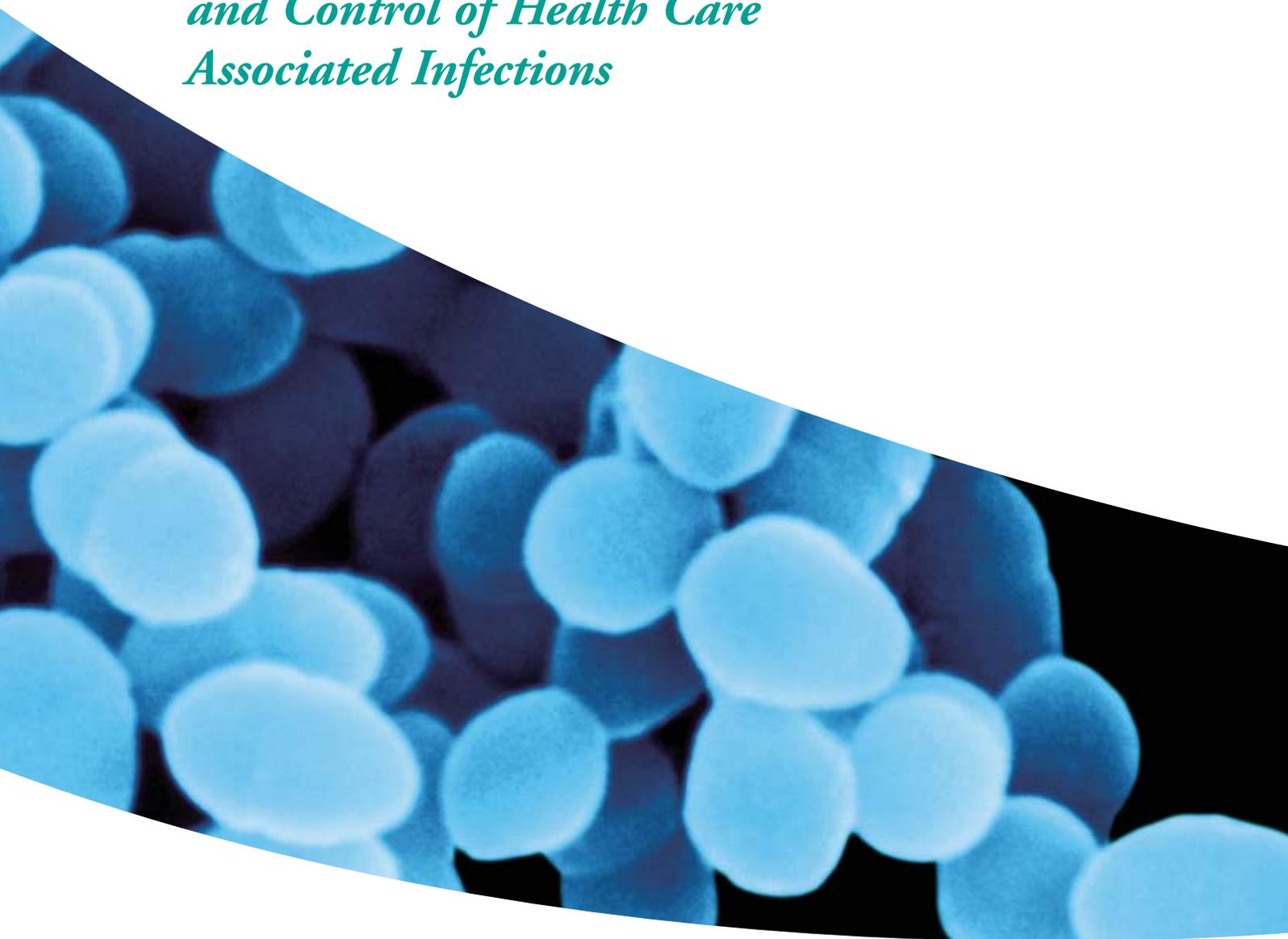


The Health Act 2006

Code of Practice for the Prevention and Control of Health Care Associated Infections



The Health Act 2006

*Code of Practice for the Prevention
and Control of Health Care
Associated Infections*

1st October 2006

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Cross reference	Getting Ahead of the Curve, Winning Ways: working together to reduce health care associated infection in England, Towards Cleaner Hospitals and Lower Rates of Infection: a summary of action, Saving Lives: a delivery programme to reduce health care associated infection including MRSA and Essential Steps to Safe Clean Care: reducing health care associated infection.
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Introduction

Prevention and control of Health Care Associated Infections

The term “Health Care Associated Infections” (referred to in this Code as HCAI) encompasses any infection by any infectious agent acquired as a consequence of a person’s treatment by the NHS or which is acquired by a health care worker in the course of their NHS duties. The prevention and control of HCAI is a high priority for all parts of the NHS. It is of equal importance for health care 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 health care workers to ensure early and rapid diagnosis. This should result in effective treatment and containment of the infection. Effective action relies on an accumulating body of evidence that takes account of current clinical practices. This evidence base should be used to review and inform practice. All staff should demonstrate good infection control and hygiene practice. However, it is not possible to prevent all infections.

Background

The Department of Health is firmly committed to reducing HCAI¹. It has produced a number of documents: *Getting Ahead of the Curve*², *Winning Ways: working together to reduce health care associated infection in England*³ and *Towards Cleaner Hospitals and Lower Rates of Infection: a summary of action*⁴, as guidance to reduce HCAI. The most recent, *Saving Lives: a delivery programme to reduce health care associated infection including MRSA*⁵ and *Essential Steps to Safe Clean Care: reducing health care associated infection*,⁶ provide guidance on moving toward compliance with these policies, best practice and evidence based care. Participation in this programme will help demonstrate compliance with this Code of Practice (“the Code”).

Purpose of the Code of Practice

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

NHS bodies must also comply with all relevant legislation such as the Health and Safety at Work Act 1974⁷ and Control of Substances Hazardous to Health Regulations⁸.

Application of the Code

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

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

Each of the provisions of the basic Code applies to an Acute Trust. For the purposes of this Code an Acute Trust is any:

- NHS foundation trust or
- NHS trust, which is not established as a Mental Health Trust or an Ambulance Service Trust, all or most of whose hospitals, establishments and facilities are situated in England

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

- any NHS trust established as a Mental Health Trust or Ambulance Service Trust, all or most of whose hospitals, establishments and facilities are situated in England and
- NHS Blood and Transplant (NHS BT) and
- any Primary Care Trust (PCT)

References in the basic Code to “an NHS body” are to be read accordingly, and any reference to “the Board” includes the Executive Committee of a Primary Care Trust.

For each section of the basic Code there is an associated Annex. Each Annex identifies supporting guidance and other publications which are intended to inform policy development.

An NHS body must, in complying with a provision of the basic Code, take the content of each Annex into account so far as it is relevant to that provision, including the content of guidance and other publications referred to in any relevant citations.

A reference section at the end of the Code gives in full the citations referred to in the Code.

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

Direct provision by the NHS

The Code relates to health care provided directly by such an NHS body. Each NHS body is expected to have systems in place sufficient to apply evidence based protocols and to comply with the relevant provisions of the basic Code so as to minimise the risk of HCAI to patients, staff and visitors.

Services commissioned by the NHS

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

Systems to prevent HCAI

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

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

The Code

Management, organisation and the environment

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

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

An NHS body must ensure that:

- a. so far as is reasonably practicable, patients, staff and other persons are protected against risks of acquiring HCAI, 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 are identified promptly and managed according to good clinical practice for the purposes of treatment and to reduce the risk of transmission.

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

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

In particular, these arrangements must include:

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

- f. a policy addressing, where relevant, admission, transfer, discharge and movement of patients between departments, and within and between health care facilities.

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

An NHS body must ensure that it has:

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

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

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

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

- a. there are policies for the environment which make provision for liaison between the members of any infection control team (“the ICT”) and the persons with overall responsibility for facilities management.
- b. it designates lead Managers for cleaning and decontamination of equipment used for treatment (a single individual may be designated for both areas).
- c. all parts of the premises in which it provides health care 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 a schedule of cleaning frequencies is publicly available.
- e. there is adequate provision of suitable hand wash facilities and antibacterial hand rubs.
- f. there are effective arrangements for the appropriate decontamination of instruments and other equipment.
- g. the supply and provision of linen and laundry supplies reflects Health Service Guidance HSG (95)18, *Hospital Laundry Arrangements for Used and Infected Linen*, as revised from time to time.
- h. clothing worn by staff when carrying out their duties (including uniforms) is clean and fit for purpose.

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

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

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

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

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

7. Duty to ensure co-operation

An NHS body must, so far as 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

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

9. Duty to ensure adequate laboratory support

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

Clinical care protocols

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

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

Policies

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

The appropriate core policies are:

- in the case of an Acute Trust, all of them and
- in the case of any other NHS body to which Appendix 1 applies, the policies specified in the relevant entry in that Appendix
 - a. Standard (universal) infection control precautions.
 - b. Aseptic technique.
 - c. Major outbreaks of communicable infection.
 - d. Isolation of patients.
 - e. Safe handling and disposal of sharps.
 - f. Prevention of occupational exposure to blood-borne viruses (BBVs), including prevention of sharps injuries.
 - g. Management of occupational exposure to BBVs and post exposure prophylaxis.
 - h. Closure of wards, departments and premises to new admissions.
 - i. Disinfection policy.
 - j. Antimicrobial prescribing.
 - k. Reporting HCAI to the Health Protection Agency (HPA) as directed by the Department of Health (DH).
 - l. Control of infections with specific alert organisms taking account of local epidemiology and risk assessment. These must include, as a minimum, MRSA, *Clostridium difficile* infection and Transmissible Spongiform Encephalopathies (TSE).

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

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

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

All policies must be clearly marked with a review date.

Health care workers

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

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

A health care worker means any person whose normal duties concern the provision of treatment, accommodation, or related services to patients and who has access to patients in the normal course of their work. Not only does this term include front-line clinical and paraclinical staff, but also some staff employed in Estates and Facilities management, such as cleaning staff and engineers.

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

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

Key policy components and references to support compliance with the Code

Annex 1

Management, organisation and the environment

This Annex relates to the management, organisation and the environment section of the Code.

Appropriate management systems for infection prevention and control

Arrangements to prevent and control HCAI should be such as to 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 similar units

Director of Infection Prevention and Control (DIPC)⁹

The role of the DIPC is to:

- be responsible for the ICT within the organisation
- oversee local control of infection policies and their implementation
- report directly to the Chief Executive (not through any other officer) and the Board
- have the authority to challenge inappropriate clinical hygiene practice as well as inappropriate antibiotic prescribing decisions
- assess the impact of all existing and new policies on 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 organisation 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 to the Board

- review of statistics on incidence of alert organisms (e.g. MRSA, *Clostridium difficile*) and conditions, outbreaks and Serious Untoward Incidents
- evidence of appropriate actions taken to deal with infection occurrences
- 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 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 another 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

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 health care facilities. Where necessary, Ambulance Trusts may need to be involved in such planning.

Policies for the environment

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

- cleaning services^{15, 16}
- building and refurbishment, including air handling systems^{17, 18, 19}
- clinical waste management^{20, 21, 22, 23, 24}
- planned preventive maintenance

- pest control²⁵
- management of potable and non-potable water supplies^{26, 27, 28, 29}
- food services including food hygiene and food brought into the organisation by patients, staff and visitors^{30, 31, 32}

Cleaning services^{4, 6, 15, 16, 33, 34}

The arrangements for cleaning 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, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55}

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

The decontamination programme should demonstrate that:

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

Medical Devices refers to all products, except medicines, used in health care 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.

Linen, laundry and dress

[Users are referred to duty 4g of the basic Code]

- Particular consideration should be given to items of attire that may inadvertently come into clinical contact with a patient

Duty to provide information on HCAI to patients and the public^{56, 57, 58, 59}

Areas relevant to the provision of such information 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
- encouraging vigilance in patients
- compliance by visitors 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 patients¹⁷

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 support

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 relates to the clinical care protocols section of the Code.

a. **Standard (universal) infection control precautions**^{3, 6, 10, 12, 13, 60}

- policy should be based on evidence based guidelines, which include hand hygiene and the use of personal protective equipment
- policy should be easily accessible to all groups of staff, patients and the public
- compliance with the policy should be audited
- information on the policy should be included in induction programmes for all staff groups

b. **Aseptic technique**^{3, 5, 6, 10, 12, 13}

- clinical procedures should be carried out in a manner that maintains and promotes the principles of asepsis
- education, training and assessment in the aseptic technique should be provided to all persons undertaking such procedures
- the technique should be standardised across the organisation
- audit should be undertaken to monitor compliance with aseptic technique

c. **Major outbreaks of communicable infection**^{3, 60}

Degree of detail should reflect local circumstances, e.g. 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 dealing with outbreaks

d. **Isolation of patients**¹⁷

- isolation policy should be evidence based and reflect local risk assessment
- indications for isolation should be included in policy as should procedures for the infection control management of patients in isolation
- information on isolation should be easily accessible to all groups of staff, patients and the public

e. Safe handling and disposal of sharps^{2, 10, 11, 12, 13, 54, 55}

Relevant considerations include:

- Risk Management and training in management of needle stick injuries
- provision of medical devices incorporating sharps protection mechanisms
- 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^{61, 62, 63, 64, 65, 66, 67, 68, 69, 70}

Measures to avoid exposure to blood-borne viruses should include:

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

g. Management of occupational exposure to BBVs and post exposure prophylaxis^{71, 72, 73, 74, 75, 76, 77, 78, 79, 80}

Management should include:

- designation of one or more doctors to whom health care staff and others may be referred immediately for advice following occupational blood exposure
- provision of clear information to health care 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

- a system should be in place for the provision of advice by the ICT to the Chief Executive and Medical Director
- there should be clear criteria in relation to closures
- management arrangements for redirecting admissions should be drawn up with ICT input
- the policy should address the need for environmental decontamination prior to re-opening

i. Disinfection policy^{10, 11}

- the use of disinfectants is a local decision and there should be 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^{81, 82}

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

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

- reporting should include procedures for dealing with Serious Untoward Incidents

l. Control of infections with specific alert organisms

- *MRSA*^{86, 87, 88}

The policy should make provision for:

- 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 health care facilities
- antibiotic prophylaxis for surgery

- *Clostridium difficile infection*^{89, 90, 91}

The policy should make provision for:

- surveillance of *Clostridium difficile* associated disease
- diagnostic criteria
- isolation of infected patients and cohort nursing
- environmental decontamination
- antibiotic prescribing policies

- *Transmissible Spongiform Encephalopathies (TSE)*^{38, 92}

The policy should make provision for:

- the management of known or high risk patients

Other relevant policies for specific alert organisms

The specific alert organisms and matters mentioned below are also relevant to any Acute Trust. They may also be relevant to certain other NHS bodies to which paragraph 1. of provision 10 applies, depending on their spectrum of activity:

- *Glycopeptide resistant enterococci*⁹³
 - 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*⁹⁴
 - 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*^{95, 96, 97}
 - isolation of infected patients
 - transfer of infected or colonised patients within NHS bodies, or to other health care facilities
 - treatment compliance
- *Respiratory viruses*^{98, 99}
 - alert system for suspect cases
 - isolation criteria
 - infection control measures
 - terminal disinfection and discharge
- *Diarrhoeal infections*^{100, 101}
 - isolation criteria
 - infection control measures
 - cleaning and disinfection policy
- *Viral haemorrhagic fevers (VHF)*¹⁰²
 - 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*^{29, 103}
 - Premises should be regularly reviewed for potential sources of infection and a programme should be prepared to minimise any risks. Priority should be given to patient areas, although the exact priority will depend on local circumstances.

Annex 3

Health care workers

This Annex relates to the health care workers section of the Code.

Occupational health services should include:¹⁰⁴

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

Occupational health services for blood-borne viruses should include:^{60, 67, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 102}

- arrangements for identifying and managing hepatitis B, HIV and hepatitis C infected health care workers and restricting their practice as necessary in line with Department of Health guidance
- liaising with the UK Advisory Panel for health care workers infected with blood-borne viruses when advice is needed on procedures which may be carried out by blood-borne virus infected health care workers, and when patient tracing, notification and offer of blood-borne virus testing may be needed

Induction and training programmes for new staff and ongoing education for existing staff should each incorporate the principles and practice of infection prevention and control: these include:¹⁰⁵

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

Appendix 1

Application of Code to other NHS bodies

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

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

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

Appendix 2

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

a. Handling of medical devices in procedures carried out on known/suspect CJD patients, and on patients in risk categories for CJD (including disposal/quarantining procedures)^{38, 92}

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

b. Safe handling and disposal of clinical waste^{104, 106, 107, 108}

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

- Systems should be in place to ensure that the risks to patients from exposure to infections caused by health care waste present in the environment are properly managed, and that duties under environmental law are discharged. The most important of these are:
 - duty of care in the management of waste
 - duty to control polluting emissions to the air
 - duty to control discharges to sewers
 - obligations of waste managers

c. Packaging, handling and delivery of laboratory specimens^{20, 69, 109, 110}

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

d. Care of the cadaver¹¹¹

Appropriate procedures should include:

- risk assessment of potential hazards
- the provision of appropriate facilities and accommodation
- safe working practices
- arrangements for visitors
- information, instruction, training and supervision
- health surveillance and immunisation (where appropriate)

e. Best practice guidance for the care of patients whose treatment involves the use of invasive devices should be followed^{3, 5, 6, 10, 12, 13}

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

f. Decontamination of reusable medical devices^{35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52}

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

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

- Reusable medical devices and other devices should be decontaminated in accordance with manufacturer's instructions and current guidelines
- Systems should allow reusable medical devices to be tracked through decontamination processes in order to ensure that the processes have been carried out effectively
- Systems should also be implemented to enable the identification of patients on whom the medical devices have been used

g. Instruments for single use only or limited re-use⁵³

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

h. Purchase and maintenance of equipment

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

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

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

j. Dissemination of information

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

k. Isolation facilities¹⁷

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

- potential sources of infection
- the use of protective measures and equipment
- the management of outbreaks

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Glossary

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

- Risk Management** Covers all the processes involved in identifying, assessing and judging risks, assigning ownership, taking actions to mitigate or anticipate them, and monitoring and reviewing progress.
- Serious Untoward Incident** An accident or incident 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.



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