

## INFECTION CONTROL

### STANDARD

There is a managed environment, which minimises the risk of infection, to patients, staff and visitors.

### OVERVIEW

A considerable amount of work has already been done in this area. This standard has been produced by the Department of Health, Social Services and Public Safety and is based on the Department of Health standard, which has been adapted to ensure its appropriateness to the Health and Personal Social Services (HPSS). The NHS Quality Improvement Scotland Clinical Standards Board for Scotland document *HAI Infection Control Standards* (December 2001) was also useful in development of the Northern Ireland standard.

The standard is based on existing statutory, mandatory and best practice guidance.

All HPSS organisations should ensure that they have effective systems in place, including decontamination, to prevent and control communicable diseases, especially healthcare acquired infection. A proportion of healthcare associated infection is preventable.

Prevention and control of infection is part of the overall risk management strategy within the healthcare environment (which includes hospital, community and primary care) and an integral part of the management of antibiotic resistance.

Evolving clinical practice presents new challenges in infection prevention and control, which need continual review and assessment.

There is a clear need to improve the general level of knowledge and understanding of infection control principles among healthcare staff working in both hospital and community settings.

The culture of healthcare organisations must facilitate the approach that infection prevention and control is everyone's responsibility.

### Assessment Guidance

HPSS organisations vary significantly in size and in the nature of the services they deliver. It follows that that not all controls assurance standards will apply to each organisation. This is implicit in the current Departmental guidance, eg. *The Reference Table on Applicability and Expected Levels of Compliance* which should be referred to before commencing the self-assessment exercise.

Even where a standard is generally applicable to the work of an organisation it is quite possible that not all of the criteria will be materially applicable. Before self-assessing against a standard, therefore, an organisation should consider the relevance of each criterion to its own business and conduct its assessment accordingly. Thus, where a criterion is clearly relevant to an organisation, the score should be based on the **totality of the action taken to address the requirement**. Where there is little or no relevance, the criterion should be considered “not applicable” and ignored for scoring purposes as explained in the guidance on *Reporting Compliance* issued by the Department.

This approach will ensure that the assessment has no unfairly detrimental effect on the organisation’s overall score but reflects a proper evaluation of the key areas of risks identified and the actual levels of controls put in place to manage those risks.

Likewise, the *Examples of Verification* set out in the standard are just that – examples, for guidance only. Once again, it is the nature of each organisation’s business that determines the type of evidence needed to prove that appropriate controls are in place. In effect, this may mean that only some of the examples listed are relevant to a particular HPSS organisation or, indeed, that there are other more relevant examples which can be adduced as evidence of compliance. It is also the case that some evidence can be deployed to demonstrate compliance with more than one criterion or standard.

## KEY REFERENCES AND GOOD PRACTICE

### DH circulars and GB reports

Department of Health (2002) *Hepatitis C Infected Healthcare Workers* HSC 2002/010 Department of Health, London  
[http://www.info.doh.gov.uk/doh/Coin4.nsf/12d101b4f7b73d020025693c005488a9/c3b2dac6862aabb880256c15002cf18e/\\$FILE/010hsc2002.PDF](http://www.info.doh.gov.uk/doh/Coin4.nsf/12d101b4f7b73d020025693c005488a9/c3b2dac6862aabb880256c15002cf18e/$FILE/010hsc2002.PDF)

House of Lords Select Committee on Science and Technology (2003) *Fighting Infection*. Session 2002-2003. 4<sup>th</sup> Report  
<http://www.parliament.the-stationery-office.co.uk/pa/ld200203/ldselect/ldsctech/138/138.pdf>

National Institute for Clinical Excellence (2003) *Infection control: Prevention of healthcare associated infection in primary and community care*  
[http://www.nice.org.uk/pdf/Infection\\_control\\_fullguideline.pdf](http://www.nice.org.uk/pdf/Infection_control_fullguideline.pdf)

NHS Estates (2001) *Guidelines on infection control and the built environment*. NHS Estates, Leeds

NHS Estates (1993) Health Technical Memorandum HTM 2040 *The control of legionellae in healthcare premises - a code of practice* NHS Estates, Leeds

NHS Estates (2003) *Standards of cleanliness in the NHS*. A Framework in which to measure performance outcomes. NHS Estates, Leeds

NHS Executive (1995) *Hospital Infection Control: Guidance on the control of Infection in hospitals prepared by the joint DH/PHLS Hospital Infection Working Group* HSG (95)10 1995 (Issued by CREST to HPSS in 1997)

### DHSS/DHSSPS circulars

DHSS (1992) *Decontamination of Equipment, Linen and Other Surfaces Contaminated with Hepatitis B and/or Human Immunodeficiency Viruses*. HA 1/92

DHSS (1997) *Prevention and Control of Tuberculosis in Northern Ireland*. HSS(MD)13/97

DHSS (1997) *Guidance on the Management and Control of Viral Haemorrhagic Fevers*. HSS(MD)14/97

DHSS (1998) *Guidance for Clinical Health Care Workers: Protection against Infection with Blood-borne viruses*. HSS(MD)7/98

DHSS (1998) *Review of Communicable Disease Control in Northern Ireland: Report of the Project Board* HSS(MD)210/98

DHSS (1998) *Antimicrobial Resistance – “The Path of Least Resistance”*  
HSS(MD)22/98

DHSS (1998) *Guidance on the Management of AIDS/HIV Infected Health Care Workers and Patient Notification* HSS(MD)29/98

DHSS (1999) *Resistance to Antibiotics and other Antimicrobial agents*  
HSS(MD)8/99

DHSS (1999) *Variant Creutzfeldt-Jakob Disease (vCJD) : Minimising the Risk of Transmission.* HSS(MD)15/99

DHSS (1999) *Controls Assurance in Infection Control: Decontamination of Medical Devices.* HSS(MD)16/99

DHSS (2000) *The Management and Control of Hospital Infection: action by the HPSS for the Management and Control of Infection in Hospitals in Northern Ireland.* HSS(MD)9/2000

DHSS (2000) *Hepatitis B infected health care workers* HSS(MD)17/2000

DHSS (2000) – *HIV post-exposure prophylaxis: Expert Advisory Group on AIDS* HSS(MD)21/2000

DHSSPS (2001) *Decontamination of Reusable Medical Devices.*  
HSS(MD)4/01 2001

DHSSPS (2001) *Risk Assessment on the risk of vCJD Transmission via Surgical Instruments. Addendum1:* HSS(MD)4/01

DHSSPS (2001) *Protocol for Local Decontamination of Surgical Instruments. Addendum 3:* HSS(MD)4/01

DHSSPS (2002) *Antimicrobial resistance Action Plan* HSS(MD)1/02

DHSSPS (2002) *Joint Tuberculosis Committee of the British Thoracic Society Guidelines* HSS(MD)8/02

DHSSPS (2002) *Antimicrobial resistance Action Plan Implementation*  
HSS(MD)16/02

DHSSPS (2002) *Guidelines for Renal Dialysis/Transplantation Units: Prevention and Control of Blood-borne Virus Infection* HSS(MD)36/02

DHSSPS (2003) *Severe Acute Respiratory Syndrome(SARS)* HSS(MD)18/03

DHSSPS (2003) *Severe Acute Respiratory Syndrome (SARS)* HSS(MD)21/03

DHSSPS (2003) *Transmissible Spongiform Encephalopathy Agents: Safe Working and the Prevention of Infection. Publication of revised guidance.* HSS(MD)36/03

DHSSPS (2005) Northern Ireland Interim Pandemic Influenza Contingency Plan - <http://www.dhsspsni.gov.uk/index/phealth/pandemicflu/pandemic-contingency.htm>

DHSSPS (2006) *Changing the Culture. An Action Plan for the Prevention and Control of Healthcare Associated Infections 2006-2009.* HSS MD 9/(2006).

## Legislation

Statutory Rules of Northern Ireland *Control of Substances Hazardous to Health Regulations (Northern Ireland) 2003* (No. 34), The Stationery Office, Belfast

Statutory Rules of Northern Ireland *Personal Protective Equipment at Work Regulations (Northern Ireland) 1993* (No. 20), The Stationery Office, Belfast

## ACDP

Advisory Committee on Dangerous Pathogens (2003) "*Transmissible Spongiform Encephalopathy Agents: Safe Working and the Prevention of Infection*"

<http://www.doh.gov.uk/cjd/tseguidance/index.htm>

Department of Health (2001) *The Management, design and operation of microbiological containment laboratories.* Advisory Committee on Dangerous Pathogens. Department of Health, London

Spongiform Encephalopathy Advisory Committee (1998) "*Transmissible Spongiform Encephalopathy Agents: Safe Working and the Prevention of Infection*" (Advisory Committee on Dangerous Pathogens (ACDP) Spongiform Encephalopathy Advisory Committee (SEAC)

## Medical Devices

Medical Devices Agency *Sterilisation, Disinfection and Cleaning of Medical Equipment: Guidance on Decontamination from the Microbiology Advisory Committee to Department of Health.* Medical Devices Agency (MAC Manual) Health

Estates, Northern Ireland Adverse Incident Centre (NIAIC) *Safe use and disposal of Sharps* SN(NI) 2001/28.

Health Estates, Northern Ireland Adverse Incident Centre (NIAIC), *Single use medical devices: Implications and Consequences of Reuse*. DB2000/04(NI), November 2000

### Health Estates

Health and Safety Commission (Health Services Advisory Committee) (1999) *Safe disposal of clinical waste*

Health Estates (March 1999) *The Segregation Primary Packaging, Secondary Packaging and Storage of Clinical Waste*. HSS-E. PEL (99)9.

Health Estates, (2002) *The Management of Clinical Waste in the Delivery of Health and Social Care In the Community*. PEL (01)11

Health Estates (2006) *Cleanliness Matters - a Regional Strategy for Improving the Standard of Environmental Cleanliness in HSS Trusts, 2005-2008*.  
<http://www.dhsspsni.gov.uk/facilities-environmental-cleanliness>

### General standards

Standards Australia (2004) *Risk Management AS/NZS 4360:2004*.

DFP (2001) *Corporate Governance: Statement on Internal Control* Circular DAO (DFP) 5/2001

DHSSPS (2002) *Corporate Governance: Statement on Internal Control* Circular HSS (PPM) 3/2002

DHSSPS (2005) *AS/NZS 4360: 2004 – Risk Management* Circular HSS (PPM) 4/2005

DHSSPS (2002) *Risk Management in the Health and Personal Social Services* Circular HSS (PPM) 8/2002

DHSSPS (2002) *Best Practice – Best Care: A framework for setting standards, delivering services and improving monitoring and regulation in the HPSS*.

The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 SI 2003/431 (NI 9)

DHSSPS (2002) *Governance in the HPSS: Clinical and Social Care Governance - Guidance on Implementation*. Circular HSS (PPM) 10/2002

DHSSPS (2002) *Governance in the HPSS – Risk Management* Circular HSS (PPM) 13/2002

DHSSPS (2003) *Governance in the HPSS – Risk Management and Controls Assurance* Circular HSS (PPM) 5/2003

DHSSPS (2003) – *Statement on Internal Control: Transitional statement Circular HSS (FAU) 19/2003*

DFP(2003) – *Statement of Internal Control Circular DAO (DFP) 25/2003*

DHSSPS (2004) *Governance in the HPSS: Controls Assurance Standards – Update Circular HSS (PPM) 8/04*

NHS Executive (1995) *NHS Internal Audit Manual 1995*. NHS Executive, London.

## INDEX OF INFECTION PREVENTION AND CONTROL CRITERIA

### **Criterion 1**

Responsibility for infection prevention and control (IPC) is clearly defined and there are clear lines of accountability for IPC matters throughout the organisation.

### **Criterion 2**

There is an IPC Committee that endorses all IPC policies, procedures, and guidance, provides advice and support on the implementation of policies, and monitors the progress of the annual IPC programme.

### **Criterion 3**

There is an appropriately constituted and functioning IPC Team

### **Criterion 4**

Prevention and control of infection is considered as part of all service development activity

### **Criterion 5**

An organisation wide annual infection prevention and control programme with clearly defined objectives is produced by the IPC T

### **Criterion 6**

Written policies, procedures and guidance for the prevention and control of infection are implemented and reflect relevant legislation and published professional guidance

### **Criterion 7**

There is an annual programme for the audit of infection prevention and control policies and procedures

### **Criterion 8**

Timely and effective specialist microbiological support is provided for the infection prevention and control service

### **Criterion 9**

Surveillance of infection is carried out using defined methods in accordance with agreed objectives and priorities, which have been specified in the annual infection prevention and control programme

### **Criterion 10**

A comprehensive annual infection prevention and control report is produced by the IPCT and is presented to the Trust Board

### **Criterion 11**

The Infection Prevention and Control Committee and IPCT have access to up-to-date legislation and guidance relevant to infection prevention and control

**Criterion 12**

Education and training in the prevention and control of infection is provided to all health care staff, including those employed in support services

**Criterion 13**

Key indicators capable of showing improvements in infection prevention and control and/or providing early warning of risk are used at all levels of the organisation, including the Board, and the efficacy and usefulness of the indicators is reviewed regularly

**Criterion 14**

The system in place for infection prevention and control is monitored and reviewed by management and the Board in order to make improvements to the system

**Criterion 15**

The Trust Board seeks independent assurance that an appropriate and effective system of managing infection prevention and control is in place and that the necessary level of controls and monitoring are being implemented

**Criterion 16**

An organisation wide hand hygiene policy and mechanism to ensure effective implementation are in place.

**CRITERION 1**

**Responsibility for infection control is clearly defined and there are clear lines of accountability for infection prevention and control matters throughout the organisation to the Trust Board.**

**Source**

- DHSSPS (2002) *Governance in the HPSS: Clinical and Social Care Governance - Guidance on Implementation*. Circular HSS (PPM) 10/2002
- DHSSPS (2002) *Governance in the HPSS – Risk Management* Circular HSS (PPM) 13/2002 –
- DHSSPS (2003)– *Governance in the HPSS – Risk Management and Controls Assurance* Circular HSS (PPM) 5/2003
- Standards Australia (2004) *Risk Management AS/NZS 4360:2004*.
- NHS Executive (1995) *Hospital Infection Control: Guidance on the control of Infection in hospitals prepared by the joint DH/PHLS Hospital Infection Working Group* HSG (95)10 1995
- DHSS (2000) *The Management and Control of Hospital Infection: action by the HPSS for the Management and Control of Infection in Hospitals in Northern Ireland*. HSS(MD)9/2000
- DHSS (1999) *Resistance to Antibiotics and other Antimicrobial agents* HSS(MD)8/99
- DHSSPS (2006) *Changing the Culture. An Action Plan for the Prevention and Control of Healthcare Associated Infections 2006-2009*. HSS MD 9/(2006).

**Guidance**

- (a) (a) The Chief Executive is responsible on behalf of the Trust Board for ensuring that there are effective arrangements for infection prevention and control within the Trust.
- (b) The Trust has an identified Infection Prevention and Control lead, accountable to the Chief Executive/Trust Board
- (bc) Clear lines of accountability throughout the organisation are in place defining the relationships between the Trust IPC lead, Risk Management Committee, the committee with responsibility for Clinical and Social Care Governance, Infection PControl Team and Trust Board.
- (cd) The following specific arrangements are in place:
  - The infection prevention and control training programme (ICP) is developed with the support of the Board and approved by it.
  - The Chief Executive, Trust Board and Risk Management Committee receive and review the annual report on the infection prevention and control programme.
  - An Annual Infection reduction plan is produced and sent to DHSSPS
  - The Chief Executive, or a deputy with authority to make appropriate decisions on the Chief Executive's behalf IPC lead, works closely with the Infection Control IPC Team within the hospital.

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- Senior management support is provided for infection control IPC emergencies out of hours.
- The Chief Executive and the Risk Management Committee are informed of any serious problems or issues relating to infection control IPC issues and this is documented in a timely manner.

### **Examples of Verification**

- Accountability arrangements chart
- Minutes of Risk Management Committee
- Board minutes
- Records of untoward events
- Infection Prevention and Control Training Plan
- Annual Infection Reduction Plan

### **Links with other standards**

All standards (generic criterion)

**CRITERION 2**

**There is an Infection Prevention and Control Committee, directly accountable to the Chief Executive and Trust Board, that endorses all infection prevention and control policies, procedures, and guidance, provides advice and support on the implementation of policies, and monitors the progress of the annual infection prevention and control programme.**

**Source**

- NHS Executive (1995) *Hospital Infection Control: Guidance on the control of Infection in hospitals prepared by the joint DH/PHLS Hospital Infection Working Group* HSG (95)10 1995
- DHSS (2000) *The Management and Control of Hospital Infection: action by the HPSS for the Management and Control of Infection in Hospitals in Northern Ireland.* HSS(MD)9/2000
- DHSSPS (2006) *Changing the Culture. An Action Plan for the Prevention and Control of Healthcare Associated Infections 2006-2009.* HSS MD 9/(2006).

**Guidance**

(a) There is an Infection Prevention Control Committee that is directly accountable to the Chief Executive and Trust Board through the Infection Prevention and Control Lead.

(b) The structure of the IPCC is appropriate to the organisation.

(c) The IPCC has agreed Terms of Reference and Accountability arrangements and will meet at least twice a year quarterly.

(d) Minutes of the IPCC are circulated to all clinical directors/managers and relevant committees, for example, the committee with responsibility for clinical and social care governance and risk management committees.

(e) The IPCC will provide advice and support to the IPCT.

(f) The IPCC endorses develop the annual ICP.infection prevention and control training plan and the annual infection reduction plan for approval by the Trust Board.

(g) The IPC lead produces an Annual Report for the Trust Board on Infection Prevention and Control which reflects the training plan and the infection reduction plan

(h)The membership of the Infection Prevention and Control Committee (IPCC) includes:

- The Trust IPC lead
- The Infection Prevention and Control Team (IPCT)
- The Trust HCAI Surveillance Co-ordinator
- The Chief Executive or a nominated senior manager with authority to represent him or her
- The Consultant in Communicable Disease Control (CCDC) for the Health and Social Services Board in which the hospital is situated

- The Occupational Health Physician and the Occupational Health Nurse or manager
- An Infectious Disease Physician where there is one
- Nurse Director or nominated representative(s)
- Senior medical representatives nominated by the Medical Director
- Other identified representatives, from, for example, Pharmacy, Sterile Services Department, Estates Department, Facilities Management, etc.

### **Examples of Verification**

- Terms of reference / membership / accountability arrangements
- Minutes of Infection Control Committee
- Evidence that appropriate dissemination of all relevant information has occurred.
- Infection Prevention and Control Training Plan
- Annual Infection Reduction Plan

### **Links to other standards**

None

### CRITERION 3

**There is an appropriately constituted and functioning specialist Infection Prevention and Control Team.**

#### Source

- NHS Executive (1995) *Hospital Infection Control: Guidance on the control of Infection in hospitals prepared by the joint DH/PHLS Hospital Infection Working Group* HSG (95)10 1995
- DHSS (2000) *The Management and Control of Hospital Infection: action by the HPSS for the Management and Control of Infection in Hospitals in Northern Ireland.* HSS(MD)9/2000
- DHSS (1999) *Resistance to Antibiotics and other Antimicrobial agents* HSS(MD)8/99
- House of Lords Select Committee on Science and Technology (2003) *Fighting Infection.* Session 2002-2003. 4<sup>th</sup> Report
- DHSSPS (2006) *Changing the Culture. An Action Plan for the Prevention and Control of Healthcare Associated Infections 2006-2009.* HSS MD 9/(2006).

#### Guidance

(a) The Infection Prevention and Control Team (IPCT) is responsible for the day-to-day implementation of the Infection Control Programme and provides advice on infection prevention and control problems and the management of patients with infection. Each organisation has a responsibility to adequately staff the IPCT with appropriate members to ensure that it is capable of carrying out its agreed function.

(b) The IPCT includes:

- The infection prevention and control doctor(s) (IPCD)
- The infection prevention and control nurse(s) (PCNs)
- The surveillance co-ordinator for HCAs
- A consultant medical microbiologist if the IPCD is from another specialty

(c) The IPCT is supported by adequate secretarial, IT and audit staff and has appropriate resources including computer hardware/software to enable infection control and surveillance to be carried out.

(d) The responsibilities of each member of the IPCT are clearly defined and the contracted sessions per week for the ICD are defined and agreed.

(e) Members of the ICT must have appropriate training in infection control and are supported by the Trust in an ongoing programme of provide evidence of relevant continuing professional development (CPD).

(f) The IPCT liaises with the Trust occupational health department(s) when dealing with:

- Infection prevention and control advice relating to the health and safety of Health Care Workers
- Infection prevention and control advice relating to the transmission of infection from Health Care Workers to patients, other members of the organisation's staff and visitors

(g) The Chief Executive ICT ensures that advice on the specialist infection prevention and control team are resourced to provide advice is available on a 24-hour basis.

(h) The IPCT provides appropriate IPC advice to key Trust committees.

(i) The IPCT liaises with the local Consultant in Communicable Disease Control when dealing with:

- Outbreaks within the acute and community settings
- Where there is a shared service agreement, the IPCT provides appropriate support to primary care.
- Areas of work requiring the involvement of environmental health officers

### **Examples of Verification**

- Increase in levels of infection prevention and control nurses
- Infection Prevention and control programme
- IPCT membership
- Personal development plans of the IPCN's and IPCD's
- Infection prevention and control link nurse/personnel programme
- Description of out-of-hours cover/rota for IPCD and IPCN.

### **Links to other standards**

Human Resources

Information and Communications Technology

## CRITERION 4

**Prevention and control of infection is considered as part of all service development activity.**

### Source

- DHSS (1992) *Decontamination of Equipment, Linen and Other Surfaces Contaminated with Hepatitis B and/or Human Immunodeficiency Viruses*. HA 1/92
- NHS Estates (1993) Health Technical Memorandum HTM 2040 The control of legionellae in healthcare premises - a code of practice
- NHS Executive (1995) *Hospital Infection Control: Guidance on the control of Infection in hospitals prepared by the joint DH/PHLS Hospital Infection Working Group* HSG (95)10 1995
- DHSS (2000) *The Management and Control of Hospital Infection: action by the HPSS for the Management and Control of Infection in Hospitals in Northern Ireland*. HSS(MD)9/2000
- DHSS (1999) Variant Creutzfeldt-Jakob Disease (vCJD) : Minimising the Risk of Transmission. HSS(MD)15/99
- DHSS (1999) Controls Assurance in Infection Control: Decontamination of Medical Devices. HSS(MD)16/99
- DHSSPS (2002) Corporate Governance: Statement on Internal Control. HSS(PPM)3/2002
- DHSSPS (2002) Risk Management in the Health and Personal Social Services HSS(PPM) 8/2002
- DHSSPS (2003) Governance in the HPSS: Risk Management and Controls Assurance HSS(PPM)5/2003
- DHSSPS (2006) Changing the Culture. An Action Plan for the Prevention and Control of Healthcare Associated Infections 2006-2009. HSS MD 9/(2006).

### Guidance

There is a system in place which ensures that infection prevention and control advice is sought from the Infection Prevention and Control Team (IPCT), particularly in relation to the following:

- The development of policies relating to engineering and building services for the organisation and to the purchase of medical devices/equipment.
- Early stage planning for advice relating to engineering and building works and the purchase of medical devices/equipment.
- All stages of the contracting process for hotel and other services which have implications for infection control, e.g. cleaning, laundry, clinical waste and decontamination.
- The ICT should receive copies of reports from past contractors and Environmental Health Officers following site inspections/visits.

### **Examples of Verification**

- Planning meeting minutes
- Reports
- Policies
- Procurement specifications

### **Links to other standards**

All standards (generic criterion)

## CRITERION 5

**An organisation wide annual infection prevention and control programme with clearly defined objectives is produced by the Infection Prevention and Control Team.**

### Source

- DHSS (2000) *The Management and Control of Hospital Infection: action by the HPSS for the Management and Control of Infection in Hospitals in Northern Ireland*. HSS(MD)9/2000
- NHS Executive (1995) *Hospital Infection Control: Guidance on the control of Infection in hospitals prepared by the joint DH/PHLS Hospital Infection Working Group* HSG (95)10 1995
- DHSSPS (2002) *Antimicrobial resistance Action Plan* HSS(MD)1/02
- DHSSPS(2002) *Corporate Governance: Statement on Internal Control* HSS(PPM)3/2002
- DHSSPS(2002) *Risk Management in the Health and Personal Social Services* HSS(PPM) 8/2002;
- DHSSPS(2003) *Governance in the HPSS: Risk Management and Controls Assurance* HSS(PPM)5/2003
- DHSSPS (2006) *Changing the Culture. An Action Plan for the Prevention and Control of Healthcare Associated Infections 2006-2009*. HSS MD 9/(2006).

### Guidance

- (a) The ICT must develop and produce an annual infection control programme (ICP) in full consultation with relevant key stakeholders, including the Infection Control Committee, health professionals and senior managers.
- (b) The ICP must be approved by the Trust Board.
- (c) Identified priorities arising from the infection control programme are incorporated within the relevant annual business plan(s).
- (d) The ICP is kept under regular review by the ICC and ICT and modified as necessary.
- (e) The ICP includes reference to audit of the implementation of, and compliance with selected infection control policies.
- (f) The annual infection control report outlines the progress of the ICP.
- (g) The ICT should develop a three-year IC plan to give a strategic framework for the annual programme.

### Examples of Verification

- Documented programme
- Meeting minutes identifying consultation
- Annual business plan(s)

**Links to other standards**

None

## CRITERION 6

**Written policies, procedures and guidance for the prevention and control of infection are implemented and reflect relevant legislation and published professional guidance.**

### Source

- DHSS (2000) *The Management and Control of Hospital Infection: action by the HPSS for the Management and Control of Infection in Hospitals in Northern Ireland*. HSS(MD)9/2000
- Statutory Rules of Northern Ireland *Control of Substances Hazardous to Health Regulations (Northern Ireland) 2003* (No. 34), The Stationery Office, Belfast
- Statutory Rules of Northern Ireland *Personal Protective Equipment at Work Regulations (Northern Ireland) 1993* (No. 20), The Stationery Office, Belfast
- DHSS (1992) *Decontamination of Equipment, Linen and Other Surfaces Contaminated with Hepatitis B and/or Human Immunodeficiency Viruses*. HA 1/92
- Health Services Advisory Committee (1999) *Safe disposal of clinical waste*
- Health Estates, Northern Ireland Adverse Incident Centre (NIAIC) *Safe use and disposal of Sharps* SN(NI) 2001/28.
- Health Estates, Northern Ireland Adverse Incident Centre (NIAIC), *Single use medical devices: Implications and Consequences of Reuse*. DB2000/04(NI), November 2000
- Medical Devices Agency *Sterilisation, Disinfection and Cleaning of Medical Equipment: Guidance on Decontamination from the Microbiology Advisory Committee to Department of Health*. Medical Devices Agency (MAC Manual)
- DHSS (1997) *Prevention and Control of Tuberculosis in Northern Ireland*. HSS(MD)13/97
- DHSS (1997) *Guidance on the Management and Control of Viral Haemorrhagic Fevers*. HSS(MD)14/97
- DHSS (1998) *Guidance for Clinical Health Care Workers: Protection against Infection with Blood-borne viruses*. HSS(MD)7/98
- DHSS (1998) *Guidance on the Management of AIDS/HIV Infected Health Care Workers and Patient Notification* HSS(MD)29/98
- DHSS (1999) *Variant Creutzfeldt-Jakob Disease (vCJD) : Minimising the Risk of Transmission*. HSS(MD)15/99
- DHSS (1999) *Controls Assurance in Infection Control: Decontamination of Medical Devices*. HSS(MD)16/99
- DHSS (2000) *Hepatitis B infected health care workers* HSS(MD)17/2000
- DHSS (2000) – *HIV post-exposure prophylaxis: Expert Advisory Group on AIDS* HSS(MD)21/2000
- NHS Executive (1995) *Hospital Infection Control: Guidance on the control of Infection in hospitals prepared by the joint DH/PHLS Hospital Infection Working Group* HSG (95)10 1995
- DHSS (1999) *Resistance to Antibiotics and other Antimicrobial agents* HSS(MD)8/99
- DHSSPS (2002) *Antimicrobial resistance Action Plan* HSS(MD)1/02

- DHSSPS (2003) *Transmissible Spongiform Encephalopathy Agents: Safe Working and the Prevention of Infection. Publication of revised guidance.* HSS(MD)36/03
- DHSSPS (2004) *Interim Northern Ireland Contingency Plan for SARS*
- DHSSPS (2006) *Changing the Culture. An Action Plan for the Prevention and Control of Healthcare Associated Infections 2006-2009.* HSS MD 9/(2006).

## Guidance

- (a) Access to up-to-date policies, procedures and guidelines is essential for staff to carry out their duties safely and consistently to the required standard.
- (b) Policies, procedures and guidance are approved by the ICC.
- (c) There is a system in place to ensure that each directorate, department or service has a current copy of the approved policies, procedures and guidelines pertinent to its activities.
- (d) Key policies should be in place, including:
- Universal (standard) infection control precautions
  - Hand-washing
  - Use of urinary catheters and intravascular cannulae.
  - Isolation of patients
  - Antimicrobial prescribing
  - Control of MRSA, VRE and other antimicrobial resistant micro-organisms
  - Control of tuberculosis, including multi-drug resistant tuberculosis
  - Control of Viral Haemorrhagic Fevers
  - Safe handling and disposal of clinical waste
  - Single use and single patient use devices and other health care products.
  - Decontamination and reprocessing of re-usable medical devices
  - Handling of medical devices in procedures carried out on known/suspect CJD patients and on patients in risk categories for CJD as defined in the ACDP/SEAC guidance (including disposal/quarantining procedures)
  - Handling contaminated linen/laundry
  - Disinfection policy
  - Packaging, handling and delivery of laboratory specimens
  - Major outbreaks/incidents of communicable infection, including SARS and Pandemic Influenza
  - Ward/hospital closure
  - Occupational health policies for prevention and management of communicable infections in health care workers, including those infected with BBVs
  - Prevention of occupational exposure to blood-borne viruses (BBVs), including prevention of sharps injuries
  - Management of occupational exposure to BBVs and post exposure prophylaxis
- (e) All policies should be clearly marked with a review date.
- (f) There is Infection Prevention and Control update training for all staff.

**Examples of Verification**

- Directorate/Dept./Service policies/manuals
- Antimicrobial resistance audit reports

**Links to other standards**

None

## **CRITERION 7**

**There is an annual programme for the audit of infection control policies and procedures.**

### **Source**

- DHSS (2000) The Management and Control of Hospital Infection: action by the HPSS for the Management and Control of Infection in Hospitals in Northern Ireland. HSS(MD)9/2000
- NHS Executive (1995) Hospital Infection Control: Guidance on the control of Infection in hospitals prepared by the joint DH/PHLS Hospital Infection Working Group HSG (95)10 1995
- DHSS (1999) Resistance to Antibiotics and other Antimicrobial agents HSS(MD)8/99
- DHSSPS (2006) Changing the Culture. An Action Plan for the Prevention and Control of Healthcare Associated Infections 2006-2009. HSS MD 9/(2006).

### **Guidance**

(a) There is a written annual programme for the audit of infection control policies, procedures and guideleines.

(b) The programme ensures that audit is performed and other mechanisms are established to evaluate the effectiveness and the extent of the implementation of policies and procedures.

(c) The annual programme includes a timetable stating which key infection control policies, procedures and guidelines are to be reviewed or written that year.

(d) The audit will check that all policies are clearly marked with a review date.

(e) Audit results are included in the Infection Prevention and Control Annual Reduction PlanReport.

### **Examples of Verification**

- Written audit programme
- Results of audits included in Infection Control Annual Report

### **Links to other standards**

None

**CRITERION 8**

**Timely and effective specialist microbiological support is provided for the infection prevention and control service.**

**Source**

- DHSS (2000) *The Management and Control of Hospital Infection: action by the HPSS for the Management and Control of Infection in Hospitals in Northern Ireland*. HSS(MD)9/2000
- Department of Health (2001) *The Management, design and operation of microbiological containment laboratories*. Advisory committee on dangerous pathogens 2001
- Statutory Rules of Northern Ireland *Control of Substances Hazardous to Health Regulations (Northern Ireland) 2003* (No. 34), The Stationery Office, Belfast
- Health Services Advisory Committee (1999) *Safe disposal of clinical waste*
- DHSS (1998) *Guidance for Clinical Health Care Workers: Protection against Infection with Blood-borne viruses*. HSS(MD)7/98
- NHS Executive (1995) *Hospital Infection Control: Guidance on the control of Infection in hospitals prepared by the joint DH/PHLS Hospital Infection Working Group* HSG (95)10 1995
- House of Lords Select Committee on Science and Technology (2003) *Fighting Infection*. Session 2002-2003. 4<sup>th</sup> Report
- DHSSPS (2006) *Changing the Culture. An Action Plan for the Prevention and Control of Healthcare Associated Infections 2006-2009*. HSS MD 9/(2006).

**Guidance**

- (a) An effective, timely microbiology service is an essential component of infection prevention and control provision and should include:
- specialist testing including via reference laboratories
  - interpretation of results
  - specialist microbiological advice and support
  - data provision
  - surveillance of infection.
- (b) The microbiology laboratory is Clinical Pathology Accreditation (UK) Ltd (CPA) accredited
- (c) Written procedures are available relating to specimen collection, handling and disposal.
- (d) There is a written procedure for the reporting of results on each test.
- (e) The IPCT has appropriate access to laboratory results via an effective computer system.
- (f) Microbiology services are available on a 24-hour basis.
- (g) Appropriate arrangements are in place to fund the cost of outbreaks of infection as necessary, including laboratory costs.

### **Examples of Verification**

- Microbiology laboratory policy
- Standard operating procedures
- CPA accreditation
- Policy on funding infection outbreaks

### **Links to other standards**

None

## CRITERION 9

**Surveillance of infection is carried out using defined methods in accordance with agreed objectives and priorities, which have been specified in the annual infection control programme.**

### Source

- DHSS (2000) *The Management and Control of Hospital Infection: action by the HPSS for the Management and Control of Infection in Hospitals in Northern Ireland*. HSS(MD)9/2000
- DHSS (1998) *Antimicrobial Resistance – “The Path of Least Resistance”* HSS(MD)22/98
- DHSS (1999) *Resistance to Antibiotics and other Antimicrobial agents* HSS(MD)8/99
- DHSSPS (2002) *Antimicrobial resistance Action Plan Implementation* HSS(MD)16/2002
- NHS Executive (1995) *Hospital Infection Control: Guidance on the control of Infection in hospitals prepared by the joint DH/PHLS Hospital Infection Working Group* HSG (95)10 1995
- DHSSPS (2002) *Antimicrobial resistance Action Plan* HSS(MD)1/02
- House of Lords Select Committee on Science and Technology (2003) *Fighting Infection*. Session 2002-2003. 4<sup>th</sup> Report
- DHSSPS (2006) *Changing the Culture. An Action Plan for the Prevention and Control of Healthcare Associated Infections 2006-2009*. HSS MD 9/(2006).

### Guidance

Surveillance of infection is necessary to provide information on occurrence and trends over time which, in turn, is used to minimise and help control, outbreaks/incidents of infection.

- (a) (a) There are agreed objectives and priorities for targeted surveillance of infection at local level, developed by the IPCT and endorsed by the ICC. These include Departmental priorities/regionally agreed objectives and should cover communicable disease in staff as well as patients.
- (b) All Trusts are required to prioritise the surveillance of HCAs. This will require the active participation of clinical staff to undertake surveillance in line with Trust and regional priorities.
- (bc) Methods of surveillance are defined and in place. There should be continuous “alert organism” and “alert condition” surveillance covering the whole Trust to prevent and rapidly detect outbreaks of infection together with a procedure for monitoring untoward events due to infection.
- (d) Trusts should designate a **Surveillance Co-ordinator** for HCAs who should be a member of the Trust’s Infection Prevention and Control Team. The Surveillance Co-ordinator will liaise with divisional leads, named staff, other

members of the Infection Prevention and Control Team, and frontline clinical teams and facilitate the Trust's HCAI surveillance programme and should have access to appropriate IT and administrative support.

- (ce) By 1 April 2007 Trusts should identify methods for the timely feedback of appropriately analysed surveillance data in a suitable format to all stakeholders including HSS Boards, HSS Councils, patients, clients and the public.

Timely data must be provided to the local Health and Social Services board and to CDSC(NI) to comply with regional and national surveillance of communicable diseases.

(df) Confidentiality for patients and staff is maintained at all times in accordance with the provisions of the Human Rights Act and the relevant guidelines on confidentiality

(eg) Trusts should ensure that there is a process whereby the information obtained from CDSCNI and HISC on regional surveillance initiatives is disseminated to frontline clinical staff and linked to the formation of the Trust's Infection Reduction Plan. Results of the analysis of surveillance with interpretation and recommendations are reported to the ICC, clinicians, nurses and others who need to know on a regular basis. Any appropriate action must be agreed with the ICT.

(h) Trusts must ensure that outbreak and critical incident reports, and the lessons learnt from the outcome of these investigations of outbreaks of HCAI, and critical incidents relating to HCAI are communicated to HSS Boards and CDSCNI

### Examples of Verification

- Surveillance policy
- Quarterly reporting of MRSA
- Alert organisms reporting
- Analysis of surveillance data.
- Records of serious untoward incidents associated with infection
- Annual Infection Prevention and Control Report presented to the Trust Board
- Annual report to be produced with summary tables for Trust Board. Trusts Annual Infection Reduction Plan
- Audit of timeliness of reporting to CDSC(NI) and to Board CCDC.

### Links with other standards

None

## CRITERION 10

**A comprehensive annual infection prevention and control report is produced by the Infection Control Team and is presented to the Trust Board.**

### Source

- DHSS (2000) *The Management and Control of Hospital Infection: action by the HPSS for the Management and Control of Infection in Hospitals in Northern Ireland*. HSS(MD)9/2000
- NHS Executive (1995) *Hospital Infection Control: Guidance on the control of Infection in hospitals prepared by the joint DH/PHLS Hospital Infection Working Group* HSG (95) 10 1995
- DHSSPS (2006) *Changing the Culture. An Action Plan for the Prevention and Control of Healthcare Associated Infections 2006-2009*. HSS MD 9/(2006).

### Guidance

(a) The annual infection control report contains, as a minimum, information on the following:

- Progress of the infection prevention and control programme, including the mandatory training programme
- A review of reported adverse incidents including outbreaks
- Any recommendations made on measures taken to prevent recurrence of incidents reduce infection and to for inclusion in the Trusts Annual Infection Reduction Plan
- Surveillance reports
- Education and training undertaken
- Results of audit
- Evidence of involving patients and the public in efforts to reduce healthcare associated infections

(b) The report is submitted to the Infection Prevention Control Committee for review. The Trust Infection Prevention and Control Lead/Control Committee should present the report to the Trust Board, bringing to the Board's attention any significant risks or other issues.

### Examples of Verification

- Documented infection prevention and control report
- Minutes of Committees

### Links with other standards

Risk Management

## CRITERION 11

**The Infection Prevention and Control Committee and Infection Prevention and Control Team have access to up-to-date legislation and guidance relevant to infection control.**

### Source

- Department of Health. *Guidance : First Principles* 2001
- DHSSPS (2006) *Changing the Culture. An Action Plan for the Prevention and Control of Healthcare Associated Infections 2006-2009*. HSS MD 9/(2006).

### Guidance

Access to legislation and guidance is essential for the organisation to carry out the statutory duties imposed upon it by law and mandatory duties imposed by the Department of Health, Social Services and Public Safety.

As a minimum, the IPCC and IPCT have access to the key references listed in this standard.

There are many sources of information on legislation and infection control guidance, including books and, through subscriptions to specialist information providers, CD-ROMs containing the full text. Up-to-date DHSSPS guidance can be accessed on the Internet (<http://www.dhsspsni.gov.uk>). The Northern Ireland Health and Safety Executive's website (<http://www.hseni.gov.uk>) contains up-to-date information on legislation and guidance. Details of Northern Ireland legislation can be obtained from (<http://www.legislation.hmsi.gov.uk>)

Further useful guidance can be found on the Health Care Standards (formerly CASU) website (<http://www.hcsu.org.uk>). The Department's Governance website at [www.dhsspsni.gov.uk/hss/governance/index.asp](http://www.dhsspsni.gov.uk/hss/governance/index.asp) is a source of local information and guidance

### Examples of Verification

- The IPCC and IPCT has access to the key references listed in this standard.

### Links with other standards

All standards (generic criterion)

## CRITERION 12

**Education in infection prevention and control is provided to all health care staff, including those employed in support services.**

### Source

- DHSS (2000) *The Management and Control of Hospital Infection: action by the HPSS for the Management and Control of Infection in Hospitals in Northern Ireland*. HSS(MD)9/2000
- DHSS (1998) *Antimicrobial Resistance – “The Path of Least Resistance”* HSS(MD)22/98
- DHSSPS (2002) *Antimicrobial resistance Action Plan Implementation* HSS(MD)16/2002
- NHS Executive (1995) *Hospital Infection Control: Guidance on the control of Infection in hospitals prepared by the joint DH/PHLS Hospital Infection Working Group* HSG (95)10 1995
- DHSS (1999) *Resistance to Antibiotics and other Antimicrobial agents*
- HSS(MD)8/99 DHSSPS (2002) *Antimicrobial resistance Action Plan* HSS(MD)1/02
- House of Lords Select Committee on Science and Technology (2003) *Fighting Infection*. Session 2002-2003. 4<sup>th</sup> Report
- DHSSPS (2006) *Changing the Culture. An Action Plan for the Prevention and Control of Healthcare Associated Infections 2006-2009*. HSS MD 9/(2006).

### Guidance

(a) By 30 September 2006, Trusts should have undertaken a training needs assessment in relation to the infection prevention and control training required by staff, depending on job complexity and level of patient contact. This should be the basis for a **Trust Infection Prevention and Control Training Plan**.

(b) All staff, including agency staff and those employed by support services, must receive mandatory training in prevention and control of infection. Mandatory for all staff and must be linked to appraisal, individual performance review, and job planning process. This should include a mandatory update component. Trusts should aim to achieve 95% coverage for induction training for new staff by 1 April 2007 and for all existing staff by 1 April 2008.

(cb) Infection prevention and control is included in induction programmes for new staff, including support service staff.

(c) There is a programme of ongoing education for existing staff, including:

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

(d) All staff involved in direct patient care receive appropriate training in infection control as part of clinical governance/continuing professional development (CPD).

(e) Training in infection prevention and control and antimicrobial prescribing is given to all medical and dental staff.

(f) Records should be kept of attendance of all staff on infection prevention and control education programmes.

(g) Contracts with recruitment agencies should ensure that agency-provided clinical staff have attended infection prevention and control training.

### **Examples of Verification**

- Documented training programme(s)
- Training logs/records

### **Links with other standards**

Human Resources

**CRITERION 13**

**Key indicators capable of showing improvements in infection prevention and control and/or providing early warning of risk are used at all levels of the organisation, and the efficacy and usefulness of the indicators is reviewed regularly.**

**Source**

- DHSSPS (2002) *Corporate Governance: Statement on Internal Control* HSS(PPM)3/2002
- DHSSPS (2002) *Risk Management in the Health and Personal Social Services* HSS(PPM) 8/2002
- DHSSPS (2003) *Governance in the HPSS: Risk Management and Controls Assurance* HSS(PPM)5/2003
- Standards Australia (1999/2004) *Risk Management AS/NZS: 4360:1999/2004*
- DHSSPS (2006) *Changing the Culture. An Action Plan for the Prevention and Control of Healthcare Associated Infections 2006-2009.* HSS MD 9/(2006).

**Guidance**

(a) The DHSSPS with the assistance of the Healthcare Associated Infection Subcommittee of the Regional Advisory Committee on Communicable Disease Control (RACCDC) will develop a set of regional indicators for benchmarking and monitoring purposes.

(b) The organisation should develop indicators, which demonstrate that all stages of the infection control management process are being properly managed and risks are minimised.

(c) One indicator is degree of compliance with this standard. Some other examples of indicators currently in use are:

- Percentage of staff trained in infection control
- Number of contracted sessions per week of the Infection Prevention and Control Doctors(s)
- Numbers of Infection Prevention and Control Nurses
- Number of untoward incidents associated with infection, expressed as a percentage of all reported serious untoward incidents
- Rates of healthcare associated infections (types of infections monitored to be chosen by individual organisations)
- Numbers of clearly defined outbreaks of infection
- Progress against infection control audit
- Consumption of hand hygiene products as a proxy marker of hand hygiene activity.
- Demonstrable improvement in hand hygiene following hand hygiene campaign.

(d) Progress against planned infection control programme, including decontamination.

(e) Ideally the indicators should be designed to demonstrate improvement in managing the risks associated with the management of infection control over

time. The number of indicators devised should be sufficient to monitor the infection control service.

(f) It is not necessarily the case that the Board will use all the indicators. The Board should select those which are useful for ensuring that the internal controls are working satisfactorily and objectives for managing infection control are being met.

(g) All organisations should be engaged in development and use of key indicators for their own internal performance, but they should also maximise the value of such measures by benchmarking themselves against like organisations, whether those are other NHS Trusts or others who measure similar processes. The Health Care Standards Support Unit benchmarking site can be accessed via the following link; <http://www.hcsu.org.uk>

### **Examples of Verification**

- Indicators
- Evidence of usage at all levels

### **Links with other standards**

All standards (generic criterion)

## CRITERION 14

**The system in place for infection control is monitored and reviewed by management and the Trust Board in order to make improvements to the system.**

### Source

- DHSSPS (2002) Corporate Governance: Statement on Internal Control HSS(PPM)3/2002
- DHSSPS (2002) Risk Management in the Health and Personal Social Services HSS(PPM) 8/2002
- DHSSPS (2003) Governance in the HPSS: Risk Management and Controls Assurance HSS(PPM)5/2003
- DHSS (2000) *The Management and Control of Hospital Infection: action by the HPSS for the Management and Control of Infection in Hospitals in Northern Ireland*. HSS(MD)9/2000
- DHSSPS (2006) Changing the Culture. An Action Plan for the Prevention and Control of Healthcare Associated Infections 2006-2009. HSS MD 9/(2006).

### Guidance

(a) It is the responsibility of the Chief Executive and the Trust Board to monitor and review all aspects of the infection prevention and control system, including:

- Accountability arrangements
- Processes, including risk management arrangements
- Capability/Capacity issues including staffing
- Outcomes
- Internal audit findings
- **protecting patients and staff from infection is everyone's responsibility.** Trusts should make strong efforts to ensure this basic principle is embedded in the culture of their organisation and seen as routine practice by all staff and demonstrate their efforts in this regard in the Infection Reduction Plan

(b) The Trust Infection Prevention and Control Lead, in conjunction with the IPCC Control Committee will review the detailed issues surrounding infection prevention and control and in conjunction with the Risk Management Committee will play a significant role in monitoring and reviewing all aspects of the system as a basis for establishing significant information that should be presented to, and dealt with by the Board.

(c) The committee with responsibility for Clinical and Social Care Governance may also play a significant role in monitoring and reviewing control of infection as it impacts on the quality of clinical service provision and patient safety.

### Examples of Verification

- Internal audit report(s)
- Audit Committee minutes
- Infection Prevention and Control Committee minutes
- Risk Management Committee minutes

- Minutes of the committee with responsibility for Clinical and Social Care Governance
- Infection Reduction Plan Outcomes
- IPC lead reports to Trust Board

**Links with other standards**

All standards (generic criterion)

## CRITERION 15

**The Trust Board seeks independent assurance that an appropriate and effective system of managing infection control is in place and that the necessary level of controls and monitoring are being implemented.**

### Source

- DHSSPS (2002) *Corporate Governance: Statement on Internal Control HSS(PPM) 3/2002*
- DHSSPS (2002) *Risk Management in the Health and Personal Social Services HSS(PPM) 8/2002*
- DHSSPS (2003) *Governance in the HPSS: Risk Management and Controls Assurance HSS(PPM)5/2003*
- NHS Executive (1995) *NHS Internal Audit Manual 1995*. NHS Executive, London.
- DHSS (2000) *The Management and Control of Hospital Infection: action by the HPSS for the Management and Control of Infection in Hospitals in Northern Ireland*. HSS(MD)9/2000
- DHSSPS (2002) *Antimicrobial resistance Action Plan HSS(MD)1/02*
- DHSSPS (2006) *Changing the Culture. An Action Plan for the Prevention and Control of Healthcare Associated Infections 2006-2009*. HSS MD 9/(2006).

### Guidance

(a) Management should consider the range of independent internal and external assurance available, and avoid duplication and omission. The adequacy of the independent assurance will depend upon the scope and depth of the work performed, bearing in mind its timeliness and the competency of the staff performing it. The level of reliance that can be placed upon such assurances should consider, among other things, the professional standing of the assurer, their level of independence, and whether they could reasonably expect to provide an objective opinion. It is important that any review that takes place results in a report, recommendations for action where necessary, and the retention of sufficient evidence to enable other potential reviewers to rely upon the work already undertaken.

(b) The reports should be made to the the Trust Board.

(c) Management arrangements will include an internal audit function, as well as other quality control and assurance functions such as clinical audit. The internal audit function is required to give an opinion to the Trust Board on the adequacy and effectiveness of the overall system of internal control. In doing so, they will seek to work with, and rely on the work of, other review bodies as far as is practical.

(d) More specific assurance for this standard may be gained from visits by various professional bodies, for example, a microbiologist from another Trust (either inside or outside Northern Ireland), HPSSRIA (from 2005), the Kings Fund.

### **Examples of Verification**

- Schedule of planned reviews
- Copy of reports
- Committee minutes
- Action plans
- Notes of follow up of actions
- Evidence file
- Details of staff involved in the review.

### **Links with other standards**

All standards (generic criterion)

**CRITERION 16**

**An organisation wide hand hygiene policy and mechanism to ensure effective implementation are in place.**

**Source**

- DHSS (2000) *The Management and Control of Hospital Infection: action by the HPSS for the Management and Control of Infection in Hospitals in Northern Ireland*. HSS(MD)9/2000
- DHSSPS (2002) *Antimicrobial resistance Action Plan* HSS(MD)1/02
- DHSSPS (2006) *Changing the Culture. An Action Plan for the Prevention and Control of Healthcare Associated Infections 2006-2009*. HSS MD 9/(2006).

**Guidance**

(a) The Trust should support a high profile and ongoing hand hygiene initiative which reflects the WHO Guidelines on Hand Hygiene -

[http://www.who.int/patientsafety/information\\_centre/who\\_ghhcad/en/](http://www.who.int/patientsafety/information_centre/who_ghhcad/en/)

There is a hand hygiene policy in place which reflects good practice principles.

(b) There are arrangements to support and promote hand hygiene by all healthcare workers.

(c) Induction Mandatory training programmes for all healthcare staff include the topic of hand hygiene.

(d) Compliance with hand hygiene policy forms part of the Trust systematic risk review.

**Examples of Verification**

- Documented policy
- Documented review evaluation of implementation WHO Guidelines on Hand Hygiene
- Action plans
- Notes of follow up of actions
- Documented training programme(s)
- Training logs/records

**Links with other standards**

Human Resources  
Health and Safety  
Risk Management