![Health Information and Quality Authority logo]

Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

National Standards for infection prevention and control in community services

2018

Safer Better Care

About the Health Information and Quality Authority

The Health Information and Quality Authority (HIQA) is an independent authority established to drive high-quality and safe care for people using our health and social care services in Ireland. HIQA's role is to develop standards, inspect and review health and social care services and support informed decisions on how services are delivered.

HIQA aims to safeguard people and improve the safety and quality of health and social care services across its full range of functions.

HIQA's mandate to date extends across a specified range of public, private and voluntary sector services. Reporting to the Minister for Health and engaging with the Minister for Children and Youth Affairs, HIQA has statutory responsibility for:

- **Setting Standards for Health and Social Services** — Developing person-centred standards, based on evidence and best international practice, for health and social care services in Ireland.

- **Regulation** — Registering and inspecting designated centres.

- **Monitoring Children's Services** — Monitoring and inspecting children's social services.

- **Monitoring Healthcare Safety and Quality** — Monitoring the safety and quality of health services and investigating as necessary serious concerns about the health and welfare of people who use these services.

- **Health Technology Assessment** — Providing advice that enables the best outcome for people who use our health service and the best use of resources by evaluating the clinical effectiveness and cost effectiveness of drugs, equipment, diagnostic techniques and health promotion and protection activities.

- **Health Information** — Advising on the efficient and secure collection and sharing of health information, setting standards, evaluating information resources and publishing information about the delivery and performance of Ireland's health and social care services.

Note on terms and abbreviations used in these standards

A full range of terms and abbreviations used in these standards is contained in a glossary at the end of this report.

Table of contents

Introduction

1. Background

The Health Information and Quality Authority (HIQA) is the statutory body established under the Health Act 2007 to drive high-quality and safe care for people using health and social care services in Ireland. One of HIQA's many functions is to set standards for health and social care services.

Preventing and controlling healthcare-associated infections continues to be a significant challenge to healthcare systems throughout the world, including Ireland. These are infections that develop either as a direct result of healthcare interventions, such as medical or surgical treatment, or from being in contact with a healthcare setting. A number of these infections are no longer confined to the hospital setting and are increasingly prevalent in health and social care services in the community. Healthcare-associated infections can have a huge impact on people, causing anxiety and upset, serious illness, long-term disability and death. Healthcare-associated infections can also have significant resource impacts on community services due to additional consultations, diagnostic tests and additional care needs.

As a result of the rapid turnover of patients in acute healthcare settings, complex care is increasingly being delivered in the community. Many residents in long-term residential care facilities such as nursing homes are particularly vulnerable to healthcare-associated infections due to a number of risk factors including older age, an increased risk of pressure ulcers and the presence of medical devices such as urinary catheters and feeding tubes. A national survey of healthcare-associated infections and antimicrobial medication use in long-term care facilities in 2016 found that at any point in time about 1 in 25 residents have a healthcare-associated infection.[*]

However, a significant proportion of healthcare-associated infection is known to be avoidable if measures are taken to identify and address the work practices, equipment and environmental risks that have the potential to cause infection. These measures are collectively referred to as infection prevention and control and describe the practice of providing safe care in a clean environment. The basic principles of infection prevention and control apply regardless of the setting. Preventing infections from occurring in the first instance is one of the best ways to

---

[*] HSE Heath Protection Surveillance Centre. Point Prevalence Survey of Healthcare-Associated Infections and Antimicrobial Use in Long-Term Care Facilities. 2016

reduce the need to prescribe antimicrobial medication and help prevent antimicrobial resistance, an issue which represents a serious global threat to health.

Antimicrobial resistance occurs when a micro-organism develops resistance to an antimicrobial medication that had been originally effective for treating infections caused by it. The extensive use, misuse and overuse of antimicrobial medications have contributed to increased antimicrobial resistance. The total volume of antibiotics consumed annually in the community has increased over the last ten years, although a small decrease was seen in 2017 compared with 2016.[†] There is also considerable variation in antibiotic consumption in community settings by county across Ireland.

Antimicrobial stewardship is about ensuring that every person receives the right antimicrobial medication at the right dose, route and duration, and for the right infection type at the right time. These principles of good antimicrobial stewardship apply to all those who prescribe, dispense, administer, use and dispose of antimicrobials.

Good infection prevention and control practices and antimicrobial stewardship are essential in all health and social care settings to prevent healthcare-associated infections and the emergence of antimicrobial resistance. It depends on everyone working within a service understanding their responsibilities and engaging in behaviours that are well known to reduce the risk of infection, such as ensuring hands, equipment and the environment are kept clean. All those who provide care and support should be trained in applying infection prevention and control best practice.

There is significant scope for improved integrated care efforts between all health and social care services, but this needs the necessary national operational structures in place to prevent and control healthcare-associated infections across the entire healthcare system. The burden of infections caused by antimicrobial-resistant micro-organisms presents an ever increasing threat to public health and sustainability of delivery of health and social care services. In October 2017, the Department of Health declared the emergence of a particularly problematic micro-organism, known as carbapenemase producing *Enterobacteriacae* (CPE), a public health emergency and established a national public health emergency team to coordinate a national response. In addition, Ireland's *National Action Plan on Antimicrobial Resistance 2017–2020* provides a roadmap on how to address antimicrobial resistance at a

---

[†] Department of Health. National Healthcare Quality Reporting System Annual Report 2018.

national level through a collaborative effort across the health, agricultural and environmental sectors.[‡]

HIQA published the *National Standards for the Prevention and Control of Healthcare-Associated Infections* in 2009 which applied to acute healthcare services and community services. Revised *National Standards for the prevention and control of healthcare-associated infections in acute healthcare services* were published by HIQA in 2017.

In 2016, HIQA identified the need to strengthen antimicrobial stewardship and infection prevention and control in non-acute healthcare settings as part of a whole-healthcare system approach to dealing with the rising demands of this critical public health threat.[§] It was identified that existing structures and resources had been predominately directed towards public acute hospitals, whereas antimicrobial resistance issues increasingly span across acute hospital, residential care and community settings. A dedicated set of standards for services delivered in the community is an opportunity to address the services' infection prevention and control needs. It also provides an opportunity to better facilitate a coordinated approach to infection prevention and control and antimicrobial stewardship across the entire healthcare system.

Therefore, the National Standards set out in this document promote a unified approach to, and set out a framework for, infection prevention and control best practice and antimicrobial stewardship in community health and social care settings.

2. Purpose of the National Standards

The National Standards:

- offer a common language to describe safe and effective infection prevention and control practices
- enable a person-centred approach by focusing on the people that use services and placing people at the centre of everything that the service does
- create a basis for improving infection prevention and control practices and antimicrobial stewardship practices by identifying strengths and highlighting areas for improvement

---

[‡] Department of Health. Ireland's National Action Plan on Antimicrobial Resistance 2017–2020 (2017).

[§] Health Information and Quality Authority. Report of the review of antimicrobial stewardship in public acute hospitals. Dublin: Health Information and Quality Authority; 2016. Available online from: https://www.hiqa.ie/publications/report-review-antimicrobial-stewardship-public-acute-hospitals

- promote principles that can be used in day-to-day practice to encourage a consistent level of infection prevention and control and antimicrobial stewardship across the country and across all community services
- promote practice that is up to date, effective and consistent.

The standards cover important areas such as communicating well with people who use health or social care services, providing care in a clean and safe environment, prescribing antimicrobial medication in a safe manner and governance arrangements within services.

The purpose of the standards is not to set out specific clinical practice detail, which is best described in clinical practice guidance, which includes clinical guidelines. These National Standards set the expectation that where clinical practice guidance is in place, it is implemented and that this is demonstrated by the service provider. Clinical guidelines that apply in Ireland include the relevant suite of National Clinical Guidelines from the National Clinical Effectiveness Committee (NCEC)[**] and guidelines from organisations and professional bodies, including, but not limited to, the Health Service Executive (HSE), the Health Protection Surveillance Centre (HPSC) and the Dental Council. These guidelines include recommendations for setting-specific infection prevention and control practices in various community settings, including dental practice, general practice, ambulance services, residential care services, home support services, disability services and so on.

The standards are also not intended to comprehensively cover all legislative requirements relevant to infection prevention and control that services are already required to adhere to by law. Where appropriate, certain requirements are described in the features of the standards, including, but not limited to, the measures covered under legislative acts and regulations relating to:

- infectious diseases
- biological agents
- sharps injury prevention
- safety, health and welfare at work
- medical devices
- waste management including transport of hazardous materials
- data protection.

It is important to recognise that compliance with these standards does not indicate compliance with legislation.

[**] The National Clinical Effectiveness Committee is a ministerial committee established as part of the Patient Safety First initiative. Its role is to prioritise and quality assure National Clinical Guidelines and National Clinical Audit before recommending them to the Minister for Health to become part of a suite of National Clinical Guidelines and National Clinical Audit.

3. Interaction with other National Standards

Reference is made to infection prevention and control requirements for health and social care services at a high level in a number of existing National Standards developed by HIQA including the:

- *National Standards for Safer Better Healthcare* (2012)
- *National Standards for Residential Services for Children and Adults with Disabilities* (2013)
- *National Standards for Residential Care Settings for Older People in Ireland* (2016).

These new National Standards for infection prevention and control for community services complement and build on the infection prevention and control concepts outlined in these existing overarching standards and set out the detail of infection prevention and control and antimicrobial stewardship requirements for community health and social care services.

Some service providers may be in the position that a number of National Standards developed by HIQA may be relevant to them.

4. Interaction with requirements of other regulatory bodies

In Ireland, there are a number of regulatory bodies that have a remit in regulating health and social care services either directly or indirectly and or health and social care professionals. These include:

- Medical Council of Ireland
- Nursing and Midwifery Board of Ireland
- Pharmaceutical Society of Ireland
- Dental Council
- CORU
- Health and Safety Authority
- Food Safety Authority of Ireland
- Health Products Regulatory Authority
- Mental Health Commission.

Each of these organisations has its distinct statutory function set out in legislation. However, health and social care regulatory bodies have a common purpose to protect service users and to drive improvements in the quality and safety of services provided to them. Consequently, these National Standards have been designed to complement the work of other health and social care regulatory bodies for this purpose. However, it is important to recognise that compliance with these standards

will not indicate compliance with other regulatory bodies' legislative and regulatory requirements.

HIQA has formally engaged with the Mental Health Commission (MHC) and it is planned that the MHC will promote the use of the finalised standards within all mental health services and will encourage their adoption by all mental health service providers in Ireland.

5. Scope of the National Standards

Under section 8(1)b of the Health Act 2007, HIQA has the function of setting standards for the safety and quality of health and social care services provided by the HSE or a service provider in accordance with the Health Acts 1947 to 2007, Child Care Acts, 1991 and 2001, the Children Act 2001 and nursing home services as defined in section 2 of the Health (Nursing Homes) Act 1990.

Examples of services that these standards apply to include but are not limited to:

- ambulance services
- care delivered in the home, for example OPAT (outpatient parenteral antimicrobial therapy) services, care delivered by a public health nurse or home support services
- HSE health centres where a range of services can be provided, for example, physiotherapy services, public health nursing, speech and language therapy, occupational therapy, community intervention teams or community nursing
- residential services for older people and people with disabilities
- day care services
- community health medical services
- dental services provided on behalf of the HSE
- general practices[††]
- pharmacies.[‡‡]

Overall responsibility for infection prevention and control and antimicrobial stewardship and implementation of these National Standards rests with the senior management of that service.

These standards have been approved by the Minister for Health. Under the Health Act this places a responsibility on all residential services for older people and people with disabilities and all publicly-funded health and social care services in the community to begin implementing the National Standards.

[††] General practices that provide services under the General Medical Services (GMS) Scheme.

[‡‡] Pharmacies that provide services through the General Medical Services Scheme, the Drugs Payment Scheme (DPS) and the Long Term Illness Scheme (LTI).

Although HIQA only has a legal mandate to set standards for certain services as outlined above, Section 7 of the Health Act 2007 outlines HIQA's role in promoting safety and quality in the provision of health and personal social services for the benefit of the health and welfare of the public.

HIQA's aim in developing standards is to ensure the delivery of effective health and social care services which respect and put the needs of people using services at the centre of what they do. Therefore, HIQA took a broader focus in developing these standards by actively engaging with both public and privately funded community health and social care services throughout the standard development process. This has resulted in a set of standards that have been designed to apply to all community health and social care services outside the acute hospital setting as opposed to only those funded by the HSE. Therefore, it is envisaged that all community services will adopt these National Standards, approved by the Minister for Health, to promote improvements in the prevention and control of healthcare-associated infections in their services.

6. A national approach to infection prevention and control and antimicrobial stewardship

The standards outlined in this document have been developed for services in the community, but there is also a need for a national approach to address infection prevention and control risks across the entire health and social care system. Strong and effective governance arrangements are required at national, regional and local service-delivery level to support safe infection prevention and control practices within each service.

In order to create a person-centred approach to infection prevention and control, there needs to be effective leadership and governance at a national level. This includes setting the strategic direction and implementing the necessary national and local structures to support the implementation of this strategy. A nationally coordinated and led approach would allow for better planning to address current and future infection prevention and control risks.

An integrated approach to infection prevention and control across the entire health and social care system needs to be promoted and supported at a national level. A national information technology (IT) infrastructure is required to facilitate effective communication and surveillance of healthcare-associated infections.

There needs to be strategic investment in resources to address infection prevention and control risks across the entire health and social care system. This prioritisation needs to take into consideration both new service development and investment in upgrading existing infrastructure and equipment over the short, medium and long term.

Arrangements for national leadership, governance and management in infection prevention and control and antimicrobial stewardship should be clearly communicated to all those working at the front line in health and social care services. This includes clear governance arrangements at a community healthcare organisation[§§] level to ensure the sustainable delivery of safe and effective infection prevention and control across all community services.

Regional healthcare-associated infection and antimicrobial stewardship committees should be in place within each community healthcare organisation, with appropriate membership and chair, reporting relationships, agreed terms of reference and annual operational plans.

There needs to be agreed communication pathways in relation to healthcare-associated infections and antimicrobial resistance between community healthcare organisations and acute hospitals within the relevant geographic locations.

Building multidisciplinary infection prevention and control and antimicrobial stewardship teams within each community healthcare organisation has been identified as integral to ensuring development of a sustainable, proactive and responsive community infection and prevention control workforce.[***] It is essential that community healthcare organisations, healthcare-associated infection and antimicrobial resistance committees, teams and services work together to coordinate strategies for infection prevention and control across a local area.

National governance arrangements are required to support collaborative working between all healthcare services to effectively target healthcare-associated infections and antimicrobial resistance. This includes the need for effective workforce planning to ensure enough staff are available at the right time with the right skills and expertise to meet infection prevention and control needs.

Effective linkages between infection prevention and control personnel — in both the acute and community health and social care services — need to be developed and supported.

7. Themes in the National Standards

The standards were developed using an established framework for the development of all National Standards. Figure 1 illustrates the eight themes under which these

---

[§§] Community HSE service areas, including primary care, social care, health and wellbeing and mental healthcare, are delivered by community healthcare organisations (CHO). There are nine CHOs in total and each is headed up by a chief officer.
[***] HSE Health Protection and Surveillance Centre. Point Prevalence Survey of Healthcare-Associated Infections & Antimicrobial Use in Long-Term Care Facilities (HALT): May 2016 - Ireland: National Report. Dublin: HSE Health Protection Surveillance Centre; 2017.

standards are presented. The four themes on the upper half of the circle relate to **quality and safety** in a service, while the four on the lower portion of the circle relate to the key areas of a service's **capacity and capability**.

Figure 1. Standards' development framework

The four themes of quality and safety are:

- **Person-centred Care and Support** — how community services place people using their services at the centre of what they do. This includes how services communicate with people using these services to ensure they are well informed, involved and supported in the prevention, control and management of healthcare-associated infections and antimicrobial resistance.

- **Effective Care and Support** — how community services ensure that infection prevention and control is part of the routine delivery of care to protect people from preventable healthcare-associated infections and antimicrobial resistance. This includes how services identify any work practice, equipment and environmental risks and put in place protective measures to improve the service provided.

- **Safe Care and Support** — how community services ensure staff adhere to infection prevention control best practice and antimicrobial stewardship to achieve best possible outcomes for people.

- **Better Health and Wellbeing** — how community services work in partnership with people using their services to promote and enable safe infection prevention and control practices and protect against antimicrobial resistance.

Delivering improvements within these safety and quality themes depends on service providers having capacity and capability in the following four key areas:

- **Leadership, Governance and Management** — the arrangements put in place by community services for clear accountability, decision-making, risk management and performance assurance, underpinned by effective communication among staff. This includes how responsibility and accountability for infection prevention and control and antimicrobial stewardship is integrated at all levels of the service.

- **Workforce** — how community services plan, recruit, manage and organise their workforce to ensure enough staff are available at the right time with the right skills and expertise to meet the service's infection prevention and control needs and antimicrobial stewardship practices.

- **Use of Resources** — how community services plan, manage and prioritise their resources to meet the service's infection prevention and control needs.

- **Use of Information** — how community services protect people's information and use information as a resource for planning, delivering, monitoring, managing and improving infection prevention and control practices and antimicrobial stewardship.

8. Structure of the National Standards

The National Standards are set out within the above eight themes. The eight themes are intended to work together, and collectively they describe how a community

health or social care service provides person-centred (as defined in these National Standards), safe and effective care and support.

Each standard consist of three sections:

- **Standard** — describes the high-level outcome required to contribute to quality and safety of the service.
- **Features** — these, taken together, will enable progress towards achieving the standard. The list of features provided under each standard statement is not exhaustive and the health or social care service may meet the requirements of the standards in other ways. While it is expected that all community health and social care services will work to achieve each standard, not all features within each standard are relevant to all community services.
- **What this means for people using services** — information for people using community health and social care services on what each standard may mean for them.

9. How the National Standards were developed

HIQA completed a focused review of international and national literature to inform the development of the standards. This review took account of international standards and guidelines, national guidelines and recommendations, relevant national policies, national reports and expert opinion. All documents were reviewed and assessed to be included in the evidence-base used to inform these standards. A related background report outlining the evidence reviewed is now available on the HIQA website, www.hiqa.ie.

HIQA convened an advisory group made up of a diverse range of interested and informed parties, including representatives from support and advocacy groups, regulatory bodies, professional representative organisations, the HSE and the Department of Health. The function of the group was to advise HIQA, support consultation and information exchange, and advise on further steps. HIQA would like to acknowledge with gratitude the effort and commitment of the Advisory Group. The members of this Group are listed in Appendix 1 of this document.

HIQA also organised focus groups with people who use services and with staff working in community health and social care services. In total, HIQA held 13 focus groups meeting with 97 participants. A number of these focus groups were conducted during the public consultation. The purpose of these focus groups was to discuss people's experiences of infection prevention and control and to obtain their opinions as to what the National Standards for infection prevention and control in community services should address. HIQA would like to acknowledge and thank

those who participated for taking the time to attend the focus group sessions and for contributing to the development of the standards in such a meaningful way.

A national public consultation was carried out during a six-week period from 31 January until 14 March 2018. Sixty-one detailed submissions on the draft national standards were received. Following the consultation, HIQA analysed submissions and revised the draft standards, as appropriate. A summary of these submissions is available to read in a Statement of Outcomes document on www.hiqa.ie. A list of the organisations that made submissions during the public consultation, including examples of roles of the respondents working within community health and social care services, is included in the Statement of Outcomes document.

Key terms used in the National Standards

Key term	Meaning
Antimicrobial resistance	Resistance of a micro-organism to an antimicrobial medication that had been originally effective for treating infections caused by it.
Antimicrobial stewardship	Antimicrobial stewardship is a systematic approach to optimising antimicrobial therapy, through a variety of structures and interventions. Antimicrobial Stewardship includes not only limiting inappropriate use but also optimising antimicrobial selection, dosing, route, and duration of therapy to maximise clinical cure, while limiting the unintended consequences, such as the emergence of resistance, adverse drug events, and cost.
Community services	These are a broad range of services that are provided outside of the acute hospital system, including primary care, social care, mental health and health and wellbeing services.
Decontamination	The removal of micro-organisms or foreign matter (or both) from contaminated materials or living tissue. Three processes for decontamination are commonly used: cleaning, disinfection and sterilisation.
Facility	Refers to the physical infrastructure where the health or social care service is provided.
Features of the standard	These elements, taken together, will enable progress towards achieving the standard.

Healthcare-associated infections	Healthcare-associated infections can develop either as a direct result of healthcare interventions such as medical or surgical treatment, or from being in contact with a healthcare setting. Healthcare-associated infections cover any infection contracted: ▪ as a direct result of treatment in, or contact with, a health or social care setting ▪ as a result of healthcare delivered in the community ▪ outside a healthcare setting (for example, in the community) and brought in by people using services, staff or visitors and transmitted to others (for example, norovirus).
Infection	The invasion of the body by micro-organisms that may cause tissue injury and disease.
Infection prevention and control	The discipline and practice of preventing and controlling healthcare-associated infection and the spread of infectious diseases in a health or social care service.
People	People who use health and or social care services, their parents, guardians, carers and family or their nominated advocates.
Staff	The people who work in health and social care services, including clinical and non-clinical staff of the service.
Standard	Describes the high-level outcome required to contribute to quality and safety.

Summary of the *National Standards for infection prevention and control in community services*

Theme 1: Person-centred Care and Support

Standard 1.1	People are provided with appropriate information and are involved in decisions about their care to prevent, control and manage healthcare-associated infections and antimicrobial resistance.

Theme 2: Effective Care and Support

Standard 2.1	Infection prevention and control is part of the routine delivery of care to protect people from preventable healthcare-associated infections.
Standard 2.2	Care is provided in a clean and safe environment that minimises the risk of transmitting a healthcare-associated infection.
Standard 2.3	Equipment is decontaminated and maintained to minimise the risk of transmitting a healthcare-associated infection.
Standard 2.4	Service providers measure, assess and report the effectiveness of infection prevention and control practices to support improvements in infection prevention and control and antimicrobial stewardship.

Theme 3: Safe Care and Support

Standard 3.1	Arrangements are in place to support effective hand hygiene practices to minimise the risk of acquiring or transmitting infection.

Standard 3.2	Antimicrobial medications are appropriately prescribed, dispensed, administered, used and disposed of to reduce the risk of antimicrobial resistance.
Standard 3.3	Arrangements are in place to protect staff from the occupational risk of acquiring an infection.
Standard 3.4	Outbreaks of infection are identified, managed, controlled and documented in a timely and effective manner.

Theme 4: Better Health and Wellbeing

Standard 4.1	People are empowered to protect themselves and others from healthcare-associated infections and antimicrobial resistance.

Theme 5: Leadership, Governance and Management

Standard 5.1	The service has clear governance arrangements in place to ensure the sustainable delivery of safe and effective infection prevention and control and antimicrobial stewardship.
Standard 5.2	There are clear management arrangements in place to ensure the delivery of safe and effective infection prevention and control and antimicrobial stewardship within the service.
Standard 5.3	There are formalised support arrangements in place to ensure the delivery of safe and effective infection prevention and control and antimicrobial stewardship.
Standard 5.4	Staff are empowered to exercise their professional and personal responsibility for safe and effective infection prevention and control practices and antimicrobial stewardship practices.

| Standard 5.5 | Service providers ensure that externally contracted agencies adhere to safe and effective infection prevention and control practices. |

Theme 6: Workforce

| Standard 6.1 | Service providers plan, organise and manage their workforce to meet the services' infection prevention and control needs. |
| Standard 6.2 | Service providers ensure their workforce has the competencies, training and support to enable safe and effective infection prevention and control and antimicrobial stewardship practices. |

Theme 7: Use of Resources

| Standard 7.1 | Service providers plan and manage the use of available resources to meet the services' infection prevention and control needs. |

Theme 8: Use of Information

| Standard 8.1 | Information is used to plan, manage and deliver care that is in line with safe and effective infection prevention and control and antimicrobial stewardship practices. |
| Standard 8.2 | Service providers have effective arrangements in place for information governance for infection prevention and control-related information. |

Theme 1. Person-centred Care and Support

<div style="background-color:#B01B7F;color:white;padding:1em;">

Theme 1

Person-centred Care and Support

</div>

Person-centred care ensures that people are well informed, involved and supported in the prevention and control of healthcare-associated infections throughout their care. It is important that people understand any proposed treatment or interventions being offered to them, particularly those with a known associated risk of infection or antimicrobial resistance. This includes informing and educating people about the appropriate use of antimicrobial medications. They should have opportunities to discuss their preferences and be supported to understand their options to make fully informed decisions. Where a treatment or intervention is required, health and social care staff should:

- explain the treatment or intervention
- discuss alternative options where appropriate
- provide reassurance and
- answer any questions.

It is important that people understand why infection prevention and control precautions are being taken to protect themselves and others from infection. Any person who develops a healthcare-associated infection or who is colonised with an antimicrobial resistant organism must be informed by an appropriate staff member in a clear and understandable way.

People with ongoing medical care needs in the community — such as using a medical device or following surgery, or if they are infected or colonised with an multidrug-resistant organism — should receive appropriate information, education, and support in the ongoing and safe management of their care needs in order to reduce their risk of infection. This includes education about the safe management of devices and equipment, including techniques to prevent infection.

People have the right to have an advocate of their choice present during discussions with them about their healthcare-associated infection status and their care plan. Family members and carers may also be at risk of acquiring an infection when caring for people. Therefore, where appropriate, family members and carers should be provided with any relevant information or advice on infection prevention and control precautions for the person's ongoing medical care needs.

Finally, people should be supported and encouraged to ask questions, raise concerns and provide feedback about their care. A person-centred service seeks and responds to all types of feedback, including complaints, to improve the service provided.

Standard 1.1

People are provided with appropriate information and are involved in decisions about their care to prevent, control and manage healthcare-associated infections and antimicrobial resistance.

Features of a service meeting this standard are likely to include the following:

1.1.1   The importance of the prevention, control and management of infection is discussed with people at appropriate points in their care. All discussions with people occur at a time when they are best able to understand and retain the information.

1.1.2   People are provided with clear, easy-to-understand, user-friendly information based on best available evidence in a timely manner by staff with the appropriate knowledge. This is to assist people to make informed choices about their care and to involve them in preventing, controlling and managing healthcare-associated infections and antimicrobial resistance.

1.1.3   People are involved in making informed, shared decisions about their care, particularly those treatments or interventions with a known risk of infection or antimicrobial resistance.

1.1.4   The person's informed consent is obtained and documented in accordance with legislation and national policy. Where there is documented evidence that a person does not have capacity to make informed decisions, services facilitate assisted decision-making support in line with legislation and national policy.

1.1.5   People are informed about infection prevention and control precautions that need to be taken to protect them or others from healthcare-associated infection risks.

1.1.6   Staff who are in charge of a person's care communicate directly with the person in a timely and appropriate manner whenever colonisation with a multidrug-resistant organism or an infection becomes known in line with the principles of open disclosure. The person is informed about how he or she will

be affected and is involved in making decisions about treatment options where appropriate.

1.1.7 People at a higher risk of contracting a healthcare-associated infection are provided with specific information and instruction by staff with the appropriate knowledge. This includes information about:

- managing a healthcare-associated infection, including those arising from multidrug-resistant organisms
- managing a medical device such as a urinary catheter
- caring for a skin wound such as a leg ulcer or pressure ulcer
- giving medication by injection or infusion
- preparing and administering enteral feeding$^{\pm}$
- performing home-based dialysis.

1.1.8 People are informed of their right to advocacy services, for example, to have an advocate of their choice present during discussions with them about their colonisation or infection status or treatment plan.

1.1.9 The participation and inclusion of a person's family is with the consent of that person. The person's family is provided with any relevant information or advice on infection prevention and control precautions for the person's ongoing medical care needs, where appropriate.

1.1.10 People are supported and encouraged to ask questions, raise concerns and provide feedback about their care and support. Clear information is available that outlines who people can contact if they have any concerns about their care and support or any concerns about infection prevention and control, including the hygiene of the facility.

1.1.11 Complaints and concerns relating to infection prevention and control are responded to promptly, openly and effectively with clear communication and support provided throughout this process.

$^{\pm}$ **Enteral feeding:** refers to a type of feeding used for people who cannot eat normally, in which liquid food is given through a tube directly into the gut.

What this means for people using services

- You are given information that will help you make informed decisions about your care and how to prevent, control and manage healthcare-associated infections and antimicrobial resistance. The information you receive is made available to you in a way that you can understand.

- You will only receive care and support that you have given your permission for. If you are not able to give your permission, the service will have procedures in place to protect your best interests and, where possible, to find out from those closest to you what your wishes are.

- You are given information about how to protect yourself from acquiring a healthcare-associated infection.

- If you acquire a healthcare-associated infection, you are informed about it in a timely manner and given information about how it could affect you.

- You know who to contact if you are concerned about acquiring or managing a healthcare-associated infection or would like to give feedback about infection prevention and control in the service.

- Your complaints and concerns are listened to and responded to in a timely manner.

Theme 2. Effective Care and Support

Theme 2

Effective Care and Support

Infection prevention and control consists of good care principles that are part of the routine delivery of effective care and support. This includes having clear policies and procedures that staff are informed and educated about and adhering to infection prevention and control in all aspects of care delivery. Standard precautions are a set of protective measures that need to be used by all health and social care staff consistently in order to achieve a basic level of infection prevention and control. Standard precautions must be taken by all staff involved in providing care regardless of the infection status of the person. All staff are trained in applying standard precautions at induction and on a regular basis appropriate to their role.

It is important that staff recognise those people who may be more susceptible to infection. Choosing the care option with the least infection risk can prevent avoidable infection in the first instance and minimise the risk of harm that is associated with specific aspects of care. Where a treatment or intervention is required, staff should consider all options in collaboration with the person affected, including those with the lowest infection risk, before deciding on the best course of action and ensuring best practice is observed. Arrangements should be in place for access to additional specialist services that may reduce the risk of acquiring a healthcare-associated infection, for example, tissue viability services.

Sharing information about infections with other providers, as needed, while respecting the privacy and confidentiality of the person to whom the information relates is essential for coordination of care such as when a person:

- attends for treatment in another health or social care service
- is admitted to or discharged from a hospital or
- is transported in an ambulance.

Achieving and maintaining high standards of cleanliness is important as it provides a safe environment for care. A clean, clutter-free, care environment is a fundamental expectation of people using services. It is important that services ensure that all equipment is appropriately decontaminated prior to use. Equipment can be easily contaminated with blood, other bodily fluids, secretions, excretions and infectious agents. The decontamination of this equipment can be achieved by a number of methods including cleaning, disinfection and sterilisation.

It is important that services that use reusable invasive medical devices decontaminate these devices in a way that make them safe for use. For some services, single-use instruments may be preferable if it is not possible to comply with the requirements for the appropriate decontamination of reusable invasive medical devices.

It is essential that services assess their performance to identify any potential shortfalls in infection prevention and control. This can be done by assessing current practice against National Standards and or relevant national guidelines and by undertaking audits, assessing feedback from staff and people using services and learning from outbreaks of infections. The reporting of infectious diseases provides necessary national information on significant infection and antimicrobial resistance trends and outbreaks. Monitoring performance assists services in identifying areas of good practice and infection prevention and control risks. This process, referred to as a risk assessment, helps staff identify and document the work practices, equipment and environmental risks that have the potential to cause harm to people through acquiring an infection. The results of and learning from measurement data should be used to improve the safety and quality of the care provided.

Standard 2.1

Infection prevention and control is part of the routine delivery of care to protect people from preventable healthcare-associated infections.

Features of a service meeting this standard are likely to include the following:

2.1.1   The service implements and adheres to infection prevention and control policies, procedures, practices and guidelines and these are made readily accessible to all staff.[†††]

2.1.2   Staff are trained and competent in and adhere to standard precautions[≠] all of the time for all people using services, whether infection is known to be present or not.

2.1.3   When standard precautions alone may be insufficient to prevent cross-transmission of specific infectious agents, staff adhere to additional precautions, known as transmission-based precautions.[¥] Staff are trained and

---

[†††]These policies, procedures, practices and guidelines are based on best practice which includes the National Clinical Effectiveness Committee's National Clinical Guidelines, other national clinical guidelines, national recommendations, National Standards and relevant legislation

[≠]**Standard Precautions:** are a group of routine infection prevention and control practices and measures that should be used for all people at all times regardless of suspected, confirmed or presumed infectious status, in any setting in which care is delivered. Standard precautions include, appropriate to the setting, the following:
- hand hygiene
- use of personal protective equipment (PPE)
- management of spillages of blood and bodily fluids
- appropriate patient placement
- management of sharps
- safe injection practices
- respiratory hygiene and cough etiquette
- management of needle-stick injuries
- management of waste
- management of laundry
- decontamination of reusable medical equipment
- decontamination of the environment
- occupational safety.

[¥] **Transmission-based precautions:** are additional precautions that are recommended when standard precautions alone may not be sufficient to prevent the transmission of certain infectious agents, including for example, Clostridium difficile, influenza or tuberculosis and antimicrobial resistant organisms where needed based on expert infection prevention and control advice. Transmission-based precautions are categorised by the route of transmission of infectious agents (some infectious agents can be transmitted by more than one route) including contact, droplet and airborne precautions. When transmission-based precautions are required, it is important to minimise any potential ill effects on people and their family.

competent in applying transmission-based precautions appropriate to their role.

2.1.4 When planning an investigation, treatment or intervention for a person, staff in consultation with the individual, consider whether it is necessary. Staff take into account if it could be avoided or if there are any alternative options that would more effectively minimise potential healthcare-associated infection and antimicrobial resistance risk.

2.1.5 Staff who perform a test or start a treatment or intervention put measures in place to minimise the risk of infection and antimicrobial resistance. Such tests, treatments or interventions include but are not limited to:

- performing point-of-care testing
- inserting and maintaining invasive medical devices such as urinary or vascular catheters
- prescribing antimicrobial medication
- providing wound care
- performing an exposure prone procedure.

2.1.6 Arrangements are in place for clinical specimen collection and transportation within the service and between external sites, in a timely manner in line with legislation.

2.1.7 Information about a person's colonisation or infection status is documented in their care record.

2.1.8 Staff share necessary information about a person's colonisation or infection status on admission, discharge and transfer within and between services while respecting the privacy and confidentiality of the person to whom the information relates. This includes documented handover in the case of transferring people with complex needs between the hospital and the community setting.

2.1.9 The service maintains and respects the rights of all people irrespective of their infection status. This includes their right to access care and support and rights to privacy, dignity and autonomy.

What this means for people using services:

- To reduce your risk of acquiring an infection, staff working in the service follow policies, procedures and best practice in infection prevention and control.

- Staff clean their hands either by washing them or using alcohol hand-rub to reduce the spread of infection.

- If you have an infection, all necessary information is shared with relevant staff in a confidential manner, to ensure you receive the best care and support when being admitted, discharged or transferred between services.

- If you have an infection, your privacy, dignity and autonomy are respected at all times by staff working in the service.

- Your access to community health and social care services is not affected if you have an infection.

> ## Standard 2.2
>
> **Care is provided in a clean and safe environment that minimises the risk of transmitting a healthcare-associated infection.**

Features of a service meeting this standard are likely to include the following:

2.2.1   Facilities[‡] where care is delivered are planned, developed and maintained in a way that enables effective cleaning and compliance with infection prevention and control best practice, appropriate to the service provided.

2.2.2   The service complies with legislation and national and international best practice recommendations for the infrastructure of the facility, including the building, water supply, air quality and waste disposal.

2.2.3   The service complies with the legislative and best practice requirements for controls, procedures, maintenance and management of water distribution systems and all uses of water within the facility.

2.2.4   Arrangements are in place for the cleaning[¥] and disinfection[±] of the facility, in line with legislation and best practice guidance. This includes a documented cleaning schedule, appropriate to the setting that defines:

- responsibilities and competency of staff involved in cleaning and disinfection
- frequency of activity
- dedicated time for cleaning requirements
- type of activity to be undertaken
- method, products and equipment to be used
- safety data sheets.

[‡] Facilities refers to the physical infrastructure, including the fixtures, furnishings and fittings where a health or social care service is provided. Facilities are those that are owned or operated by a service provider. Facilities do not include a person's own home where care — such as home support services and or public health nursing — is provided.

[¥] Cleaning: the physical removal of foreign material such as blood and bodily substances, rust, dust, dirt, debris, spillages and so on. Cleaning physically removes rather than kills micro-organisms. It is achieved with water, detergents and mechanical action and should always precede any disinfection process.

[±] Disinfection: a process used to reduce the numbers of viable micro-organisms, but which may not necessarily inactivate some infectious agents, such as spores.

2.2.5   Arrangements are in place for linen and laundry management, appropriate to the setting, including handling, segregation of clean and used linen, washing, drying and storage in line with best practice.

2.2.6   Arrangements are in place for the management of reusable or disposable cleaning textiles in line with best practice.

2.2.7   Arrangements are in place for waste management, including healthcare risk waste, in designated health and social care settings in line with national waste management guidelines and legislation. This includes:

- safe handling
- segregating
- discarding waste as close to the point of use as possible and into the correct waste stream
- providing appropriate waste disposal bags, bins and containers
- storing waste appropriately
- transporting and disposing of waste with a registered waste contractor
- maintaining appropriate records and contracts of agreement.

2.2.8   Appropriate arrangements for maintaining and refurbishing the physical environment of the facility, including fixtures, furnishings and fittings, are in place.

2.2.9   The service has a safety statement in place that specifies the manner in which the safety, health and welfare at work of employees and others should be secured and managed in line with legislation.[‡‡‡]

2.2.10 Staff responsible for food preparation and serving have the appropriate competence and training to enable compliance with legislation and best practice guidelines relating to food safety and hygiene.

[‡‡‡] Section 20 of the Safety, Health and Welfare at Work Act 2005 sets out what a safety statement should contain.

What this means for people using services:

- Your risk of acquiring an infection is reduced by staff:

    — making sure that all areas of their premises are clean and fit-for-purpose
    — disposing of waste materials such as sharps and blood and or bodily fluids appropriately
    — safely preparing and serving your food in a clean environment.

Standard 2.3

Equipment is decontaminated and maintained to minimise the risk of transmitting a healthcare-associated infection.

Features of a service meeting this standard are likely to include the following:

2.3.1 Services ensure that:

- equipment designated 'single-use only' is not re-used under any circumstances and is appropriately disposed of directly after use
- designated single-patient-use equipment that may be used more than once on the same person only is used when appropriate in order to limit as much as possible the sharing of equipment.

2.3.2 All reusable equipment[¥] is safely and effectively decontaminated,[§§§] in line with the level of risk associated with the intended use of the equipment and in accordance with legislation, manufacturer's instructions, and best practice guidance.

2.3.3 All reusable equipment is maintained, stored and managed in accordance with legislation, manufacturer's instructions, and best practice guidance.

2.3.4 Staff undertaking decontamination processes have the necessary training and competencies to do so. The responsibilities for staff are clearly defined and documented.

2.3.5 Within health and social care settings, clean equipment is stored separately from dirty or contaminated equipment and is identified as such.

[¥] **Equipment:** this consists of a large group of equipment, typically divided into four broad groups, including single-use items, single-patient-use items, reusable non-invasive communal patient care equipment and reusable invasive medical devices.

[§§§] **Decontamination:** the removal of micro-organisms or foreign matter (or both) from contaminated materials or living tissue. Three processes for decontamination are commonly used: cleaning, disinfection and sterilisation. The method of decontamination depends on the level of infection risk associated with the intended use of the equipment.

2.3.6   All reusable invasive medical devices[****] are safely and effectively decontaminated, maintained and managed in accordance with legislation, the manufacturer's instructions, national medical devices and equipment standards policy, standards and best practice guidance, appropriate to the service.

2.3.7   Reusable invasive medical devices are decontaminated by trained and competent staff in an appropriate environment.

2.3.8   A system is in place to record the decontamination process used on the reusable invasive medical or dental device (tracking) and which links them with patients on whom they have been used (tracing).

2.3.9   Contracts of agreement are in place for the transport of reusable invasive medical devices that are sent to other facilities for decontamination.

What this means for people using services:

- Your risk of acquiring an infection is reduced because the service ensures that all equipment is safe to use and is cleaned appropriately by people who have been trained to do so.

[****] **Reusable invasive medical devices**: are devices used for diagnostic or therapeutic purposes which, in whole or in part, penetrates inside the body, either through a body orifice or through the surface of the body and which can be re-used after appropriate decontamination procedures have been carried out.

Standard 2.4

Service providers measure, assess and report the effectiveness of infection prevention and control practices to support improvements in infection prevention and control and antimicrobial stewardship.

Features of a service meeting this standard are likely to include the following:

2.4.1   The service assesses current practice against best practice guidance to help inform its priority areas and develops a plan to apply the necessary preventative and protective measures to control any risks identified. The service assigns responsibility for putting these measures in place within an appropriate timeframe.

2.4.2   Notifiable diseases, unusual clusters or changing patterns of illness are notified to the medical officer of health[±] in the local Departments of Public Health, in a timely manner, in line with infectious diseases legislation.

2.4.3   Arrangements are in place to identify, manage, report and where necessary investigate healthcare-associated infection incidents in a timely manner in line with legislation, national policy, National Standards and guidelines.

2.4.4   Simple, relevant and meaningful measurements, appropriate to the service, are taken to improve infection prevention and control and antimicrobial stewardship. The results of and learning from measurement data are used to improve the safety and quality of the care provided. Examples include:

- audit findings such as hand hygiene and environmental hygiene audits
- surveillance data including the occurrence of infection and antimicrobial resistance
- performance indicator and other relevant indicator data
- risk assessment findings
- learning from outbreaks
- review and learning from occurrence of important strains of resistant micro-organisms

---

[±] Directors of Public Health and Specialists in Public Health Medicine who have been designated as Medical Officers of Health have particular authority in relation to protection of public health.

- regular audit of antimicrobial prescribing and targeted interventions to ensure safe, effective, and appropriate antimicrobial use
- healthcare-associated incident trends and reports
- surveys, including people's experiences of care
- concerns, complaints and feedback from people using the service
- feedback from staff.

What this means for people using services:

- The service is always looking for ways to make your care and support safer, for example, by identifying areas of infection risk and putting measures in place to reduce these risks.

- If there is an outbreak of infection, such as norovirus (winter vomiting bug), this is reported and managed to prevent the spread of infection so that the risk of you acquiring an infection is minimised.

- The service regularly checks how well it is doing in relation to infection prevention and control and antimicrobial stewardship, for example, by undertaking audits. The service uses the findings from these checks to identify the areas it needs to work on and makes improvements to help ensure that your care and support is safe and to a high standard.

Theme 3. Safe Care and Support

Theme 3
Safe Care and Support

Infection prevention and control is an integral part of ensuring the safety and quality of care and support provided to people using services. Hand hygiene is the single most important intervention to prevent the transmission of healthcare-associated infections. Effective hand hygiene results in significant reductions in the carriage of potential infectious agents on the hands and decreases the incidence of preventable healthcare-associated infections. Having hand hygiene facilities appropriate to the setting in place, such as clinical hand-wash sinks and alcohol hand-rubs, makes it easier for staff to perform hand hygiene effectively.

A coordinated approach to antimicrobial stewardship is fundamental to preserving the effectiveness of antimicrobial medications. The vast majority of antimicrobial medication, including antibiotics, are prescribed in the community. All those who prescribe, dispense, administer, use and dispose of antimicrobial medication can individually contribute to tackling antimicrobial resistance by adhering to the principles of good antimicrobial stewardship. This ensures that every person receives the right antimicrobial therapy at the right dose, route and duration, and for the right infection type at the right time.

Safe work practices, which comply with relevant legislation, are critical to minimise the risk of acquiring or transmitting a healthcare-associated infection. Safe care and support is dependent upon a healthy and safe workforce and environment. All staff should have access to occupational health advice. It is important that appropriate personal protective equipment is available and accessible to staff and they are trained and competent in its use.

Health and social care staff have a duty of care to people using services and it is the responsibility of all staff to actively take steps to protect themselves, those they provide care and support to and others from infection. This includes availing of recommended vaccines. All staff should be supported and encouraged to have the recommended vaccines based on their work activities, including influenza and hepatitis vaccines, in line with national immunisation guidelines. This is both to protect staff from becoming infected and as a result to help protect the safety of people using the services.

Outbreaks of infection, especially those due to common seasonal infectious agents, must be anticipated and planned for proactively. While it may not always be possible to prevent an outbreak, prompt and appropriate management can reduce the spread

of infectious agents and limit the impact of such infection on the delivery of routine care and support.

Standard 3.1

Arrangements are in place to support effective hand hygiene practices to minimise the risk of acquiring or transmitting infection.

Features of a service meeting this standard are likely to include the following:

3.1.1 Staff adhere to the World Health Organization's (WHO's) 'five moments of hand hygiene'¥ principles or emerging best practice and relevant national guidance.

3.1.2 Staff adhere to national guidelines and recommendations in order to achieve effective hand hygiene practice when providing care.

3.1.3 Hand hygiene facilities that are appropriate to the setting are provided in line with best practice and national guidelines. Hand hygiene facilities include, for example, clinical hand-wash sinks and hand hygiene products such as soap and alcohol hand-rub, and emollient hand creams.

What this means for people using services:

- All staff working in the service adhere to hand hygiene practices to reduce your risk of acquiring an infection.

- There are hand hygiene facilities available for you and staff to use in the service.

¥ The WHO's five moments for hand hygiene are: before touching a patient, before clean/aseptic procedure, after bodily fluid exposure risk, after touching a patient, and after touching a patient's surroundings.

Standard 3.2

Antimicrobial medications are appropriately prescribed, dispensed, administered, used and disposed of to reduce the risk of antimicrobial resistance.

Features of a service meeting this standard are likely to include the following:

3.2.1 Prescribers have access to and follow national antimicrobial prescribing guidelines to ensure that people are prescribed antimicrobial medication appropriately. The choice of antimicrobial medication is also guided by the person's clinical condition, any known medication allergies and or the results of microbiology testing and advice where applicable.

3.2.2 People are advised about self-management of self-limiting conditions[††††] and given information about the adverse consequences of using antimicrobial medication when they are not needed.

3.2.3 When there is clinical uncertainty about whether a condition is self-limiting or is likely to deteriorate, prescribers can use back-up or delayed[‡‡‡‡] antimicrobial medication prescribing.

3.2.4 People are provided with clear, easy-to-understand information based on best available evidence whenever they are prescribed an antimicrobial medication. This includes when and how to take it and for how long to take it, as well as potential side effects.

3.2.5 The medication's name, dose, duration of treatment and the reason for the antimicrobial medication prescribed is recorded and shared with relevant people involved in the person's care to allow better management during follow-up care and or transfer of care to another healthcare or community setting.

[††††] A self-limiting condition is likely to resolve itself without antimicrobial treatment, for example, the common cold.
[‡‡‡‡] Back-up or delayed prescribing: a prescription which is given to a patient or carer with the assumption that it will not be use immediately, but in a few days if symptoms worsen.

3.2.6   Antimicrobial medications are appropriately dispensed, which includes checking the appropriate strength, dose and quantity of the antimicrobial medication for the person, the directions for use and duration of treatment when dispensing the antimicrobial medication.

3.2.7   Any unused antimicrobial medications are discarded in the appropriate pharmaceutical waste bin, destroyed by another appropriate waste disposal service or, if this is not feasible, are returned to the pharmacy.

3.2.8   Staff who provide outpatient parenteral antimicrobial therapy (OPAT) in the community adhere to infection prevention and control and antimicrobial stewardship principles.

What this means for people using services:

- If you have an infection that you do not need antimicrobial (such as antibiotic) treatment for, you are advised about how to manage this infection yourself at home.

- It is important that if you do require an antimicrobial medication that you receive the most appropriate medication for your infection at the right dose, for the right duration, at the right time. To ensure this happens, staff who prescribe antimicrobial medications follow national prescribing guidelines.

- Information you are given, about the antimicrobial medication that has been prescribed for you, is easy to understand.

- If you receive your antimicrobial medication intravenously at home, staff adhere to infection prevention and control principles.

Standard 3.3

Arrangements are in place to protect staff from the occupational risk of acquiring an infection.

Features of a service meeting this standard are likely to include the following:

3.3.1 All staff have timely access to appropriate information, education and advice to minimise the occupational exposure risk of acquiring a healthcare-associated infection, appropriate to their role.

3.3.2 All staff are offered timely access to recommended vaccines based on their work activities and their level of contact with people who use services, in line with national immunisation guidelines. Staff are informed of the benefit of vaccination and of any associated risks.

3.3.3 All staff are offered timely access to the recommended annual influenza vaccine in line with national immunisation guidelines.

3.3.4 Arrangements are in place to identify and mitigate, where possible, any potential risk factors associated with acquiring or transmitting an infection. Examples include but are not limited to staff who:

- have a current infection, for example, vomiting, diarrhoea, influenza-like illness, skin rash or pus-producing skin lesions or wounds
- have a break in skin integrity, or skin conditions such as dermatitis
- have allergies to products such as latex and hand hygiene products
- are receiving immunosuppressive treatment
- have a travel history that may have resulted in exposure to specific infection that is uncommon in Ireland
- perform exposure-prone procedures
- are Hepatitis B vaccine non-responders (where there is a lack of an immune response to the vaccine).

3.3.5 Appropriate personal protective equipment[‡] is provided and is widely available to all staff in the community in line with best available evidence and relevant legislation. Staff are provided with the necessary personal protective equipment when attending a person's home, as appropriate.

3.3.6 The service uses safe equipment, applies safe work practices and disposes of waste appropriately, in line with relevant legislation, to minimise the occupational risk of staff acquiring or transmitting a healthcare-associated infection due to inoculation injury or exposure to healthcare risk waste.

3.3.7 Staff report any incident, injury[±] or near miss involving an infectious agent in line with legislation. All staff in the service know how and to whom to report any accidents or incidents.

3.3.8 Arrangements are in place for the timely assessment and management[¥] of staff following any incident or injury involving a risk of exposure to an infection.

What this means for people using services:

- Staff working in the service are protected against the risk of acquiring a healthcare-associated infection. This in turn helps to protects you from acquiring a healthcare-associated infection.

[‡] **Personal protective equipment:** equipment a person wears to protect themselves from risks to their health or safety, including exposure to infections. Examples include gloves, aprons, and eye and face protection.

[±] Injury includes needle-stick or other sharps injury, human bite, exposure of broken skin or of mucous membranes.

[¥] Management includes first aid, risk assessment, testing, treatment, counselling and follow up, records and documentation.

Standard 3.4

Outbreaks of infection are identified, managed, controlled and documented in a timely and effective manner.

Features of a service meeting this standard are likely to include the following:

3.4.1 Staff report to their line manager any signs or symptoms of infection in individuals or groups of people or residents to facilitate prevention, early detection and control the spread of infection.

3.4.2 Staff know who to contact for advice in the event of a suspected or confirmed outbreak and are encouraged to ask for advice from colleagues, such as a community infection prevention and control nurse, the local Department of Public Health and or a consultant microbiologist, if uncertain about the best course of action.

3.4.3 Any suspected or confirmed outbreaks of infection are promptly notified to the medical officer of health in the Department of Public Health, in line with legislation. Registered providers of designated centres are also required to report outbreaks of notifiable diseases to HIQA.§§§§

3.4.4 All facilities where care is delivered***** have a documented outbreak management plan appropriate to the services provided, detailing the action to be taken in the event of an outbreak of infection, in line with relevant national guidelines where they exist.

3.4.5 Staff clearly communicate with and support people affected by an outbreak in a timely and effective manner.

---

§§§§ 'Notifiable diseases' are those diseases identified and published by the Health Protection Surveillance Centre (www.hpsc.ie) and include Clostridium difficile infection, norovirus infection, Meticillin-Resistant *Staphylococcus aureus* (MRSA), influenza and hepatitis. Please see guidance on notifications for registered providers and persons in charge of designated centres.
*****Facilities are those that are owned or operated by a service provider. Facilities do not include a person's own home where care such as home support services and or public health nursing are provided.

3.4.6 All staff implement outbreak control measures as soon as possible to help reduce the impact of the outbreak. Consideration is given to the impact of visiting restrictions on residents and their families.

3.4.7 A nominated person from the residential care service liaises with specialist staff, such as the community infection prevention and control nurse and the local Department of Public Health, and provides all information necessary to assess and control the outbreak.

What this means for people using services:

- If an outbreak of infection occurs, the service takes measures to control the outbreak and limit the spread of infection.

- If you are affected by an outbreak, staff working in the service will support you and talk with you about how the outbreak will be managed.

Theme 4. Better Health and Wellbeing

> **Theme 4**
>
> **Better Health and Wellbeing**

Community health and social care services have a significant opportunity to inform, educate and empower people to protect themselves from the risk of healthcare-associated infections and antimicrobial resistance, given the high number of people accessing these services. Informing people about receiving recommended vaccines and engaging in protective lifestyle behaviours can help lower their risk of healthcare-associated infection and the need for antimicrobial medications in the first instance.

Self-care is a key component of better health and wellbeing. Hand hygiene is the most effective way of reducing infection risk. It is important to give people practical information on good hand hygiene practice that emphasises why it is necessary and effective to thoroughly wash and dry hands to reduce the risk of getting an infection, or passing infection on to their family and other people. This may include assistance with performing effective hand hygiene if necessary.

It is also important to explain to someone how to recognise whether they, or someone they are caring for, have a self-limiting infection. This includes encouraging people to manage their infection themselves at home if it is safe to do so and to explain to them what to do if their symptoms get worse. Advising people on how to use antimicrobials such as antibiotics correctly is also an opportunity to discuss the risk antimicrobial resistance poses.

Community services should make up-to-date information available to people on current infection issues, such as influenza. An individual service may use a website or notice board to convey this information. People should be advised why particular measures are needed to protect everyone using services from infection. For example, posters are a means of informing and educating people to perform hand hygiene when entering and leaving a facility.

Standard 4.1

People are empowered to protect themselves and others from healthcare-associated infections and antimicrobial resistance.

Features of a service meeting this standard are likely to include the following:

4.1.1   People are informed, educated and supported to protect themselves and others from the risk of healthcare-associated infection by, for example:

- performing hand hygiene
- practising respiratory hygiene and cough etiquette
- recognising signs and symptoms of infection$^{\pm}$
- using antimicrobial medication (including antibiotics) as prescribed
- being aware of the benefits of immunisation
- promoting protective lifestyle factors.$^{¥}$

4.1.2   People are encouraged to ask staff to perform hand hygiene or voice concerns if they believe staff have not performed hand hygiene.

4.1.3   People are signposted to, and are supported to access, recommended vaccines, in line with the national immunisation guidelines.

4.1.4   The service identifies and provides appropriate signage, instructional information and educational material relating to infection prevention and control and antimicrobial stewardship designed to meet the needs of people using the service.

$^{\pm}$ Signs and symptoms of an infection may include fever, redness, pain, drainage at a catheter or surgery site or new onset of diarrhoea, especially if taking an antibiotic.

$^{¥}$ Protective lifestyle factors include healthy body weight and or controlled body weight, good nutrition and hydration, good oral healthcare, being physically active, not smoking, and only drinking alcohol within recommended weekly allowances.

What this means for people using services:

- You are given practical information about how to protect yourself and others from the risk of acquiring a healthcare-associated infection, including good hand hygiene practices, appropriate use of antimicrobial medication and how to access recommended vaccines.

- You are encouraged to ask staff have they cleaned their hands when delivering care to you.

Theme 5. Leadership, Governance and Management

Theme 5

Leadership, Governance and Management

Effective leadership, governance and management, in keeping with the size and the type of service delivered, are essential to create and sustain a safe infection prevention and control environment. While the structures and arrangements that are in place will differ depending on the service, the principles of good governance apply regardless of the setting. Overall responsibility for infection prevention and control and antimicrobial stewardship and implementation of the National Standards rests with the most senior person responsible for that service.

The key components of governance include leadership, decision-making, assessing and managing risk, ensuring effective communication among staff members and providing assurance that the service is performing well.

Governance requires having leaders in a service that are accountable, endorse safe infection control practices and oversee performance. Any gaps or serious risks identified in the service's ability to prevent and control healthcare-associated infections must be addressed in a timely manner. In addition, clear lines of accountability are required so that everyone working in the service is aware of their responsibilities for infection prevention and control and antimicrobial stewardship.

It is important that services develop strategic objectives for infection prevention and control and antimicrobial stewardship that reflect the needs and priorities of the service in line with national clinical guidelines, national recommendations, National Standards, and relevant legislation. A service that determines the infection prevention and control risks within its own context can more appropriately select the correct course of action. This risk assessment better supports well-informed clear decision-making and local priorities. It is important that all staff communicate well with each other about infection-related care issues and understand their responsibilities to ensure best practice occurs routinely.

How a service is managed means overseeing the day-to-day operations of the organisation, including providing the necessary resources for staff to comply with best practice. It is essential that all services in the community are supported by professionals with expertise in infection prevention and control and antimicrobial resistance.

An effective workforce that is accountable for its individual and collective infection prevention and control practice must be supported and empowered to make the

right decision at the right time to prevent and control healthcare-associated infections. Actively involving staff in quality improvement initiatives allows the service to respond to identified risks through positive changes to infection prevention and control practice.

Where services are externally contracted, responsibility remains with the service provider. Services need to ensure that there are suitable arrangements to ensure that externally contracted agencies adhere to safe and effective infection prevention and control and antimicrobial stewardship practices. This may include cleaning, waste management transportation and educational contracts.

Finally, while these National Standards apply to services, as outlined in the introduction of this document, there is also a need for strong and effective governance arrangements at a national level to support safe infection prevention and control practices within each service. This includes setting the strategic direction and implementing the necessary national and regional structures to support the implementation of this strategy.

Standard 5.1

The service has clear governance arrangements in place to ensure the sustainable delivery of safe and effective infection prevention and control and antimicrobial stewardship.

Features of a service meeting this standard are likely to include the following:

5.1.1. A senior identified individual at the highest level for that service has overall accountability, responsibility and authority for infection prevention and control and antimicrobial stewardship within the service. This includes accountability and responsibility for overseeing the implementation of these National Standards.

5.1.2 The service develops strategic objectives and an associated operational plan for infection prevention and control and antimicrobial stewardship that reflect the needs and priorities of the service in line with national clinical guidelines, national recommendations, National Standards, and relevant legislation.

5.1.3 The roles and responsibilities of staff are clearly defined and the service supervises, monitors and reviews the provision of care to ensure all members of the workforce understand their responsibilities, including accountability for infection prevention and control, antimicrobial stewardship and adherence to safe infection prevention and control practices.

5.1.4 The service undertakes and reports on any measurements to assess its performance, appropriate to the service. The monitoring activities selected by a service should be meaningful to staff and reflect the service provided in order to help identify the relevant areas for improvement.

5.1.5 The service conducts regular reviews of Irish and European legislation relating to infection prevention and control to determine what is relevant to the service and ensures it is compliant with this legislation. The service carries out a clearly documented risk assessment of any identified gap in compliance with legislation and appropriate, timely, action is taken to achieve compliance to ensure the quality and safety of the services.

What this means for people using services:

- You can expect that there is an identified person who has overall responsibility for infection prevention and control and antimicrobial stewardship of the service that you are attending.

- You can expect that all staff working in the service have a clear understanding of their roles and responsibilities in working to prevent and control infection.

- The service reviews how it is performing to identify how it can improve its delivery of safe and effective infection prevention and control and antimicrobial stewardship so that it can provide a better and safer service to you.

- The service has a clear plan as to how it will address infection prevention and control and antimicrobial stewardship

> ### Standard 5.2
>
> **There are clear management arrangements in place to ensure the delivery of safe and effective infection prevention and control and antimicrobial stewardship within the service.**

Features of a service meeting this standard are likely to include the following:

5.2.1 Service providers nominate a designated person or persons, with appropriate knowledge and skills, to manage key areas of infection prevention and control and antimicrobial stewardship within the service. This includes but is not limited to:

- keeping up to date with information such as new or revised guidelines, safety alerts and national updates as made available
- ensuring staff have access to recommended vaccines
- ensuring staff have the necessary equipment, supplies and products to comply with best practice
- overseeing the maintenance of the physical environment, for example, cleaning schedules
- ensuring that education and training is made available to staff
- ensuring infection prevention and control guidelines are implemented.

5.2.2 Arrangements are in place for the management of infection prevention and control risks. Staff communicate with each other about infection-related care issues. Any identified risks that cannot be adequately addressed by staff are escalated to those with operational managerial responsibility and authority to actively address these risks.

5.2.3 The service regularly reviews and documents any significant infection risks to people using services, and it addresses any gaps that could affect the service's ability to prevent and control healthcare-associated infections and antimicrobial resistance.

What this means for people using services:

- You can expect that the people in charge of the service make sure that measures are in place to protect you from the risk of acquiring an infection.

- You can expect that the person or people with responsibility for managing infection prevention and control and antimicrobial stewardship within the service have the appropriate knowledge and skills for the job.

- The people who plan and deliver the service regularly look at infection prevention and control risks to people using the service and address any gaps identified.

> **Standard 5.3**
>
> **There are formalised support arrangements in place to ensure the delivery of safe and effective infection prevention and control and antimicrobial stewardship.**

Features of a service meeting this standard are likely to include the following:

5.3.1   Services have access to designated specialist staff with expertise in infection prevention and control and antimicrobial stewardship, such as an infection prevention and control nurse, a consultant microbiologist and a local pharmacist.

5.3.2   Designated specialist staff with expertise in infection prevention and control and antimicrobial stewardship support and train staff working in community services to help services identify local needs in order to improve infection prevention and control.

5.3.3   Services have access to diagnostic microbiology laboratory services and clinical microbiology advice, appropriate to their needs, which operate according to the requirements of the relevant national accreditation bodies, for the investigation and management of infectious disease.

5.3.4   Arrangements are in place for effective communication with other services, including acute hospitals to and from which patients and residents are transferred, ambulance services and the local Department of Public Health.

What this means for people using services:

▪   Your service has access to external expertise in infection prevention and control when they need additional support and advice.

▪   Staff working in your service are trained in infection prevention and control by people with the necessary expertise to reduce your risk of acquiring an infection.

▪   Services communicate effectively with each other in order to ensure that they have the information they need to prevent and control the risk of infections and reduce antimicrobial resistance.

Standard 5.4

Staff are empowered to exercise their professional and personal responsibility for safe and effective infection prevention and control practices and antimicrobial stewardship practices.

Features of a service meeting this standard are likely to include the following:

5.4.1 Service providers identify, support and educate staff members with an interest in infection prevention and control and antimicrobial stewardship to champion best practice and motivate other colleagues to make changes. This includes sharing the learning with colleagues to support sustained improvement within services.

5.4.2 Staff are supported by specialist advice in their infection prevention and control practices and antimicrobial stewardship activities, where required.

5.4.3 All staff are encouraged and supported to undertake quality improvement projects that can lead to improved infection prevention and control.

5.4.4 All staff are encouraged and supported to provide feedback to the service provider in order to identify and propose areas for improvement in infection prevention and control and antimicrobial stewardship.

5.4.5 Promotion of a culture of openness and accountability throughout the service, so that the staff can exercise their professional and personal responsibility to report in good faith any concerns that they have about the delivery of safe and effective infection prevention and control practices in their service.

What this means for people using services:

▪ The service supports a culture which aims to improve the quality and safety of care that you receive by encouraging and supporting staff to improve infection prevention and control practices.

▪ Everyone working in your service is supported to raise concerns about infection prevention and control.

Standard 5.5

Service providers ensure that externally contracted agencies adhere to safe and effective infection prevention and control practices.

Features of a service meeting this standard are likely to include the following:

5.5.1 Contracts of agreement are in place between services and externally contracted agencies to ensure that contracted services adhere to safe and effective infection prevention and control best practice and relevant legislation.

5.5.2 These contracts of agreement are regularly monitored to check that the externally contracted agency has delivered on its contract. This includes a review of the scope of service provided, audit requirements and governance arrangements for the quality and safety of services delivered.

What this means for people using services:

▪ The service regularly checks to make sure that any services provided to you on its behalf are safe and of high quality and are in line with infection prevention and control best practices.

Theme 6. Workforce

Theme 6

Workforce

Effective workforce planning helps to ensure enough staff are available at the right time with the right skills and expertise to meet the service's infection prevention and control and antimicrobial stewardship needs. Everyone working in the service is responsible for infection prevention and control. Staff who provide care and support to people on a day-to-day basis have an opportunity to prevent infections at every contact.

Given the complexity of care increasingly being delivered in the community, it is essential that there is an adequate skill-mix of staff to address these additional needs, especially those with high-dependency needs in long-term care facilities such as nursing homes. Wherever possible, having a suitably trained staff member within a service can help with:

- interpreting infection-related information on admission, discharge and transfer
- carrying out infection prevention and control risk assessments
- and educating and training colleagues in infection prevention and control best practice.

Everyone involved in providing care and support should be trained and competent in core infection prevention and control knowledge and skills. These include standard precautions such as hand hygiene, the appropriate use of personal protective equipment, respiratory hygiene and cough etiquette and the safe use and disposal of sharps. Community services should commit openly to staff education and identify feasible ways for its delivery. The provision of education to all staff enables them to apply the necessary knowledge and skills, appropriate to their role, to minimise infection risks and ensure care is safe, effective and person-centred, as set out in these National Standards.

An essential aspect of infection prevention and control is the education and training of all staff. Induction is an important time for newly appointed staff to learn or update on the infection prevention and control core principles. Staff need to be supported to attend education and training updates to retain their competencies. The service should encourage staff at all levels to become champions in infection prevention and control and to undertake improvement projects in their own service areas.

Standard 6.1

Service providers plan, organise and manage their workforce to meet the services' infection prevention and control needs.

Features of a service meeting this standard are likely to include the following:

6.1.1 Staffing, including infection prevention and control personnel, where they are available, is maintained at levels to safely meet the service's infection prevention and control needs and activities, including appropriate staffing levels for out-of-hours arrangements.

6.1.2 Service providers take into consideration the skill-mix of staff appropriate for the service to ensure infection prevention and control and antimicrobial stewardship needs are met. This includes access to specialist advice.

6.1.3 Staff are supported and facilitated to undertake infection and antimicrobial resistance surveillance, monitoring or quality improvement activities.

What this means for people using services:

▪ At all times, the service plans and organises its staff to ensure there are enough people with the necessary qualifications, skills and experience to achieve effective infection prevention and control for people using services.

> **Standard 6.2**
>
> **Service providers ensure their workforce has the competencies, training and support to enable safe and effective infection prevention and control and antimicrobial stewardship practices.**

Features of a service meeting this standard are likely to include the following:

6.2.1 All staff receive suitable and sufficient education and training in infection prevention and control practice and antimicrobial stewardship that is appropriate to their specific roles and responsibilities, in line with the national *Core Infection Prevention and Control Knowledge and Skills* Framework Document.

6.2.2 Education and training is made available for staff, appropriate to their role, that incorporates combinations of formal teaching, self-directed learning (such as e-learning modules) and assessment of practical skills, including, but not limited to:

- standard precautions including hand hygiene
- transmission-based precautions
- healthcare-associated infections and antimicrobial resistance
- medical device management and decontamination
- infection prevention and control risk assessment
- antimicrobial stewardship
- outbreak management
- national updates on prevention, control and management of infections as made available
- safe food handling
- recommended vaccines.

6.2.3 All staff are supported and facilitated to receive relevant training, to enable them to carry out their tasks in line with infection prevention and control best practices and antimicrobial stewardship. This includes training when starting a new position and training updates. A staff training record is maintained.

6.2.4 Staff are encouraged and supported to seek advice, including advice from senior colleagues on any aspects of infection prevention and control practice and antimicrobial stewardship.

6.2.5 The service supports and encourages staff to undertake training to provide local expertise and improve the delivery of safe and effective infection prevention and control practices and antimicrobial stewardship within its own setting. This may include supporting staff to train as local champions, for example, by undertaking train-the-trainer hand hygiene programmes.

What this means for people using services:

- You can expect that people working in the service have the necessary skills and expertise and are appropriately trained to help protect you from the risk of acquiring an infection during your care.

- Staff caring for you know how to help to reduce the risk of antimicrobial resistance.

- All staff working in the service know who to contact for support and advice on infection prevention and control practices and appropriate antimicrobial prescribing if they need it.

- You can expect that all staff providing care and support to you regularly receive the necessary training to keep their skills and knowledge of infection prevention and control up to date.

Theme 7. Use of Resources
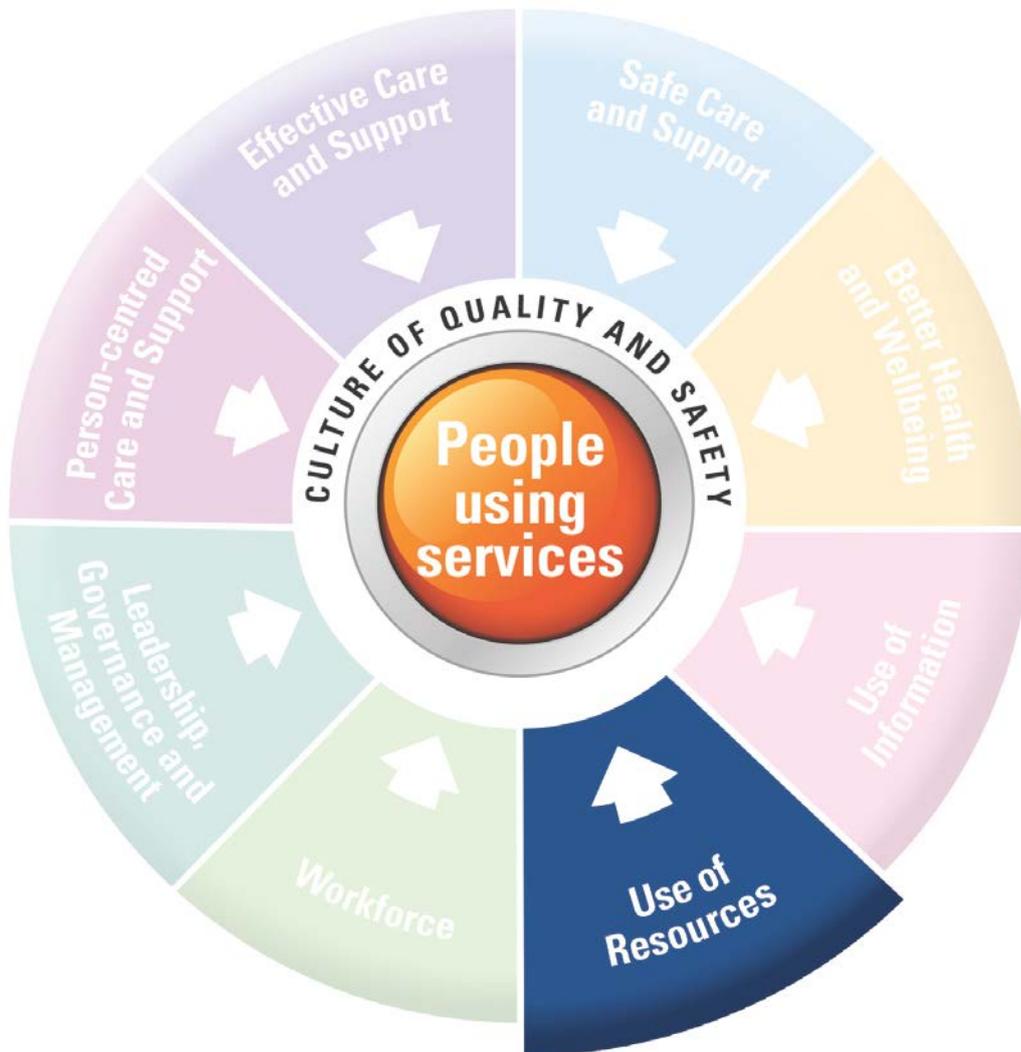
Theme 7

Use of Resources

Safe, high-quality care and support is intrinsically linked to how resources are used, including how they are planned, managed and delivered. These resources include human, physical, financial and natural resources. Whether services are publicly or privately funded, their resources are finite and services must use resources effectively and efficiently to deliver best possible outcomes for people using services for the money and resources available. Natural resources, hazardous materials and waste should be managed appropriately in line with infection prevention and control principles to help ensure that the service's impact on the environment is minimised.

Services need to effectively and efficiently plan and manage the resources available to them in order to meet the service's infection prevention and control and antimicrobial stewardship needs. They need to ensure that appropriate resources are available to develop and maintain infection prevention and control efforts within a service. Healthcare-associated infections can have a huge impact on people and their families, causing upset and anxiety, serious illness, long-term disability and death. There are also significant impacts on community health and social care services due to the cost implications of such infections. Therefore, it is important to allocate resources to address infection prevention and control risks arising from the facility and activities within it.

Providing a suitably clean care environment makes it easier for staff to adhere to infection prevention and control best practices. Services need to have good quality and readily accessible equipment, supplies and products to enable staff to easily comply with standard and transmission-based precautions. This includes, for example, providing necessary hand hygiene facilities, personal protective equipment, cleaning supplies and equipment to minimise inoculation injuries.[‡]

It is important that infection prevention and control personnel are consulted whenever new facilities are being built or when existing facilities are being refurbished. It is essential that medical devices and equipment are appropriately chosen to ensure the service only invests in devices and equipment that can be effectively decontaminated.

[‡] See glossary of terms for the definition of inoculation injuries.

> ## Standard 7.1
>
> **Service providers plan and manage the use of available resources to meet the services' infection prevention and control needs.**

Features of a service meeting this standard are likely to include the following:

7.1.1   The service regularly reviews the resources it requires to meet the service's infection prevention and control needs. This may include:

- maintenance and refurbishment of existing buildings
- investment in necessary equipment, supplies and products
- investment in single-use or single-patient-use equipment
- replacement of equipment when effective cleaning can no longer be achieved
- allocation of a protected cleaning budget
- provision of training to staff.

7.1.2   Any refurbishment project or building of a new facility is undertaken in line with relevant legislation and standards. Infection prevention and control expertise is sought at the outset of any such project and forms part of the planning process.

7.1.3   The service ensures that all medical devices and equipment[‡] it uses are maintained in line with manufacturing and legal requirements, to ensure that they remain fit for purpose. Policies and procedures are in place that are in line with legislation, national medical devices and equipment policy and guidance, and standards, to minimise risk of healthcare-associated infections to people using services and to staff.

7.1.4   The service ensures that when purchasing new equipment, it only invests in suitable fit-for-purpose equipment, including equipment that can be effectively decontaminated and single-use items.

[‡] This includes equipment that is purchased, loaned, borrowed, serviced or repaired.

What this means for people using services:

- The service makes the best use of its available resources to protect you from the risk of infection.

- The services regularly checks that it has the resources it needs to effectively protect you from the risk of infection.

- The service takes steps to ensure that any refurbishment or new building it undertakes is fit for purpose and in line with infection prevention and control best practice in order that the care and support you receive is to the highest standard.

- The service ensures that all medical devices and equipment used in your care are safe to use.

Theme 8. Use of Information

Theme 8

Use of Information

Having access to good quality information is essential for improving infection prevention and control, both for individuals using health and social care services and for a service overall.

Quality information — which is defined as relevant, accurate, reliable, timely, punctual, coherent, comparable, accessible and clear — is an important resource for service providers in planning, managing and monitoring infection prevention and control efforts. The coordination of care is assisted by sharing information across different information management systems within and between services.

It is important that a service has the information it needs to reduce the risk of healthcare-associated infection and antimicrobial resistance. This includes information to enable effective decision-making, such as access to discharge summaries from hospitals, microbiology reports and antimicrobial prescribing guidelines.

Services should record, measure and use information and data to improve. This will allow services to see how they are doing, identify areas that require improvement and act on this information. It is important that the baseline measurements that a service selects are simple, relevant and meaningful to the service. This should include keeping track of antimicrobial resistant micro-organisms. It should also include measuring, for example through audit, compliance with hand hygiene, standard precaution practices, environmental cleaning and antimicrobial medication prescribing.

The service needs to decide what it wants to achieve, decide what change will likely result in improvement and how to know if the change is an improvement. Constructive feedback of measurements that staff can understand is beneficial in improving the working practice of staff. It allows staff to recognise good practice, check adherence to best practice, and to challenge inappropriate practice.

Information governance of personal health information is about having regard and respect at all times for the person to whom the information relates to. The principles of good information governance ensure that personal information is handled legally — for example in line with data protection legislation — securely, efficiently and effectively in order to ensure the best possible care and support to people using services.

Service providers ensure appropriate safeguards are in place to protect personal information. This supports the delivery of person-centred, safe and effective infection prevention and control and antimicrobial stewardship and helps to ensure that when sharing information across services, personal information is protected and managed in a sensitive and responsible manner.

Standard 8.1

Information is used to plan, manage and deliver care that is in line with safe and effective infection prevention and control and antimicrobial stewardship practices.

Features of a service meeting this standard are likely to include the following:

8.1.1 Information is collected, used and shared to inform clinical decision-making, measure trends and performance and to identify areas for improvement in infection prevention and control and antimicrobial stewardship.

8.1.2 Arrangements are in place to ensure that relevant staff have access to quality information,[*] including best available evidence to support and inform effective clinical practice in relation to infection prevention and control.

8.1.3 Arrangements are in place to ensure staff have access to the information they need in a timely manner. This includes sharing information within and between services in a way that protects the privacy and confidentiality of the person to whom the information relates, in line with legislation, National Standards and national guidance.

8.1.4 Information systems, whether electronic or paper-based, are integrated, and they interface with other systems to support sharing of and access to information within and between services.

8.1.5 Services participate in national and international audit programmes, surveys and surveillance programmes where appropriate.[◊]

---

[*] To be most effective, the right data needs to be available to decision-makers in an accessible format at the point of decision-making. Quality data means data that is: relevant, accurate, reliable, timely, punctual, coherent, comparable, accessible and clear.

[◊] An example of a survey is the Point Prevalence Survey of Healthcare-Associated Infections and Antimicrobial Use in Long-Term Care Facilities (HALT).

8.1.6   The service complies with national health information technical standards, where appropriate, to facilitate the interoperability of systems and sharing of information within and between services.

What this means for people using services:

- When making decisions about your care, staff have access to and use good quality information in relation to infection prevention and control and antimicrobial stewardship.

- While always respecting your privacy, you can expect that necessary information about your care and support is shared in a timely manner between people involved in providing your care.

- The service uses quality information relating to infection prevention and control to check the quality and safety of the care provided to you.

- The service learns from the information it collects to improve the quality and safety of the care and support it provides to you.

Standard 8.2

Service providers have effective arrangements in place for information governance for infection prevention and control-related information.

Features of a service meeting this standard are likely to include the following:

8.2.1   Information is collected, analysed, used and shared in compliance with legislation, National Standards and national guidance to protect the privacy and confidentiality of the person to whom the information relates.

8.2.2   Arrangements are in place for sharing information within and between service providers that protect the security, privacy and confidentiality of personal health information of the person to whom the information relates.

8.2.3   Services have a mechanism to uniquely identify each person using their service in order to avoid duplication and misidentification, in line with National Standards and best practice.

8.2.4   Training in information governance is provided for all staff, in line with their roles and level of access to personal information. Staff know how and under what circumstances information about a person's infection status is shared.

8.2.5   Personal information, both paper and electronic, is held securely in line with legislation and is only accessed by those who need to see it.

What this means for people using services:

▪   Your rights to privacy and confidentiality are respected when your information is being shared within and between services.

▪   Personal information about you is kept safe and secure and only accessed by those involved in your care.

Glossary of terms and abbreviations

This glossary details key terms and a description of their meaning within the context of this document.

Accountability: being answerable to another person or organisation for decisions, behaviour and any consequences.

Antimicrobial: a substance that kills or inhibits the growth of micro-organisms such as bacteria, viruses or fungi.

Antimicrobial resistance: resistance of a micro-organism to an antimicrobial medication that had been originally effective for treating infections caused by it.

Antimicrobial stewardship: antimicrobial stewardship is a systematic approach to optimising antimicrobial therapy, through a variety of structures and interventions. Antimicrobial stewardship includes not only limiting inappropriate use but also optimising antimicrobial selection, dosing, route, and duration of therapy to maximise clinical cure, while limiting the unintended consequences, such as the emergence of resistance, adverse drug events and cost.

Assurance: is being sure or certain about systems, processes and procedures and standing over business objectives. It involves monitoring risk and implementing controls to mitigate that risk.

Audit: assessment of performance against any standards and criteria (clinical and non-clinical) in a health and social care service. The full audit cycle consists of five stages comprising planning for audit, standard and criteria selection, measuring performance, making improvements and sustaining those improvements.

Autonomy: freedom to determine one's own actions and behaviour.

Back-up or delayed prescribing: a prescription which is given to a patient or carer with the assumption that it will not be used immediately, but in a few days if symptoms worsen.

Best available evidence: the consistent and systematic identification, analysis and selection of data and information to evaluate options and make decisions in relation to a specific question.

Best practice: clinical, scientific or professional practices that are recognised by a majority of professionals in a particular field. These practices are typically evidence-based and consensus-driven.

Cleaning: the physical removal of foreign material such as blood and bodily substances, rust, dust, dirt, debris, spillages, and so on. Cleaning physically removes rather than kills micro-organisms. It is achieved with water, detergents and mechanical action and should always precede any disinfection or sterilisation process.

Clinical guidelines: systematically developed statements, based on a thorough evaluation of the evidence, to assist healthcare professionals and patients' decisions about appropriate healthcare for specific circumstances, across the entire clinical spectrum.

Clinical practice guidance: systematically developed statements or processes to assist clinicians and patients' decisions about appropriate healthcare for specific clinical circumstances, with the type of clinical practice guidance determined by evidence-based criteria and clinical requirements. Such clinical guidance includes clinical policies, procedures, protocols and guidelines. Care pathways, clinical decision aids or tools, care bundles, flowcharts, checklists and algorithms can form components of policies, procedures, protocols or guidelines.

Colonisation: when micro-organism or micro-organisms are living on or in a person without causing disease.

Community services: these are a broad range of services that are provided outside of the acute hospital system including primary care, social care, mental health and health and wellbeing services. Examples include but are not limited to: community hospitals, health centres, dental clinics, general practice clinics, home support and so on. Each service is different in terms of scale, the nature of care provided, staffing levels and location.

Community infection prevention and control nurse : a nurse with specialist postgraduate qualifications and expert knowledge in infection prevention and control.

Competence: the knowledge, skills, abilities, behaviours and expertise sufficient to be able to perform a particular task and activity.

Complaint: an expression of dissatisfaction with any aspect of service provision.

Concern: a safety or quality issue regarding any aspect of service provision, raised by people using services, service providers, member of the workforce or general public.

Confidentiality: the right of individuals to keep information about themselves from being disclosed.

Contract of agreement: document which explicitly describes the nature of the service being provided to the service provider by an external agency.

Culture: the shared attitudes, beliefs and values that define a group or groups of people and shape and influence perceptions and behaviours.

Decontamination: the removal of micro-organisms or foreign matter (or both) from contaminated materials or living tissue. Three processes for decontamination are commonly used: cleaning, disinfection and sterilisation.

Dental Council: the regulator for dentists in Ireland established under the Dental Act 1985. Its general concern is to promote high standards of professional education and professional conduct among dentists.

Designated centre: a designated centre is defined in Part 1, Section 2 of the Health Act 2007 as amended. These include designated centres for older people and designated centres for people with disabilities.

Diagnostic microbiology laboratory: refers to a laboratory where tests are performed on clinical specimens, such as a blood sample, to determine the cause of infection and to identify suitable treatments.

Dignity: the right to be treated with respect, courtesy and consideration.

Disinfection: a process used to reduce the numbers of viable micro-organisms but which may not necessarily inactivate some infectious agents, such as spores.

Effective: a measure of the extent to which a specific intervention, procedure, treatment, or service, when delivered, does what it is intended to do for a specified population.

Enteral feeding: refers to a type of feeding used for people who cannot eat normally in which liquid food is given through a tube into the gut.

Equipment: this consists of a large group of equipment, typically divided into four broad groups including single-use items, single-patient-use items, reusable non-invasive communal patient care equipment and reusable invasive medical devices.

Exposure prone procedures: situations where the worker's hands (whether gloved or not) may be in contact with sharp instruments, needle tips or sharp tissues inside a patient's open body cavity, wound or confined anatomical space where the hands or finger tips may not be completely visible at all times. There is an increased

risk of transmitting blood-borne viruses between staff and patients during exposure prone procedures.

Facility: refers to the physical infrastructure, including the fixtures, furnishings and fittings where health or social care service is provided. Facilities are those that are owned or operated by a service provider. Facilities do not include a person's own home where care — such as home support services and or public health nursing — is provided.

Family: those closest to the person in knowledge, care and affection and who are connected through their common biological, legal, cultural and emotional history.

Features of the standard: these elements, taken together, will enable progress towards achieving the Standard.

Governance: the function of determining the organisation's direction, setting objectives and developing policy to guide the organisation in achieving its objectives and stated purpose.

Hand hygiene: a general term referring to any action of hand cleansing. This includes both hand washing (the physical removal of micro-organisms from the hands using soap and running water) or using alcohol-based hand-rub.

Handover: the transfer of professional responsibility and accountability for some or all aspects of the care of the patient, or group of patients, to another person or professional group on a temporary or permanent basis.

Healthcare-associated infections: Healthcare-associated infections can develop either as a direct result of healthcare interventions such as medical or surgical treatment, or from being in contact with a healthcare setting. Healthcare-associated infections cover any infection contracted:

- as a direct result of treatment in, or contact with, a health or social care setting
- as a result of healthcare delivered in the community

▪ outside a healthcare setting (for example, in the community) and brought in by people using services, staff or visitors and transmitted to others (for example, norovirus).

Healthcare-associated infection incident: any incident with the potential to expose people to infection risk.

Healthcare risk waste: waste which is potentially hazardous to those who come in contact with it, by nature of its infectious, biological, chemical or radioactive content, or by being categorised as a sharp.

Health and Safety Authority (HSA): the national statutory body in Ireland with responsibility for enforcing occupational safety, health and welfare legislation, promoting and encouraging accident prevention and providing information and advice in this regard.

Health Protection Surveillance Centre (HPSC): specialist organisation which is responsible for surveillance of communicable disease and other functions in Ireland. It is part of the Health Service Executive (HSE).

Health Service Executive (HSE): provider and or funder of all of Ireland's public health and social care services.

Home-based dialysis: dialysis that is performed at home including peritoneal dialysis or home haemodialysis. Peritoneal dialysis is a treatment for kidney failure which uses the body's natural membrane in the abdominal cavity to clean the blood. Home haemodialysis is a treatment in which the blood is cleaned outside the body by a machine that passes blood across a filter.

Home support services: which include cleaning, cooking and other light household tasks that a person is unable to do themselves due to old age or disability. The scope of home support services has subsequently developed to include more personal care assistance such as support with personal hygiene, washing, and dressing also.

Hygiene: the practice that serves to keep people and the environment clean. In a health and social care setting, it incorporates the following key areas: environment and facilities, hand hygiene, management of laundry, waste and sharps, and equipment, specifically in the context of preventing and controlling infection.

Immunosuppressive treatment: treatment which lowers the body's immune response, therefore increasing the risk for infection. Examples include medications (such as steroids, biologics), procedures (such as chemotherapy) and surgeries (solid organ transplants).

Indicator: a statistic or marker that has been chosen to monitor health or service activity.

Infection: the invasion of the body by micro-organisms that may cause tissue injury and disease.

Infection prevention and control: the discipline and practice of preventing and controlling healthcare-associated infection and the spread of infectious diseases in a health or social care service.

Infectious agent: micro-organisms that cause infectious diseases.

Infectious disease: a disease that can be spread from one person to another, also called communicable disease.

Information: information is data that has been processed or analysed to produce something useful.

Information governance: the arrangements that service providers have in place to manage information to support their immediate and future regulatory, legal, risk, environmental and operational requirements.

Inoculation injuries: are defined as follows:

- needle-stick or sharps injury: these may be caused by needles, scalpels, razor blades, broken glass or any sharp instrument. Sharp tissues such as spicules of bone or teeth may also pose a risk
- human bites and scratches which break the skin and involve visible blood
- contamination or splashing of the conjunctiva and mucous membranes (eyes, nose, mouth) with blood or bodily fluids
- contamination or splashing of any open wound or broken skin with blood or bodily fluids.

Integrated care: health and social care services working together, both internally and externally, to ensure people using services receive continual and coordinated care.

Invasive medical device: a device which, in whole or in part, penetrates inside the body, either through a body orifice or through the surface of the body. For example, a urinary catheter, vascular catheter, enteral feeding tube and so on.

Irish College of General Practitioners (ICGP): the professional body for general practice in Ireland and representative organisation on education, training and standards in general practice.

Legislation: the set of laws of the Oireachtas (Ireland's national parliament) and statutory instruments or secondary legislation that have the force of law.

Medical device: a product, except medicines, used in health and social care to diagnose, prevent, monitor or treat illness or disability. For example, a blood pressure monitor, blood glucometer, or an infusion pump.

Medical officer of health: the statutory role that is responsible for the prevention, investigation and control of notifiable infectious diseases and outbreaks.

Mental Health Commission (MHC): is an independent organisation in Ireland set up by law under the Mental Health Act 2001. Responsible for making sure that mental health services maintain high standards and good practices and to protect the interests of people detained in approved centres.

Micro-organism: living organisms, such as bacteria, viruses and fungi that are too small to be seen with the naked eye, but visible under a microscope.

Monitoring: systematic process of gathering information and tracking change over time. Monitoring provides a verification of progress towards achievement of objectives and goals.

Multidrug-resistant organisms: micro-organisms (predominately bacteria) that are resistant to one or more classes of antimicrobial agents. Examples include Meticillin-Resistant *Staphylococcus aureus* (MRSA), vancomycin-resistant *Enterococci* (VRE), Enterobacteriaceae which may produce enzymes such as extended spectrum beta lactamases (ESBL) or carbapenemases, whereby they may be called carbapenem resistant Enterobacteriaceae (CRE) or carbapenemase-producing Enterobacteriaceae (CPE).

National Clinical Effectiveness Committee (NCEC): a ministerial committee established by the Department of Health in Ireland as part of the Patient Safety First initiative to provide oversight for the national clinical effectiveness agenda, which includes national clinical guidelines, national clinical audit and clinical practice guidance.

National clinical guidelines: a suite of guidelines that meet specific quality assurance criteria and have been mandated by the designated national body in Ireland, the National Clinical Effectiveness Committee.

Notification: all medical practitioners, including clinical directors of diagnostic laboratories, are required to notify the medical officer of health in the local Departments of Public Health of certain infectious diseases. The diseases (and the respective causative micro-organisms) that are notifiable are described in the schedule in the Infectious Diseases Regulations 1981 as amended. This information is used to investigate cases and sources of infection, facilitate the prevention, early identification and control of outbreaks, and monitor the burden and changing levels of diseases.

Open disclosure: a comprehensive and clear discussion of an incident that resulted or may have resulted in harm to a service user while receiving healthcare. Open disclosure is an ongoing communication process with service users and their families or carers following an adverse event.

Outbreak: when two or more people have the same infection, or more people than expected have the same infection. The cases will be linked by a place and a time period.

Outpatient parenteral antimicrobial therapy (OPAT): delivery of intravenous antimicrobials in a non-inpatient setting.

People: the term 'people' is used in general throughout the document but occasionally the term 'patient' or 'resident' is used where it is more appropriate. People is intended to include:

- those who use health or social care services
- their parents, guardians, carers and family
- their nominated advocates
- potential users of health or social care services.

Personal protective equipment (PPE): equipment a person wears to protect themselves from risks to their health or safety, including exposure to infections. Examples include gloves, aprons, and eye and face protection.

Point-of-care testing: tests designed to be used at or near the site where the patient is located, which do not require permanent dedicated space and which are performed outside the physical facilities of the clinical laboratories. Examples include glucometers, urinalysis and anticoagulant therapy monitoring.

Policy: a written operational statement of intent which helps staff make appropriate decisions and take actions, consistent with the aims of the service provider, and in the best interest of people using services.

Procedure: a written set of instructions that describe the approved and recommended steps for a particular act or sequence of events.

Protective lifestyle factors: include healthy body weight and or controlled body weight, good nutrition and hydration, good oral healthcare, being physically active, not smoking, and only drinking alcohol within recommended weekly allowances.

Quality data: data that is relevant, accurate, reliable, timely, punctual, coherent, comparable, accessible and clear.

Record: All information in both paper and electronic formats relating to the care of people using services.

Regulation: a governmental order having the force of law.

Reusable invasive medical device: a device used for diagnostic or therapeutic purposes which, in whole or in part, penetrates inside the body, either through a body orifice or through the surface of the body, and which can be re-used after appropriate decontamination procedures have been carried out.

Risk: the likelihood of an adverse event or outcome.

Risk assessment: refers to the overall process of risk analysis and risk evaluation. Its purpose is to develop agreed priorities for the identified risks. It involves collecting information through observation, communication and investigation.

Risk management: the systematic identification, evaluation and management of risk. It is a continuous process with the aim of reducing risk to an organisation and individuals.

Safety statement: specifies the manner in which the safety, health and welfare at work of employees and others should be secured and managed. The safety statement must include the hazards identified and the risks assessed, the protective and preventive measures to be taken, and the resources to be provided for protecting safety, health and welfare, in line with legislation (Section 20 of the Safety, Health and Welfare at Work Act 2005).

Self-limiting condition: a self-limiting condition is likely to resolve itself without antimicrobial treatment, for example, the common cold.

Service provider: any person, organisation, or part of an organisation delivering health or social care services [as described in the Health Act 2007 section 8(1)(b)(i)-(ii)].

Shared decision-making: patients and clinical staff reach decisions about treatment together, with a shared understanding of the condition, the options available and the risks and benefits of each of those.

Sharps: any items that have the potential to puncture the skin and inoculate the recipient with infectious material.

Single room: a person's bedroom which accommodates one person only. Single rooms should also have en-suite facilities. Isolation in a single room is effective in reducing transmission of infections spread by the contact or droplet routes, when

combined with other infection prevention and control measures such as hand hygiene and personal protective equipment (PPE).

Single-use item: a medical device that is intended to be used on an individual person during a single procedure and then discarded.

Skill-mix: the combination of competencies including skills needed in the workforce to accomplish the specific tasks or perform the given functions required for safe and effective care.

Staff: the people who work in community health and social care services, including clinical and non-clinical staff of the service.

Standard: in the context of this document, a standard is a statement which describes the high-level outcome required to contribute to quality and safety.

Standard precautions: are a group of routine infection prevention and control practices and measures that should be used for all people at all times regardless of suspected, confirmed or presumed infectious status, in any setting in which care is delivered. Standard precautions include, appropriate to the setting, the following:

- hand hygiene
- use of personal protective equipment (PPE)
- management of spillages of blood and bodily fluids
- appropriate patient placement
- management of sharps
- safe injection practices
- respiratory hygiene and cough etiquette
- management of needle-stick injuries
- management of waste
- management of laundry
- decontamination of reusable medical equipment
- decontamination of the environment
- occupational safety.

Sterilisation: the process to make an object free from viable micro-organisms, including spores.

Surveillance: the ongoing systematic collection, collation, analysis and the interpretation of data; and the sharing of information to those who need to know in order that action may be taken.

Tissue viability services: services that specialise in the prevention and management of all aspects of the skin and soft tissue wounds.

Transmission: the spread of infectious agents from one person to another.

Transmission-based precautions: are additional precautions that are recommended when standard precautions alone may not be sufficient to prevent the transmission of certain infectious agents, including for example Clostridium difficile, influenza or tuberculosis. Transmission-based precautions are categorised by the route of transmission of infectious agents (some infectious agents can be transmitted by more than one route) including contact, droplet and airborne precautions.

Vaccine: any preparation intended to produce immunity to a disease by stimulating the production of antibodies. Vaccines include, for example, suspensions of killed or attenuated micro-organisms, or products or derivatives of micro-organisms.

Vaccine non-responder: lack of an immune response to vaccines.

Workforce: the people who work in, for, or with the service provider. This includes individuals that are employed, self-employed, temporary, volunteers, contracted or anyone who is responsible or accountable to the organisation when providing a service.

Bibliography[‡]

Australian Commission on Safety and Quality in Health Care. *Antimicrobial Stewardship Clinical Care Standard.* Sydney: Australian Commission on Safety and Quality in Health Care; 2014. Available online from: https://www.safetyandquality.gov.au/wp-content/uploads/2014/11/Antimicrobial-Stewardship-Clinical-Care-Standard-web.pdf.

Australian Commission on Safety and Quality in Health Care. *Guidebook for Primary Care Settings — A companion to the OSSIE toolkit for implementation of the Australian Guidelines for the Prevention of Infection in Health Care 2010.* Sydney: Australian Commission on Safety and Quality in Health Care; 2010. Available online from: https://www.safetyandquality.gov.au/wp-content/uploads/2012/01/OSSIE_Toolkit-Guide-PrimaryCareSettings.pdf.

Australian Commission on Safety and Quality in Health Care. *National Safety and Quality Health Service Standards. Safety and Quality Improvement Guide Standard 3: Preventing and Controlling Healthcare Associated Infecions.* Sydney: Australian Commission on Safety and Quality in Health Care; 2012. Available online from: https://www.safetyandquality.gov.au/our-work/assessment-to-the-nsqhs-standards/resources-to-implement-the-nsqhs-standards/.

Australian Dental Association. *Guidelines for Infection Control*. Third ed: Australian Dental Association; 2015. Available online from: https://www.ada.org.au/Dental-Professionals/Publications/Infection-Control/Guidelines-for-Infection-Control/1ADA_GuidelinesforInfectionControl_3.

Centers for Disease Control and Prevention. *Guide to Infection Prevention for Outpatient Settings: Minimum Expectations for Safe Care.* Atlanta, GA: US Department of Health and Human Services, Centers for Disease Control and Prevention; 2016. Available online from: https://www.cdc.gov/infectioncontrol/pdf/outpatient/guide.pdf.

Centers for Disease Control and Prevention. *Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care.* Atlanta, GA: US Department of Health and Human Services, Centers for Disease Control and Prevention; 2016. Available online from: https://www.cdc.gov/oralhealth/infectioncontrol/pdf/safe-care.pdf.

Centers for Disease Control and Prevention. *The Core Elements of Antibiotic Stewardship for Nursing Homes.* Atlanta, GA: US Department of Health and Human

---

[‡] Please note that all online references were accessed at the time of preparing these standards and that website addresses may change over time.

Services, Centers for Disease Control and Prevention; 2015. Available online from: https://www.cdc.gov/longtermcare/pdfs/core-elements-antibiotic-stewardship.pdf.

Dental Council. *Dental Council Code of Practice Relating to: Infection Prevention and Control.* Dublin: Dental Council; 2015. Available online from: http://www.dentalcouncil.ie/files/IPC%20Code%20-%20Final%20-%2020150402.pdf.

Department of Health. *Ireland's National Action Plan on Antimicrobial Resistance 2017–2020 (iNAP).* Dublin: Department of Health; 2017. Available online from: http://health.gov.ie/wp-content/uploads/2017/10/iNAP_web-1.pdf.

Department of Health. *National Healthcare Quality Reporting System Annual Report 2018.* Dublin: Department of Health; 2018. Available online from: https://health.gov.ie/wp-content/uploads/2018/07/2018-NHQRS-Report-1.pdf

Department of Health UK and Health Protection Agency. *Prevention and control of infection in care homes – an information resource.* London: Department of Health; 2013. Available online from: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/214929/Care-home-resource-18-February-2013.pdf.

Department of Health UK. Department of Health, Estates & Facilities Division, Strategic Asset Management – Primary Care. *Health Building Note 11-01: Facilities for primary and community care services.* Leeds: Department of Health; 2013. Available online from: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/148509/HBN_11-01_Final.pdf.

Health and Safety Authority. *Guidance on Occupational Hazards in Dentistry.* Dublin: Health and Safety Authority; 2016. p.12–14. Available online from: http://www.hsa.ie/eng/Publications_and_Forms/Publications/Healthcare_Sector/Guidance_on_Occupational_Hazards_in_Dentistry.pdf.

Health and Safety Authority. *Guide to the European Union (Prevention of Sharps Injuries in the Healthcare Sector) Regulations.* Dublin: Health and Safety Authority; 2014. Available online from: http://www.hsa.ie/eng/Publications_and_Forms/Publications/Healthcare_Sector/Sharps_Regulations_Guidelines_2014.pdf.

Health and Safety Authority. *Guidelines to the Safety Health and Welfare at Work (Biological Agents) Regulations 2013.* Dublin: Health and Safety Authority; 2014. Available online from: http://www.hsa.ie/eng/Publications_and_Forms/Publications/Chemical_and_Hazardous_Substances/Guidelines-for-Biological-Agents-2014.pdf

Health and Safety Authority. *Code of Practice for the Safety, Health and Welfare at Work (Biological Agents) Regulations 2013*. Dublin: Health and Safety Authority; 2017. Available online from: http://www.hsa.ie/eng/Publications_and_Forms/Publications/Codes_of_Practice/Code_of_Practice_Biological_Agents_SI_572.pdf

Health and Safety Authority. *Health and Safety at Work in Residential Care Facilities.* Dublin: Health and Safety Authority; 2012. p.16–19. Available online from: http://www.hsa.ie/eng/Publications_and_Forms/Publications/Healthcare_Sector/Residential_Care_Facilities.pdf.

Health and Safety Authority. *Occupational Safety and Health and Home Care.* Dublin: Health and Safety Authority; 2017. p.10. Available online from: http://www.hsa.ie/eng/Publications_and_Forms/Publications/Healthcare_Sector/Occupational_Safety_and_Health_and_Home_Care.pdf.

Health Improvement Scotland. *Healthcare Associated Infection Standards.* Edinburgh: Healthcare Improvment Scotland; 2015. Available online from: http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/hei_policies_and_procedures/hai_standards_2015.aspx.

Health Information and Quality Authority. *Draft Guidance on a data quality framework for health and social care*. Dublin: Health Information and Quality Authority; 2018.

Health Information and Quality Authority. *Guidance on information governance for health and social care services in Ireland.* Dublin: Health Information and Quality Authority; 2012. Available online from: https://www.hiqa.ie/system/files/Guidance-on-information-governance.pdf

Health Information and Quality Authority. *National Standards for Safer Better Healthcare*. Dublin: Health Information and Quality Authority; 2012. Available online from: https://www.hiqa.ie/sites/default/files/2017-01/Safer-Better-Healthcare-Standards.pdf.

Health Information and Quality Authority. *National Standards for the Prevention and Control of Healthcare Associated infections.* Dublin: Health Information and Quality Authority; 2009. Available online from: https://www.hiqa.ie/sites/default/files/2017-01/Standards_Prevention_Control_Infections.pdf.

Health Information and Quality Authority. *National Standards for the prevention and control of healthcare-associated infections in acute healthcare services*. Dublin: Health Information and Quality Authority; 2017. Available online from: https://www.hiqa.ie/sites/default/files/2017-05/2017-HIQA-National-Standards-Healthcare-Association-Infections.pdf.

Health Information and Quality Authority. *Report of the review of antimicrobial stewardship in public acute hospitals.* Dublin: Health Information and Quality Authority; 2016. Available online from: https://www.hiqa.ie/sites/default/files/2017-01/Antimicrobial-Stewardship-Review.pdf.

Health Protection Scotland. *National Infection Prevention and Control Manual.* Glasgow: NHS National Services Scotland; 2012. Available online from: http://www.nipcm.scot.nhs.uk/.

Health Service Executive. Dublin North East HCAI/AMR Committee Subgroup. *Core Infection Prevention and Control Knowledge and Skills: A Framework Document.* Dublin: HSE Quality Improvement Division and the HCAI/AMR Committees; 2015. Available online from: http://www.hpsc.ie/a-z/microbiologyantimicrobialresistance/infectioncontrolandhai/guidelines/File,15111,en.pdf.

Health Service Executive. *Guidelines for the prescribing of antibiotics in Ireland.* Dublin: Health Service Executive; 2017. Available online from: http://www.hse.ie/eng/services/list/2/gp/Antibiotic-Prescribing/About-us/Management-of-Infection-Guidance-for-Primary-Care-In-Ireland.html.

Health Service Executive. Healthcare-associated Infections Antimicrobial Resistance National Clinical Programme: Hand Hygiene Subcommittee with a CHO Working Group. *National Hand Hygiene "How-to" Guide For Infection Prevention and Control Nurses within Community Healthcare Organisations*. Dublin: Health Service Executive; 2017. Available online from: https://www.hse.ie/eng/about/who/healthwellbeing/our-priority-programmes/hcai/hand-hygiene-in-irish-healthcare-settings/training/hand-hygiene-how-to-guide-for-chos.pdf.

Health Service Executive. Health Care Associated Infection and Antimicrobial Resistance Response Team. *Provisional Guidance relating to CPE for General Practice*. Dublin: Health Service Executive; 2017. Available online from: http://www.hse.ie/eng/about/Who/QID/nationalsafetyprogrammes/HCAIAMR/Provisional-Guidance-relating-to-CPE-for-General-Practice-May-2017.pdf.

Health Service Executive. Health Care Associated Infection and Antimicrobial Resistance Response Team. *Provisional Guidance relating to CPE for Long Term Care Facilities (Residential Non Acute Care Settings)*. Dublin: Health Service Executive; 2017. Available online from: http://www.hse.ie/eng/about/Who/QID/nationalsafetyprogrammes/HCAIAMR/Provisional-Guidance-relating-to-CPE-for-residential-non-acute-care-settings-May-2017.pdf.

Health Service Executive. Health Care Associated Infection and Antimicrobial Resistance Response Team. *Provisional Guidance relating to CPE for Public Health*

Nurses and others who need to visit patients/clients in their home. Dublin: Health Service Executive; 2017. Available online from: http://www.hse.ie/eng/about/Who/QID/nationalsafetyprogrammes/HCAIAMR/Provisional-Guidance-relating-to-CPE-for-PHN-and-OthersMay-2017.pdf.

Health Service Executive. Health Care Associated Infection and Antimicrobial Resistance Response Team. *Provisional Guidance relating to Urinary Catheters and Urinary Tract Infection in Long-Term Care Facilities.* Dublin: Health Service Executive; 2017. Available online from: http://www.hse.ie/eng/about/Who/QID/nationalsafetyprogrammes/HCAIAMR/urinary-catheters-and-urinary-tract-infection-in-tong-term-care-facilities.pdf.

Health Service Executive. HSE Estates Directorate. *Healthcare Risk Waste Management Segregation, Packaging and Storage Guidelines for Healthcare Risk Waste.* Dublin: Health Service Executive; 2010. Available online from: http://health.gov.ie/wp-content/uploads/2014/03/healthcare_waste_packaging2010.pdf.

Health Service Executive. *Infection Prevention and Control for Primary Care in Ireland: A Guide for General Practice.* Dublin: Health Service Executive; 2013. Available online from: http://www.hpsc.ie/a-z/microbiologyantimicrobialresistance/infectioncontrolandhai/guidelines/File,14612,en.pdf.

Health Service Executive. *Medical Devices/Equipment Management Policy (Incorporating the Medical Devices Management Standard).* Dublin: Health Service Executive; 2009. Available online from: https://www.hse.ie/eng/services/publications/corporate/medicaldevicesequipment.pdf.

Health Service Executive. National Consent Advisory Group. *National Consent Policy.* Dublin: Health Service Executive; 2013. Available online from: https://www.hse.ie/eng/about/who/qid/other-quality-improvement-programmes/consent/national-consent-policy-august-2017.pdf.

Health Service Executive. National Decontamination of RIMD Advisory Group and the National Dental Infection Prevention Control Committee. *HSE Standards and Recommended Practices for Dental Services in a Local Decontamination Unit (LDU).* Dublin: Health Service Executive; 2012. Available online from: https://www.hse.ie/eng/about/Who/QID/nationalsafetyprogrammes/decontamination/SRPfordentalservices.pdf.

Health Service Executive. National Lead in Open Disclosure for the HSE and National Lead in Open Disclosure for the State Claims Agency. *Open Disclosure Policy.* Dublin: Health Service Executive; 2013. Available online from:

https://www.hse.ie/eng/about/who/qid/other-quality-improvement-programmes/opendisclosure/opendiscfiles/opendiscpolicyoct13.pdf.

Health Service Executive. *Policy on the Prevention of Sharps Injuries.* Dublin: Health Service Executive; 2016. Available online from: http://www.hse.ie/eng/staff/safetywellbeing/HealthSafetyand%20Wellbeing/HSE%20Policy%20for%20the%20Prevention%20of%20Sharps%20Injuries.pdf.

Health Service Executive. Quality Improvement Division – Decontamination Safety Programme. *Guidance for the Application of Decontamination Standards and Recommended Practices for Primary Care Local Decontamination Units in Primary Care, Dental, Podiatry and GP Practice.* Dublin: Health Service Executive; 2016. Available online from: https://www.hse.ie/eng/about/who/qid/nationalsafetyprogrammes/decontamination/guidance-for-application-of-standards-and-recommended-practices-in-primary-care-local-decontamination-units.pdf

Health Service Executive. Quality Improvement Division – Decontamination Safety Programme and the National Health and Safety Function HR Directorate. *Guidance on the Implementation of the Health and Safety Authority Competent Authority — Exemption 03/2016 on the Carriage of Uncleaned Reusable Invasive Medical Devices by Road.* Dublin: Health Service Executive; 2016. Available online from: http://www.hse.ie/eng/about/Who/QID/nationalsafetyprogrammes/decontamination/HSE-Guidance-on-Implementation-of-the-HSA-Carriage-of-uncleaned-RIMD-by-road.pdf.

Health Service Executive. Working Group on Point of Care Testing in Primary and Community Care. *Guidelines for Safe and Effective Management and Use of Point of Care Testing in Primary and Community Care.* Dublin: Health Service Executive; 2007. Available online from: http://www.acbi.ie/downloads/guidelines-for-point-of-care-testing-02.pdf.

Health Service Executive East. *Department of Public Health HSE EAST Community Infection Prevention & Control Manual.* Dublin: Health Service Executive; 2011. Available online from: http://www.lenus.ie/hse/bitstream/10147/132791/1/CommunityIPCmanualHSEEast2011.pdf.

Health Service Executive South. *Guidelines on Infection Prevention and Control (IPC) Community and Disability Services HSE South 2012.* Dublin: Health Service Executive; 2012. Available online from: http://www.hse.ie/eng/about/Who/healthwellbeing/Infectcont/Sth/gl/GL2012.html.

Health Service Executive South. *Infection Prevention and Control: An Information Booklet for Community Disability Services*. Dublin: Health Service Executive; 2012. Available online from: http://www.hse.ie/eng/about/Who/healthwellbeing/Infectcont/Sth/gl/IPCC_Guidelines_Section_5.pdf.

HSE National Ambulance Service. *Control of Infection & Communicable Diseases Policy.* Dublin: Health Service Executive; 2012. Available online from: https://hse.ie/eng/services/list/3/nas/educationcompetencyassurance/rptspoliciesandprocedures/controlofinfectionandcommunicablediseases.pdf.

HSE National Ambulance Service. *Infection prevention and control guidance for aircraft personnel — Emergency Aeromedical Service, Irish Air Corps, Irish Coast Guard.* Dublin: Health Service Executive; 2013. Available online from: https://www.hpsc.ie/a-z/microbiologyantimicrobialresistance/infectioncontrolandhai/guidelines/File,13879,en.pdf.

HSE Health Protection Surveillance Centre. *Ambulance Service: Infection Prevention and Control Precautions for Suspected or Confirmed Influenza.* Dublin: HSE Health Protection Surveillance Centre; 2011. Available online from: http://www.hpsc.ie/a-z/respiratory/influenza/seasonalinfluenza/infectioncontroladvice/File,3601,en.pdf.

HSE Health Protection Surveillance Centre. *Annual Epidemiological Report 2015.* Dublin: HSE Health Protection Surveillance Centre; 2015. p.135–60. Available online from: http://www.hpsc.ie/abouthpsc/annualreports/AR%202015.pdf.

HSE Health Protection Surveillance Centre. *Guidelines for the Emergency Management of Injuries and Post-exposure Prophylaxis (PEP).* Dublin: HSE Health Protection Surveillance Centre; 2015. Available online from: http://www.hpsc.ie/a-z/EMIToolkit/EMIToolkit.pdf.

HSE Health Protection Surveillance Centre. *Infection prevention and control of suspected or confirmed influenza in healthcare settings.* Dublin: HSE Health Protection Surveillance Centre; 2013. Available online from: https://www.hpsc.ie/a-z/respiratory/influenza/seasonalinfluenza/infectioncontroladvice/File,3628,en.pdf.

HSE Health Protection Surveillance Centre. *Infectious Intestinal Disease: Public Health & Clinical Guidance.* Dublin: HSE Health Protection Surveillance Centre; 2012. p.12–17. Available online from: http://www.hpsc.ie/a-z/gastroenteric/gastroenteritisoriid/guidance/File,13492,en.pdf.

HSE Health Protection Surveillance Centre. Legionnaires' Disease Subcommittee of the Scientific Advisory Committee. *National Guidelines for the Control of Legionellosis in Ireland.* Dublin: HSE Health Protection Surveillance Centre; 2009. Available online

from: http://www.hpsc.ie/a-z/microbiologyantimicrobialresistance/infectioncontrolandhai/guidelines/File,3936,en.pdf.

HSE Health Protection Surveillance Centre. National Clinical Programme for Healthcare-associated Infection and Antimicrobial Resistance. *Infection Prevention and Control: An information booklet for Home Helps and Personal Assistants.* Dublin: HSE Health Protection Surveillance Centre; 2014. Available online from: https://www.hpsc.ie/a-z/microbiologyantimicrobialresistance/infectioncontrolandhai/factsheet/File,13739,en.pdf.

HSE Health Protection Surveillance Centre. *Point Prevalence Survey of Healthcare-Associated Infections & Antimicrobial Use in Long-Term Care Facilities (HALT): May 2016 - Ireland: National Report.* Dublin: HSE Health Protection Surveillance Centre; 2017. Available online from: http://www.hpsc.ie/a-z/microbiologyantimicrobialresistance/infectioncontrolandhai/surveillance/hcaiinlongtermcarefacilities/haltreports/2016report/File,16218,en.pdf.

HSE Health Protection Surveillance Centre. Preschool and Childcare Facility Subcommittee. *Management of Infectious Disease in Childcare Facilities and Other Childcare Settings.* Dublin: HSE Health Protection Surveillance Centre; 2016. Available online from: https://www.hpsc.ie/a-z/lifestages/schoolhealth/File,13445,en.pdf.

HSE Health Protection Surveillance Centre. Prevention and Control of Infection from Water Systems in Healthcare Facilities Sub-Committee of the HPSC Scientific Advisory Committee. *Guidelines for the Prevention and Control of Infection from Water Systems in Healthcare Facilities.* Dublin: HSE Health Protection Surveillance Centre; 2015. Available online from: http://www.hpsc.ie/abouthpsc/scientificcommittees/sub-committeesofhpscsac/waterguidelinessub-committee/file,14451,en.pdf.

HSE Health Protection Surveillance Centre. *Public Health Guidelines on the Prevention and Management of Influenza Outbreaks in Residential Care Facilities in Ireland 2017/2018.* Dublin: HSE Health Protection Surveillance Centre; 2017. Available online from: http://www.hpsc.ie/a-z/respiratory/influenza/seasonalinfluenza/guidance/residentialcarefacilitiesguidance/Updated%20Management%20ILI%20and%20flu%20in%20RCFS%20%20Version%201.11%2020172018%2005102017.pdf.

HSE Health Protection Surveillance Centre. *Standard Precautions.* Dublin: HSE Health Protection Surveillance Centre; 2009. Available online from: http://www.hpsc.ie/a-

z/microbiologyantimicrobialresistance/infectioncontrolandhai/standardprecautions/Fil
e,3600,en.pdf.

HSE Health Protection Surveillance Centre. Strategy for the control of Antimicrobial
Resistance in Ireland (SARI). *Guidelines for the Prevention of Catheter-associated
Urinary Tract Infection*. Dublin: HSE Health Protection Surveillance Centre; 2011.
Available online from: http://www.hpsc.ie/a-
z/microbiologyantimicrobialresistance/infectioncontrolandhai/guidelines/File,12913,e
n.pdf.

Humphreys H, Coia JE, Stacey A ,Thomas M , Belli A-M , Hoffman P et al. *Guidelines
on the facilities required for minor surgical procedures and minimal access
interventions*. Journal of Hospital Infection. 2011; Volume 80:103–109. Available
online from: https://www.his.org.uk/files/4514/7974/3684/2012_Guidelines-on-the-
Facilities_Required-for-Minor-Surgical-Procedures-and-Minimal-Access-
Interventions.pdf.

National Clinical Effectivess Committee. Scientific Advisory Committee of the Health
Protection Surveillance Centre – Clostridium difficile subcommittee. *Surveillance,
Diagnosis and Management of Clostridium difficile Infection in Ireland National
Clinical Guideline No. 3.* Dublin: Department of Health; 2014. Available online from:
http://www.hpsc.ie/a-
z/microbiologyantimicrobialresistance/infectioncontrolandhai/guidelines/File,13950,e
n.pdf.

National Clinical Effectiveness Committee. *Sepsis Management National Clinical
Guideline No. 6.* Dublin: Department of Health; 2014. Available online from:
http://health.gov.ie/wp-content/uploads/2015/06/Sepsis-Mgmt_Full-Report.pdf

National Clinical Effectiveness Committee. *Standards for Clinical Practice Guidance*
Dublin: Department of Health; 2015. Available online from:
http://health.gov.ie/wp-content/uploads/2015/11/NCEC-Standards-for-Clinical-
Practice-Guidance.-Nov-2015.pdf.

National Clinical Effectiveness Committee. Royal College of Physicians of Ireland
(RCPI) Clinical Advisory Group on Healthcare Associated Infections (HCAI) -
Subgroup MRSA Guideline Committee. *Prevention and Control Methicillin-Resistant
Staphylococcus aureus (MRSA) National Clinical Guideline No. 2.* Dublin: Department
of Health; 2013. Available online from: http://health.gov.ie/wp-
content/uploads/2015/09/MRSA_Full-Report.pdf.

National Disease Surveillance Centre. Viral Gastroenteritis Subcommittee of the
Scientific Advisory Committee. *National Guidelines on the Managment of Outbreaks
of Norovirus infection in healthcare settings*. Dublin: National Disease Surveillance

Centre; 2002. Available online from: https://www.hpsc.ie/a-z/gastroenteric/viralgastroenteritis/publications/File,1194,en.pdf.

National Health and Medical Research Council. *Australian Guidelines for the Prevention and Control of Infection in Healthcare.* Canberra: National Health and Medical Research Council; 2010. Available online from: https://www.nhmrc.gov.au/_files_nhmrc/publications/attachments/cd33_infection_control_healthcare_140616.pdf.

National Health and Medical Research Council. *Clinical Educators Guide for the prevention and control of infection in healthcare.* Canberra: National Health and Medical Research Council; 2010. Available online from: https://www.nhmrc.gov.au/_files_nhmrc/publications/attachments/cd33_icg_clinical_ed_guide_web.pdf.

National Health and Medical Research Council. *Infection prevention and control in residential and community aged care.* Canberra: National Health and Medical Research Council; 2013. Available online from: https://www.nhmrc.gov.au/_files_nhmrc/publications/attachments/d1034_infection_control_residential_aged_care_140115.pdf.

National Institute for Health and Care Excellence. *Antimicrobial stewardship: changing risk-related behaviours in the general population.* London: National Institute for Health and Care Excellence; 2017. Available online from: https://www.nice.org.uk/guidance/ng63.

National Institute for Health and Care Excellence. *Antimicrobial stewardship: Quality Standard 121.* London: National Institute for Health and Care Excellence; 2016. Available online from: https://www.nice.org.uk/guidance/qs121.

National Institute for Health and Care Excellence. *Antimicrobial stewardship: systems and processes for effective antimicrobial medicine use.* London: National Institute for Health and Care Excellence; 2015. Available online from: https://www.nice.org.uk/guidance/ng15.

National Institute for Health and Care Excellence. *Healthcare-associated infections: prevention and control in primary and community care.* London: National Institute for Health and Care Excellence; 2012. Available online from: https://www.nice.org.uk/guidance/cg139.

National Institute for Health and Care Excellence. *Infection Prevention and Control: Quality Standard 61.* London: National Institute for Health and Care Excellence; 2014. Available online from: https://www.nice.org.uk/guidance/qs61.

NHS Wales. *Health and Care Standards.* Cardiff: Welsh Government; 2015. Available online from: http://gov.wales/docs/dhss/publications/150402standardsen.pdf.

Public and International Health Directorate, Health Protection and Emergency Response Division, Infectious Diseases Branch 10200. *The Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance.* London: Department of Health; 2015. Available online from: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/449049/Code_of_practice_280715_acc.pdf.

Royal Australian College of General Practitioners. *Infection prevention and control standards: For general practices and other office-based and community-based practices.* Fifth ed: East Melbourne, Victoria: Royal Australian College of General Practitioners; 2014. Available online from: https://www.racgp.org.au/download/Documents/Standards/infection-prevention-control-standards.pdf.

Royal College of Physicians of Ireland. Clinical Advisory Group of the National Clinical Programme for HCAI and AMR Prevention. *Prevention of Intravascular Catheter-related Infection in Ireland.* Dublin: HSE Quality and Patient Safety Division; 2014. Available online from: https://www.hpsc.ie/a-z/microbiologyantimicrobialresistance/infectioncontrolandhai/guidelines/File,14834,en.pdf.

Royal College of Physicians of Ireland. Clinical Advisory Group on Healthcare Associated Infections. *Guidelines for the Prevention and Control of Multi-drug resistant organisms (MDRO) excluding MRSA in the healthcare setting.* Dublin: HSE Quality and Patient Safety Directorate; 2013. Available online from: http://www.hpsc.ie/a-z/microbiologyantimicrobialresistance/infectioncontrolandhai/guidelines/File,12922,en.pdf.

Royal College of Physicians of Ireland. Hand Hygiene Subcommittee of RCPI Clinical Advisory Group on HCAI and AMR. *Guidelines for hand hygiene in Irish healthcare settings.* Dublin: HSE Quality Improvement Division; 2015. Available online from: http://www.hpsc.ie/a-z/gastroenteric/handwashing/publications/File,15060,en.pdf.

Royal College of Physicians of Ireland. National Immunisation Advisory Committee. *Immunisation Guidelines for Ireland. Chapter 4 - Immunisation and Health Information for Health Care workers and Others in At-Risk Occupations.* Dublin: Health Service Executive and Royal College of Physicians of Ireland; 2013. Available online from: http://hse.ie/eng/health/immunisation/hcpinfo/guidelines/immunisationguidelines.html.

Safety, Health and Welfare at Work Act 2005. Dublin: The Stationery Office; 2005. Available online from:
http://www.irishstatutebook.ie/eli/2005/act/10/enacted/en/print.html.

Siegal JD, Rhinehart E, Jackson M, Chiarello L and the Healthcare Infection Control Practices Advisory Committee. Centers for Disease Control and Prevention. *Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings.* Atlanta, GA: Centers for Disease Control and Prevention; 2007. Available online from: https://www.cdc.gov/infectioncontrol/pdf/guidelines/isolation-guidelines.pdf.

World Health Organization. *Hand hygiene in outpatient care, home-based care and long-term care facilities.* Geneva: World Health Organization; 2012. Available online from:
http://apps.who.int/iris/bitstream/10665/78060/1/9789241503372_eng.pdf?ua=1.

Educational websites

www.HSELanD.ie
This site provides a large range of e-learning courses including a 'Breaking the Chain of Infection' module. An email address is required to register on the site. Any email address can be used; a HSE email address is not a requirement. When logged in, click on learning catalogues to find the 'Breaking the Chain of Infection' module.

www.hsalearning.ie
This site provides an e-learning online course on 'Your safety, health and welfare in healthcare'. An email address is required to register on the site. When logged in, select the healthcare sector of employment to start. This course is for individuals working in the healthcare sector who provide patient care. Module 3 covers biological agent hazards.

http://www.hsa.ie/eng/Legislation/
This site provides information on legislation that may be relevant to community health and social care services. The site includes both national and European legislation.

http://www.hse.ie/eng/about/Who/QID/nationalsafetyprogrammes/decontamination/
This site provides a video clip on the 'Processes and Procedures for Effective Decontamination of RIMD [reusable invasive medical devices] in Primary Care Dental, GP and Podiatry'.

www.undertheweather.ie

This site provides practical advice for people on how to manage common illnesses.

Appendix 1 — Membership of the Advisory Group and the HIQA Project Team

Member	Organisation
Aileen O' Brien	Healthcare Inspector, Regulation Directorate, Health Information and Quality Authority (HIQA)
Áine Brady	CEO, Third Age Ireland
Dr Anne Sheahan	Specialist in Public Health Medicine, Public Health, Health Service Executive (HSE)
Anne Maria O Connor	Senior Inspector, Chemicals and Prevention Division, Health and Safety Authority (HSA)
Avril Ryan[†††††]	Senior Pharmacist, Pharmaceutical Society of Ireland (PSI)
Dr Bernard Murphy	Dentist, representing the Dental Council
Carmel O' Donnell	Professional Officer, Nursing and Midwifery Board of Ireland (NMBI)
Carol Grogan	Head of Regulatory Practice Development Unit, HIQA
Caroline Conneely	National Decontamination Quality Lead, Quality Improvement Division, HSE
Dr David Hanlon	National Clinical Advisor and Group Lead Primary Care, Clinical Strategy and Programmes Division, Primary Care Division, HSE
Helen Murphy	Infection Prevention and Control Nurse Manager, Health Protection Surveillance Centre (HPSC)

[†††††] Member until April 2018.

Member	Organisation
Helena Butler	Lead for Policy and Compliance, Services for Older People, Social Care Division, HSE
Dr Joe Moran	General Practitioner representing the Irish College of General Practitioners (ICGP)
Kate Frowein	Quality Improvement and Regulatory Manager, Mental Health Commission (MHC)
Mags Moran	Community Infection Prevention and Control Nurse Manager, representing Infection Prevention Control Ireland (IPCI)
Mairie Cregan	Patient Advocate, Patients for Patient Safety
Marie Culliton	Laboratory Manager in National Maternity Hospital, representing CORU*
Dr Mark White	Director, Nursing and Midwifery Planning and Development, HSE South
Professor Martin Cormican	National HCAI+ and AMR◊ Clinical Lead, Public Health, Health and Wellbeing Division, HSE
Mary McKenna	Lead Infection Prevention and Control ADON,♯ HCAI and AMR Clinical Programme, HSE
Dr Nuala O Connor	ICGP GP Lead Advisor Antibiotic Resistance, ICGP GP Lead HSE Clinical Programme HCAI-AMR, ICGP

---

* CORU = multi-profession health regulator in Ireland. See www.coru.ie.
+ HCAI = healthcare-associated infections.
◊ AMR = antimicrobial resistance.
♯ ADON = Assistant Director of Nursing.

Member	Organisation
Patricia Coughlan	Infection Prevention and Control Nurse, Services for People with Disabilities, Social Care Divisions, HSE
Paul Gallen	Quality and Patient Safety Manager, National Ambulance Service, HSE
Rachel Flynn	Director of Health Information and Standards, HIQA (Chair)
Dr Regina Kiernan	Specialist in Public Health Medicine, representing the Irish Medical Council
Dr Robert Cunney	Consultant Microbiologist in Temple Street Children's University Hospital, Dublin and HPSC, representing HSE
Róisín Cunniffe[‡‡‡‡‡]	Team Lead, Pharmacy Practice Development, Pharmaceutical Society of Ireland.
Rosarie Lynch	Head of Patient Safety Surveillance, National Patient Safety Office, Department of Health
Sinead Morrissey	Practice Development Facilitator, Nursing Homes Ireland (NHI)

HIQA Project Team

Name	Title
Linda Weir	Standards Manager
Dr Fiona McKenna[¥]	Clinical Lead
Catriona Keane	Standards Development Officer
Judy Gannon[*]	Standards Development Lead

[‡‡‡‡‡] Replaced Avril Ryan in April 2018.
[¥] From 16 May 2017 to 22 January 2018.
[*] From 6 December 2017.