

**INFECTION CONTROL IN ADULT CARE HOMES:
FINAL STANDARDS**

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Introduction

Context

Healthcare Associated Infection (HAI) is a priority issue for Scottish healthcare. 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).

A major programme of work to improve the prevention and control of HAI across 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 Ministerial HAI Task Force, led by the Chief Medical Officer. These standards fit into the overarching work of the Taskforce.

The Care Commission

1. From 1 April 2002 a new national body, the Scottish Commission for the Regulation of Care (the Care Commission), has been responsible for the regulation of care services. The Care Commission regulates against the requirements of the Regulation of Care (Scotland) Act 2001 and its associated Regulations and taking account of National Care Standards issued by Scottish Ministers.
2. The Care Commission has the following functions:
 - regulating care services in Scotland;
 - keeping Scottish Ministers informed about the provision and quality of care services;
 - encouraging improvement in the quality of services; and
 - making information available to the public about the quality of care services.
3. The National Care Standards focus on the people using care services. Regulated care services will be expected to demonstrate to the Care Commission that they promote and enhance the quality of life of service users taking account of the principles of dignity, privacy, choice, safety, realising potential and equality and diversity. Further information can be obtained from the Care Standards and sponsorship website: <http://www.scotland.gov.uk/about/HD/CCD1/00017652/careStandardshome.aspx>
4. The Regulations associated with the Act require care service providers to have appropriate procedures for the control of infection. The National Care Standards documents similarly state that users of services can be confident that service providers

will take measures to prevent the risk of infection and that the service operates in line with best practice guidelines.

5. Care home services for adults range from individually owned and managed care homes to care homes which are part of local (e.g. Local Authority) and national groups (e.g. national care home company). These Standards apply to all. Care homes for adults can provide a range of care: personal support, personal care, nursing care (healthcare). The Standards address an aspect of care provision, infection control, that is important to all types of care, but especially so to healthcare.
6. The evidence and expertise on which the Standards are based are mainly, if not wholly, sourced from the healthcare sector. This and the use of infection control standards developed for the NHS as the basis of the Standards (CSBS¹ Standards on Healthcare Associated Infection - Infection Control) means there is a tendency for the terminology and emphasis to have a healthcare and large organisation focus. It is hoped that this does not detract from their very important relevance to and implementation in Care Homes for Adults no matter the size of the home or the care provided by it. The monitoring of the Standards, and associated application of the audit tool, will be tailored to take account of the characteristics of individual care homes.

The case for infection control Standards

7. It follows that from 1st April 2002, care providers - whether private or public sector – have been required to show that their staff take measures to control the spread of infection or face proportionate enforcement action.
8. However, what is best practice in infection control for adult care homes is not immediately apparent. There are currently no underpinning national standards for infection control in adult care homes and other care services for adults. And, although some guidelines and policies have been set by some NHS Boards across Scotland, they are not uniform and they have no regulatory substance.
9. Therefore, in June 2002 the Minister for Health and Community Care announced plans to address this need for national infection control Standards for adult care homes and other care services for adults by:
 - Establishing an external Working Group to develop detailed proposals for such national Standards, by 31st October 2002;
 - Adopting those proposals as *interim* national Standards from 1 November 2002; and inviting comments from all interested parties by 31st January 2003; and
 - Taking account of the views emerging from that consultation process, to develop agreed national Standards in 2003
10. This document was originally published in draft form in 2002 and considered the need for, and nature of, national infection control standards for adult care homes. It set out

¹ Since January 2003 CSBS has become part of NHS QIS- NHS Quality Improvement Scotland, although documents produced by CSBS prior to this date have been referred to as CSBS documents.

detailed draft proposals for such standards and was widely distributed to initiate a broad debate around these issues . The views which emerged from this consultation process have been taken into account in this final version of the Standards. The group wish to thank all those who contributed to the consultation process.

Remit and membership

11. A Working Group, chaired by Margaret Tannahill of Argyll and Clyde NHS Board, began work in August 2002, with the following remit:

“To prepare and publish, by 31st October 2002, a consultation paper setting out detailed proposals for new national infection control standards for private and public sector adult care homes, and other care services for adults. The proposals should seek to build upon any consistency in (or best practice emerging from) current local policies and standards. They should also take account of the regulatory responsibility of the Scottish Commission for the Regulation of Care, and, if appropriate relevant developments elsewhere in the UK. The group took the view that the definition of care home should include care homes in the public, private and voluntary sector. While it was considered that care in the home be included in the definition of “care homes” it was decided that this be omitted, although it is acknowledged that the principles contained within these standards could be applied to other settings.

12. The Membership of the Working Group is set out at Annex A.

The Working Group is grateful for the valuable contribution of Dr David Steel, formerly Clinical Standards Board for Scotland (now NHS QIS), and Dr David Old, Chair of the HAI Reference Group, Clinical Standards Board for Scotland. The members of the Working Group would also like to acknowledge the contribution of Dr Martin Donaghy, Joe Brown, and in particular Marianne Cook in the production of these Standards.

13. In addressing its remit the Working Group recognised that a considerable amount of work had already been undertaken to develop standards on healthcare associated infection by:

- A Scottish Executive Health Department (SEHD) Working Group, established in November 2000 chaired by Mr Richard Carey, Chief Executive, Highland Acute Hospitals NHS Trust. The Group’s role was to provide guidance to NHSScotland about assessing and managing risks related to healthcare associated infection. This resulted in the Working Group report “Managing the Risk of Healthcare Associated Infection in NHSScotland”. The development of appropriate HAI Standards was an important part of the remit of the Working Group.
- An HAI Reference Group was established by the Clinical Standards Board for Scotland (CSBS) in June 2001 chaired by Dr David Old, Consultant Clinical Scientist (retired) to build on the work of the Carey Group and finalise HAI related Standards. See Annex E for references.

14. The scale of the problem of HAI means that tackling it involves the mobilisation of a range of resources and effective management control of these. To guide this process, healthcare organisations need to have developed and implemented systems to assess the risks of infection to those using their services, to put in place measures to reduce

these risks and to monitor and report on how these are working. In the NHS, standards have been developed by the Clinical Standards Board Scotland to assess whether healthcare organisations have these systems in place and how well they are using them to prevent infections. This systems-based approach is similar to that adopted in other industries and has been endorsed by the Health and Safety Executive. It does not replace the need for ensuring good practice is carried out on a day to day basis but provides a framework for ensuring that this happens every day.

15. The Working Group therefore decided to use the CSBS Standards on Healthcare Associated Infection (HAI) Infection Control and the CSBS Standards on Healthcare Associated Infection (HAI) Cleaning Services Standards as the basis for the development of the national Infection Control Standards for Adult Care Homes . The Working Group considered that there was merit in seeking to align infection control standards, as far as possible, across healthcare and social care boundaries.

16. Consistent with that, all the Standards follow the same format:

- Each standard has a title, which summarises the area on which that standard focuses.
- This is followed by the standard statement, which explains the level of performance to be achieved.
- The rationale section provides the reasons why the standard is considered to be important.
- The standard statement is fleshed out in the section headed criteria, where it states what needs to be achieved for the standard to be reached.
As already explained, the Group aimed to set Standards that are achievable but stretching. This is reflected in the criteria.
The criteria are numbered, for the sole reason of making the document easier to work with, particularly for the assessment process. The numbering of the criteria is not a reflection of priority.
- A self-assessment audit tool appears immediately following each standard.

A glossary is included at Annex C and a flow chart at Annex E outlines key relationships and summarises this guidance.

17. The review undertaken by the Working Group included:

- identifying equivalent Scottish, English, Welsh and American guidance – statutory and mandatory;
- obtaining, reviewing, updating and augmenting, where necessary, all reference material;
- cataloguing reference material used as the evidence base for the Standards;
- amending the CSBS Standards, where considered appropriate, for use by private and public sector adult care homes.

18. The Working Group also agreed to produce draft Standards in the form of a consultation document published in November 2002, which were both stretching and achievable.

These draft Standards can be accessed at:

<http://www.scotland.gov.uk/consultations/health/icsa-00.asp>

19. The majority of the Standards address the structures and processes supporting effective infection control. Their principal purpose is to assess how effectively an organisation is managing the risk of infection. As such, the Standards mainly relate to the organisational structures and processes needed to identify, assess and treat specified risks of infection.

20. Hand Hygiene (Standard 12) is most directly related to care practice and was included because of the importance of the topic.

Other Matters

Surveillance

21. The Working Group acknowledges the importance of surveillance as a means of monitoring infection rates and of targeting effective interventions for the control of infection. An appropriate infrastructure is necessary to support surveillance of infection in Adult Care Homes, and the Working group therefore recommends that further work is undertaken on the development of this infrastructure.

Cleaning Standards

22. In the draft Standards published in 2002, the Working Group included provisional proposals relating to cleaning Standards in support of infection control in adult care homes. Consultation responses indicated that cleaning Standards are desired and that the Working Group therefore recommends that further work is progressed in this area. The National Cleaning Services Specification could be used within the Care Home Sector.

Health & Safety Enforcement

24. The responsibility for the enforcement of the Health & Safety at Work, Act 1974 and associated regulations, currently falls to the Health & Safety Executive (HSE) and Local Authorities. Specific responsibilities are laid down in the Health & Safety (Enforcing Authority) Regulations 1998 (which are currently under review). The current position is the same as that which has been in place for a number of years - the enforcing authority for adult care homes where nursing care is part of the care service provided by them is the HSE. Local authorities are the enforcing authority for adult care homes where nursing care is not part of the adult care service provided.

25. A Memorandum of Understanding is currently being discussed by the Scottish Commission for the Regulation of Care, HSE and local authorities. The main purpose of such a document would be to set out the respective roles and responsibilities, areas of regulatory overlap, principles of understanding, and mechanisms to facilitate communications.

Consultation

26. The following Standards were originally presented by the working group primarily for consultation and also for use as *interim* national Standards from December 2002. Following widespread consultation these Standards have been revisited and revised by the working group at the request of SEHD following feedback received from the consultation. Although

out with the original remit the Working Group, following substantial positive feedback ,the Working Group also undertook to develop a simple audit tool for use by Adult Care Homes.

Audit Tool

27. An audit tool has been developed for each of the Standards to assist adult care homes in self audit. For ease of reference this appears on the page following each individual standard. The audit tool is intended to provide clarification on certain aspects of the Standards which were unclear to consultees and examples which could be provided as evidence of compliance with the Standards.

The examples enclosed are illustrative only and many organisations may already be using different self- developed audit tools or tools provided by other practising IC specialists.

28. Requests for additional copies should be sent to:

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**29. This document may also be viewed on the Scottish Executive Website at:
www.scotland.gov.uk**

**FINAL
STANDARDS**

Standards for Infection Control in Adult Care Homes

STANDARD 1 – Accountability: Accountability Arrangements

Standard Statement

Responsibility for infection control is clearly defined and there are clear lines of accountability for infection control matters throughout the service.

Rationale

Clearly defined responsibility and accountability are required to support the operational and strategic decision making and management of infection control. The Chief Executive/ Owner (i.e. Registered Service Provider) is responsible for ensuring a safe, effective and clean care environment in facilities and must be able to account for the overall management of infection control.

Criteria

1.1 There are clear lines of accountability throughout the service that define the relationships between those with particular responsibility for risk management, governance and infection control functions.

1.2 The infection control programme—see Standard 5, is developed with the support and approval of the Registered Service Provider.

1.3 The Registered Service Provider and those responsible for the risk management function receive the annual report on the infection control programme.

1.4 The Registered Service Provider, or a deputy with authority to make decisions on their behalf, works closely with those responsible for infection control.

1.5 Senior Management ensures that internal support is provided for infection control emergencies out of hours.

1.6 The Registered Service Provider ensures that guidance, on how to obtain infection control advice, is available on a 24-hour basis.

1.7 The Registered Service Provider and those responsible for risk management are informed of any serious problems or issues relating to infection control.

Audit Tool For Standard 1

Standard/ Criteria	Explanation/ Examples	Achieved Y/N	Action Required for Registered Service Provider
1	There are people identified with responsibility for risk management, Infection Control and governance.		
1.1	There is documented (written) evidence of feedback from those with responsibility for risk management, governance and infection control function to the Registered Service Provider. In a larger organisation there could be an organisational chart of accountability.		
1.2	There is a documented Infection Control Programme signed off by the Registered Service Provider (Refer to Standard 5 for detail of the programme).		
1.3	There is an annual report received by Registered Service Provider and those with responsibility for risk management (see Standard 8).		
1.4	Documented evidence e.g. minutes of meeting between the Registered Service Provider (or deputy) and those responsible for Infection Control		
1.5/1.6	As part of out of hours emergency plans senior managers are available to support staff, this may be documented by out of hours emergency contact numbers for senior managers or incident reports. Documented evidence that emergency contact details including out-of-hours service are available to all staff.		
1.7	Documented evidence could include records of telephone calls/ emails/memos/ incident reports.		

STANDARD 2 – Accountability: Infection Control Function

Standard Statement

There is an Infection Control Group or designated individual(s) that endorse all infection control policies/procedures/guidelines. It also provides advice and support on their implementation and monitors the progress of the annual infection control programme.

Rationale

All aspects of infection control are managed at an operational level. The structure of the group or individual(s) responsible for infection control function should be appropriate to the service. This may mean that a group or individual with a wider remit considers the infection control function (for example within Health and Safety remit or in smaller organisations this responsibility may fall to a single designated individual)

Criteria

2.1 Membership of the Infection Control Group includes, for example:

- (a) Registered Service Provider or a nominated senior manager with authority to represent him/her
- (b) Unit/ Operational Manager
- (c) Infection Control Key Worker(s) refer to Standard 3
- (d) A representative senior carer/ nurse

Other members as appropriate, for example:

- (e) Identified representatives, from, for example, Estates, Housekeeping and Maintenance, Risk Management and/ or Health and Safety
- (f) Person(s) with responsibility for staff health
- (g) Other key representatives may include general medical or dental practitioners, allied health professionals
- (i) Others as required

2.2 The Infection Control Group agrees Terms of Reference and Accountability arrangements and meets at least four times a year.

2.3 Minutes of the Infection Control Group are widely circulated to all managers and team leaders and are available to all staff and service users.

2.4 The Infection Control Group provides advice and support to the Infection Control Key Worker(s).

2.5 The Infection Control Group endorses the annual infection control programme.

Audit Tool For Standard 2

Standard/ Criteria	Explanation/ Examples	Achieved Y/N	Action Required for Registered Service Provider
2	<p>Documented evidence could include terms of reference of the group-including details of group membership, minutes and circulation list for minutes.</p> <p>If this is a single person with responsibility for the infection control function then documentation of, for example review of the Infection Control Programme, could be contained within the annual report with notes of progress made and any work required.</p>		

STANDARD 3 – Accountability: Infection Control Key Worker (ICKW(s))

Standard Statement

There is a designated Infection Control Key Worker(s) with day to day responsibility for Infection Control in the care home.

Rationale

The Infection Control Key Worker(s) is responsible for the day-to-day implementation of the Infection Control Programme and provides advice on infection control problems, and the management of people with infection. Each care home has a responsibility to provide adequate infection control function.

Criteria

3.1 There is an Infection Control Key Worker(s)

3.2 The Infection Control Key Worker(s) has access to:

- a) Administrative support
- b) Information Technology

3.3 The responsibilities and accountability arrangements of the Infection Control Key Worker(s) are clearly defined.

3.5 The Infection Control Key Worker(s) and relevant continuing development and can provide evidence of both.

3.5 The Infection Control Key Worker(s) and the person(s) with responsibility for work related staff health liaise when dealing with infection control advice relating to the:

- a) Health and safety of care home staff
- b) Transmission of infection between care home staff and other person(s)

3.6 The Registered Service Provider or authorised deputy and Infection Control Key Worker(s) ensure that there is an effective mechanism in place for reporting to and collaboration with the local NHS Board Department of Public Health when dealing with outbreaks or significant incidents of infection.

Audit Tool For Standard 3

Standard/ Criteria	Explanation/ Examples	Achieved Y/N	Action Required for Registered Service Provider
3.1	All care home staff should be able to name their local Infection Control Key Worker(s). This named individual or designated role should appear on any prepared organisational accountability chart.		
3.2	This could be secretarial support or access to a PC/ typewriter or appropriate time made available within working time for the Infection Control Key Worker(s). This access to IT (Information Technology) can also be used to access training/ educational materials		
3.3	This responsibility should be part of the job description of the Infection Control Key Worker(s). It is not necessarily required to be a full time role, but may be incorporated into an existing job description. Documented evidence will include the job description for the Infection Control Key Worker(s).		
3.4	Any training whether formal or informal is documented e.g. certificates or copies of course programmes. An example of formal training could be attendance at, for example, courses/ seminars run by practising infection control specialists, or the Cleanliness Champions programme ² devised by NHS Education Scotland.		
3.5	Documented evidence may include ongoing communications on matters which affect staff health between Infection Control Key Worker(s) and person responsible for work related staff health. e.g. skin problems related to hand hygiene.		
3.6	Documented evidence of contact details. The mechanism could be a list of numbers which is easily accessible to all care home staff. Staff are aware of this list and use it in appropriate circumstances. Management ensures that this information is accurate, up to date and that staff are aware of its existence		

² Please see Annex B on page 37 for details of Cleanliness Champions Programme

STANDARD 4 – Processes: Planning & Development

Standard Statement

Prevention and control of infection are considered as an integral part of all service development activity

Rationale

To improve quality of care by appropriate decision-making on issues with relevance to infection control.

Criteria

4.1 There is a system in place that ensures where relevant, expert infection control advice is sought, particularly in relation to the following:

- a) The development of policies/procedures/guidelines relating to engineering and building services and to the purchase of medical devices, furnishing and equipment i.e. being “fit for purpose” with respect to infection control
- b) Early stage planning in respect of engineering and building works and the purchase of medical devices, furnishings and equipment i.e. being “fit for purpose” with respect to infection control
- c) All stages of the contracting process for housekeeping and other services that have implications for infection control, e.g. cleaning, laundry, clinical waste, catering.

4.2 This standard should also apply to any contracted/ subcontracted services on the same basis as to services provided in-house.

Audit Tool For Standard 4

Standard/ Criteria	Explanation/ Examples	Achieved Y/N	Action Required for Registered Service Provider
4.1	<p>Infection control expertise accessed may be available locally or externally.</p> <p>Documented evidence can include a note of any internal/ external consultation related to infection control e.g. new laundry equipment, furnishings or flooring is considered before purchase to ensure it is 'fit for purpose'.</p> <p>Provision of adequate handwashing facilities.</p>		
4.2	<p>Infection control issues within these Standards are addressed in all contracted out services.</p> <p>Documented evidence includes infection control detail in contracts.</p>		

STANDARD 5 – Processes: Infection Control Programme

Standard Statement

A service-wide annual Infection Control Programme with clearly defined objectives and priorities is produced.

Rationale

Each service should have an annual Infection Control Programme in place which looks at infection control issues relevant to the service needs to ensure that a service wide approach to the risk management of infection control.

Criteria

5.1 The Infection Control Group develops and produces an annual Infection Control Programme based on ongoing risk assessment in full consultation with relevant key stakeholders as appropriate to the service.

5.2 The Infection Control Programme is approved by the Registered Service Provider and Management Team as part of the relevant risk management approach.

5.3 Identified priorities arising from the Infection Control Programme are incorporated within the services annual business plan(s)/ budget.

5.4 The Infection Control Programme is kept under regular review by the Infection Control Group and Infection Control Key Worker(s) and modified as necessary.

5.5 The Infection Control Programme should include reference to audit of compliance with selected infection control policies/procedures/guidelines as stated in criteria for Standard 6.

5.6 The annual Infection Control Report outlines the progress of the Infection Control Programme.

5.7 A flow chart at annex E details these relationships.

Audit Tool For Standard 5

Standard/ Criteria	Explanation/ Examples	Achieved Y/N	Action Required for Registered Service Provider
5	A flow chart at Annex E (inside back cover) details the main infection control relationships		
5.1	Evidence of a documented Infection Control Programme that may contain the following- 1. Planned review of infection control policies /procedures and any updates 2. Training of staff in above 3. Audit of compliance with infection control policies/procedures/guidelines 4. Identification of infection control related risks and measures required to address This may be adapted to reflect local requirements e.g. Colour coded equipment policies differ for care and domestic staff e.g. use of mops. An audit identifies misuse of this equipment which presents a risk of infection to service users. Action is detailed in Infection Control Programme as standardisation of all colour coded equipment for all staff and new equipment is purchased. A re-audit ensures that work is complete.		
5.2	See 1.2		
5.3	Documented evidence could include mention of infection control priorities in business plan/ budget e.g. purchase / upgrading of equipment or training in infection control.		
5.4	See Standard 2 Documented evidence could include minutes/ agenda of regular meetings at which the Infection Control Programme is reviewed		
5.5	It is not expected that all policies in this standard are reviewed each year. An explanation of infection control priority areas selected, based on risk assessment/ local needs, should be documented in the Infection Control Programme		

STANDARD 6 – Processes: Policies, Procedures & Guidance

Standard Statement

Written policies/procedures/guidelines for the prevention and control of infection are implemented and reflect relevant legislation and published guidance.

Rationale

Access to up-to-date policies/ procedures/ guidelines is essential for staff to carry out their duties safely and consistently to the required standard.

Criteria

6.1 Policies/ procedures/ guidelines are approved by the Infection Control Group.

6.2 There is a system in place to ensure each unit/ staff group has a current copy of the approved policies/procedures/guidelines pertinent to its activities.

6.3 All staff have access to documentation detailing;

- a) an overview of the infection control structure of the service
- b) responsibilities for infection control within the service
- c) sources of external advice e.g. local NHS services: local authority, local Care Commission Officers, Scottish Water

6.4 Key policies/procedures/guidelines are in place, and where assessed as relevant, include:

- a) Cleaning and disinfection of medical devices
- b) Collection, handling and delivery of laboratory specimens
- c) Environmental hygiene
- d) Food hygiene
- e) Hand hygiene
- f) Identification, management, control and the reporting of incidents and outbreaks of notifiable and communicable disease(s)
- g) Immunisation for service users
- h) Indwelling medical devices (to include e.g. urinary catheters, percutaneous endoscopic gastrostomy tubes (PEGS), central venous lines)
- i) Isolation of service users with known or suspected communicable disease

- j) Last Offices
- k) Laundry
- l) Legionella control
- m) Management of exposure to blood borne infections, including the need for treatment after injury
- n) Pets
- o) Safe handling and disposal of waste, including risk assessment procedures
- p) Single use & single patient use devices and other care products
- q) Specific advice for the following infections and illnesses:
 - *Clostridium difficile*
 - Diarrhoea and vomiting or Gastro-enteric infections
 - Influenza
 - MRSA (Methicillin Resistant *Staphylococcus aureus*)
 - Scabies and lice
 - Shingles (Varicella Zoster Virus)
 - Tuberculosis
- r) specific information for visitors on infection control
- s) Staff health policies for prevention and management of communicable infections.
- t) Standard infection control precautions (i.e. universal blood and body fluid precautions including other body substance precautions).

6.5 The annual Infection Control Plan includes a timetable stating which key infection control policies/procedures/guidelines are to be reviewed or written that year.

6.6 All policies/procedures/guidelines are clearly marked with the following on every page-

- date of issue,
- a review date, and
- a page number

6.7 Relevant parts of key policies/procedures/guidelines are produced in abbreviated form and are accessible for routine use as aide memoires by operational staff.

Audit Tool For Standard 6

Standard/ Criteria	Explanation/ Examples	Achieved Y/N	Action Required for Registered Service Provider
6.1	See Standard 2. This should be included in terms of reference for Infection Control Group. Each document should have date of issue, page number and a review date clearly displayed on every page.		
6.2/6.3	Documentation is readily available to staff. This may be: a) written evidence of the infection control structure. An example is attached of a hierarchy below b) name and contact details of Infection Control Key Worker(s), c) terms of reference of Infection Control Group (Standard 2.1), d) contact details for sources of external infection control advice		
6.4	This list is in alphabetical order and not in order of priority. Documented evidence includes the key policies/ guidelines which are in place. The expectation is that not all policies are in place at all times, but are dependant on client group and should be based on a local risk assessment and reviewed regularly. This list should be changed if, for example, the client group changes.		
6.7	Documented evidence of accessible, abbreviated form of key policies, procedures or guidelines e.g. waste/ hand hygiene posters		

STANDARD 7 – Processes: Policies, Procedures & Guidelines (Compliance Audit)

Standard Statement

There is an annual programme for the audit of compliance with infection control policies/ procedures/ guidelines.

Rationale

Audit is necessary to provide evidence that the system of infection prevention and control in place is effective.

Criteria

7.1 There is a written agreed programme for the audit of compliance with infection control policies/procedures/guidelines.

7.2 There is audit of compliance with infection control policies/procedures/guidelines.

7.3 Audit results are fed back to care home staff, including relevant members of management and are included in the infection control annual report.

7.4 Audit results are used to help to inform and improve infection control practice.

Audit Tool For Standard 7

Standard/ Criteria	Explanation/ Examples	Achieved Y/N	Action Required for Registered Service Provider
7	Audit (see glossary at annex C) can range from simple examples such as monitoring general environmental cleanliness (e.g. use of soap dispensers/ paper towels are a good indicator that regular hand washing occurs) or monitoring of any increased occurrence/ change in pattern of possible/ suspected illness e.g. diahorrea and vomiting		
7.1	This should mean a ongoing programme of audit. Evidence should be documented in the Infection Control Programme.		
7.2	Documented evidence should include dates and outcomes of any audits.		
7.3	Documented evidence that audit results have been fed back to stakeholders e.g. minutes of staff meeting /memos on staff notice board/ communications book		
7.4	Evidence in Infection Control Programme of measures taken to address outcomes of previous audits e.g. staff training programmes.		

STANDARD 8 – Processes: Infection Control Report

Standard Statement

A comprehensive Infection Control Report is produced by the Infection Control Group on an annual basis, reviewed by the person(s) with risk management responsibility and presented to the Registered Service Provider. This report may be produced separately or as part of another document.

Rationale

Annual Infection Control Reports are an essential element of a service's risk management approach. They allow the Registered Service Provider to monitor and review all aspects of the infection control system to ensure that any issues arising are dealt with effectively.

Criteria

8.1 The annual Infection Control Report contains, as a minimum, information on the following:

- (a) A review of reported adverse incidents and outbreaks, including reports by external agencies, e.g. Care Commission, environmental health departments, Health and Safety Executive, Scottish Water.
- (b) Any recommendations made on measures taken to prevent recurrence of incidents and outbreaks.
- (c) Progress of the Infection Control Programme.
- (d) Results of audit and proposed action plans- see Standard 7.4
- (e) Education and training undertaken.

8.2 The report is reviewed by the person(s) with responsibility for risk management.

8.3 The person(s) with risk management responsibility brings any significant risks or other issues to the attention of the Registered Service Provider.

Audit Tool for Standard 8

Standard/ Criteria	Explanation/ Examples	Achieved Y/N	Action Required for Registered Service Provider
8.1	Documented evidence of an Infection Control Report, containing a)- e) as a minimum		
8.2	Documented evidence could be that the Infection Control Report is signed by person with responsibility for risk management		
8.3	Any risks should be prioritised and brought to the attention of the Registered Service Provider Documented evidence could include identification of significant risks within business plan, minutes of meetings etc.		

STANDARD 9 – Capability: Legislation & Guidance

Standard Statement

The Infection Control Group and Infection Control Key Worker(s) have access to up-to-date legislation and guidance relevant to infection control.

Rationale

Access to legislation and guidance is essential for the service to carry out its statutory and mandatory duties and maintain best practice.

Criteria

9.1 The Infection Control Group and Infection Control Key Worker(s) have access to all current up-to-date legislation and guidance.

9.2 As a minimum, the Infection Control Group and Infection Control Key Worker(s) have access to the key references listed in this document, at Annex B.

9.3 There is a mechanism in place to cascade information in a timely manner to all staff throughout the service.

Audit Tool for Standard 9

Standard/ Criteria	<i>Explanation/</i> Examples	Achieved Y/N	Action Required for Registered Service Provider
9	As a minimum the documents in Annex B should be available, either in hard copy or via the Internet (see 3.2). Evidence may also be a file of relevant infection control articles from journals which are circulated to staff and initialled when read and understood.		
9.2	Evidence would be either copies of documents or access to these on the internet		
9.3	Documented evidence of minutes and agenda of staff meetings with infection control on the agenda. An infection control newsletter may be produced in larger organisations. Staff could sign after reading and understanding any key documents circulated.		

STANDARD 10 – Capability: Education

Standard Statement

Education, training and instruction in infection control are provided to all staff, including those employed in support services, appropriate to their work activities and responsibilities.

Rationale

All staff should receive training in infection control and prevention to make sure that they are adequately prepared to carry out their duties.

Criteria

10.1 Infection control education appropriate to work activity is included in induction programmes for all new staff in the care home.

10.2 There is a programme of ongoing education for existing staff, including update of:

- a) Policies/procedures/guidelines.
- b) Risk assessment and incident management.
- c) Feedback of audit results and the action needed to correct deficiencies.

10.3 Records are kept of attendance of all staff on infection control education sessions.

10.4 Any contracts with contractors/ subcontractors should ensure that subcontracted staff receive training/guidance on infection control as appropriate to their work activities and responsibilities.

Audit Tool For Standard 10

Standard/ Criteria	Explanation/ Examples	Achieved Y/N	Action Required for Registered Service Provider
10.1	This can be evidenced by an induction programme, incorporating infection control.		
10.2	Documentation could include training records.		
10.3	Infection control training may be incorporated into more general education sessions.		
10.4	Documented evidence that contracts ensure infection control training/ guidance is provided as appropriate to work.		

STANDARD 11 – Monitoring & Review of the system in place for control of infection

Standard Statement

The system in place for control of infection is monitored and reviewed by management in order to make improvements to the system.

Rationale

The Registered Service Provider is responsible for ensuring a safe, effective and clean care environment in facilities, and is able to account for the overall management of infection control.

Criteria

11.1 Monitoring and review of the infection control system includes:

- (a) Accountability arrangements.
- (b) Staff knowledge, expertise and resources
- (c) Positive or negative outcomes.
- (d) Processes, including risk management arrangements.
- (e) Policies/ procedures/ guidelines.

11.2 The person(s) with risk management responsibility plays an important role in monitoring and reviewing all aspects of the system as a basis for establishing significant information that is presented to, and dealt with by, the Registered Service Provider.

11.3 The Infection Control Group reviews the detailed issues surrounding infection control resulting from management's monitoring and review.

11.4 Infection control audits and findings are reviewed and appropriate action taken.

Audit Tool For Standard 11

Standard/ Criteria	Explanation/ Examples	Achieved Y/N	Action Required for Registered Service Provider
11	This standard is intended to ensure that functioning systems are in place and corporate responsibility is endorsed. Outcome of standard is that Registered Service Provider should be content with the system in place for infection control. Annex E outlines the key relationships.	N/A	N/A
11.1	Documented evidence is included elsewhere in Standards, for example; a) Standards 1-3 accountability b) Standards 9-10 capability c) Audit findings d) Standards 1-3 e) Standards 6/7		
11.2	Documented evidence that the risk manager/ individual with responsibility for risk management has reviewed the infection control system and produced an infection control risk management report. This risk management report should be presented to Registered Service Provider		
11.3	Require that any evidence e.g. minutes/ memos / action plans is fed back to the Infection Control Group.		
11.4	Copy of action plan and completion dates.		

STANDARD 12– Practice: Hand Hygiene

Standard Statement

A clear hand hygiene policy and mechanism to ensure effective implementation is in place.

Rationale

There is good evidence that an effective hand hygiene policy reduces the risk of spread of infection. Therefore, a hand hygiene policy should reflect the principles of good practice related to hand hygiene, developed by ‘The EPIC Project: Developing National Evidence based Guidelines for Preventing Healthcare Associated Infections’ commissioned by the Department of Health (England). See annex C for reference.

Criteria

12.1 There is a hand hygiene policy/procedure/guidelines which reflects the principles of good practice and includes:

- (a) Hand decontamination immediately before and after every episode of direct contact/ care or any activity that potentially results in hand contamination.
- (b) Use of liquid soap and water for hands visibly soiled or potentially contaminated with dirt or organic material.
- (c) Use of alcohol-based hand rub or hand washing with liquid soap and water to decontaminate hands between different service users or between different caring activities on same service users.
- (d) Removal of all wrist and, ideally, hand jewellery at the beginning of each shift before regular hand decontamination begins.
- (e) Covering all cuts and abrasions with a waterproof dressing.
- (f) Effective hand washing including:
 - Wetting hands under tepid running water before applying liquid soap.
 - Hand wash solution must come into contact with all surfaces of hands;
 - Vigorous rubbing of hands for minimum of 10-15 seconds with particular attention to tips of fingers, thumbs and between fingers;
 - Thorough rinsing;
 - Drying with good quality paper towels.

(g) Effective alcohol hand rub technique:

- Use only on hands free of dirt and organic material;
- Hand rub solution must come into contact with all surfaces of hands;
- Vigorous rubbing of hands, with particular attention to tips of fingers, thumbs and between fingers, until the solution evaporates and hands are dry.

(h) Application of an emollient hand cream regularly to protect skin from drying effects of regular hand decontamination.

(i) Access to staff health advice in the event of skin irritation caused by a particular soap, hand hygiene or alcohol product.

12.2 There are arrangements to support and promote hand hygiene by care workers.

12.3 Induction programmes for all staff include the topic of hand hygiene.

12.4 Compliance with hand hygiene policy/procedure/guidelines forms part of the systematic risk review.

Audit Tool for Standard 12

Standard/ Criteria	Explanation/ Examples	Achieved Y/N	Action Required for Registered Service Provider
12.1	Self monitoring may include- Evidence of handwashing policy/ promotional posters or audit of hand hygiene of staff. e.g. by observation. Evidence that liquid soap dispensers work. Evidence of alcohol hand gel/rub and paper towel availability.		
12.2/3	Training records of staff should indicate that they have received hand hygiene training. This may be covered by other Standards e.g. Standard 10.3		
12.4	Documented evidence included elsewhere in Standards e.g. Standard 8.1		

ANNEX A: MEMBERSHIP

Name, job title / organisation at time of appointment to group (2002) and current (2004) job title/ organisation are given.

Margaret Tannahill (Chair) formerly Senior Public Health Nurse Argyll and Clyde NHS Board.

Since 2002, Scottish Executive Health Department, Project leader HAI Taskforce

Susan Brimelow Manager, Independent Healthcare Division, Care Commission

Dr Peter Christie Senior Medical Officer Scottish Executive Health Department (SEHD)

Dr Martin Donaghy Senior Medical Officer Scottish Executive Health Department (SEHD)

Craig Martin Team Leader, South West Region, Care Commission

Crawford Morgan, Head of Protective Services North Lanarkshire Council (CoSLA representative)

Deirdre Moss, Services Manager, Capability Scotland

Sarah Murdoch Public Health Infection Control Nurse, Forth Valley NHS Board (Public Health Infection Control Nurses' Group, Scotland representative)

Joan Sneddon formerly Senior Nursing Adviser, Infection Control Clinical Standards Board Scotland (CSBS) / Scottish Centre for Infection and Environmental Health(SCIEH)
Since 2003 Nurse Consultant in Infection Control (SCIEH)

Sandra Stark formerly Director of Nursing and Quality Scottish Care /Ashbourne Healthcare, since 2003 Nursing and Quality Consultant, Ardoch Consulting

Joan Watson, Older Peoples Services Manager Association of Directors of Social Work,

Although not involved in the production of the original draft standards Audrey Mackenzie, Infection Control Advisor, Care Commission assisted the group with their review and publication in final form.

The group also sought lay advice from Mrs Marjory Russell MBE, Health Council, Forth Valley

ANNEX B: KEY REFERENCE MATERIALS

Key References for Infection Control Standards for Care Home Sector.

Internet links correct as at May 2004.

The SE is not responsible for the content of these websites

- NHS Board guidance for infection control in the care home setting (where available).
Links to Board Internet sites can be found on SHOW
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- Scottish Office Department of Health NHS Management Executive (1998) Scottish Infection Manual: Guidance on core Standards for the control of infection in hospitals, health care premises and at the community interface.
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<http://www.hse.gov.uk/hthdir/noframes/coshh/index.htm>
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<http://www.scotland.gov.uk/consultations/health/haitf-00.asp>
- NHSScotland National Cleaning Services Specifications, August 2003, SEHD
http://www.scotland.gov.uk/library5/health/FINAL_CMO_LETTER%20CONSULTATION_LIST.pdf
- Cleanliness Champions Programme, NHS Education Scotland
Information can be found at-
<http://www.nes-hai.info/>
- Scotnursing college
<http://www.scotnursing.com/>

ANNEX C: GLOSSARY

Assessment The process of measuring the quality of an activity, service or organisation.

Audit An audit is any thorough examination or check.

An audit should be a systematic review of the procedures used for diagnosis, care, and treatment, examining how associated resources are used and investigating the effect care has on the outcome and quality of life for the service user.

"The commonest approach to audit is to set standards, measure current performance against those standards, identify shortfalls, and institute any necessary action" (Thomson, T. 1993)

Blood Borne Infections Infections transmitted via blood and other body fluids or materials e.g. needles which become contaminated with them. Examples of blood borne Infections include Human Immunodeficiency Virus (HIV), Hepatitis B or Hepatitis C

Care Commission – Scottish Commission for the Regulation of Care. From 1 April 2002 the Scottish Commission for the Regulation of Care (the Care Commission), became responsible for the regulation of care services. The Care Commission regulates against the requirements of the Regulation of Care (Scotland) Act 2001 and its associated Regulations and taking account of National Care Standards issued by Scottish Ministers.

Cleaning A process, which physically removes contamination but does not necessarily destroy microorganisms. Current routines do not typically quantify the reduction of microbial contamination, which depends upon many factors, including the efficiency of the cleaning process. Cleaning removes micro-organisms and the organic material on which they thrive. It is a necessary pre-requisite of effective disinfection or sterilisation.

Clinical Standards Board Scotland (CSBS) A statutory body, established as a special Health Board in April 1999. Its role, in line with the Scottish Executive's commitment to quality, openness and public accountability, is to promote public confidence that the services provided by the NHS are safe and that they meet nationally agreed Standards, and to demonstrate that, within the resources available, the NHS is delivering the highest possible Standards of care. Abbreviated as CSBS. Since January 2003 CSBS became part of NHSQIS (NHS Quality Improvement Scotland)

Clostridium difficile A bacteria which can cause diarrhoeal illness. It is commonly associated with and triggered by antibiotic use.

Criteria Criteria provide the more detailed and practical information on how to achieve the standard and can be described as structure, process and outcome criteria.

Decontamination A process which removes or destroys contamination and thereby prevents micro-organisms or other contaminants reaching a susceptible site in sufficient quantities to initiate infection or any other harmful response. Three processes of decontamination are commonly used; cleaning, disinfection and sterilisation.

Disinfection A process used to reduce the number of viable micro-organisms but which may not necessarily inactivate some microbial agents, such as certain viruses and bacterial spores. Disinfection may not achieve the same reduction in microbial contamination levels as sterilisation.

EPIC A Department of Health nurse-led multidisciplinary initiative based within the Wolfson Institute of Health Sciences at Thames Valley University, London.

Governance A framework through which services are accountable for continuously improving the quality of their services and safeguarding high Standards of care by creating an environment in which excellence in care will flourish

Guidelines Systematically developed statements which assist in decision-making about appropriate actions.

Hand hygiene Hand hygiene is a term used to encompass all methods of hand decontamination. It includes hand washing using water and soap or a detergent based cleanser, with or without antimicrobial activity, or an alcohol based hand disinfectant.

HDL Health Department Letter (formerly known as Management Executive Letters – MELs), formal communications from the Scottish Executive Health Department to NHSScotland.

Healthcare Associated Infection (HAI) Infection acquired in the hospital or other healthcare setting.

Incidents An event or set of circumstances which could lead to an outbreak or have potentially serious implications for an individual's health – for example, a high risk situation (e.g. residents served with unsafe food) or a single case of dangerous infection (e.g. E.coli O157 or tuberculosis).

Infection Control Key Worker(s) person(s) with day to day responsibility for Infection Control.

Legionella The bacterium which causes legionnaires' disease, a pneumonia which is caught by inhaling contaminated water (e.g. from taking a shower). It is never spread person-to-person.

One case would represent a serious incident.

Mandatory (guidance) Compulsory (guidance) but not required by law.

Medical devices Any healthcare (for example medical/ dental/chiropractic) product, excluding drugs, which is used for a patient in the diagnosis, treatment, prevention or alleviation of illness or injury.

MEL Management Executive Letter (now known as Health Department Letters – HDL), formal communications from the Scottish Executive Health Department to NHSScotland.

Monitoring The systematic process of collecting information on clinical and non-clinical performance. Monitoring may be intermittent or continuous. It may also be undertaken in relation to specific incidents of concern or to check key performance areas.

MRSA (Methicillin-Resistant Staphylococcus aureus) A bacterium commonly found on the skin of healthy people. Some of these bacteria have developed resistance to antibiotics. These resistant bacteria are called Methicillin-resistant *Staphylococcus aureus*, or MRSA.

NHSQIS The role of NHS Quality Improvement Scotland (NHS QIS) is to improve the quality of healthcare across Scotland. Set up on 1 January 2003, NHS QIS brought together the skill and experience of five organisations which, until then, focused on various aspects of this field. These were: Clinical Resource and Audit Group (CRAG), Clinical Standards Board for Scotland (CSBS), Health Technology Board for Scotland (HTBS), Nursing and Midwifery Practice Development Unit (NMPDU) and the Scottish Health Advisory Service (SHAS).

NHSScotland The National Health Service in Scotland.

Outbreaks Two or more cases of infection or disease likely to be due to infection in residents and/or staff which are, or could potentially be, linked by common factors such as close timing, physical proximity, or exposure to the same risk (e.g. contaminated food, dressing of wounds).

Rationale Scientific/objective reason for taking specific action.

Registered Service provider is an individual or service providing a care service that requires to be registered and regulated under the Regulation of Care (Scotland) Act 2001; they may be:

- a) An individual private provider.
- b) A body corporate

- c) A firm.
- d) An unincorporated association.

Remit Area of authority

Risk The chance of something happening that will have an impact (good or bad) upon objectives. Risk is measured in terms of its consequences and likelihood.

Risk management A systematic approach to the management of risk, staff and patient/client/user safety, to reducing loss of life, financial loss, loss of staff availability, loss of availability of buildings or equipment, or loss of reputation.

SCIEH Scottish Centre for Infection and Environmental Health.

SEHD Scottish Executive Health Department.

Self-assessment Assessment of performance against Standards by those providing the service to which the Standards are related.

Stakeholders Those people and services who may affect, be affected by or perceive themselves to be affected by a decision or activity.

Standard Required level of quality.

Standard statement An overall statement of desired performance.

Statutory Enacted by statute; depending on statute for its authority as a statutory provision. Required by law.

Sterilisation A process used to render an object free from viable micro-organisms including viruses and bacterial spores

Specification A detailed description of the criteria of the standard

- **ANNEX D: BIBLIOGRAPHY**

Note- all Internet links were correct as of July 2004.

The Scottish Executive does not accept responsibility for the contents of any websites

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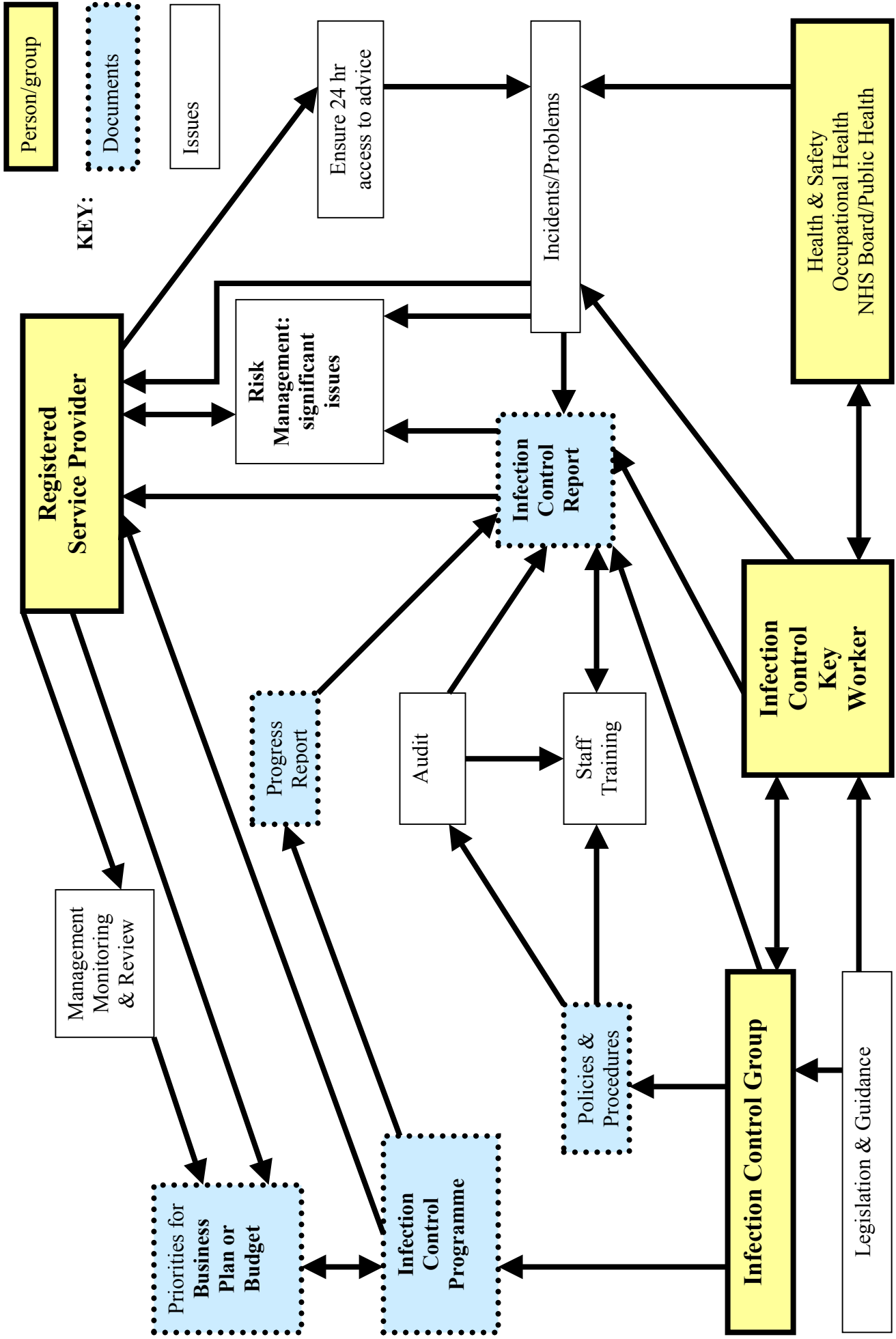
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ANNEX E: FLOWCHART OF KEY PLAYERS, DOCUMENTS AND ISSUES

The flowchart inside the back cover attempts to place the key elements of the Standards in context with each other. For those who find visual representations useful, it will help show how any one component of the Standards fits with the others, and will give an overview of the whole structure. The details may differ depending on the size of the organisation, but the main structures and procedures should be common to all.



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