Health
Information
and Quality
Authority

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Draft national infection prevention and control standards for community services

For consultation
January 2018

Safer Better Care

About the Health Information and Quality Authority

The Health Information and Quality Authority (HIQA) is an independent authority established to drive high-quality and safe care for people using our health and social care services in Ireland. HIQA's role is to develop standards, inspect and review health and social care services and support informed decisions on how services are delivered.

HIQA aims to safeguard people and improve the safety and quality of health and social care services across its full range of functions.

HIQA's mandate to date extends across a specified range of public, private and voluntary sector services. Reporting to the Minister for Health and the Minister for Children and Youth Affairs, HIQA has statutory responsibility for:

- **Setting Standards for Health and Social Services** — Developing person-centred standards, based on evidence and best international practice, for health and social care services in Ireland.

- **Regulation** — Registering and inspecting designated centres.

- **Monitoring Children's Services** — Monitoring and inspecting children's social services.

- **Monitoring Healthcare Safety and Quality** — Monitoring the safety and quality of health services and investigating as necessary serious concerns about the health and welfare of people who use these services.

- **Health Technology Assessment** — Providing advice that enables the best outcome for people who use our health service and the best use of resources by evaluating the clinical effectiveness and cost effectiveness of drugs, equipment, diagnostic techniques and health promotion and protection activities.

- **Health Information** — Advising on the efficient and secure collection and sharing of health information, setting standards, evaluating information resources and publishing information about the delivery and performance of Ireland's health and social care services.

Note on terms and abbreviations used in these standards

A full range of terms and abbreviations used in these standards is contained in a glossary at the end of this report.

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Introduction

1. Background

The Health Information and Quality Authority (HIQA) is the statutory body established under the Health Act 2007 to drive high-quality and safe care for people using health and social care services in Ireland. One of HIQA's many functions is to set standards for health and social care services.

Preventing and controlling healthcare-associated infections continues to be a significant challenge to healthcare systems throughout the world, including Ireland. These are infections that are acquired by people after they have been in contact with a healthcare service. However, a number of these infections are no longer confined to the hospital setting and are increasingly prevalent in community settings. Healthcare-associated infections can have a huge impact on people, causing anxiety and upset, serious illness, long-term disability and death. There are also significant impacts on community services due to additional consultations, investigations, and unscheduled care due to outbreaks.

As a result of the rapid turnover of patients in acute healthcare settings, complex care is increasingly being delivered in the community. Residents in long-term residential care facilities such as nursing homes are particularly vulnerable to healthcare-associated infections due to a number of risk factors including older age, pressure sores and the presence of medical devices such as urinary catheters and feeding tubes.[*] A national survey of healthcare-associated infections and antimicrobial medication use in long-term care facilities in 2016 found that on average 1 in 25 residents developed a healthcare-associated infection.[*]

In addition, antimicrobial resistance presents a serious global threat. Antimicrobial resistance occurs when a micro-organism develops resistance to an antimicrobial medication that had been originally effective for treating infections caused by it. The extensive use, misuse and overuse of antimicrobial medications have contributed to increased antimicrobial resistance. Antimicrobial medication use in Irish outpatient settings, including in community care, has been steadily increasing for a number of years and in 2015 was at mid to high levels in comparison with other European countries.[†]

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[*] HSE Heath Protection Surveillance Centre. Point Prevalence Survey of Healthcare-Associated Infections and Antimicrobial Use in Long-Term Care Facilities. 2016

[†] HSE Health Protection Surveillance Centre. Annual Epidemiological Report. 2015

However, a significant proportion of healthcare-associated infection is known to be avoidable if measures are taken to identify and address the work practices, equipment and environmental risks that have the potential to cause such harm. These measures are collectively referred to as infection prevention and control and describe the practice of providing safe care in a clean environment. The basic principles of infection prevention and control apply regardless of the setting. Preventing infections from occurring in the first instance is one of the best ways to reduce the need to prescribe antimicrobial medication and prevent antimicrobial resistance.

Antimicrobial stewardship is about ensuring that every person receives the right antimicrobial medication at the right dose, route and duration, and for the right infection type at the right time. These principles of good antimicrobial stewardship apply to all those who prescribe, dispense, administer, use and dispose of antimicrobials.

Good infection prevention and control practices and antimicrobial stewardship are essential in all health and social care settings to prevent healthcare-associated infections and the emergence of antimicrobial resistance. It depends on everyone working within a service understanding their responsibilities and engaging in behaviours that are well known to reduce the risk of infection, such as ensuring hands, equipment and the environment are kept clean. All those who provide care should be trained in understanding infection prevention and control best practice.

There is significant scope for improved integrated care efforts between all health and social care services, but this needs the necessary national operational structures in place to prevent and control healthcare-associated infections across the entire healthcare system. The burden of infections caused by antibiotic resistant micro-organisms presents an ever increasing threat to public health and sustainability of delivery of health and social care services. In October 2017, the Department of Health declared the emergence of a particularly problematic micro-organism, known as carbapenemase producing *Enterobacteriacae*, a public health emergency and established a national public health emergency team to coordinate a national response. In addition, Ireland's *National Action Plan on Antimicrobial Resistance 2017–2020* provides a roadmap on how to address antimicrobial resistance at a national level through a collaborative effort across the health, agricultural and environmental sectors.[‡]

HIQA published the *National Standards for the Prevention and Control of Healthcare Associated Infections* in 2009. Revised *National Standards for the prevention and*

[‡] Department of Health. Ireland's National Action Plan on Antimicrobial Resistance 2017–2020 (2017).

control of healthcare-associated infections in acute healthcare services were published by HIQA in 2017.

Community services must have the necessary structures, resources and workforce in place to reflect the importance of infection prevention and control and antimicrobial stewardship in this setting.

A dedicated set of standards for services delivered in the community is an opportunity to address the services' infection prevention and control needs and better facilitate a coordinated approach to infection prevention and control across the entire healthcare system.

Therefore, the draft national standards set out in this document promote a unified approach to, and set out a framework for, infection prevention and control best practice in community health and social care settings.

2. Purpose of the National Standards

The National Standards, when approved, will:

- offer a common language to describe safe and effective infection prevention and control practices
- enable a person-centred approach by focusing on the people that use services and placing people at the centre of everything that the service does
- create a basis for improving infection prevention and control practices and antimicrobial stewardship practices by identifying strengths and highlighting areas for improvement
- promote practice that is up to date, effective and consistent.

The draft standards cover important areas such as communicating well with people who use health or social care services, providing care in a clean and safe environment, prescribing antimicrobial medication in a safe manner and governance arrangements within services.

The purpose of the draft standards is not to set out specific clinical practice detail, which is best described in clinical guidelines. The standards are also not intended to comprehensively cover all legislative requirements relevant to infection prevention and control that services are already required to adhere to by law. Clinical guidelines that apply in Ireland include guidelines from the Health Service Executive (HSE), the Health Protection Surveillance Centre (HPSC), the Dental Council, the Irish College of General Practitioners (ICGP), the Health and Safety Authority (HSA) and the relevant suite of National Clinical Guidelines from the National Clinical Effectiveness Committee (NCEC).

Where appropriate, certain requirements are described in the features of the standards, including but not limited to the measures covered under legislative acts and regulations relating to:

- infectious diseases
- sharps injury prevention
- safety, health and welfare at work
- medical devices
- waste management including transport of hazardous materials
- data protection.

The resources section of this document provides a list of useful resources including relevant guidelines. These guidelines include recommendations for setting-specific infection prevention and control practices in various community settings, including dental practice, general practice, ambulance services, residential care facilities, home care, disability services and so on.

3. Scope of the National Standards

These standards are designed to apply to all community health and social care services outside the acute hospital setting. The standards, once approved by the Minister for Health, will become National Standards. This places a responsibility on all residential services for older people and people with disabilities and all publicly funded health and social care services in the community to begin implementing the national standards, with a view to adhering to the Standards.

These services include but are not limited to:

- pre-hospital emergency care
- care delivered in the home
- Health Service Executive (HSE) health centres where a range of services can be provided, for example, physiotherapy services, public health nursing, speech and language therapy, community nursing or dental services
- general practices
- dental practices.

It is envisaged that all other privately provided community services will adopt these National Standards, when finalised, to promote improvements in the prevention and control of healthcare-associated infections in their services.

HIQA has also formally engaged with the Mental Health Commission and it is planned that the Commission will promote the use of the finalised standards within

all mental healthcare services and encourage their adoption by all mental health service providers in Ireland.

4. A national approach to infection prevention and control

The draft standards outlined in this document have been developed for individual services but there is also a need for a national approach to address infection prevention and control risks across the entire health and social care system. Strong and effective governance arrangements are required at national, community and local service-delivery level to support safe infection prevention and control practices within each service.

In order to create a person-centred approach to infection prevention and control, there needs to be effective leadership and governance at a national level. This includes setting the strategic direction and implementing the necessary national and local structures to support the implementation of this strategy.

An integrated approach to infection prevention and control across the entire health and social care system needs to be promoted and supported at a national level. A national information technology (IT) infrastructure is required to facilitate effective communication and surveillance of healthcare-associated infections.

There needs to be strategic investment in resources to address infection prevention and control risks across the entire health and social care system. This prioritisation needs to take into consideration both new service development and investment in upgrading existing infrastructure and equipment over the short, medium and long term.

National governance arrangements are required to support collaborative working between all healthcare services to effectively target healthcare-associated infections and antimicrobial resistance. This includes the need for effective workforce planning to ensure enough staff are available at the right time with the right skills and expertise to meet infection prevention and control needs.

Effective linkages between infection prevention and control personnel — in both the acute and primary and community health and social care services — need to be developed and supported.

5. Themes in the draft national standards

The draft standards were developed using an established framework for the development of all national standards. Figure 1 illustrates the eight themes under

which these draft standards are presented. The four themes on the upper half of the circle relate to quality and safety in a service, while the four on the lower portion of the circle relate to the key areas of a service's capacity and capability.

Figure 1. Standards development framework

The four themes of quality and safety are:

- **Person-centred Care and Support** — how community services place people using their services at the centre of what they do. This includes how services communicate with people using these services to ensure they are well informed, involved and supported in the prevention, control and management of healthcare-associated infections and antimicrobial resistance.

- **Effective Care and Support** — how community services ensure that infection prevention and control is part of the routine delivery of care to protect people from preventable healthcare-associated infections and antimicrobial resistance. This includes how services identify any work practice, equipment and environmental risks and put in protective measures to improve the service provided.

- **Safe Care and Support** — how community services ensure staff adhere to infection prevention control best practice and antimicrobial stewardship to achieve best possible outcomes for people.

- **Better Health and Wellbeing** — how community services work in partnership with people using their services to promote and enable safe infection prevention and control practices and protect against antimicrobial resistance.

Delivering improvements within these safety and quality themes depends on service providers having capacity and capability in the following four key areas:

- **Leadership, Governance and Management** — the arrangements put in place by community services for clear accountability, decision-making, risk management and performance assurance, underpinned by effective communication among staff. This includes how responsibility and accountability for infection prevention and control and antimicrobial stewardship is integrated at all levels of the service.

- **Workforce** — how community services plan, recruit, manage and organise their workforce to ensure enough staff are available at the right time with the right skills and expertise to meet the service's infection prevention and control needs and antimicrobial stewardship practices.

- **Use of Resources** — how community services plan, manage and prioritise their resources to meet the service's infection prevention and control needs.

- **Use of Information** — how community services use information as a resource for planning, delivering, monitoring, managing and improving infection prevention and control practices and antimicrobial stewardship.

6. Structure of the draft national standards

These draft standards are outcome-based which means that each standard provides a specific outcome for the service to meet. This outcome is described in the 'standard statement'. The standard statement describes the high-level outcome required to safely and effectively prevent and control healthcare-associated infections and antimicrobial resistance in community health and social care settings.

While each standard is presented under a specific theme, HIQA recognises that certain standards could feature under a number of different themes.

The list of features provided under each of the standard statement headings is not an exhaustive list, and service providers may meet the requirements of the standards in different ways.

7. How the draft national standards were developed

HIQA completed a focused review of international and national literature to inform the development of the draft standards. This review took account of international standards and guidelines, national guidelines and recommendations, relevant national policies, national reports and expert opinion. All documents were reviewed and assessed to be included in the evidence-base used to inform these draft standards. A related background report outlining the evidence reviewed is now available on the HIQA website, www.hiqa.ie.

HIQA convened an advisory group made up of a diverse range of interested and informed parties, including representatives from support and advocacy groups, regulatory bodies, professional representative organisations, HIQA's Regulation Directorate, the HSE and the Department of Health. The function of the group was to advise HIQA, support consultation and information exchange, and advise on further steps. HIQA would like to acknowledge with gratitude the effort and commitment of the Advisory Group. The members of this Group are listed in Appendix 1 of this document.

HIQA also organised focus groups with people who use services and with staff working in community health and social care services. This has included 10 focus groups with 70 participants to date, with a number of additional focus groups planned at the time of writing. The purpose of these focus groups was to discuss people's experiences of infection prevention and control and to obtain their opinions as to what the national infection prevention and control standards for community services should address.

The Authority would like to acknowledge and thank those who participated for taking the time to attend the focus group sessions and for contributing to the development of the standards in such a meaningful way.

The next stage of the process is to undertake a public consultation on the draft standards, during which time we ask the public and all interested parties to submit their feedback on the draft standards.

8. Public consultation process

These draft national standards are available for public consultation for a six-week period from Wednesday 31 January to Wednesday 14 March 2018. During this time, people who use community services, their parents, guardians, carers and family or their nominated advocates, in addition to staff working in these services and the public will have the opportunity to provide feedback and become involved in the process of developing these standards. HIQA invites the public and all interested parties to submit their views on the draft national standards.

A number of consultation questions have been prepared for your consideration when reviewing the draft standards. These questions are not intended in any way to limit feedback, and other comments relating to the draft national standards are welcome.

8.1 How to make a submission

There are several ways to tell us what you think. You can give your views by completing the online consultation form by clicking the link on the HIQA website, www.hiqa.ie. Your comments can also be submitted by downloading and completing the consultation feedback form available on our website and emailing the completed form to standards@hiqa.ie. Alternatively, you can print off a copy of the feedback form from our website and post your completed forms to us at the address below.

By electronic submission	www.hiqa.ie
By email	standards@hiqa.ie
By post	Health Information and Quality Authority (HIQA)
	Draft national infection prevention and control standards for community services
	George's Court
	George's Lane
	Smithfield
	Dublin 7
	D07 E98Y

For further information or if you have any questions, you can email standards@hiqa.ie or call 01 814 7400 and ask to talk to a member of the Standards Team.

9. Next steps

HIQA will review and consider all submissions received during the consultation process. Following this process, the standards will be revised based on your feedback. The main amendments will be published in a Statement of Outcomes document when the finalised standards are published.

The final national standards will be presented to the Board of HIQA for approval. Following approval by the Board, the national standards will then be submitted to the Minister for Health for approval.

Key terms used in the draft national standards

Key term	Meaning
Antimicrobial resistance	Resistance of a micro-organism to an antimicrobial medication that had been originally effective for treating infections caused by it.
Antimicrobial stewardship	A systematic approach to promoting and monitoring the appropriate use of antimicrobial medication to preserve their future effectiveness. It is about ensuring that every person receives the right antimicrobial medication at the right dose, route and duration and for the right infection type at the right time.
Community services	These are a broad range of services that are provided outside of the acute hospital system in Ireland, including primary care, social care, mental health and health and wellbeing services.
Facility	Refers to the physical infrastructure where the health or social care service is provided.
Features of the standard	These elements, taken together, will enable progress towards achieving the standard.
Healthcare-associated infections	Infections that are acquired after contact with a healthcare service.
Infection	The invasion and reproduction of pathogenic or disease-causing micro-organisms inside the body that may cause tissue injury and disease.

Infection prevention and control	The discipline and practice of preventing and controlling healthcare-associated infection and the spread of infectious diseases in a health or social care service.
People	People who use health and or social care services, their parents, guardians, carers and family or their nominated advocates.
Staff	The people who work in health and social care services.
Standard	Describes the high-level outcome required to contribute to quality and safety.

Summary of the *Draft national infection prevention and control standards for community services*

Theme 1: Person-centred Care and Support

Standard 1.1	People are provided with appropriate information and are involved in decisions about their care to prevent, control and manage healthcare-associated infections and antimicrobial resistance.

Theme 2: Effective Care and Support

Standard 2.1	Infection prevention and control is part of the routine delivery of care to protect people from preventable healthcare-associated infections.
Standard 2.2	Care is provided in a clean and safe environment that minimises the risk of transmitting a healthcare-associated infection.
Standard 2.3	Equipment is decontaminated and maintained to minimise the risk of transmitting a healthcare-associated infection.
Standard 2.4	Service providers assess, report and measure infection risks in order to support improvements in infection prevention and control and antimicrobial stewardship.

Theme 3: Safe Care and Support

Standard 3.1	Arrangements are in place to support effective hand hygiene practices to minimise the risk of acquiring or transmitting infection.

Standard 3.2	Antimicrobial medications are appropriately prescribed, dispensed, administered, used and disposed of to reduce the risk of antimicrobial resistance.
Standard 3.3	Arrangements are in place to protect staff from the occupational risk of acquiring a healthcare-associated infection.
Standard 3.4	Outbreaks of infection are identified, managed and controlled in a timely and effective manner.

Theme 4: Better Health and Wellbeing

Standard 4.1	People are empowered to protect themselves from healthcare-associated infections and antimicrobial resistance.

Theme 5: Leadership, Governance and Management

Standard 5.1	The service has clear governance arrangements in place to ensure the sustainable delivery of safe and effective infection prevention and control and antimicrobial stewardship.
Standard 5.2	There are clear effective management arrangements in place to ensure the delivery of safe and effective infection prevention and control and antimicrobial stewardship within an individual service.
Standard 5.3	There are formalised support arrangements in place to ensure the delivery of safe and effective infection prevention and control and antimicrobial stewardship.
Standard 5.4	Staff are empowered to exercise their professional and personal responsibility for safe and effective infection prevention and control practices and antimicrobial stewardship practices.

Standard 5.5	Service providers ensure that externally contracted agencies adhere to safe and effective infection prevention and control practices.

Theme 6: Workforce

Standard 6.1	Service providers plan, organise and manage their workforce to meet the services' infection prevention and control needs.
Standard 6.2	Service providers ensure their workforce has the competencies, training and support to enable safe and effective infection prevention and control and antimicrobial stewardship practices.

Theme 7: Use of Resources

Standard 7.1	Service providers plan and manage the use of available resources to meet the services' infection prevention and control needs.

Theme 8: Use of Information

Standard 8.1	Information is used to plan, manage and deliver care that is in line with safe and effective infection prevention and control practices and antimicrobial stewardship.
Standard 8.2	Service providers have effective arrangements in place for information governance for infection prevention and control-related information.

Theme 1. Person-centred Care and Support

Theme 1

Person-centred Care and Support

Person-centred care ensures that people are well informed, involved and supported in the prevention and control of healthcare-associated infections throughout their care. It is important that people understand any proposed treatment or interventions being offered to them, particularly those with a known associated risk of infection or antimicrobial resistance. This includes informing and educating people about the appropriate use of antimicrobial medications. They should have opportunities to discuss their preferences and be supported to understand their options to make fully informed decisions. Where a treatment or intervention is required, health and social care staff should:

- discuss alternative options where appropriate
- explain the treatment or intervention
- provide reassurance and
- answer any questions.

It is important that people understand why basic infection prevention and control precautions are being taken to protect themselves and others from infection. Any person who develops a healthcare-associated infection must be informed by an appropriate staff member in charge of that person's care in a clear and understandable way.

People with ongoing medical care needs in the community — such as using a medical device or following surgery, or if they are infected with a multi-drug resistant organism — must be well informed, prepared and supported in the ongoing and safe management of their care needs in order to avoid future infection. This includes education about the safe management of devices and equipment, including techniques to prevent infection.

People have the right to have an advocate of their choice present during discussions about their healthcare-associated infection status and their care plan. Family members and carers are also at risk of acquiring infections when caring for people. Therefore, where appropriate, family members and carers should be provided with any relevant information or training on infection prevention and control precautions for the person's ongoing medical care needs.

Finally, people should be supported and encouraged to ask questions, raise concerns and provide feedback about their care. A person-centred service seeks and responds to all types of feedback, including complaints, to improve the service provided.

Standard 1.1

People are provided with appropriate information and are involved in decisions about their care to prevent, control and manage healthcare-associated infections and antimicrobial resistance.

Features of a service meeting this standard are likely to include the following:

1.1.1   People are provided with clear, easy-to-understand, user-friendly information based on best available evidence in a timely manner. This is to assist people to make informed choices about their care and to involve them in preventing, controlling and managing healthcare-associated infections and antimicrobial resistance.

1.1.2   People are involved in making informed, shared decisions about their care, particularly those treatments or interventions with a known risk of infection or antimicrobial resistance.

1.1.3   People are informed about any infection prevention and control precautions that need to be taken to protect them or others from healthcare-associated infection risks.

1.1.4   Staff who are in charge of a person's care communicate directly with the person in a timely and appropriate manner whenever an infection[*] becomes known. The person is informed about how he or she will be affected and is involved in making decisions about treatment options where appropriate.

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[*] **Infection**: where the word infection is stated, this may mean either infection or carrier status or both. An infection is when a person has a disease-causing micro-organism inside the body that may cause tissue injury or disease, whereas in a carrier status, a person harbours a micro-organism in the absence of signs or symptoms or obvious disease.

1.1.5 Specific information and instruction is provided to people at a higher risk of contracting a healthcare-associated infection due to their ongoing medical care needs. This includes information about:

- managing a healthcare-associated infection, including those arising from multi-drug resistant organisms
- managing a medical device such as a urinary catheter
- caring for a skin wound such as a leg ulcer or pressure sore
- giving medication by injection or infusion
- preparing and administering enteral feeding$^{\pm}$
- performing home-based dialysis.

1.1.6 The participation and inclusion of a person's family should be at the consent of that person. The person has the right to have an advocate of their choice present during discussions about their infection status or treatment plan. The person's family is provided with any relevant information or training on infection prevention and control precautions for the person's ongoing medical care needs, where appropriate.

1.1.7 People are supported and encouraged to ask questions, raise concerns and provide feedback about their care. Clear information is available that outlines who people can contact if they have any concerns about their care or any concerns about infection prevention and control, including the hygiene of the facility.

$^{\pm}$ **Enteral feeding:** refers to a type of feeding used for people who cannot eat normally, in which liquid food is given through a tube directly into the gut.

Theme 2. Effective Care and Support

Theme 2

Effective Care and Support

Infection prevention and control consists of good care principles that are part of the routine delivery of effective care. This includes having clear policies and procedures that staff are informed and educated about and considering infection prevention and control in all aspects of care delivery. Standard precautions are a set of protective measures that need to be used by health and social care staff consistently in order to achieve a basic level of infection prevention and control. Standard precautions must be taken by all staff involved in providing care regardless of the known or perceived infection status of the person.

It is important that staff recognise those people who may be more susceptible to infection. Choosing the care option with the least infection risk can prevent avoidable infection in the first instance and minimise the risk of harm that is associated with specific aspects of care. Where a treatment or intervention is required, staff should consider all options, including those with the lowest infection risk, before deciding on the best course of action and ensuring best practice is observed.

Sharing information about infections with other providers, as needed, is essential for coordination of care, such as when a person:

- attends for treatment in another health or social care service
- is admitted to hospital or
- is transported in an ambulance.

Achieving and maintaining high standards of cleanliness is important as it provides a safe environment for care. A clean, clutter-free, care environment is a fundamental expectation of people using services. It is important that services ensure that all equipment is appropriately decontaminated prior to use. Equipment can be easily contaminated with blood, other bodily fluids, secretions, excretions and infectious agents. The decontamination of this equipment can be achieved by a number of methods including cleaning, disinfection and sterilisation.

It is important that services that use reusable invasive medical devices decontaminate these devices in a way that make them safe for use. For some services, single-use instruments may be preferable if it is difficult to comply with the requirements for the appropriate decontamination of reusable invasive medical devices.

It is essential that services assess their performance to identify any potential shortfalls in infection prevention and control. This can be done by assessing current practice against national standards and or relevant national guidelines and by undertaking audits, assessing feedback from staff and people using services and learning from outbreaks of infections. The reporting of infectious diseases provides necessary national information on significant infection and antimicrobial resistance trends and outbreaks. Monitoring performance assists services in identifying infection prevention and control risks. The results of and learning from measurement data should be used to improve the safety and quality of the care provided.

> ### Standard 2.1
>
> **Infection prevention and control is part of the routine delivery of care to protect people from preventable healthcare-associated infections.**

Features of a service meeting this standard are likely to include the following:

2.1.1 The service adheres to infection prevention and control policies, procedures and practices that are based on best practice, national clinical guidelines, national recommendations, National Standards and relevant legislation. These are made readily accessible to all staff.

2.1.2 Staff adhere to standard precaution principles all of the time for all people using services, whether infection is known to be present or not.[‡]

2.1.3 Staff who provide clinical care recognise and put in place protective measures for people at greater risk of healthcare-associated infection, including but not limited to people who:

- are elderly or very young
- have chronic medical conditions
- are receiving immunosuppressant treatment
- have been on antimicrobial medication

[‡] Standard precautions are a set of protective measures that apply to all patient care, regardless of suspected or confirmed infection status of the patient, in any setting where care is delivered. Standard precautions include, appropriate to the setting, the following:

- hand hygiene
- use of personal protective equipment, such as gloves, gowns and masks
- decontamination of patient equipment and medical devices
- environmental hygiene
- management of healthcare risk waste
- appropriate patient placement, movement and transfer
- occupational health
- management of needle-stick injuries
- management of spillages of blood and bodily fluids
- respiratory hygiene and cough etiquette
- management of laundry
- safe injection practices.

- have an invasive medical device such as a urinary catheter
- have a pressure ulcer or other wound
- have had multiple hospitalisations.

2.1.4 When planning an investigation, treatment or intervention for a person, staff consider whether it is necessary. Staff take into account if it could be avoided or if there are any alternative options that would more effectively minimise potential healthcare-associated infection and antimicrobial resistance risk.

2.1.5 Staff who perform a test or start a treatment or intervention take steps to minimise risk of infection and antimicrobial resistance, including, but not limited to:

- performing point-of-care testing

- inserting and maintaining invasive medical devices such as urinary or vascular catheters

- prescribing antimicrobial medication

- providing wound care

- performing an exposure prone procedure.

2.1.6 Arrangements are in place for appropriate clinical specimen collection and transportation within the service and between external sites, in line with legislation.

2.1.7 Staff share necessary information as needed about a person's infection status on admission, discharge and transfer within and between services. This includes formal hand over in the case of transferring patients with complex needs from hospital into the community.

2.1.8 Notifiable diseases, unusual clusters or changing patterns of illness are notified to the medical officer of health$^\pm$ in the local Departments of Public Health, in a timely manner, in line with infectious diseases legislation.

$^\pm$ Medical officer of health is also known as a specialist in public health.

2.1.9 The service maintains and respect the rights of all people irrespective of their infection status. This includes their right to privacy, dignity and autonomy and the right to access care.

2.1.10 In residential care facilities, arrangements are in place to care for residents with symptoms of infection in single rooms, where possible, or together where there are a number of ill residents, when indicated. When a decision about isolating a resident is taken, it is important to minimise any potential ill effects on the resident and their family.

2.1.11 In certain circumstances, staff will need to adhere to additional precaution measures, known as transmission-based precautions, when standard precautions may be insufficient to prevent cross-transmission of specific infectious agents.¥

¥ **Transmission-based precautions:** these are additional precautions that staff need to take when standard precautions may be insufficient to prevent cross-transmission of specific infectious agents. Transmission-based precautions are categorised by the route of transmission of infectious agents (some infectious agents can be transmitted by more than one route) including contact, droplet and airborne precautions. Examples of transmission-based precautions in a residential care facility, for example, may include using single rooms, limiting social activities and restricting residents to their rooms as much as possible, and restricting visiting.

Standard 2.2

Care is provided in a clean and safe environment that minimises the risk of transmitting a healthcare-associated infection.

Features of a service meeting this standard are likely to include the following:

2.2.1   Facilities[‡] that are designed or designated to deliver care are developed and maintained in a way that enables effective cleaning and compliance with infection prevention and control best practice, appropriate to the service provided.

2.2.2   The service complies with relevant legislation and national and international best practice recommendations for the infrastructure of the facility, including the building, water supply, air quality and waste disposal.

2.2.3   Arrangements are in place for the cleaning[¥] and disinfection[±] of the environment, in line with best practice guidance. This includes a cleaning schedule, appropriate to the setting that defines:

- responsibilities for staff involved in cleaning and disinfection
- frequency of activity
- type of activity to be undertaken
- method, products and equipment to be used
- material safety data sheet instructions.

[‡]Facility: refers to the physical infrastructure where health or social care service is provided.

[¥]Cleaning: the physical removal of foreign material such as blood and bodily substances, rust, dust, dirt, debris, spillages and so on. Cleaning physically removes rather than kills micro-organisms. It is achieved with water, detergents and mechanical action and should always precede any disinfection or sterilisation process.

[±]Disinfection: a process used to reduce the numbers of viable micro-organisms, but which may not necessarily inactivate some infectious agents, such as spores.

2.2.4   Arrangements are in place for linen and laundry management, where appropriate to the setting, including handling, sorting, washing and drying in line with best practice.

2.2.5   Arrangements are in place for the management of reusable or disposable cleaning textiles in line with best practice.

2.2.6   Arrangements are in place for waste management, including healthcare risk waste, in designated healthcare settings in line with national waste management guidelines and legislation. This includes:

- safe handling
- segregating
- discarding waste as close to the point of use as possible and into the correct waste stream
- providing appropriate waste disposal bags and bins
- storing waste appropriately
- transporting and disposal of waste with a registered waste contractor
- maintaining appropriate records and contract of agreements.

2.2.7   Appropriate arrangements for maintaining and refurbishing the physical environment of the facility are in place.

2.2.8   A safety statement includes a description of the facility, the hazards and risks that have been identified and assessed, the preventive and protective measures needed and how these have been put in place, in line with legislation.[§]

2.2.9   Staff responsible for food preparation and serving have the appropriate competence and training to enable compliance with legislation and best practice guidelines relating to food safety and hygiene.

[§] Safety, Health and Welfare at Work Act 2005.

Standard 2.3

Equipment is decontaminated and maintained to minimise the risk of transmitting a healthcare-associated infection.

Features of a service meeting this standard are likely to include the following:

2.3.1 All equipment[¥] is safely and effectively decontaminated,[**] maintained, stored and managed in accordance with legislation, manufacturer's instructions, and best practice guidance.

2.3.2 Arrangements are in place for the decontamination of equipment. This includes clearly defined and documented responsibilities for staff.

2.3.3 Staff undertaking and completing decontamination processes have the necessary training and competencies to do so.

2.3.4 Services ensure that:

- equipment designated 'single-use only' is not re-used under any circumstances
- designated single-patient use equipment that may be used more than once on the same person only is used when appropriate in order to limit as much as possible the sharing of equipment
- reusable non-invasive equipment is decontaminated, between each person's use, in line with the level of risk and best practice guidelines
- reusable invasive medical devices are decontaminated by designated staff in an appropriate environment.

[¥] **Equipment:** this consists of a large group of equipment, typically divided into four broad groups including single-use items, single patient-use items, reusable non-invasive communal patient care equipment and reusable invasive medical devices.

[**] **Decontamination:** the removal of micro-organisms or foreign matter (or both) from contaminated materials or living tissue. Three processes for decontamination are commonly used: cleaning, disinfection and sterilisation. Cleaning is **always** a pre-requisite to decontamination.

2.3.5   All reusable invasive medical devices are safely and effectively decontaminated, maintained and managed in accordance with legislation, the manufacturer's instructions, national medical devices and equipment standards policy, standards and best practice guidance, appropriate to the service.

2.3.6   A system is in place to record the decontamination process used on the reusable invasive medical or dental device (tracking) and which links them with patients on whom they have been used (tracing).

2.3.7   Contracts of agreement are in place for the transport of reusable invasive medical devices‡ that are sent to other facilities for decontamination.

2.3.8   There are designated storage areas for large items of equipment such as beds, mattresses, hoists, wheelchairs and trolleys which are clean but not in use.

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‡ **Reusable invasive medical devices:** a device used for diagnostic or therapeutic purposes which, in whole or in part, penetrates inside the body, either through a body orifice or through the surface of the body and which can be reused after appropriate decontamination procedures have been carried out.

Standard 2.4

Service providers assess, report and measure infection risks in order to support improvements in infection prevention and control and antimicrobial stewardship.

Features of a service meeting this standard are likely to include the following:

2.4.1   Each facility assesses current practice against best practice guidance to help inform their priority areas. This process, referred to as a risk assessment, helps staff identify the work practices, equipment and environmental risks that have the potential to cause harm to people through acquiring an infection. The service develops a plan to apply the necessary preventative and protective measures to control any risks identified and assigns responsibility for putting these measures in place.

2.4.2   Notifiable diseases, unusual clusters or changing patterns of illness are notified to the medical officer of health$^{\pm}$ in the local Departments of Public Health, in a timely manner, in line with infectious diseases legislation.

2.4.3   Simple, relevant and meaningful measurements, appropriate to the service, are taken to improve infection prevention and control and antimicrobial stewardship. The results of and learning from measurement data are used to improve the safety and quality of the care provided. Examples include:

- audit findings
- surveillance data
- performance indicator and other relevant indicator data
- risk assessment findings
- learning from outbreaks
- review and learning from occurrence of important strains of resistance of micro-organisms
- patient safety incident reports
- surveys, including patients' experiences of care
- patients' concerns and complaints
- feedback from staff and patient experiences.

$^{\pm}$ Medical officer of health is also known as a specialist in public health.

Theme 3. Safe Care and Support

Theme 3

Safe Care and Support

Infection prevention and control is an integral part of ensuring the safety and quality of care provided to people using services. Hand hygiene is the single most important intervention to prevent the transmission of healthcare-associated infections. Effective hand hygiene results in significant reductions in the carriage of potential infectious agents on the hands and decreases the incidence of preventable healthcare-associated infections. Having appropriate hand hygiene facilities in place, such as clinical hand-wash sinks and alcohol hand-rubs, makes it easier for staff to perform hand hygiene effectively.

A coordinated approach to antimicrobial stewardship is fundamental to preserving the effectiveness of antimicrobial medications. The vast majority of antimicrobial medication, including antibiotics, are prescribed in the community. All those who prescribe, dispense, use and dispose of antimicrobial medication can personally contribute to tackling antimicrobial resistance by adhering to the principles of good antimicrobial stewardship. This ensures that every person receives the right antimicrobial therapy at the right dose, route and duration, and for the right infection type at the right time.

Safe work practices are critical to minimise the risk of acquiring or transmitting a healthcare-associated infection. Safe care is dependent upon a healthy and safe workforce and environment. All staff should have access to occupational health advice. It is important that personal protective equipment is widely available to staff. It is also the responsibility of all staff to actively take steps to protect themselves, those they provide care to and colleagues from infection. This includes availing of recommended vaccines.

Outbreaks, especially those due to common seasonal infectious agents, must be anticipated. While it may not be possible to prevent an outbreak, careful management can reduce the spread of infectious agents and limit the impact of such infection on the delivery of routine care.

Standard 3.1

Arrangements are in place to support effective hand hygiene practices to minimise the risk of acquiring or transmitting infection.

Features of a service meeting this standard are likely to include the

3.1.1   Staff adhere to the World Health Organization's (WHO's) 'five moments of hand hygiene'[¥] principles or emerging best practice and relevant national guidance.

3.1.2   Staff adhere to the national guideline recommendations in order to achieve effective hand hygiene practice when providing clinical care.

3.1.3   Hand hygiene facilities that are appropriate to the setting are provided in line with best practice and national guidelines. Hand hygiene facilities include clinical hand-wash sinks and hand hygiene products such as soap, alcohol hand-rub and emollient hand creams.

[¥] The WHO's five moments for hand hygiene are: before touching a patient, before clean/aseptic procedure, after bodily fluid exposure risk, after touching a patient, and after touching a patient's surroundings.

Standard 3.2

Antimicrobial medications are appropriately prescribed, dispensed, administered, used and disposed of to reduce the risk of antimicrobial resistance.

Features of a service meeting this standard are likely to include the following:

3.2.1   Prescribers have access to and follow the national antimicrobial prescribing guidelines to ensure that people are prescribed antimicrobial medication appropriately. The choice of antimicrobial medication is also guided by the persons' clinical condition and or the results of microbiology testing where applicable.

3.2.2   People are advised about self-management of self-limiting conditions[††] and given information about the adverse consequences of using antimicrobial medication when they are not needed.

3.2.3   When there is clinical uncertainty about whether a condition is self-limiting or is likely to deteriorate, prescribers can use back-up or delayed antimicrobial medication prescribing.

3.2.4   People are provided with clear, easy-to-understand information based on best available evidence whenever they are prescribed an antimicrobial medication. This includes when and how to take it and for how long to take it, as well as potential side effects.

3.2.5   The drug's name, dose, duration of treatment and the reason for the antimicrobial medication prescribed is recorded and shared with relevant people involved in the person's care to allow better management during follow-up care and or transfer of care to another healthcare or community setting.

[††] A self-limiting condition is likely to resolve without antimicrobial treatment, for example, the common cold.

3.2.6   Antimicrobial medications are appropriately dispensed, which includes checking the appropriate strength, dose and quantity of the antimicrobial medication for the person, the directions for use and duration of treatment when dispensing the antimicrobial medication.

3.2.7   Any unused antimicrobial medications are discarded in the appropriate pharmaceutical waste bin or, if this is not feasible, are returned to the pharmacy.

3.2.8   Staff who provide outpatient parenteral antimicrobial therapy (OPAT) in the community adhere to antimicrobial stewardship principles and have the required resources and governance arrangements in place.

Standard 3.3

Arrangements are in place to protect staff from the occupational risk of acquiring a healthcare-associated infection.

Features of a service meeting this standard are likely to include the following:

3.3.1   All staff have access to appropriate information and advice to minimise the occupational exposure risk of acquiring a healthcare-associated infection, appropriate to their role.

3.3.2   All staff, including administrative staff, have access to receiving recommended vaccines based on their work activities and their level of contact with people who use services, in line with national immunisation guidelines. Up-to-date records are maintained of staff immunisation status. Staff are informed of the risks and benefits of vaccination.

3.3.3   Staff who may be at risk of acquiring or transmitting an infection report this to the relevant person in charge of their service. Examples include but are not limited to staff who:

- have a current infection, for example, vomiting, diarrhoea, influenza-like illness, skin rash or pus-producing skin lesions or wounds
- have a break in skin integrity, or skin conditions such as dermatitis
- have allergies to products such as latex and hand hygiene products
- are receiving immunosuppressive treatment
- have travelled from an endemic area of infection
- perform exposure-prone procedures
- are Hepatitis B vaccine non-responders (where there is a lack of an immune response to the vaccine).

3.3.4 Appropriate personal protective equipment[‡] is provided and is widely available to all staff in the community. Staff carry all necessary personal protective equipment with them when attending a person's home, as appropriate.

3.3.5 The service uses safe equipment, applies safe work practices and disposes of waste appropriately, in line with relevant legislation, to minimise the occupational risk of staff acquiring or transmitting a healthcare-associated infection due to sharps injury or exposure to healthcare risk waste.

3.3.6 Staff report any incident or injury[±] involving a risk of exposure to a healthcare-associated infection. All staff in the service know to whom to report any accidents or incidents.

3.3.7 Arrangements are in place to assess and manage[¥] staff as soon as possible following any incident or injury involving a risk of exposure to a healthcare-associated infection.

[‡] **Personal protective equipment:** equipment a person wears to protect themselves from risks to their health or safety, including exposure to infections. Examples include gloves, aprons, and eye and face protection.

[±] Injury includes needle-stick or other sharps injury, human bite, exposure of broken skin or of mucous membranes.

[¥] Management includes first aid, risk assessment, testing, treatment, counselling and follow up, records and documentation.

Standard 3.4

Outbreaks of infection are identified, managed and controlled in a timely and effective manner.

Features of a service meeting this standard are likely to include the following:

3.4.1 Staff report to their line manager any signs and symptoms of infection in people or residents that are suggestive of an outbreak of infection.

3.4.2 Staff know who to contact for advice in the event of a suspected or confirmed outbreak and are encouraged to ask for advice from colleagues, such as the available clinician, community infection prevention and control nurse, the local Department of Public Health, if uncertain about the best course of action.

3.4.3 Staff clearly communicate with and support people affected by an outbreak in a timely and effective manner, taking into consideration the impact of visiting restrictions on residents.

3.4.4 All facilities designed or designated to deliver care have a documented outbreak management plan appropriate to the services provided, detailing the action to be taken in the event of an outbreak of infection, in line with relevant national guidelines where they exist.

3.4.5 All staff implement outbreak control measures[*] as soon as possible to help reduce the impact of the outbreak.

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[*] Control measures include patient placement decisions, equipment and environmental cleaning and decontamination, standard- and transmission-based precautions, vaccination, medical treatments with antivirals or chemoprophylaxis as appropriate.

3.4.6 Any suspected or confirmed outbreaks of infection are promptly notified to the medical officer of health in the Department of Public Health, in line with legislation and HIQA where appropriate.[+]

3.4.7 A nominated person from the residential care facility liaises with specialist staff, such as the community infection prevention and control nurse and the local Department of Public Health, and provides all information necessary to assess the outbreak.

[+] In the case of registered providers, an outbreak of a notifiable disease must also be notified to HIQA. Please see guidance on notifications for registered providers and persons in charge of designated centres.

Theme 4. Better Health and Wellbeing

Theme 4

Better Health and Wellbeing

Community health and social care services have a significant opportunity to inform, educate and empower people to protect themselves from the risk of healthcare-associated infections and antimicrobial resistance, given the high number of people accessing these services. Informing people about receiving recommended vaccinations and engaging in protective lifestyle behaviours can help lower their risk of healthcare-associated infection and antimicrobial resistance in the first instance.

Self-care is a key component of better health and wellbeing. Hand hygiene is the most effective way of reducing infection risk. It is important to give people practical information on good hand hygiene practice that emphasises why it is necessary and effective to thoroughly wash and dry hands to reduce the risk of getting an infection, or passing infection on to their family and other people. It is also important to explain to someone how to recognise whether they, or someone they are caring for, have a self-limiting infection. This includes encouraging people to manage their infection themselves at home if it is safe to do so and to explain to them what to do if their symptoms get worse.

Advising people on how to use antimicrobials such as antibiotics correctly is an opportunity to discuss the risk antimicrobial resistance poses. People also need to be supported to overcome any personal potential infection prevention challenges. This may include assistance with performing effective hand hygiene, or accessing services that may reduce their risk of acquiring a healthcare-associated infection, such as dietitian or tissue viability services.

Community services should make available up-to-date information on current infection issues, such as influenza. An individual service may use a website or notice board to convey this message. People should be advised why particular measures are needed to protect everyone using services from infection. For example, posters are a means of informing and educating people to perform hand hygiene when entering and leaving a facility.

Standard 4.1

People are empowered to protect themselves from healthcare-associated infections and antimicrobial resistance.

Features of a service meeting this standard are likely to include the following:

4.1.1   People are informed, educated and empowered to protect themselves from the risk of healthcare-associated infection by, for example:

- performing hand hygiene
- recognising signs and symptoms of infection$^{\pm}$
- using antimicrobial medication (including antibiotics) appropriately
- being aware of the benefits of immunisation
- promoting protective lifestyle factors.$^{¥}$

4.1.2   Assistance is provided to people to facilitate effective hand hygiene when required.

4.1.3   People are informed about and are supported to access services that may reduce their risk of acquiring a healthcare-associated infection, where appropriate, such as access to dietician, tissue viability services or dental care.

4.1.4   People are signposted to and are supported to access recommended vaccines, in line with the national immunisation guidelines, as determined by their age and underlying medical condition.

$^{\pm}$ Signs and symptoms of an infection may include fever, redness, pain, drainage at a catheter or surgery site or new onset of diarrhoea, especially if taking an antibiotic.

$^{¥}$ Protective lifestyle factors include healthy body weight and or controlled body weight, good nutrition, being physically active, not smoking, and only drinking alcohol within recommended weekly allowances.

4.1.5 A service identifies and provides appropriate signage, instructional information and educational material relating to infection prevention and control and antimicrobial stewardship for people using the service. This could include posters promoting hand hygiene displayed in various locations such as notice boards or next to hand hygiene facilities.

Theme 5. Leadership, Governance and Management

Theme 5

Leadership, Governance and Management

Effective leadership, governance and management, in keeping with the size and the type of service delivered, are essential to create and sustain a safe infection prevention and control environment. While the structures and arrangements that are in place will differ depending on the service, the principles of good governance apply regardless of the setting.

The key components of governance include leadership, decision-making, assessing and managing risk, ensuring effective communication among staff members and providing assurance that the service is performing well.

Governance requires having leaders in a service that are accountable, endorse safe infection control practices and oversee performance. Overall responsibility for infection prevention and control and antimicrobial stewardship and implementation of the finalised National Standards will rest with the senior management of the individual service. Any gaps or serious risks identified in the service's ability to prevent and control healthcare-associated infections must be addressed in a timely manner. In addition, clear lines of accountability are required so that everyone working in the service is aware of their responsibilities for infection prevention and control and antimicrobial stewardship.

It is important that services develop strategic objectives for infection prevention and control and antimicrobial stewardship that reflect the needs and priorities of the service in line with national clinical guidelines, national recommendations, National Standards, and relevant legislation. A service that determines the infection prevention and control risks within its own context can more appropriately select the correct course of action. This risk assessment better supports well-informed clear decision-making and local priorities. It is important that all staff communicate well with each other about infection-related care issues and understand their responsibilities to ensure best practice occurs routinely.

How a service is managed means overseeing the day-to-day operations of the organisation, including providing the necessary resources for staff to comply with best practice. It is essential that services in the community are supported by professionals with expertise in infection prevention and control and antimicrobial resistance. It is important, for example, that certain facilities, such as nursing homes, have access to key expertise, such as an infection prevention and control nurse, pharmacist and microbiologist.

An effective workforce that is accountable for its individual and collective infection prevention and control practice must be supported and empowered to make the right decision at the right time to prevent and control healthcare-associated infections. Actively involving staff in quality improvement initiatives allows the service to respond to identified risks through positive changes to infection prevention and control practice.

Finally, where services are externally contracted, responsibility remains with the service provider. Services need to ensure that there are suitable arrangements to ensure that externally contracted agencies adhere to safe and effective infection prevention and control practices. This may include cleaning, waste management transportation and educational contracts.

Standard 5.1

The service has clear governance arrangements in place to ensure the sustainable delivery of safe and effective infection prevention and control and antimicrobial stewardship.

Features of a service meeting this standard are likely to include the following:

5.1.1. A senior identified individual in the service has overall accountability and responsibility for infection prevention and control and antimicrobial stewardship within the service. This includes accountability and responsibility for overseeing the implementation of these National Standards.

5.1.2 The service develops strategic objectives for infection prevention and control and antimicrobial stewardship that reflect the needs and priorities of the service in line with national clinical guidelines, national recommendations, National Standards, and relevant legislation.

5.1.3 The roles and responsibilities of staff are clearly defined and the service supervises, monitors and reviews the provision of care to ensure all members of the workforce understand their responsibilities, including accountability for infection prevention and control, antimicrobial stewardship and adherence to safe infection prevention and control practices.

5.1.4 The service undertakes and reports on any measurements to assess its performance, appropriate to the service. The monitoring activities selected by a service should be meaningful to staff and reflect the service provided in order to help identify the relevant areas for improvement.

Standard 5.2

There are clear effective management arrangements in place to ensure the delivery of safe and effective infection prevention and control and antimicrobial stewardship within an individual service.

Features of a service meeting this standard are likely to include the following:

5.2.1   Service providers nominate a designated person, with appropriate knowledge and skills, responsible for key areas of infection prevention and control within the service. This includes but is not limited to:

- keeping up to date with information such as new or revised guidelines, safety alerts, national updates as made available
- ensuring the timely reporting of notifiable diseases
- providing staff with access to recommended vaccines
- providing staff with the necessary equipment, supplies and products to comply with best practice
- ensuring that education and training is made available to staff.

5.2.2   Arrangements are in place for the management of infection prevention and control risks. Staff communicate with each other about infection-related care issues. Any identified risks that cannot be adequately addressed by staff are escalated to those with operational managerial responsibility and authority to actively address these risks.

5.2.3   The service regularly reviews any significant infection risks to people using services and addresses any gaps that could affect the service's ability to prevent and control healthcare-associated infections and antimicrobial resistance.

Standard 5.3

There are formalised support arrangements in place to ensure the delivery of safe and effective infection prevention and control and antimicrobial stewardship.

Features of a service meeting this standard are likely to include the following:

5.3.1 Residential care facilities have equitable access to designated specialist staff with expertise in infection prevention and control, such as an infection prevention and control nurse, a consultant microbiologist and a local pharmacist, who have dedicated sessions to provide specialist input into each community healthcare organisation.

5.3.2 Designated specialist staff with expertise in infection prevention and control and antimicrobial stewardship support and train staff working in community services, to help services identify local needs to achieve infection prevention and control improvements. This includes implementing national training programmes, such as the national hand hygiene train-the-trainer programme, to improve local access to hand hygiene training.

5.3.3 Services have access to a diagnostic microbiology laboratory service, appropriate to their needs, which operate according to the requirements of the relevant national accreditation bodies, for the investigation and management of infectious disease.

5.3.4 Active lines of communication are established with other services, including acute hospitals to and from which patients and residents are transferred and the local Department of Public Health.

5.3.5 Arrangements are in place for the timely sharing of information about healthcare-associated infection incidents and outbreaks within the service to the local Department of Public Health and any other relevant regulatory bodies.

Standard 5.4

Staff are empowered to exercise their professional and personal responsibility for safe and effective infection prevention and control practices and antimicrobial stewardship practices.

Features of a service meeting this standard are likely to include the following:

5.4.1   Service providers identify and support staff members with an interest in infection prevention and control and antimicrobial stewardship to champion best practice and motivate other colleagues to make changes. This includes sharing the learning with colleagues to support sustained improvement within services.

5.4.2   All staff in residential care facilities are supported by specialist staff in their infection prevention and control practices and antimicrobial stewardship activities, where required, including assistance with resident risk assessments, environmental risk assessments, audits and surveillance data collection.

5.4.3   All staff are encouraged and supported to undertake quality improvement projects that can lead to an improved infection prevention and control environment.

5.4.4   All staff are encouraged and supported to provide feedback to the service provider in order to identify and propose areas for improvement in the delivery of services.

5.4.5   Promotion of a culture of openness and accountability throughout the service, so that the staff can exercise their professional and personal responsibility to report in good faith any concerns that they have about the delivery of safe and effective infection prevention and control practices in their service.

Standard 5.5

Service providers ensure that externally contracted agencies adhere to safe and effective infection prevention and control practices.

Features of a service meeting this standard are likely to include the following:

5.5.1 Contracts of agreement are in place between services and externally contracted agencies to ensure that externally contracted services adhere to safe and effective infection prevention and control best practice and relevant legislation.

5.5.2 These contracts of agreement are regularly monitored to check that the externally contracted agency has delivered on its contract. This includes a review of the scope of service provided, audit requirements and governance arrangements for the quality and safety of services delivered.

Theme 6. Workforce

Theme 6

Workforce

Effective workforce planning helps to ensure enough staff are available at the right time with the right skills and expertise to meet the service's infection prevention and control and antimicrobial stewardship needs. Everyone working in the service is responsible for infection prevention and control. Staff who provide care to people on a day-to-day basis have an opportunity to prevent infections at every contact.

Given the complexity of care increasingly being delivered in the community, it is essential that there is an adequate skill-mix of staff to address these additional needs, especially those with high dependency needs in long-term care facilities such as nursing homes. Wherever possible, having a suitably trained staff member within a service can help with:

- interpreting infection-related information on admission, discharge and transfer
- carrying out infection prevention and control risk assessments
- and educating and training colleagues in infection prevention and control best practice.

Everyone involved in providing care should be trained in understanding core infection prevention and control and antimicrobial stewardship principles. These include standard precautions such as hand hygiene, the use of personal protective equipment, and the safe use and disposal of sharps. Community services should commit openly to staff education and identify feasible ways for its delivery. The provision of education to all staff enables them to apply the necessary knowledge and skills, appropriate to their role, to minimise infection risks and ensure care is safe, effective and person-centred.

Staff need to be supported to attend education and training updates to retain their competencies. The service should encourage staff at all levels to become champions in infection prevention and control and to undertake improvement projects in their own service areas.

Standard 6.1

Service providers plan, organise and manage their workforce to meet the services' infection prevention and control needs.

Features of a service meeting this standard are likely to include the following:

6.1.1   Staffing, including infection prevention and control personnel, where they are available, is maintained at levels to safely meet the service's infection prevention and control needs and activities, including appropriate staffing levels for out-of-hours arrangements.

6.1.2   Service providers take into consideration the skill-mix of staff appropriate for the service to ensure infection prevention and control and antimicrobial stewardship needs are met. This includes access to specialist advice.

6.1.3   Protected time is allocated to staff to undertake infection and antimicrobial resistance surveillance, monitoring or quality improvement activities.

> **Standard 6.2**
>
> **Service providers ensure their workforce has the competencies, training and support to enable safe and effective infection prevention and control and antimicrobial stewardship practices.**

Features of a service meeting this standard are likely to include the following:

6.2.1 All staff receive suitable and sufficient education and training in infection prevention and control practice and antimicrobial stewardship that is appropriate to their specific roles and responsibilities, in line with the national *Core Infection Prevention and Control Knowledge and Skills* competency framework guideline.

6.2.2 Education and training is made available for staff, appropriate to their role, that incorporates combinations of formal teaching, self-directed learning (such as e-learning modules) and assessment of practical skills, including, but not limited to:

- hand hygiene
- standard precautions
- transmission-based precautions
- medical device management
- infection prevention and control risk assessment
- antimicrobial stewardship
- national updates on prevention, control and management of infections as made available.

6.2.3 All staff are supported to receive relevant training, through the allocation of protected time, to enable them to carry out their tasks in line with infection prevention and control best practices and antimicrobial stewardship. This includes training when starting a new position and training updates through the allocation of designated protected training time.

6.2.4 Staff are encouraged and supported to seek advice, including advice from senior colleagues, on any aspects of infection prevention and control practice and antimicrobial stewardship.

6.2.5 The service supports and encourages staff to undertake training to provide local expertise and improve the delivery of safe and effective infection prevention and control practices and antimicrobial stewardship within its own setting. This includes supporting staff to train as local champions, for example, by undertaking train-the-trainer hand hygiene schemes.

Theme 7. Use of Resources

Theme 7

Use of Resources

Service providers need to ensure that appropriate resources are available to develop and maintain infection prevention and control efforts within a service. Healthcare-associated infections can have a huge impact on people and their families, causing upset and anxiety, serious illness, long-term disability and death. There are also significant impacts on community health and social care services due to the cost implications of such infections. Therefore, it is important to allocate resources to address infection prevention and control risks arising from the facility and activities within it.

Providing a suitable clean care environment supports appropriate infection prevention and control practices and makes it easier for staff to do the right thing. Services need to have good quality and readily accessible equipment, supplies and products to enable staff to easily comply with standard and transmission-based precautions. This includes providing necessary hand hygiene facilities, personal protective equipment, cleaning supplies and equipment to minimise sharp injuries or exposure to healthcare risk waste.

It is important that infection prevention and control personnel, where available, are consulted whenever new facilities are being built or when existing facilities are being refurbished. It is essential that medical devices and equipment are appropriately chosen to ensure the service only invests in devices and equipment that can be effectively decontaminated.

Standard 7.1

Service providers plan and manage the use of available resources to meet the services' infection prevention and control needs.

Features of a service meeting this standard are likely to include the following:

7.1.1   The service regularly reviews the resources it requires to meet the service's infection prevention and control needs. This may include:

- maintenance and refurbishment of existing buildings
- investment in new buildings
- investment in necessary equipment, supplies and products
- investment in single-use or single-patient-use equipment
- replacement of equipment when effective cleaning can no longer be achieved
- allocation of a protected cleaning budget
- provision of training.

7.1.2   Any refurbishment project or building of a new facility is undertaken in line with relevant legislation and standards. Infection prevention and control personnel, where available, are consulted at the outset of any such project and form part of the planning process.

7.1.3   The service ensures that all medical devices and equipment[‡‡] it uses are maintained in line with manufacturing requirements, such that they remain fit for purpose. Policies and procedures are in place that are in line with legislation, national medical devices and equipment policy and guidance, and national decontamination standards, to minimise risk of healthcare-associated infections to people using services and to staff.

[‡‡] This includes equipment that is purchased, loaned, borrowed, serviced or repaired.

7.1.4   The service ensures that when purchasing new equipment, it only invests in suitable fit-for-purpose equipment, including single-use items, and where applicable, equipment that can be effectively decontaminated.

Theme 8. Use of Information

Theme 8

Use of Information

Having access to good quality information is essential for improving infection prevention and control, both for individuals using health and social care services and for a service overall. Quality information — which is defined as accurate, complete, legible, relevant, reliable, timely and valid — is an important resource for service providers in planning, managing and monitoring infection prevention and control efforts. The coordination of care is assisted by sharing information across different information management systems within and between services.

It is important that necessary information is available to ensure a service reduces the risk of healthcare-associated infection and antimicrobial resistance. This includes information to enable effective decision-making, such as access to discharge summaries from hospitals, microbiology reports and antimicrobial prescribing guidelines.

Services should be recording, measuring and using information and data to improve. This will allow services to see how they are doing, identify areas that require improvement and act on this information. It is important that the baseline measurements that a service selects are simple, relevant and meaningful to the service. This may include keeping track of antimicrobial resistant micro-organisms. It may also include measuring, for example through audit, compliance with hand hygiene, environmental cleaning and antibiotic prescribing. Constructive feedback of these measurements that staff can understand is beneficial in improving the working practice of staff. It allows staff to recognise good practice, check adherence to best practice, and to challenge inappropriate practice.

The service needs to decide what it wants to achieve, decide what change will likely result in improvement and how to know if the change is an improvement.

Information governance of personal health information is about having regard and respect for the person to whom the information relates at all times. The principles of good information governance ensure that personal information is handled legally, securely, efficiently and effectively in order to ensure the best possible care to people using services.

Service providers ensure appropriate safeguards are in place to protect personal information. This supports the delivery of person-centred, safe and effective

infection prevention and control and antimicrobial stewardship and helps to ensure that when sharing information across services, personal information is protected and managed in a sensitive and responsible manner. People are advised of the need to report any notifiable infectious diseases and are reassured that their information will be treated in a confidential manner.

Standard 8.1

Information is used to plan, manage and deliver care that is in line with safe and effective infection prevention and control practices and antimicrobial stewardship.

Features of a service meeting this standard are likely to include the following:

8.1.1   Information is collected, used and shared to inform clinical decision-making, measure trends and performance and to identify areas for improvement in infection prevention and control and antimicrobial stewardship.

8.1.2   Arrangements are in place to ensure that relevant staff have access to quality information,[*] including best practice guidance to support and inform effective clinical practice in relation to infection prevention and control.

8.1.3   Arrangements are in place to ensure staff have access to the information they need in a timely manner. This includes sharing information within and between services in a way that protects the privacy and confidentiality of the person to whom the information relates, in line with legislation, national standards and national guidance.

8.1.4   Information systems, whether electronic or paper-based, are integrated, and they interface with other systems to support sharing of information within and between services.

8.1.5   The service complies with national health information technical standards, where appropriate, to facilitate the interoperability of systems and sharing of information within and between services.

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[*] To be most effective, the right data needs to be available to decision-makers in an accessible format at the point of decision-making. The quality of data can be determined through assessment against seven internationally accepted dimensions. Quality data means data that is: accurate, complete, legible, relevant, reliable, timely and valid.

Standard 8.2

Service providers have effective arrangements in place for information governance for infection prevention and control-related information.

Features of a service meeting this standard are likely to include the following:

8.2.1   Information is collected, analysed, used and shared in compliance with legislation, national standards and national guidance to protect the privacy and confidentiality of the person to whom the information relates.

8.2.2   Arrangements are in place for sharing information within and between service providers that protect the security, privacy and confidentiality of personal health information of the person to whom the information relates.

8.2.3   Services have a mechanism to identify each person using their service uniquely to avoid duplication and misidentification, in line with national standards and best practice.

8.2.4   Training in information governance is provided for all staff, in line with their roles and level of access to personal information. Staff know how and under what circumstances information about a person's infection status is shared.

8.2.5   Personal information, both paper and electronic, is held securely and is only accessed by those who need to see it.

Glossary of terms and abbreviations

This glossary details key terms and a description of their meaning within the context of this document.

Accountability: being accountable to another person or organisation for decisions, behaviour and any other consequences.

Antimicrobial: a substance that kills or inhibits the growth of micro-organisms such as bacteria, viruses or fungi.

Antimicrobial medication: a substance that kills or inhibits the growth of micro-organisms such as bacteria, viruses or fungi. These are also known as antibacterial, antiviral, antifungal and antiparasitic medicines.

Antimicrobial resistance: resistance of a micro-organism to an antimicrobial medication that had been originally effective for treating infections caused by it.

Antimicrobial stewardship: antimicrobial stewardship is a systematic approach to optimising antimicrobial therapy, through a variety of structures and interventions. Antimicrobial stewardship includes not only limiting inappropriate use but also optimising antimicrobial selection, dosing, route, and duration of therapy to maximise clinical cure, while limiting the unintended consequences, such as the emergence of resistance, adverse drug events and cost.

Assurance: is being sure or certain that services are functioning effectively and meeting their infection prevention and control needs and priorities.

Audit: assessment of performance against any standards and criteria (clinical and non-clinical) in a health and social care service. The full audit cycle consists of five stages comprising planning for audit, standard and criteria selection, measuring performance, making improvements and sustaining those improvements.

Autonomy: freedom to determine one's own actions and behaviour.

Back-up or delayed prescribing: a prescription (which can be post-dated) given to a patient or carer, with the assumption that it will not be dispensed immediately, but in a few days if symptoms worsen.

Best available evidence: the consistent and systematic identification, analysis and selection of data and information to evaluate options and make decisions in relation to a specific question.

Best practice: clinical, scientific or professional practices that are recognised by a majority of professionals in a particular field. These practices are typically evidence-based and consensus-driven.

Carrier: a person who harbours a micro-organism in the absence of signs or symptoms or obvious disease. Carriers may shed micro-organisms into the environment and act as a potential source of infection.

Chronic medical conditions: conditions including cardiovascular diseases, cancers, chronic respiratory diseases and diabetes, and so on.

Cleaning: the physical removal of foreign material such as blood and bodily substances, rust, dust, dirt, debris, spillages, and so on. Cleaning physically removes rather than kills micro-organisms. It is achieved with water, detergents and mechanical action and should always precede any disinfection or sterilisation process.

Clinical guidelines: systematically developed statements, based on a thorough evaluation of the evidence, to assist healthcare professional and patient decisions about appropriate healthcare for specific circumstances, across the entire clinical spectrum.

Clusters: group of cases of infection in a specific time and place that might be more than expected.

Community services: these are a broad range of services that are provided outside of the acute hospital system including primary care, social care, mental health and health and wellbeing. Examples include but are not limited to: community hospitals, health centres, dental clinics, general practice clinics, home care, and so on. Each service is different in terms of scale, the nature of care provided, staffing levels and location.

Community infection prevention and control nurse (IPCN): a nurse with specialist postgraduate qualifications and expert knowledge in infection prevention and control.

Competence: the knowledge, skills, abilities, behaviours and expertise sufficient to be able to perform a particular task and activity.

Complaint: an expression of dissatisfaction with any aspect of service provision.

Concern: a safety or quality issue regarding any aspect of service provision, raised by people using services, service providers, member of the workforce or general public.

Confidentiality: the right of individuals to keep information about themselves from being disclosed.

Contract of agreement: document which explicitly describes the nature of the service being provided to the service provider by an external agency.

Culture: the shared attitudes, beliefs and values that define a group or groups of people and shape and influence perceptions and behaviours.

Decontamination: the removal of micro-organisms or foreign matter (or both) from contaminated materials or living tissue. Three processes for decontamination are commonly used: cleaning, disinfection and sterilisation.

Dental Council: the regulator for dentists in Ireland established under the provisions of the Dental Act 1985. Its general concern is to promote high standards of professional education and professional conduct among dentists.

Designated centre: a designated centre is defined in Part 1, Section 2 of the Health Act 2007 as amended.

Diagnostic microbiology laboratory: refers to a laboratory where tests are performed on clinical specimens, such as a blood sample, to determine the cause of infection and to identify suitable treatments.

Dignity: the right to be treated with respect, courtesy and consideration.

Disinfection: a process used to reduce the numbers of viable micro-organisms but which may not necessarily inactivate some infectious agents, such as spores.

Effective: a measure of the extent to which a specific intervention, procedure, treatment, or service, when delivered, does what it is intended to do for a specified population.

Enteral feeding: refers to a type of feeding used for people who cannot eat normally in which liquid food is given through a tube into the gut.

Equipment: this consists of a large group of equipment, typically divided into four broad groups including single-use items, single patient-use items, reusable non-invasive communal patient care equipment and reusable invasive medical devices.

Exposure prone procedures: situations where the worker's hands (whether gloved or not) may be in contact with sharp instruments, needle tips or sharp issues inside a patient's open body cavity, wound or confined anatomical space where the hands or finger tips may not be completely visible at all times. There is an increased risk of transmitting blood-borne viruses between staff and patients during exposure prone procedures.

Facility: refers to the physical infrastructure where the health or social care service is provided.

Family: those closest to the person in knowledge, care and affection and who are connected through their common biological, legal, cultural and emotional history.

Features: these elements, taken together, will enable progress towards achieving the standard.

Governance: the function of determining the organisation's direction, setting objectives and developing policy to guide the organisation in achieving its objectives and stated purpose.

Hand hygiene: a general term referring to any action of hand cleansing. This includes both hand washing (the physical removal of microorganisms from the hands using soap and running water) or using alcohol-based hand-rub.

Hand over: the transfer of professional responsibility and accountability for some or all aspects of the care of the patient, or group of patients, to another person or professional group on a temporary or permanent basis.

Healthcare-associated infections: infections that are acquired after contact with a healthcare service.

Healthcare-associated infection incident: any incident with the potential to expose people to infection risk.

Healthcare risk waste: any waste produced by, and as a consequence of, healthcare activities.

Health and Safety Authority (HSA): the national statutory body in Ireland with responsibility for enforcing occupational safety, health and welfare legislation, promoting and encouraging accident prevention and providing information and advice in this regard.

Health Protection Surveillance Centre (HPSC): specialist organisation which is responsible for surveillance of communicable disease and other functions in Ireland. It is part of the Health Service Executive (HSE).

Health Service Executive (HSE): provider and or funder of all of Ireland's public health and social care services.

Home-based dialysis: dialysis that is performed at home including peritoneal dialysis or home haemodialysis. Peritoneal dialysis is a treatment for kidney failure which uses the body's natural membrane in the abdominal cavity to clean the blood. Home haemodialysis is a treatment in which the blood is cleaned outside the body by a machine that passes blood across a filter.

Home care: the delivery of a wide range of healthcare and support services to clients and or patients for health restoration, health promotion, health maintenance, respite, palliation and for the prevention or delay in admission to long-term residential care. Home care can be delivered where clients and or patients live (such as homes, retirement homes, group homes and hospices).

Hygiene: the practice that serves to keep people and the environment clean. In a health and social care setting it incorporates the following key areas: environment and facilities, hand hygiene, management of laundry, waste and sharps, and equipment, specifically in the context of preventing and controlling infection.

Immunosuppressive treatment: treatment which lowers the body's immune response, therefore increasing the risk for infection. Examples include medications (such as steroids, biologics), procedures (such as chemotherapy) and surgeries (solid organ transplants).

Indicator: a statistic or marker that has been chosen to monitor health or service activity.

Infection: the invasion and reproduction of pathogenic or disease-causing micro-organisms inside the body that may cause tissue injury and disease.

Infection prevention and control: the discipline and practice of preventing and controlling healthcare-associated infection and the spread of infectious diseases in a health or social care service.

Infectious agent: micro-organisms that cause infectious diseases.

Infectious disease: a disease that can be spread from one person to another, also called communicable disease.

Information: information is data that has been processed or analysed to produce something useful.

Information governance: the arrangements that service providers have in place to manage information to support their immediate and future regulatory, legal, risk, environmental and operational requirements.

Integrated care: health and social care services working together, both internally and externally, to ensure people using services receive continual and coordinated care.

Invasive medical device: a device which, in whole or in part, penetrates inside the body, either through a body orifice or through the surface of the body. For example, an invasive medical device might be a urinary catheter, vascular catheter, enteral feeding tube and so on.

Irish College of General Practitioners (ICGP): the professional body for general practice in Ireland and representative organisation on education, training and standards in general practice.

Isolation: physically separating patients to prevent the spread of infection.

Legislation: the set of laws of the Oireachtas (Ireland's national parliament) and statutory instruments or secondary legislation that have the force of law.

Medical device: a product, except medicines, used in health and social care to diagnose, prevent, monitor or treat illness or disability. For example, a device might a blood pressure monitor, blood glucometer, or an infusion pump.

Mental Health Commission (MHC): is an independent organisation in Ireland set up by law under the Mental Health Act 2001. Responsible for making sure that mental health services maintain high standards and good practices and to protect the interests of people detained in approved centres.

Micro-organism: living organisms, such as bacteria, viruses and fungi that are too small to be seen with the naked eye, but visible under a microscope.

Monitoring: systematic process of gathering information and tracking change over time. Monitoring provides a verification of progress towards achievement of objectives and goals.

Multi-drug-resistant organisms: micro-organisms (predominately bacteria) that are resistant to one or more classes of antimicrobial agents. Examples include Meticillin-Resistant *Staphylococcus aureus* (MRSA), vancomycin-resistant *Enterococci* (VRE), Enterobacteriaceae which may produce enzymes such as extended spectrum beta lactamases (ESBL) or carbapenemases, whereby they may be called carbapenem resistant Enterobacteriaceae (CRE) or carbapenemase-producing Enterobacteriaceae (CPE).

National Clinical Effectiveness Committee (NCEC): a ministerial committee established by the Department of Health in Ireland as part of the Patient Safety First initiative to provide oversight for the national clinical effectiveness agenda, which includes national clinical guidelines, national clinical audit and clinical practice guidance.

National clinical guidelines: a suite of guidelines that meet specific quality assurance criteria and have been mandated by the designated national body in Ireland, the National Clinical Effectiveness Committee.

Notification: all medical practitioners, including clinical directors of diagnostic laboratories are required to notify the medical officer of health in the local Departments of Public Health of certain infectious diseases. The diseases (and the respective causative micro-organisms) that are notifiable are contained in the Infectious Diseases Regulations 1981 and subsequent amendments. This information is used to investigate cases, facilitate the early identification of outbreaks, and monitor the burden and changing levels of diseases.

Outbreak: when two or more people have the same infection, or more people than expected have the same infection. The causes will be linked by a place and a time period. The commonest outbreaks are due to viral respiratory infections and gastroenteritis.

Outpatient parenteral antimicrobial therapy (OPAT): delivery of intravenous antimicrobials in a non-inpatient setting.

People: the term 'people' is used in general throughout the document but occasionally the term 'patient' or 'resident' is used where it is more appropriate. This is intended to include:

- those who use health or social care services
- their parents, guardians, carers and family
- their nominated advocates
- potential users of health or social care services.

Personal protective equipment (PPE): equipment a person wears to protect themselves from risks to their health or safety, including exposure to infections. Examples include gloves, aprons, and eye and face protection.

Point-of-care testing: tests designed to be used at or near the site where the patient is located, which do not require permanent dedicated space and which are performed outside the physical facilities of the clinical laboratories. Examples include glucometers, blood pressure monitors, pulse oximeters, thermometers and so on.

Policy: a written operational statement of intent which helps staff make appropriate decisions and take actions, consistent with the aims of the service provider, and in the best interest of people using services.

Procedure: a written set of instructions that describe the approved and recommended steps for a particular act or sequence of events.

Protective lifestyle factors: include healthy body weight/controlled body weight, good nutrition, being physically active, not smoking, and only drinking alcohol within recommended weekly allowances.

Quality data: data that is accurate, complete, legible, relevant, reliable, timely and valid.

Quality improvement: a systematic approach using specific methods to improve quality through achieving successful and sustained improvement.

Record: includes any memorandum, book, plan, map, drawing, pictorial or graphic work or other document, any photograph, film or recording (whether of sound or images or both), any form in which data are held, any other from (machine-readable form) or thing in which information is held or stored manually, mechanically or electronically and anything that is a part or a copy, in any form, of any of the foregoing or is a combination of two or more of the foregoing.

Regulation: a governmental order having the force of law.

Residential care facilities: communal living environments where care and accommodation are provided. These facilities may differ according to the level of skilled nursing care provided and the type of residents cared for.

Reusable invasive medical device: a device used for diagnostic or therapeutic purposes which, in whole or in part, penetrates inside the body, either through a body orifice or through the surface of the body and which can be reused after appropriate decontamination procedures have been carried out.

Risk: risk is the effect of uncertainty on objectives. It is measured in terms of consequences and likelihood.

Risk assessment: refers to the overall process of risk analysis and risk evaluation. Its purpose is to develop agreed priorities for the identified risks. It involves collecting information through observation, communication and investigation.

Risk management: coordinated activities to direct and control an organisation with regards to risk.

Safety statement: a written statement prepared by, or cause to be prepared by, every employer based on the identification of the hazards and the risk assessment carried out. The statement should specify the manner in which the safety, health and welfare at work of his or her employees shall be secured and managed.

Self-limiting condition: a self-limiting condition is likely to resolve itself without antimicrobial treatment, for example, the common cold.

Service provider: any person, organisation, or part of an organisation delivering health or social care services [as described in the Health Act 2007 section 8(1)(b)(i)-(ii)].

Shared decision-making: patients and clinical staff reach decisions about treatment together, with a shared understanding of the condition, the options available and the risks and benefits of each of those.

Sharps: any items that have the potential to puncture the skin and inoculate the recipient with infectious material.

Single room: a person's bedroom which accommodates one person only. Single rooms should also have en-suite facilities. Isolation in a single room is effective in reducing transmission of infections spread by the contact or droplet routes, when combined with other infection prevention and control measures such as hand hygiene and personal protective equipment (PPE).

Single-use item: a medical device that is intended to be used on an individual person during a single procedure and then discarded.

Skill-mix: the combination of competencies including skills needed in the workforce to accomplish the specific tasks or perform the given functions required for safe and effective care.

Staff: the people who work in primary and community health and social care services, including clinical and non-clinical staff of the service.

Standard: in the context of this document, a standard is a statement which describes the high-level outcome required to contribute to quality and safety.

Standard precautions: are a set of protective measures that apply to all patient care, regardless of suspected or confirmed infection status of the patient, in any setting where care is delivered. Standard precautions include, appropriate to the setting, the following:

- hand hygiene
- use of personal protective equipment (PPE), such as gloves, gowns and masks
- decontamination of patient equipment and medical devices
- environmental hygiene
- management of healthcare waste
- appropriate patient placement, movement and transfer
- occupational health
- management of needle-stick injuries
- management of spillages of blood and bodily fluids
- respiratory hygiene and cough etiquette
- management of laundry
- safe injection practices.

Sterilisation: the process to make an object free from viable micro-organisms, including spores.

Surveillance: the ongoing systematic collection, collation, analysis and the interpretation of data; and the sharing of information to those who need to know in order that action may be taken.

Tissue viability services: services that specialise in the prevention and management of all aspects of the skin and soft tissue wounds.

Transmission: the spread of infectious agents from one person to another.

Transmission-based precautions: these are additional precautions that staff need to take when standard precautions may be insufficient to prevent cross-transmission of specific infectious agents. Transmission-based precautions are categorised by the route of transmission of infectious agents (some infectious agents can be transmitted by more than one route) including contact, droplet and airborne precautions. Examples of transmission-based precautions in a residential care facility may include using single rooms, limiting social activities and restricting residents to their rooms as much as possible, and restricting visiting.

Vaccine: any preparation intended to produce immunity to a disease by stimulating the production of antibodies. Vaccines include, for example, suspensions of killed or attenuated micro-organisms, or products or derivatives of micro-organisms.

Vaccine non-responder: lack of an immune response to vaccines.

Workforce: the people who work in, for, or with the service provider. This includes individuals that are employed, self-employed, temporary, volunteers, contracted or anyone who is responsible or accountable to the organisation when providing a service.

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Educational websites

www.HSELanD.ie
This site provides a large range of e-learning courses including a 'Breaking the Chain of Infection' module. An email address is required to register on the site. Any email address can be used; a HSE email address is not a requirement. When logged in, click on learning catalogues to find the 'Breaking the Chain of Infection' module.

www.hsalearning.ie
This site provides an e-learning online course on 'Your safety, health and welfare in healthcare'. An email address is required to register on the site. When logged in, select the healthcare sector of employment to start. This course is for individuals working in the healthcare sector who provide patient care. Module 3 covers biological agent hazards.

http://www.hse.ie/eng/about/Who/QID/nationalsafetyprogrammes/decontamination/
This site provides a video clip on the 'Processes and Procedures for Effective Decontamination of RIMD in Primary Care Dental, GP and Podiatry'.

Appendix 1 — Membership of the Advisory Group and the HIQA Project Team

Member	Organisation
Aileen O' Brien	Healthcare Inspector, Regulation Directorate, Health Information and Quality Authority (HIQA)
Aine Brady	CEO, Third Age Ireland
Dr Anne Sheahan	Specialist in Public Health Medicine, Public Health, Health Service Executive (HSE)
Anne Maria O Connor	Senior Inspector, Chemicals and Prevention Division, Health and Safety Authority (HSA)
Avril Ryan	Senior Pharmacist, Pharmaceutical Society of Ireland (PSI)
Dr Bernard Murphy	Dentist, representing the Dental Council
Carol Grogan	Head of Regulatory Practice Development Unit, HIQA
Carmel O' Donnell	Professional Officer, Nursing and Midwifery Board of Ireland (NMBI)
Caroline Conneely	National Decontamination Quality Lead, Quality Improvement Division, HSE
Dr David Hanlon	National Clinical Advisor and Group Lead Primary Care, Clinical Strategy and Programmes Division, Primary Care Division, HSE
Helen Murphy	Infection Prevention and Control Nurse Manager, Health Protection Surveillance Centre (HPSC)

Member	Organisation
Helena Butler	Lead for Policy and Compliance, Services for Older People, Social Care Division, HSE
Dr Joe Moran	General Practitioner representing the Irish College of General Practitioners (ICGP)
Kate Frowein	Quality Improvement and Regulatory Manager, Mental Health Commission (MHC)
Mags Moran	Community Infection Prevention and Control Nurse Manager, representing Infection Prevention Control Ireland (IPCI)
Mairie Cregan	Patient Advocate, Patients for Patient Safety
Marie Culliton	Laboratory Manager in National Maternity Hospital, representing CORU
Dr Mark White	Director, Nursing and Midwifery Planning and Development, HSE South
Professor Martin Cormican	National HCAI and AMR Clinical Lead, Public Health, Health and Wellbeing Division HSE
Mary McKenna	Lead Infection Prevention and Control ADON, HCAI and AMR Clinical Programme, HSE
Dr Nuala O Connor	ICGP GP Lead Advisor Antibiotic Resistance, ICGP GP Lead HSE Clinical Programme HCAI-AMR, ICGP
Patricia Coughlan	Infection Prevention and Control Nurse, Services for People with Disabilities, Social Care Divisions, HSE

Member	Organisation
Paul Gallen	Quality and Patient Safety Manager, National Ambulance Service, HSE
Rachel Flynn	Director of Health Information and Standards, HIQA (Chair)
Dr Regina Kiernan	Specialist in Public Health Medicine, representing the Irish Medical Council
Dr Robert Cunney	Consultant Microbiologist in Temple Street Children's University Hospital, Dublin and HPSC, representing HSE
Rosarie Lynch	Clinical Effectiveness Officer, National Patient Safety Office, Department of Health
Sinead Morrissey	Practice Development Facilitator, Nursing Homes Ireland (NHI)

HIQA Project Team

Name	Title
Linda Weir	Standards Manager
Dr Fiona McKenna[¥]	Clinical Lead
Catriona Keane	Standards Development Officer
Judy Gannon	Standards Development Lead

[¥] From 16 May 2017 to 22 January 2018