



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Draft Infection Prevention and Control Standards:

A Consultation
Document

Table of Contents

Introduction	2
Infection Prevention and Control Standards	8
Appendix 1: Advisory Group membership	31
Appendix 2: Sources and information	32
Appendix 3: Glossary of terms	42
Appendix 4: Project team membership	47

Introduction

1 Introduction

The Health Information and Quality Authority (The Authority) is the independent statutory body with responsibility for developing and monitoring standards for health and social care services. The Authority aims to drive improvements in quality, safety and accountability across the health and social care services.

One of the Authority's key objectives is the development of a coherent set of person-centred standards for health and social care services. The Authority identified the standards for Infection Prevention and Control as one of its priority areas.

Several international and national surveys also highlight the need for standards for Infection Prevention and Control. Some of these findings include:

- *The Hospital Infection Society Healthcare Associated Infection (HCAI) Prevalence Survey (2006) found that 4.9% of service users in Ireland had a HCAI at the time of the survey*
- *In 2006 there were 1,399 cases of Staphylococcus aureus bloodstream infection reported in Ireland and 588 of these caused by methicillin resistant Staphylococcus aureus (MRSA) (Health Protection Surveillance Centre)*
- *The World Health Organisation (WHO) estimates that as many as 1 in 10 service users are harmed in receiving hospital care. The WHO also estimates that at any given time, 1.4 million people worldwide suffer from infections acquired in hospitals (London School of Hygiene and Tropical Medicine, 2005)*
- *Infection Prevention and Control programmes have been shown to result in significant cost savings to healthcare systems. Plowman et al. (2000) estimated that the prevention of 7% of HCAI can meet the cost of such a programme.*

The overall aim of these standards, which are consistent with international best practice, is to provide a framework for health and social care providers to prevent or minimise the occurrence of infections in order to maximise the safety and quality of care delivered to all service users¹ in Ireland.

¹ In this document the term **Service User** is used to describe users of health and social care services.

The standards are designed to:

- *Contribute to the delivery of safe health and social care services*
- *Promote a multidisciplinary approach to Infection Prevention and Control*
- *Provide an environment that drives improvement in quality, safety and accountability*
- *Encourage all staff involved in the delivery of health and social care to accept responsibility for their role in preventing and controlling infection*
- *Promote continuous quality improvement through regular monitoring and evaluation of Infection Prevention and Control services*
- *Encourage attainment of best practice in Infection Prevention and Control*

2. Background

This document builds on, complements and is underpinned by numerous legislative requirements, policy documents and national strategies. Of particular importance are the following:

- *Health Service Executive (HSE), Say no to infection, Infection Control Action Plan, March 2007*
- *Health Service Executive (HSE), Code of Practice for Decontamination of Reusable Invasive Medical Devices, August 2007*
- *Health Service Executive (HSE), Code of Practice for Infection Prevention and Control, National Hospitals Office, June 2007*
- *Health Service Executive (HSE), National Hospitals Office Code of Practice for Healthcare Records Management, October 2007*
- *The Strategy for the Control for Antimicrobial Resistance in Ireland (SARI, 2001)*
- *The 2005 SARI guidelines for Hand Hygiene in Irish healthcare settings*
- *The 2005 SARI guidelines: The Control and Prevention of MRSA in Hospitals and in the Community.*

Although the standards are grouped into one overall, stand alone document, the standards aim to complement the existing legislation, policies and strategies as outlined in the above mentioned documents.

In this context, it is important to note that in its 2006 Public Consultation document, the Health and Consumer Protection Directorate-General of the European Commission recommended the establishment of national surveillance systems on Healthcare Associated Infections (HCAI). The Authority supports this recommendation and hopes to actively contribute to the development of such a system in order to establish national reference data for meaningful comparisons, to follow up where necessary and to monitor the prevalence of Healthcare Associated Infections.

3. Development of the draft standards

The development of these standards consisted of a series of steps to ensure that they are evidence based, clear, valid, measurable and fit for purpose.

In August 2007, the Authority set up an Advisory Group chaired by Professor Geraldine McCarthy, Head of Department of Nursing and Midwifery, University College Cork and Board member of the Authority. The role of the Advisory Group is to discuss and review the standards and provide feedback to the Authority's Infection Prevention and Control project team. Membership of the Advisory Group consisted of a large number of representatives from various backgrounds including experts in microbiology, frontline service professionals and service user representatives (for a full listing see Appendix 1).

The Authority's Infection Prevention and Control project team conducted a comprehensive review of available international and Irish literature and held a series of meetings with key stakeholders.

In order to gain structured feedback from key stakeholders and the wider public, the project team managed an extensive process of consultation through:

- *Holding focus groups with service users in Dublin and Cork*
- *Regional Workshops with service providers, held in Dublin, Monaghan, Sligo and in Cork, attended by over 150 people*
- *In addition to this, two external, independent experts have reviewed the standards and provided extensive feedback. They were Professor Andreas Voss, Consultant Microbiologist and Infection Prevention and Control expert from the Netherlands and Sarah Cooper, Inspections Manager from the Health Inspectorate in Wales.*

The Authority is now circulating these standards for discussion and consideration by all relevant stakeholders. Deadline for feedback is 18th July 2008.

The information collected from this consultation by the Authority will be used to inform the development of the final set of standards that will be launched later this year.

4. Scope

The standards are generic in nature and are designed to apply to all health and social care facilities² in Ireland.

Each facility is different in terms of the type of service delivered, staffing levels, location and history. However, the principles of Infection Prevention and Control should be applicable across all health and social care facilities, including all private providers and primary care providers.

Where a health or social care service is contracted by a contracting agency (for example the HSE) to deliver a service, the contractor will need to provide evidence of compliance with these standards to the contracting agency.

5. Structure of the Standards

The standards apply to all health and social services and are worded as outcome statements which describe the purpose of the standard.

There are 12 standards, each consists of three elements:

Standards statement: this statement describes the intent, purpose and an expectation of the standard in plain language.

Explanatory statement: this outlines the rationale behind each standard and provides further insight into the background and importance of the standard.

Criteria: The criteria are the supporting statements that set out how a service can be judged as to whether the standard is being met or not.

Appendix 2 includes the full listing of material used, as well as a list of useful websites.

6. Next steps

Achieving a reduction in infection rates is a difficult and challenging task. Addressing the fundamental requirements will take time and will need to be phased in. Most importantly it will require a coordinated approach with appropriate resources allocated to ensure these standards are implemented in full.

In line with its statutory remit outlined in section 8 (1) (b and c) of the Health Act 2007, the Authority will not only set standards on safety and quality, it will also monitor compliance with these standards and advise the Minister for Health and Children and the HSE accordingly.

² In this document the term *Facility* refers to any service that provides health or social care.

In 2007 the Authority undertook its first National Hygiene Services Quality Review, this review provided a framework for improving hygiene services as well as providing the Authority with a roadmap for the development of future programmes to support the prevention and control of infection.

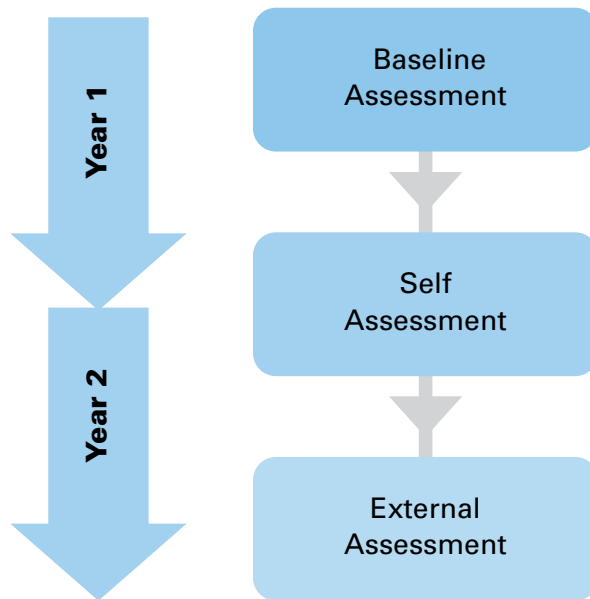
Over the coming years, the Authority will monitor and evaluate the performance of services against the Infection Prevention and Control standards and report on its findings on a regular basis.

This will include:

1. *Self Assessment*
2. *External assessments*
3. *Monitoring the assessment results on a continuous basis*
4. *Data analysis and collation of results into final progress reports*

Throughout 2008, the Authority will develop the proposed process for monitoring of the implementation of the standards. To support this process, the Authority will establish an Assessment Advisory Group.

The flow diagram outlined in Figure 1 below provides a brief summary of the next steps. Following a reasonable period of adjustment to the new standards, the Authority will commence with a Baseline Assessment of all health and social care services.



Following the Baseline Assessments, the Authority will introduce a Self Assessment protocol. Each facility will be required to review their compliance with the standards, using a number of different methods, including documentation review, interviews, observation and surveys. The output of these self assessments will be published in full and will represent a public declaration of the facility's assessment of their compliance with the standards.

Based on the findings of the self assessment, the Authority will then determine the types and methods of external assessment (site visits), taking into account the size, complexity and degree of risk associated with the service(s) provided.

Where clear discrepancies are identified between facilities self assessment and the external assessment these will be highlighted.

Every attempt has been made to ensure that these standards are based on robust evidence of best practice, as well as ensuring their validity and user-friendliness. However, the Authority acknowledges that these standards are not static and the Authority is committed to initiate and complete a full evaluation of these standards three years after their launch date.

Infection Prevention and Control Standards

There are twelve Infection Prevention and Control standards outlined below:

1.0	Governance and Management Infection Prevention and Control is effectively and efficiently governed and managed.	10
2.0	Infection Prevention and Control Structures, Systems and Processes Structures are in place to effectively implement the Infection Prevention and Control service.	12
3.0	Environment and Facilities Management The physical environment, facilities and resources are managed to minimise the risk of infection to service users, staff and visitors	15
4.0	Human Resource Management All staff, including Infection Prevention and Control staff, are selected, recruited, trained, educated and managed in order to prevent and control the spread of infection	18
5.0	Information and Communication Management Infection Prevention and Control data and information are collected, sorted, processed, monitored, responded to and reported in a timely, efficient and accurate manner.	20
6.0	Hand Hygiene Hand Hygiene practices that prevent, control and reduce the risk of the spread of Healthcare Associated Infections are in place.	22
7.0	Communicable/Transmissible The spread of communicable/transmissible diseases is prevented, managed and controlled.	23
8.0	Device Related Infections Device related infections are reduced or prevented.	25
9.0	Microbiological Services Microbiological services are available in a timely and effective manner to support Infection Prevention and Control Services.	26

10.0	Outbreak Management Infection Outbreaks are detected, managed and controlled in a timely, efficient and effective manner in order to reduce and control the spread of infection.	27
11.0	Surveillance Programme Healthcare Associated Infections and antimicrobial resistance are monitored, audited and reported through a systematic Surveillance Programme.	28
12.0	Antimicrobial Resistance There are systems in place to reduce and control Antimicrobial Resistance.	30

1.0 Governance and Management

Standard:

Infection Prevention and Control is effectively and efficiently governed and managed.

Explanatory statement:

Clearly defined lines of responsibility and accountability are required at a corporate level (senior managers at facility, regional and national levels) to support the operational and strategic decision making and management of Infection Prevention and Control. Managers and clinicians are responsible for providing a safe, effective and clean environment which minimises and reduces the risk of infection among service users, staff and visitors.

The lines of accountability and responsibility should ensure that all staff are aware of their individual and collective responsibility in preventing, reducing and controlling infection and how they can contribute to improving the service. It should also be clear that Infection Prevention and Control is not just the responsibility of Infection Prevention and Control staff/team.

Criteria:

- 1.1** The Chief Executive, as delegated by the Board of the facility (for example: the Board of the Health Service Executive) is accountable for the overall management, implementation and monitoring of Infection Prevention and Control. In smaller facilities, the responsible manager or clinician is accountable. This responsibility is clearly defined within their job role.
- 1.2** The Board of the facility, including the Board of the HSE, regularly receives information relating to rates of infection across the respective facilities in order to measure the management of HCAI. In smaller facilities, the responsible manager or clinician is receives this information. This information is dealt with and responded to in a timely and efficient manner in order to prevent, control and reduced the risk of the spread of infection.
- 1.3** Local responsibility for the overall management, implementation and monitoring of Infection Prevention and Control resides with the most senior manager (who may be a clinician) of the facility.

- 1.4** The organisational structure for the facility outlines clear roles and responsibilities for Infection Prevention and Control at all levels, with overall responsibly designated to a named senior manager.
- 1.5** Infection Prevention and Control services are underpinned by an annual business plan which is integrated into the overall corporate plan of the facility. This includes the following: Short term and long term priorities based on identified risks and the demographic profile of the population it serves and will serve.
- 1.6** The following resources, based on a needs analysis and best practice, are made available to provide an effective and efficient Infection Prevention and Control service (this is not an exhaustive list):
- *Financial*
 - *Designated human resources, including administrative staff*
 - *Information management system*
 - *Facilities and accommodation*
- 1.7** Infection Prevention and Control is delivered according to corporate policies and procedures and is in line with current legislation and evidence based best practice.
- 1.8** There are structures in place that support Infection Prevention and Control services. These include but are not limited to the following:
- *risk management*
 - *quality and safety management*
 - *decontamination department*
 - *occupational health*
 - *hygiene services*
 - *waste management*
- 1.9** Contracted external services are appropriately governed and managed, which includes the following:
- *a process for establishing contracts*
 - *explicit contractual obligations on the contractor regarding Infection Prevention and Control, including penalties for non-adherence*
 - *managing and monitoring contracts*
 - *professional liability*
 - *involvement in quality improvement activities*

2.0 Infection Prevention and Control Structures, Systems and Processes

Standard:

Structures are in place to effectively implement the Infection Prevention and Control service.

Explanatory statement:

All aspects of Infection Prevention and Control need to be managed at an operational level; the primary function of these structures is to improve quality of care by appropriate decision making with a broad-based approach to risk management. It has been shown that having a fully resourced Infection Prevention and Control service results in significant cost savings for healthcare facilities.

For some Primary Community and Continuing Care (PCCC) services, operational structures such as the Infection Prevention and Control Committee may operate at a local level, through their Local Health Office or through appropriate arrangements with other facilities.

Criteria:

- 2.1** A multi-disciplinary Infection Prevention and Control Committee is in place which reflects the size, complexity and specialties of the facility. The Infection Prevention and Control Committee:
- *has clearly defined terms of reference and lines of accountability and reports to senior management*
 - *has responsibility for the development of the Infection Prevention and Control Programme*
 - *provides a strategy for the implementation (including unplanned events, such as outbreaks) and improvement of the Infection Prevention and Control Programme to Management*
 - *provides an annual report on Infection Prevention and Control*
 - *advises and supports the Infection Prevention and Control Team*
 - *ensures that Infection Prevention and Control policies and procedures are updated to reflect best practice*

2.2 There is an Infection Prevention and Control Programme which reflects the size, complexity and specialties of the facility. The Programme:

- *is developed in consultation with relevant staff (for example: clinicians, estates, the Infection Prevention Control Team, senior management and the board of the facility)*
- *has defined objectives*
- *is revised annually*
- *reflects evidence based best practice and legislation*

2.3 An Infection Prevention and Control Team is in place which is reflective of the size, complexity and specialities of the facility. The Team has the responsibility and authority to monitor and advise on the implementation of the Infection Prevention and Control Programme. The Infection Prevention and Control Team:

- *meets on a regular basis which are minuted*
- *provides an annual work plan that is reflective of the Infection Prevention and Control Programme for ratification by the Infection Prevention and Control Committee*
- *leads surveillance in line with standard 11.0, including reporting infection rates and trends to the board or senior management on a quarterly basis. In smaller facilities the responsible manager or clinician receives this information*
- *informs staff of changes in Infection Prevention and Control best practice*
- *ensures that advice and/or information which is in line with current evidence based best practice and legislation is available to staff on a 24-hour basis*
- *monitors the training and education needs of the facility's staff in relation to Infection Prevention and Control and provides or facilitates support and advice for any required training*
- *audits the implementation of Infection Prevention and Control policies, procedures and guidelines*

2.4 The performance of the facility is monitored and reviewed on an annual basis, including internal audits carried out by the Infection Prevention and Control Team. This includes but is not limited to the following:

- *the Infection Prevention and Control Programme*
- *Infection Prevention and Control targets*

- *performance indicators, including the HSE Infection Prevention and Control Indicators*
- *facilities and resources available to the Infection Prevention and Control service to fulfil its remit*

The findings of reviews are communicated internally and externally.

3.0 Environment and Facilities Management

Standard:

The physical environment, facilities and resources are managed to minimise the risk of infection to service users, staff and visitors.

Explanatory statement:

The risk of the spread of infection is significantly reduced when the physical infrastructure and environment of the facility are at levels described in various national and international documents. It is therefore vital that the physical environment is planned and maintained to maximise service user safety and the needs of the community it serves. It is also essential that high levels of cleanliness and hygiene are maintained to ensure the safety and well being of its service users and staff.

Criteria:

- 3.1** The structural design and layout of each facility complies with evidence based best practice for Infection Prevention and Control, risk management and other specialised design specifications for healthcare facilities (for example: Healthcare Infection Control Building Working Group (HSE 2008 unpublished), Guidelines for Design and Construction of Healthcare Facilities. American Institute of Architects (2006), Health Facilities Notice 30: Infection control in the built environment, NHS Estates 2001).
- 3.2** The Infection Prevention and Control Team is consulted at all stages of the planning and implementation process and during all, new builds, environmental/systems repairs and refurbishments.
- 3.3** The possible spread of infection is minimised during construction/renovation/demolition/repair by having the following in place:
 - *clear policies and procedures, this includes but is not limited to the following:*
 - *a clear and managed plan for managing interim arrangements for service users to remove them from infection and other health and safety risks*
 - *Infection Prevention and Control Risk Assessment when planning renovation, construction or demolition to determine potential transmission hazards*
 - *surveillance for airborne environmental infections where necessary*

- *measurement of the implementation and effectiveness of the Infection Prevention and Control measures over the course of the construction/renovation*

- 3.4** The number of ensuite single rooms assigned to Infection Prevention and Control is based on a needs assessment (including isolation rooms with engineering control and dedicated access lobbies) and corresponds to the needs and size of the facility and evidence based best practice. Where this is not the case, there is a programme of upgrading / refurbishment to achieve this.
- 3.5** New build acute hospital wards or units should be made up of a minimum of 50% single rooms.
- 3.6** The bed spacing in multiple service user rooms is 3.6m by 3.7m. (This does not include residential care facilities)
- 3.7** The use of isolation rooms is prioritised for Infection Prevention and Control purposes.
- 3.8** Pressurised rooms/systems have adjacent visual displays of their pressure status, are alarmed and are assessed and routinely maintained by engineers on a regular basis.
- 3.9** All facilities are upgraded (within a specified timeframe) where they do not conform to best practice in Infection Prevention and Control, risk management and other specialised design specifications for health and social care facilities. This includes plans to use available space to provide the maximum number of single rooms with a target of 50% single rooms or more.
- 3.10** All systems including water systems and ventilation, are designed and maintained to minimise the possible spread of infection.
- 3.11** The cleanliness of the physical environment is effectively managed and maintained according to relevant regulations.
- 3.12** All catering areas are effectively managed and maintained to minimise the possible spread of infection.
- 3.13** The linen supply and soft furnishings are managed and maintained to minimise the possible spread of infection.
- 3.14** All equipment, including cleaning devices, are effectively managed and maintained to minimise the possible spread of infection.
- 3.15** Medical devices are effectively managed and clean to minimise the possible spread of infection.

3.16 The inventory, handling, storage, use and disposal of hazardous material/ equipment is in accordance with evidence based codes of best practice and current legislation. This includes but is not limited to the following:

- *hygiene services hazardous material*
- *sharps*
- *waste*

3.17 The quality of Hygiene services is regularly monitored and evaluated. This information is used to improve the service provided.

4.0 Human Resource Management

Standard:

All staff, including Infection Prevention and Control staff, are selected, recruited, trained, educated and managed in order to prevent and control the spread of infection.

Explanatory statement:

The reduction of infection rates can be achieved by ensuring that the number of staff, including the number of Infection Prevention and Control Staff, are at levels that provide the highest levels of safety for the service user. The number/ratio of Infection Prevention and Control staff in health and social care facilities should represent the highest levels of quality and safety to service users. It is recommended that all health and social care facilities ensure that the ratio of Infection Prevention and Control staff meets national and international best practice. It is also recommended that the number of Clinical Microbiologists (4 per 350,000 head of population) as outlined in the Report of the National Task Force on Medical Staffing is implemented. For Infection Prevention and Control Nurses, best practice indicates that there is 1 per 115 acute care beds and 1 per 250 long stay beds.

The provision of a continuous and ongoing education programme for all staff can increase awareness of Infection Prevention and Control issues and improve service user safety.

Staff health and safety should also be protected with the provision of an occupational health service to deal with occupational incidents in a prompt and effective manner.

Criteria:

4.1 All staff receive training for Infection Prevention and Control, this includes, but is not limited to the following:

- *mandatory orientation/induction*
- *annual updates*
- *area specific training*
- *monitoring system in place to flag non-attendees*
- *hand hygiene*
- *the use of personal protective equipment*

- 4.2** Staff health and safety in relation to Infection Prevention and Control is protected by the following measures:
- *access to an occupational health service as required*
 - *policies and procedures which include, the prevention and management of communicable/transmissible diseases/organisms and a comprehensive screening and immunisation programme*
 - *procedures and policies for the management of an occupational exposure to blood or body fluids*
 - *staff satisfaction in relation to occupational health, with specific reference to Infection related incidents is evaluated*
- 4.3** Agreements exist with associated colleges, institutions and recruitment agencies ensuring that visiting clinical staff, agency staff and students are trained in all core Infection Prevention and Control areas (for example: Hand Hygiene, standard precautions and transmission based precautions) prior to employment and/or placement.
- 4.4** All Infection Prevention and Control staff have the relevant skills, competencies and appropriate qualifications and training.
- 4.5** The selection and recruitment of staff responsible for Infection Prevention and Control services is conducted in accordance with best practice and current legislation.
- 4.6** Infection Prevention and Control staff are assigned in accordance with best practice and also take into account changes in workload and the facility's needs. (See explanatory statement)
- 4.7** Infection Prevention and Control staff undergo ongoing education, training and continuous professional development.
- 4.8** There are resources and facilities for the provision of education, training and continuous professional development for Infection Prevention and Control that are in keeping with the learning and development plan and the Infection Prevention and Control Programme.

5.0 Information and Communication Management

Standard:

Infection Prevention and Control data and information are collected, sorted, processed, monitored, responded to and reported in a timely, efficient and accurate manner.

Explanatory statement:

The effective and timely management of all Infection Prevention and Control information is vital, as it can improve the quality of service user care and inform service users, visitors and staff as how to prevent and control the spread of infection.

Criteria:

- 5.1** All service user data is maintained in a secure manner in line with legislation and evidence based best practice.
- 5.2** All service users, visitors and staff are made aware of the importance of the prevention, control and reduction of infection. This includes but is not limited to:
 - *written information and/or other educational material*
 - *prompt reporting of concerns/ adverse events/ near misses/ complaints*
 - *clear, easy to understand and adequate Infection Prevention and Control signage*
- 5.3** Service users and their relatives/carers, who are found to be colonised and/or infected with a significant communicable/transmissible disease/organism are informed of their infection and/or colonisation status by the clinician, or clinical team, primarily responsible for their care as soon as possible, and are supplied with any relevant information.
- 5.4** Internal systems are in place to communicate any Infection Prevention and Control related data or statistics, incidence levels of Healthcare Associated Infections, outbreaks, to senior management and/or the board of the facility using agreed protocols.
- 5.5** Service users presenting with a known or suspected communicable/transmissible infection are managed in a prompt and efficient manner.

- 5.6** The facility works in partnership with other facilities and stakeholders (including Health Service Executive, Department of Health and Children, service user groups) to improve the Infection Prevention and Control service.

- 5.7** There are feedback mechanisms (for example: service user survey) in place for service users/public regarding Infection Prevention and Control. The information collected is reported to the Infection Prevention and Control Committee and is used to improve the service(s) provided.

6.0 Hand Hygiene

Standard:

Hand Hygiene practices that prevent, control and reduce the risk of the spread of Healthcare Associated Infections are in place.

Explanatory statement:

Hand hygiene is recognised internationally as the single most important preventative measure in the transmission of infection, particularly in health and social care facilities. Hand hygiene refers to the use of soap/ disinfectant and water as provided at a wash-hand basin, and also the use of alcohol hand gels which can be used to decontaminate hands if not visibly dirty or soiled. It is essential that a culture of Hand Hygiene is embedded in the facility.

Criteria:

- 6.1** There are policies, procedures and systems for hand hygiene practices to reduce the risk of the spread of infection. This includes but is not limited to the following:
- *the implementation of the SARI guidelines for Hand Hygiene in Irish healthcare settings as part of the annual business plan*
 - *the number and location of hand washing sinks*
 - *hand hygiene frequency and methodology*
 - *effective hand hygiene products are used for the level of decontamination needed*
 - *readily accessible hand-washing products in all areas with clear information circulated around the facility*
- 6.2** Service users and their relatives/ carers/ visitors are informed of their right to require staff to practice hand hygiene at their request.
- 6.3** Hand hygiene practices and policies are regularly monitored and evaluated. The information collected is used to improve the service provided.

7.0 Communicable/Transmissible Disease Control

Standard:

The spread of communicable/transmissible diseases is prevented, managed and controlled.

Explanatory statement:

Policies, procedures and systems are essential for the prevention and control of the spread of communicable/transmissible diseases. They set the framework by which best practice for the prevention and control of communicable/transmissible diseases is achieved.

It is essential that specific high risk areas, such as intensive care units, neonatal intensive care units, oncology units etc. have their own Infection Prevention and Control policies, procedures and systems, as the risk associated with procedures in these departments can be relatively high.

Criteria:

- 7.1** The admission process for service users is managed in line with national guidelines and evidence based best practice. This includes appropriate service user screening.
- 7.2** High risk departments reduce the spread of infection by adhering to relevant policies that have been developed in consultation with the Infection Prevention and Control Team.
- 7.3** Suspected and/or confirmed cases of service users infected and/or colonised with a communicable/transmissible disease/organism are effectively and efficiently managed, this includes but is not limited to the following:
 - *specific policies and procedures for named communicable/transmissible diseases, this includes:*
 - *a notification process*
 - *standard and transmission-based precautions*
 - *service user isolation and cohort policies and procedures*
 - *transportation and transfer of service users*
 - *dealing with service users with a communicable/transmissible disease and/or colonisation following death*

- 7.4** All areas contaminated or suspected of being contaminated with a communicable/transmissible organism undergo environmental decontamination.
- 7.5** The recommendations of National Guidelines for the prevention, control and management of infectious diseases/organisms are implemented. This includes but is not limited to the following:
- *The Control and Prevention of MRSA in Hospitals and in the Community (SARI, 2005)*
 - *Code of Practice for Decontamination of Reusable Invasive Medical Devices (HSE, 2007)*
 - *Guidelines on Minimising the Risk of Transmission of Transmissible Spongiform Encephalopathies in Healthcare Settings in Ireland (SARI, 2004)*
 - *National Guidelines On The Management Of Outbreaks Of Norovirus Infection In Healthcare Settings (SARI, 2003)*
 - *other accepted national documents upon their release*
- 7.6** Visitor and staff access within the facility is controlled and managed.
- 7.7** Compliance with national guidelines and the facilities Infection Prevention and Control policies (isolation, screening etc), procedures and guidelines is annually evaluated.

8.0 Device related infections

Standard:

Device related infections are reduced or prevented.

Explanatory statement:

Nearly a quarter of all HCAI are device related, therefore, systems are required to prevent microorganisms from entering the device and/or the bloodstream.

Criteria:

- 8.1** Invasive medical devices are managed in line with evidence based best practice and national guidelines. This includes but is not limited to the following:
- *the insertion and removal of invasive medical devices*
 - *upholding strict adherence to asepsis and hand hygiene before and after any invasive procedure*
 - *daily inspection of the medical device*
 - *systems are in place to track the management of the medical device from the date of insertion*
- 8.2** Staff are competently trained in invasive medical device insertion, maintenance, replacement and care, and this is documented.
- 8.3** Service users/Relatives/Carers are educated and trained in the management of invasive medical devices (where relevant).
- 8.4** The management of invasive medical devices is regularly audited, with quality improvement actions undertaken to improve service user care.

9.0 Microbiological Services

Standard:

Microbiological services are available in a timely and effective manner to support Infection Prevention and Control services.

Explanatory statement:

Microbiological services are required to support the functions of an effective Infection Prevention and Control service. The service is needed to support best practice for clinical decisions, surveillance of HCAI and antimicrobial resistance and outbreak detection and control. The level of microbiological support required will depend on a number of factors such as the type and size of service provided and the level of risk to the service user.

Criteria:

- 9.1** There is access to an accredited (for example: Accreditation from International Organization for Standardization 15189 or Clinical Pathology Accreditation) Microbiology Laboratory service on a 24-hour basis, where appropriate. For PCCC services this may be based on the level of risk and service user/population needs.
- 9.2** There is access to a Clinical Microbiology Consultant who can provide microbiological advice on a 24-hour basis. For PCCC services this may be based on the level of risk and service user/population needs.
- 9.3** Timely access to laboratory results is available to relevant staff by means of an IT system.
- 9.4** There are systems in place for the rapid and safe transport of microbiological specimens within the facility and to external sites.
- 9.5** There are systems in place for the rapid reporting of epidemiologically important organisms to the Infection Prevention and Control Team.
- 9.6** The Microbiology Department has the ability or has arrangements (where appropriate) made for the molecular typing of epidemiologically important strains.
- 9.7** Microbiological services are reviewed on a regular basis which includes:
 - *needs analysis*
 - *turn around times and efficiency and safety of transportation services*
 - *applicability of new technologies*

All findings are reported to senior management and prompt actions are taken to address the outcomes of the review.

10.0 Outbreak Management

Standard:

Infection Outbreaks are detected, managed and controlled in a timely, efficient and effective manner in order to reduce and control the spread of infection.

Explanatory statement:

The efficient detection and management of outbreaks is essential for minimising the impact of an outbreak on all implicated persons.

Criteria:

- 10.1** Outbreaks are managed in a systematic manner, this includes but is not limited to the following:
- *the roles and responsibilities of management, the Infection Prevention and Control Team, other Clinical Managers, Population Health Department, and any other relevant staff are outlined in the outbreak policies and procedures*
 - *convening a Multi-Disciplinary Outbreak Management Team/Committee in the event of an outbreak or suspected outbreak*
 - *rapid communication of any suspected/confirmed outbreaks to the Outbreak Management Team/Committee, the board, Senior Management, representatives from affected areas, admitting departments/bed management and Population Health Department*
- 10.2** Prompt notification systems are in place for suspected or confirmed outbreaks.
- 10.3** In the event of an outbreak the Outbreak Management Team/Committee or Infection Prevention and Control Team liaises directly with the appropriate head of services – this should lead to the development of a clear, documented and well communicated operational plan (including resource consequences) for managing and containing the outbreak. This should include appropriate monitoring mechanisms.
- 10.4** All service users, visitors and staff implicated in an outbreak are communicated with regarding the outbreak in a timely and effective manner.
- 10.5** Following (or during) an outbreak, an investigation, including a root cause analysis, is initiated by the Infection Prevention and Control Team. The findings of the investigation are used to improve the service(s) provided.

11.0 Surveillance Programme

Standard:

Healthcare Associated Infections and antimicrobial resistance are monitored, audited and reported through a systematic Surveillance Programme.

Explanatory statement:

Surveillance followed by action for improvement can have a significant impact on rates of HCAI. Studies have found that facilities that had a programme of surveillance with feedback to clinical staff had considerably lower infection rates than others.

The overall purpose of Surveillance is to reduce the incidence of HCAI and therefore reduce the associated morbidity, mortality, and costs. A Surveillance Programme also provides useful data on incidence and types of infections which can be used to determine the efficacy of Infection Prevention and Control practices but also to better identify future preventative practices and risk factors.

Criteria:

11.1 There is a defined and documented Surveillance Programme, in line with national guidelines which is relevant to the facility. Surveillance includes but is not limited to the following:

- *epidemiologically important organisms/alert organisms*
- *specific rates of infection, particularly HCAI prevalence*
- *antimicrobial resistant organisms*
- *device related infections (for example: catheters, central lines and arterial lines etc.)*
- *high risk populations or areas*
- *specific locations*

11.2 The Surveillance Programme:

- *is co-ordinated by a named individual(s)*
- *is developed by the Infection Prevention and Control Team in collaboration with the relevant department and approved by the Infection Prevention and Control Committee and Management*
- *is clearly documented with clear goals and objectives which are reviewed on an annual basis*

- *uses internationally comparable HCAI definitions (for example: Centers of Disease Control and Prevention)*
- *uses documented and described surveillance methods*
- *complies with the requirements of national surveillance programmes*

11.3 Surveillance rates:

- *are collated quarterly*
- *are benchmarked both internally and externally with comparable facilities*
- *are presented/distributed with interpretations and recommendations to clinicians, other relevant clinical staff and senior management*

11.4 The information collected and analysed from the Surveillance Programme is used to evaluate and support the activities and effectiveness of the Infection Prevention and Control Team and Programme and the relevant department(s). This is reported monthly to the board, senior management of the facility, including the board of the HSE.

12.0 Antimicrobial Resistance

Standard:

There are systems in place to reduce and control Antimicrobial Resistance.

Explanatory statement:

The inappropriate use of antimicrobials (antibiotics) is associated with the emergence and rising levels of Antimicrobial Resistance. The emergence of Antimicrobial Resistance can be controlled with an antimicrobial stewardship programme.

Criteria:

- 12.1** There are policies, procedures and outcomes for the evidence based best usage of antimicrobials and the reduction of antimicrobial resistance. This includes but is not limited to the following:
- *implementation of a Strategy for the Control of Antimicrobial Resistance in Ireland (SARI 2001)*
 - *an annually reviewed written formulary*
 - *antibiotic prescribing policies for the treatment of infections which are consistent with current evidence based best practice*
 - *policies for the appropriate use of prophylactic antimicrobials which are consistent with current evidence based best practice*
 - *information regarding the prevalence of resistance to antimicrobial agents*
 - *access to an antimicrobial liaison pharmacist (where appropriate)*
- 12.2** Multi-disciplinary Drugs and Therapeutics Committee or an Antimicrobial Stewardship Committee/Team is in place which reflects the size, complexity and specialties of the service. For PCCC services this committee may be local or through the Population Health Department.
- 12.3** There are clear lines of communication and cooperation between the facility's Drugs and Therapeutics Committee/Antimicrobial Stewardship Team, the Infection Prevention and Control Team, Pharmacy, Therapeutic Committees, other committees/teams as appropriate and management.
- 12.4** Local antibiograms with pathogen-specific susceptibility data are updated at least annually (using The Clinical and Laboratory Standards Institute (CLSI) methodology) and trends in resistance are detected and reviewed.
- 12.5** Overall antimicrobial use is audited annually. The data should include, dose, duration and indication and route of antibiotic therapy. All data collected is reviewed and used to improve the quality of the service provided.

Appendix 1

Advisory Group membership

Prof. Geraldine McCarthy, (Chair), Head of Department of Nursing and Midwifery, UCC

Dr. Colette Bonner, Department of Health and Children

Margaret Brennan, Primary Community and Continuing Care, HSE

Prof. Mary Cafferkey, Royal College of Surgeons in Ireland

Anne Carrigy, An Bord Altranais

Debbie Dunne, State Claims Agency

Dr. Fidelma Fitzpatrick, Health Protection Surveillance Centre

Prof. Hilary Humphreys, Royal College of Physicians of Ireland

Dr. Mary Hynes, National Hospitals Office, HSE

Tony Kavanagh, MRSA and Families

Dr. Fiona Kenny, Irish Society of Clinical Microbiologists

Mags Moran, Infection Control Nurses Association

Stephen McMahon, Irish Patient Association

Celine O'Carroll, Infection Control Nurses Association

Dr. Brian O'Connell, Hospital CEO Office

Dr. Niamh O'Sullivan, Irish Society of Clinical Microbiologists

Dr. Anne Sheahan, Population Health Department, HSE

Appendix 2

Sources and Information

1. Scotland: National Healthcare System (2001) *Healthcare associated infection (HAI) Infection Control Scotland standards*. Clinical Standards Board for Scotland.
2. New Zealand: Standards New Zealand (2001) *Infection Standards*. Standards New Zealand.
3. Australia: Australian Infection Control Association inc. (2006) *Infection Control Standards*. Australian Infection Control Association inc.
4. France: The European Commission (2005) *Improving patient Safety in Europe* (IPSE). The European Commission.
5. World Health Organisation. WPRO Regional Publication. (2004) *Practical Guidelines for Infection Control in Healthcare Facilities*. WHO Regional Office for Europe.
6. Olesen, D., Hood, R. (2003), *Health facility Planning – An Infection Control Perspective*. Hospital Engineering and Facilities Management.
7. Healthcare Infection Control Practices Advisory Committee. (2007) *Guideline for Isolation Precaution: Preventing Transmission of Infectious Agents in Healthcare Setting*. Centre for Disease Control.
8. The Irish Health Services Accreditation Board (IHSAB) (2006) *Hygiene Standards*. Ireland, IHSAB.
9. Hospital Antibiotic Stewardship Options. *Recommendations for Antibiotic Stewardship in Irish Hospitals*. Dublin, Ireland; 2003.
10. SARI. *Survey of Infection Control, Antibiotic Stewardship and Occupational Health Resources in Irish Acute Hospitals*. Dublin, Ireland; 2004.
11. MacDougall C & Polk RE. Antimicrobial Stewardship Programs in Health Care Systems. *Clinical Microbiology Reviews*. 2005; 18 (4):638-656.
12. Dellit TH, Owens RC, McGowan JE, Gerding DN, Weinstein RA, Burke JP, Huskins WC, Paterson DL, Fishman NO, Carpenter CF, Brennan PJ, Billeter M, Hooton TM. Infectious Diseases Society of America and the Society for Healthcare Epidemiology of American Guidelines for Developing an Institutional Program to Enhance Antimicrobial Stewardship. *Clinical Infectious Diseases*. 2006; 44:159-177.
13. Ho PL, Cheng JCF, Ching PTY, Kwan JKC, Lim WWL, Tong WCY, Wu TC, Tse CWS, Lam R, Yung R, Seto WH. Optimising antimicrobial prescription in hospitals by introducing an antimicrobial stewardship programme in Hong Kong: consensus statement. *Hong Kong Medical Journal*. 2006; 2:141-148.

14. (2007) *Guidelines for the Infection Control Resources, Structure and Functional Requirements-Appendix 3-7*. Department of Health and Ageing, Available from: <http://www.health.vic.gov.au/> [Accessed 7 July 2007]
15. Smith, Philip W, Rusnak MD Patricia G. (1997) Special Communication: Infection prevention and control in the long-term-care facility. *APIC Position Paper*. Volume 26, No 6, December.
16. (2002) *Improving service user Safety in Hospitals: Turning Ideas into Action*. Available from : <http://www.med.umich.edu/serviceusersafetytoolkit> [Accessed 15 June 2007]
17. (2007) Joint Commission on Accreditation of Healthcare Organisations (JCAHO) Available from: <http://www.jointcommission.org/> [Accessed May 2007]
18. Healthcare Infection Control Practices Advisory Committee (2006) *Management of Multi-Drug Resistant Organisms in Healthcare Settings*, CDC.
19. Health and Personal Social Services (HPSS) (2005) *Infection Control Standards*, Controls assurance standards.
20. Canada: Canada Professional and Practice Standards Task Force (1999) *APIC/CHICA-Canada Infection Control and Epidemiology: Professional and Practice Standards*, Washington, Association for Professionals in Infection Control and Epidemiology.
21. SHEA Long-Term-Care Committee and APIC Guidelines Committee (1997) Inc. *Infection prevention and control in the long-term-care facility*. Volume 25, Number 6. Association for Professionals in Infection Control and Epidemiology.
22. (2002) Disease Surveillance and outbreak management, *World Health Organisation*. Available from: http://www.who.int/water_sanitation_health/hygiene/ships/en/gssanitation9.pdf [Accessed June 2007].
23. Queensland Health (2001) *Infection Control guidelines* (2nd ed.) Brisbane, Queensland Health
24. (2007) John Hopkins hospital and Health System. Available at: <http://www.hopkinshospital.org/>. [Accessed August 2007]
25. Department of Health and Children (2000) *Public Health Emergency Plan*, Ireland, Department of Health.
26. Health Service Executive (2004) *Guideline for insertion and management of central venous lines, arterial lines and pulmonary artery catheters*, Health Service Executive.
27. National Institute for Clinical Excellence (2003) *Infection control: Prevention of healthcare-associated infection in primary and community care*. NHS

28. Department of Health (2003) *Transmissible spongiform encephalopathy agents: safe working and the prevention of infection; Guidance from the Advisory Committee on Dangerous Pathogens and the Spongiform Encephalopathy Advisory Committee.*
29. Health Service Executive (2007). Code of Practice for Decontamination of Reusable Invasive Medical Devices
30. Mangnall J, Watterson L (2006) Principles of Aseptic Technique in Urinary Catheterisation. *Nursing Standard.* 21, 8, 49-56.
31. (2003) Infection Control. Prevention of Healthcare-associated Infection in Primary and Community Care. National Collaborating Centre for Nursing and Supportive Care. Infection Control: Prevention of healthcare-associated infections in primary and community care. London (UK): *National Institute for Clinical Excellence (NICE)*; 2003 Jun. 257 p. [292 references]
32. NHS Estates (2003) *Facilities for critical care*, London, Stationary Office.
33. Centers for Disease Control (2002) *Morbidity and Mortality Weekly Report* Recommendations and Reports Vol. 51.
34. The Johns Hopkins Hospital (2000) *Reuse of Disposable or Single-Use service user Care Items.* Interdisciplinary Clinical Practice Manual.
35. NHS Estates (2003) *A Guide to the Decontamination of Reusable Surgical Instruments.* NHS Estates.
36. World Health Organisation (2003) *Practical Guidelines for Infection Control in Healthcare Facilities.* WHO
37. (2007) Transport of Infectious Substances - Best Practice Guidance for Microbiology Laboratories. *Inspector of Microbiology and Infection Control (Department of Health).* Available from: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_075439 [Accessed June 2007]
38. (2004) Halstead et al, Reality of Developing a Community-Wide Antibiogram *Journal of Clinical Microbiology.* 2004 January; 42(1): 1–6.
39. (2001) Tenover et al, Ability of Laboratories To Detect Emerging Antimicrobial Resistance: Proficiency Testing and Quality Control Results from the World Health Organization's External Quality Assurance System for Antimicrobial Susceptibility Testing. *Journal of Clinical Microbiology,* Jan. 2001, p. 241–250 Vol. 39
40. A Strategy for Control of Antimicrobial Resistance in Ireland (SARI) (2005) *The Control and Prevention of MRSA in Hospitals and in the Community.* Ireland, Health Protection Surveillance Centre.
41. National Health & Medical Research Council (2003) *The Australian Immunisation Handbook (8th ed.).* Australian Technical Advisory Group on Immunisation.

42. Australia: Department of Health and Ageing (2004) *Infection Control Guidelines for the Prevention of Transmission of Infectious Diseases in the Health Care Setting*. Australia, Department of Health and Ageing.
43. New Zealand: Management of Hospital-acquired Infection (vol. 2) (2003) *Report of the Controller and Auditor General*. Wellington: The Audit Office.
44. Healthcare Infection Control Practices Advisory Committee. (2007) *Guidelines for Environmental Infection Control in Healthcare Facilities*. Centre for Disease Control (CDC).
45. World Health Organisation. WPRO Regional Publication. (2004) *Practical Guidelines for Infection Control in Healthcare Facilities*. WHO Regional Office for Europe.
46. (2006) *Guidelines for the design and construction of healthcare facilities*, American Institute of Architects. America, Available from: http://www.aia.org/aah_gd_hospcons [Accessed July 2007]
47. World Health Organisation (1999) *Tuberculosis Infection Control in The Era of expanding HIV care and Treatment - Addendum to WHO Guidelines for the Prevention of Tuberculosis in Health Care Facilities in Resource-Limited Settings*. WHO Regional Office for Europe.
48. Infection Prevention Working Party (2006) *Infection control measures for Clostridium Difficile*. Netherlands, Infection Prevention Working Party.
49. United Kingdom: Department of Health, from the chief medical officer and chief nursing officer. (2003) *Immunisation for Healthcare Workers, UK*, Department of Health.
50. Health Protection Agency (2005) *Management, Prevention and Surveillance of Clostridium Difficile*, London, Healthcare Commission.
51. Health Service Executive (2003) *Management of Clostridium Difficile*. Ireland, HSE.
52. Sunenshine, Rebecca, MD and McDonald, Clifford, MD. (2006) vol. 73, 1-189. Clostridium Difficile-Associated Disease: New challenges from an established pathogen Health service executive, Guideline for the prevention and infection with Hepatitis B, HIV and other blood borne viruses. *Cleveland Clinical Journal of Medicine*, No 2, February. T
53. Health Protection Branch, & Laboratory Centre for Disease Control (1997) *Preventing the spread of VRE in Canada*, Canada, Canada Communicable Disease Report.
54. (1995) Recommendations for Preventing the Spread of Vancomycin Resistance. *Infection Control Hospital Epidemiology; Hospital Infection Control Practices Advisory Committee (HICPAC)*, 13 (2):105-13 7759811, Cited: 25
55. National Clostridium Difficile Standards Group (2003) *Report to the Department of Health February*. UK, Department of Health.

56. Coia, et al., (2006) Guidelines for the Control and Prevention of Meticillin-Resistant Staphylococcus Aureus (MRSA) in Healthcare Facilities, , *Journal of Hospital Infection*, No. 635, p51-544.
57. Cookson, Barry *et al*, (2006) Guidelines for the Control of Glycopeptide-Resistant Enterococci in Hospitals; A report of a combined working party of the Hospital Infection Society, Infection Control Nurses Association and British Society for Antimicrobial Chemotherapy. *Journal of Hospital Infection*, 62(1): 6-21, Epub Nov 28
58. Strategy for Control of Antimicrobial Resistance in Ireland (SARI) (2001) *Guidelines for Hand Hygiene in Irish Health Care Settings*, Ireland, Published by the Health Protection Surveillance Centre.
59. World Health Organisation. Information Sheet 4, Clean Care is Safer Care. (2006) *service user and Public Involvement in Hand Hygiene Improvement: World alliance for service user safety*.
60. The Dental Council (2005) Code of Practice relating to Infection Control in Dentistry. Dublin, The Dental Council.
61. World Health Organisation, Centre for Disease Control and Prevention. (1999) Tuberculosis Infection Control in the Era of Expanding HIV Care and Treatment. *Addendum to WHO Guidelines for the Prevention of Tuberculosis in Health Care Facilities in Resource-Limited Settings*. World Health Organisation, Centre for Disease Control and Prevention.
62. *Infection Control Policy and Guidelines* [Internet]. Available from: <http://www.mtmercy.edu/nursour/nubook9.pdf> [Accessed July 2007]
63. New Zealand Ministry of Health. (2003) *Guidelines for Tuberculosis Control in New Zealand: Infection Control in Tuberculosis*. New Zealand, New Zealand Ministry of Health.
64. (2007) Guidelines for Antibiotic Use, Tuberculosis Guidelines Manual, *University of Pennsylvania Medical Centre*. Available from: http://www.uphs.upenn.edu/bugdrug/antibiotic_manual/infctl%20tuber.htm [Accessed June 2007].
65. Hughes et al. (2005) *Evidence based infection control in the intensive care unit* (2nd ed). Springer Milan.
66. (2001) *Chest, American College of Chest Physicians*. Available from: <http://chestjournal.org/cgi/content/abstract/120/6/2059> [Accessed July 2007]
67. Japan: The Government of Japan (2007) *The Specialist of Nosocomial Infection Control and Prevention*. Japan, Japan International Cooperation Agency.
68. Healthcare Infection Control Practices Advisory Committee (2006) *Management of Multi-Drug Resistant Organisms in Healthcare Settings*. CDC.

69. United Kingdom: Department of Health (2004) *ICNA Audit Tools for Monitoring Infection Control Standards*
70. Health Service Executive (2007) *Say no to infection, Infection Control Action Plan*, The prevention and control of Healthcare Associated Infections in Ireland, Health Service Executive.
71. Health Service Executive (2007) *Code of practice for Prevention and Control of Healthcare Associated Infection, Interim standards*, Health Service Executive.
72. Guidelines for preventing infections associated with the insertion and maintenance of short-term indwelling urethral catheters in acute care. *Journal Hospital Infection* 2001;47(Suppl):S39-S46.
73. Scheckler *et al.* (1998) Requirements for Infrastructure and Essential Activities of Infection Control and Epidemiology in hospitals: A consensus Panel Report. *Infect Control Hosp Epidemiol* Vol. 19 p. 114-124.
74. Haley *et al.* The efficacy of infection surveillance and control US hospitals. *American Journal of Epidemiology* 1985; 121:182-205.
75. Health Service Executive (2008). Review of Increased Identification of *Clostridium difficile* at Ennis General Hospital 2007.

Links to Referenced Documents

Health Services Executive (HSE), Say no to infection, Infection Control Action Plan, March 2007

<http://www.hse.ie/en/NewsEvents/News/HCAI/HCAIPublications/FiletoUpload,6216,en.pdf>

Health Services Executive (HSE), Code of Practice for Decontamination of Reusable Invasive Medical Devices, August 2007

<http://www.hse.ie/en/Publications/DecontaminationCodeofPracticeforRIMD/>

Health Services Executive (HSE), National Hospitals Office Code of Practice for Healthcare Records Management, October 2007

<http://www.hse.ie/en/Publications/HSEPublicationsNew/AcuteHospitalReportsGuidelines/NHOCODEofpracticeonMedicalrecords/>

The Strategy for the Control for antimicrobial Resistance in Ireland (SARI, 2001)

<http://www.hpsc.ie/hpsc/AZ/MicrobiologyAntimicrobialResistance/StrategyforthecontrolofAntimicrobialResistanceinIrelandSARI/OverviewandKeyDocuments/>

The 2005 SARI guidelines for Hand Hygiene in Irish healthcare settings

<http://www.hpsc.ie/hpsc/A-Z/Gastroenteric/Handwashing/Guidelines/>

The 2005 SARI guidelines: The Control and Prevention of MRSA in Hospitals and in the Community.

<http://www.hpsc.ie/hpsc/AZ/MicrobiologyAntimicrobialResistance/EuropeanAntimicrobialResistanceSurveillanceSystemEARSS/ReferenceandEducationalResourceMaterial/SaureusMRSA/Guidance/>

Health Information and quality Authority, National Hygiene Services Quality Review, 2007

<http://www.hiqa.ie/media/pdfs/hygiene/National%20Hygiene%20Report.pdf>

Links to Journals

Journals	Websites
Association for Professionals in Infection Control and Epidemiology (APIC), USA	http://www.apic.org
Association of periOperative Registered Nurses (AORN), USA	www.aorn.org
Australian Infection Control Association	http://www.aica.org.au/
Centre for Disease Control & Prevention (CDC), USA	http://www.cdc.gov
Communicable Disease Surveillance & response (WHO)	http://www.who.int/emc
Communicable Disease Surveillance Centre, N Ireland	http://www.cdscni.org.uk
Community and Hospital Infection Control Association (CHICA), Canada	http://www.chica.org
European Operating Room Nurses Association (EORNA)	www.eorna.org
Department of Health, England , UK	http://www.doh.gov.uk/dhhome.htm

Links to relevant Organisations

Organisations	Websites
Association for Professionals in Infection Control and Epidemiology (APIC), USA	http://www.apic.org
Association of periOperative Registered Nurses (AORN), USA	www.aorn.org
Australian Infection Control Association	http://www.aica.org.au/
Centre for Disease Control & Prevention (CDC), USA	http://www.cdc.gov
Communicable Disease Surveillance & response (WHO)	http://www.who.int/emc
Communicable Disease Surveillance Centre, N Ireland	http://www.cdscni.org.uk
Community and Hospital Infection Control Association (CHICA), Canada	http://www.chica.org
European Operating Room Nurses Association (EORNA)	www.eorna.org
Department of Health , England , UK	http://www.doh.gov.uk/dhhome.htm
Department of Health and Children Home Page	http://www.dohc.ie/
Dutch Working party on Infection Prevention	http://www.wip.nl/UK/
Food and Drug Administration (FDA), USA	http://www.fda.gov
Health Canada Disease Prevention and Control Guidelines	www.hc-sc.gc.ca/
Health Protection Surveillance Centre home page	http://www.hpsc.ie
Health Service Executive Home Page	http://www.hse.ie/
Hospital in Europe Link for Infection Control through Surveillance (HELICS)	http://helics.univ-lyon1.fr
Hospital Infection Society , UK	http://www.his.org.uk
Hand Hygiene Resource Centre	www.handhygiene.org
Infection Prevention Society (IPS), UK	http://www.ips.uk.net/

Infectious Diseases Societies Worldwide	http://www.idlinks.com/
Infectious Diseases Society of America	http://www.idsociety.org/index.htm
International Federation of Infection Control (IFIC)	http://www.ific.narod.ru
International Health Care Worker Safety Centre , USA	www.med.virginia.edu/~epinet/
International Society of Infectious Diseases	www.isid.org
John Hopkins University-Infectious Diseases , USA	http://www.hopkins-id.edu/index_id_linls.html
Joint Commission on Accreditation of Healthcare Organisations	http://www.jointcommission.org
Medical Devices Agency (MDA), UK	http://www.medical-devices.gov.uk
National Disease Surveillance Centre, Republic of Ireland	http://www.ndsc.ie
National Foundation for Infectious Diseases, USA	www.nfid.org/
National Institute for Public Health Surveillance, France	http://www.rnsp-sante.fr/
National Nosocomial Infections Surveillance System, CDC , USA	http://www.cdc.gov/ncidod/hip/Surveill/nnis.htm
Occupational Safety & Health Administration (OSHA), USA	http://www.osha.gov
Public Health Laboratory Services (PHLS), UK	http://www.phls.co.uk
Scottish Centre for Infection and Environmental Health (SCIEH)	http://www.show.scot.nhs.uk/scieh/
Society for Healthcare Epidemiology of America (SHEA), USA	http://www.shea-online.org
VICNISS Hospital Acquired Infection Surveillance System - Coordinating Centre	http://www.vicniss.org.au/
World Health Organization (WHO)	http://www.who.int/

Appendix 3

Glossary of Terms

ACCOUNTABILITY	accountability is demonstrated by the service provider accepting responsibility for his/her decisions and behaviours as a service provider and for the consequences for service users, families/ carers.
APPROPRIATE	the degree to which care/service is consistent with a service user's and family's/carer's expressed requirements and is provided in accordance with current best practice and risk analysis
CDC	Centers for Disease Control
ANNUAL BUSINESS PLAN	the annual corporate plan for Infection Prevention and Control with financial and budgetary plans that effectively support the function of the Infection Prevention and Control service
CLEAN	free from dirt and harmful substances.
CLEANING	the removal of visible soil and debris from objects. Usually achieved by using water with detergent or enzymatic products. Cleaning must precede disinfection or sterilization.
CLINICIAN/CLINICAL STAFF	health professional engaged in the care of service users.
CLINICAL TEAM	a team of healthcare professionals who manage service users.
COMMUNICABLE/ TRANSMISSIBLE DISEASE/ ORGANISM	disease/organism capable of being communicated or transmitted.
EFFECTIVE	a measure of the extent to which a specific intervention, procedure, regime, or service, when deployed in the field in routine circumstances, does what it is intended to do for specified population.' (WHO). Also effectively, effectiveness.
EVIDENCE BASED BEST PRACTICE	the process of improving one's professional competence by using practice expert opinion and the results of systematic reviews to ensure that one's personal practice is based as far as possible on sound evidence.

FACILITY	refers to anywhere health or social care is provided. Examples of which include but are not limited to: Acute Hospitals, Community Hospitals, Nursing Homes/Hospitals, District Hospitals, Health Centres, Dental Clinics, Childcare Residential Services, GP office, Home care, etc.
GOVERNANCE	the function of determining the organisation's direction, setting objectives and developing policy to guide the organisation in achieving its mission.
HCAI	healthcare associated infection
HIQA/The Authority	Health Information and Quality Authority
HSE	Health Service Executive
HYGIENE	the practice that serves to keep people and the environment clean. In a healthcare setting it incorporates the following key areas: environment and facilities, hand hygiene, catering, management of laundry, waste and sharps, and equipment, specifically in the context of preventing and controlling infection.
INCIDENTS	events that are unusual, unexpected, may have an element of risk or that may have a negative effect on service users, groups, staff or the organisation.
INFECTION PREVENTION CONTROL	practices to prevent, control, manage and monitor infection and diseases due to infections in service users, groups and staff.

<p>INFECTION PREVENTION AND CONTROL COMMITTEE</p>	<p>a multi-disciplinary group of people from within and outside the facility, which reports to senior management. The committee is responsible for the development and review of the infection prevention and control service.</p> <p>An infection Prevention and Control committee should have the following members:</p> <ul style="list-style-type: none"> • Chief Executive/General Manager or representative (Chair) • Consultant Microbiologist • Infectious Disease Consultant • Senior Infection Control and Prevention Nurse • Medical - Senior clinical staff including Surgeons • Nursing - Executive Director or representative • Senior representative from Risk Management • Occupational Health representative • Specialist in Public Health Medicine • Estates • Pharmacy – Chief Pharmacist or representative • Senior representative from Support Services • Senior representative from Hygiene Committee • Purchasing • Catering, Food and Nutrition • Administration • Risk Manager • Sterile Services Supply Manager • Operating Theatre Manager • Quality • Other critical area representative(s)
<p>INFECTION PREVENTION AND CONTROL PROGRAMME</p>	<p>the structures, policies and procedures, systems and processes a facility has to reduce the acquisition/spread of infection.</p>

INFECTION PREVENTION CONTROL SERVICE	refers to the overall service provided by a facility in order to reduce, prevent and control infections
INFECTION PREVENTION CONTROL STAFF	refers to staff that have professional qualifications in relation to Infection Prevention and Control such as a Clinical Microbiologist or Infection Control Nurse
INFECTION PREVENTION CONTROL TEAM	<p>group of people, from within and outside the facility, with complementary knowledge and skills relating to infection prevention and control. The structure of the team will be based on current accepted good:</p> <p>An Infection Prevention and Control Team should consist of the following members:</p> <p>Essential Members Clinical Microbiologist Infectious Disease Consultant Dedicated Infection Control Nurse(s)</p> <p>Desirable Members Pharmacist Occupational Health Physician</p>
IT	Information Technology
MEDICAL EQUIPMENT & DEVICES	this covers all products, except medicines, used in healthcare for the diagnosis, prevention, monitoring or provision of care/ service. The range of products is very wide: it includes contact lenses, beds, syringes, wheelchairs and walking frames used by healthcare providers and service users.
MONITORING	encompasses supervising, observing, and testing activities and appropriately reporting to responsible individuals. Monitoring provides an ongoing verification of progress toward achievement of objectives and goals.
MRSA	Meticillin-resistant <i>Staphylococcus aureus</i>
MULTIDISCIPLINARY	a multidisciplinary team is a group of people from various disciplines (both clinical and non-clinical) who work together to provide care/service within a specified area, for example: Doctor, Nurse, Administrative Staff, Allied Health Professional. Also interdisciplinary.

OCCUPATIONAL HEALTH SERVICE	work related health and safety and service provided by the facility in that regard. An Occupational Health service is responsible for the identification, treatment and rehabilitation of all workers with work related injuries. Injury or illness may not result in a single event but may be attributed to a cumulative process or work aggravated.
ORIENTATION	the process by which service users, groups or communities become familiar with the programmes and services offered by the organisation; or the process by which staff become familiar with all aspects of the work environment and their responsibilities. Also induction.
OUTBREAK	an increase in occurrence of a complication or a disease above the background rate.
PCCC	Primary Community and Continuing Care
SARI	strategy for the control of anti microbial resistance in Ireland.
SERVICE USER	users of health and social care facilities, this includes patients, clients and residents.
SURVEILLANCE	surveillance is a comprehensive method of measuring outcomes associated with processes of care, analysis of data and providing information to those who are giving clinical treatment and care. Surveillance also assists in reducing the frequency of infection.

Appendix 4

Project Team Membership

Jon Billings	Healthcare Quality Director
Brian Lee	Project Manager
Erik Koornneef	Development Programme Manager
Elva O'Grady	Support Assistant
Annette Fletcher	Support Assistant
Triona Fortune	Healthcare Quality
Maura Kelly	Healthcare Quality

For further information please contact:

Health Information and Quality Authority

Infection Prevention and Control
Health Information and Quality Authority
13 - 15 The Mall
Beacon Court
Bracken Road
Sandyford
Dublin 18

Phone: +353 (0)1 293 1140

Email: ipc@hiqa.ie

URL www.hiqa.ie