

# Infection Control Standards for Adult Care Homes: A Consultation

# INFECTION CONTROL STANDARDS FOR ADULT CARE HOMES: A CONSULTATION

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## Introduction

### 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 against the requirements of the Regulation of Care (Scotland) Act 2001 and 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 Regulation of Care website: [www.scotland.gov.uk/government/rcp](http://www.scotland.gov.uk/government/rcp)
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.

### The case for infection control standards

5. It follows that from 1<sup>st</sup> 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.
6. However, what that might mean in real terms 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.
7. 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 31<sup>st</sup> October 2002;
  - Adopting those proposals as *interim* national standards from 1 November 2002; and inviting comments from all interested parties by 31<sup>st</sup> January 2003; and
  - Taking account of the views emerging from that consultation process, to develop agreed national standards in 2003.

8. This document considers the need for, and nature of national infection control standards for adult care homes and other care services for adults. It sets out detailed proposals for such standards and is being widely distributed to initiate a broad debate around these issues. The views emerging from this consultation process will help to revise and develop an agreed set of national standards for this care service sector. The Care Commission may be invited to adopt these standards in relation to their regulation of adult care homes and other care services for adults.

### **Remit and membership**

9. 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 31<sup>st</sup> 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.

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

11. The Working Group is grateful for the valuable contribution of Dr David Steel, Clinical Standards Board for Scotland, and Dr David Old, Chair of the HAI Reference Group, Clinical Standards Board for Scotland.

12. The members of the Working Group would also like to acknowledge the contribution of Dr Martin Donaghy, Dr Peter Christie, Joe Brown, and in particular Marianne Cook in the production of these proposed standards.

### **Development of national infection control standards - broader context and process**

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, decontamination of reusable medical devices and hospital cleanliness. 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 established by the Clinical Standards Board for Scotland (CSBS) in June 2001 chaired by Dr David Old, Consultant Clinical Scientist (retired December 2000) to build on the work of the Carey Group and finalise healthcare associated infection related standards.

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 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 and other care services for adults. The Working Group considered that there was merit in seeking to integrate infection control standards, as far as possible, across healthcare and social care boundaries.

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

- a title, which summarises the area on which that standard focuses;
- a standard statement, which explains the level of performance to be achieved;
- a rationale which explains why the standard is considered to be important;
- a section on criteria, which describes what must be achieved for the standard to be reached. The criteria are numbered, for the sole reason of making the document easier to work with, and not as an indication of relative priority.

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 evidence base for the standards;
- Amending the CSBS Standards, where considered appropriate, for use by private and public sector adult care homes, and other care services for adults.

18. The Working Group also agreed to produce proposals which are both stretching and achievable.

19. The majority of the proposed 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 proposed standards mainly relate

to the organisational structures and processes needed to identify, assess and treat specified risks of infection.

20. Hand Hygiene (Standard 13) is most directly related to care practice and was included because of the importance of the topic and the sound supporting evidence base.

## **Other Matters**

### Surveillance

21. Although the Working Group decided not to include a standard on the surveillance of infection, members acknowledged both the importance of surveillance as a means of decreasing and monitoring infection rates, and the need to develop further the infrastructure required to support surveillance of infection in adult care homes, and other care services for adults. The Working Group has highlighted the importance of ensuring that service providers have effective mechanisms in place to ensure that incidents or outbreaks of infection are reported to the local NHS Board's Department of Public Health and for collaboration thereafter (e.g. Standard 3, Criterion 3.6; Standard 6, Criterion 6.4f)

### Antimicrobial resistance

22. The inclusion of standard information on antimicrobial resistance was another area discussed by the Working Group. Antimicrobial resistance makes infections more difficult to treat. It may also increase the length and severity of illness, the period of infectiousness, and adverse reactions (due to the need to use less safe alternative drugs). The Working Group acknowledges that those providing care in adult care homes, and other care services for adults, do not have significant influence on antimicrobial prescribing, but supports the Scottish Executive's Antimicrobial Resistance Strategy and Scottish Action Plan.

### Cleaning standards

23. In developing detailed standards for infection control in adult care homes, the group sought to build on the framework provided by both the Clinical Standards Board Scotland (CSBS) Standards for HAI Infection Control and the CSBS Standards for HAI – Cleaning Services. However, in the time available to the Group, it was not possible to successfully integrate these two strands in the context of infection control in adult care homes.

24. The Working Group has therefore produced provisional proposals relating to cleaning standards in support of infection control in adult care homes. These are set out in Annex B, for comment. The Scottish Executive will take account of views expressed as a by-product of this consultation process in determining how best to take this work forward.

### Health & Safety Enforcement

25. 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.

26. 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**

27. The following draft standards are presented by the working group primarily for consultation, but also for use as *interim* national standards from December 2002. A list of consultees is at Annex E.

28. Your comments and requests for additional copies should be sent to:

Marianne Cook  
Public Health Policy 1.1  
3E(S)  
St Andrews House  
Regent Road  
Edinburgh  
EH1 3DG

or emailed to [marianne.cook@scotland.gsi.gov.uk](mailto:marianne.cook@scotland.gsi.gov.uk)

29. The consultation period will end on 28<sup>th</sup> February 2003.

30. This document may also be viewed on the Scottish Executive Website at:  
[www.scotland.gov.uk](http://www.scotland.gov.uk)

31. To help inform debate on the issues set out in this consultation paper, the Scottish Executive intends to follow its normal practice of making available to the public, on request, copies of the responses received. The Executive will assume, therefore, that responses can be made publicly available in this way. If respondents indicate that they wish all, or part, of their responses excluded from this arrangement, confidentiality will be strictly respected.

## **Draft Standards for Infection Control in Adult Care Homes and Other Adult Care Services.**

### **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 (Service Provider) is responsible for ensuring a safe, effective and clean physical environment of care 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 (ICP) is developed with the support and approval of the Chief Executive/ Owner (Service Provider).

1.3 The Chief Executive/ Owner (Service Provider) and those responsible for the risk management function receive the annual report on the ICP.

1.4 The Chief Executive/ Owner (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 Chief Executive/ Owner (Service Provider) ensures that guidance, on how to obtain infection control advice, is available on a 24-hour basis.

1.7 The Chief Executive/ Owner (Service Provider) and those responsible for risk management are informed of any serious problems or issues relating to infection control.

## **Draft Standards for Infection Control in Adult Care Homes and Other Adult Care Services.**

### **STANDARD 2 – Accountability: Infection Control Function**

#### **Standard Statement**

There is an Infection Control Group (ICG) that endorses 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 (ICP).

#### **Rationale**

All aspects of infection control are managed at an operational level. The structure of the group responsible for infection control function should be appropriate to the service. This may mean that a group with a wider remit considers the infection control function.

#### **Criteria**

2.1 Membership of the ICG includes, for example:

- (a) Chief Executive/ Owner (Service Provider) or a nominated senior manager with authority to represent him/her
- (b) Unit/ Operational Manager
- (c) Infection Control Key Worker(s) (ICKW(s))
- (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, professions allied to healthcare
- (i) Others as required e.g. Environmental health officer.

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

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

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

2.5 The ICG endorses the annual infection control programme (ICP).

## **Draft Standards for Infection Control in Adult Care Homes and Other Adult Care Services.**

### **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.

#### **Rationale**

The ICKW(s) is responsible for the day-to-day implementation of the infection control programme (ICP) and provides advice on infection control problems and the management of people with infection. Each service has a responsibility to provide adequate infection control function.

#### **Criteria**

3.1 There is an Infection Control Key Worker(s)

3.2 The ICKW(s) has access to:

- a) Administrative support
- b) Information Technology

3.3 The responsibilities and accountability arrangements of the ICKW(s) are clearly defined.

3.4 The ICKW(s) has training in infection control and can provide evidence of relevant continuing development.

3.5 The ICKW(s) and the appropriate person(s) with responsibility for staff health liaise when dealing with infection control advice relating to the:

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

3.6 The Chief Executive/ Owner (Service Provider) or authorised deputy and ICKW(s) ensure that there is a functioning mechanism in place for reporting to and collaboration with the local NHS Board Department of Public Health when dealing with incidents or outbreaks of infection.

## **Draft Standards for Infection Control in Adult Care Homes and Other Adult Care Services.**

### **STANDARD 4 – Processes: Planning & Development**

#### **Standard Statement**

Prevention and control of infection are considered as 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 IC 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 subcontracted services on the same basis as to local services.

**Draft Standards for Infection Control in Adult Care Homes and Other Adult Care Services.**

**STANDARD 5 – Processes: Infection Control Programme (ICP)**

**Standard Statement**

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

**Rationale**

Each service should have an annual ICP in place to ensure that a service wide approach to the risk management of infection control.

**Criteria**

- 5.1 The ICG develops and produces an annual ICP in full consultation with relevant key stakeholders as appropriate to the service.
- 5.2 The ICP is approved by the Chief Executive/ Owner (Service Provider) and Management Team through the relevant risk management structure.
- 5.3 Identified priorities arising from the ICP are incorporated within the relevant annual business plan(s).
- 5.4 The ICP is kept under regular review by the ICG and ICKW(s) and modified as necessary.
- 5.5 The ICP includes 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 ICP.

## **Draft Standards for Infection Control in Adult Care Homes and Other Adult Care Services.**

### **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 ICG.

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 (including reference to Creutzfeldt - Jakob Disease (CJD) or variant CJD)
- 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 organisms:
  - *Clostridium difficile*
  - Influenza
  - MRSA (Methicillin Resistant *Staphylococcus aureus*)
  - Scabies and lice
  - Shingles (Varicella Zoster Virus)
  - Tuberculosis
- r) Staff health policies for prevention and management of communicable infections.
- s) Standard infection control precautions (i.e. universal blood and body fluid precautions including other body substance precautions).

6.5 The annual ICP 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 on each page with a date of preparation, 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 memoirs by operational staff.

## **Draft Standards for Infection Control in Adult Care Homes and Other Adult Care Services.**

### **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 stakeholders at a local and service level and are included in the infection control annual report.
- 7.4 Audit results are used to help to improve infection control practice

## **Draft Standards for Infection Control in Adult Care Homes and Other Adult Care Services.**

### **STANDARD 8 – Processes: Infection Control Report**

#### **Standard Statement**

A comprehensive infection control report is produced by the Infection Control Group (ICG) on an annual basis, reviewed by the person(s) with risk management responsibility and presented to the Chief Executive/ Owner (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 Chief Executive/ Owner (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 (HSE), Scottish Water.
- (b) Any recommendations made on measures taken to prevent recurrence of incidents and outbreaks.
- (c) Progress of the ICP.
- (d) Results of audit and proposed action plans.
- (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 Chief Executive/ Owner (Service Provider).

## **Draft Standards for Infection Control in Adult Care Homes and Other Adult Care Services.**

### **STANDARD 9 – Capability: Legislation & Guidance**

#### **Standard Statement**

The Infection Control Group (ICG) and Infection Control Key Worker(s) (ICKW(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 ICG and ICKW(s) have access to all current up-to-date legislation and guidance.
- 9.2 As a minimum, the ICG and ICKW(s) have access to the key references listed in this document, at Annex G.
- 9.3 There is a mechanism in place to cascade information in a timely manner to all staff throughout the service.

**Draft Standards for Infection Control in Adult Care Homes and Other Adult Care Services.**

**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, including those employed by support services, should receive training in prevention and control of infection 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, including support service staff.

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 Contracts with subcontractors should ensure that subcontracted staff receive training/guidance on Infection Control as appropriate to their work activities and responsibilities.

## **Draft Standards for Infection Control in Adult Care Homes and Other Adult Care Services.**

### **STANDARD 11 – Monitoring & Review**

#### **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 Chief Executive/ Owner (Service Provider) is responsible for ensuring a safe, effective and clean physical environment of care 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 Chief Executive/ Owner (Service Provider).

11.3 The ICG 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.

## Draft Standards for Infection Control in Adult Care Homes and Other Adult Care Services.

### 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).

#### Criteria

13.1 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, handwash or alcohol product.

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

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

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

**ANNEX A: MEMBERSHIP**

<b>Name</b>	<b>Title</b>	<b>Organisation</b>
Margaret Tannahill <b>(Chair)</b>	Senior Public Health Nurse	Argyll and Clyde NHS Board
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	CoSLA / North Lanarkshire Council
Deirdre Moss	Services Manager	Capability Scotland
Sarah Murdoch	Public Health Infection Control Nurse	Public Health Infection Control Nurses' Group, Scotland Forth Valley NHS Board
Joan Sneddon	Senior Nursing Adviser, Infection control	Clinical Standards Board Scotland (CSBS) / Scottish Centre for Infection and Environmental Health (SCIEH)
Sandra Stark	Director of Nursing and Quality	Scottish Care /Ashbourne Healthcare
Joan Watson	Older Peoples Services Manager	Association of Directors of Social Work

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

**ANNEX B: PROVISIONAL PROPOSALS FOR CLEANING STANDARDS**

<b>Standard</b>	<b>Standard Statement</b>	<b>Rationale</b>
1 - Accountability: Accountability Arrangements	Responsibility for cleanliness in care premises is clearly defined and there are clear lines of accountability throughout the service.	The Chief Executive/ Owner (Service Provider) and management team, are responsible for ensuring a safe, effective and clean physical environment of care in facilities, and must be able to account for the overall management of cleaning services.
2 - Processes: Cleaning Services Management	A suitably trained person has been designated to manage the cleanliness of the care facility.	To ensure a safe, effective and clean physical environment of care in facilities and to be able to account for the overall management of cleaning services, responsibility must be defined and lead to the Chief Executive/ Owner (Service Provider), and management team.
3 - Processes: Policy and Strategy	The management team endorses the specification for the provision of cleaning services throughout the service.	The Chief Executive/ Owner (Service Provider) and the management team are responsible for ensuring a safe, effective and clean physical environment of care in facilities, and must be able to account for the overall management of cleaning services.
4 - Processes: Operational Policy and Procedures	Operational elements of the cleaning services and specifications are in place and up-to-date.	Up-to-date operational planning is necessary to ensure a safe, effective and clean physical environment.
5 - Processes: Annual Requirements Review	An annual review is undertaken to assess whether the service specification is being achieved and reflects current requirements.	An organisation/ service requires up-to-date information on the ability of the cleaning staff or the cleaning contractor to achieve the levels of service specified and their ability to adapt to meet the changing needs of care.
6 - Processes: Service Delivery	The cleaning plan and any associated risk is managed systematically.	To ensure safe operation of the physical environment and the safety of people, it is essential to have a systematic, planned approach to the cleaning management of the physical environment.

**INFECTION CONTROL STANDARDS FOR ADULT CARE HOMES: A CONSULTATION**

<b>Standard</b>	<b>Standard Statement</b>	<b>Rationale</b>
7 - Processes: Service User Involvement	All cleaning management issues are evaluated, considered and dealt with to achieve optimum service user satisfaction.	There is a need to provide a clean environment which aims to meet the expectations of all service users and staff.
8 - Processes: Risk Management	A risk management process is applied to cleaning services.	It is essential that a service- wide approach to the risk management of care associated infection, which includes cleaning services, takes place to ensure that risk is effectively managed.
9 - Capability: Legislation and Guidance	The service has access to up-to-date legislation and guidance relating to cleaning services.	Access to legislation and guidance is essential for the service to carry out statutory and mandatory duties and maintain best practice.
10 - Capability: Competency Evaluation	The competency and performance of cleaning personnel are monitored and evaluated to ensure standards are maintained.	It is necessary to assess and identify which skills and capabilities are required to ensure clean facilities.
11 - Capability: Training and Instruction	Cleaning services staff receive training and instruction on the safe operating practices and cleaning of facilities.	Due to the diversity of needs in cleaning and operating care facilities and the requirements of legislation, a structured training programme needs to be developed and implemented for all relevant staff.
12 - Monitoring and Review	The system in place for cleaning services is monitored and reviewed by management in order to make improvements to the system	The Chief Executive / Owner (Service Provider) is responsible for ensuring a safe, effective and clean physical environment and is accountable for the overall quality of cleaning services.

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**Note- all Internet links were correct as of October 2002.**

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## ANNEX D: GLOSSARY

**Acute sector** Hospital-based health services which are provided on an inpatient or outpatient basis.

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

**Audit** 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.

**Blood Borne Infections** Infections transmitted via bloodstream e.g. Human Immunodeficiency Virus (HIV), Hepatitis B or Hepatitis C

**Care Commission** – The Scottish Commission for the Regulation of Care (Care Commission). The Scottish Commission for the Regulation of Care will register and inspect all the services to be regulated against the national care standards issued by Scottish Ministers. Its inspectors will access applications from people who want to provide registered services. They will inspect the services to make sure that they are meeting the standards and the regulations.

**Catheterisation** The insertion of a hollow tube (a catheter) into an organ of the body –for example, the bladder, either for investigative purposes or to give some form of treatment. Performed under strict sterile conditions.

**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)** is 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.

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

**Criteria/criterion** Criteria provide the more detailed and practical information on how to achieve the standard and can be described as structure, process and outcome criteria. Criterion is the singular.

**CSBS** See Clinical Standards Board for Scotland.

**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.

**HAI** See Healthcare Associated Infection.

**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** Infection acquired in the hospital or other healthcare setting.

**Healthcare professional** A person qualified in a health discipline.

**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.

**Internal Audit** Internal audit is an independent and objective appraisal service within an organisation. Internal audit primarily provides an independent and objective opinion on risk management, control and governance, by measuring and evaluating their effectiveness in achieving the service's agreed objectives.

**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.

**Loss** Any negative consequence, financial or otherwise.

**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.

**NHS Board** NHS Boards replaced the separate board structures of Health Boards and NHS Trusts. The NHS Boards cover the same geographical area as the old Health Boards. The overall purpose of unified NHS Boards is to ensure the efficient, effective and accountable governance of the local NHS system and to provide strategic leadership and direction for the system as a whole, focusing on agreed outcomes.

**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).

**Peer review** Review of a service by those with expertise and experience in that service, either as a provider, user or carer. In the CSBS method all members of a review team are equal.

**Primary care** The conventional first point of contact between a patient and the NHS. This is the component of care delivered to patients outside hospitals and is typically, although by no means exclusively, delivered through general practices. Primary care services are the most frequently used of all services provided by the NHS.

Primary care encompasses a range of family health services provided by family doctors, dentists, pharmacists, optometrists and ophthalmic medical practitioners.

**Professions allied to Healthcare** Professionals directly involved in the provision of primary medicine and secondary healthcare. Includes several groups such as physiotherapists, occupational therapists, dieticians, etc.

**Rationale** Scientific/objective reason for taking specific action.

**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 factor** A clearly defined occurrence or characteristic that has been associated with the increased rate of a subsequently occurring disease. Risk factors include aspects of personal behaviour, lifestyle, environmental exposure, or inborn or inherited characteristics, which are known to be associated with the disease.

**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.

**Risk management process** The systematic application of management policies, procedures and practices process to the tasks of establishing the context, identifying, analysing, evaluating, treating, monitoring and communicating of risk.

**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.

**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.

**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

**The Scottish Commission for the Regulation of Care** – See the Care Commission

**Scottish Water** Scottish Water is a new organisation replacing East of Scotland Water, North of Scotland Water and West of Scotland Water and it provides water and waste water services to household and business customers across Scotland.

**Specification** A detailed description of the criteria of the standard

## ANNEX E: LIST OF CONSULTEES

### Individual Care Homes

Age Concern  
Arthritis Research Campaign  
British Association of Occupational Therapists  
CoSLA  
British Dental Association  
British Geriatric Society  
British Medical Association  
Capability Scotland  
Care Commission  
Chief Environmental Health Officers  
Clinical Standards Board Scotland  
Consultants in Public Health Medicine (Communicable Disease/ Environmental Health)  
Counsel and Care  
Directors of Public Health  
Health and Safety Commission  
Health and Safety Executive  
Help the Aged  
Huntington Disease Society  
Infection Control Nurses' Association.  
Independent Healthcare Association  
Local Authority Chief Executives  
Local Authority Directors of Social Work  
Microbiologists  
MIND  
Motor Neurone Disease Society  
Multiple Sclerosis Society  
Muscular Dystrophy Society  
National Osteoporosis Society  
NHS Boards  
NHS Education Scotland  
NHS Trusts  
Parkinsons Disease Society  
Public Health Infection Control Nurses (Scotland ) Group  
Public Health Institute Scotland  
Registered Nursing Homes Association  
Royal College of General Practitioners  
Royal College of Midwives  
Royal College of Nursing  
Royal College of Obstetricians and Gynaecologists  
Royal College of Pathologists  
Royal College of Pathologists  
Royal College of Physicians  
Royal College of Physicians and Surgeons of Glasgow  
Royal College of Physicians of Edinburgh  
Royal College of Psychiatrists  
Royal College of Speech and Language Therapists

Royal College of Surgeons  
Royal College of Surgeons of Edinburgh  
Royal Environmental Health Institute Scotland  
Royal Society Edinburgh  
SCOPE  
Scottish Action on Dementia  
Scottish Care  
Scottish Centre for Infection and Environmental Health  
Scottish Organisation Local Authority Chief Executives  
Scottish Water  
Scottish Youth Parliament  
SENSE Scotland  
Society of Chiropodists and Podiatrists  
Stroke Association  
STUC  
UNISON

## **ANNEX F: FORMAT OF STANDARDS AND DEFINITION OF TERMINOLOGY**

All standards set 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 exactly what must 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.

## ANNEX G: KEY REFERENCE MATERIALS

### Key References for Nation Infection Control Standards for Care Home Sector

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