

THE CODE OF PRACTICE:

DRAFT CONSULTATION DOCUMENT

HEALTHCARE ASSOCIATED INFECTION TASK FORCE

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1. BACKGROUND AND CONSULTATION

1.1 Healthcare Associated Infection (HAI) is a priority issue for NHSScotland. The profile of prevention and control of HAIs has been transformed within the past few years. Significant milestones include the Carey Report "Managing the risks of healthcare associated infections in NHSScotland" (August 2001); the NHS Quality Improvement Scotland (NHSQIS)/Clinical Standards Board for Scotland HAI Infection Control Standards (December 2001) AND Cleaning Services Standards (June 2002); "A framework for national surveillance of healthcare associated infection in Scotland" (July 2001); the Antimicrobial Resistance Strategy and Scottish Action Plan (June 2002); the Ministerial HAI Action Plan "Preventing infections acquired while receiving healthcare (October 2002); the Audit Scotland review of cleaning services and the NHSQIS review of HAI infection control standards (both published January 2003) and the "champions" educational initiative (April 2003).

1.2 A major programme of work to improve the prevention and control of HAI across the NHS in Scotland was laid out in the Scottish Executive Health Department's Ministerial Action Plan on HAI. This programme is now being actioned by the Scottish HAI Task Force under the chair of the Chief Medical Officer. The HAI Task Force is both overseeing existing work in progress and commissioning several new working groups to address the many tasks specified in the Action Plan.

1.3 One of the immediate priorities for the HAI Task Force is to develop an NHSScotland Code of Practice for the management of hygiene and HAI.

1.4 An HAI Task Force working group was formed in 2003 to develop the Code of Practice. This multidisciplinary working group includes representation from NHS clinical and support services, members of the public, the non-NHS care sector including independent hospital representation and staff partners (full membership at Appendix 4).

1.5 Following the consultation, the working group will take account of all views expressed and will move forward to finalise the agreed Code of Practice.

1.6 In the interim period before the Code of Practice is finalised the HAI Task Force recommends that NHS bodies use the draft attached to this letter as interim guidance.

1.7 The purpose of consulting widely on this draft guidance is to seek views on a piece of work which is important for individual NHS bodies in Scotland and for the NHS as a whole – an NHSScotland Code of Practice for the local management of hygiene and HAI.

1.8 As such, you are invited to comment on:

- The scope and content of this consultation document;
- The format and clarity of the document;
- The format of the final document;
- Whether there are any gaps in the information provided;
- The role of members of the public in monitoring compliance with the code of practice.

1.9 Comments should be sent by 19 December to:

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Please note that all responses to this consultation may be made public, unless a respondent requests that their views be kept confidential.

"Partnership for Care: Scotland's Health White Paper", which was issued earlier this year, contained proposals for changes to the governance arrangements for local NHS systems. This included the dissolution of the remaining Trusts and the development of single-system working where this does not already exist. This is intended to improve service organisation and delivery throughout NHSScotland. This consultation document uses existing 'Trust' terminology, but this should be interpreted as appropriate as and when new unified structures are implemented.

2. INTRODUCTION

The Ministerial Action Plan, 'Preventing Infections Acquired While Receiving Healthcare', recognises good hygiene as key to reducing the risk of Healthcare Associated Infections (HAI) for patients, staff and visitors. The need for a Code of Practice was identified to provide guidance on the management of hygiene and HAI within wards and other clinical settings and also for support services. This Code of Practice is written to be applicable throughout Scotland wherever healthcare is being delivered, both within and outwith the NHS.

In response to the Ministerial initiative the Code of Practice defines local management powers and responsibilities for delivering safe clinical care through ensuring high standards of hygiene and HAI in the healthcare environment.

The Code of Practice

While the Code of Practice did not develop from specific legislation, it may attract a legal effect through its definition of specific accepted professional practice in this sphere of healthcare provision. Any radical departure from such accepted practice might be interpreted within a legal setting to reflect irrational decision-making.

The Scope of the Code of Practice

Within the published Ministerial Action Plan, details of the scope of the Code of Practice were specified. The Code had to embrace a range of issues involved in the management of hygiene and HAI covering:

- Aspects relevant to the environmental and equipment standards to be maintained.
- Healthcare providers' responsibilities in respect of informing patients about the risks of HAI and the measures being taken to reduce them.
- How to avoid inappropriate or over-frequent patient movement and overcrowding.
- The actions required to ensure compliance with hygiene and infection control standards, especially hand hygiene.
- 'Prevention and control of infection' guidance (eg managing patients with loose stools).
- Staff training in hygiene and infection control.

A list of topics underpinning these higher level issues was identified. In constructing the Code of Practice, this list has been developed and organised into a series of six chapters within the Code.

The Approach to the Code of Practice

The Code should be used alongside other available guidance and documentation, both from other agencies and from other initiatives within the Ministerial Action Plan. As far as was possible within the context of producing a coherent Code of Practice, duplication of matters contained within these sources has been avoided. There is some repetition in the Code as it was thought to be most helpful for staff using the document to present the issues contained within each chapter as a complete entity. All the topics considered have been assessed on a risk management basis and the Code has been written to be relevant, realistic, rational and readable. In reaching its conclusions, the Working Group was conscious of the lack of robust evidence throughout prevention and control of infection practice and so has adopted an expert opinion consensus methodology. The Working Group would seek to encourage future research activity focussed on the evidence needed to underpin prevention and control of infection practice.

Effective implementation of the Code of Practice will be everybody's responsibility. All organisations are well positioned to achieve ownership and effective activity. The NHS Quality Improvement Scotland/Clinical Standards Board for Scotland HAI Infection Control Standards clearly outline the importance of the following at organisational level:

- ? Infection Control Team and Infection Control Committee
- ? Risk Management Committee or structure
- ? Designated senior manager (as HDL(2001)10) with overall responsibility for risk assessment and management processes relating to decontamination, infection control, medical devices management and cleaning services
- ? Clinical Governance Committee

For prevention and control of infection and hygiene to work effectively, critical activities such as handwashing have to be embedded into everyday practice. There must be a culture of "Infection Control is everybody's business" with integration of best practice into routine activities: simply an understanding and belief that "this is the way we do things round here".

3. COMPLIANCE MANAGEMENT

3.1 The big issue

Compliance mechanisms are essential to provide assurance that there is a managed environment that minimises the risk of infection to patients, staff and visitors.

3.2 This is what it's all about

- ? Compliance is an integral component of all organisations' risk management processes, by providing evidence that there is in place a mechanism of internal 'good-practice' control, which in turn offers assurance that the aims are being achieved.
- ? The organisation's assurance statement regarding HAI should encourage all staff within the organisation to support its commitment to HAI control and reduction.
- ? Compliance is most effective when it is based on a combination of self-assessment within the organisation and independent audit, inspection and review by others.
- ? Compliance mechanisms, whether addressed formally or informally, have 3 common, key components or activities:
 - o **Monitoring activity** of the systems of quality and risk management eg audit;
 - o **The regulatory framework** (the 'rules') including policies, procedures and guidelines, and the organisation's own **internal** standards of 'good practice'; and
 - o **The regulatory authority**, or source, of the above.
- ? The intention of this chapter is to clarify the existing internal mechanisms to be utilised to address compliance arrangements.

3.3 This is how to do it well

- ? Organisations introducing a compliance management framework need to consider the following questions:
 - o Do all staff **understand** why the Trust is introducing the compliance framework and what it hopes thereby to achieve?
 - o Do all staff, managers and committees **accept** and **own** the compliance framework?

- o Are there **resources** available to allow the Code of Practice to be followed?
- o Does the organisation's audit and monitoring provide **robust data** to assess achievement of compliance?
- o Are the results of audit and monitoring used in **education/training** to promote and support a culture of awareness of, and compliance with, the Code of Practice?
- o Are existing **complaints procedures and employment conduct policies** adequate to deal with persistent breaches of the Code of Practice?
- ? The organisation should produce a summary of information relating to compliance with the Code of Practice.
- ? The basis of the Code of Practice should be conveyed to all staff within the organisation.
- ? The Infection Control Committee (ICC) terms of reference should include responsibility for assessment of levels of compliance within the Code of Practice.
- ? Tool(s) for undertaking audit that should be controlled by the Infection Control Committee (ICC) should accompany each component of the Code of Practice.
- ? Line managers should be responsible for monitoring and reviewing levels of compliance through annual performance review and appraisal processes.
- ? The annual infection control and monitoring programme should include:
 - o audit activity undertaken and proposed by the Infection Control Team (ICT);
 - o self-audit activity of compliance with the Code of Practice undertaken at operational level, eg ward, department or clinical group.
- ? Identification of breaches of the Code of Practice should trigger adverse-incident, adverse-event or near-miss reports.
- ? All elements of the Code of Practice should be regularly assessed over a one-year period.
- ? Areas of deficiency identified through compliance monitoring must initiate a local remedial action plan.

- ? The Risk Management and/or Clinical Governance Committees should on a quarterly basis critically appraise the results of infection control audit and monitoring of the processes.
- ? Evidence should be provided at least annually by the ICC that:
 - o activity relating to audit and monitoring is widely disseminated,
 - o is used to assist training and education,
 - o results in an increasing awareness of the Code of Practice within the organisation.
- ? Persistent failure to adhere to the Code of Practice by any member of staff should be reflected in the annual performance review
- ? There must be a clear pathway from a staff member's persistent failure to adhere to the Code of Practice to the organisation's staff management process.
- ? An annual review of the organisation's compliance with the Code of Practice should be independently assessed through existing external regulatory framework(s).

4. STAFF EDUCATION

4.1 The big issue

The education of staff involved in relevant Healthcare Associated Infection (HAI) issues is essential to ensuring that there is a managed environment that minimises the risk of infection to patients, staff and visitors.

4.2 This is what it's all about

- ? Education is at the heart of a learning organisation. It is essential to enable staff to deliver the highest possible quality of care and this includes the issue of HAI.
- ? Within healthcare staff, there are 3 important groups to be considered in terms of HAI education:
 - o Management eg Chief Executives/Directors/Local Managers
 - o Practice Supervisors/Trainers/Educators
 - o Individual Health Care Workers
- ? The organisation's education effort in respect of HAI must allow for initial and continuing training and has to be comprehensive and targeted against risk. It should promote attendance through well-constructed, attractive programmes and through encouragement by management at all levels.

4.3 This is how to do it well

This section highlights areas of particular responsibility but it should be stressed that it is important to recognise that relevant education applies to **ALL** staff as Healthcare Associated Infection is **everybody's business**.

➤ The Organisation:

- ? The organisation will have an explicit strategy for induction training in relation to HAI.
- ? The organisation will have an explicit strategy for Continuing Professional Development (CPD) in relation to HAI.
- ? Adequate resources will be identified to deliver the organisation's strategic plans for HAI education.
- ? Recording and reporting structures will be in place specific to the HAI induction and CPD Strategies.
- ? Impact evaluation will be integral to the organisation's HAI education Strategies.

➤ **Practice Supervisors/Trainers/Educators:**

- ? Will ensure their contribution to education and training is evidence-based where this evidence exists.
- ? Will ensure their contribution to education and training in HAI fits with local and national strategies.
- ? Will make connections between relevant bodies, eg NHS Quality Improvement Scotland (NHSQIS) Standards in HAI, and the organisation's education/training programme.
- ? Will be able to demonstrate through their annual appraisal processes the maintenance of their own level of knowledge and skills in HAI.

➤ **Health Care Workers ie Clinicians and Support Staff:**

- ? Within their annual personal development plan, will identify specific objectives for CPD in HAI.
- ? Will demonstrate an acceptable level of competence in the workplace relating to prevention and control of Healthcare Associated Infection.
- ? Will act as a role model to others in the maintenance of a safe environment.

5. PATIENT & PUBLIC INFORMATION

5.1 The big issue

Patients, carers, relatives and the public have the right to receive high quality oral and written information on HAI. This will enable them to understand the issues and to be informed of the steps being taken to control the risks. It will also help them to ask informed questions and contribute to control.

5.2 This is what it's all about

- ? The general public is increasingly well-informed about health and healthcare. They expect their healthcare providers to provide them with accurate and accessible information.
- ? There is a professional obligation on all healthcare providers to communicate openly and clearly about the nature of healthcare associated infections and the measures to control them.
- ? There is a need for patients and the public to understand the risks of acquiring infections while receiving healthcare and to know what they and healthcare providers can do together to prevent Healthcare Associated Infection (HAI).
- ? It may be difficult to communicate information on risks. Different ways of presenting it may change how it is interpreted by the public.
- ? It is necessary to have a programme for continuous improvement in the quality and quantity of HAI information provided for patients, their carers and relatives.

This chapter draws on a document currently in preparation by the Patient Information Initiative at the Scottish Executive Health Department. This important resource should be available by the end of 2003.

5.3 This is how to do it well

- **In general, information provided to patients and the public should:**
 - ? Inform and ensure their confidence that healthcare services within the hospital and community are as safe and effective as practicable.
 - ? Raise awareness, knowledge and involvement of their expected roles and responsibilities in limiting the spread of infection.
 - ? Enable them to make informed choices about care and treatment.
- **In preparing patient information on HAI, clear aims should be established.** These should include:
 - ? Increasing knowledge and understanding
 - ? Correcting misunderstandings
 - ? Raising awareness about the risk of HAI
 - ? Providing reassurance
 - ? Reducing anxiety
 - ? Giving instructions on how to reduce the risks of HAI

- ? Giving information on what the staff/organisation should be doing about HAI
- ? Written material should support verbal information given by healthcare professionals.
- ? Some patient information should be produced routinely as part of general information produced for patients. Other information should be produced when required. All patient information should be supported by evidence where this exists.
- ? A designated post holder within the organisation's structure must be identified as responsible for patient information.
- ? Patients, carers and the public must be involved in the development of patient information.
- ? Patient information must be easy to read and written in plain language. The format of the information should ensure all relevant information is included and is presented in a way which is easily accessible.
- ? The information must be provided in a range of forms eg Braille, audiocassette and a range of languages, dependent on the area covered and services provided.
- ? All patient information must have a plan for evaluation.
- ? All patient information must be dated and have a review date.
- **Core patient information about HAI** must address the following:
 - ? What is infection?
 - ? That there is a risk of acquiring infections and of passing them on.
 - ? Infection comes from a range of sources, including staff, other patients, patients' own commensal organisms, specific treatments, inappropriate use of antibiotics (which may lead to increased susceptibility to infection and to the emergence of antibiotic resistance), contaminated food and from the environment.
 - ? Infection is not inevitable.
 - ? What is being done to monitor and prevent HAI.
 - ? Explanation of increased susceptibility to HAI including the very young, the very old and those with long-term health conditions.
 - ? Staff expectations of people as patients, carers or relatives.
 - ? The issue of food consumed in healthcare premises by patients, carers or relatives is a complex one, which should be addressed locally.

- **Condition/Situation Specific Information on HAI** should be produced for the following situations:
- ? For patients isolated for the purposes of infection control;
 - ? When a patient is colonised or infected with MRSA or some other "alert" organism;
 - ? During outbreaks of infection:
 - o What the patient has the right to expect
 - o What is the nature of the outbreak of infection
 - o If the outbreak has implications for the patient
 - o How the patient will be kept informed of any additional risks
 - o What is being done to monitor and prevent the spread of infection.

6. STANDARD HEALTHCARE EQUIPMENT

6.1 The big issue

Patients have the right to receive high quality care delivery using equipment (when necessary) that is provided and maintained in a way which minimises the risks of Healthcare Associated Infection (HAI) acquisition and transmission.

6.2 This is what it's all about

- ? The range and quantity of equipment used in the delivery of healthcare is considerable.
- ? The focus of consideration in the Code is standard healthcare equipment as defined in Appendix 1.
- ? Levels of basic ward equipment (eg hoists, slings, commodes) must be sufficient to reduce the communal use of such equipment and hence to reduce the risk of cross contamination due to inadequate decontamination.
- ? Managing risk is at the heart of effective deployment of equipment. As this will vary from facility to facility, local assessment and decision making is essential.
- ? The safe use of standard healthcare equipment is not merely numbers related but depends upon the correct purchase, maintenance and training in the use of these resources, including cleaning/disinfection schedules.
- ? The principles in terms of evidence of infection risk, assessing infection risk, and management of infection risk apply to the equipment listed in the Code and to other healthcare equipment used in the range of healthcare delivery situations.
- ? There is evidence for HAI risk from:
 - o poorly designed and/or manufactured equipment that makes effective cleaning difficult or impossible;
 - o equipment transfer from one area to another resulting in difficulty in determining ownership responsibility for condition and hygiene;
 - o equipment gifted or purchased outwith procurement procedures or infection control input as to its functional suitability;
 - o lack of clarity about who is responsible for cleaning particular items;
 - o inadequate supplies of equipment resulting in sharing contaminated equipment;
 - o inadequate cleaning schedules and recording of schedules and standards being achieved;
 - o equipment contaminated as a result of poor personal hygiene eg hand hygiene of staff and patients;
 - o staff using equipment without adequate and suitable training.

6.3 This is how to do it well

➤ Purchase procedure

- ? There must be a policy in place with input from appropriate specialist staff to ensure that infection risk is addressed at the purchasing stage in compliance with MDA DB9801, *Medical Equipment and Devices: Management for Hospital and Community based Organisations* and HDL(2001)10.
- ? Equipment purchase must take account of good design that allows easy decontamination and construction with durable materials that support easy cleaning.

➤ Condition monitor

- ? The ongoing condition of the equipment needs to be monitored to ensure that infection risk can still be managed effectively and audited regularly.
- ? When the equipment condition is such that effective cleaning is no longer achieved easily the equipment must be disposed of safely in accordance with the organisation's environmental management policy.

➤ Supplies

- ? There must always be available supplies of clean equipment to ensure that the re-use of potentially contaminated equipment does not happen.

➤ Scheduled cleaning

- ? Equipment will be subject to a cleaning schedule which will detail cleaning frequency, cleaning procedure including cleaning agents to be used and the staff responsible.
- ? The schedule must be signed off at the end of each day certifying that it has been achieved, in line with the organisation's policy.
- ? Appendix 1 shows the normal cleaning schedule for standard healthcare equipment with an example of a daily monitoring record.

➤ Scheduled cleaning "plus"

- ? There are procedures common to all cleaning schedules but certain items of equipment require particular actions, eg the finish or design of an item of equipment may require special attention to ensure that it is effectively cleaned.

➤ Training of staff

- ? Staff need to understand the importance of the measures in place to manage infection risk from standard healthcare equipment.
- ? Appropriate ongoing training must be provided to ensure that staff implement the standards required.

- ? Associated with this is the need for high standards of personal hygiene, and appropriate training about this must also be provided to all staff.
- ? The success of training should be monitored regularly as part of performance appraisal in the job.

➤ **Recorded audit**

- ? Healthcare organisations need to exercise due diligence in their management of infection risk from standard healthcare equipment, and this requires them to ensure that their management measures are documented, implemented and recorded.
- ? Auditing of these measures is an ongoing requirement.
- ? Implementation of the results of audit cycles is essential to ensure that risk management is being achieved.

MANAGEMENT OF INFECTION RISK FROM STANDARD HEALTHCARE EQUIPMENT

Measures to manage risk

Equipment Item	Purchase procedure	Design / material	Supplies	Scheduled cleaning	Scheduled cleaning plus	Condition monitor	Recorded audit
01 Ambulift	✓	✓	✓	✓		✓	✓
02 Beds	✓	✓	✓		✓	✓	✓
03 Bed Accessory (Hard)	✓	✓	✓	✓		✓	✓
04 Bed Accessory (Soft)	✓	✓	✓	✓		✓	✓
05 Bed Pan Holders	✓	✓	✓	✓		✓	✓
06 Bins	✓	✓	✓	✓		✓	✓
07 Blood Pres Cuffs	✓	✓	✓		✓	✓	✓
08 Commodes	✓	✓	✓		✓	✓	✓
09 Cot Side Bumpers	✓	✓	✓	✓		✓	✓
10 Cushions	✓	✓	✓	✓		✓	✓
11 Drip Stands	✓	✓	✓		✓	✓	✓
12 General Seat Chairs	✓	✓	✓	✓		✓	✓
13 Hoist Slings	✓	✓	✓		✓	✓	✓
14 Infusion Pumps	✓	✓	✓	✓		✓	✓
15 Lockers	✓	✓	✓	✓		✓	✓
16 Mobile X-Ray	✓	✓	✓		✓	✓	✓
17 Occupational / Physio	✓	✓	✓		✓	✓	✓
18 Patient Trolley	✓	✓	✓		✓	✓	✓
19 Portable Suction	✓	✓	✓		✓	✓	✓
20 Scales	✓	✓	✓	✓		✓	✓
21 Shower Chairs	✓	✓	✓	✓		✓	✓
22 Sliding Sheets	✓	✓	✓		✓	✓	✓
23 Sluice Macerator	✓	✓	✓	✓		✓	✓
24 Stethoscopes	✓	✓	✓		✓	✓	✓
25 Telephones	✓	✓	✓	✓		✓	✓
26 Treatment Couches	✓	✓	✓		✓	✓	✓
27 Walking Aids	✓	✓	✓		✓	✓	✓
28 Wheelchairs	✓	✓	✓		✓	✓	✓

Measures to manage risk

Purchase procedure

There should be a policy in place with input from appropriate staff to ensure that infection risk issues are addressed at the purchasing stage. Purchasing equipment of good design, made from durable materials, and easy to clean is essential to managing infection risk.

Design / material

Good design and durable materials allow equipment to be easily cleaned.

Supplies

There should always be available appropriate supplies of clean equipment to ensure that the re-use of potentially contaminated equipment does not happen.

Scheduled cleaning

Equipment will be subject to a cleaning schedule which will detail cleaning frequency, cleaning procedure including cleaning agents to be used and the staff group responsible. The schedule must be signed off at the end of each day certifying that it has been achieved.

Scheduled cleaning plus

In addition to the comments under scheduled cleaning some equipment requires special attention as detailed in the cleaning schedule below.

Condition monitor

Ongoing condition needs to be monitored to ensure that infection risk can still be effectively managed. When the equipment is in a condition when effective cleaning is no longer easily achieved the equipment must be disposed of.

Recorded audit

Implementation of recorded audits are essential to ensure that risk management is being achieved.

7. 'PREVENTION AND CONTROL OF INFECTION' GUIDANCE

7.1 The big issue

To create a healthcare environment that is safe for patients, staff and visitors, organisations must take a risk management approach (based on evidence and best practice) to infection control practice.

7.2 This is what it's all about

- ? To identify the infection risks.
- ? To minimise the risk of cross-infection.
- ? To facilitate the appropriate management of the patient. This includes staff being cared for by the Occupational Health Department or other relevant specialists.
- ? The Code of Practice outlines the basic principles of the control of infection and should be used alongside relevant local policies and procedures.

7.3 This is how to do it well

➤ Principal good practice statements

- ? All patients must be assessed on admission and at least weekly thereafter for their 'risk of infection', both susceptibility and risk of spread. These assessments must be documented in the patient care plan. Circumstances such as outbreaks may increase the assessment frequency.
- ? The details of all incidents of infection, including the infection control advice given, must be documented in the relevant patients' care records. An example of a care plan for patients with gastroenteritis is at Appendix 2.
- ? Infected, or potentially infected, patients must only be moved when this has been agreed between the clinical and infection control teams.
- ? All healthcare deliverers must clean their hands appropriately before and after direct patient care and when there is a risk of contamination from equipment, the environment, faeces, blood or other body fluids.
- ? All healthcare deliverers must wear personal protective equipment whenever there is a likelihood of direct contact with faeces, blood or other body fluids or potentially contaminated materials/equipment.
- ? All laundry, including staff uniforms, that is visibly contaminated with faeces, blood or other body fluids must be treated as 'infected' linen.
- ? All laundry, including staff uniforms, used during an outbreak must be treated as 'infected' linen when a risk assessment identifies these as a possible mechanism of disease spread.
- ? In incidents where there has been a risk of spread of infection (eg contamination with faeces, blood or other body fluids), spillage of waste must be appropriately reported on incident forms and in the patient record. This applies equally to gross contamination and to mucous membrane exposure.

- ? The following details must be documented on all laboratory request forms: name, date of birth, CHI/hospital number, ward/clinic/GP practice, consultant/GP name, requesting clinician and contact details, date of onset of symptoms, details of link to possible other cases, anti-microbial therapy, time and date specimen collected, nature of specimen, clinical details relevant to specimen. Clearly identify 'high risk' specimens with appropriate markings.
 - ? All waste must be segregated and disposed of into correct waste stream. Dispose of waste generated during outbreaks as clinical waste.
- ? **Audit**
- ? Practice only improves when it is assessed and the lessons learnt.
 - ? Organisations must establish relevant periodic audits across the range of good practice principles to test performance and improve delivery where necessary.

8. CLEANING SERVICES

8.1 The big issue

Patients, staff and visitors have a right to, and expect, a safe physical healthcare environment. Key to ensuring this safety at all times is cleanliness of the facilities where healthcare is delivered.

8.2 This is what it's all about

- ? Poor cleanliness of the healthcare setting is a proven infection risk for patients.
- ? Ensuring appropriate cleanliness protects patients from acquiring infections and reduces the risk of onward transmission of disease.
- ? Organisations have a responsibility to patients, staff and visitors for ensuring a safe, effective and clean physical environment of care in healthcare facilities.
- ? Patients, staff and visitors each have individual responsibilities to ensure a safe, effective and clean physical environment in healthcare facilities.
- ? Staff involvement and decision-making in achieving cleanliness must occur at the appropriate level within organisations and as close to the patient as possible.
- ? The views of patients, visitors and staff are essential in guiding cleanliness work and in assessing performance.
- ? The Code of Practice outlines the basic principles of best practice in cleaning services and should be used alongside relevant local policies and procedures.

This document draws on the current Cleaning Services Standards and the recently drafted technical requirements for cleaning services in everyday healthcare practice. This last important resource should be available in its final form by the end of 2004.

8.3 This is how to do it well

➤ Principal good practice statements

- ? Since they provide the basis for maintaining a safe environment for patients, staff and visitors the cleaning standards set within any organisation must, as a minimum, always meet those laid down by NHS Quality Improvement Scotland or its successor.
- ? During episodes/incidents of infection, the level of cleaning services must reflect the needs of each specific incident and should be locally determined.
- ? Regular monitoring, audit and benchmarking must be used to assess the efficiency and efficacy of cleaning services.
- ? All cleaning services staff must receive training and instruction on the safe operating practices and cleaning of healthcare facilities. This will commence with induction and will include appropriate training commensurate with their duties. Subsequently, staff should be supervised until they reach an appropriate standard.

- ? All cleaning services staff must receive on-going training and instruction on the safe operating practices and cleaning of healthcare facilities which is commensurate with their duties.
- ? A cleaning schedule detailing the levels of cleaning services for each particular area must be agreed with the Infection Control Team, the appropriate manager of the clinical area and the Cleaning Services Manager.
- ? A risk management process is an integral part of managing healthcare cleaning services.

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- 9.14 Secker J, Pollard R, (1995) Writing leaflets for patients – Guidelines for producing written information, Health Education Board for Scotland, Edinburgh. ISBN: 1 873 452 71 3

Standard Healthcare Equipment

- 9.15 MDA Bulletin 9801 (January 1998)

Prevention & Control of Infection Guidance

- 9.16 Centers for Disease Control and Prevention. Guidelines for Environmental Infection Control in Health-Care Facilities: Recommendations Laundry and Bedding. Morbidity and Mortality Weekly Report. 2003; 52: 27-28.

10. RESOURCES

General

[Scottish Health on the Web \(SHOW\)](http://www.show.scot.nhs.uk/) <http://www.show.scot.nhs.uk/>

[Department of Health \(DoH\)](http://www.doh.gov.uk/) <http://www.doh.gov.uk/>

[Scottish Centre for Infection and Environmental Health \(SCIEH\)](http://www.show.scot.nhs.uk/scieh/)
<http://www.show.scot.nhs.uk/scieh/>

[The epic Project: Developing National Evidence-based Guidelines for Preventing Healthcare Associated Infections](http://www.doh.gov.uk/hai/epic.htm) <http://www.doh.gov.uk/hai/epic.htm>

[Infection Control Nurses Association](http://www.icna.co.uk/) <http://www.icna.co.uk/>

Patient & Public Information

Patient Information Forum (PIF)
28 Queensbury Street
London
N1 3AD
Tel: 020 7688 9208
Fax: 020 7704 9697
Website: <http://www.soi.city.ac.uk/~mjl/pif.htm>

Plain English Campaign
PO Box 3, New Mills
High Peak
SK22 4QP
Tel: 01663 744409
Fax: 01663 747038
Website: <http://www.plainenglishcampaign.com>

National Resource Centre for Ethnic Minority Health
Clifton House
Clifton Place
Sauchiehall Street
Glasgow G3 7LS
Tel: 0141 300 1050/1043
Website: <http://www.phis.org.uk>

NHS Quality Improvement Scotland
Elliot House
8-10 Hillside Crescent
Edinburgh
EH7 5EA
Website: <http://www.nhshealthquality.org/>

11. APPENDIX 1: CLEANING SCHEDULE

Cleaning Schedule

Equipment	Frequency				
Equipment Item	Between patients	After soiling	Daily	Weekly	Monthly or other
01 Ambulift / Hoist	✓	✓		✓	
02 Beds	✓	✓		✓	
03 Beds (specialist)	✓	✓			✓ ¹
04 Bed Accessory (Hard)	✓	✓		✓	
05 Bed Accessory (Soft)	✓	✓		✓	
06 Bed Pan Holders	✓	✓		✓	
07 Bins		✓	✓		monthly
08 Blood Pres Cuffs	✓				
09 Commodes	✓	✓		✓	
10 Cot Side Bumpers	✓	✓			
11 Cushions	✓	✓			
12 Drip / Gen Use Stands	✓	✓		✓	
13 Fan (portable)		✓			3 monthly ²
14 General Seat Chairs	✓	✓	✓		
15 Hoist Slings	✓	✓			
16 Infusion / EF Pumps	✓	✓		✓	
17 Lockers	✓		✓		
18 Mobile X-Ray / Apron	✓				monthly
19 Occupational / Physio	✓	✓			monthly
20 Patient Trolley	✓	✓		✓	
21 Portable Suction	✓	✓		✓	
22 Scales	✓	✓			
23 Shower Chairs	✓	✓		✓	
24 Sliding Sheets	✓	✓			
25 Sluice Macerator		✓	✓		
26 Stethoscopes	✓				
27 Telephones			✓	✓	³
28 Treatment Couches	✓			✓	
29 Walking Aids	✓				monthly
30 Wheelchairs	✓	✓			✓

Note

¹: appropriate cleaning of specialist bed according to manufacturer instructions

²: appropriate cleaning requires input from estates personnel

³: after use in isolation situation

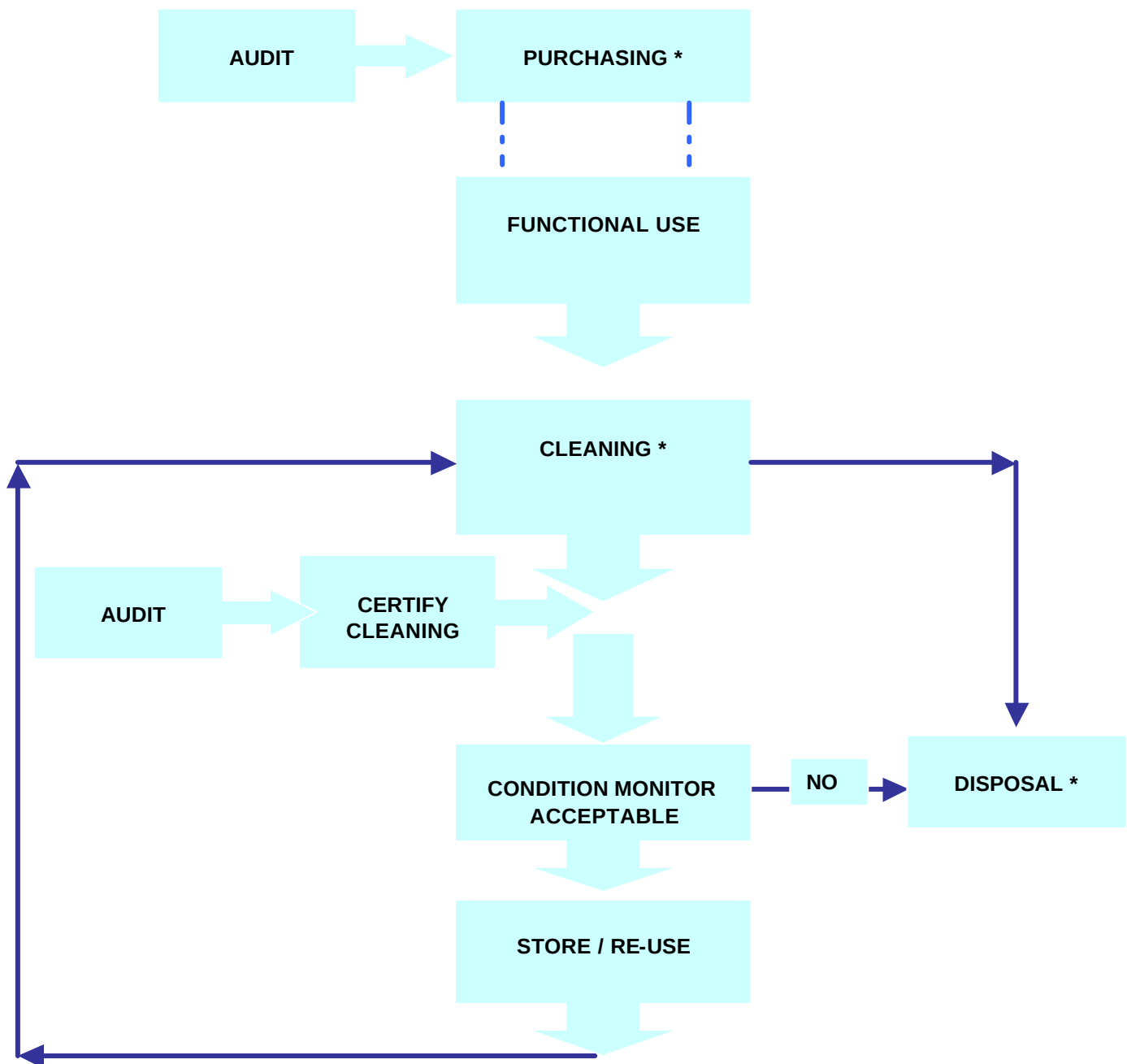
Cleaning Schedule Daily Monitor

Frequency	Schedule completed	Comments / Remedial Action	Initial
Between patients			
After soiling			
Daily			
Weekly			
Monthly			
3 monthly			
Other			

Refer to cleaning schedule. Equipment requires to be adequately cleaned either between patients, after soiling, daily, weekly, monthly or at other stipulated frequencies. The schedule must be adhered to. Correct cleaning agents to be used.

12. APPENDIX 2: EQUIPMENT FLOW DIAGRAM

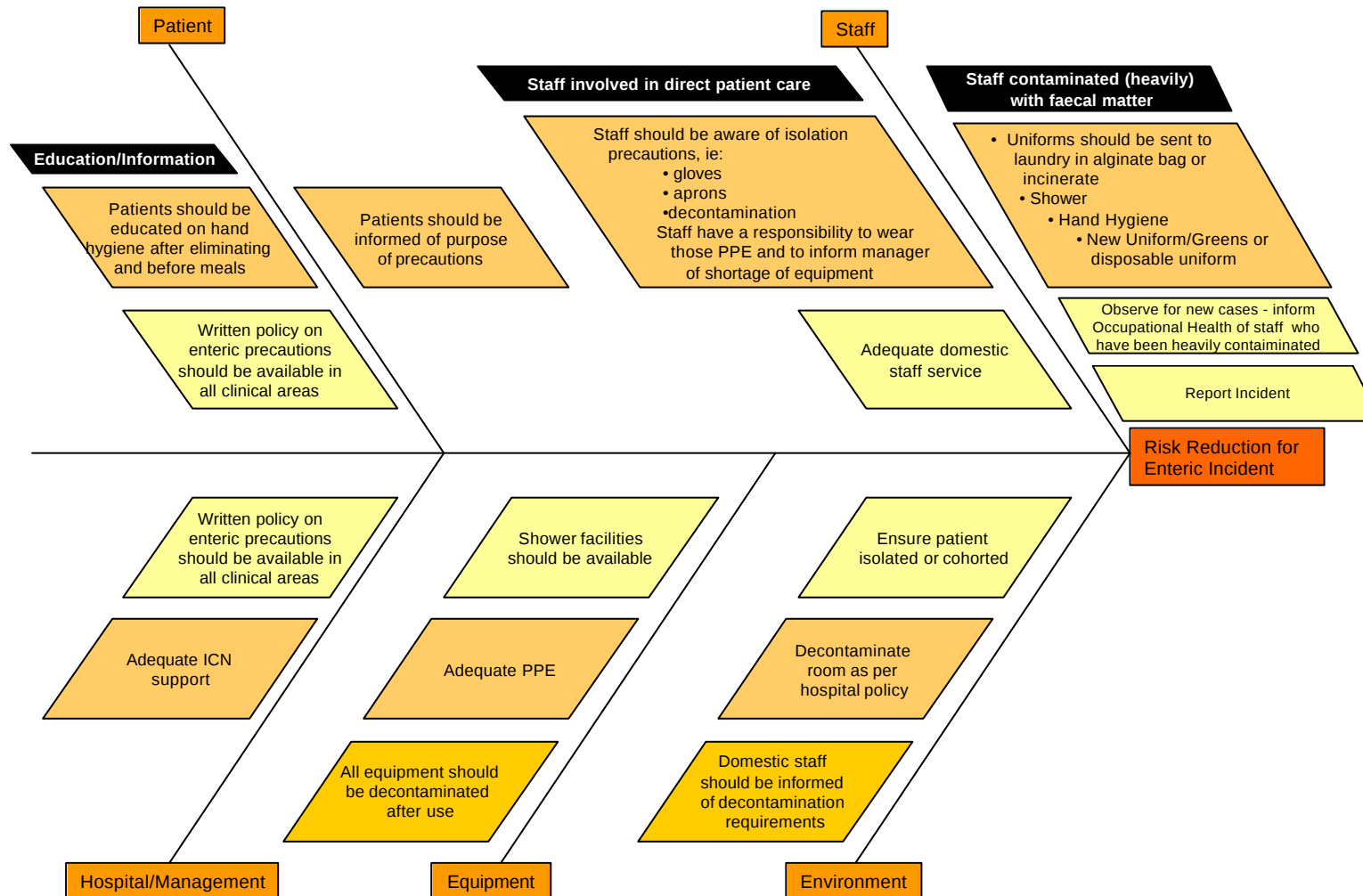
* Refer to organisation policy



Notes

- | | |
|-------------------|---|
| Purchasing | – equipment should be durable, and able to be decontaminated |
| Cleaning Schedule | – detail cleaning frequency, cleaning agent, who does it? |
| Certify | – cleaning schedule has been completed |
| Condition monitor | – equipment condition to allow effective cleaning |
| Audit | – independent monitor of equipment condition and hygiene as part of due diligence |
| Disposal | – equipment which can no longer be maintained to hygiene standard is disposed of |

13. APPENDIX 3: A SAMPLE CARE PLAN FOR A CASE OF GASTROENTERITIS



14. APPENDIX 4: MEMBERSHIP OF WORKING GROUP

Name	Membership Representation	Title	Organisation
Liz Jordan	Chair	Medical Director	NHS Argyll & Clyde
Sue Blair	Consultants in Occupational Medicine	Consultant in Occupational Medicine	Occupational Health and Safety Advisory Service
Oliver Blatchford	Consultants in Public Health Medicine	Consultant in Public Health Medicine	NHS Argyll & Clyde
Alan Boyter	Human Resources	Director of Human Resources	North Glasgow University Hospitals NHS Trust
Angela Brown	Hotel/Domestic Services	Area Domestic Manager	Dumfries & Galloway NHS Board
John Callaghan	Human Resources Forum	Non Executive NHS Board Member	Ayrshire & Arran NHS Board
James Dalziel	Public Interest Representative		
Margaret Duffy	Chief Executives	Interim Chief Executive	Forth Valley Acute Hospitals NHS Trust
Marie Farrell	Local Health Care Co-operatives	General Manager	Govanhill Health Centre, Glasgow Primary Care NHS Trust
Carol Fraser	Scottish Ambulance Service	Nurse Consultant in Health Protection	Lothian NHS Board
Liz Gillies	NHS Education for Scotland	Director of HAI Initiative	NHS Education for Scotland
Mary Hanson	Consultant Microbiologists	Clinical Lead	Lothian University Hospitals NHS Trust
Maureen Henderson	Directors of Nursing	Nursing Director	South Glasgow University Hospitals NHS Trust
Mary Henry	Scottish Centre for Infection and Environmental Health	Consultant Nurse Epidemiologist	Scottish Centre for Infection and Environmental Health
Ann Kerr	NHS Health Scotland	Programme Manager, Health Service	NHS Health Scotland
Heather Knox	Group 7 Link	Director of Facilities	Ayrshire & Arran Primary Care NHS Trust
Beth Martin	Independent Healthcare Association	Matron/Manager	Abbey King's Park Hospital
Craig Martin	Care Commission	Care Commission Officer	Care Commission
Bob Masterton	Medical Directors	Medical Director	Ayrshire & Arran Acute Hospitals NHS Trust
Maggie McCowan	Infection Control Nurses' Association	Senior Manager Infection Control	Golden Jubilee National Hospital
Ian McLuckie	Property and Environment Forum Executive	Chief Executive	Property & Environment Forum Executive
Dilip Nathwani	Scottish Joint Consultants Committee	Consultant Physician	Infectious Disease Unit, Tayside University Hospitals NHS Trust
David Old	NHS Quality Improvement Scotland	Retired Consultant Clinical Scientist	
Carole Reed	Infection Control Nurses' Association	Clinical Nurse Specialist	NHS Argyll & Clyde
Ralph Roberts	Support Services	Director of Integrated Care	Borders NHS Board
Janet Smart	Allied Health Professions	Lead Therapist	Shared Rehabilitation, Lothian University Hospitals NHS Trust

Joan Sneddon	Scottish Centre for Infection and Environmental Health	Nurse Consultant Infection Control	Scottish Centre for Infection and Environmental Health
Tom Steele	Group 7 Link	Assistant Director of Facilities	Ayrshire & Arran Primary Care NHS Trust
Kenneth Stewart	Property and Environment Forum Executive	Managing Consultant	Stewart Consulting
Patricia Weir	Public Interest Representative		

