



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Regulation of
Health and Social
Care Services

Guidance on the assessment of Regulation 27 – Protection against Infection

Designated centres for persons (children and
adults) with disabilities

September 2021

Safer Better Care

About the Health Information and Quality Authority

The Health Information and Quality Authority (HIQA) is an independent statutory authority established to promote safety and quality in the provision of health and social care services for the benefit of the health and welfare of the public.

HIQA's mandate to date extends across a wide range of public, private and voluntary sector services. Reporting to the Minister for Health and engaging with the Minister for Children, Equality, Disability, Integration and Youth, HIQA has responsibility for the following:

- **Setting standards for health and social care services** — Developing person-centred standards and guidance, based on evidence and international best practice, for health and social care services in Ireland.
- **Regulating social care services** — The Chief Inspector within HIQA is responsible for registering and inspecting residential services for older people and people with a disability, and children's special care units.
- **Regulating health services** — Regulating medical exposure to ionising radiation.
- **Monitoring services** — Monitoring the safety and quality of health services and children's social services, and investigating as necessary serious concerns about the health and welfare of people who use these services.
- **Health technology assessment** — Evaluating the clinical and cost-effectiveness of health programmes, policies, medicines, medical equipment, diagnostic and surgical techniques, health promotion and protection activities, and providing advice to enable the best use of resources and the best outcomes for people who use our health service.
- **Health information** — Advising on the efficient and secure collection and sharing of health information, setting standards, evaluating information resources and publishing information on the delivery and performance of Ireland's health and social care services.
- **National Care Experience Programme** — Carrying out national service-user experience surveys across a range of health services, in conjunction with the Department of Health and the Health Service Executive (HSE).

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Introduction

The Chief Inspector of Social Services within the Regulation Directorate of the Health Information and Quality Authority (HIQA) has produced this guidance for registered providers and inspectors of social services to support the assessment of Regulation 27 – Protection against Infection. Regulation 27 requires that registered providers ensure that procedures, consistent with the *National Standards for infection prevention and control in community services* (2018) are implemented by staff. Consequently, registered providers must implement these standards in order to be compliant with Regulation 27. In addition, the Health Act 2007, as amended, requires that registered providers comply with standards set by the Authority under section 8(1)(b).

What is infection prevention and control?

The National Standards define infection prevention and control as the discipline and practice of preventing and controlling healthcare-associated infections and the spread of infectious diseases in a health or social care service.

Good infection prevention and control in designated centres is essential to control and prevent the spread of infection. It requires strong governance and leadership at provider level. It is essential that everyone governing and working in the designated centre understands their infection prevention and control responsibilities.

Staff must lead on reducing the risk of infection, such as using proper hand hygiene, personal protective equipment (PPE) and respiratory etiquette. Effective governance, staff training, ongoing monitoring and reinforcing of good infection prevention and control measures and practices, help to safeguard residents and staff from the risk of acquiring a healthcare-associated infection and or COVID-19.

Key principles and guidance for consideration when assessing infection control

Leadership governance and management

Strong leadership, governance and management are essential components in maintaining a safe and high-quality service and are critical in ensuring effective infection prevention and control practices.

Preventing and preparing for an outbreak of infection, is not solely a matter of good infection prevention and control practices. There are other factors which are equally important in responding to any public health emergency, and these include:

- good governance and oversight, which is proactive and has prepared contingency plans in place
- clear communication pathways, the sharing of information providing updates with residents, their families and staff
- strong organisational risk management which supports the identification and management of infection prevention and control risks
- updated staff training and ongoing monitoring by the provider of good infection control practices
- measures to address the individual wellbeing of residents in light of the potential social isolation they will experience, due to restrictions on visiting and social activities.

All of these factors require providers to put in place systems that can respond to the changing needs of residents, services, the disease and evolving national and international guidance. Therefore, effective leadership, governance and management is central to good preparedness planning.

Staffing

Infection prevention and control is everyones responsibility. Good infection prevention and control requires staff that are knowledgeable and confident in implementing infection prevention and control measures within their role.

Staff must be clear about their individual and collective responsibilities. Lines of communication and escalation must be clear. Staff must be supported in their roles with access to appropriate training and infection control and public health specialist advice, where required. Staff must also be supported through updated policies and procedures, and have easy access to national and local guidance.

The provider understands the importance that workforce planning plays in outbreak management and contingency planning. Providers plan ahead on how staff could be redeployed during an outbreak. This includes reviewing the layout of centres and how they can operate as discrete units or zones in the event of an outbreak. In addition, providers have contingency plans to replace staff who may have to self-isolate or become ill, the replacement staff have the right skills and expertise to meet infection prevention and control needs.

Providers are aware of and have arrangements in place to address the psychological and emotional support required by staff — especially during periods of heightened stress, such as during an outbreak of an infectious disease.

Monitoring, recording and review

Arrangements are in place to ensure quality reviews are regularly carried out to assure the provider that infection prevention and control measures are appropriate to the changing needs of residents. These reviews must take account of up-to-date national guidance on infection prevention and control. Data collection, analysis and trending are being carried out.

Providers remain attentive at all times to the ongoing threat of further outbreaks and the potential for regional and local restrictions.

Providers should ensure, in accordance with any public health guidance, that residents' rights are protected and promoted during any outbreak or public health emergency, especially at times where restrictions on visiting may be in place.

Guidance and resources

This guidance should be read in conjunction with the following:

- Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013.
- *National Standards for infection prevention and control in community services* 2018.
- Guidance on the assessment of Regulation 27 – Protection against infection.
- COVID 19- An assurance framework for registered providers - preparedness planning and Infection prevention and control measures 2020.
- Regulation Handbook: A guide for providers and staff of designated centres.

Guidance on compliance

What meeting regulation 27 looks like in a service striving for quality improvement under Capacity and Capability

Regulation 27	Infection control
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 6.1	Service providers plan, organise and manage their workforce to meet the service's 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.

Governance leadership and management

Residents are protected by infection prevention and control being prioritised by the provider and the highest level of management within the organisation. The provider has clear governance and management structures in place which help to minimise the risk to residents from acquiring preventable healthcare-associated infections. There are structures and arrangements in place to measure and oversee performance in this area. All managers and employees consider infection prevention and control as central to their role and an integral component of providing safe and effective care and support for people living in the centre.

The provider has in place contingency and outbreak management based on the National Standards, and having regard to guidance from the Health Service Executive (HSE), Health Protection Surveillance Centre (HPSC) and Government, as well as best available evidence. The plans are specific to the centre, and staff are supported to access, understand and implement them.

In each centre, the provider has a nominated person or persons with the appropriate knowledge and skills to lead on, manage and ensure good infection prevention and control practices. Where this is not a feasible option, for example in smaller centres, the

provider must identify clear pathways of responsibility and accountability for these functions.

Where there are concerns about a potential or actual outbreak of infection, each centre will have a defined escalation pathway which is known to all staff and implemented, promptly when required. In addition, staff should have access to external expertise in infection prevention and control precautions and practices, where required.

Workforce

The provider has effective workforce planning processes in place to identify any gaps between their current and future workforce needs and implements solutions so it can deliver infection prevention and control arrangements. The provider has contingency plans in place to ensure staffing levels are maintained to meet its infection prevention and control needs.

Residents are cared for, supported and safeguarded by a sufficient number of suitably skilled and qualified staff. Staff have received training specific to their roles and areas of responsibility and, where required, have access to expert specialist infection prevention and control advice and guidance.

The provider has clearly described the minimum infection prevention and control training requirements, which are mandatory for different roles at all levels of the organisation; using the national *Core Infection Prevention and Control Knowledge and Skills A Framework Document* to guide them. The frequency of training and updates are defined and recorded, including the scope of training provided.

Examples of information and evidence that informs the assessment of Regulation 27

Observation

Observing staff and the centre during walk arounds confirms:

- Sufficient resources are available to ensure safe infection prevention and control practices are effectively implemented.
- There are sufficient numbers of suitably qualified staff across all roles with the appropriate skill-mix on duty to implement the necessary infection prevention and control precautions, in particular to adhere to hand hygiene and the correct use of personal protective equipment (PPE).

- Staff are adhering to the National Standards, national guidance, public health advice and provider policies on infection prevention and control, to effectively reduce the risk of infection and cross contamination, and in particular in relation to standard precautions and transmission-based precautions.
- Staff are confident in carrying out their specified roles in a safe manner that reduces the risk of infection.

Communication

Speaking with staff confirms:

- Staff are familiar with the *National Standards for infection prevention and control in community services* and know and understand their roles and responsibilities in relation to the prevention and control of infection.
- Staff have undertaken infection prevention and control training appropriate to their role, and can implement it in practice including, but not limited to, standard precautions, transmission-based precautions and outbreak management
- Persons in charge or other designated staff members responsible for infection prevention and control, monitor and review compliance with infection prevention and control standards and guidelines. They understand the arrangements in place for:
 - up-to-date training
 - identifying, recording, reporting and mitigating infection prevention and control issues
 - linking with public health and the local HSE infection prevention and control teams.
- Staff have access to specialist infection prevention and control advice.
- Staff are supported to raise concerns about infection prevention and control.

Speaking with the provider, persons in charge and or managers confirms:

- They are aware of their responsibilities in relation to infection prevention and control and maintain oversight of infection prevention and control measures.
- They have the appropriate level of access to specialist infection prevention and control and public health advice.
- The out-of-hours medical cover arrangements are easily accessible, responsive and appropriate.
- They are confident that the workforce contingency and planning for staff shortages are effective and can be accessed in a timely manner.

- There are adequate numbers of staff in place to adhere to the necessary infection prevention and control precautions, in particular hand hygiene and the safe putting on and taking off of personal protective equipment (PPE).
- There is a focus on quality improvement such as:
 - infection prevention and control issues are identified and action is taken to control or mitigate risks
 - ensure training is up to date
 - have clear reporting process in place for issues or risks.

Speaking with residents confirms:

- Residents understand why infection prevention and control is important, and residents are supported to implement necessary infection prevention and control measures.
- Residents feel they are informed about infection prevention and control issues and outbreaks
- Resident's families and friends, on the direction of the resident, know what is going on in relation to infection prevention and control and outbreaks.
- Residents feel staff caring for them know how to help them reduce the risk of infection and stay safe.

Review of documentation

Reviewing easily accessible and clear records confirms the following:

- There is a clear organogram for each centre's infection prevention and control governance and reporting structure, which includes any supporting committees, and which is available and understood by staff.
- There are appropriate records available of governance and management meetings to monitor the effectiveness of the provider's infection and control practices and to address any identified deficiencies.
- In the event of an outbreak, the contingency plan sets out how staffing can be adjusted to ensure that staffing levels remain consistent or can be increased as required.
- There is a clear outbreak management plan (which includes contingency arrangements for COVID-19 or other public health emergency) that includes:

- an escalation pathway for infection prevention and control concerns
 - cohorting arrangements.
- infection prevention and control policies (including standard and transmission-based precautions) are available to guide staff.
- There is a process for accessing and implementing the most up-to-date national guidance.
- There is risk management policy and process in place for documenting and responding to risk, for example up-to-date risk registers, risk assessments and aligned time-bound actions.
- There are easily accessible and clearly documented infection prevention and control audits and associated quality improvement plans.
- Infection prevention and control training and any competency assessment records are contemporaneous and up to date.
- There are appropriate staff rotas confirming sufficient planned staffing and or actual staffing and or out-of-hours staffing arrangements.
- There are easily accessible outbreak reports which identify, if appropriate, what worked well and what areas required improvement.
- Documented evidence of communications with local Public Health and the HSE infection prevention and control teams.

What meeting regulation 27 looks like in a service striving for quality improvement under Quality and Safety

Regulation 27	Infection control
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.
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 3.4	Outbreaks of infection are identified, managed, controlled and documented in a timely and effective manner.

Person-centred care

Person-centred care and support is integral to effective infection prevention and control. Staff always maintain and respect the rights of all residents and ensure they are supported to continue to access care and support in a timely manner, during an outbreak and at all other times. Information is available that is clearly visible and easily understood, directing residents to whom they can contact if they have any concerns about their care, infection prevention and control in the centre, and general hygiene in the centre.

There are clear and transparent decision-making processes, including referral pathways, to facilitate residents' access to healthcare services. Residents, if they wish, have access to an advocate of their choice during discussions about their care, and any decisions about their ongoing treatment and end-of-life care plans.

Protecting residents, staff and members of the public from infection may require the imposition of necessary temporary restrictions and targeted infection prevention and control measures. Any restriction is informed by public health advice, national guidance and best practice. The reasons for the restrictions should be explained and residents consulted with about how long the restrictions will remain in place. Providers ensure that

any restriction(s) to individual liberty, and the measures taken to protect individuals from infection, do not exceed what is considered necessary to protect people from the actual level of risk concerned.

Where the liberty of residents is restricted due to public health guidelines, the provider and staff support residents to maintain important relationships and contact with their families and friends.

Effective care and support

The physical environment* is clean, well maintained, free of clutter, bright and clean, and well-maintained equipment is stored securely. Residents' bedrooms, sitting rooms and dining facilities are bright and comfortable. Residents, if they wish to, have personalised bedrooms. Fresh air is circulating, and windows and garden doors are opened as appropriate.

The provider has a scheduled refurbishment plan for the upkeep of the centre to ensure that it is comfortable and meets the needs of the residents. Fixtures and fittings are replaced as needed, and the physical environment is maintained to the highest standard.

There are a variety of systems in place to ensure that environmental and equipment cleaning standards are met. These include cleaning specifications and checklists, and colour coding of cleaning equipment to reduce the chance of cross infection. There is also infection control guidance and audits of equipment and environmental cleanliness.

All reusable equipment is safely and effectively decontaminated. Staff undertaking environmental and equipment decontamination processes understand their role and are supported with the necessary training. Waste, including healthcare risk waste, is managed in line with national waste management guidelines and legislation.

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 national guidelines.

Safe care and support

The outbreak management and contingency plan (as referenced under leadership governance and management) is appropriate to the services provided. All staff are aware of their individual and collective responsibilities under both of these plans. These include services:

* The physical environment refers to premises and facilities, including buildings, vehicles and all their fixtures, fittings and furnishings, whether owned or contracted by the service provider.

- having a defined escalation procedure and protocols to clearly guide staff and residents in the event of an outbreak
- testing residents and staff for infections
- placing residents preferably in single rooms or in line with public health advice
- using enhanced environmental hygiene measures and
- ensuring good communications with residents, relatives and all members of the staff team.

Regular updates are provided to families about the wellbeing of the residents in accordance with resident's wishes.

Suspected or confirmed outbreaks of infection are promptly notified to the medical officer of health in the local Department of Public Health and the Chief Inspector, in line with the relevant legislation. The nominated person from the centre 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 outbreaks.

The provider has arrangements in place to ensure after any outbreak that there is a comprehensive investigation, the findings recorded, corrective actions are implemented and learning is shared between all staff, and, if appropriate, to all residents and their families.

The provider actively engages with the Health and Safety Authority (HSA) when it has any concerns about workplace legislation and aligned public health measures.

Examples of information and evidence that informs the assessment of Regulation 27

Observation

Observation during the course of the inspection confirms:

- Staff are adhering to infection prevention and control practices (standard precautions and, where necessary, transmission-based precautions).
- Staff support residents to maintain good infection control practices and encourage skill building in this area if necessary.
- The centre is clean and well maintained, and is clear and free from clutter.
- Equipment is clean, well maintained and safely stored.
- Hand sanitisers and other PPE is easily accessible and appropriately stocked.

- There are arrangements in place for the effective management of laundry or residents are supported to safely attend to their own laundry.
- Cleaning agents and equipment are safely stored, secured and labelled.
- Clean and contaminated waste is managed in line with best practice and in line with the centre's policies.
- Equipment is safely stored, clean and well maintained. The centre is clutter free.
- There are adequate and appropriate hand hygiene facilities and products.
- There is easy-to-read and accessible hand hygiene and infection prevention and control signage.
- Staff are maintaining and encouraging social distancing when appropriate.

Communication

Speaking with residents confirm:

- Residents have timely access to their general practitioner (GP) and or specialist services.
- Resident know about, and have access to, infection prevention and control information and education in a format suitable to their needs.
- Residents know how to protect themselves from acquiring a healthcare-associated infection.
- Residents know when to inform staff if they are concerned or would like to give feedback about infection prevention and control in the service.
- Residents are supported to know their own infection status and steps to take to manage the risk of cross infection.
- Residents receive information in an accessible format that they can refer to for information and support them in making informed decisions.

Speaking with staff confirms:

- Staff are confident to promote and maximise good infection prevention and control practices in accordance with policies, procedures, National Standards and guidance.

- Staff communicate infection prevention and control information to the person in charge at the change of each shift and to other healthcare visitors in an organised, timely (and discreet and secure) manner.
- Staff know when and how to report to their line manager of any signs or symptoms of infection in individuals or groups of people to the person in charge provider or other relevant personnel.
- Staff know who to contact for advice in the event of a suspected or confirmed outbreak.
- Staff understand the importance and relevance of maintaining a clean and hygienic environment and ensuring all ensure all equipment is clean, maintained and stored securely.
- Staff know and understand the arrangements for linen and laundry management, including handling, segregation of clean and used linen, washing, drying and storage in line with best practice.
- Staff involved in cleaning and disinfection of the environment and equipment know what cleaning agents are available and know when, where and how to use them.
- Staff understand the relevance of how to safely store and dispose of waste and how to manage spills.
- Staff know the most recent infection prevention and control audit results and are working with the person in charge to further improve processes.

Review of documentation

Reviewing easily accessible clear records confirm:

- Contemporaneous, well documented and recorded individual care records, including infection prevention and control risk assessments, resident's colonisation or infection status and associated care planning records are maintained.
- Staff share necessary information about resident'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 with the knowledge of the residents.
- A communication strategy exists for infection prevention and control measures, with specific provision for communications during an outbreak.
- Comprehensive recording of all residents' referrals and reviews.

- The risk register and assessment are up to date and remedial actions are completed and if not they have a date for completion.
- The cleaning schedules for environmental and resident equipment cleaning is easily accessible, up to date, appropriate and monitored to include
 - regular cleaning
 - deep cleaning of all aspects of the premises and residents' equipment
 - allocations of cleaning tasks are clearly outlined to staff
 - cleaning schedules including the cleaning of areas/equipment that are not regularly used.
- The environmental hygiene and equipment audit schedules and results are easily accessible, up to date with preventative and corrective actions identified and actioned.
- All audits of compliance in relation to infection prevention and control practices are completed on time, easily accessible and communicated to staff. Where corrective actions are required, there is evidence that these have been actioned and/or completed.
- The hand hygiene guidelines are easy-to-read, easily accessible and visible to staff, residents and visitors.
- The training records for all infection prevention and control training are up to date and well maintained.
- Staff are monitored for signs and symptoms of infection in line with national guidelines to facilitate prevention, early detection and control the spread of infection
- Outbreak management reports and follow-up investigations are completed, and learning has been incorporated into practice and in training materials.
- Refurbishment projects 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 refurbishment projects or building of a new facility and forms part of the planning process.



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