Infection prevention and control standards consultation survey

Information you provide

By completing this survey, you are consenting to Healthcare Improvement Scotland using the information you provide for the purposes stated in the survey introduction. Any personal information that you give us will be kept confidential and will only be used for the reasons that have been specified in this survey. We will not give your information to outside organisations (apart from organisations processing the information on our behalf) unless you have given us your permission. Whenever we intend to give your personal details to other organisations we will ask for your permission first.

When you have completed this questionnaire to your satisfaction, please click "Finish Survey" at the bottom of the final page.

Introduction

Draft infection prevention and control (IPC) standards for health and social care settings consultation survey

Healthcare Improvement Scotland is currently developing IPC standards for health and social care settings. A key element of our standards development process is public and staff consultation and we would like to hear your views and comments.

We would particularly appreciate your comments on the following aspects of the IPC standards:

- Standard statements
- Rationales
- Criteria

To help you complete this survey, we have included text from all the standard statements, rationales and criteria throughout.

The consultation will close on 7 December 2021, and all comments submitted will be anonymised. A consultation report will be available when the final IPC standards are published in spring 2022.

Sharing your feedback

You can share your feedback with us by completing the online survey or by requesting a Word copy of the survey.

Enquiries
Should you have any questions regarding the draft standards or the consultation, including requests for a Word copy of the survey, please contact:
Rebecca McGuire
Project Officer
Healthcare Improvement Scotland
his.standardsandindicators@nhs.scot

Please enter:

Name: Ulrike Peter

Organisation: Royal College of Nursing

Job title: Policy Advisor

Email address: Ulrike.Peter@rcn.org.uk

Please tick the box below if you want to be added to our distribution list for updates on the IPC standards.

- ☑

Standard 1: Leadership and Governance

Standard statement

The organisation demonstrates effective leadership and governance in IPC.

Rationale

Leadership in IPC underpins an organisation's commitment to, approach and activities to reduce the risk of infection. Effective governance provides assurances that organisations have robust IPC measures in place. These measures include risk and adverse event management, escalation procedures and data monitoring and response. Governance arrangements should adhere to the organisation's statutory Duty of Candour responsibilities.

A transparent IPC assurance and accountability framework with clearly defined roles and responsibilities is required to support strategic and operational decision making. It is important that staff are aware of their organisation's accountability and reporting structures, including which teams to seek IPC leadership and expertise from.

All staff working in health and social care have a responsibility to apply IPC measures. Effective IPC requires a strategic and coordinated approach and consistent action at all levels within an organisation. This is underpinned by high quality role-specific education and training.

Assessment, monitoring and assurance of IPC is fundamental to reducing the risk of

infection. Organisational commitment to a culture of quality improvement encourages teams to continuously assess their performance, identify areas for improvement and measure the results to achieve and maintain improvements.

1. Do you broadly agree with the standard statement and rationale?

- ☑ Yes
- ☐ No

2. Do you have any comments about the standard statement and rationale?

RCN response:

General points. The RCN welcomes the opportunity to feedback on the proposed standards. We have provided comments and feedback only to sections that are relevant or have an impact on nursing staff.

Before commenting specifically on Standard 1, we would like to set out some general points and observations about the document's purpose and focus more broadly. In principle, the RCN agree with the proposed standards and recognise the commitment to drive up practice and assurance around IPC to minimise risk associated with all infections for staff providing and patients/residents receiving care from health and social care services.

Yet, it is important to recognise that once these standards are implemented, they will need to be reviewed regularly so to ensure their effectiveness in supporting all staff in tackling IPC in health and social care sectors. In doing that it is as important to create a sense of ownership as IPC is the responsibility of everyone working in a care setting. A process should be set out for that.

There are six points the RCN would like to see reflected in the document going forward.

1. **Add an introduction or operating statement**

   This would allow to:
   - outline the context and rationale for this work,
   - what it is to achieve,
   - what the reasons and processes were for developing these i.e. using lessons learnt,
   - who the main beneficiaries are, and
   - help with providing people with the same knowledge base and outline the process of this work that it is aspiring to as an outcome.

2. **The need to focus on people benefiting from the standards**

   From the RCN's reading of the document, the standards follow a more systems and process-based approach rather than one that is people focused. It seems the emphasis is more on ratification of patient or service user groups rather than being integrally useful and applicable to an individual. That is why it is so important to make clear as to who the individual beneficiaries are, putting them at the center throughout all standards, and communicating to them and the public on what they can expect need to be essential features of this document and its implementation.

   Currently, the language used in the document particularly from the service user's perspective assumes their confidence in the system. This can only be an outcome and is achieved as part of an evaluation process. This needs to be reflected in the language used throughout. It is otherwise difficult to understand how an organisation can reach the gold standard in tackling IPC given current challenges listed below.

3. **The need for standards to account for major challenges**

   The standards are aspirational as they don't fully take into consideration current challenges that different staff groups in both sectors face, which are likely to impact on their ability to adhere to the standards across all health and social care settings in regard to:
   - current workforce issues such as safe staffing;
   - available and varied skills mix;
   - staff health and wellbeing;
   - inequalities across geographies; and
   - the need for positivity in workplaces and compassionate leadership.

4. **The need to include staff health and safety as an additional standard**

   In reflection of the above, we would urge to include a further standard dedicated to occupational health or where this fits with staff support as this is currently not covered in the document as it stands. Due to the mandatory nature of IPC standards, this is particularly important at a time when staff are facing huge challenges with meeting current demands.

   This proposed standard should focus on the organizational responsibilities in relation to how it would:
   - communicate and provide resources to support staff;
   - remove the risk of staff infecting patients when working in ill-health as a result of tiredness; and exhaustion due to workforce pressures; and
   - create an environment and mechanisms that provide staff with the ability to raise issues and safe routes for escalation when they can't adhere to the standards.

5. **The need to base standards on lessons learned and QE report**

   In light of these observations, we would like to see a paragraph added to the introduction or include an operating statement perhaps, to clearly demonstrate that these standards:

   - have considered the learning evaluation that provides the rationale for their development; and
   - have been mapped in detail against the Queen Elisabeth report to determine what, if done differently, can be included in the revision of the standards;
   - have acknowledged previous experience to build confidence; and
   - have included reasons why organisations need to be transparent using an evaluation-based process to achieve confidence as an outcome.

   Linking the standards to 'lessons learnt' would provide the opportunity to focus more on what is considered 'good', both in health and social care settings beyond that of a 'to do' list which in turn could be used as benchmark for assessing their assurance.

6. **The need to create a simplified or an easy read version for both staff and patients/visitors/service users**

   To increase the understanding and expectations that are required to adhere to these standards, we would encourage HIS to create a simplified or easy read version aimed at staff and one separately aimed at patients, visitors, and service users.

Feedback and comments on Standard 1. Given the above feedback, it would seem plausible to amend **Standard 1** so to allow organisations to set out their priorities together with details of what they will provide to adhere to this standard, and what users of the service and staff can expect when they deliver care to the standards in real time and on a day-to-day basis. As such a revised version could read:

Standard Statement.

The organisation demonstrates effective leadership and governance and is committed to continuous quality improvement in IPC

Key questions that need to be considered to clarify organisational responsibilities including that of their staff and patients are set out below to guide the development of this amendment:

- What does the standard mean for organisations?
- What does the standard mean for staff?
- What does the standard mean for the person receiving the care or visiting a health or social care setting?
- How will someone using the service know this?

Criteria

Criterion 1.1 Appropriate and responsive governance and accountability mechanisms are in place.

(a) NHS boards have:

- an executive lead with accountability for IPC and responsibility for overseeing and providing assurances on IPC within their NHS board area
- an IPC manager with responsibility for leading local IPC teams and reporting IPC issues to the executive lead, and
- local IPC teams with the necessary expertise, leadership skills and resource to support the NHS board area.

(b) Social care organisations have:

- a registered service provider with accountability and responsibility for the overall management of IPC within the organisation
- an appropriately trained lead person to coordinate IPC within the organisation, and
- access to appropriate health and social care teams for IPC expertise, advice and support.

Criterion 1.2 The organisation has an IPC assurance and accountability framework which specifies, at a minimum:

- defined roles and responsibilities
- quality monitoring and assurance arrangements
- reporting and escalation structures, and
- an IPC risk management strategy with clear lines of responsibility.

Criterion 1.3 The organisation has clear systems in place to ensure that it takes a strategic and coordinated approach to IPC. This includes, at a minimum:

- compliance with IPC policies, procedures, guidance and standards
- access to specialist IPC advice, guidance and support
- implementation of staff induction, role-specific education and training programmes
- ongoing and consistent data assurance and monitoring with improvement plans
- prompt identification of people who are colonised or are at risk of developing an infection
- accountability and responsibility arrangements for reporting adverse events, in line with the national adverse events framework
- adherence to Duty of Candour regulations and responsibilities, and

- continuous engagement with staff and people that use services and their representatives to capture feedback and inform service improvements.

Criterion 1.4 There are well-defined and locally agreed processes to enable:

- an effective multidisciplinary and multi-agency approach to IPC
- cross-organisational support including access to specialist advice when indicated
- compliance with mandatory HAI reporting
- staff to implement, monitor and improve their compliance with IPC policies, procedures, guidance and standards
- accurate and prompt communications and information exchange, following consent (where applicable) from the individual and within, and between services and settings, and
- communication and engagement with people that use services, staff, visitors and the public on matters related to IPC, including reducing specific risks.

Criterion 1.5 The organisation demonstrates effective management of outbreaks, including:

- preparedness
- assessment of a person's care and safety
- reporting, and
- remedial improvement plans.

Criterion 1.6 The organisation communicates and engages with the public on matters related to IPC, including information on reducing specific infection-related risks.

Criterion 1.7 The organisation uses information, data and learning from a variety of internal and external sources to support good practice and continuous quality improvement in IPC.

3. Do you broadly agree with the criteria?

- ☑ Yes
- ☐ No

4. Do you have any comments about the criteria?

The need for defining 'good' governance. Regarding criterion 1.1.(a) set out in Standard 1, the RCN is keen to note the need for robust and transparent governance structures and particularly those implemented by NHS boards. Although boards have in place well established structures to monitor and report on all IPC measures, there is a need for recognizing the importance of defining more clearly and consistently what 'good governance' looks like. This is important for all staff, but especially for staff outside the NHS working in care homes supported by nurse directors as this will have a direct impact on reducing break outs, minimizing unnecessary admissions or potential deaths as a result of poor IPC practice.

Therefore, training of all staff in both NHS and independents sectors needs to be accessible, equitable and appropriate, and not just for front-line staff providing direct care. Please see further comments in the next section on Standard 2.

5. Are there any specific changes that you would suggest to any of the criteria?

N/A

6. Do you have any other comments about standard 1 – Leadership and governance?

N/A

Standard 2 Education and Training
Standard statement

Staff are supported to undertake IPC education and training, appropriate to role, responsibilities and workplace setting, to enable them to minimise infection risks in care settings.

Rationale

All staff play a vital role in minimising the risk and spread of infection in health and social care settings. High quality IPC education and accessible training enables staff to develop and maintain their knowledge, skills and competencies in delivering safe, effective and person-centred care. Access to role-specific resources is available to staff, as required, to support staff to further develop in areas essential to their role and responsibilities.

Organisational promotion of positive working and learning environments supports staff to continuously develop and improve their IPC knowledge and skills as part of their role. This includes evaluation of the effectiveness of the education and training programme and assessment of staff knowledge and competence, including how knowledge and skills are embedded into everyday practice.

Empowerment of staff to act autonomously, confidently and skillfully within their professional and organisational codes, with opportunities to feed back on their experiences, underpins high quality health and social care.

7. Do you broadly agree with the standard statement and rationale?

- [x] Yes
- [ ] No

8. Do you have any comments about the standard statement and rationale?

N/A

Criteria

Criterion 2.1 The organisation implements a comprehensive IPC education and training programme, in line with role, responsibilities and workplace setting, which includes:

- mandatory staff induction and training
- information on current IPC policies, procedures and guidance in line with and including the National Infection Prevention and Control Manual
- assessment of staff education and training requirements
- tailored education and training, for example, infection-specific management and insertion and maintenance of invasive devices, where required
- allocation of appropriate time and resources for staff to access and undertake relevant IPC education and training
- learning and sharing of IPC best practice across settings and sectors
- application of quality improvement methodology for IPC
- evaluation of the provision, uptake and effectiveness of IPC training, including providing staff with opportunities to feedback.

Criterion 2.2 The organisation has a training plan in place to ensure that staff, in line with role, responsibility and workplace setting:

- are supported to maintain role appropriate levels of skill, knowledge and competency in IPC, and
- have access to continuous professional development in IPC.

Criterion 2.3 Staff have access to clear guidance and support:

- on their role and responsibilities in relation to IPC
- to identify and address their own ongoing continuous professional development, education and training needs
- on career frameworks and development opportunities in IPC, where relevant, and
- on infection-specific management, including outbreak management.

Criterion 2.4 Organisations use local and national IPC-related data and information to:

- evaluate staff knowledge, skills and competency in IPC
- identify areas for improvement in relation to staff IPC practice, and
- improve staff IPC practice through further provision of education and training.

9. Do you broadly agree with the criteria?

- ☑ Yes
- ☐ No

10. Do you have any comments about the criteria?

The need to enable reporting mechanisms when compliance is challenging due to circumstances.
As part of question 1, we noted the challenges staff in both health and social care sectors face and how these need to be addressed to make them not only aspirational, but realistic and achievable. This extends to training and development as outlined in this section and specifically its reference to the organisational promotion of positive working and learning environments. It is an important part

in the jigsaw in supporting staff to deliver on core components of infection prevention and control as per the WHO Guidelines[1].

Yet, given the environment and challenging circumstances staff have to work in that are often outside of their control (i.e. understaffed, under resourced and with >85% bed occupancy a strong factor contributing to increased infection rates). We have concerns that this document is not accounting enough for these and as such are likely to fail staff in being able to comply and impacting on IPC in relation to their care of patients and service users[2].

It would therefore be important to add a criterion to this section that would require organisations to outline measures and put in place processes that allow the reporting of issues in circumstances when full compliance can't be achieved.

The need to outline how confidence is measured through evaluation. A further addition is required in regard to measuring, whether, how and that "people are confident" outlining in more details as to how this confidence can be demonstrated and how service users and visitors alike understand compliance. As mentioned earlier, this would require an evaluation process that would result in confidence as an outcome.

11. Are there any specific changes that you would suggest to any of the criteria?

N/A

12. Do you have any comments about standard 2 – Education and training?

N/A

Standard 3 Communication

Standard statement

The organisation implements robust communication systems and processes to enable person-centred decision making, continuity of care and effective IPC throughout a person's care experience.

Rationale

Effective communication underpins safe, effective and person-centred care. People receiving health and social care are vulnerable to contracting infections and some present an infection risk to others, including staff and visitors. A person's care experience can involve multiple services and settings which can increase infection risks. Robust communications within and between health and social care providers

[1] World Health Organisation (WHO). Guidelines on core components of infection prevention and control programmes at the national and acute health care facility level. 2017.

[2] Emergency and acute medical care in over 16's: service delivery and organisation NICE guideline 94 (March 2018); www.nice.org.uk

and with the person receiving care, and their representative where appropriate, is fundamental to effective IPC and continuity of care.

Communication of high quality, accessible and timely information regarding IPC supports informed choice, person-centred decision making and encourages people and their representatives to have meaningful discussions about their care which can enhance their care experience.

13. Do you agree broadly agree with the standard statement and rationale?

- ☑ Yes
- ☐ No

14. Do you have any comments about the standard statement and rationale?

N/A

Criteria

Criterion 3.1 All IPC-related communications with people, and/or their representatives where appropriate, are documented in the person's care record and used to inform their plan of care.

Criterion 3.2 Staff are provided with clear, timely and responsive information and guidance on IPC to enable them to provide safe and effective care.

Criterion 3.3 Staff communicate with IPC and Health Protection Teams (HPT) as appropriate, including:

- when information and specialist advice for people receiving care is required
- when there is a known or suspected outbreak or incident, and
- throughout the outbreak management process.

Criterion 3.4 Staff communicate and work collaboratively within, and between, health and social care settings in line with relevant governance arrangements and with consent, where applicable, to:

- support continuity of care, and
- minimise harm associated with infection, including when people are transferred between services.

Criterion 3.5 People who are at risk of developing an infection, and/or their representatives where appropriate, are provided with high quality and timely communication and information in a format that is right for them. This supports people to:

- understand the impact, consequences and risks of having an infection
- implement IPC precautions, where appropriate
- understand what actions they can take to minimise the risk of developing an infection
- understand what action the organisation is taking to minimise infection risks, and

- make informed decisions and ask questions about their care.

Criterion 3.6 People that have developed an infection, and/or their representatives where appropriate, are:

- promptly notified of their infection in a timely manner
- provided with information, in a format that is right for them, and provided with support on IPC-related care issues and procedures
- informed about any impact their infection may have on their care
- given accessible and relevant information about minimising the infection risk to others, and
- provided with opportunities to ask questions about their care.

Criterion 3.7 Where there is an IPC-related adverse event, the person, and/or their representatives where appropriate, are informed about this in line with organisational Duty of Candour

Criterion 3.8 There is continuous quality improvement of all IPC-related communication systems and processes. This includes:

- monitoring the effectiveness of communications, and
- evaluating and using feedback from people receiving care and/or their representative.

15. Do you broadly agree with the criteria?

- ☑ Yes
- ☐ No

16. Do you have any comments about the criteria?

N/A

17. Are there any specific changes that you would suggest to any of the criteria?

N/A

18. Do you have any other comments about standard 3 - Communication?

N/A

Standard 4 Assurance, monitoring and response

Standard statement

The organisation uses robust assurance and monitoring systems to ensure there is a coordinated and rapid response to reduce the risk of infections and to drive continuous quality improvement in IPC.

Rationale

Infection risks can be continually monitored and reduced and people's outcomes can be improved when organisations:

- systematically collect, monitor, analyse and interpret data on an ongoing basis, and
- act on the findings appropriately.

It is important that organisations understand the risk factors associated with the different groups of people they care for and support to ensure that this response is appropriate to an individual's needs. Organisations can drive continuous quality improvement and reduce infection risks using monitoring results to:

- inform and reinforce staff practice, for example, clinical, care and support service staff
- analyse the effectiveness of responses
- monitor trends and identify areas for target improvement
- review the impact that responses and interventions have on reducing infections
- share learning across the organisation and with partners, and
- report and communicate infection rates to the public.

19. Do you broadly agree with the standard statement and rationale?

- ☑ Yes
- ☐ No

20. Do you have any comments about the standard statement and rationale?

N/A

Criteria

Criterion 4.1 The organisation has robust assurance and monitoring systems and processes in place, with appropriate triggers:

- to carry out mandatory national and local surveillance of infections and alert organisms, in line with national guidance
- that enable access to multidisciplinary support from professionals and teams with specialist IPC knowledge and expertise, where required
- that enable prompt detection, response and ongoing monitoring of any variance from normal local infection limits, including incidents and outbreaks, in line with national guidance
- to respond to all infection-related incidents and outbreaks, in line with the National Infection Prevention and Control Manual, and
- to help identify and plan areas for focused learning and improvement.

Criterion 4.2 The organisation reviews and evaluates assurance and monitoring activity to ensure that:

- information from assurance and monitoring systems is used to help reduce infection risks, and
- appropriate action is taken, where required, to further reduce infection risks.

Criterion 4.3 Assurance and monitoring information and interpreted data is communicated, in an accessible format, to:

- relevant health and social care teams, and
- people in receipt of care, and/or their representatives and visitors, as appropriate.

Criterion 4.4 Staff that use assurance and monitoring systems:

- undertake relevant and up-to-date training on the organisations system, and
- have their training needs assessed, in line with career and development frameworks, appropriate to their role, responsibilities and workplace setting.

Criterion 4.5 NHS boards report performance against local and national measures:

- through internal reporting structures
- to external stakeholders, for example ARHAI Scotland, and
- publically at board meetings.

Criterion 4.6 NHS boards review and report assurance and monitoring system data, including new, emerging and re-emerging infection-related risks.

21. Do you broadly agree with the criteria?

- ☑ Yes
- ☐ No

22. Do you have any comments about the criteria?

N/A

23. Are there any specific changes that you would suggest to any of the criteria?

N/A

24. Do you have any comments about standard 4 - Assurance, monitoring and response?

The need for interagency reporting. The RCN welcome the rational and criteria set out in Standard 4 but wants to emphasise the need for a multi-partner approach when it comes to reporting. Interagency reporting in particular between NHS, HIS, PHS and CI needs to be robust and have clear escalation routes. These need to be set out in detail.

As the standards will become mandatory, it is important to ensure evaluations have been completed on the IPC and cleaning specifications are set out to ensure their compliance across all health and care settings.

Relatedly and as noted under question 2, messaging and communications to all staff, patients and the public need to emphasise that IPC is everyone's responsibility and as such accessing training to also support creating the feeling of ownership is a key component.

Standard 5 Optimising antimicrobial use

Standard statement

The organisation demonstrates reliable systems and processes for antimicrobial stewardship to support optimal antimicrobial use.

Rationale

Antimicrobial resistance is a significant threat to public health. Overuse and misuse of antimicrobials drives the development of drug resistant pathogens. An organisational approach to optimising antimicrobial use, in the form of a coordinated antimicrobial stewardship programme, ensures that antimicrobial use is safe, clinically-effective and person-centred.

25. Do you broadly agree with the standard statement and rationale?

- ☐ Yes
- ☐ No

26. Do you have any comments about the standard statement and rationale?

N/A

Criteria

Criterion 5.1 All organisations can access appropriate antimicrobial expertise.

(a) NHS boards have a core multi-professional Antimicrobial Management Team, with defined roles and responsibilities, for the oversight and coordination of all aspects of antimicrobial use within the board.

(b) Social care organisations access antimicrobial expertise through the local NHS boards to ensure that there is optimal antimicrobial use for people receiving care.

Criterion 5.2 All organisations support optimal antimicrobial use.

(a) NHS boards implement and evaluate a planned programme of education for optimising antimicrobial use. The programme is provided to all staff involved in the prescribing, supply and administering of antimicrobials.

(b) Social care organisations support optimal antimicrobial use through:

- promoting awareness to all staff involved in prescribing, supplying and administering antimicrobials, and
- enabling all staff involved in prescribing, supplying and administering antimicrobials to access education and training.

Criterion 5.3 NHS boards support optimal use of antimicrobials by ensuring that:

- local antimicrobial policies are produced and updated, at least every three years, or when indicated, in line with current national policy, guidance and best practice
- local antimicrobial policies and guidance are accessible to all health and social care staff, and
- staff who prescribe, supply, and administer antimicrobials are alerted to any changes in antimicrobial practice policy and guidance.

Criterion 5.4 NHS boards, through the Antimicrobial Management Team, maintain an annual programme for antimicrobial stewardship. This programme includes:

- monitoring data, including all adverse events relating to antimicrobial use
- providing feedback on prescribing practice to clinical teams
- targeted quality improvement interventions to address poor clinical practice in the use of antimicrobials, and
- reporting of findings, including risk assessments with improvement plans where appropriate, through internal governance structures.

Criterion 5.5 To ensure that the NHS board optimises its antimicrobial use through a quality improvement approach, the Antimicrobial Management Team:

- works in partnership with health and social care services to deliver the local antimicrobial stewardship work plan
- participates in the implementation of an antimicrobial stewardship programme of education for optimising antimicrobial use
- reviews antimicrobial prescribing and resistance data in line with the annual programme for local surveillance of antimicrobial use
- feeds back the main findings of the review to clinical and management teams, and
- responds to data which indicate poor antimicrobial stewardship with targeted improvement interventions.

27. Do you broadly agree with the criteria?

- [x] Yes
- [ ] No

28. Do you have any comments about the criteria?

N/A

29. Are there any specific changes that you would suggest to any of the criteria?

N/A

30. Do you have any other comments about standard 5 - Optimising antimicrobial use?

N/A

Standard 6 Infection prevention and control policies, procedures and guidance

Standard statement

The organisation uses evidence-based IPC policies, procedures and guidance.

Rationale

Implementation of evidence-based IPC policies, procedures and guidance can help reduce the risk of infection and ensure the safety of people receiving care, staff and visitors. A consistent and evidence-based approach to IPC:

- enables staff to apply effective standard and transmission-based precautions
- can reduce unwarranted variation by reinforcing robust IPC practice, and
- helps to align IPC practice, monitoring quality assurance and quality improvement.

31. Do you broadly agree with the standard statement and rationale?

- ☑ Yes
- ☐ No

32. Do you have any comments about the standard statement and rationale?

N/A

Criteria

Criterion 6.1 The organisation ensures that the National Infection Prevention and Control Manual appropriate for the specific care setting, is adopted, implemented and accessible for all staff.

Criterion 6.2 The organisation has, and implements, an annual IPC work programme in line with national requirements and the National Infection Prevention and Control Manual.

Criterion 6.3 The organisation has systems and processes in place to ensure that:

- staff are alerted to any changes in IPC policy, procedures and guidance that may impact practice, including the National Infection Prevention and Control Manual
- risk assessments, with mitigating actions, are put in place when staff are unable to adopt and implement the National Infection Prevention and Control Manual
- audit data and information, including risks, are fed back to staff, leadership teams, the executive team and registered services, as appropriate
- when an audit programme is not undertaken within the agreed timescales, the risks are discussed, agreed and recorded through internal governance structures
- an improvement plan with clearly defined responsibilities and evidence of review is developed in response to audit data

- data and themes emerging from audit is used to inform staff education and training and drive improvement in IPC practice, and
- there is access to appropriate specialist clinical advice for IPC and the diagnosis, treatment and management of infections.

33. Do you broadly agree with the criteria?

- [x] Yes
- [ ] No

34. Do you have any comments about the criteria?

N/A

35. Are there any specific changes that you would suggest to any of the criteria?

N/A

36. Do you have any other comments about standard 6 – Infection prevention and control policies, procedures and guidance?

N/A

Standard 7 Decontamination of reusable medical devices and care equipment

Standard statement

The organisation ensures that reusable medical devices and care equipment are cleaned, maintained and safe for use.

Rationale

The effective decontamination of reusable medical devices and care equipment is essential to minimise the risk transmission of infectious agents between people.

Organisations must demonstrate ongoing compliance with statutory legislation and implement national guidance and technical requirements to ensure that all reusable medical devices and care equipment are clean, maintained, free from damage and safe for use.

37. Do you broadly agree with the standard statement and rationale?

- [x] Yes
- [ ] No

38. Do you have any comments about the standard statement and rationale?

N/A

Criteria

Criterion 7.1 The organisation has a nominated person with overall responsibility for the decontamination of reusable medical devices and care equipment in line with national guidance.

Criterion 7.2 The organisation has, and implements decontamination policies and procedures in line with current:

- statutory legislation, and
- national guidance.

Criterion 7.3 The organisation has effective decontamination systems and processes in place to ensure that:

- all reusable medical devices and care equipment is clean, maintained and safe for users at the point of use, to minimise the risk of cross-infection
- all reusable medical devices and care equipment are stored, installed, serviced, maintained, repaired, decommissioned and appropriately disposed in line with manufacturer's instructions, where relevant
- decontamination of medical devices and care equipment is carried out in line with manufacturer's instructions and current national guidance, where relevant
- reporting and escalation of any cleanliness and maintenance issues are routinely undertaken, including evidence that issues have been addressed
- there is specialist input and guidance where decontamination issues are identified, or existing activity does not meet requirements
- safety notices for reusable medical devices and care equipment are responded to
- there is accurate record keeping and documentation, where relevant, and
- feedback from people receiving care, staff and visitors is sought on the cleanliness of reusable medical devices and care equipment and acted upon, where appropriate.

Criterion 7.4 The organisation carries out regular audit to inform risk assessment, with mitigating actions, where any part of the decontamination process cannot, or has not been followed.

Criterion 7.5 Where there is an adverse event associated with the decontamination of reusable medical devices and care equipment, the organisation:

- uses the HIIAT tool, where appropriate
- reviews decontamination processes during and following the adverse event or near miss in line with the national adverse events framework, and
- reports to the Incident Reporting Investigation Centre (IRIC) and external agencies, where appropriate.

39. Do you broadly agree with the criteria?

- ☑ Yes
- ☐ No

40. Do you have any comments about the criteria?

N/A

41. Are there any specific changes that you would suggest to any of the criteria?

N/A

42. Do you have any other comments about standard 7 - Decontamination of reusable medical devices and care equipment?

N/A

Standard 8 The built environment

Standard statement

The organisation ensures that infection risks associated with the health and care built environment are minimised.

Rationale

The health and care built environment, the environment, can play a significant role in the transmission of infection. It is important that infection risks associated with the environment, for example water and ventilation systems, are minimised and managed through a coordinated and multidisciplinary approach. Organisational compliance with legislation, regulations and guidance, for example, HAI-SCRIBE and Scottish Health Technical Memoranda (SHTM), underpins this approach. High standards of environmental cleanliness, IPC practice and ongoing maintenance of the environment can minimise the risk of the transmission of infection. It is essential that the organisation provides a clean, well maintained and safe environment.

43. Do you broadly agree with the standard statement and rationale?

- [x] Yes
- [ ] No

44. Do you have any comments about the standard statement and rationale?

The need to carry out IPC within the built environment to the highest standards. The RCN welcome this standard and related criteria but want to emphasise its importance and expectation to fulfil these as best possible for the safety of staff and patients including lessons learnt from previous projects.

Criteria

Criterion 8.1 The organisation has, and fully implements, current policies and

procedures to minimise the risk of infection across all areas of the environment in line with:

- statutory legislation and regulations, and
- national guidance including SHTM and HAI-SCRIBE

Criterion 8.2 There are clear and agreed channels of communication and prompt information exchange across all relevant teams and settings to enable early assessment of potential and existing IPC risks associated with the environment.

Criterion 8.3 The organisation ensures that IPC risks associated with construction, renovation, maintenance and repair of the environment are minimised by demonstrating that:

- building, refurbishment and maintenance work is planned, appropriately risk assessed, authorised, documented and carried out in ways that minimise infections risks and disruption to staff, people receiving care and visitors
- risks and issues are identified and communicated at the planning stage of building, refurbishment and maintenance work. A formal risk assessment with mitigation is put in place and acted on appropriately with key staff and teams involved at relevant stages
- there is regular monitoring and audit of maintenance and repair services to ensure that this is carried out in line with an agreed schedule
- there is robust reporting, with follow up where the environment cannot be accessed, for maintenance or repair, including associated documented decision making and derogations
- there is robust reporting, escalation, follow up action, sign off and documentation of any IPC-related issues associated with the environment, and
- records and reports relating to maintenance, repair and refurbishment of the environment are accessible and regularly updated and reviewed.

Criterion 8.4 The organisation ensures that the environment is safe and clean by demonstrating that:

- environmental cleanliness is in line with the National Cleaning Services Specification
- there is robust monitoring and audit of cleaning including an escalation plan, where required
- there is robust reporting, including decision making, with appropriate follow up where the environment cannot be accessed for cleaning
- records and reports relating to the cleanliness of the environment are accessible and regularly updated and reviewed, and
- there is active engagement with people receiving care, staff and visitors for feedback on the cleanliness of the environment with an improvement plan, as appropriate.

Criterion 8.5 Staff have access to information, specialist guidance and support to minimise infection risks associated with the environment. This ensures that staff are clear on their roles and responsibilities when:

- IPC risks and issues are identified in the environment
- additional cleaning activity is identified as necessary

- there is planned refurbishment or maintenance work in the environment
- there is emergency building or repair work to be undertaken
- known or suspected outbreaks and incidents relating to the environment are identified
- there is an alteration in the function or purpose of an area
- there is a change of use to an area, and
- the area cannot be accessed.

Criterion 8.6 Learning from incidents, outbreaks and building and maintenance projects is shared throughout the organisation and across sectors to support continuous quality improvement in IPC.

45. Do you broadly agree with the criteria?

- [x] Yes
- [ ] No

46. Do you have any comments about the criteria?

N/A

47. Are there any specific changes that you would suggest to any of the criteria?

N/A

48. Do you have any other comments about standard 8 – The built environment?

N/A

Standard 9 Equipment

Standard statement

Equipment acquired for use in the health and care environment can be effectively decontaminated to minimise any infection risks.

Rationale

Equipment (which includes reusable medical devices) for use in the health and care environment relates to all equipment that is:

- procured
- donated
- loaned
- manufactured in-house, and
- used within a trial or for research purposes.

Infection risks to people receiving care, staff and visitors can be minimised when equipment is effectively decontaminated in line with manufacturer's instructions.

49. Do you broadly agree with the standard statement and rationale?

- [x] Yes
- [ ] No

50. Do you have any comments about the standard statement and rationale?

N/A

Criteria

Criterion 9.1 The organisation has, and implements, policies and procedures for acquiring equipment in line with current:

- statutory legislation and regulations, and
- national guidance.

Criterion 9.2 There is IPC expertise and multidisciplinary involvement in the acquisition process. This includes the acquisition of new equipment, and prior to procurement.

Criterion 9.3 The organisation has systems and processes in place to ensure that:

- all acquired equipment is compatible with national guidance
- all acquired equipment that cannot be effectively decontaminated is removed from use, and
- feedback is provided to relevant teams on equipment that cannot be effectively decontaminated to support continuous quality improvement.

Criterion 9.4 All adverse events associated with equipment:

- are reported through the organisations local adverse event system
- are reported to IRIC, where required, and
- are managed in line with the organisation's adverse event policy and the national adverse events framework.

51. Do you broadly agree with the criteria?

- [x] Yes
- [ ] No

52. Do you have any comments about the criteria?

N/A

53. Are there any specific changes that you would suggest to any of the criteria?

N/A

54. Do you have any other comments about standard 9 – Equipment?

N/A

55. What would support you and your organisation to implement the IPC standards?

N/A

56. If you have any other comments about the standards, or any other feedback you would like to share with the IPC standards development group, please include it here.

N/A