

Guidance

# Health and Social Care Act 2008: code of practice on the prevention and control of infections and related guidance

Updated 13 December 2022

## **Applies to England**

Contents

[Executive summary](#)

- [1. Introduction](#)
- [2. The code of practice](#)
- [3. Guidance for compliance](#)
- [4. Guidance tables](#)

[Appendix A: examples of interpretation for adult social care](#)

[Appendix B: examples of interpretation for primary care dental practices](#)

Appendix C: examples of interpretation for primary medical care

Appendix D: definitions

Appendix E: regulations (extract)

Bibliography



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# Executive summary

Good infection prevention and control (IPC), including cleanliness, is essential to ensure that people who use health and adult social care services receive safe and effective care. This description of all activities related to infection prevention and control (including cleanliness) (IPC) was adopted in response to the consultation on the revision of the code of practice in 2015 to make it clear to non-specialists that cleanliness is an integral part of IPC. Throughout the document 'infection prevention and control (including cleanliness)' should be interpreted as including cleanliness. Effective prevention and control of infection must be part of everyday practice and be applied consistently by everyone.

Good management and organisational processes are crucial to make sure that high standards of IPC (including cleanliness) are developed and maintained.

This document sets out the code of practice (the code) on the prevention and control of infections under [the Health and Social Care Act 2008](http://www.legislation.gov.uk/ukxi/2014/2936/contents/made) (<http://www.legislation.gov.uk/ukxi/2014/2936/contents/made>) (H&SCA 2008). This act sets out the overall framework for the regulation of health and adult social care activities by the Care Quality Commission (CQC). It will apply to registered providers of all health and adult social care in England. Because of the wide range of services provided by all registered providers, the code will be applied in a proportionate way.

Part 2 of the code sets out the 10 criteria against which the CQC will judge a registered provider on how it complies with the IPC (including cleanliness) requirements, which are set out in the regulations. To ensure that consistently high levels of IPC (including cleanliness) are developed and maintained, it is essential that all providers of health and social care read and consider the whole document and its application in the appropriate sector and not just selective parts.

Parts 3 and 4 of this document will help registered providers interpret the criteria and develop their own risk assessments. The appendices provide examples of how a proportionate approach could be applied to the criteria in all sectors and it is important to read the examples given in the appendices, alongside the guidance under each criterion in part 3 of this document. The bibliography lists a range of supporting national guidance.

This publication replaces the previous Health and Social Care Act 2008: Code of Practice document for health and adult social care on the prevention and control of infections and related guidance. The code applies to NHS bodies and providers of independent healthcare and adult social care in England, including primary dental care, independent sector ambulance providers and primary medical care providers.

We have revised [the previous code of practice document](http://www.legislation.gov.uk/ukpga/2022/31/contents/enacted) (<http://www.legislation.gov.uk/ukpga/2022/31/contents/enacted>) to reflect the structural changes that took effect in the NHS from 1 July 2022 and the role of IPC (including cleanliness) in optimising antimicrobial use and reducing antimicrobial resistance.

The law states that the code is to be taken into account by the CQC when it makes decisions about registration against the IPC (including cleanliness) requirements. The regulations also state that registered providers must have regard to the code when deciding how they will comply with registration requirements. So, by following the code, registered providers will be able to show that they meet the relevant requirements set out in the regulations.

However, the code is not mandatory so registered providers do not by law have to comply with the code. A registered provider may be able to demonstrate that it meets the regulations in a different way (equivalent or better) from that described in this document. The code aims to exemplify what providers need to do in order to comply with [Regulations for Service Providers and Managers – Care Quality Commission 2022 \(https://www.cqc.org.uk/guidance-providers/Regulations-enforcement/Regulations-service-providers-managers\)](https://www.cqc.org.uk/guidance-providers/Regulations-enforcement/Regulations-service-providers-managers).

## 1. Introduction

Good infection prevention control (IPC), including cleanliness and prudent antimicrobial stewardship (AMS), is essential to ensure that people who use health and social care services receive safe and effective care. Effective prevention of infection must be part of everyday practice and be applied consistently by everyone. It is also a component of good antimicrobial stewardship as preventing infections helps to reduce the need for antimicrobials.

Good management and organisational processes are crucial to make sure that high standards of IPC (including cleanliness) are set up and maintained.

As the regulator of health and adult social care in England, the Care Quality Commission (CQC) will provide assurance that the care people receive meets the fundamental standards of quality and safety. These standards are set out in the regulations.

This document outlines what registered providers in England should do to ensure compliance with the registration requirement at Regulation 12(2)(h) of the regulations. This includes ‘assessing the risk of, and preventing, detecting and controlling the spread of, infections, including those that are healthcare associated’.

It also sets out the 10 compliance criteria against which registered providers will be judged. Providers should note that Regulation 15 is also relevant to IPC (including cleanliness) and that other provisions of the regulations may also apply.

The CQC has published guidance for providers on meeting the requirements of the regulations, including the enforcement policy, and will use these documents in conjunction with this code of practice and related guidance when judging compliance. Because of the wide range of services provided by all registered providers, the code will be applied in a proportionate way.

## The code of practice

The main purposes of the code are to:

- make the registration requirements relating to IPC (including cleanliness) clear to all registered providers so that they understand what they need to do to comply
- provide guidance for CQC staff to make judgements about compliance with the requirements for IPC (including cleanliness)
- provide information for people who use the services of a registered provider
- provide information for commissioners of services on what they should expect of their providers
- provide information for the general public

Readers will note that only paragraphs in part 3 of this document have been numbered, as these particular sections are likely to be specifically referenced by the CQC in ensuring compliance with the regulations.

## **The terms used in this document**

There are a wide range of terms relating to services and organisational structures, and different ways to describe the same or similar things across health and social care. In this document we have tried to harmonise some of those terms and use descriptions that are meaningful across all sectors. For example, we have used the term 'service user' to describe patients, donors, residents and clients.

Because National Health Service (NHS) trusts (as an entity), primary medical and dental care, independent healthcare, independent sector ambulance providers and adult social care providers are all required to register with the CQC as providers of health or social care, they are referred to in this document as 'registered providers'.

The term 'health and care worker' is used to refer to anyone whose normal duties involve providing direct care to service users, for example clinical staff, nurses, healthcare assistants, care assistants as well as volunteers.

The term 'independent-sector ambulance provider' covers triage, medical or clinical advice provided remotely, face-to-face treatment and transport services. Transport services are those provided by means of vehicles, which are designed for the primary purpose of carrying a person who requires treatment. The term 'vehicle' includes road, air and water ambulances.

The term 'infection' is used throughout this document, rather than the more explicit term 'healthcare associated infection', except for circumstances where the specific term is appropriate.

Antimicrobial resistance (AMR) is defined as resistance of a microorganism to an antimicrobial drug that was originally effective for treatment of infections caused by it, and applies to antivirals, antifungals, antiparasitics and antibiotics.

Antimicrobial stewardship (AMS) is defined as 'an organisational or healthcare-system-wide approach to promoting and monitoring judicious use of antimicrobials to preserve their future effectiveness'. It includes promoting optimal diagnosis of

infection, drug choice, regimen, dose, duration and administration route. The aim is for optimal clinical outcome and to limit selection of resistant strains. This is a key component of a multi-faceted approach to preventing antimicrobial resistance. The code recognises that many infections that arise in the community may not be related to the delivery of health or adult social care. Nevertheless, some of these infections may be preventable by good practice, such as hygiene and immunisation, which is dealt with in the code and the related guidance. Appendix D provides further definitions.

## Background

This document builds on the previous H&SCA 2008 code of practice for health and adult social care on the prevention and control of infections and related guidance. The previous code of practice applied to NHS bodies and providers of independent healthcare and adult social care in England and was used by the CQC to judge whether those providers complied with the registration requirement for IPC (including cleanliness).

This refreshed code strengthens some elements such as how to prevent antimicrobial resistance and provides additional clarity in some of the criteria, as well as an updated bibliography.

The way that health and adult social care is regulated has changed since April 2009 because of the introduction of the Health and Social Care Act (H&SCA) 2008.

The regulations, as made under the H&SCA 2008, describe the health and adult social care activities that may only be carried out by providers that are registered with the CQC, and set out the registration requirements that these providers must meet to become and stay registered. Further details on [how the CQC assesses whether providers meet the requirements can be found here](https://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulations-service-providers-managers) (<https://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulations-service-providers-managers>).

The H&SCA 2008 and regulations are law and must be complied with. The CQC has enforcement powers that it may use if registered providers do not comply with the law.

NHS bodies providing regulated activities, including prison healthcare services, have been required to comply with the full set of registration requirements since 1 April 2010. Independent healthcare and adult social care providers of regulated activities have been required to comply with the registration requirements since 1 October 2010. Primary dental care and independent sector ambulance providers have been required to register by April 2011, and primary medical care providers by April 2012.

The regulated activities and registration requirements are set out in the H&SCA 2008 (Regulated Activities) Regulations 2014.

## How the code should be used

Section 21 of the H&SCA 2008 enables the Secretary of State for Health to issue a code of practice about the prevention and control of healthcare associated infections. The code contains statutory guidance about compliance with the registration requirement relating to IPC (including cleanliness) (Regulation 12 (2) (h) and 21(b) of the regulations).

The law states that the code must be taken into account by the CQC when it makes decisions about registration against the IPC (including cleanliness) requirements in Regulations 12 (2) (h) and 21(b). The regulations also say that providers must have regard to the code when deciding how they will comply with the relevant registration requirements. So, by following the code, registered providers will be able to show that they meet the regulation on IPC (including cleanliness). However, they do not by law have to comply with the code. A registered provider may be able to demonstrate that it meets the registration requirement regulation in a different way (equivalent or better) from that described in the code.

The CQC's guidance about compliance with the regulations includes a reference to this code in relation to the 'premises and equipment' regulation (Regulation 15) as CQC considers this code to be relevant for the purposes of meeting that regulation.

To become and stay registered, providers must meet the full range of registration requirements. The CQC has published guidance about how to comply with all the requirements other than the one on infection control. This guidance is contained in the CQC Guidance for providers on meeting the regulations.

The code does not replace the requirement to comply with any other legislation that applies to health and social care services; for example, the Health and Safety at Work Act 1974 and the Control of Substances Hazardous to Health Regulations 2002.

## **How compliance will be judged**

The CQC is responsible for judging compliance with the registration requirements set out in the regulations. When doing this for IPC (including cleanliness), it will take account of the code and how registered providers are complying with the code. It will do this in a way that is proportionate to the risk of infection.

All registered providers will need to have adequate systems for IPC (including cleanliness) as stated in the code (see part 2), if they are to comply with the law; but because of the wide range of services provided by all registered providers, the code will be applied in a proportionate way. For example, in an acute hospital setting there is a greater risk to service users of infection and therefore the registered provider will need to comply with most aspects of the compliance criteria. However, in a service provided in someone's own home or a care home where people are supported to be independent in a domestic setting, the registered provider will not need to have the same facilities and approach as an acute hospital.



# What may happen if a registered provider does not meet the requirements in the code

The CQC may use its enforcement powers or take other action where it decides that a registered provider is not meeting its legal obligations as set out in the regulations.

The CQC will reach this decision by looking at whether a registered provider can demonstrate regard to the code. If a registered provider is not following the code, then the CQC will want to consider whether that is because it is not appropriate to the type of service being provided. If it is appropriate, the CQC will want to consider whether a registered provider is still protecting people from the risk of infection in another, equally effective way.

The CQC can prosecute a provider that breaches any part of Regulation 12(2)(h) if a failure to meet the regulation results in a risk of exposure to significant harm or avoidable harm to a person using the service, or if a person using the service is exposed to a significant risk of harm.

The CQC website provides further information about [how the CQC assesses registered providers and what action it can take if a registered provider does not comply with the regulations](http://www.cqc.org.uk/content/enforcement-policy) (<http://www.cqc.org.uk/content/enforcement-policy>).

Alternatively, you can contact its customer services team on 03000 616161.

## Commissioning of services

The CQC is responsible for monitoring compliance with the requirements of the H&SCA 2008 (Regulated Activities) Regulations 2014. Commissioning organisations may wish to assure themselves that the services that they commission are meeting expected requirements, and this may involve contract monitoring of the service. In doing so, commissioners must make it clear to the provider that this does not replace or duplicate the regulatory role of the CQC.

## Key components to support compliance

This document provides a range of information, including appendices, tables, definitions and an extensive bibliography to support providers in complying with the regulations.

Part 2 (The code) details the criteria against which the registered provider will be judged on how it complies with the registration requirements for IPC (including cleanliness).

Part 3 (Guidance for compliance) provides guidance on how to interpret the compliance criteria and develop risk assessments.

Part 4 (Guidance tables), attached as a separate pdf document, details the relevant criteria that might apply to each regulated activity, offers potential sources of professional advice on IPC (including cleanliness) and antimicrobial

stewardship, and lists which policies may be required to demonstrate compliance with Regulation 12 (Safe Care and treatment) and Regulation 15 (Premises and Equipment) of the regulations.

The appendices provide examples of how a proportionate approach could be applied to the criteria in acute care, adult social care, primary dental care, independent sector ambulance providers and primary medical care services. However, it is important to read the examples given in the appendices, alongside the guidance under each criterion in part 3 of this document, and not just selective parts.

The bibliography lists a range of supporting national guidance, advisory and regulatory documentation.

## **2. The code of practice**

The list below is the code of practice for all providers of healthcare and adult social care on the prevention of infections for the purposes of s.21 of the H&SCA 2008.

This sets out the 10 criteria against which a registered provider will be judged on how it complies with the registration requirements related to IPC (including cleanliness), as set out in the regulations. Not all criteria will apply to every regulated activity.

Parts 3 and 4 of this document will help registered providers interpret the criteria and develop their own risk assessments.

### **Compliance criterion**

#### **What the registered provider will need to demonstrate**

##### **Criterion 1**

Systems to manage and monitor the prevention and control of infection. These systems use risk assessments and consider the susceptibility of service users and any risks that their environment and other users may pose to them.

##### **Criterion 2**

The provision and maintenance of a clean and appropriate environment in managed premises that facilitates the prevention and control of infections.

##### **Criterion 3**

Appropriate antimicrobial use and stewardship to optimise outcomes and to reduce the risk of adverse events and antimicrobial resistance.

#### **Criterion 4**

The provision of suitable accurate information on infections to service users, their visitors and any person concerned with providing further social care support or nursing/medical care in a timely fashion.

#### **Criterion 5**

That there is a policy for ensuring that people who have or are at risk of developing an infection are identified promptly and receive the appropriate treatment and care to reduce the risk of transmission of infection to other people.

#### **Criterion 6**

Systems are in place to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection.

#### **Criterion 7**

The provision or ability to secure adequate isolation facilities.

#### **Criterion 8**

The ability to secure adequate access to laboratory support as appropriate.

#### **Criterion 9**

That they have and adhere to policies designed for the individual's care, and provider organisations that will help to prevent and control infections.

#### **Criterion 10**

That they have a system or process in place to manage staff health and wellbeing, and organisational obligation to manage infection, prevention and control.

### **3. Guidance for compliance**

To achieve compliance with the registration requirements relating to IPC (including cleanliness), registered providers would normally be expected to demonstrate that they have in place the policies and procedures to meet each relevant criterion listed in part 2, and have taken account of the following guidance for compliance. This guidance is not mandatory but is considered to represent the basic steps that are required to ensure that the criteria can be met.

There may be additional or alternative strategies that a registered provider is able to justify as equivalent, or more effective, in achieving compliance in their circumstances.

Registered providers are free to decide to use alternative approaches but should be prepared to justify to the CQC how the chosen approach is equally effective or better in ensuring that the criteria are met. Providers of regulated activities need to recognise that effective management of IPC is an important service-user safety issue.

The tables in part 4 may be used as a guide to help to decide on the application of the individual compliance criteria and the available sources of advice on IPC (including cleanliness).

The principle of proportionality extends throughout this guidance and the level of detail and complexity for each policy will depend on local risk assessments. In particular, a local risk assessment will be needed to assess services that combine low and higher risk activities.

## **Guidance for compliance with criterion 1: systems to manage infection**

Systems to manage and monitor the prevention and control of infection. These systems use risk assessments and consider the susceptibility of service users and any risks that their environment and other users may pose to them.

### **Appropriate management and monitoring arrangements**

1.1 These should ensure that:

- the registered provider has arrangements in place to minimise the risks of infection; there is a clear governance structure and accountability that identifies a lead for IPC (including cleanliness) accountable directly to the registered provider
- there are mechanisms in place by which the registered provider can ensure that sufficient resources are available to secure effective IPC
- these should include the implementation of an IPC (including cleanliness) programme, infrastructure and the ability to monitor and report infections, as well as antimicrobial stewardship
- all staff receive suitable and sufficient IPC information, training and supervision relevant to their roles throughout their employment, to minimise the risks of IPC relevant principles of antimicrobial stewardship, risk assessment and how to escalate concerns
- systems are in place for service users and staff to raise concerns and to receive feedback
- assurances are in place to ensure that key policies and practices are being implemented, updated and adhered to appropriately
- a decontamination lead is designated, where appropriate
- a water safety group and water safety plan are in place, where appropriate

- a ventilation/air safety group is in place, where appropriate

## **Risk assessment**

1.2 All registered providers should ensure that they have:

- undertaken and recorded a comprehensive and dynamic assessment of infection risks to identify the potential and actual risks to the service user receiving care
- identified and documented the steps that need to be taken to reduce or control those risks, including awareness of vaccination status
- methods and interventions in place to monitor the risks of infection, to determine whether further steps are needed to reduce or control infection

## **Directors of IPC (DIPC) (including cleanliness) in NHS provider organisations**

1.3 The DIPC in NHS provider organisations should:

- provide oversight and assess assurance on IPC (including cleanliness), the built environment and antimicrobial stewardship to the trust board or equivalent. Where significant risks are identified the DIPC should advise the board on how to mitigate these. They should report directly to the board but are not required to be a board member
- be responsible for leading the organisation's IPC (including cleanliness) team strategy and improvement plan
- oversee infection prevention and control policies and work with IPC leads to promote a systemwide approach
- be a full member of the IPC and antimicrobial stewardship committee and regularly attend its IPC (including cleanliness) and stewardship meetings
- have the authority to challenge inappropriate practice and inappropriate antimicrobial prescribing decisions
- have the authority to set and challenge standards of cleanliness
- assess the impact of all existing and new policies on infections and make recommendations for change
- be an integral member of the organisation's clinical governance, patient safety teams, relevant structures
- produce an annual report for IPC and make it publicly available

## **IPC lead (for example, adult social care, primary dental and medical care, independent healthcare providers and independent sector ambulance providers)**

1.4 Outside of NHS organisations, the responsibilities of the DIPC are discharged by the IPC lead for the registered provider. This role will vary across adult social care, primary dental care, primary medical care, independent healthcare providers and independent sector ambulance providers.

The IPC lead for the registered service provider should:

- be responsible for the organisation's IPC (including cleanliness), the built environment (where appropriate) and antimicrobial stewardship programme, as well as management and structure and the establishment of relevant groups
- oversee IPC policies and their implementation and work with other IPC system-wide leads when needed
- the lead will report directly to the registered provider
- promote respectful challenge of inappropriate practice amongst all workers and have the authority to set and challenge standards of cleanliness
- assess the impact of all existing and new policies on infections and make recommendations for change
- be an integral member of the organisation's governance, and safety teams and structures where they exist
- produce an annual statement with regard to compliance with practice on IPC (including cleanliness) and make it available on request

## **Assurance framework in NHS provider organisations**

1.5 Activities to demonstrate that IPC (including cleanliness) and antimicrobial stewardship are an integral part of quality assurance should include regular presentations from the DIPC and/or the IPC and antimicrobial stewardship teams to the NHS board or registered provider.

These should feature a trend analysis for infections, antimicrobial resistance, antimicrobial prescribing and compliance, with quarterly reporting to the NHS board or registered provider by clinical directors and matrons (including nurses who do not hold the specific title of 'matron' but who operate at a similar level of seniority and who have control over similar aspects of the service user or the service user's environment). What is reported on will vary according to the local arrangements.

For example, it may include:

- monthly cleanliness scores
- review of trends (for example, monthly) and peer comparison of broad-spectrum and total antimicrobial prescribing, use of intravenous route of administration, treatment course length and audits of adherence to local/national guidelines for the management of common infections
- annual patient led assessments of the care environment (PLACE) scores
- contract performance measures where provision is in-house or outsourced, which will include cleanliness measures and issues of non-compliance and subsequent improvement actions
- information taken from the organisation's self-assessment using the NHS premises assurance model (NHS PAM) decisions
- observations taken from board level or other staff, service users and family 'walk rounds'
- complaints and compliments relating to IPC (including cleanliness)

- a review of mandatory and voluntary surveillance data, including antimicrobial resistance (drug-bug combinations), outbreaks and serious incidents
- evidence of appropriate action taken to manage occurrences of infection or inappropriate prescribing of antimicrobials, including, where applicable, root cause analysis, with emphasis on lessons learnt and/or post infection review in adult social care, primary dental care and primary medical care independent healthcare providers and independent ambulance providers
- evidence of appropriate action taken to prevent and manage infection
- an audit programme to ensure that appropriate policies and measures have been developed and implemented
- evidence that the annual statement from the service provider has been reviewed through the organisation's governance structures and, where indicated, acted upon
- regular review of antimicrobial prescribing decisions

1.6 In accordance with health and safety requirements, where suitable and sufficient assessment of risks requires action to be taken, evidence must be available on compliance with the code or, where appropriate, justification of a suitable better alternative. This applies to all health and adult social care.

### **IPC (including cleanliness) programme**

1.7 The IPC (including cleanliness) programme should:

- set objectives that meet the needs of the organisation and ensure the safety of service users, health and social care workers and the public
- identify agreed priorities for establishing an improvement plan
- provide evidence that relevant policies have been effectively implemented
- report progress against the objectives of the programme in the DIPC's annual report or the service providers' annual statement

### **IPC (including cleanliness) infrastructure**

1.8 An IPC (including cleanliness) infrastructure should encompass the below.

In acute healthcare settings, an IPC (including cleanliness) team consisting of an appropriate mix of:

- both nursing and consultant medical,
- antimicrobial pharmacists' expertise (and/or with specialist training - in IPC and antimicrobial stewardship)
- other healthcare workers and appropriate administrative and analytical support
- estates and facilities management
- adequate information technology

The DIPC is a key member of the IPC (including cleanliness) team. Acute healthcare settings have a multidisciplinary antimicrobial stewardship committee to

develop and implement the organisation's antimicrobial stewardship programme drawing on Start Smart then Focus (SMTF) AMS toolkit and National Institute for Health and Care Excellence (NICE) antimicrobial stewardship national guidance.

In other settings, there will be a lead who is responsible for IPC (including cleanliness) matters and is aware of the local arrangements to obtain specialist infection control and antimicrobial stewardship expertise.

24-hour access to a nominated microbiologist or consultant in health protection/communicable disease control should be available. The registered provider should know how to access this advice.

## **Movement of service users**

1.9 There should be evidence of joint working between staff involved in the provision of advice relating to the prevention of infection and control: those managing bed allocation; care staff and domestic staff in planning service user referrals, admissions, transfers discharges and movements between departments; and within and between health and adult social care facilities.

1.10 A registered provider must ensure that it provides suitable and sufficient information on a service user's infection status whenever it arranges for that person to be moved from the care of one organisation to another, to or from a service user's home, so that any risks to the service user, staff and others from infection can be minimised. If appropriate, providers of a service user's transport should be informed of the service user's infection status.

Refer also to CQC guidance on compliance with Regulation 12 (2)(i) on Safe Care and Treatment – shared care.

## **Guidance for compliance with criterion 2: clean environments**

Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections.

Refer also to section on Regulation 15 on premises and equipment, contained in the CQC guidance for providers on meeting the regulations.

2.1 To minimise the risk of infection, a registered provider should ensure that:

- a specific individual has responsibility for oversight and management of cleaning, environmental services and decontamination of medical devices and equipment
- the designated lead for cleaning is responsible for all aspects of cleaning services, from contract negotiation and service planning to delivery at the care level



- there is collaboration with key stakeholders to ensure maintenance and cleaning is planned and implemented
- in health and social care, all clinical and non-clinical staff have personal responsibility and accountability for maintaining a safe and clean care environment
- the person in charge of any area has direct responsibility for ensuring that cleanliness standards are consistently maintained
- all parts of the premises from which it provides care are suitable for the purpose, kept clean and maintained in good physical repair and condition
- the cleaning arrangements detail the standards of cleanliness required as appropriate for the setting in each part of its premises and that a schedule of cleaning responsibility and frequency is available on request
- there is adequate provision of suitable hand-washing facilities and products
- there are effective arrangements for the appropriate cleaning of equipment that is used at the point of care, for example hoists, beds and commodes – these should be incorporated within appropriate cleaning, disinfection and decontamination policies
- for all healthcare settings, there are effective arrangements for the appropriate cleaning of equipment that is used at the point of care and which are based on the National Standards for Healthcare cleanliness responsibilities framework or equivalent standards and cleanliness charters. These should be incorporated within appropriate cleaning, disinfection and decontamination policies
- the storage, supply and provision of linen and laundry are appropriate for the level and type of care

2.2 'The environment' means the totality of a service user's surroundings when in care premises or transported in a vehicle. This includes the fabric of the building, related fixtures and fittings, and services such as air and water supplies. Where care is delivered in the service user's home, the suitability of the environment for that level of care should be considered.

### **Policies on the environment**

Premises and facilities should be provided in accordance with best practice guidance. The development of local policies should take account of IPC, given by relevant expert or advisory bodies or by the IPC team. This should include liaison between any IPC practitioners and the person(s) with overall responsibility for the management of the service user's environment, where appropriate.

Policies should address but not be restricted to:

- cleaning services
- building and refurbishment, including air-handling systems
- waste management
- laundry arrangements for the correct classification and sorting of used and infected linen

- planned preventative maintenance
- pest control
- management of drinkable and non-drinkable water supplies
- minimising the risk of Legionella and other water-supply and building-related infections, for example Pseudomonas aeruginosa and aspergillus, by adhering to national guidance
- food services, including food hygiene and food brought into the care setting by service users, staff and visitors

Refer also to Regulation 15 in respect to premises and equipment contained in CQC guidance for providers on meeting the regulations.

## **Cleaning services**

2.3 The arrangements for cleaning should include:

- clear definition of specific roles and responsibilities for cleaning
- clear, agreed and available cleaning routines
- sufficient resources dedicated to keeping the environment clean and fit for purpose
- consultation with IPC teams or equivalent local expertise on cleaning protocols when internal or external contracts are being prepared
- details of how staff can request additional cleaning, both routinely and urgently (outside of usual frequency)
- cleaning and disinfection of the fabric, fixtures and fittings of a building (walls, floors, ceilings and bathroom facilities) or vehicle

## **Decontamination of reusable medical devices, equipment and linen**

2.4 The designated decontamination lead should have responsibility for ensuring that policies are implemented and that they take account of best practice and national guidance, ensuring that the following points are covered:

- reusable medical devices should be repurposed at one of the following 4 levels:
  - clean (free of visible contamination)
  - disinfected (a process used to reduce the number of viable infectious agents, but which may not necessarily inactivate some microbial agents, such as certain viruses and bacterial spores)
  - sterile (at point of use)
  - sterilised (meaning it has been through the sterilisation process)
- the decontamination and disinfection of linen is carried out, as well as the correct classification and sorting of used linen (for example, soiled and fouled linen, infectious linen, heat labile linen)
- the decontamination of non-invasive service user equipment is enforced, for example beds, commodes, mattresses, hoists and slings, examination couches, trolleys and stretchers

2.5 The reusable medical devices and equipment decontamination policy should demonstrate that:

- it complies with national guidance by establishing essential quality requirements, and that a plan is in place for progression to best practice
- procedures for the acquisition, maintenance and validation of decontamination equipment follow national guidance
- staff are trained in cleaning and decontamination processes and the safe use of decontamination equipment, and hold appropriate competences for their roles
- a record-keeping system is in place to ensure that decontamination processes are fit for purpose and use the required quality systems
- decontamination of reusable medical devices takes place in compliant facilities that are designed for the purpose of decontaminating medical devices through validated processing systems and controlled environmental conditions. This is to ensure that all potential environmental, cross-infection, handling and medical device usage risks are minimised

Refer also to Regulation 15 Premises and Equipment contained in CQC guidance for providers on meeting the regulations.

## **Guidance for compliance with criterion 3: antimicrobial use**

Ensure appropriate antimicrobial use and stewardship to optimise service user outcomes and to reduce the risk of adverse events and antimicrobial resistance.

3.1 Systems should be in place to manage and monitor the use of antimicrobials to ensure inappropriate and harmful use is minimised and service users with severe infections, such as sepsis, are treated promptly with suitable antimicrobial(s). These systems should draw on national and local guidelines, monitoring and audit tools, including, but not limited to, NICE guidelines, guidance on patient group directions, the Treat Antibiotics Responsibly, Guidance Education Tools (TARGET) toolkit in primary care, Start Smart then Focus in secondary care and national antimicrobial prescribing competences.

3.2 Service providers, where appropriate, should have in place a designated lead for antimicrobial stewardship responsible for developing, implementing and monitoring the organisation's stewardship programme and reporting to the executive board or equivalent, where available.

Antimicrobial stewardship must be supported by strong leadership across clinical specialties with oversight provided by an antimicrobial stewardship committee or as part of an existing committee, such as a drug and therapeutics committee or equivalent.

Membership of this committee will vary dependent on the setting but should be multidisciplinary and representative of the clinical specialities in accordance with

NICE guidance. The committee should report antimicrobial stewardship activities, antimicrobial prescribing trends (this should include appropriate peer comparison data) to the trust board via the organisation's DIPC, or the designated lead for antimicrobial stewardship.

3.3 Providers should develop a local antimicrobial stewardship policy and local infection management guidelines drawing on national guidance (including from NICE), the British National Formulary and UK Health Security Agency (UKHSA) that takes account of local antimicrobial resistance patterns.

The policy should cover the principles of diagnosis, treatment and prophylaxis of common infections, and prescribers should document allergy status, reason for antimicrobial prescription, dose, route and duration of treatment.

Adherence to antimicrobial prescribing guidance and compliance with hospital post-prescribing review at 48 to 72 hours should be monitored and audited on a regular basis, with data fed back to prescribers and incorporated into service user safety reporting systems to boards and commissioners. Peer comparison and trend data, and prescribing audits should be used to demonstrate progress in antimicrobial stewardship in all settings. There should be evidence of appropriate action taken to deal with occurrences of inappropriate prescribing of antimicrobials including, where applicable, root cause analysis, emphasis on lessons learnt and/or post-infection review.

3.4 Providers should have access to timely microbiological diagnosis, susceptibility testing and reporting of results, preferably within 48 hours of specimen taking. Prescribers should have access at all times to suitably qualified individuals who can advise on appropriate choice of antimicrobial therapy.

3.5 In acute care settings, providers should report local antimicrobial susceptibility data (drug-bug combinations) and information on antimicrobial consumption to the national surveillance body. Surveillance information should be used by the local and regional stewardship committees or equivalent to monitor local resistance patterns and guide local antimicrobial prescribing guidelines and antimicrobial stewardship activities. This information should be communicated back to prescribers across the health and social care system to improve prescribing quality.

3.6 Providers should ensure that all health and care workers involved in prescribing, dispensing and administration of antimicrobials receive induction and appropriate training in prudent antimicrobial use and the principles of antimicrobial stewardship. They should be encouraged to maintain their knowledge through training and regular educational sessions. This should include being familiar with the principles of antimicrobial stewardship as set out in the antimicrobial prescribing, stewardship competencies, NICE guidance on antimicrobial stewardship and local AMS policy.

## **Guidance for compliance with criterion 4: information on infections**

Provide suitable accurate information on infections to service users, their visitors and any person concerned with providing further health and social care support or nursing/ medical care in a timely fashion.

#### 4.1 Information for service users and visitors

Existing information sources suitable for people receiving care can be signposted, such as [NHS Choices \(https://www.nhs.uk/conditions/\)](https://www.nhs.uk/conditions/).

Information should be co-produced, where appropriate, with service user representation organisations, such as the [local Healthwatch \(https://www.healthwatch.co.uk/\)](https://www.healthwatch.co.uk/) and [Patient Advice and Liaison services \(PALS\) \(https://www.nhs.uk/nhs-services/hospitals/what-is-pals-patient-advice-and-liaison-service/\)](https://www.nhs.uk/nhs-services/hospitals/what-is-pals-patient-advice-and-liaison-service/), in a timely and accessible way.

#### 4.2 Areas relevant to the provision of information

Themes relevant to the provision of information include:

- general principles on the prevention of infection and key aspects of the registered provider's policy on IPC, which takes into account the communication needs of the service user
- the roles and responsibilities of particular individuals, such as carers, relatives and advocates, in the prevention of infection to support them when visiting service users
- the importance of appropriate use of antimicrobials
- supporting service users' awareness and involvement in the safe provision of care
- the importance of compliance by visitors with hand hygiene procedures
- the importance of compliance with the registered provider's policy on visiting
- reporting concerns relating to hygiene and cleanliness, including hand hygiene
- explanations of incident/outbreak management and action taken to prevent recurrence
- key aspects of the registered provider's policy on IPC (including cleanliness) for their service users, carer(s), visitors and/or relatives
- the roles and responsibilities of particular individuals, such as carers, relatives and advocates, in the prevention of infection, to support them when visiting service users
- standard practices used to prevent and control infection and how these may impact on the service user experience of care, such as the use of personal protective equipment (PPE)
- specific information on elements of IPC (including cleanliness) as appropriate for the service user, including the importance of appropriate use of antimicrobials; supporting service users' and their carers' awareness and involvement in the safe provision of care

- the importance of compliance with the registered provider's policies to prevent introduction of infection to the service, including through visiting
- reporting concerns relating to hygiene and cleanliness, including hand hygiene
- explanations of incident/outbreak management and action taken to prevent recurrence

### 4.3 Materials

Materials from global, national or local awareness campaigns could be used to develop information on appropriate principles of IPC (including cleanliness), including hand hygiene, respiratory hygiene and action to promote safe, effective and appropriate use of antimicrobials to reduce risk of developing antimicrobial resistance. Examples, such as World Health Organization (WHO) hand-hygiene tools, are included in the bibliography.

Refer also to Regulation 9, Person Centred Care, contained in CQC Guidance for providers on meeting the Regulations.

### 4.4 Information for those providing further support or care

A registered provider should ensure that:

- accurate, clear and accessible information is communicated in a timely manner to appropriately reflect the needs of the service user and their care
- information should be available in a range of appropriate languages and formats, including digital, to meet the needs of local users and carers, relatives and/or visitors
- service users and carers, relatives and/or visitors should be provided with appropriate, accurate and up-to-date information in formats that tailor to individual needs
- the information facilitates the provision of best practice at all stages of the care journey, focusing on actions that prevent infection in people at risk and minimising the risk of inappropriate management and further transmission of infection within care services
- information on the risks of non-compliance with recommended actions should be communicated sensitively and clearly. Providers should ensure that clear and specific guidance is available describing how to take actions that are effective in reducing risk of infection to the service user and others

4.5 Provision of relevant information across relevant organisation boundaries is covered by the regulation requirement 9, Person Centred Care. Due attention should be paid to service user confidentiality as outlined in national guidance and training material.

## **Guidance for compliance with criterion 5: those at risk of infection**

Ensure that people who have or at risk of developing an infection are identified promptly and receive the appropriate treatment and care to reduce the risk of transmission of infection to other people.

5.1 Registered providers (excluding providers of 'personal care') should ensure that advice is received from staff involved in a service user's management. Registered providers should inform their IPC team and the local UKHSA health protection team (HPT) of any potential outbreaks or serious incidents relating to infection in a timely manner.

5.2 Governance arrangements should demonstrate that responsibility for IPC (including cleanliness) is effectively devolved to all teams in the organisation involved in care provision and or management of the environment.

5.3 In an adult social care service, primary care clinicians/GPs will provide the necessary initial advice when a service user develops infection. The primary care clinician/GP may wish to draw on local expertise in IPC, infection management and/or health protection.

## **Guidance for compliance with criterion 6: registered providers responsibility to health and social care workers and those in care settings (including contractors and volunteers)**

Systems to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection.

6.1 A registered provider should, so far as is reasonably practicable, ensure that its staff, contractors, visitors and others involved in the provision of care co-operate with each other so far as is necessary to enable the registered provider to meet its obligations under the code.

6.2 The registered provider should include IPC (including cleanliness) in all job descriptions. It should also be included, together with antimicrobial stewardship, in induction programmes, and a suitable and sufficient programme of continual training for IPC should be organised for all staff and volunteers. The content should reflect the post holder's role and level of responsibility and a record of all training should be kept.

6.3 Where staff undertake procedures, which require skills such as aseptic technique, staff must be trained and demonstrate proficiency before being allowed to undertake these procedures independently.

6.4 The registered provider should have systems in place to regularly assess the IPC (including cleanliness) skills and competencies of its directly employed staff

and volunteers and review and update its training programmes as required.

6.5 In meeting the above obligations, the registered provider must take into account the needs of staff and service users, and particularly those with learning disabilities, dementia, specific vulnerabilities or protected characteristics, to ensure working arrangements are equitable.

6.6 Education and training must be made available to all staff (including support staff, volunteers, agency/locum staff and staff employed by contractors). This should incorporate the principles and practice of prevention and control of infection and should explain the risk from existing, new and emerging infectious diseases. This information should also be taken into account when assessing service users, equipment and the environment.

## **Guidance for compliance with criterion 7: isolation facilities**

Provide or secure adequate isolation facilities.

7.1 Healthcare registered providers (excluding providers of 'personal care') delivering inpatient care should ensure that they are able to provide, or secure the provision of, adequate isolation precautions and facilities, to prevent or minimise the spread of infection to service users, staff or visitors. This may include facilities in a day care setting.

7.2 Social care settings may not have dedicated isolation facilities for service users but are expected to implement isolation precautions when a service user is suspected or known to have a transmissible infection.

7.3 Policies should be in place for the allocation of appropriate isolation facilities based on service user needs and local risk assessment. The assessment could include consideration of the need for special ventilated isolation facilities, management of appropriate PPE, bare below the elbows (BBE) protocols, waste management strategies, impact of social isolation assessments, and the monitoring of service users. Sufficient numbers of staff with suitable training should be available.

7.4 Registered providers of health and social care should ensure that they are able to provide or secure facilities to physically separate a service user from other service users in an appropriate manner, to minimise the spread of infection.

7.5 Health and social care providers should ensure they have dedicated service user equipment allocated to the isolation facilities, wherever possible. Where this is not feasible, an appropriate decontamination strategy must be in place.

## **Guidance for compliance with criterion 8: laboratory support**



Secure adequate access to laboratory support as appropriate.

8.1 A registered provider should ensure that laboratories that are used to provide testing services, in connection with arrangements for IPC, have appropriate protocols in place. These laboratories should operate according to the standards required by the relevant national accreditation bodies and associated regulatory frameworks.

In adult social care, the service user's GP will arrange such testing and take responsibility for submitting specimens to the laboratory when necessary for the diagnosis, treatment and management of disease.

8.2 Protocols should include:

- a laboratory policy for investigation and surveillance of antimicrobial resistance and healthcare associated infections
- standard laboratory operating procedures for the examination of specimens
- timely reporting to the person requesting and IPC team, if relevant, including escalation procedures
- selective reporting of antimicrobial susceptibility testing results to prioritise prescribing of narrow-spectrum antimicrobials and adherence to local treatment guidelines

## **Guidance for compliance with criterion 9: policies**

The service provider should have and adhere to policies designed for the individual's care, and provider organisations that will help to prevent and control infections.

NHSE organisations should adopt the National Infection Prevention and Control Manual (NIPCM) as their mandatory policy. Other organisations may also choose to adopt the NIPCM or equivalent guidance as a policy.

9.1 A registered provider should, in relation to preventing, reducing and controlling the risks of infections, have in place the appropriate policies concerning the matters mentioned in a) to y) below. All policy documents should be clearly marked, with the current version indicated by a review date, and evidence of a review within the timeframe.

9.2 A guide is given in table 3 as to which policies may be appropriate to regulated activities. A decision should be made locally following a risk assessment.

9.3 Any registered provider should have policies in place relevant to the regulated activity it provides. Each policy should indicate ownership, authorship and by whom the policy will be applied. Implementation of policies should be monitored and there should be evidence of a rolling programme of audit and a stated date for revision. See the listed policies below related to 9.3 and table 3.

## **a) Standard and transmission-based IPC and control precautions**

Preventing infections reduces the overall need to use antimicrobials and helps to reduce the opportunity for the development of antimicrobial resistance:

- policy should be based on evidence-based guidelines, including those on hand hygiene at the point of care, including bare below the elbow (BBE) protocols, and the use of personal protective equipment
- policy should be easily accessible and be understood by all groups of staff, service users and the public
- compliance with policy should be subject to a quality improvement programme as part of assurance monitoring
- provisions on regular refresher training, support for service users to clean their hands, and products for staff with occupational dermatitis are among the issues that should be covered in the hand-hygiene policy

## **b) Aseptic technique**

Where aseptic techniques are performed, it is important that:

- the principles of asepsis are followed
- clinical procedures are carried out in a manner that maintains and promotes the principles of asepsis
- education, training and assessment in the aseptic technique is available and provided prior to all persons undertaking such procedures
- the techniques are standardised across the organisation
- a quality improvement programme is undertaken to monitor compliance with the technique

## **c) Outbreaks of communicable infection**

Procedures to follow:

- the degree of detail in the policy should reflect local circumstances. A low risk, single-specialty facility or provider of primary care will not require the same arrangements as those providing the full range of medical and surgical care
- professional advice on IPC for regulated activities may be drawn from a number of expert sources. Table 2 outlines the most likely arrangements for the different regulated activities
- policies for outbreaks of communicable infection should include initial risk assessment, communication, management and organisation, plus investigation and control, including vaccination, where appropriate
- all registered providers should notify outbreaks of infection to their local UKHSA health protection team (HPT) as soon as possible to monitor local and national outbreaks and trends. This enables UKHSA HPTs to focus support for the organisation to manage the outbreak as appropriate, and to investigate and mitigate any risk to the wider population

- reporting should include information on outbreaks in service users who are detained under the Mental Health Act 1983, if advised to do so by suitably informed practitioners

#### **d) Isolation of service users with an infection (see also criterion 7)**

Procedures to follow:

- the isolation policy should be evidence-based and reflect a documented risk assessment (see criterion 7)
- indications for isolation should be included in the policy, as should procedures for the IPC, including cleanliness and control management of service users in isolation
- information on isolation should be easily accessible and understood by all groups of staff, service users and the public
- health and social care facilities (excluding providers of 'personal care') should support safe and effective isolation for all service users as appropriately and reasonably as possible

#### **e) Safe handling and disposal of 'sharps'**

Important considerations include:

- risk management training in relation to mucous membrane exposure and sharps injuries and incidents
- provision of sharps medical devices with protection mechanisms, where there are clear indications that they will provide safe systems of working for staff
- a policy that is easily accessible and understood by all groups of staff
- training in the safe use, secure storage and disposal of sharps
- auditing of policy compliance
- compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013
- all staff handling sharps should be trained in safe use management and disposal and what to do in the event of an injury

#### **f) Prevention of occupational exposure to blood-borne viruses (BBVs), including prevention of sharps injuries**

Measures to avoid exposure to BBVs (for example, hepatitis B, C and HIV) should include:

- immunisation against hepatitis B, as set out in 'Immunisation against infectious disease', better known as the 'Green Book'
- the correct wearing of gloves and other PPE
- the safe handling and disposal of sharps, including the provision of medical devices that incorporate sharps protection where there are clear indications that they will provide safe systems of working for staff

- measures to reduce risks during surgical procedures

### **g) Management of occupational exposure to BBVs and post-exposure prophylaxis**

Management should ensure that:

- any member of staff who has a significant occupational exposure to blood or body fluids is aware of the immediate action required and is referred appropriately for timely management and follow-up
- clear information is provided to staff about reporting potential occupational exposure – in particular the need for prompt action following a known or potential exposure to HIV or hepatitis B
- arrangements for post-exposure prophylaxis are in place for hepatitis B and HIV
- there is access to vaccination, where advised

Refer also to Regulation 19, Requirements relating to workers contained in CQC Guidance for providers on meeting the Regulations.

### **h) Closure of rooms, wards, departments and premises to new admissions**

Management should ensure that:

- a system is in place for the provision of advice from the HPT/DIPC/ICT for the registered provider
- there is clear criteria in relation to closures and re-opening, including clear communication internally and externally of escalation and de-escalation
- the policy addresses the need for environmental decontamination prior to reopening

### **i) Disinfection**

The use of disinfectants is a local decision and should be based on current evidence and accepted good practice.

### **j) Decontamination of reusable medical devices**

Decontamination involves a combination of processes and includes cleaning, disinfection and sterilisation, according to the intended use of the device. This aims to render a reusable item safe for further use on service users and for handling by staff.

Effective decontamination of reusable medical devices is an essential part of infection risk control and is of special importance when the device comes into contact with service users or their body fluids. There should be a system to protect service users and staff that minimises the risk of transmission of infection from medical devices. This requires that the device or instrument set can be clearly traced to the individual process cycle that was used to decontaminate it, such that the success of that cycle in rendering the device safe for reuse can be verified.

Reusable medical devices should be decontaminated in accordance with manufacturers' instructions and current national or local best practice guidance. This requires that the device should be clean and, where appropriate, sterilised at the end of the decontamination process and maintained in a clinically satisfactory condition up to the point of use.

Management systems should ensure adequate supplies of reusable medical devices, particularly where specific devices are essential to the continuity of care.

Reusable medical devices employed in invasive procedures, for example endoscopes and surgical instruments, have to be either individually identifiable or identified to a set of which they are a consistent component, throughout the use and decontamination cycle, to ensure subsequent traceability.

Systems should also be implemented to enable the identification of service users on whom the medical devices have been used.

Decontamination of single-patient use devices – that is, equipment designated for use only by one patient – should be subject to local policy and manufacturer's instructions

Refer also to Regulations 15, Premises and equipment and Regulation 12 on safe care and treatment contained in CQC Guidance for providers on meeting the Regulations.

### **k) Single-use medical devices**

Policies should be in place for handling devices for single use only. Single-use medical devices should be used once and disposed of safely.

### **l) Antimicrobial prescribing and stewardship**

Prescribing should generally be harmonised with that in the NICE infection guidelines and British National Formulary (BNF), based on local and national guidance for specific infections, such as gonorrhoea. However, locally approved guidelines may be required in certain circumstances.

Procedures should be in place to ensure prudent prescribing and antimicrobial stewardship. There should be an ongoing programme of audit, revision and update with feedback to management, prescribers and administrators. In healthcare settings this is usually monitored by the antimicrobial management team or local primary care medicine optimisation team. Antimicrobial pharmacists and integrated care board (ICB) pharmacy leads can support these activities

### **m) Reporting of infection to UKHSA or local authority and mandatory reporting of healthcare associated infection to UKHSA**

This includes a requirement for NHS Trust Chief Executives to report all cases of Meticillin resistant *Staphylococcus aureus* (MRSA), Meticillin sensitive *Staphylococcus aureus* (MSSA), *Escherichia coli*, *Klebsiella* species,

*Pseudomonas aeruginosa* bloodstream infections and respiratory infections, including COVID-19.

The Health Protection (Notification) Regulations 2010 and The Health Protection (Notifications) (Amendment) 2020 require:

- attending doctors (registered medical practitioners) to notify the proper officer of the local authority of cases of specified infectious disease or of other infectious disease or contamination, which present, or could present, significant harm to human health, to allow prompt investigation and response
- diagnostic laboratories testing human samples to notify UKHSA of the identification of specified causative agents of infectious disease

High consequence infectious diseases (HCID)

The policy should refer to the latest guidance from the Advisory Committee on Dangerous Pathogens (ACDP) and the Control of Substances Hazardous to Health Regulations 2002 and make provision for:

- appropriate staff to be trained in how to isolate and risk-assess service users at risk of HCID
- appropriate staff to be aware of the special measures to be taken for nursing HCID service users, and to be properly trained in the application of full isolation procedures and use and safe removal of PPE
- patient risk assessment and categorisation
- handling of patient specimens at the appropriate containment level and using the correct packaging and protocols depending on classification for transport
- follow-up of all staff in contact with the patient at every stage of care
- special measures for the handling and on-site treatment of all waste and laundry
- special measures for transporting service users with HCID

In cases of acquired carbapenemase-producing Gram-negative bacteria, including carbapenemase-producing Enterobacterales (CPE), the policy should make provision for:

- active patient admission screening of risk groups
- rapid detection of patients colonised or infected with CPE, with appropriate surveillance systems to enable ongoing monitoring
- consistent implementation of IPC practices and contact precautions
- minimisation of CPE reservoirs by effective environmental cleaning and decontamination
- antimicrobial stewardship programmes to minimise inappropriate use of broad-spectrum antibiotics, including carbapenems
- optimised laboratory methods to detect carbapenemase-producing Gram-negative bacteria, including Enterobacterales
- mandatory reporting to UKHSA's second generation surveillance system (SGSS), as well as results of any antimicrobial susceptibility test, and any

resistance mechanism for any of the causative agents listed in susceptibility test, and any resistance mechanism for any of the causative agents listed in schedule 2 of the [Health Protection \(Notifications\) Regulations 2010](https://www.legislation.gov.uk/uksi/2010/659/contents/made) (<https://www.legislation.gov.uk/uksi/2010/659/contents/made>)

- prompt recognition of outbreaks to enable effective management
- organisational ownership to support the implementation of the CPE framework of actions to contain carbapenemase-producing Enterobacterales

## **n) Control of outbreaks and infections associated with specific alert organisms/alert conditions**

This should take account of local epidemiology and risk assessment of the environment, infection and service. These infections must include, as a minimum, MRSA, MSSA, Escherichia coli, Klebsiella species and Pseudomonas aeruginosa bloodstream infections; respiratory infections, including COVID-19; high consequence infectious diseases (HCIDs), diarrhoea and/or vomiting outbreaks, Clostridioides difficile infection and transmissible spongiform encephalopathies. There should be evidence of learning from the investigation of outbreaks.

### **MRSA**

The policy should make provision for:

- screening of NHS service users on emergency or elective admission to relevant high-risk specialties. The arrangements for undertaking screening will be subject to local agreement
- suppression regimens for colonised service users, when appropriate
- isolation of infected or colonised service users
- transfer of infected or colonised service users within organisations or to other care facilities
- antibiotic prophylaxis for surgery
- undertaking a review of service users' treatment and care

### **Clostridioides difficile**

The policy should make provision for:

- surveillance of Clostridioides difficile infection
- diagnostic criteria
- isolation of infected service users and cohort nursing
- environmental decontamination
- antibiotic prescribing policies
- contraindication of anti-motility agents

### **Relevant policies for other specific alert organisms**

The specific alert organisms that follow may be relevant to any unit admitting or treating as out service users.

### **Control of tuberculosis, including multi-drug resistant tuberculosis**

The policy should make provision for:

- isolation of infectious service users
- transfer of infectious service users within care organisations or to other care facilities
- contact tracing
- treatment compliance

### **Respiratory viruses**

The policy should cover:

- alert system for suspected cases
- isolation criteria
- IPC and control measures for acute respiratory viruses, including influenza and COVID-19, should include immunisation to avoid exposure, as set out in 'Immunisation against infectious diseases', better known as the 'Green Book'

### **Diarrhoea and/or vomiting infections**

The policy should cover:

- isolation criteria
- IPC (including cleanliness) measures
- cleaning and disinfection policy

### **o) Creutzfeldt-Jakob disease (CJD/vCJD)**

Advice on the handling of instruments and devices in procedures on service users with known or suspected CJD/vCJD, or at increased risk of CJD/vCJD, including disposal/quarantine procedures, is provided in guidance from the ACDP Transmissible spongiform encephalopathies (TSE) working group.

Refer also to Regulation 15, Premises and equipment and Regulation 12 on safe care and treatment contained in CQC Guidance for providers on meeting the Regulations.

### **p) Safe handling and disposal of waste**

The risks from waste disposal should be properly controlled. In practice, in relation to waste, this involves:

- assessing risk, classifying and correctly segregating the waste in line with national guidance and legal requirements
- developing appropriate policies
- putting arrangements in place to manage risks
- monitoring, auditing and reviewing the way in which arrangements work
- being aware of statutory requirements, legislative change and managing compliance



Precautions in connection with handling waste should include:

- training and information (including definition and classification of waste)
- personal hygiene
- segregation and storage of waste
- the use of appropriate PPE
- immunisation
- appropriate procedures for handling such waste
- appropriate packaging and labelling
- suitable transport on-site and off-site
- clear procedures for dealing with accidents, incidents and spillages
- appropriate treatment and disposal of such waste accompanied by the correct documentation

Systems should be in place to ensure that the risks to service users and staff from exposure to infections caused by waste present in the environment are properly managed, and that duties under environmental law are discharged. The most important of these are:

- duty of care in the management of waste
- duty to control polluting emissions to the air
- duty to control discharges to sewers
- obligations of waste managers
- collection of data and obligations to complete and retain documentation, including record keeping
- requirement to provide contingency plans and have emergency procedures in place

Refer also to Regulation 15, Premises and equipment contained in CQC Guidance for providers on meeting the Regulations.

### **q) Packaging, handling and delivery of laboratory specimens**

Biological samples, cultures and other materials should be transported in a manner that ensures that they do not leak in transit and are compliant with current legislation. Staff who handle samples must be aware of the need to correctly identify, label and store samples prior to forwarding to laboratories. In addition, they must be aware of the procedures needed when the container or packaging becomes soiled with body fluids.

### **r) Care of deceased persons**

Appropriate procedures should include:

- risk assessment of potential hazards
- the provision of appropriate facilities and accommodation

- safe working practices
- arrangements for all visitors
- information, instruction, training and supervision
- health surveillance and immunisation (where appropriate)

### **s) Insertion, use and care of invasive devices, including urinary catheters**

Policy should be based on evidence-based guidelines and should be easily accessible by all relevant care workers. Compliance with policy should be audited.

Information on policy should be included in IPC training programmes for all relevant staff groups.

Refer also to Regulation 15, Premises and equipment and Regulation 12 on safe care and treatment contained in CQC Guidance for providers on meeting the Regulations.

### **t) Purchase, cleaning, decontamination, maintenance and disposal of equipment**

Policies for the purchase, cleaning, decontamination, maintenance and disposal of all equipment should take into account IPC advice that is given by relevant experts, manufacturers of equipment and advisory bodies.

### **u) Surveillance and data collection**

For all appropriate health and social care settings, there should be evidence of local surveillance and use of comparative data, where available, to monitor infection rates, antimicrobial resistance and antimicrobial consumption, and to assess the risks of infection. This evidence should include data on alert organisms and other infections, where appropriate, alert conditions and wound infection per clinical unit or specialty.

When appropriate or where they exist, recognised definitions should be used.

Electronic reporting to UKHSA is recommended where the appropriate information technology is in place as set out in the Health Protection (Notification) Regulations 2010 to enable monitoring of outbreaks and trends at local, regional and national level.

There should also be timely feedback to clinical units, with a record of achievements and actions taken as a result of surveillance. Post-discharge surveillance of surgical site infection should be considered and, where practicable, should be implemented.

### **v) Dissemination of information**

There should be a local protocol across the health and social care systems on information-sharing when referring, admitting, transferring, discharging and moving service users within and between health and adult social care facilities.

This is to facilitate surveillance and optimal management of infections in the wider community. Guidance on data protection legislation also needs to be observed.

Refer also to Regulation 9, Person-centred care contained in CQC Guidance for providers on meeting the Regulations.

### **w) Isolation facilities**

There should be a policy concerning the appropriate provision and maintenance of isolation facilities.

This should address:

- potential sources of infection
- ventilation systems
- the types of isolation facility needed for different infections
- the use of protective measures and equipment
- the management of outbreaks

### **x) Uniform and dress code**

Uniform and workwear policies ensure that clothing worn by staff when carrying out their duties is clean and fit for purpose.

Particular consideration should be given to items of attire that may inadvertently come into contact with the person being cared for.

Uniform and dress code policies should specifically support good hand hygiene.

### **y) Immunisation of service users**

Registered providers should ensure that:

- policies and procedures are in place with regard to the occupational health support and immunisation status of service users, so that there is a record of all immunisations given; also refer to criterion 10
- the immunisation status and eligibility for immunisation of service users are regularly reviewed in line with 'Immunisation against infectious disease' (the 'Green Book') and other guidance from UKHSA
- following a review of the record of immunisations, all service users are offered further immunisation as needed, according to the national schedule

## **Guidance for compliance with criterion 10: occupational health**

The registered provider will have a system or process in place to manage health and care worker health and wellbeing and organisational obligation to

Providers have a policy that describes the process in place to manage health and care worker health and wellbeing and obligations in relation to IPC (including cleanliness), control and management.

10.1 Registered providers should note that this criterion also covers health and care worker education and training in policies and procedures to reduce the risk of occupational infection.

They should ensure that:

- all staff can access occupational health services or access occupational health advice either through their employee service provider or via their registered primary care clinician
- occupational health policies on the prevention and management of communicable disease in health and care workers are in place, to reduce risks of infections for both health and care workers and in service users
- decisions on offering immunisation should be made on national guidance and/or on the basis of a local risk assessment as described in 'Immunisation against infectious disease' (the 'Green Book')
- employers should make vaccines available free of charge to employees if national guidance or a risk assessment indicates risk of exposure to biological agents. Where effective vaccines exist, provision should be made to determine whether an employee is already immunised and immunisation should be offered to those not already immunised (Control of Substances Hazardous to Health (COSHH) Regulations 2002)
- there is an up-to-date record of relevant immunisation status. Such records should be kept, as part of confidential staff occupational health records, including where vaccination has been offered and refused
- the principles and practice of prevention of infection are included in induction and training programmes for new and existing staff, including occupational exposure to infections, such as sharps injury and appropriate respiratory protective equipment, for example FIT testing
- there is a record of IPC training and updates commensurate to aim and outcomes of the Clinical Skills Framework and aligned to [Skills for Health \(https://www.skillsforhealth.org.uk/\)](https://www.skillsforhealth.org.uk/) and [Skills for Care \(https://www.skillsforcare.org.uk/\)](https://www.skillsforcare.org.uk/)
- the responsibilities of each member of staff for IPC are clear and unambiguous

10.2 Occupational health services for staff should include:

- risk-based screening for communicable diseases, and assessment of immunity to infection should be part of the recruitment process offer of relevant immunisations
- arrangements for regularly reviewing the immunisation status of health and social care workers and providing vaccinations to staff as necessary in line with

'Immunisation against infectious disease' (the 'Green Book') and other guidance from UKHSA

10.3 Occupational health services in respect of BBVs should include:

- having arrangements for identifying and managing health and social care staff infected or potentially infected with hepatitis B or C or HIV and advising about fitness for work and monitoring as necessary
- liaising with the UK Advisory Panel for Healthcare Workers Infected with Bloodborne Viruses when advice is needed on procedures that may be carried out by BBV-infected health and social care workers, or when advice on patient tracing, notification and offer of BBV testing may be needed
- a timely risk assessment and appropriate referral after accidental occupational exposure to blood and body fluids
- management of occupational exposure to infection, which may include provision for emergency and out-of-hours treatment, possibly in conjunction with accident and emergency services and on-call IPC specialists
- this should include a specific risk assessment following a blood exposure incident

10.4 Occupational health services in respect of respiratory viruses should include arrangements for provision of seasonal vaccines, such as influenza vaccination and COVID-19, for health and social care workers where advised and consideration for emerging viruses.

Refer also to Regulation 19, Fit and proper persons employed contained in CQC Guidance for providers on meeting the Regulations.

## 4. Guidance tables

Guidance tables can be found in a separate document - [Guidance tables for H&SCA code of practice on IPC \(/government/publications/the-health-and-social-care-act-2008-code-of-practice-on-the-prevention-and-control-of-infections-and-related-guidance\)](https://www.gov.uk/government/publications/the-health-and-social-care-act-2008-code-of-practice-on-the-prevention-and-control-of-infections-and-related-guidance). These tables are designed to help registered providers, the DIPC (NHS provider organisations) and service providers (adult social care, primary care dental and primary care medical and independent healthcare providers, independent sector ambulance providers) decide how the code and related guidance applies to the regulated activities and type of service they provide.

Further guidance on the activities that are covered by regulations are available on the [Care Quality Commission website \(http://www.cqc.org.uk\)](http://www.cqc.org.uk).

Because of the wide range of services provided in health and adult social care, service providers should carry out their own risk assessments to help them decide the elements to be included in their policies or whether or not a policy is required at all.

They will need to be able to justify their decisions.

# Appendix A: examples of interpretation for adult social care

It is essential to read the following examples alongside the guidance under each criterion in part 3 and not just selective parts.

The examples demonstrate how a proportionate approach to the guidance could apply in certain types of adult social care services. They are examples only and registered providers and the designated IPC person should carry out their own risk assessments to help them decide which parts of the criteria apply to their particular service.

Registered providers and designated IPC (including cleanliness) person(s) should make sure that they can provide evidence to support any decision to follow these examples or any other alternative approaches to the full guidance.

## Guidance for compliance with criterion 1

Systems to manage and monitor the prevention and control of infection. These systems use risk assessments and consider the susceptibility of service users and any risks that their environment and other users may pose to them.

In a small service providing personal care or accommodation with personal care, the below apply.

Someone with appropriate knowledge and skills will become the designated IPC lead and take responsibility for IPC (including cleanliness) and relevant antimicrobial stewardship principles. This could be the registered provider, registered manager or another member of staff.

IPC (including cleanliness) programmes and infrastructures will not need to be as complex as in a larger adult social care or health setting. As a minimum the IPC measures should include:

- policies, procedures and guidance, and information on how they will be kept up to date and monitored to make sure they are effective and followed
- initial and ongoing training that staff will receive
- a record of the names and contact details of health practitioners who can provide advice. GPs, local IPC team, local UKHSA HPT and the local authority public health team are likely to be key contacts in the infrastructure
- guidance for staff about the type of circumstances in which contact should be made

The annual statement, for anyone who wishes to see it, including service users and regulatory authorities, will not need to be as detailed as one prepared for a health setting. The service provider will ensure their annual statement for each facility provides a short review of any:

- known outbreaks of infection
- audits undertaken and subsequent actions
- action taken following an outbreak of infection
- risk assessments undertaken for prevention and control of infection
- education and training received by staff
- review and update of policies, procedures and guidance

Refer to the corresponding item in part 3 of this document.

## Guidance for compliance with criterion 2

Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections.

Domiciliary care services and extra care that provide support in people's own homes will not be expected to comply with this criterion. Care homes aim to provide a place where people feel at home and the arrangements to keep the environment clean must take this into account. All cleaning routines must respect the fact that in care homes a service user's bedroom and other shared areas may have furniture and other possessions that belong to that individual.

In some care homes, the specific aim will be to support service users to be independent and to have choice and control over their daily life, including decisions about the environment in which they live.

In a service where people have a learning disability, for example, but are generally well, they will be supported to develop independent living skills. In such cases, the following points apply:

- detailed cleaning schedules are not necessary. Cleaning responsibilities and routines should form part of the individual plan of care
- there may be a plan for cleaning communal areas that describes service user responsibilities for cleaning
- staff should carry out ongoing assessment of the standard of cleanliness and support residents if cleanliness falls short of an acceptable minimum
- it is unlikely that the policy on the environment will need to cover all the points set out in the main guidance
- the decontamination policy is effectively a policy on how to clean all areas of the environment, fixtures and fittings (and medical devices if used) and what products to use. It will not need to be as complex as one in a healthcare setting. For example, in a care home or where care is provided in their own home, where service users are responsible for cleaning their own rooms as an element of independent living, this does not need to be included

The policy should cover:

- how to clean the different areas of the environment, fixtures, fittings and specialist equipment (for example, a hoist)
- what products and equipment to use when cleaning
- what to do and what products to use if there is a spillage of blood or body fluids
- what training staff need to implement the policy

Refer to the corresponding item in part 3 of this document.

## **Guidance for compliance with criterion 3**

Ensure appropriate antimicrobial use and stewardship to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance.

Health and social care staff must know how to recognise the signs of infection, including atypical presentations, and know how to seek prompt medical advice so that diagnostic tests and antimicrobial therapy (if required) can be used optimally.

For social care services providing personal care, providers should keep accurate records of antimicrobial prescriptions, including allergies, dose, duration and reason for treatment.

Access to microbiological services and responsibility for stewardship activities rests with the service users' GP. However, providers should engage collaboratively across the local health and social care system to improve antimicrobial use and stewardship, as appropriate. Examples could include engaging with local projects on urinary tract infections, sepsis or audits of antimicrobial use usage.

Refer to the corresponding item in part 3 of this document.

## **Guidance for compliance with criterion 4**

Provide suitable accurate information on infections to service users, their visitors and any person concerned with providing further social care support or nursing/medical care in a timely fashion.

Domiciliary care services that provide support in people's own homes will not need to have the full range of information suggested to meet this criterion. However, they should provide information about their approach to prevention of infection, staff roles and responsibilities, and whom people should contact concerns about prevention and control of infection.

Where they provide personal care to a group of service users in a supported living service or sheltered housing complex and take an active role in liaising with or contacting healthcare professionals on behalf of service users then the full criterion



will apply. However, it may not be necessary to provide the level of detail that a healthcare setting would need.

For adult social care services providing residential care, all the information suggested in the guidance should be included. However, it may not be necessary to provide the level of detail that a healthcare setting would need.

Refer to the corresponding item in part 3 of this document.

## **Guidance for compliance with criterion 5**

Ensure that people who have or at risk of developing an infection are identified promptly and receive the appropriate treatment and care to reduce the risk of transmission of infection to other people.

In an adult social care service, the primary care practitioner will provide the necessary initial advice when a service user develops an infection and may wish to draw on local professional expertise in IPC or health protection. Refer to the corresponding item in part 3 of this document.

## **Guidance for compliance with criterion 6**

Systems to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection.

Refer to the corresponding item in part 3 of this document.

## **Guidance for compliance with criterion 7**

Provide or secure adequate isolation facilities.

Care homes do not need to have dedicated isolation facilities. If isolation is needed, a service user's own room can be used. Ideally the room should be a single bedroom with en-suite facilities.

Refer to the corresponding item in part 3 of this document.

## **Guidance for compliance with criterion 8**

Secure adequate access to laboratory support as appropriate.

The registered GP will take responsibility for sending off any necessary routine samples to the laboratory. Adult social care services should ensure they know how to recognise infections and report these promptly to the GP or other appropriate health professional.

Refer to the corresponding item in part 3 of this document.

## **Guidance for compliance with criterion 9**

The registered provider has and adheres to policies designed for the individual's care, and provider organisations that will help to prevent and control infections.

Providers must have IPC policies in place.

Providers can use table 3 and their own risk assessments to help them decide how the remaining policy areas might apply to their services.

Refer to the corresponding item in part 3 of this document.

## **Guidance for compliance with criterion 10**

The registered providers will have a system or process in place to manage staff health and wellbeing and organisational obligation to manage infection, prevention and control.

Providers have a system in place to manage the occupational health needs and obligations to staff in relation to infection.

Small adult social care services that are not part of a large organisational structure may not have access to occupational health services. Service providers should ensure that they are able to get advice when needed, for example through their insurance company, a GP or an occupational health agency.

The registered provider should ensure that all staff complete a confidential health assessment after a conditional offer of employment and give information about residence overseas, previous and current illness and immunisation against relevant infections.

Policies for screening of staff should include:

- health screenings for communicable diseases
- how exposure to infections will be managed
- risk assessment of the need for immunisations, for example influenza vaccination, hepatitis B and COVID-19
- the responsibilities of staff to report episodes of illness

- the circumstances under which staff may need to be excluded from work

## Induction

All health and social care workers new in post are expected to complete competency training, for example undertake 'the care certificate' as part of their induction. More information on the care certificate is included in the bibliography.

## Ongoing training

There are a range of knowledge and competence units for adult social care workers that can be taken as part of the diplomas for occupational competence.

There are 3 level 2 knowledge units that cover IPC, the spread of infection and cleaning, decontamination and waste management. There are 3 competence units at levels 2, 3 and 5 that support the development of skills in managing IPC (including cleanliness) in the workplace.

Details of these training units are included in the bibliography.

A record should be kept by the registered manager of all staff induction and ongoing training.

Refer to the corresponding item in part 3 of this document.

# Appendix B: examples of interpretation for primary care dental practices

It is essential to read the following examples alongside the guidance under each criterion in part 3 and not just selective parts.

The examples demonstrate how a proportionate approach to the guidance could apply in primary care dental practices. They are examples only and registered providers and IPC will be expected to provide evidence to support any decision to implement these examples or any other alternative approaches to implementation of the full guidance.

Criterion 2 of the code describes the requirement to provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections. This includes a specific requirement for effective arrangements for the appropriate decontamination of instruments and other equipment.

The Health Technical Memorandum (HTM) 01-05 is designed to assist all registered primary dental care services in meeting satisfactory levels of decontamination. The code has taken due note of HTM 01-05 and does not impose any additional burdens on decontamination. See the [decontamination self-assessment dental audit tool \(https://www.england.nhs.uk/publication/decontamination-in-primary-care-dental-practices-htm-01-05/\)](https://www.england.nhs.uk/publication/decontamination-in-primary-care-dental-practices-htm-01-05/).

However, whilst HTM 01-05 describes essential quality requirements and provides guidance around decontamination, it is important to recognise that in the same way, the related guidance set out in this code of practice document provides guidance around the wider aspects of IPC (including cleanliness).

## Guidance for compliance with criterion 1

Systems to manage and monitor the prevention and control of infection. These systems use risk assessments and consider the susceptibility of service users and any risks that their environment and other users may pose to them.

A designated person with appropriate knowledge and skills will take responsibility for IPC (including cleanliness) and control in the practice (the designated IPC person). This could be the registered provider, registered manager or another member of staff. The IPC lead is responsible for the development and implementation of the IPC and control and cleanliness programme for the practice. The programme should be in line with national guidance, such as the NIPCM.

Practices should consider how:

- practice IPC policies, procedures and guidance are developed and implemented
- IPC policies, procedures and guidance will be kept up to date and monitored for compliance
- initial and ongoing training to staff is delivered, updated and recorded

The practice should have a clear route for advice on IPC that will be included as part of their IPC policy. This might include recording information on how to contact key contacts, such as:

- IPC leads within NHS England/ICBs
- occupational health services
- consultants in dental public health
- NHS England dental clinical advisers
- GPs
- IPC leads within the ICBs
- public health teams within UKHSA and the local authority

There should be guidance for staff about the type of circumstances in which contact should be made and how to identify which contact in the system is best able to help with the issue faced by the practice.

An annual IPC statement should be prepared and kept on record for anyone who wishes to see it, including service users and regulatory authorities. The content of might include a short review of any:

- significant IPC events and the learning from them
- actions arising from the above

- audits undertaken and subsequent actions
- risk assessments undertaken for prevention and control of infection
- induction and training received by staff
- reviews and updates of policies, procedures and guidance

Refer to the corresponding item in part 3 of this document.

## Guidance for compliance with criterion 2

Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections.

Practices should take account of the guidance issued by DHSC, UKHSA and NIPCM. Please refer to HTM 01-05 for further information on decontamination.

There should be a designated lead for cleaning and decontamination of the environment and equipment, who may be the same person as the lead for IPC, and who can access appropriate expert advice.

Refer to the corresponding item in part 3 of this document.

## Guidance for compliance with criterion 3

Ensure appropriate antimicrobial use and stewardship to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance.

Systems should be in place to manage and monitor the use of antimicrobials to ensure inappropriate use is minimised including having a designated AMS lead. These systems can draw on national and local guidelines, and monitoring and audit tools that focus on antimicrobial prescribing in dentistry available and/or signposted to in the [national dental antimicrobial stewardship toolkit](https://www.gov.uk/guidance/dental-antimicrobial-stewardship-toolkit) (<https://www.gov.uk/guidance/dental-antimicrobial-stewardship-toolkit>).

All members of the dental team should maintain their knowledge of the management of dental pain and infections and the principles of antimicrobial stewardship.

Refer to the corresponding item in part 3 of this document.

## Guidance for compliance with criterion 4

Provide suitable accurate information on infections to service users, their visitors and any person concerned with providing further social care support or

nursing/medical care in a timely fashion.

Primary dental care practices may not need to supply the full range of information suggested. However, they should have information available about their approach to IPC staff roles and responsibilities, and which people they should contact if they have concerns about IPC.

It is unlikely that primary dental care practitioners will be required to provide this information except when referring service users to specialist services. In situations where service users require transfer to specialist services, staff should know how and under what circumstances information about a user's infection status can be shared, and how to ensure that the information they share complies with the legislation on the safe handling of information.

Refer to the corresponding item in part 3 of this document.

## **Guidance for compliance with criterion 5**

Ensure that people who have or are at risk of developing an infection are identified promptly and receive the appropriate treatment and care to reduce the risk of transmission of infection to other people.

Dental practitioners should regularly obtain a medical history, which may assist in identifying some risk factors for infection. IPC precautions should be applied to the management of all service users, in line with national guidance.

Practices can use risk assessment processes to identify staff who may be at higher risk of transmitting or developing an infection. The practice should also have systems in place to manage the identified risk in its staff members.

Refer to the corresponding item in part 3 of this document.

## **Guidance for compliance with criterion 6**

Systems to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection.

The registered provider must ensure that every person working in the dental practice, including agency staff, contractors and volunteers, understand and comply with IPC measures.

Refer to the corresponding item in part 3 of this document.

## **Guidance for compliance with criterion 7**

Provide or secure adequate isolation facilities.

Primary dental care facilities do not require dedicated isolation facilities.

Refer to the corresponding item in part 3 of this document.

## **Guidance for compliance with criterion 8**

Secure adequate access to laboratory support as appropriate.

This refers to laboratory support for diagnosis or surveillance of infection. Primary care dental practices are not required to have routine access to microbiology laboratory services.

Refer to the corresponding item in part 3 of this document.

## **Guidance for compliance with criterion 9**

The registered provider has and adheres to policies designed for the individual's care, and provider organisations that will help to prevent and control infections. Providers must have IPC policies in place.

Providers can use table 3 and their own risk assessments to help them decide how the remaining policy areas might apply to their services.

Refer to the corresponding item in part 3 of this document.

## **Guidance for compliance with criterion 10**

The service providers will have a system or process in place to manage the staff health and wellbeing and organisational obligation to manage infection, prevention and control.

Staff should have access to appropriate occupational health advice. Policies for the protection of staff can include for example:

- risk assessment of need for immunisation, in particular hepatitis B and COVID-19 immunisation
- health screening for communicable disease, including tuberculosis and where appropriate, blood borne virus (BBV) screening for those undertaking exposure prone procedures
- use of personal protective equipment (PPE), including staff training in the safe use and disposal of PPE

- post-exposure management, for example for inoculation injuries
- circumstances under which staff may need to be excluded from work or have their duties modified

Refer to the corresponding item in Part 3 of this document.

## **Appendix C: examples of interpretation for primary medical care**

It is essential to read the following examples alongside the guidance under each criterion in part 3 and not just selective parts.

The examples demonstrate how a proportionate approach to the guidance could apply in primary medical care practices. They are examples only and registered providers and IPC (including cleanliness) leads should carry out their own risk assessments to help them decide which parts of the criteria apply to their particular service.

Registered providers and IPC (including cleanliness) leads will make sure that they can provide evidence to support any decision to follow these examples or any other alternative approaches to the full guidance.

### **Guidance for compliance with criterion 1**

Systems to manage and monitor the prevention and control of infection. These systems use risk assessments and consider the susceptibility of service users and any risks that their environment and other users may pose to them.

A designated person with appropriate knowledge and skills will take responsibility for IPC in the practice. This could be the registered provider, registered manager or another member of staff.

IPC programmes, assurance framework and infrastructures will not need to be as complex as in larger health or adult social care settings. It is not envisaged that there should be a DIPC in most primary medical care settings. The IPC programme should say as a minimum what:

- IPC measures are needed in the practice
- policies, procedures and guidance are needed and how they will be kept up to date and monitored for compliance
- initial and ongoing training staff will receive, where appropriate

The provider should have a record of the names and contact details of health practitioners who can provide advice. GP colleagues for the provider, local UKHSA health protection team, ICBs, NHS and the local authority are likely to be key contacts. There should be guidance for staff about the type of circumstances in which contact should be made.



An annual statement, for anyone who wishes to see it, including service users and regulatory authorities, should be prepared by the designated IPC individual for each registered provider. This should provide a short review of any:

- known infection transmission event and actions arising from this
- audits undertaken, as part of a quality improvement programme, and subsequent actions implemented
- risk assessments undertaken and any actions taken and recorded for prevention and control of infection
- education and training received by staff
- review and update of policies, procedures and guidance
- antimicrobial prescribing and stewardship

Refer to the corresponding item in part 3 of this document.

## **Guidance for compliance with criterion 2**

Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections.

There should be a designated lead for cleaning and decontamination of the environment, who may be the same person as the lead for IPC and who can access appropriate expert advice.

The furnishing of premises should take account of national guidance, and rooms with specialist functions, for example minor surgery, should be adapted accordingly following a risk assessment. Clinical procedures, planned examination of wounds and potential infected sites should be carried out in a designated setting designed for the purpose, for example a treatment room.

The environmental cleaning and decontamination policy should specify how to clean all areas, fixtures and fittings, and specify what products to use. In those practices that perform invasive procedures, including minor surgery and acupuncture, a policy must be in place for the appropriate decontamination of the rooms used for those procedures. There should be a cleaning schedule, covering communal areas, consultation rooms, treatment areas and specialist surgical or other areas.

Refer to the corresponding item in part 3 of this document.

## **Guidance for compliance with criterion 3**

Ensure appropriate antimicrobial use and stewardship to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance.

Primary medical care practitioner prescribing accounts for 80% of NHS antibiotic use and this antibiotic use must be both necessary and appropriate. Antibiotics should not be prescribed or supplied for viral infections.

Antimicrobial prescribing should follow local policies and national guidance such as NICE managing common infections, guidance for primary care and TARGET antibiotics toolkit. Evidence to demonstrate adoption and adherence to policies and guidelines should be available to commissioners.

Prescribers should have access to advice on antibiotic use from medicines optimisation teams and microbiologists, and used when required.

Primary care practices should participate in local and national activities designed to support antimicrobial stewardship, such as backup or delayed antibiotic prescribing, and national antibiotic awareness campaigns.

Refer to the corresponding item in part 3 of this document.

## **Guidance for compliance with criterion 4**

Provide suitable accurate information on infections to service users, their visitors and any person concerned with providing further social care support or nursing/ medical care in a timely fashion.

Primary medical care practices should make information available about their approach to prevention and control of infection, staff roles and responsibilities, and who people should contact where there are concerns about prevention and control of infection. They should also make available up-to-date information on current infection issues, for example influenza, COVID-19 and circulating infections.

Practices may wish to involve or seek advice from their patient groups on the material they are using and how it is disseminated. Practices may wish to display their policies and information on their website or other websites, where appropriate.

Primary medical care practitioners are key providers of information to other health and adult social care providers and to public health authorities, both concerning individual users and community outbreaks. Appropriate information should be held in the practice patient summary record.

The registered provider may share information with other health and adult social care providers as appropriate, paying attention to service users' confidentiality. This could include circumstances where:

- a service user is referred or admitted to a hospital, adult social care or mental health facility
- a service user is scheduled for an invasive procedure
- a service user is transported in an ambulance
- there is an outbreak or suspected outbreak amongst service users

Refer to the corresponding item in part 3 of this document.

## **Guidance for compliance with criterion 5**

Ensure that people who have or are at risk of developing an infection are identified promptly and receive the appropriate treatment and care to reduce the risk of transmission of infection to other people.

The primary medical care practitioner will provide initial advice and treatment when a service user under their care develops an infection, and will assess any potential communicable disease control issues. In most cases further action will not be needed.

If required, the primary medical care practitioner may consult with the designated source of specialist infection control advice and/or the local health protection team or refer to more specialist care. This may be applicable, for example, in cases of smear-positive pulmonary tuberculosis, highly transmissible diseases such as chickenpox or norovirus, or suspected outbreaks.

Refer to the corresponding item in part 3 of this document.

## **Guidance for compliance with criterion 6**

Systems to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection.

The registered provider must ensure that every person working in the practice, including agency staff, locum staff, support staff, external contractors and volunteers, understand and comply with the need to prevent and control infections, including those associated with invasive devices.

Refer to the corresponding item in part 3 of this document.

## **Guidance for compliance with criterion 7**

Provide or secure adequate isolation facilities.

Primary medical care facilities do not require dedicated isolation treatment rooms but are expected to implement reasonable precautions when a service user is suspected or known to have a transmissible infection.

Refer to the corresponding item in part 3 of this document.

## Guidance for compliance with criterion 8

Secure adequate access to laboratory support as appropriate.

Primary care practices should have access to a diagnostic microbiology and virology laboratory service, which operates according to the requirements of the relevant national accreditation bodies for the investigation and management of disease. This may be from an NHS acute trust or from an alternative provider. For the NHS, this will be provided through local commissioning arrangements; non-NHS GPs will need to make appropriate arrangements.

Refer to the corresponding item in part 3 of this document.

## Guidance for compliance with criterion 9

The registered provider should have and adhere to policies, designed for the individual's care and provider organisations that will help to prevent and control infections.

Providers can use table 3 and their own risk assessments to help them decide how the remaining policy areas might apply to their services.

Refer to the corresponding item in part 3 of this document.

## Guidance for compliance with criterion 10

The registered providers will have a system or process in place to manage the staff health and wellbeing and organisational obligation to manage infection, prevention and control.

Risk assessments of need should be carried out for immunisation, in particular hepatitis B and COVID-19.

Access to an occupational health service should be available.

Refer to the corresponding item in part 3 of this document.

## Appendix D: definitions

Term	Definition
Acute hospital	Healthcare provided within a hospital setting

Term	Definition
Adult social care	Social care includes all forms of personal care and other practical assistance provided for individuals who by reason of age, illness disability, pregnancy, childbirth, dependence on alcohol or drugs or any other similar circumstances are in need of such care or other assistance. For the purposes of the CQC, it only includes care provided for, or mainly for, adults in England
Advocate	An advocate is someone who speaks on behalf of another; or it can have special meaning derived from the Mental Health Act 1983 (amended 2007) and Mental Capacity Act 2005 and Care Act 2014. There are formal and informal advocates, and these can be: individuals acting informally (carers, relatives, partners, neighbours or friends, staff); those prescribed by legislation, such as independent mental health advocates and independent mental capacity advocates; or those provided by schemes run by local authorities, the NHS and charities.
Alert organism	Alert organism surveillance is used widely to detect and prevent outbreaks of infection. These organisms are reported to IPC teams on a regular basis to identify possible or potential outbreaks of infections. The organisms that are surveyed will depend on local or national epidemiology. Examples of alert organisms may include Acinetobacter and group A streptococcus.
Antimicrobials	Antimicrobials are substances that are used in the prevention or treatment of infection caused by bacteria (antibiotics), fungi (antifungals), parasites (antiparasitics) or viruses (antivirals).
Antimicrobial resistance (AMR)	Resistance of a microorganism to an antimicrobial drug that was originally effective for treatment of infections caused by it.
Antimicrobial stewardship (AMS)	Antimicrobial stewardship is defined as ‘an organisational or healthcare-system-wide approach to promoting and monitoring judicious use of antimicrobials to preserve their future effectiveness’. It includes promoting optimal diagnosis of infection, drug choice, regimen, dose, duration and administration route. The aim of AMS is for optimal clinical outcome and to limit selection of resistant strains. This is a key component of

<b>Term</b>	<b>Definition</b>
	a multi-faceted approach to preventing antimicrobial resistance.
Aseptic technique	Used to describe clinical procedures that have been developed to reduce the opportunity for contamination of wounds, susceptible body sites and invasive devices.
Assurance framework	A system for informing third parties that a process of due diligence is in place to assure safety and quality exists within that setting.
Audit	An audit is part of a quality improvement process that seeks to improve service user care and outcomes by carrying out a systematic review and implementing change.
Blood-borne viruses (BBVs)	Organisms such as hepatitis B, hepatitis C and HIV that are potentially transmissible in the occupational setting via percutaneous (sharp) or mucocutaneous (mucous membrane/broken skin) routes.
Cohort nursing	The physical separation of service users with the same infection or those displaying similar signs and symptoms of infection in a designated area.
Colonisation	Where an organism is present on or within a person's body but without signs or symptoms of disease.
Care Quality Commission (CQC)	The independent regulator of health and social care in England.
Decontamination	The combination of processes (including cleaning, disinfection and sterilisation) used to make a reusable item safe for further use on service users and for handling by staff.
Decontamination lead	The senior member of staff with responsibility for managing all aspects of decontamination. It is expected that this officer will report directly to the chief executive or registered provider.
Director of IPC (DIPC)	An individual with overall responsibility for IPC and accountable to the registered provider in NHS provider organisations.
Disinfection	A process used to reduce the number of viable infectious agents, but which may not necessarily

Term	Definition
	inactivate some microbial agents, such as certain viruses and bacterial spores.
Domiciliary care	Homecare that helps people cope with disability or illness and allows them to maintain independence.
Drug-bug combination	Measures the susceptibility of specific bacteria to key antibiotics to monitor levels of antimicrobial resistance.
Dynamic risk assessment	A dynamic risk assessment accounts for risk in a live environment that has factors that may not have been possible to account for in a standard risk assessment. A dynamic risk assessment allows staff to go further and be prepared to assess developing situations as they arise. The purpose of dynamic risk assessments is to enable workers to quickly assess a situation and take steps to keep themselves and others safe, if necessary.
Exposure prone procedure	Exposure prone procedures are those invasive procedures where there is a risk that injury to the worker may result in the exposure of the patient's open tissues to the blood of the worker.
Health and safety executive (HSE)	The health and safety executive (HSE) is Britain's national regulator for workplace health and safety.
Health and social care worker	Any person whose normal duties involves the provision of care, diagnosis, treatment, accommodation or related services to service users and who has access to service users in the normal course of their work. This includes volunteers.
Health and Social Care Act 2008	The legislation that established the CQC and lays out the framework for its powers and responsibilities.
Health and Care Act 2022	Legislation to make it easier for health and care organisations to deliver joined-up care for people who rely on multiple services.
Health protection team (HPT)	Provides specialist local support to prevent and reduce the impact of infectious diseases, chemical and radiation hazards and major emergencies. Part of UK Health Security Agency (UKHSA).
Healthwatch England	Independent consumer champion that gathers and represents the public's views on health and social care

<b>Term</b>	<b>Definition</b>
	services in England.
Hierarchy of controls	A way of determining which actions will best control exposures. The hierarchy of controls has 5 levels of actions to reduce or remove hazards (HSE definition).
Infection	Where the body is invaded by a harmful organism (pathogen) which causes disease or illness.
Integrated care boards (ICBs)	Integrated care boards are a statutory NHS organisation responsible for developing a plan with NHS trusts and other system partners for meeting the health needs of the population.
Invasive device	A device that, in whole or part, penetrates inside the body, either through a body orifice or through the surface of the body.
Infection prevention and control (IPC) lead	Will have overall responsibility for IPC (including cleanliness) and control and will be accountable to the registered provider.
Infection prevention and control team (IPCT)	IPC (including cleanliness) team role is to provide evidence-based best practice advice to ensure the safety of patients, staff, the general public and the environment.
Isolation facilities	Separation of a service user with a suspected or confirmed infection from other service users. Or the separation of a service user who is vulnerable to infection to prevent them being exposed to sources of infection.
Managed premises	Any premises where regulated activities are delivered but excluding a service user's home where domiciliary care is provided, and offices used purely for managerial services.
Medical device	Any instrument, apparatus, appliance, material or other article (whether used alone or in combination), including the software necessary to use it properly, intended by the manufacturer to be used for people for the purpose of: diagnosis, prevention, monitoring, treatment or alleviation of disease; diagnosis, monitoring, alleviation of or compensation for any injury or disability; investigation, replacement or modification of the



Term	Definition
	anatomy or of a physiological process; control of conception. This also includes devices intended to administer a medicinal product.
Medicines optimisation team	A team that predominantly includes pharmacists and pharmacy technicians. They focus on the value that medicines deliver, making sure they are clinically effective and cost effective. They help ensure that people get the right choice of medicines, at the right time, and are engaged in the process by their clinical team.
NHS Premises Assurance Model (PAM)	NHS Premises Assurance Model is a management tool designed to provide assurance and a nationally consistent approach to evaluating NHS premises and facilities performance against a set of common self-assessment questions and established metrics. Commissioners may require providers to demonstrate active management of the NHS PAM as part of clinical service contracts.
Patient Advice and Liaison Service (PALS)	Patient Advice and Liaison Services, introduced to ensure that the NHS listens to service users and their relatives, carers and friends, and answers their questions and resolves their concerns.
Personal care	Physical assistance given to a person in connection with eating and drinking, toileting (including in relation to the process of menstruation), washing and bathing, dressing, oral care or the care of skin, hair and nails; or the prompting and supervision of a person, in relation to the performance of any of the activities where that person is unable to make a decision for themselves in relation to performing such an activity without such prompting and supervision.
Post-exposure prophylaxis (PEP)	This is a form of management to reduce the likelihood of infection after potential exposure, for example to blood-borne viruses. PEP typically includes the use of vaccines, immunoglobulins and/or antimicrobials.
Post-infection review (PIR)	A method of investigation used to identify how an infection occurred and to identify actions that will prevent similar cases occurring in the future.

<b>Term</b>	<b>Definition</b>
Primary dental care	Refers to high street dental practices rather than community-based clinics and services.
Primary care practitioners	Health services primarily based in the local community, including community matrons, community nurses, GPs, pharmacists, dentists, optometrists, paramedics and podiatrists. This includes people employed by primary care trusts and primary medical care contractors.
Registered manager	An individual who is registered with the CQC to manage regulated activity at particular premises where the registered provider is not in day-to-day control.
Registered person	Any person (individual, partnership or organisation) who provides regulated activity in England. They must be registered with the CQC otherwise they commit an offence.
Regulated activities	Broad service areas or types of care that are set out in the regulations under section 8 of the Health and Social Care Act 2008. They will include those health and adult social care activities that an organisation needs to register with the CQC to provide care or treatment in England.
Risk assessment	A systematic assessment of the impact and likelihood of harm occurring. It should be used to identify the actions and mitigations required to reduce harm. A process to decide the policies, practices, and actions necessary to protect service users and staff from the risks of infection with and aim to eliminate or reducing risk of harm or potential harm.
Serious incident	Serious incidents are events in healthcare where the potential for learning is so great, or the consequences to patients, families and carers, staff or organisations are so significant, that they warrant an in-depth investigation and response. The emphasis with a serious incident is to gather appropriate learning to reduce the likelihood of recurrence in future practice.
Service users	A person who receives services provided in the carrying on of a regulated activity. Note: the regulations refer to 'service users' and where we refer to the regulation

Term	Definition
	directly we use this phrase. In the CQC guidance the term 'people' or 'people who use services' is used.
Single use device	A medical device that is intended to be used on an individual patient during a single procedure and then discarded.
Single patient use device	Where a medical device has been designated as suitable for single patient use; more than one episode of use of this device on the same patient is permitted. The device may undergo some form of decontamination between each use in accordance with the manufacturer's instructions for reuse.
Start smart then focus	Evidence-based guidance on antimicrobial stewardship in secondary care.
Treat antibiotics responsibly, guidance, education and tools (TARGET) toolkit.	The TARGET toolkit is a central resource for clinicians, service users and commissioners to promote safe, effective, appropriate and responsible antibiotic prescribing.
Traceability	In respect of medical devices, primarily surgical instruments, traceability relates to either individual instruments or instrument sets being tracked through use and decontamination processes and traced in terms of identification of service users on whom they have been used.
United Kingdom Health Security Agency (UKHSA)	An agency responsible for protecting every member of every community from the impact of infectious diseases, chemical, biological, radiological and nuclear incidents, and other health threats. UKHSA provides intellectual, scientific and operational leadership at national and local level, as well as on the global stage, to make the nation's health secure.

## Appendix E: regulations (extract)

The following are extracts from the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Part 3 Section 2.

### Safe care and treatment

12.(1) Care and treatment must be provided in a safe way for service users. (2) Without limiting paragraph (1), the things that a registered person must do to comply with that paragraph include:

- assessing the risks to the health and safety of service users of receiving the care or treatment
- doing all that is reasonably practicable to mitigate any such risks
- ensuring that persons providing care or treatment to service users have the qualifications, competence, skills and experience to do so safely
- ensuring that the premises used by the service provider are safe to use for their intended purpose and are used in a safe way
- ensuring that the equipment used by the service provider for providing care or treatment to a service user is safe for such use and is used in a safe way
- where equipment or medicines are supplied by the service provider, ensuring that there are sufficient quantities for the safety of service users and to meet their needs
- the proper and safe management of medicines
- assessing the risk of, and preventing, detecting and controlling the spread of infections, including those that are healthcare associated
- where responsibility for the care and treatment of service users is shared with, or transferred to, other persons, working with such other persons, service users and other appropriate persons to ensure that timely care planning takes place to ensure the health, safety and welfare of the service users

## **Premises and equipment**

15.(1) All premises and equipment used by the service provider must be:

- clean
- secure
- suitable for the purpose for which they are being used
- properly used
- properly maintained
- appropriately located for the purpose for which they are being used

(2) The registered person must, in relation to such premises and equipment, maintain standards of hygiene appropriate for the purposes for which they are being used.

(3) For the purposes of paragraph (1)(b), (c), (e) and (f), 'equipment' does not include equipment at the service user's accommodation if:

- such accommodation is not provided as part of the service user's care or treatment
- such equipment is not supplied by the service provider

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However, when a medical procedure is carried out in an adult social care setting, the relevant healthcare guidance should be consulted. Procedures should be performed only by carers who have demonstrated the appropriate competency and who are able to work to levels that may be indicated in the following publications.

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[↑ Back to top](#)

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## Part 4: Guidance tables

These tables are designed to help the following decide how the code and related guidance applies to the regulated activities and type of service they provide:

- registered providers
- the directors of infection prevention and control (DIPC) (NHS provider organisations)
- service providers (adult social care, primary care dental and primary care medical and independent healthcare providers, independent sector ambulance providers)

Further guidance on the activities that are covered by regulations are [available on the Care Quality Commission \(CQC\) website](#). Because of the wide range of services provided in health and adult social care, service providers should carry out their own risk assessments to help them decide the elements to be included in their policies, or whether or not a policy is required at all.

They will need to be able to justify their decisions.

Tables 1a and 1b: The application of the code of practice to regulated activities

Tables 2a and 2b: A guide to potential sources of professional infection prevention advice

Tables 3a and 3b: Policies appropriate to regulated activities

**Table 1a: The application of the code of practice to regulated activities**

This table provides a guide as to which criteria may apply to each regulated activity. This is a matter for local determination.

<b>Compliance criterion and description</b>	<b>Personal care</b>	<b>Accommodation for persons who require nursing or personal care</b>	<b>Accommodation for persons who require treatment for substance misuse</b>	<b>Accommodation and nursing or personal care in the further education sector</b>	<b>Treatment of disease, disorder or injury</b>	<b>Assessment or medical treatment for persons detained under the Mental Health Act 1983</b>	<b>Surgical procedures</b>
<b>1. Systems to manage and monitor IPC. These use risk assessments and consider the susceptibility of service users and any risks that their environment and other users may pose to them</b>	Yes	Yes	Yes	Yes	Yes	Yes	Yes
<b>2. Provide and maintain a clean and appropriate environment in managed premises to facilitate IPC</b>	Not applicable	Yes	Yes	Yes	Yes	Yes	Yes
<b>3. Ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance</b>	Not applicable	Not applicable	Not applicable	Not applicable	Yes	Yes	Yes

Compliance criterion and description	Personal care	Accommodation for persons who require nursing or personal care	Accommodation for persons who require treatment for substance misuse	Accommodation and nursing or personal care in the further education sector	Treatment of disease, disorder or injury	Assessment or medical treatment for persons detained under the Mental Health Act 1983	Surgical procedures
4. Provide suitable accurate information on infections to service users, their visitors and any person concerned with providing further support or nursing/ medical care in a timely fashion	Yes	Yes	Yes	Yes	Yes	Yes	Yes
5. Ensure that people who have or are at risk of developing an infection are identified promptly and receive the appropriate treatment and care to reduce the risk of transmission of infection to other people	Not applicable	Yes	Yes	Yes	Yes	Yes	Yes

<b>Compliance criterion and description</b>	<b>Personal care</b>	<b>Accommodation for persons who require nursing or personal care</b>	<b>Accommodation for persons who require treatment for substance misuse</b>	<b>Accommodation and nursing or personal care in the further education sector</b>	<b>Treatment of disease, disorder or injury</b>	<b>Assessment or medical treatment for persons detained under the Mental Health Act 1983</b>	<b>Surgical procedures</b>
<b>6. Systems to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection</b>	Yes	Yes	Yes	Yes	Yes	Yes	Yes
<b>7. Provide or secure adequate isolation facilities. See note 1</b>	Not applicable	Yes	Yes	Not applicable	Yes	Yes	Yes
<b>8. Secure adequate access to laboratory support as appropriate. See note 2</b>	Not applicable	Not applicable	Yes	Not applicable	Yes	Yes	Yes
<b>9. Have and adhere to policies, designed for the individual's care and provider organisations that will help to prevent and control infections</b>	See tables 3a and 3b	Yes	Yes	Yes	Yes	Yes	Yes

Compliance criterion and description	Personal care	Accommodation for persons who require nursing or personal care	Accommodation for persons who require treatment for substance misuse	Accommodation and nursing or personal care in the further education sector	Treatment of disease, disorder or injury	Assessment or medical treatment for persons detained under the Mental Health Act 1983	Surgical procedures
<b>10. Providers have a system in place to manage the occupational health needs and obligations of staff in relation to infection</b>	Yes	Yes	Yes	Yes	Yes	Yes	Yes

Table note 1: Unlikely or does not apply to primary dental/medical care.

Table note 2: Does not apply to primary dental care.

**Table 1b: The application of the code of practice to regulated activities**

This table provides a guide as to which criteria may apply to each regulated activity. This is a matter for local determination.

<b>Compliance criterion and description</b>	<b>Diagnostic and screening procedures</b>	<b>Management of supply of blood and blood derived products etc.</b>	<b>Transport services, triage and medical advice provided remotely. See note 1</b>	<b>Maternity and midwifery services</b>	<b>Termination of pregnancies</b>	<b>Services in slimming clinics</b>	<b>Nursing care</b>	<b>Family planning services</b>
<b>1. Systems to manage and monitor IPC. These use risk assessments and consider the susceptibility of service users and any risks that their environment and other users may pose to them</b>	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
<b>2. Provide and maintain a clean and appropriate environment in managed premises to facilitate IPC</b>	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
<b>3. Ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance</b>	Yes	Not applicable	Yes	Yes	Yes	Not applicable	Yes	Yes

<b>Compliance criterion and description</b>	<b>Diagnostic and screening procedures</b>	<b>Management of supply of blood and blood derived products etc.</b>	<b>Transport services, triage and medical advice provided remotely. See note 1</b>	<b>Maternity and midwifery services</b>	<b>Termination of pregnancies</b>	<b>Services in slimming clinics</b>	<b>Nursing care</b>	<b>Family planning services</b>
<b>4. Provide suitable accurate information on infections to service users, their visitors and any person concerned with providing further support or nursing and/or medical care in a timely fashion</b>	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
<b>5. Ensure that people who have or are at risk of developing an infection are identified promptly and receive the appropriate treatment and care to reduce the risk of transmission of infection to other people</b>	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
<b>6. Systems to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection</b>	Yes	Yes	Yes	Yes	Yes	Not applicable	Yes	Yes
<b>7. Provide or secure adequate isolation facilities. See note 2</b>	Not applicable	Not applicable	Not applicable	Yes	Not applicable	Not applicable	Not applicable	Not applicable

<b>Compliance criterion and description</b>	<b>Diagnostic and screening procedures</b>	<b>Management of supply of blood and blood derived products etc.</b>	<b>Transport services, triage and medical advice provided remotely. See note 1</b>	<b>Maternity and midwifery services</b>	<b>Termination of pregnancies</b>	<b>Services in slimming clinics</b>	<b>Nursing care</b>	<b>Family planning services</b>
<b>8. Secure adequate access to laboratory support as appropriate. See note 3</b>	Yes	Yes	Not applicable	Yes	Yes	Not applicable	Yes	Yes
<b>9. Have and adhere to policies, designed for the individual's care and provider organisations that will help to prevent and control infections</b>	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
<b>10. Providers have a system in place to manage the occupational health needs and obligations of staff in relation to infection</b>	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

Note 1: Applies to transport and triage services delivered at site.

Note 2: Unlikely or does not apply to primary dental/medical care.

Note 3: Does not apply to primary dental care.



Table 2a: A guide to sources of professional IPC and antimicrobial stewardship advice

Professional group	Personal care	Accommodation for persons who require nursing or personal care	Accommodation for persons who require treatment for substance misuse	Accommodation and nursing or personal care in the further education sector	Treatment of disease, disorder or injury	Assessment or medical treatment for persons detained under the Mental Health Act 1983	Surgical procedures
<b>1. Director of IPC and/or service providers</b>	Not applicable	Yes	Not applicable	Not applicable	Yes	Yes	Yes
<b>2. Infection control nurse or infection control practitioner</b>	Not applicable	Not applicable	Not applicable	Not applicable	Yes	Yes	Yes
<b>3. Consultant microbiologist</b>	Not applicable	Not applicable	Not applicable	Not applicable	Yes	Yes	Yes
<b>4. Designated site lead for infection (not always a healthcare worker)</b>	See note 1	Yes	Yes	Yes	Yes	Yes	Yes
<b>5. Access to consultant in communicable disease control or local health protection team</b>	Not applicable	Yes	Yes	Yes	Yes (see note 2)	Yes	Yes (see note 3)
<b>6. Fully constituted infection control team and infection control committee. See note 4</b>	Not applicable	Not applicable	Yes	Not applicable	Yes	Yes	Yes

<b>Professional group</b>	<b>Personal care</b>	<b>Accommodation for persons who require nursing or personal care</b>	<b>Accommodation for persons who require treatment for substance misuse</b>	<b>Accommodation and nursing or personal care in the further education sector</b>	<b>Treatment of disease, disorder or injury</b>	<b>Assessment or medical treatment for persons detained under the Mental Health Act 1983</b>	<b>Surgical procedures</b>
<b>7. Primary care pharmacists and/or medicines optimisation teams antimicrobial pharmacists</b>	Yes	Yes	Yes	Not applicable	Yes (see note 2)	Not applicable	Yes (see note 2)
<b>8. Primary healthcare teams</b>	Yes	Yes	Yes	Not applicable	Not applicable	Not applicable	Not applicable
<b>9. Occupational health services (consult when risk of transmission from care workers to service user or vice versa)</b>	Yes	Yes	Yes	Yes	Yes (see note 2)	Yes	Yes (see note 2)

Note 1: Providers of domiciliary care need to have a designated lead.

Note 2: Applies to primary dental and/or medical care.

Note 3: Decontamination lead will be responsible for these areas

Note 4: Unlikely or does not apply to primary dental/medical care.

**Table 2b: A guide to sources of professional IPC and antimicrobial stewardship advice**

<b>Professional group</b>	<b>Diagnostic and screening procedures</b>	<b>Management of supply of blood and blood derived products etc.</b>	<b>Transport services, triage and medical advice provided remotely. See note 1</b>	<b>Maternity and midwifery services</b>	<b>Termination of pregnancies</b>	<b>Services in slimming clinics</b>	<b>Nursing care</b>	<b>Family planning services</b>
<b>1. Director of IPC/service providers</b>	Not applicable	Not applicable	See note 2	Yes	Yes	Not applicable	Not applicable	Yes
<b>2. Infection control nurse/infection control practitioner</b>	Not applicable	Not applicable	See note 2	Yes	Not applicable	Not applicable	Not applicable	Not applicable
<b>3. Consultant microbiologist</b>	Yes	Yes	Not applicable	Yes	Yes	Not applicable	Not applicable	Not applicable
<b>4. Designated site lead for infection (may not always be a healthcare worker)</b>	Yes	Not applicable	Yes	Yes	Yes	Yes	Not applicable	Yes
<b>5. Access to consultant in communicable disease control/local health protection team</b>	Yes (see note 4)	Yes	See note 2	Not applicable	Yes	Not applicable	Not applicable	Yes
<b>6. Fully constituted infection control team and infection control committee. See note 3</b>	Yes	Not applicable	See note 2	Yes	Not applicable	Not applicable	Not applicable	Not applicable

<b>Professional group</b>	<b>Diagnostic and screening procedures</b>	<b>Management of supply of blood and blood derived products etc.</b>	<b>Transport services, triage and medical advice provided remotely. See note 1</b>	<b>Maternity and midwifery services</b>	<b>Termination of pregnancies</b>	<b>Services in slimming clinics</b>	<b>Nursing care</b>	<b>Family planning services</b>
<b>7. Primary care pharmacists/Medicines Optimisation Teams Antimicrobial Pharmacists</b>	See note 4	Not applicable	Not applicable	Not applicable	Yes	Not applicable	Yes	Yes
<b>8. Primary healthcare teams</b>	Not applicable	Not applicable	Not applicable	Yes	Not applicable	Yes	Yes	Yes
<b>9. Occupational health services (consult when risk of transmission from care workers to service user or vice versa)</b>	Yes (see note 4)	Yes	Yes	Yes	Yes	Yes	Yes	Yes

Note 1: Applies to transport and triage services delivered at site.

Note 2: Relevant to acute and independent sector ambulance providers.

Note 3: Applies to transport and triage services delivered at site

Note 4: Applies to primary dental/medical care

Table 3a: Policies appropriate to regulated activities

<b>Compliance with criterion 9</b>	<b>Personal care</b>	<b>Accommodation for persons who require nursing or personal care</b>	<b>Accommodation for persons who require treatment for substance misuse</b>	<b>Accommodation and nursing or personal care in the further education sector</b>	<b>Treatment of disease, disorder or injury</b>	<b>Assessment or medical treatment for persons detained under the Mental Health Act 1983</b>
<b>a) Standard and transmission-based IPC precautions</b>	Yes	Yes	Yes	Yes	Yes	Yes
<b>b) Aseptic technique</b>	Not applicable	Yes	Yes	Yes	Yes	Yes
<b>c) Outbreaks of communicable infection. See note 1</b>	Not applicable	Yes	Yes	Yes	Yes	Yes
<b>d) Isolation of service users with an infection. See note 1</b>	Not applicable	Yes	Yes	Yes	Yes	Yes
<b>e) Safe handling and disposal of sharps</b>	Yes	Yes	Yes	Yes	Yes	Yes
<b>f) Prevention of occupational exposure to blood-borne viruses, inc. prevention of sharps injuries</b>	Yes	Yes	Yes	Yes	Yes	Yes

<b>Compliance with criterion 9</b>	<b>Personal care</b>	<b>Accommodation for persons who require nursing or personal care</b>	<b>Accommodation for persons who require treatment for substance misuse</b>	<b>Accommodation and nursing or personal care in the further education sector</b>	<b>Treatment of disease, disorder or injury</b>	<b>Assessment or medical treatment for persons detained under the Mental Health Act 1983</b>
<b>g) Management of occupational exposure to blood-borne viruses and post-exposure prophylaxis</b>	Yes	Yes	Yes	Yes	Yes	Yes
<b>h) Closure of rooms, wards, department, and premises to new admissions. See note 2</b>	Not applicable	Yes	Yes	Yes	Yes	Yes
<b>i) Disinfection. See note 2</b>	Not applicable	Yes	Not applicable	Yes	Yes	Yes
<b>j) Decontamination of reusable medical devices. See note 3</b>	Not applicable	Yes	Not applicable	Not applicable	Yes	Yes
<b>k) Single-use medical devices. See note 3</b>	Yes	Yes	Yes	Yes	Yes	Yes
<b>l) Antimicrobial prescribing and stewardship</b>	Not applicable	Not applicable	Not applicable	Not applicable	Yes	Yes

<b>Compliance with criterion 9</b>	<b>Personal care</b>	<b>Accommodation for persons who require nursing or personal care</b>	<b>Accommodation for persons who require treatment for substance misuse</b>	<b>Accommodation and nursing or personal care in the further education sector</b>	<b>Treatment of disease, disorder or injury</b>	<b>Assessment or medical treatment for persons detained under the Mental Health Act 1983</b>
<b>m) Reporting of infection to UKHSA or local authority and mandatory reporting of healthcare associated infections to UKHSA. See notes 1 and 2</b>	Not applicable	Not applicable	Not applicable	Not applicable	Yes	Not applicable
<b>n) Control of outbreaks and infections associated with specific alert organisms/alert conditions. See note 1</b>	N/A	Yes	Yes	Yes	Yes	Yes
<b>o) CJD/vCJD – handling of instruments and devices. See note 1</b>	Not applicable	Not applicable	Not applicable	Not applicable	Yes	Yes
<b>p) Safe handling and disposal of waste</b>	Yes	Yes	Yes	Yes	Yes	Yes
<b>q) Packaging, handling and delivery of laboratory specimens. See note 1</b>	Yes	Yes	Yes	Yes	Yes	Yes
<b>r) Care of deceased persons. See note 2</b>	Yes	Yes	Yes	Not applicable	Yes	Yes

<b>Compliance with criterion 9</b>	<b>Personal care</b>	<b>Accommodation for persons who require nursing or personal care</b>	<b>Accommodation for persons who require treatment for substance misuse</b>	<b>Accommodation and nursing or personal care in the further education sector</b>	<b>Treatment of disease, disorder or injury</b>	<b>Assessment or medical treatment for persons detained under the Mental Health Act 1983</b>
<b>s) Use and care of invasive devices. See note 1</b>	Yes	Yes	Yes	Yes	Yes	Yes
<b>t) Purchase, cleaning, decontamination, maintenance and disposal of equipment. See note 3</b>	N/A	Yes	Yes	Yes	Yes	Yes
<b>u) Surveillance and data collection. See note 1</b>	Not applicable	Not applicable	Not applicable	Not applicable	Yes	Yes
<b>v) Dissemination of information</b>	Not applicable	Yes	Yes	Yes	Yes	Yes
<b>w) Isolation facilities. See note 2</b>	Not applicable	Yes	Yes	Yes	Yes	Yes
<b>x) Uniform and dress code</b>	Yes	Yes	Yes	Yes	Yes	Yes
<b>y) Immunisation of service users. See note 1</b>	Not applicable	Yes	Yes	Yes	Yes	Yes

Note 1: Does not apply to primary dental care.

Note 2: Unlikely or does not apply to primary dental/medical care.

Note 3: Decontamination lead will be responsible for these areas.



Table 3b: Policies appropriate to regulated activities

Compliance with criterion 9	Surgical procedures	Diagnostic and screening procedures	Management of supply of blood and blood derived products etc.	Transport services, triage and medical advice provided remotely. See note 1	Maternity and midwifery services	Termination of pregnancies	Services in slimming clinics	Nursing care	Family planning services
<b>a) Standard and transmission-based IPC precautions</b>	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
<b>b) Aseptic technique</b>	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
<b>c) Outbreaks of communicable infection. See note 2</b>	Yes	See note 3	Yes	Yes	Yes	Yes	Not applicable	Yes	Not applicable
<b>d) Isolation of service users with an infection. See note 2</b>	Yes	Yes	Not applicable	Yes	Yes	Not applicable	Not applicable	Yes	Not applicable
<b>e) Safe handling and disposal of sharps</b>	Yes	Yes	Yes	See note 4	Yes	Yes	Yes	Yes	Yes

<b>Compliance with criterion 9</b>	<b>Surgical procedures</b>	<b>Diagnostic and screening procedures</b>	<b>Management of supply of blood and blood derived products etc.</b>	<b>Transport services, triage and medical advice provided remotely. See note 1</b>	<b>Maternity and midwifery services</b>	<b>Termination of pregnancies</b>	<b>Services in slimming clinics</b>	<b>Nursing care</b>	<b>Family planning services</b>
<b>f) Prevention of occupational exposure to blood-borne viruses, inc. prevention of sharps injuries</b>	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
<b>g) Management of occupational exposure to blood-borne viruses and post-exposure prophylaxis</b>	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
<b>h) Closure of rooms, wards, department, and premises to new admissions. See note 5</b>	Yes	Not applicable	Not applicable	Not applicable	Yes	Not applicable	Not applicable	Yes	Yes
<b>i) Disinfection. See note 6</b>	Yes	Yes	Yes	Yes	Yes	Yes		Yes	Yes



<b>Compliance with criterion 9</b>	<b>Surgical procedures</b>	<b>Diagnostic and screening procedures</b>	<b>Management of supply of blood and blood derived products etc.</b>	<b>Transport services, triage and medical advice provided remotely. See note 1</b>	<b>Maternity and midwifery services</b>	<b>Termination of Pregnancies</b>	<b>Services in slimming clinics</b>	<b>Nursing care</b>	<b>Family planning services</b>
<b>n) Control of outbreaks and infections associated with specific alert organisms/alert conditions. See note 2</b>	Yes	Not applicable	Not applicable	Not applicable	Yes	Yes	Not applicable	Not applicable	Yes
<b>o) CJD/vCJD – handling of instruments and devices. See note 2</b>	Yes	Not applicable	Not applicable	Not applicable	Not applicable	Yes	Not applicable	Not applicable	Not applicable
<b>p) Safe handling and disposal of waste</b>	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
<b>q) Packaging, handling and delivery of laboratory specimens. See note 2</b>	Yes	Yes	Yes	Not applicable	Yes	Yes	Not applicable	Yes	Yes

<b>Compliance with criterion 9</b>	<b>Surgical procedures</b>	<b>Diagnostic and screening procedures</b>	<b>Management of supply of blood and blood derived products etc.</b>	<b>Transport services, Triage and medical advice provided remotely. See note 1</b>	<b>Maternity and midwifery services</b>	<b>Termination of pregnancies</b>	<b>Services in slimming clinics</b>	<b>Nursing care</b>	<b>Family planning services</b>
<b>r) Care of deceased persons. See note 5</b>	Yes	Yes	Yes	Yes	Yes	Not applicable	Not applicable	Yes	Yes
<b>s) Use and care of invasive devices. See note 2</b>	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
<b>t) Purchase, cleaning, decontamination, maintenance and disposal of equipment. See note 6</b>	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
<b>u) Surveillance and data collection. See note 2</b>	Yes	Not applicable	Not applicable	Not applicable	Yes	Yes	Not applicable	Not applicable	Not applicable
<b>v) Dissemination of information</b>	Yes	Not applicable	Not applicable	Yes	Yes	Yes	Not applicable	Yes	Yes

<b>Compliance with criterion 9</b>	<b>Surgical procedures</b>	<b>Diagnostic and screening procedures</b>	<b>Management of supply of blood and blood derived products etc.</b>	<b>Transport services, triage and medical advice provided remotely. See note 1</b>	<b>Maternity and midwifery services</b>	<b>Termination of Pregnancies</b>	<b>Services in slimming clinics</b>	<b>Nursing care</b>	<b>Family planning services</b>
<b>w) Isolation facilities. See note 5</b>	Yes	Yes	Yes	Not applicable	Yes	Not applicable	Not applicable	Not applicable	Not applicable
<b>x) Uniform and dress code</b>	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
<b>y) Immunisation of service users. See note 2</b>	Yes	Not applicable	Not applicable	Not applicable	Yes	Yes	Not applicable	Not applicable	Yes

Note 1: Applies to transport and triage services delivered at site

Note 2: Does not apply to primary dental care

Note 3: Applies to invasive diagnostic procedures

Note 4: Relevant to acute and independent sector ambulance providers

Note 5: Unlikely or does not apply to primary dental/medical care

Note 6: Decontamination lead will be responsible for these