staff groups.
- b. *Aseptic technique*^{3,5,6,10,12,13}
 - clinical procedures to be carried out in a manner that maintains and promotes the principles of asepsis
 - education, training and assessment in the aseptic technique to be provided to all persons undertaking such procedures
 - the technique to be standardised across the organisation
 - audit to be undertaken to monitor compliance with aseptic technique
- c. *Major outbreaks of communicable infection*^{3,55}

Degree of detail should reflect local circumstances eg. a low risk single specialty facility 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, 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 outbreaks
- d. *Isolation of patients*¹⁸
 - isolation policy to be evidence based and reflect local risk assessment
 - indications for isolation to be included in policy and infection control management of patients in isolation
 - information on isolation to be easily accessible to all groups of staff, patients and the public.
- e. *Safe handling and disposal of sharps*^{2,10,11,12,13}

This should include where indicated:

 - risk assessment, risk management and training in management of needlestick injuries
 - provision of medical devices incorporating sharps protection mechanisms

- policy based on relevant legislation and evidence based guidelines
 - policy that is easily accessible to all groups of staff
 - auditing of policy compliance
 - inclusion of information on policy in induction programmes for all staff groups.
- f. *Prevention of occupational exposure to blood-borne viruses (BBVs), including prevention of sharps injuries*^{56,57,58,59,60,61,62,63,64,65}
- immunisation against hepatitis B
 - measures to avoid exposure to blood-borne viruses such as the wearing of gloves and other protective clothing, the safe handling and disposal of sharps, and measures to reduce risks during surgical procedures.
- g. *Management of occupational exposure to BBVs and post exposure prophylaxis*^{66,67,68,69,70,71,72,73,74,75}
- 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
 - follow-up of hepatitis C exposures.
- h. *Closure of wards departments and premises to new admissions*
- system to be in place for ICT to advise the Chief Executive and Medical Director
 - criteria to be defined for activating system
 - management arrangements for redirecting admissions to be defined with ICT input
 - criteria for advising closure to be established
 - policy for environmental decontamination prior to re-opening.
- i. *Disinfection policy*^{10,11}
- the use of disinfectants is a local decision and Trusts should have local policies on disinfectant use focused on specific infection risks
 - if appropriate the role of high level disinfectants to kill bacteria, viruses and spores should be considered.
- j. *Antimicrobial prescribing*⁷⁶
local prescribing should, wherever possible, be harmonised with that in the British National Formulary (BNF) and other formularies.
- all local guidelines should include information on drug, regimen and duration
 - procedures should be in place to ensure prudent prescribing
- k. *Control of infections with specific alert organisms taking account of local epidemiology and risk assessment. For some Trusts such as Ambulance Trusts, all of these may not be necessary*
These should include, but are not necessarily restricted to the following:

- MRSA^{77,78,79}
 - pre-admission screening
 - 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
 - antibiotic prophylaxis for surgery
- *Clostridium difficile* infection^{80,81,82}
 - surveillance of *Clostridium difficile* associated disease
 - diagnostic criteria
 - isolation of infected patients and cohort nursing
 - environmental decontamination
 - antibiotic prescribing policies
- Transmissible Spongiform Encephalopathies (TSE)⁸³
 - Management of known or high risk patients

Other relevant policies for specific alert organisms

The following will be particularly relevant to Acute Trusts and may be applicable to certain other Trusts depending on their spectrum of activity

- *Glycopeptide resistant enterococci*⁸⁴
 - 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*⁸⁵
 - 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*^{86,87,88}
 - isolation of infected patients
 - transfer of infected or colonised patients within NHS Bodies, or to other healthcare facilities
 - treatment compliance
- *Respiratory viruses*^{89,90}
 - alert system for suspect cases
 - isolation criteria
 - infection control measures
 - terminal disinfection and discharge
- *Diarrhoeal infections*^{91,92}
 - isolation criteria
 - infection control measures
 - cleaning and disinfection policy
- *Viral haemorrhagic fevers (VHF)*⁹³
 - patient risk assessment and categorisation
 - all staff to be aware of the special measures to be taken for nursing VHF patients, and 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 (HSIDU) 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*^{30,94}
All existing premises should be regularly reviewed and a realistic programme should be prepared to minimise risks. Priority should be given to patient areas, although the exact priority will depend on local circumstances.

Annex 2B

Other relevant policies applicable to some Trusts

- l. *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).*⁸³
 - the risks to be assessed in all cases where there may be exposure to biological agents
 - when appropriate, measures to be introduced either to prevent, or adequately control exposure.
- m. *Safe handling and disposal of clinical waste*^{95,96,97,98}
 - Ensure that the risks from healthcare waste are 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 required when handling healthcare waste should include:
 - training and information
 - personal hygiene
 - segregation of wastes
 - personal protective equipment
 - immunisation
 - handling
 - packaging and labelling
 - transport on and off-site
 - accidents, incidents and spillages
 - treatment and disposal
 - Ensure that risks to the environment from healthcare waste are 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.
- n. *Packaging, handling and delivery of laboratory specimens*^{21,64,99,100}
 - biological samples, cultures and other materials should be transported in a manner that ensures they do not leak in transit.

- o. *Care of the cadaver*¹⁰¹
- risk assessment of potential hazards
 - appropriate facilities and accommodation should be provided
 - safe working practices should be followed
 - arrangements for visitors should be in place
 - information, instruction, training and supervision should be provided
 - health surveillance and immunisation (where appropriate).
- p. *Best practice guidance for the care of patients with invasive devices should be followed.*^{3,5,6,10,12,13}
- NHS Trust policy to be based on evidence based guidelines
 - policy to be easily accessible by all relevant healthcare workers
 - compliance with policy to be audited
 - information on policy to be included in infection control training programmes for all relevant staff groups.
- q. *Decontamination of reusable medical device*^{38, 39,40,41,42,43, 44,45,46,47}
- Effective decontamination of reusable medical devices is essential. There should be systems to protect patients and staff from the transmission of infection from medical devices and other equipment which comes into contact with patients, or their body fluids, by minimising the risk of transmission of infectious agents
- 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.
- r. *Instruments for single use only or limited reuse*⁴⁸
- Policies should be in place for handling instruments designed for single use only, or limited re-use.
- s. *Purchase and maintenance of equipment*
- Policies for the purchase and maintenance of all clinical equipment should take into account infection control advice.
- t. *Surveillance and data collection*^{3,102}
- For all appropriate clinical settings, there should be evidence of local surveillance and use of comparative data where available. 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. Where practical post discharge surveillance of wound infection should be implemented.

u. Reporting HCAI¹⁰²

NHS Bodies must take part in reporting schemes to the Health Protection Agency (HPA) as directed by the Department of Health (DH).

v. Dissemination of information

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

w. Isolation facilities¹⁸

There should be a policy on, and appropriate provision of, isolation facilities (source, protective and management of outbreaks).

All polices should be clearly marked with a review date.

Annex 3 Healthcare workers

This annex expands on the statements made in the Healthcare workers section of this Code of Practice.

For the purposes of this Code of practice, a Healthcare worker is defined as a person involved in any aspect of patient care. Not only does this include front-line clinical and paraclinical staff, but also staff employed in Estates and Facilities.

*Occupational health services should include*⁹⁸

- health screening for communicable diseases
- management of exposure to healthcare associated infections, which should include provision for emergency treatment out of hours
- relevant immunisations.

Occupational health services for blood-borne viruses should include^{61,62,66,67,68,69,70,71,72,73,74,75}

- arrangements for identifying and managing hepatitis B, HIV and hepatitis C infected healthcare workers and restricting their practice as necessary in line with DH guidance
- liaising with the UK Advisory Panel for Healthcare Workers Infected with Blood-borne Viruses when advice is needed on procedures which may be carried out by blood-borne virus infected healthcare workers, and when patient tracing, notification and offer of blood-borne virus testing may be needed.

*Induction and training programmes should include prevention and control of infection:*¹⁰³

- regular staff
- support staff
- agency/locum staff
- staff employed by contractors.

*Ongoing education for existing staff should include principles and practice of infection control*¹⁰³ :

- update of policies
- feedback of audit results
- examples of good practice
- action needed to correct deficiencies.

Appendix 1.

| | Code requirement No. | Trust | | | |
|---|----------------------|-----------|---------------|--------|-----|
| | | 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 | ✓ | ✓ | ✓ | ✓ |
| | 4 | ✓ | ✓ | ✓ | ✓ |
| | 4a | 2 | ✓ | ✓ | ✓ |
| | 4b | ✓ | ✓ | ✓ | ✓ |
| | 4c | ✓ | ✓ | ✓ | ✓ |
| | 4d | ✓ | ✓ | ✓ | ✓ |
| | 4e | ✓ | ✓ | ✓ | ✓ |
| | 4f | ✓ | ✓ | ✓ | ✓ |
| | 4g | ✓ | ✓ | ✓ | ✓ |
| | 4h | ✓ | ✓ | - | ✓ |
| | 5 | ✓ | ✓ | ✓ | ✓ |
| | 5a | ✓ | ✓ | ✓ | ✓ |
| | 5b | ✓ | ✓ | ✓ | ✓ |
| | 5c | - | ✓ | - | ✓ |
| | 6 | ✓ | ✓ | - | ✓ |
| | 7 | ✓ | ✓ | ✓ | ✓ |
| 8 | - | ✓ | - | ✓ | |
| 9 | - | ✓ | ✓ | ✓ | |
| Clinical care protocol | 10 | ✓ | ✓ | ✓ | ✓ |
| | 10a | ✓ | ✓ | ✓ | ✓ |
| | 10b | ✓ | ✓ | ✓ | ✓ |
| | 10c | - | ✓ | - | 3 |
| | 10d | - | ✓ | - | 3 |

| | Code requirement No. | Trust | | | |
|--------------------|----------------------|-----------|---------------|--------|-----|
| | | Ambulance | Mental health | NHS BT | PCT |
| | 10e | ✓ | ✓ | ✓ | ✓ |
| | 10f | ✓ | ✓ | ✓ | ✓ |
| | 10g | - | ✓ | ✓ | ✓ |
| | 10h | - | ✓ | - | 3 |
| | 10i | ✓ | ✓ | ✓ | ✓ |
| | 10j | - | ✓ | - | ✓ |
| | 10k | ✓ | ✓ | ✓ | ✓ |
| | 10l | ✓ | ✓ | ✓ | ✓ |
| | 10m | ✓ | ✓ | ✓ | ✓ |
| | 10n | - | ✓ | - | ✓ |
| | 10o | ✓ | ✓ | ✓ | ✓ |
| | 10p | - | - | - | - |
| | 10q | ✓ | ✓ | ✓ | ✓ |
| | 10r | ✓ | ✓ | ✓ | ✓ |
| | 10s | ✓ | ✓ | ✓ | ✓ |
| | 10t | ✓ | ✓ | ✓ | ✓ |
| | 10u | - | ✓ | - | ✓ |
| | 10v | - | ✓ | - | ✓ |
| | 10w | ✓ | ✓ | - | ✓ |
| Healthcare workers | 11 | ✓ | ✓ | ✓ | ✓ |
| | 11a | ✓ | ✓ | ✓ | ✓ |
| | 11b | ✓ | ✓ | ✓ | ✓ |
| | 11c | ✓ | ✓ | ✓ | ✓ |
| | 11d | ✓ | ✓ | ✓ | ✓ |
| | 11e | ✓ | ✓ | ✓ | ✓ |

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

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Glossary

Assurance Framework:

Describes organisational objectives, identifies potential risks to their achievement and gaps in assurance.

CJD:

Creutzfeldt-Jakob disease

Clinical 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, & 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.

Care Home:

A care home provides accommodation, together with nursing or personal care, for any of the following:

- (a) persons who are or have been ill
- (b) persons who have or have had a mental disorder
- (c) persons who are disabled or infirm
- (d) persons who are or have been dependent on alcohol or drugs

But an establishment is not a care home if it is-

- (a) a hospital
- (b) an independent clinic
- (c) a children's home

Clinical Governance:

A framework through which NHS organisations are accountable for continually improving the quality of their 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.

Clinical Protocols:

Step-by-step instructions explaining how to perform clinical tasks.

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.

CSA: Care Standards Act

The Care Standards Act, 2000 that, amongst other things, provides the legislative structure for the registration and inspection of private and voluntary healthcare and care homes.

Duty of quality:

Section 45 of the Health and Social Care (Community Health and Standards) Act 2003 states that “It is the duty of each NHS Body to put and keep in place arrangements for the purpose of monitoring and improving the quality of healthcare provided by and for that body.”

Foundation Trust:

A public benefit corporation, established by the Health and Social Care (Community Health and Standards) Act 2003, which is authorised to provide goods and services for the purpose of the health service.

Healthcare:

Services provided for, or in connection with, the prevention, diagnosis or treatment of illness, and the promotion and protection of public health.

Healthcare associated infection:

All infections acquired as a direct or indirect result of healthcare in either a hospital or community setting.

HC:

The Healthcare Commission.

Healthcare Commission:

Established in April 2004 as the independent body encompassing the work of the Commission for Health Improvement (CHI). It will inspect healthcare provision in accordance with national standards and other service priorities and will report directly to Parliament on the state of healthcare in England and Wales.

H&SC Act:

Health and Social Care (Community Health and Standards) Act 2003.

Laboratory SOPs:

Laboratory standard operating procedures

Medical Devices:

All products, except medicines, used in healthcare for diagnosis, prevention, monitoring or treatment. The range of products is very wide. It includes: contact lenses and condoms; heart valves and hospital beds; resuscitators and radiotherapy machines; surgical instruments and syringes; wheelchairs and walking frames.

Monitor:

The independent regulator of NHS Foundation Trusts.

MRSA:

Meticillin resistant *Staphylococcus aureus*.

NHS Body:

A Primary Care Trust, Strategic Health Authority or NHS Trust, all or most of whose hospitals, establishments and facilities are situated in England, or an NHS Foundation Trust or special health authority performing functions only or mainly in respect of England.

NHSBT:

NHS Blood and Transplant

Consisting of 3 divisions:

National Blood Service (NBS), Bio Product Laboratory (BPL) and UK Transplant (UKT)

Healthcare organisation:

English NHS Bodies, cross-border Strategic Health Authorities and other organisations and individuals, including the independent and voluntary sectors, which provide or commission healthcare for individual patients and the public.

Patient:

Those in receipt of healthcare provided by or for English NHS Bodies or cross-border Strategic Health Authorities.

Primary Care Trust (PCT):

A local health organisation responsible for managing local health services. PCTs work with Local Authorities and other agencies that provide health and social care to make sure the community's needs are being met.

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 Incidents:

An accident or incident when 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.

Strategic Health Authorities (SHA):

Responsible for: developing plans for improving health services in its local area; making sure local health services are of a high quality and are performing well; increasing the capacity of local health services so they can provide more services; and making sure national priorities are integrated into local health service plans.