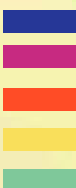




Llywodraeth Cynulliad Cymru  
Welsh Assembly Government

# HEALTHCARE ASSOCIATED INFECTIONS

## A Community Strategy for Wales





# Introduction

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Healthcare associated infections (HCAs) continue to cause substantial patient morbidity and cost to the health service. 'Healthcare Associated Infections - a Strategy for Hospitals in Wales' was launched in September 2004. (<http://new.wales.gov.uk/topics/health/protection/communicable-disease/healthcare-associated/?lang=en>). The guiding principles and strategic objectives of the hospital strategy should apply in any healthcare setting, although community settings present a range of unique challenges.

The diversity of organisations<sup>1</sup> commissioning and supplying health care in the community is also reflected in the diversity of provision for infection control. Hospital trusts have had infection control teams and infection control committees in place for many years. An audit of infection control activity within community settings was conducted at the start of the development of this strategy (see annex A). It identified significant variations across Wales in the provision of resources for infection prevention and control. Currently there is little accessible information about HCAs in community settings.

This strategy has therefore been developed with a view to highlighting best practice. It will be the responsibility of **all** organisations in the community to develop policies in response to the strategy to meet the requirements of their setting.

In common with the hospital strategy, **all** staff providing care in community settings (including the patients' own home) must be aware of their responsibility to apply best practice as appropriate to the setting to prevent and control healthcare associated infection. Local Health Boards (LHBs), and the National Public Health Service (NPHS) will need to work with organisations to ensure that staff are aware of their responsibilities and have the appropriate resources and facilities at their disposal to apply this strategy.

All staff will need to apply the appropriate standards as referred to in this document. The Healthcare Standards for Wales will provide a solid base on which organisations can build and achieve the new and more challenging expectations for patient care set out in the Welsh Assembly Government's 10-year strategy, 'Designed for Life'.  
<http://www.wales.nhs.uk/sites3/docmetadata.cfm?orgid=465&id=61711&pid=8970>

The Strategy should also be read in conjunction with the Community Services Framework issued earlier this year.  
[http://new.wales.gov.uk/topics/health/nhswales/health strategy/publicationindex/communityservicesframework?lang=en](http://new.wales.gov.uk/topics/health/nhswales/health%20strategy/publicationindex/communityservicesframework?lang=en)

The Welsh Assembly Government continues to work with organisations within the private, voluntary and social services sectors on alignment of minimum standards. The strategic objectives and standards advocated within this document should be read in this context.

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<sup>1</sup> Organisations - within the strategy, this term has been chosen to reflect the diversity of providers of health care within the community. It encompasses Local Health Boards, General Medical and Dental Practices (both group and single handed), Nursing Homes, Residential Homes, Mental Health Facilities, Learning Disability Facilities, and Private Health Clinics.

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## Structure of the document:

This document is aimed at all healthcare staff providing care in the community setting. The document should also be considered by Health Service and Local Authority staff when commissioning private care. Private care (in the community setting) should also be moving towards these standards.

The structure is in three parts.

- Part One presents the strategic objectives in outline and contains links to the relevant sections contained later in the document.
- Part Two is the detailed overview which also contains supporting information underpinning the whole strategy. It is divided into eight sections which each provide the evidence base for the strategic objectives.
- Part Three is a tabular summary which enables organisations to have an easy reference to the key actions required by the strategy.

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# Part One

## The Strategic Objectives:

- All staff will understand the impact of infection and infection prevention and control practices to enable them to discharge their personal responsibilities to patients, other staff, visitors and themselves. (Page 2.3)
- Patients will be treated in physical environments that minimise the risk of infection. (Page 2.5)
- Organisations will develop an audit programme based on local need and making use of recognised audit tools. Results of audit will be used to inform the development of an infection control programme which will incorporate regular audit and surveillance initiatives. (Page 2.9)
- Specialist epidemiological advice will be available to support organisations' infection control processes and programmes. (Page 2.5)
- The aim of minimising HCAs should be embedded within overall management schemes and will have links to clinical governance, risk management and performance management. (Page 2.11)
- Organisations will develop systems to agreed national standards to ensure effective recording, analysis, sharing and access to their own data, and access to information sources appropriate to their needs for managing infection within their organisation. (Page 2.12)
- All staff working within community healthcare settings should have access to appropriate occupational health services. (Page 2.13)

## How these Strategic Objectives will be achieved:

- National Standards that are up-to-date and evidence based will be adopted to ensure consistent and effective infection prevention and control practice across Wales. (Page 2.14)
- Infection control must be embedded as a core item of each organisation's agenda and accountabilities of all staff and managers (as appropriate to their function). (Page 2.7)
- Infection control processes must be supported by adequately resourced specialist infection control staff, with sufficient skill mix to meet the needs of their infection control plan. (Page 2.4)
- Infection prevention and control training and education to be included within induction programmes and made available as appropriate to all community healthcare staff. (Page 2.7)





## Part Two

### Chapter 1: Community Healthcare Associated Infections: An Overview

#### Background

To date, the prevention and control of HCAs in community settings has been a largely unexplored area by comparison to hospitals. However, it is increasingly important that effective management in secondary care settings should be complemented by the development of effective management within community settings as the strategic shift in balance of care provision towards primary health care (PHC) continues.

HCAs place a significant socio-economic burden on the patient, their relatives and carers and the National Health Service (NHS). They are important because of:

- their frequency and scale - HCAs not only affect individuals but can be transmitted to others and represent a significant public health challenge
- their impact on delivering services - HCAs increase morbidity and mortality, increase length of hospital stay and can lead to temporary closure of services
- their bearing on public expectations - historically health has been improved by measures to prevent infections
- their negative image - HCAs are perceived to be a reflection of poor hygiene standards and seriously undermine the confidence of the public in their health service.

The importance of infection control outside the confines of acute hospitals is highlighted in the NHS in Wales' strategy, *Improving Health in Wales - A Plan for the NHS and its partners* (National Assembly for Wales, 2001). It is explicit within this Plan that the people of Wales, and the health professionals who care for them, have the right to expect healthcare to be delivered in a clean, well-maintained environment, employing up-to-date equipment and access to modern technology. The Plan stresses the importance of high standards of hygiene and infection control practice thereby reducing the risk of HCAs and ensuring patients are cared for in a safe environment.

Prevention is a key agenda item in the Welsh Assembly Government strategy *Designed for Life* (2005). This vision for 2015 clearly builds on themes identified in the *Wanless Report* (The Review of Health and Social Care Wales), which recommend a much greater emphasis on preventing ill health and early intervention in order to raise public awareness of its importance to the ability of health and social care services in Wales to meet future demand. <http://www.hsmc.bham.ac.uk/torfaen/Wanless%20Welsh%20Review.pdf>

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Clinical and facilities management are key factors in limiting HCAs and include:

- identifying risk factors and minimising their impact
- improving patients' resistance to infection
- early identification and effective treatment of infections
- preventing transmission from person to person
- maintaining a clean environment.

## The National Strategy

Patients in Wales should expect to receive care and treatment in a way that does not pose a greater risk to their health. This document presents a national strategy and action plan for preventing and controlling HCAs in healthcare facilities in community and primary healthcare settings.

The strategy focuses on devising and implementing:

- Infrastructure and organisation
- Training and education
- Audit and surveillance
- Interventions and developments of performance indicators
- Information Technology and Communication
- Occupational Health
- National standards.

## Chapter 2: Infrastructure and Organisation

### Strategic Objective:

*All staff will understand the impact of infection and infection prevention and control practices to enable them to discharge their personal responsibilities to patients, other staff, visitors and themselves.*

### Responsibilities of Staff

*Infection Control must be embedded as a core item of each organisation's agenda and accountabilities of all staff and managers (as appropriate to their function).*

A key challenge for the prevention of HCAs is to ensure that procedures are in place that reduces the risk of adverse events at every patient/client contact. An organisational culture is required which emphasises the critical importance of care in a safe environment and the personal responsibility of every member of staff. A key objective of this strategy is to introduce a clean culture throughout the healthcare system and to ensure that hygiene and infection prevention and control are embedded in the management agenda and the accountability of all staff.

The statutory responsibility for infection prevention and control services in the community now rests with the LHBs and the Local Authorities (LAs).

### Management Accountabilities

The general principle to be adopted is that at each organisation or unit level, a lead individual for infection prevention and control will be identified. The leadership for healthcare facilities will be through LHBs. The leadership for premises registered by the LA will be through the LA. Opportunities exist within the LHB structure to ensure a cohesive approach at this local level. Only local managers and clinicians can decide the appropriate management arrangements, but the principle should be that all members of staff recognise their individual responsibilities for infection prevention and control and that the management arrangements exist to ensure there is local ownership.

The NHS in Wales strategy, Improving Health in Wales - A Plan for the NHS with its Partners (2001), highlights the need for a management culture that emphasises the critical importance of providing care in a safe environment and the personal responsibility of every member of staff to contribute to this objective.  
[http://www.planforwales.wales.gov.uk/healthcare\\_services/index.htm](http://www.planforwales.wales.gov.uk/healthcare_services/index.htm)

## Management Accountabilities: Action

- 2(i) Organisations should review arrangements to ensure that clear lines of accountability have been established.
- 2(ii) Each organisation should review their team management structure and appoint a member to be formally accountable for Infection Control Practice (ICP). Organisations should recognise the infection control obligations for all relevant areas associated with their practice, both clinical and non-clinical.
- 2(iii) Availability of infection control expertise will vary from organisation to organisation. Organisations should seek to identify such expertise available to them and use this to assist in determining the priorities for action in their areas of activity. The organisations should ensure that local arrangements develop and contribute to the organisations' infection control processes.  
  
Local expertise in infection control should be developed, sufficient to the needs of the organisation.

## Specialist Infection Control Support

*Infection Control processes must be supported by adequately resourced specialist infection control staff, with a sufficient skill mix to meet the needs of their infection control plan.*

Existing support for Communicable Disease Control includes Consultants in Communicable Disease Control (CCDC), public health protection nurses, infection control teams in Trusts, the Communicable Disease Surveillance Centre (CDSC) and the Welsh Healthcare Associated Infection Programme Team (WHAIPT). These agencies provide specialist advice, leadership, outbreak management, policy formulation, epidemiological skills, and education in relation to infection prevention and control within the community.

The integrated nature of NHS trusts in Wales means that hospital infection control teams have varying areas of responsibility within community settings. Organisations will need to ensure, in discussion with LHBs, LAs or Inspectorates, that appropriate skills are available to meet their needs.

The Welsh Healthcare Associated Infection sub group (WHAISG) will continue to lead in this area, as it is developed, with the actions being undertaken by the WHAIPT.

### Specialist Infection Control: Action

- 2(iv) The Welsh Assembly Government should initiate an overarching review of resources available for the control of infection in the community. This review would identify good practice and provide updated recommendations on staffing and resources that are appropriate for the organisation to deliver the programme within the community.
- 2(v) Each organisation should keep under review the resources available for the control of infection.

## Specialist Epidemiological Support

### Strategic Objective:

*Specialist epidemiological advice and support will be available for organisations' infection control processes and programmes.*

Specialist epidemiological support for healthcare associated infection is provided by the CDSC of the NPHS through the WHAIPT.

### Specialist Epidemiological Support: Action

- 2(vi) The NPHS to ensure availability of specialist epidemiological expertise provided both locally by the local health protection teams and by the CDSC.

## Facilities

### Strategic Objective:

*Patients will be treated in physical environments that minimise the risk of infection.*

Effective infection prevention and control requires a range of estates and engineering issues to be addressed. These include:

- a clean environment
- safe water supplies and cooling systems
- facilities designed to meet the requirements of the organisation
- facilities for the decontamination of equipment
- hazardous waste disposal

Appropriate facilities within the healthcare community are subject to regular inspection by the relevant inspection bodies. Guidance about appropriate facilities is available including Health Building Note (HBN) 46 General Medical Practice Premises, and HBN 30 Infection Control in the Built Environment.

#### **Facilities: Action**

2(vii) All organisations will be required to self-audit their premises and include the physical environment.

## Chapter 3: Training and Education

### Strategic Objective:

*Infection prevention and control training and education to be included within induction programmes and made available as appropriate to all community healthcare staff.*

This strategy places strong emphasis on the need for all healthcare workers to understand and discharge their roles and responsibilities in relation to infection control within the clinical governance and risk management framework.

There are a number of challenges associated with the delivery of education and training programmes. These include:

- insufficient access to training programmes
- lack of or incomplete provision of induction training for all groups of staff
- lack of or incomplete staff attendance at annual updates
- a lack of audits to examine the availability and effectiveness of training.

The need to develop infection control knowledge and awareness in a broad range of staff is important. Responsibility for in-service training and instruction at organisational level needs to be identified.

Skills for Health, working in partnership with the Royal College of Nursing (RCN) and Asset Skills are developing a set of competencies as National Occupational Standards for Infection Control (NOS).

The NOS will be made freely available through the Skills for Health website, <http://www.skillsforhealth.org.uk>.

As a result of the hospital strategy, an E-learning package for HCAs in Wales was launched in June 2006. After the initial roll out across acute trusts, this package will be extended for use to those working in the community care sector.

### Training and Education: Action

- 3 (i) Each organisation should undertake a local scoping exercise to identify what infection control education and training provision is in place and subsequently conduct an education and training needs analysis.
- 3 (ii) Existing local training programmes may need to be developed further so that they:
  - Build on the current training and education infrastructure
  - Deliver multidisciplinary infection control training for specialists and non specialists
  - Take account of and utilise where appropriate national education programmes such as the HCAI E-learning programme
  - Take account of the national occupational standards for infection control.
- 3 (iii) The HCAI E-learning programme will remain current and be made available to the community sector.
- 3 (iv) WHAISG to explore the establishment of a national training programme for Health Protection including Infection Control.



## Chapter 4: Audit and Surveillance

### Strategic Objective:

*Organisations will develop an audit programme based on local need and making use of recognised audit tools. Results of audit will be used to inform the development of an infection control programme which will incorporate regular audit and surveillance initiatives.*

### Audit

Audit of compliance with Standard Infection Control Precautions (SICPs) is important to demonstrate that those involved in providing care implement the precautions (see Chapter 8). Audit provides a measure of whether healthcare workers understand the precautions and the responsibilities related to them. The Infection Control Nurses Association (ICNA) in partnership with the Department of Health (DOH) has developed an audit tool for use within community settings. See <http://www.icna.co.uk/public/downloads/documents/AuditTools2005.pdf>

This audit tool is commended as one way to monitor the implementation of infection control standards and guidelines. Other self audit and assessment tools exist which can be adopted or adapted for use at a local level e.g. the DOH's 'Essential steps to safe, clean care'.

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4136212](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4136212)

### Audit: Action

- 4(i) Organisations to implement an appropriate audit programme reflecting infection control priorities such as hand hygiene, clinical waste and handling of sharps.
- 4(ii) The audit programme findings should be used to inform a wider infection control programme incorporating a detailed rolling audit programme, surveillance initiatives and educational programme.

### Surveillance

Surveillance is considered an essential component in the prevention of HCAs in hospitals and is firmly embedded in the service. In the community context, there needs to be more work undertaken on surveillance of HCAs to ensure a robust system is in place. A key area that has been identified is post discharge surveillance for HCAs as patients leave hospital. This will require support from the community, for example

community midwives supporting the collection of post-discharge surveillance data for Caesarean section Surgical Site Infection (SSI) surveillance which is currently mandatory in Wales.

LHBs will be asked to take the lead in working with organisations to develop the implementation of surveillance systems in consultation with the WHAIPT. Organisations will need to ensure that sufficient resources are available to support the surveillance programme.

#### Surveillance: Action

4(iii) Nationally, the WHAIPT will:

- Collect post-discharge SSI surveillance data within the community
- Collaborate with LHBs, LAs and the local Health Protection Teams to facilitate the development of local surveillance initiatives
- Conduct a feasibility study to assess whether HCAI surveillance can be developed at a national level across the community service
- Develop their website to provide support for the community strategy and information in support of reducing HCAI in the community.

## Chapter 5: Interventions and Development of Performance Indicators

### Strategic Objective:

*The aim of minimising healthcare associated infections should be embedded within overall management schemes and will have links to clinical governance, risk management and performance management.*

Performance management is essential for a successful organisation and particularly important to NHS Wales at a time when so many demands are placed upon it and when health professionals, supporting staff, managers and the public need to know how they are doing against agreed objectives.

### Interventions and Performance Indicators

There are a number of process indicators that can be valuable in this context:

- percentage of staff trained in infection control
- progress against infection control audit
- progress against planned infection control programme.

### Interventions and Performance Indicators: Action

- 5(i) LHBs should seek to agree and set local priority targets for the minimising of healthcare associated infection in the community with assistance from the WHAIPT.
- 5(ii) WHAIPT will work with the organisations to identify key indicators that are capable of showing improvements in infection control and/or providing early warning of risk.

## Chapter 6: Information Technology and Communications

### Strategic Objective:

*Organisations will develop systems to agreed national standards to ensure effective recording, analysis, sharing and access to their own data, and access to information sources appropriate to their needs for managing infection within their organisation.*

Good information management and technology (IM&T) support is essential for efficient working in infection control, particularly:

- gathering, recording, analysing and disseminating data for surveillance purposes
- improved access to clinical information
- tracking patient locations
- assessing impact of staff activity on infection outcomes
- deriving proxies for the effectiveness of infection control management
- managing microbiology results, antibiotic resistance and prescribing
- facilitating communications and making available updates, policies, guidelines
- gaining access to expert advice.

The management of HCAs will be significantly improved through investment in IM&T infrastructure. Recent developments within general practice IM&T projects demonstrate the potential for linkage with the WHAIPT. Further opportunities should be explored.

### Communication

The WHAIPT website will be the major portal for all information relating to the national programme.

### Information Technology and Communications: Action

- 6(i) The Welsh Assembly Government and organisations will take account of the needs of infection control in the development and implementation of future IM&T programmes.
- 6(ii) The feasibility of the electronic extraction of surveillance information will be explored by WHAIPT. (see 4(iii))
- 6(iii) The WHAIPT website will be developed as the major portal for communication and information exchange, including regular update of strategic developments.

## Chapter 7: Occupational Health

### Strategic Objective:

*All staff working within community healthcare settings should have access to appropriate occupational health services.*

All healthcare staff are at risk of exposure to HCAs. Those employed by Trusts within Wales have access to occupational health services. The close collaboration between Infection Control Teams and the Occupational Health Service is vital. Occupational health provides a whole range of services including immunisation (e.g. Hepatitis B Virus (HBV), Influenza), staff screening (e.g. Tuberculosis (TB), Methicillin Resistant Staphylococcus Aureus (MRSA) if required) and plays a key role in the management of sharps incidents. A specific requirement is the provision of a service to deal with inoculation injuries.

In the community setting it may be impractical for each organisation to provide its own Occupational Health Service but under the Health & Safety at Work Act (1974) <http://www.healthandsafety.co.uk/haswa.htm>, COSHH (2002) <http://ptcl.chem.ox.ac.uk/MSDS/simplecoshh.pdf> and RIDDOR [http://www.opsi.gov.uk/SI/si1995/Uksi\\_19953163\\_en\\_1.htm](http://www.opsi.gov.uk/SI/si1995/Uksi_19953163_en_1.htm) the responsibilities of each organisation to its staff cannot be ignored. Community based health care staff must have access to a comparable level of service to their hospital based colleagues, e.g. through the local NHS Trust Occupational Health Service. Capacity at a local level may need expanding or a contract with private providers may need to be considered.

### Occupational Health: Action

- 7(i) Using a risk-assessment based approach, each organisation to identify and provide the appropriate occupational health service required to meet the needs of their staff.

## Chapter 8: National Standards

*National standards that are up-to-date and evidence based will be adopted to ensure consistent and effective infection prevention and control practice across Wales.*

On the 1st June 2005 the Welsh Assembly Government's common framework of healthcare standards 'Healthcare Standards for Wales' came into effect to support the NHS and partner organisations in providing effective, timely and quality services across all healthcare settings. Healthcare standards will be used by Healthcare Inspectorate Wales (HIW) as part of their processes for assessing the quality, safety and effectiveness of healthcare providers and commissioners across Wales.

See: <http://www.wales.nhs.uk/sites3/docmetadata.cfm?orgid=465&id=61711&pid=8970>

The *Healthcare Standards for Wales - Next Steps*, WHC (2006)041, was issued to Chief Executives of LHBs and NHS Trusts. It outlined the proposed assessment systems and criteria, along with timescales, developed to support the framework of healthcare standards.

The *Healthcare Standards for Wales* are grouped into four domains: *patient experience, clinical outcomes, healthcare governance and public health*. Each of the standards within the domains can be mapped across to existing clinical governance guidance. The standard statements that follow underpin the *Healthcare Standards for Wales*, in particular standards 4, 5 and 19, and should be used to enable local delivery of the national standards.

### Standard 4

Healthcare premises are well designed and appropriate in order to:

- a) promote patient and staff wellbeing
- b) respect different patients' needs, privacy and confidentiality
- c) have regard for the safety of patients, users and staff; and
- d) provide a safe and secure environment which protects patients, staff, visitors and their property, and the physical assets of the organisation.

### Standard 5

Healthcare services are provided in environments, which:

- a) are well maintained and kept at acceptable national levels of cleanliness

- b) minimise the risk of healthcare associated infections to patients, staff and visitors, achieving year on year reductions in incidence; and
- c) emphasise high standards of hygiene and reflect best practice initiatives.

## Standard 19

Healthcare organisations ensure that:

- a) all risks associated with the acquisition and use of medical devices are minimised
- b) all reusable medical devices are properly decontaminated prior to use and that risks associated with decontamination facilities and processes are well managed
- c) quality, safety and security issues of medicines are managed; and
- d) the prevention, segregation, handling, transport and disposal of waste are managed so as to minimise the risks to the health and safety of staff, patients, the public and the safety of the environment.

The principles for preventing and controlling infection remain the same within all healthcare settings and the practice of infection prevention and control involves the implementation of 'standard infection control precautions' (sometimes referred to as Universal Precautions) which:

- a) must be used by **all** healthcare workers (HCWs) to prevent the spread of micro-organisms that may cause infection
- b) must be used in all care settings
- c) are used to protect staff, the patient/client and those caring for others including carers, relatives and visitors; and
- d) are used at all times in the care setting whether an infection is known to be present or not.

## Standard Infection Control Precautions (SICPs)

The Welsh Assembly Government recommends the use of SICPs to reduce the transmission of micro-organisms for both recognised and unrecognised sources of infection. Where a specific infection is suspected or confirmed it may be necessary to use additional precautions and additional advice may need to be sought from specialist staff/advisors.

Education and training of all involved in the care of others is necessary if compliance with SICPs is to be achieved.

The modular approach taken in the national E-learning resource developed for Healthcare Associated Infection Champions is based on SICPs.

See <http://www.wales.nhs.uk/sites/home.cfm?OrgID=379>

## The Nine Elements of Standard Infection Control Precautions

	Standard Infection Control Precaution	Reason for Use
1	Hand hygiene - to be performed before and after every patient contact	Frequently referred to as 'the single most important action to prevent and control infection'
2	Personal protective equipment <ul style="list-style-type: none"> <li>- Glove</li> <li>- Aprons, gowns, footwear</li> <li>- Eye and face protection</li> </ul>	To protect skin, eyes, face and clothing from contamination/soiling/splashing
3	Prevention of occupational exposure <ul style="list-style-type: none"> <li>- Cover all breaks in skin</li> <li>- Avoid sharps injuries</li> <li>- Avoid splashes with blood or body fluids</li> </ul>	To protect all persons receiving healthcare, HCWs, carers and others from exposure to micro-organism that cause infection
4	Management of blood & body fluid spillage	To protect all of those in the surrounding area from exposure to micro-organisms that could cause infection
5	Decontamination of care equipment (according to manufacturer's guidelines)	<ul style="list-style-type: none"> <li>- To prevent re-use of single use devices</li> <li>- To prevent single patient use devices being used on other patients</li> <li>- To ensure re-usable devices are decontaminated between use</li> <li>- To prevent environmental contamination</li> </ul>
6	Cleanliness of the environment	To ensure the care setting is adequately cleaned to prevent cross infection occurring
7	Safe handling of linen	To protect HCWs and others
8	Safe disposal of waste	To protect HCWs and others
9	Patient placement	To prevent exposure of others and the environment to blood and body fluids, and to prevent cross infection



The standards for infection prevention and control for community healthcare settings to be adopted across Wales reflect SICPs and underpin the Healthcare Standards for Wales.

### **Standard statement: Hand hygiene**

*(Healthcare Standards for Wales Standard 5)*

Hands will be decontaminated correctly and in a timely manner using a cleansing agent to reduce the risk of cross infection:

- Evidence Based Practice in Infection Control (EPIC) guidelines  
<http://www.epic.tvu.ac.uk/>
- World Health Organization (WHO): WHO guidelines on hand hygiene in health care (advanced draft): summary - clean hands are safer hands  
[http://www.who.int/patientsafety/events/05/HH\\_en.pdf](http://www.who.int/patientsafety/events/05/HH_en.pdf)
- National Patient Safety Agency (NPSA) guidelines  
<http://www.npsa.nhs.uk/cleanyourhands>

The NPSA will continue to work with the Welsh Assembly Government and the DOH to develop a dedicated hand hygiene improvement programme for non-acute care. This will build on learning and brand awareness of the 'cleanyourhands' campaign aimed at acute hospitals. The NPSA will issue a letter highlighting the importance of hand hygiene in all care settings and will encourage healthcare organisations to make alcohol-based hand rub available at the point of care to facilitate this.

The NPSA will also:

- develop a guide to implementation - and provide a central suite of tools to be accessed via the 'cleanyourhands' website <http://www.npsa.nhs.uk/cleanyourhands>
- produce a limited range and quantity of hard copy materials centrally
- encourage the delivery of compliance monitoring within the wider hand hygiene programme
- incorporate existing resources already developed for the acute 'cleanyourhands' campaign in the toolkit.

### **Standard statement: Personal protective equipment**

*(Healthcare Standards for Wales Standard 5)*

Personal protective equipment (PPE) is available, used and disposed of, or decontaminated appropriately to reduce the risk of cross infection.

This includes the use of gloves, aprons, gowns, face protection and respiratory protection as appropriate:

- PPE Act - <http://www.hse.gov.uk/pubns/indg174.pdf>
- EPIC guidelines - <http://www.epic.tvu.ac.uk/>

#### **Standard statement: Prevention of occupational exposure**

Sharps/needlestick injuries, bites and splashes involving blood and other body fluids are managed in a way that reduces the risk of injury - a system should be in place to report and record occurrences (including near misses) and if necessary provide appropriate treatment and follow up care.

See the All-Wales Inoculation Injury Guidelines for Primary Care  
<http://www2.nphs.wales.nhs.uk/icds/page.cfm?pid=339>

#### **Standard statement: Management of blood & body fluid spillage**

Blood and body fluid spillage or contamination is dealt with promptly and in a way that reduces the risk of cross infection.

See National Standards for Cleanliness:

[http://new.wales.gov.uk/about/departments/dhss/publications/health\\_pub\\_index/guidance/national\\_standards\\_cleanliness?lang=en](http://new.wales.gov.uk/about/departments/dhss/publications/health_pub_index/guidance/national_standards_cleanliness?lang=en)

#### **Standard statement: Decontamination of care equipment**

Decontamination of re-usable medical instruments/equipment will ensure all instruments are adequately decontaminated prior to re-use and any associated risks are managed.

See Infection ICNA: Infection Control Guidance for General Practice. [http://www.icna.co.uk/public/prod\\_pub/product.asp?pid=24](http://www.icna.co.uk/public/prod_pub/product.asp?pid=24)

Where sterilisation is required, wherever possible this should be carried out in an EU accredited sterile service department.

On-site sterilisation and disinfection processes must comply with relevant legislation and regulation.

Single patient use devices should not be re-used for more than one patient:

- Medical Advisory Committee (MAC) guidelines sterilisation, disinfection and cleaning of medical equipment. DOH 2006 ISBN 1-85-839518-6
- Medicine and Healthcare products Regulatory Agency (MHRA) guidance MDA DB2000(04) August 2000

### **Standard statement: Cleanliness of the environment**

Patients will be treated in physical environments that minimise the risk of infection:

- National Standards for Hospital Cleanliness - [http://new.wales.gov.uk/about/departments/dhss/publications/health\\_pubindex/guidance/national\\_standards\\_cleanliness?lang=en](http://new.wales.gov.uk/about/departments/dhss/publications/health_pubindex/guidance/national_standards_cleanliness?lang=en)
- EPIC guidelines <http://www.epic.tvu.ac.uk/>
- HBN 30 Infection Control in the Built Environment <http://howis.wales.nhs.uk/sites3/docmetadata.cfm?orgid=301&id=22548&pid=647>
- Infection Control in Dentistry <http://www.bda.org/advice/docs/A12.pdf>

### **Standard statement: Safe handling of linen**

Linen is handled and managed appropriately to prevent cross infection:

- Health Service Guideline (95)18 (currently under review) <http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Healthserviceguidelines/DH4017865>

Where applicable safe provision is made for the laundering of patient/client clothing and miscellaneous items e.g. kitchen items, soft furnishings, shower curtains.

### **Standard statement: Safe disposal of hazardous and clinical waste**

Waste is disposed of safely without the risk of contamination or injury and in accordance with national legislation and local regulation:

- Hazardous Waste Regulations July 2005 - HTM 07-01 Safe Management of Healthcare Waste (Nov 2006) <http://www.rpsgb.org.uk/pdfs/hazwastehospghguid.pdf>
- Healthcare Waste Strategy for Wales (Nov 2006) [http://www.wales.nhs.uk/documents/WHC\\_2006\\_043.pdf](http://www.wales.nhs.uk/documents/WHC_2006_043.pdf)

### **Standard statement: Patient placement**

Care is carried out in an appropriate environment to minimise the risk of infection to other patients, carers, visitors or relatives.

### **Guidelines and Resources**

Currently there are a number of guidelines that exist to support the practice of infection control in community settings, including:

- National Resource for Infection Control (NRIC)
- [http://www.nric.org.uk/IntegratedCRD.nsf/NRIC\\_Home1?OpenForm](http://www.nric.org.uk/IntegratedCRD.nsf/NRIC_Home1?OpenForm)

- National Institute for Clinical Excellence (NICE)  
<http://www.nice.org.uk/page.aspx?o=CG002NICEguideline>
- Royal College of General Practitioners (RCGP)/ICNA guidelines  
[http://www.icna.co.uk/public/prod\\_pub/product.asp?pid=24](http://www.icna.co.uk/public/prod_pub/product.asp?pid=24)
- DOH Infection Control Guidance for Care Homes - PHMEG  
<http://www.dh.gov.uk/assetRoot/04/13/63/84/04136384.pdf>
- NPHS Infection Control Guidelines for Care Homes <http://nww.nphs.wales.nhs.uk/icds/page.cfm?pid=1568>
- EPIC Guidelines <http://www.epic.tvu.ac.uk/>
- Dental advice sheet British Dental Association (BDA). A12 Infection Control in Dentistry <http://www.bda.org/advice/docs/A12.pdf>

Local policies and procedures should include reference to:

- Hand hygiene
- Personal protective equipment
- Decontamination of care equipment
- Cleanliness of the environment
- Safe handling of linen
- Aseptic technique
- Placement/isolation of patients
- Safe handling & disposal of sharps
- Hazardous/Clinical Waste
- Prevention of occupational exposure to blood borne viruses (bbvs)
- Management of occupational exposure to bbvs and post exposure prophylaxis (PEP)
- Control of Infections with specific alert organisms e.g. MRSA, TB, avian influenza, bbvs; and
- Major outbreaks of communicable disease e.g. diarrhoeal disease.

The LHBs and individual organisations should also have in place a policy for the recognition and management of outbreaks of infection.

The Welsh Assembly Government has published a 'Framework for Managing Major Infectious Disease Emergencies:

<http://new.wales.gov.uk/topics/health/protection/communicable-disease/flu/?lang=en>

#### Standards: Action

8(i) Organisations will comply with current infection control standards. In doing so, organisations will consider:-

- Role of clinical teams within the accountability framework
- Incorporation of outcome measures within relevant performance indicators as they are developed.

LHBs should liaise with organisations to facilitate a smooth introduction of these standards.

8(ii) Standards for infection control to be adopted by HIW and CSSIW.

8(iii) Commissioning bodies, e.g. LHBs and LAs should refer to these standards when reviewing the contracts that they commission.



# Part Three - Framework Tables

DELIVERY FRAMEWORK	ACTIONS	RESPONSIBILITY
<p><b>Infrastructure and Organisation (See narrative in Chapter 2, page 2.3)</b></p> <p><b>STRATEGIC OBJECTIVE:</b> All staff will understand the impact of infection and infection prevention and control practices to enable them to discharge their personal responsibilities to patients, other staff, visitors and themselves.</p>		
<p><i>Infection Control must be embedded as a core item of each organisation's agenda and accountabilities of all staff and managers (as appropriate to their function).</i></p> <p>Clear lines of accountability to exist for all staff in compliance with infection control policies and procedures. The principle of local teams having clear accountability for infection control should be demonstrable within the organisation.</p>	<p>2(i) Organisations should review arrangements to ensure that clear lines of accountability have been established.</p> <p>2(ii) Each organisation should review their team management structure and appoint a member to be formally accountable for ICP.</p>	<p><b>Responsibility</b></p> <ul style="list-style-type: none"> <li>• Senior managers/partners to satisfy themselves that infection prevention and control is embedded in the organisation and reflected by policy and procedures and is also on the agenda of each executive board meeting.</li> <li>• Senior managers/partners agree management structure and nominate/appoint infection prevention and control lead.</li> <li>• ICP lead to identify networks of advice available to the organisation.</li> </ul>





DELIVERY FRAMEWORK	ACTIONS	RESPONSIBILITY
<p><b>Infrastructure and Organisation (See narrative in Chapter 2, page 2.3)</b></p> <p>Organisations to embed infection prevention and control arrangements within their structure. Arrangements will vary, depending on the size of the organisation. The organisation will network with other parts of healthcare to access expertise.</p> <p>Each identified organisation will have a senior lead (clinical or non-clinical as appropriate) formally accountable for infection control practice, with networks to specialist advice.</p> <p>Each organisation will determine the priorities for action in their area of activity through the organisation's risk assessment process.</p>	<p>2(iii) Availability of Infection Control expertise will vary from organisation to organisation. Organisations should seek to identify such expertise available to them and to use this to assist in determining the priorities for action in their areas of activity. The organisations should ensure that local arrangements develop and contribute to the organisation's infection control processes.</p>	<p><b>Monitoring</b></p> <ul style="list-style-type: none"> <li>The performance/contract monitoring arrangements relevant to the organisation will include assessment of infection prevention and control arrangements. Evidence could include: infection prevention and control policy documents detailing management arrangements, accountabilities and IPC lead. Contact details for more specialist advice should be included.</li> <li>HIW technical document will develop monitoring arrangements.</li> </ul> <p><b>Timescales</b></p> <ul style="list-style-type: none"> <li>September 2008.</li> </ul>



DELIVERY FRAMEWORK	ACTIONS	RESPONSIBILITY
<p><b>Specialist Infection Control Support (See narrative in Chapter 2, page 2.4)</b></p> <p><b>STRATEGIC OBJECTIVE:</b> Infection Control processes must be supported by adequately resourced specialist infection control staff, with sufficient skill mix to meet the needs of their organisation's infection control plan.</p> <p>The management arrangements outlined in HSG (95)10 "Hospital Infection Control - guidance on the control of infection in hospitals" <a href="http://www.dh.gov.uk/en/PublicationsAndStatistics/LettersAndCirculars/HealthServiceGuidelines/DH_4017852">http://www.dh.gov.uk/en/PublicationsAndStatistics/LettersAndCirculars/HealthServiceGuidelines/DH_4017852</a> developed the principles of good infection control practice. Whilst aimed at hospitals, much of the arrangements can be extrapolated to community care services. However, infection control guidance and recommendations are to be reviewed regularly by WHAISG to reflect current healthcare practice.</p>	<p>2(iv) The Welsh Assembly Government should initiate an overarching review of resources available for the control of infection in the community. This review would identify good practice and provide updated recommendations on staffing and resources that are appropriate for the organisation to deliver the programme within the community.</p> <p>2(v) Each organisation should keep under review the resources available for the control of infection.</p>	<p><b>Responsibility</b></p> <ul style="list-style-type: none"> <li>• Welsh Assembly Government</li> <li>• All organisations.</li> </ul> <p><b>Monitoring</b></p> <ul style="list-style-type: none"> <li>• Ongoing - role of NHS Regional Office as part of organisation performance management arrangements</li> <li>• HIW will inspect LHBs</li> <li>• LHBs will monitor general medical and dental practices</li> <li>• Commissioning bodies will monitor nursing homes, residential homes, mental health facilities and learning disability facilities.</li> </ul> <p><b>Timescales</b></p> <ul style="list-style-type: none"> <li>• December 2008.</li> </ul>





DELIVERY FRAMEWORK	ACTIONS	RESPONSIBILITY
<p><b>Specialist Epidemiological Support (See narrative in chapter 2, page 2.5)</b></p>		
<p><b>STRATEGIC OBEJECTIVE:</b> Specialist epidemiological advice and support will be available for organisations' infection control processes and programmes.</p>		
<p>Specialist expert advice and support for the strategy to be made available by the NPHS.</p>	<p>2(vi) The NPHS to ensure availability of specialist epidemiological expertise provided both locally by the local health protection teams and by the CDSC.</p>	<p><b>Responsibility</b></p> <ul style="list-style-type: none"> <li>• NPHS.</li> </ul> <p><b>Monitoring</b></p> <ul style="list-style-type: none"> <li>• WHAISG.</li> </ul> <p><b>Timescales</b></p> <ul style="list-style-type: none"> <li>• Ongoing.</li> </ul>

DELIVERY FRAMEWORK	ACTIONS	RESPONSIBILITY
<p><b>Facilities (See narrative in chapter 2, page 2.5)</b></p> <p><b>STRATEGIC OBJECTIVE:</b> Patients will be treated in physical environments that minimise the risk of infection.</p> <p>The National Cleanliness standards, together with work from the NPSA, form a comprehensive framework for infection control and hygiene management.</p> <p>Organisations will comply with:-</p> <p>WHC 2002 (116) Environmental Management Policy for the NHS Estate <a href="http://howis.wales.nhs.uk/doclib/whc2002-116-e.pdf">http://howis.wales.nhs.uk/doclib/whc2002-116-e.pdf</a></p> <p>Infection Control in a Built Environment - NHS Estates <a href="http://howis.wales.nhs.uk/sites3/docmetadata.cfm?orgid=301&amp;id=22548&amp;pid=647">http://howis.wales.nhs.uk/sites3/docmetadata.cfm?orgid=301&amp;id=22548&amp;pid=647</a></p> <p>Designed for Life - WAG, May 2005 <a href="http://howis.wales.nhs.uk/doclib/Designed-for-life-e.pdf">http://howis.wales.nhs.uk/doclib/Designed-for-life-e.pdf</a></p> <p>HBN 46 General Medical Practice Premises</p> <p>HBN 30 Infection Control in the Built Environment</p>	<p>2(vii) All organisations will be required to self-audit their premises and include the physical environment.</p>	<p><b>Responsibility</b></p> <ul style="list-style-type: none"> <li>• Organisations</li> </ul> <p><b>Monitoring</b></p> <ul style="list-style-type: none"> <li>• Ongoing - role of NHS Regional Office as part of organisation performance management arrangements</li> <li>• HIW will monitor LHBs</li> <li>• LHBs will monitor general medical and dental practices</li> <li>• Commissioning bodies will monitor nursing homes, residential homes, mental health facilities and learning disability facilities.</li> </ul> <p><b>Timescale</b></p> <ul style="list-style-type: none"> <li>• Ongoing.</li> </ul>





DELIVERY FRAMEWORK	ACTIONS	RESPONSIBILITY
<p><b>Training and Education (See narrative in chapter 3, page 2.7)</b></p> <p><b>STRATEGIC OBEJECTIVE:</b> Infection prevention and control training and education to be included within induction programmes and made available as appropriate to all community healthcare staff.</p> <p>Organisations to ensure training and education are provided to all staff to meet their needs.</p>	<p>3 (i) Each organisation should undertake a local scoping exercise to identify what infection control education and training provision is in place and subsequently conduct an education and training needs analysis.</p> <p>3 (ii) Existing local training programmes may need to be developed further so that they:</p> <ul style="list-style-type: none"> <li>• Build on the current training and education infrastructure</li> <li>• Deliver multidisciplinary infection control training for specialists and non specialists</li> <li>• Take account of and utilises where appropriate national education programmes such as the HAI e learning programme</li> <li>• Take account of the national occupational standards for infection control.</li> </ul>	<p><b>Responsibility</b></p> <ul style="list-style-type: none"> <li>• All organisations.</li> </ul> <p><b>Monitoring</b></p> <ul style="list-style-type: none"> <li>• Ongoing - role of NHS Regional Office as part of organisation performance management arrangements</li> <li>• HIW will monitor LHBs</li> <li>• LHBs will monitor general medical and dental practices</li> <li>• Commissioning bodies will monitor nursing homes, residential homes, mental health facilities and learning disability facilities.</li> </ul> <p><b>Timescale</b></p> <ul style="list-style-type: none"> <li>• December 2008.</li> </ul>

DELIVERY FRAMEWORK	ACTIONS	RESPONSIBILITY
<p><b>Training and Education (See narrative in chapter 3, page 2.7)</b></p> <p>Infection Control E-Learning Package see <a href="http://www.wales.nhs.uk/sites3/page.cfm?orgid=379&amp;pid=24141">http://www.wales.nhs.uk/sites3/page.cfm?orgid=379&amp;pid=24141</a></p>	<p>3 (iii) The HCAI E-learning programme will remain current and be made available to the community sector.</p> <p>3(iv) WHAISG to explore the establishment of a national training programme for Health Protection including Infection Control.</p>	<p><b>Responsibility</b></p> <ul style="list-style-type: none"> <li>• WHAIPT.</li> </ul> <p><b>Monitoring</b></p> <ul style="list-style-type: none"> <li>• Welsh Assembly Government.</li> </ul> <p><b>Timescale</b></p> <ul style="list-style-type: none"> <li>• First implementations of the package by April 2008.</li> </ul> <p><b>Responsibility</b></p> <ul style="list-style-type: none"> <li>• WHAISG.</li> </ul> <p><b>Monitoring</b></p> <ul style="list-style-type: none"> <li>• Welsh Assembly Government.</li> </ul> <p><b>Timescale</b></p> <ul style="list-style-type: none"> <li>• Recommendations about a National training program to be made by December 2008.</li> </ul>





DELIVERY FRAMEWORK	ACTIONS	RESPONSIBILITY
<p><b>Audit &amp; Surveillance (See narrative in Chapter 4, page 2.9)</b></p>		
<p><b>STRATEGIC OBEJECTIVE:</b> Organisations will develop an audit programme based on local need and making use of recognised audit tools. Results of audit will be used to inform the development of an infection control programme which will incorporate regular audit and surveillance initiatives.</p>		
<p><b>Audit</b></p> <p>Within the appropriate clinical governance framework of the organisation, a clinical audit programme is an important tool to monitor the implementation of policies and operational performance.</p> <p>See ICNA Community Audit Tool <a href="http://www.icna.co.uk/public/downloads/documents/AuditTools2005.pdf">http://www.icna.co.uk/public/downloads/documents/AuditTools2005.pdf</a></p> <p>All Wales Quality Assurance and Practice Assessment Document (Obtainable from NPHS Dental Public Health Team).</p>	<p>4(i) Organisations to implement an appropriate audit programme reflecting infection control priorities such as hand hygiene, clinical waste and handling of sharps.</p>	<p><b>Responsibility</b></p> <ul style="list-style-type: none"> <li>• Organisations.</li> </ul> <p><b>Monitoring</b></p> <ul style="list-style-type: none"> <li>• HIW will monitor LHBs</li> <li>• LHBs will monitor general medical and dental practices</li> <li>• Commissioning bodies will monitor nursing homes, residential homes, mental health facilities and learning disability facilities.</li> </ul> <p><b>Timescale</b></p> <ul style="list-style-type: none"> <li>• The audit programme should be implemented by December 2008.</li> </ul>

DELIVERY FRAMEWORK	ACTIONS	RESPONSIBILITY
<p><b>Audit &amp; Surveillance (See narrative in Chapter 4, page 2.9)</b></p>	<p>4(ii) The audit programme findings should be used to inform a wider infection control programme incorporating a detailed rolling audit programme, surveillance initiatives and educational programme.</p>	<p><b>Responsibility</b></p> <ul style="list-style-type: none"> <li>• Organisations.</li> </ul> <p><b>Monitoring</b></p> <ul style="list-style-type: none"> <li>• HIW will monitor LHBs</li> <li>• LHBs will monitor general medical and dental practices</li> <li>• Commissioning bodies will monitor nursing homes, residential homes, mental health facilities and learning disability facilities.</li> </ul> <p><b>Timescale</b></p> <ul style="list-style-type: none"> <li>• The rolling audit programme should be implemented by December 2009.</li> </ul>





DELIVERY FRAMEWORK	ACTIONS	RESPONSIBILITY
<p><b>Audit &amp; Surveillance (See narrative in Chapter 4, page 2.9)</b></p> <p><b>Surveillance</b></p> <p>Systems are not yet in place for the routine surveillance of healthcare associated infection in the community. Consideration should be given to the feasibility of the development of HCAI surveillance programmes in the community. This could provide good information to plan service delivery, evaluate progress and demonstrate improvements.</p> <p>Continued support should be given to the collection of Post Discharge SSI surveillance in the community.</p>	<p>4(iii) Nationally, the WHAIPT will:</p> <ul style="list-style-type: none"> <li>• Collect post-discharge SSI surveillance data within the community</li> <li>• Collaborate with LHBs, LAs and local Health Protection teams to facilitate the development of local surveillance initiatives</li> <li>• Conduct a feasibility study to assess whether HCAI surveillance can be developed at a national level across the community service</li> <li>• Develop their website to provide support for the community strategy and information in support of reducing HCAI in the community.</li> </ul>	<p><b>Responsibility</b></p> <ul style="list-style-type: none"> <li>• WHAIPT.</li> </ul> <p><b>Monitoring</b></p> <ul style="list-style-type: none"> <li>• WHAISG.</li> </ul> <p><b>Timescale</b></p> <p>The study should be completed by December 2008.</p>



DELIVERY FRAMEWORK	ACTIONS	RESPONSIBILITY
<p><b>Interventions and Development of Performance Indicators (See narrative in Chapter 5, page 2.11)</b></p> <p><b>STRATEGIC OBJECTIVE:</b> The aim of minimising healthcare associated infections should be embedded within overall management schemes and will have links to clinical governance, risk management and performance management.</p> <p>The Technical Guide for Prevention and Control of Infection in Community Settings (see Annex B) will support Welsh Assembly Government standards and form the basis for a set of performance indicators.</p>	<p>5(i) LHBs should seek to agree and set local priority targets for the minimising of healthcare associated infection in the community with assistance from the WHA IPT.</p> <p>5(ii) WHA IPT will work with the organisations to identify key indicators that are capable of showing improvements in infection control and/or providing early warning of risk.</p>	<p><b>Responsibility</b></p> <ul style="list-style-type: none"> <li>• LHBs.</li> </ul> <p><b>Monitoring</b></p> <ul style="list-style-type: none"> <li>• WHA ISG.</li> </ul> <p><b>Timescale</b></p> <ul style="list-style-type: none"> <li>• December 2008.</li> </ul> <p><b>Responsibility</b></p> <ul style="list-style-type: none"> <li>• WHA IPT.</li> </ul> <p><b>Monitoring</b></p> <ul style="list-style-type: none"> <li>• WHA ISG.</li> </ul> <p><b>Timescale</b></p> <ul style="list-style-type: none"> <li>• December 2008.</li> </ul>





DELIVERY FRAMEWORK	ACTIONS	RESPONSIBILITY
<p><b>Information Technology and Communications (See narrative in Chapter 6, page 2.12)</b></p> <p><b>STRATEGIC OBJECTIVE:</b> Organisations will develop systems to agreed national standards to ensure effective recording, analysis and access to their own data, and access to information sources appropriate to their needs for managing infection within their organisation.</p> <p>Good IM&amp;T support is essential for efficient working in infection control.</p>	<p>6(i) The Welsh Assembly Government and organisations will take account of the needs of infection control in the development and implementation of future IM&amp;T programmes.</p> <p>6(ii) The feasibility of the electronic extraction of surveillance information will be explored by WHA IPT. (See 4(iii)).</p>	<p><b>Responsibility</b></p> <ul style="list-style-type: none"> <li>• Welsh Assembly Government</li> <li>• Organisations.</li> </ul> <p><b>Timescale</b></p> <ul style="list-style-type: none"> <li>• On publication of this strategy.</li> </ul> <p><b>Responsibility</b></p> <ul style="list-style-type: none"> <li>• WHA IPT.</li> </ul> <p><b>Monitoring</b></p> <ul style="list-style-type: none"> <li>• WHAISG.</li> </ul> <p><b>Timescale</b></p> <ul style="list-style-type: none"> <li>• December 2008.</li> </ul>

DELIVERY FRAMEWORK	ACTIONS	RESPONSIBILITY
<p><b>Information Technology and Communications (See narrative in Chapter 6, page 2.12)</b></p> <p>See WHA IPT website <a href="http://www.wales.nhs.uk/sites/home.cfm?OrgID=379">http://www.wales.nhs.uk/sites/home.cfm?OrgID=379</a></p>	<p>6(iii) The WHA IPT website will be developed as the major portal for communication and information exchange, including regular update of strategic developments.</p>	<p><b>Responsibility</b></p> <ul style="list-style-type: none"> <li>• WHA IPT.</li> </ul> <p><b>Monitoring</b></p> <ul style="list-style-type: none"> <li>• WHA ISG.</li> </ul> <p><b>Timescale</b></p> <ul style="list-style-type: none"> <li>• On publication of this strategy.</li> </ul>





DELIVERY FRAMEWORK	ACTIONS	RESPONSIBILITY
<p><b>Occupational Health (See narrative in Chapter 7, page 2.13)</b>  <b>STRATEGIC OBJECTIVE:</b> All staff working within community healthcare settings have access to appropriate occupational health services.</p>		
<p>See COSHH regulations (2002)  <a href="http://ptcl.chem.ox.ac.uk/MSDS/simplecoshh.pdf">http://ptcl.chem.ox.ac.uk/MSDS/simplecoshh.pdf</a>            See NICE Guidelines - Tuberculosis  <a href="http://www.nice.org.uk/guidance/CG33">http://www.nice.org.uk/guidance/CG33</a>            See All-Wales Inoculation Injury Guidelines for Primary Care  <a href="http://www2.nphs.wales.nhs.uk/icds/page.cfm?pid=339">http://www2.nphs.wales.nhs.uk/icds/page.cfm?pid=339</a></p>	<p>7(i) Using a risk assessment based approach each organisation to identify and provide the appropriate level of occupational health service required to meet the needs of their staff.</p>	<p><b>Responsibility</b></p> <ul style="list-style-type: none"> <li>• Organisations.</li> </ul> <p><b>Monitoring</b></p> <ul style="list-style-type: none"> <li>• LHBS</li> <li>• CSSIW.</li> </ul> <p><b>Timescale</b></p> <ul style="list-style-type: none"> <li>• December 2008.</li> </ul>

DELIVERY FRAMEWORK	ACTIONS	RESPONSIBILITY
<p><b>National Standards (See narrative in Chapter 8, page 2.14)</b>  <b>STRATEGIC OBJECTIVE:</b> National standards that are up-to-date and evidence based will be adopted to ensure consistent and effective infection prevention and control practice across Wales.</p>		
<p>The strategy recognises that standards change and develop. Consequently, the standards in operation will be those endorsed by Healthcare Standards Advisory Board (HCSB) through the Statement of Standards. These standards will be published on the Health of Wales Information Service (HOWIS) website, on the "Infection and Communicable Disease Service" website of the NPHS.</p>	<p>8(i) Organisations will comply with current infection control standards. In doing so, organisations will consider:</p> <ul style="list-style-type: none"> <li>• Role of clinical teams within the accountability framework</li> <li>• Incorporation of outcome measures within relevant performance indicators as they are developed.</li> </ul> <p>LHBs should liaise with organisations to facilitate the smooth introduction of these standards.</p>	<p><b>Responsibility</b></p> <ul style="list-style-type: none"> <li>• WHAISG will make recommendations to the HCSB</li> <li>• HIW and CSSIW will monitor the implementation of these standards.</li> </ul> <p><b>Monitoring</b></p> <ul style="list-style-type: none"> <li>• Ongoing - role of NHS Regional Office as part of organisation performance management arrangements</li> <li>• HIW will monitor LHBs</li> <li>• LHBs will monitor general medical and dental practices</li> </ul>





DELIVERY FRAMEWORK	ACTIONS	RESPONSIBILITY
<p><b>National Standards (See narrative in Chapter 8, page 2.14)</b></p> <p>Current guidance in operation in Wales is as follows:-</p> <p>WHC (2006)041- Healthcare Standards for Wales - Next Steps  <a href="http://www.wales.nhs.uk/sites3/docmetadata.cfm?orgid=465&amp;id=61708&amp;pid=8970">http://www.wales.nhs.uk/sites3/docmetadata.cfm?orgid=465&amp;id=61708&amp;pid=8970</a></p> <p>CSSIW Standards <a href="http://www.csiw.wales.gov.uk/index.asp">http://www.csiw.wales.gov.uk/index.asp</a></p> <p>NPHS Infection Control Guidelines for Care Homes  <a href="http://nwww.nphs.wales.nhs.uk/icds/page.cfm?pid=1568">http://nwww.nphs.wales.nhs.uk/icds/page.cfm?pid=1568</a></p> <p>DOH Infection Control Guidance for Care Homes - PHMEG <a href="http://www.dh.gov.uk/assetRoot/04/13/63/84/04136384.pdf">http://www.dh.gov.uk/assetRoot/04/13/63/84/04136384.pdf</a></p> <p>The Hazardous Waste Regulations (2005)  <a href="http://www.opsi.gov.uk/si/si2005/20050894.htm">http://www.opsi.gov.uk/si/si2005/20050894.htm</a></p>	<p>8(ii) Standards for infection control to be adopted by HIW and CSSIW to accommodate evolving aspects of the national infection control strategy and development of the evidence base.</p> <p>8(iii) Commissioning bodies, e.g. LHBs and LAs, should refer to these standards when reviewing the contracts that they commission.</p>	<p><b>Monitoring (cont)</b></p> <ul style="list-style-type: none"> <li>Commissioning bodies will monitor nursing homes, residential homes, mental health facilities and learning disability facilities.</li> </ul> <p><b>Timescale</b></p> <ul style="list-style-type: none"> <li>Compliance with Infection Control standards to be implemented by June 2008.</li> </ul>

DELIVERY FRAMEWORK	ACTIONS	RESPONSIBILITY
<p><b>National Standards (See narrative in Chapter 8, page 2.14)</b></p> <p>MHRA Sterilisation and Decontamination of Medical Devices.  <a href="http://www.mhra.gov.uk/home/idcplg?ldcService=SS_GET_PAGE&amp;useSecondary=true&amp;ssDocName=CON007438&amp;ssTargetNodeId=575">http://www.mhra.gov.uk/home/idcplg?ldcService=SS_GET_PAGE&amp;useSecondary=true&amp;ssDocName=CON007438&amp;ssTargetNodeId=575</a></p> <p>Decontamination of Re-usable Instruments in General Practice <a href="http://new.wales.gov.uk/topics/health/ocmo/communications/letters/2004/?lang=en">http://new.wales.gov.uk/topics/health/ocmo/communications/letters/2004/?lang=en</a></p> <p>NPHS Directed Enhanced Service Minor Surgery (2006) <a href="http://mww2.nphs.wales.nhs.uk/page.cfm?pid=1267">http://mww2.nphs.wales.nhs.uk/page.cfm?pid=1267</a></p> <p>A12 Infection Control in Dentistry <a href="http://www.bda.org/advice/docs/A12.pdf">http://www.bda.org/advice/docs/A12.pdf</a></p>		







# Part Four

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## Glossary

BBV	Blood Borne Viruses
BDA	British Dental Association
BSC	Business Service Centre
CCDC	Consultant in Communicable Disease Control
COI	Control of Infection
COSHH	Control of Substances Hazardous to Health
CSSIW	Care & Social Services Inspectorate Wales
DOH	Department of Health
EPIC	Evidence based Practice in Infection Control
GP	General Practitioner
HASWA	Health and Safety at Work Act
HBN	Health Building Note
HCAI	Healthcare Associated Infection
HCSB	Healthcare Standards Advisory Board
HCW	Healthcare Worker
HIW	Healthcare Inspectorate Wales
HOWIS	Health of Wales Information Service
HSE	Health & Safety Executive
HSG	Health Service Guidelines
ICNA	Infection Control Nurses Association
ICP	Infection Control Practice
IM&T	Information Management & Technology
LHB	Local Health Board
MAC	Medical Advisory Committee
MHRA	Medicines & Healthcare products Regulatory Agency
MRSA	Methicillin Resistant Staphylococcus Aureus
NHS	National Health Service
NICE	National Institute for Clinical Excellence

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NOS	National Occupational Standards
NPHS	National Public Health Service
NPSA	National Patient Safety Agency
NRIC	National Resource for Infection Control
PPE	Personal Protective Equipment
RCGP	Royal College of General Practitioners
RCN	Royal College of Nursing
SICP's	Standard Infection Control Precautions
SSI	Social Services Inspectorate
WAG	Welsh Assembly Government
WHAIPT	Welsh Healthcare Associated Infection Programme Team
WHAISG	Welsh Healthcare Associated Infection Sub Group
WHO	World Health Organisation

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### LHBs - Audit of Infection Control Activities - 2006

During 2006, 22 LHBs were audited to identify the infection control activities they were undertaking. The following results emerged:

Question	Yes	No	No Reply
Do you have an executive at board level with responsibility for Infection Control?	11	5	6
Do you have a nominated lead for Infection Control?	11	5	6
Does the LHB have an Infection Control Nurse as part of the Infection Control Service?	7, however 4 of these are employed by the NPHS	9	6
Do you produce an annual report on any aspect of Infection Control?	2, with a further 2 planning an annual report	12	6
Is there an identifiable budget for Infection Control?	1	15	6
Is there any routine reporting to the board on Infection Control?	2, 4 LHBs report via clinical governance and 3 report only for specific outbreaks	7	6
Do you provide training in Infection Control for clinical staff at induction and as regular updates?	14	2	6
Is Infection Control included in the audit or clinical governance programme of the LHB?	9 4 - Part of QOF process	3	6

Question	Yes	No	No Reply
In the last two years have any reports been produced that have led to a change in practice in Infection Control? (yes/no) If yes please give a brief summary.	10, these reports have mainly been as a result of audits	6	6
Could you provide any examples of good practice in the prevention of HAI that have been developed/ introduced in the last year?	11, e.g. moves to disposable instruments	5	6

## Prevention and Control of Infection in Community Settings

### Guidance and Checklist

#### Purpose of Guidance

To indicate the components of a sustainable system approach necessary to ensure that patient or client safety in the community setting is not compromised by poor infection prevention and control procedures.

#### Rationale and Risk

Risks to patients of healthcare acquired infections have received a great deal of publicity in recent years and it has been acknowledged that there are both simple and more complex steps which can be taken which will reduce the opportunity for such infections to develop and be passed between patients; and clinicians and patients.

It is not only common sense to try to reduce the risk of transmitting infection it is also a statutory requirement. Clinicians and others have a duty to assess the risk of infection to patients and staff and take steps to limit that risk under the Health and Safety at Work Act 1974, the Management of Health and Safety at Work Regulations 1999 and the Control of Substances Hazardous to Health Regulation (COSHH) 1999.

The responsibility to put systems in place to limit risk lies fairly and squarely with practitioners and care providers both for their own actions and vicariously for those of their staff. In this context practitioners and healthcare providers includes all primary care providers e.g. GP and dental practices, ophthalmologists, chiropodists etc, nursing and residential care homes and any other private or voluntary healthcare provision. The duty to support and facilitate precautionary measures by practitioners and care providers must also be shared by Local Health Boards (LHBs), the Business Services Centre (BSC) and any other commissioning bodies.

This guidance will, therefore, guide LHBs, the BSC and other commissioning bodies on their duties while at the same time outlining systems which will enable practitioners and care providers to work co-operatively with LHBs, the BSC and other commissioning bodies to reduce risks of cross infection, and comply with statutory requirements whatever the nature of their contractual relationship.

Check Area: 1

ACCOUNTABILITY

Within the LHB overall accountability for infection prevention and control matters, both in the LHB and its contractors, is vested in an Executive Board member.

*Guidance:*

While the Chief Executive retains overall responsibility for the management of all risks, for operational purposes an Executive member of the Board should co-ordinate the infection prevention and control activities directly related to any clinical activities of the Board or to the support of similar activities, which will enable primary care and dental practices, nursing and residential care homes to comply with their contractual and statutory obligations.

While each independent clinician, practice and care provider has a duty to minimise the risk of infection to patients and colleagues, contracting for control of infection advice and for decontamination services can be difficult for them. Central co-ordination of such activities by LHBs makes sense and will also provide some reassurance that practices are complying with their contractual obligations for the control of infection.

The responsible Director should ensure that arrangements are in place to:

- Develop an overall strategy with all stakeholders to support the attainment of effective prevention and control of infection and decontamination systems throughout all community healthcare settings.
- Facilitate the provision of a central source(s) of advice and training in infection control.
- Facilitate the provision of auditable decontamination services.
- Agree monitoring and auditing processes with constituent practices and others e.g. care homes.
- Identify a lead practitioner for every organisation who will act as the focus for liaison on control of infection matters.
- Provide an Occupational Health Service to the standard required by the Welsh Assembly Government for all community healthcare staff.

*Check that:*

1.1 An Executive Director has been nominated to co-ordinate support of prevention and control of infection activities within the LHB area.

Example of evidence:

- Board minute

Yes  No  Partial

Comments:

1.2 A structure exists, which outlines the responsibilities of members of LHB staff for control of infection issues.

Examples of evidence:

- Organisational structure
- Job description
- Accountability chart

Yes  No  Partial

Comments:

1.3 The job descriptions of key members of staff outline how they will provide the support and facilitate the development of good control of infection practice denoted under "Guidance" above.

Example of evidence:

- Job description

Yes  No  Partial

Comments:

1.4 Leads have been identified for all GP practices and other care providers.

Example of evidence:

- List of contact details

Yes  No  Partial

Comments:

1.5	<p>A guide to the role of the Control of Infection lead in practices and other private healthcare providers has been developed and provided to each principal and lead.</p> <p>Example of evidence: ➤ Outline role description</p>
<p>Yes <input type="checkbox"/>      No <input type="checkbox"/>      Partial <input type="checkbox"/></p> <p>Comments:</p>	
1.6	<p>A policy and procedure setting out the consultation, communication and liaison system between the LHB, its contractors and other healthcare providers on control of infection issues has been developed and circulated.</p> <p>Example of evidence: ➤ Communication procedure on Control of Infection issues including alerts</p>
<p>Yes <input type="checkbox"/>      No <input type="checkbox"/>      Partial <input type="checkbox"/></p> <p>Comments:</p>	

Check Area: 2	<p><b>ACCOUNTABILITY</b></p> <p>A consultative group representative of local stakeholders is convened to discuss control of infection, decontamination and waste disposal issues.</p>
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*Guidance:*

Involvement of representatives of local primary care practices and other care providers in decision-making regarding control of infection activities will help to ensure their acceptability and implementation. The group which has such matters within its remit need not be formed solely for that purpose, but can be an already constituted group which can have infection control added as a permanent agenda item. The only proviso should be that an appropriate adviser is available for the meeting or at least the relevant portion of it; appropriate advisors would include CCDC or Community Infection Control Nurses.

*Check that:*

2.1 A group representative of local stakeholders, including primary care and dental practices and other care providers e.g. nursing homes, has control of infection within its terms of reference.

Examples of evidence:

- Terms of Reference
- List of members

Yes       No       Partial

Comments:

2.2 The group is involved in making decisions on control of infection, decontamination and waste disposal matters in their local community.

Example of evidence:

- Minutes of meetings

Yes       No       Partial

Comments:

Check Area: 3	<b>ACCOUNTABILITY in Local Health Boards (See also Standard G: AFA 5.3)</b>  A strategy to support and facilitate the development of good control of infection practice, auditable decontamination, waste disposal and laundry processes has been developed.
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*Guidance:*

The procurement of control of infection advice and training, auditable decontamination, waste disposal and laundry facilities may be difficult for individual practitioners, practices and other care providers. The provision of such services would be more easily facilitated and be more cost effective when organised on a group basis by the LHB. The strategy to enable this provision should be based on the needs identified by the local representative group and both local and centrally provided advice. An action plan to put the strategy into effect will need to be developed.

*Check that:*

3.1	A strategy and ensuing action plan to provide control of infection advice and a service based on national guidance and local needs has been developed.  Examples of evidence: ➤ Strategy Document ➤ Action Plan
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Yes       No       Partial

Comments:

3.2	A strategy and action plan to facilitate the joint purchase of decontamination and waste disposal services for practitioners and care providers has been developed or to advise on alternatives when this is not practical.  Examples of evidence: ➤ Strategy Document ➤ Action Plan
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Yes       No       Partial

Comments:



3.3	<p>A strategy and action plan to jointly purchase laundry services for practices and care providers has been developed or to advise on an alternative where this is not practicable.</p> <p>Examples of evidence:</p> <ul style="list-style-type: none"><li>➤ Strategy Document</li><li>➤ Action Plan</li></ul>
<p>Yes <input type="checkbox"/>      No <input type="checkbox"/>      Partial <input type="checkbox"/></p> <p>Comments:</p>	



Check Area: 4	<p><b>ACCOUNTABILITY (within other practices and other care providers)</b></p> <p>The owner/senior manager or partner will retain overall accountability for control of infection within their organisation even where they nominate a member of staff as lead for infection control.</p>
<p><i>Guidance:</i></p>	
<p>They should ensure that a simple plan to minimise the risk of transfer of infection is developed. The plan should outline the systems, processes and procedures which staffs are intended to implement and follow. Examples of contents could include:</p> <ul style="list-style-type: none"> <li>• Standard infection control practices, including</li> <li>• Waste disposal arrangement</li> <li>• Arrangements for decontamination of instruments</li> <li>• Laundry arrangements</li> <li>• Criteria or conditions which indicate when external advice should be sought</li> <li>• Contingency plans for an outbreak of infection <ul style="list-style-type: none"> <li>➤ In the organisation</li> <li>➤ In the community</li> </ul> </li> <li>• The duties of the infection control lead</li> <li>• Training arrangements/requirements for staff.</li> </ul>	

*Check that:*

4.1 The duties of the infection prevention and control lead have been set out.

Example of evidence:

- Job Description

Yes  No  Partial

Comments:

4.2 Day to day practices and precautions for infection control are set out.

Examples of evidence:

- Standard infection control precautions policy including hand hygiene
- Waste disposal policy and arrangements
- Laundry policy and arrangements
- Procedure, advice and arrangements for seeking external advice
- Policy and arrangements for the washing and decontamination of instruments and other equipment
- Clear description of criteria for when and how external advice should be sought

Yes  No  Partial

Comments:

4.3 A simple action plan/strategy to achieve implementation and monitoring of the day to day practices has been drawn up.

Example of evidence:

- Action plan

Yes  No  Partial

Comments:

4.4	Contingency plans are available (as appropriate to the organisation): Examples of evidence: <ul style="list-style-type: none"><li>➤ Contingency plan for outbreak of infection within the organisation</li><li>➤ Contingency plan for outbreak in the community</li></ul>
Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/>	
Comments:	



Check Area: 5	<b>CAPABILITY</b> Practitioners, control of infection leads and other staff are trained and can demonstrate knowledge and/or competence to a level appropriate to their role.
---------------	--

*Guidance:*

Any organisation, which employs staff, has a duty under a number of acts and regulations to ensure that their staff are competent to carry out their role. In the case of infectious organisms the duty to ensure that staff are competent to deal with the risk to themselves, colleagues and users of their services is centred mainly under the Health and Safety at Work etc Act 1974 (HASWA) and the Control of Substances Hazardous to Health Regs 1999 (COSHH).

Training for staff is likely to be a combination of theoretical and practical and vary in depth and content dependent upon the level of competence required to fulfil their role. The COI lead will be likely to require the most comprehensive training particularly if he or she will be required to cascade training.

*Check that:*

5.1	A training needs analysis for staff has been carried out which includes training to an appropriate level in Control of Infection issue.  Example of evidence: ➤ Training needs analysis
-----	--

Yes       No       Partial

Comments:

5.2	Appropriate sources of training have been identified.  Example of evidence: ➤ Training plan
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Yes       No       Partial

Comments:

5.3	A record of training and competence checks is held. Examples of evidence: ➤ Training records ➤ Records of competence checks
Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/>	
Comments:	



Check Area: 6	<b>PROCESSES</b> Control of infection is considered as part of all service development activity.
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*Guidance:*

A system should be in place to ensure that practices and other care providers obtain advice on control of infection and occupational health matters before:

- Building new or extending existing healthcare premises
- Purchasing medical devices or equipment (including such items as couches, beds or hoists)
- Providing new services, particularly if they involve invasive procedures.

*Check that:*

6.1	Check for evidence that there is written guidance for practices and other care providers stating how, when and from whom advice should be sought prior to any significant building work/change of utilisation.  Example of evidence: ➤ Guidance
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Yes       No       Partial

Comments:

6.2	The LHB has in place a policy, which requires that it assesses risk or obtains assessments of risk of transfer of infection prior to commissioning new services from its contractors, particularly where invasive procedures are contemplated or equipment will require decontamination.  Examples of evidence: ➤ Policy ➤ Risk assessment
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Yes       No       Partial

Comments:

6.3	<p>There is written guidance for practices and other care providers on how advice can be obtained prior to the purchase or trialling of medical devices or equipment.</p> <p>Example of evidence: ➤ Guidance</p>
<p>Yes <input type="checkbox"/>      No <input type="checkbox"/>      Partial <input type="checkbox"/></p> <p>Comments:</p>	
6.4	<p>There is written guidance available for practices on best practice in clinical waste disposal.</p> <p>Example of evidence: ➤ Guidance</p>
<p>Yes <input type="checkbox"/>      No <input type="checkbox"/>      Partial <input type="checkbox"/></p> <p>Comments:</p>	



Check Area: 7	<p><b>MONITORING AND REVIEW</b></p> <p>A comprehensive report on infection control activity should be produced by the LHB, reviewed and summarised by the Risk Management Committee and progress reported to the Board.</p>
<p><i>Guidance:</i></p>	
<p>The LHB would be considered to have a duty to obtain reassurance that own its staff and all practices and other care providers (see definition under Rationale and Risk) were using best achievable practice to minimise the risk of cross infection to their patients or staff.</p> <p>The report would be best co-ordinated by the lead for infection control within the LHB but be based on self-assessment by the practice or care provider, performance against key performance indicators and any other means of measuring risk management performance including both quantitative and qualitative reports on incidents.</p> <p>The report should be submitted to the local COI liaison group, to the LHB Risk Management Committee and sufficient salient points summarised to provide indications of performance to the Board; this could be a relevant key performance indicator.</p> <p>Key performance indicators will change over time as control of infection activity matures, but initially should include:</p> <ul style="list-style-type: none"> <li>• Performance against this guidance</li> <li>• The percentage of practices which have identified a COI lead (AFA 1)</li> <li>• The establishment of a local group representative of local practices and care providers (AFA 2)</li> <li>• Source(s) of advice identified</li> <li>• Levels of training provided overall and / or in individual practices</li> <li>• Policies and guidance developed</li> </ul> <p>A process of audit by the LHB to support the self-assessment process should be developed.</p>	



*Check that:*

7.1 A report has been compiled.

Example of evidence:

➤ Report

Yes  No  Partial

Comments:

7.2 The report is representative of all practices and other care providers within the LHB.

Example of evidence:

➤ Report

Yes  No  Partial

Comments:

7.3 The report has been submitted to the:

- LHB
- Risk Management Committee
- Summarised to the Board
- Regional Office

Example of evidence:

➤ Minutes

Yes  No  Partial

Comments:

7.4	<p>The key performance indicators shown in guidance above have been measured and the results form part of the report.</p> <p>Example of evidence: ➤ Report</p>
<p>Yes <input type="checkbox"/>      No <input type="checkbox"/>      Partial <input type="checkbox"/></p> <p>Comments:</p>	
7.5	<p>The report reviews adverse incidents where failure to control infection was a causal/contributory factor and action taken to prevent recurrence.</p> <p>Example of evidence: ➤ Report</p>
<p>Yes <input type="checkbox"/>      No <input type="checkbox"/>      Partial <input type="checkbox"/></p> <p>Comments:</p>	





Further copies can be obtained from:

Health Protection Division 2  
Department for Public Health and Health Professions  
Welsh Assembly Government  
Cathays Park  
Cardiff  
CF10 3NQ

Or via the Chief Medical Officer for Wales website.  
[www.wales.gov.uk/cmo](http://www.wales.gov.uk/cmo)