

Standards ~ *March 2008*

Healthcare Associated Infection (HAI)

NHS Quality Improvement Scotland is committed to equality and diversity. We have assessed this area of work for likely impact on the six equality groups defined by age, disability, gender, race, religion/belief and sexual orientation. An equality and diversity impact assessment report has been published along with these standards and is available upon request.

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1 Introduction

Healthcare associated infection (HAI) is recognised as one of the most important events that can adversely affect patients while they receive care¹ and impacts on the efficiency and effectiveness of NHS services². For these reasons, the Scottish Government has made a strong commitment to addressing HAI in NHSScotland.

In December 2001 the Clinical Standards Board for Scotland (CSBS), now NHS Quality Improvement Scotland (NHS QIS), published Healthcare Associated Infection (HAI) Infection Control: Standards³. NHS QIS reviewed and reported on performance against these standards up to the publication of Healthcare Associated Infection (HAI); Infection Control in NHSScotland: National Overview⁴ in May 2005. CSBS also published Healthcare Associated Infection (HAI) – Cleaning Services: Standards⁵ in June 2002, however, NHS boards are now monitored against compliance with the NHSScotland National Cleaning Services Specification⁶, account of which has been taken in these redeveloped standards for HAI.

The HAI Task Force (HAITF) was established in 2003 by the Scottish Executive Health Department, now the Scottish Government Health Directorates (SGHD), in response to the ministerial HAI action plan, Preventing Infections Acquired While Receiving Healthcare¹. HAITF leads on a programme of work detailed in the Healthcare Associated Infection (HAI) Task Force: Delivery Plan April 2006 to March 2008⁷, in which NHS QIS was tasked with a review of its standards in the context of the broader HAI agenda.

Objective

The aim of these standards is to build on the previous HAI standards³, which focused principally on the NHS board structures and processes necessary to address HAI prevention and control. These redeveloped standards focus on the outcome measures that will demonstrate improved NHS board performance.

The NHSScotland Code of Practice for the Local Management of Hygiene and Healthcare Associated Infection

The standards for HAI have been written with the overall intention that meeting them should not require NHS boards to introduce new initiatives or create new pieces of evidence unless absolutely necessary, but rather should allow NHS boards to build on work already being done and encourage provision of outputs from current work as evidence. To this end, the NHSScotland Code of Practice for the Local Management of Hygiene and Healthcare Associated Infection⁸ was important in the development of the standards as it covers the key themes necessary to reduce HAI and provides guidance that NHS boards have already implemented.

Infection Control is everybody's business

The standards have been written to emphasise the need for all NHS board staff to be involved in infection control initiatives, and that these initiatives are not solely the responsibility of the infection control team. They aim to reiterate that the role of key infection control staff is to support measures to reduce HAI within their NHS board by providing expert knowledge and guidance to enable each member of staff to carry out their role in a way which contributes to the overall aim to minimise HAI.

In short, all NHS board staff have a role to play in the implementation of these standards, and the prevention and control of infection is everybody's responsibility.

The bigger picture

These standards are one part of the drive for a safer NHSScotland, so should be seen as complementary to HAI and patient safety work undertaken by other bodies. This includes the development of core clinical quality indicators for nursing and midwifery^{9,10,11} and the work of the Scottish Patient Safety Alliance whose Scottish Patient Safety Programme is being co-ordinated by NHS QIS, the Health and Safety Executive and the Scottish Commission for the Regulation of Care. See Appendix 5 for a list of useful websites.

NHS QIS standards apply to the 14 territorial NHS boards, the Scottish Ambulance Service, the State Hospitals Board for Scotland and the National Waiting Times Centre Board. These standards for HAI apply to all healthcare environments in which patients are treated, so apply equally to services provided by these NHS boards and contracted services secured by them. Throughout these standards 'NHS board' refers to one of these 17 NHS boards and the staff employed by them. It is the role of the Scottish Commission for the Regulation of Care to ensure the standards apply to independent healthcare providers^{12,13,14}.

NHS QIS is committed to the implementation of these standards as part of a cohesive work programme to reduce the incidence of HAI in NHSScotland.

2 Development of the standards for healthcare associated infection (HAI)

Scoping process

Work on the revision of the standards for HAI began in November 2006 with a scoping exercise to review current evidence relating to HAI and define the topic areas of the standards. This involved discussion with NHS QIS staff who had been involved in previous rounds of review against the 2001 standards³. Discussion focused on NHS boards' progress in meeting the current standards, their measurability and the direction revised standards should take.

Following this, stakeholders from key national organisations and NHS boards were contacted to participate in the scoping exercise. These discussions focused on:

- local issues to be taken into account when developing the standards
- current key evidence, and
- disciplines required on the standards development project group.

NHS QIS used the results of these discussions and a review of current literature to produce the Healthcare Associated Infection (HAI) Standards Development Scoping Report¹⁵, which identified five key themes where NHS QIS could support quality improvement in NHSScotland:

- compliance
- patient focus and public involvement
- prevention and control of infection
- environment and equipment, and
- education and training.

Standards development

To take forward the development of the standards, NHS QIS appointed a project group to review the scoping report and use it to inform development of standards under the five key themes. The group was chaired by Mr Robin Creelman, SGHD HAI Task Force Public Involvement and Communications Team chairman. Full membership of the group can be found in Appendix 3.

In addition to the findings of the scoping exercise, it was necessary for the project group to take account of developments that occurred during the standards development process, such as the emergence of the Scottish Patient Safety Programme.

Consultation

Following publication of the Draft Standards for Healthcare Associated Infection (HAI)¹⁶ in August 2007, a consultation was undertaken. During this period professional groups, health service staff, voluntary organisations and individuals were given the opportunity to influence the development of the standards (the response of the project group to each comment is available on the NHS QIS website, www.nhshealthquality.org).

In addition, two pilot peer review visits were held in October and November 2007. These visits allowed the project group to receive feedback on the draft standards and the effectiveness of the self-assessment process.

Finalising the standards

Following consultation each written comment and all feedback on the draft standards collected at the open meetings and pilot peer review visits was used by the project group to produce final standards.

3 Standards for healthcare associated infection (HAI)

Standard 1 Compliance

Standard 2 Patient focus and public involvement

Standard 3 Prevention and control of infection

Standard 4 Environment and equipment

Standard 5 Education

Standard 1: Compliance

Standard Statement 1a

The NHS board has strategic and operational systems that demonstrate a managed environment to minimise risk of infection and demonstrate compliance with policy, surveillance and audit.

Rationale

The delivery of robust infection prevention and control is essential for ensuring the health and safety of patients, visitors and staff, wherever healthcare is delivered.

References: 8, 15, 17, 18, 19, 20, 21, 22, 23

Criteria

- 1a.1 The NHS board complies with its roles and responsibilities in relation to the prevention and control of infection, with lines of accountability clearly defined.
- 1a.2 The NHS board has a system that ensures compliance with national requirements for the prevention and control of infection, for example Health Department/Chief Executive Letters (HDL/CEL), Chief Medical Officer (CMO) and Chief Nursing Officer (CNO) letters.
- 1a.3 The NHS board has a quality improvement programme based on local needs and priorities that directs infection prevention and control actions.
- 1a.4 The NHS board complies with national mandatory HAI surveillance programmes.
- 1a.5 Data collected for national mandatory HAI surveillance programmes are used to improve prevention and control of infection.
- 1a.6 The NHS board has a system that ensures all contracted services meet and comply with prevention and control of infection standards, including educational aspects.
- 1a.7 There is effective communication between the infection control team and NHS board senior management and staff, patients and visitors.

Standard 2: Patient focus and public involvement

Standard Statement 2a

Patients, their family/carers and the public are provided with HAI information relevant to their needs.

Rationale

Good information and a culture of openness are essential to maintaining public confidence in the delivery of healthcare by the NHS board.

References: 1, 8, 24, 25

Criteria

- 2a.1 The NHS board has a core set of up-to-date HAI information incorporating the areas detailed in the NHSScotland Code of Practice for the Local Management of Hygiene and Healthcare Associated Infection⁸.
- 2a.2 The NHS board has effective systems that ensure HAI information is disseminated to patients, their family/carers in a format suitable to their needs.
- 2a.3 The NHS board has effective systems that ensure HAI information is readily available to the public in a format suitable to their needs.

Standard Statement 2b

Members of the public have the opportunity to be involved in the planning and development of measures to prevent and reduce HAI.

Rationale

Public involvement helps to ensure that issues of concern to the public are included in the HAI programme of work.

References: 8, 24, 26

Criteria

- 2b.1 There is collaboration between the patient focus and public involvement lead at board level and local public engagement structures in relation to HAI.
- 2b.2 The NHS board demonstrates that members of the public are involved in infection prevention and control activities including:
 - the infection control committee
 - cleanliness monitoring, and
 - hand hygiene.

Standard 3: Prevention and control of infection

Standard Statement 3a

The NHS board has policies, procedures and guidelines which create a healthcare environment that minimises the risk of infection to patients, visitors and staff, and are based on evidence, best practice and expert opinion.

Rationale

Effective prevention and control of infection is maximised through programmes of work based on adherence to evidence-based policies, procedures and guidelines.

References: 3, 8, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37

Criteria

- 3a.1 There is a prevention and control of infection manual accessible by all staff which is reviewed as part of a 3-year rolling programme and as required.
- 3a.2 The prevention and control of infection manual reflects the level and quality of content set in the model infection control policies produced by Health Protection Scotland.
- 3a.3 The NHS board has a programme that ensures all staff groups implement standard infection control precautions and that compliance is monitored.
- 3a.4 The NHS board adheres to current national antimicrobial prescribing guidelines.
- 3a.5 The NHS board has an up-to-date outbreak management plan that has been tested and evaluated.
- 3a.6 Compliance is monitored against transmission-based policies, procedures and guidelines.
- 3a.7 There is targeted monitoring of specific policies, identified as part of local risk assessment, that supports the quality improvement programme.

Standard Statement 3b

The NHS board has an annual prevention and control of infection work programme which clearly states the range of actions that will be undertaken to minimise the risk of infection within the NHS board area.

Rationale

An annual programme which defines explicit and measurable goals is needed to address priorities and progress.

References: 3, 8, 28, 29, 30, 36, 38

Criteria

- 3b.1 The annual prevention and control of infection work programme includes, as a minimum, the following:
- actions to minimise locally identified infection control risks to ensure patient, staff and visitor safety
 - an action plan to achieve current HEAT, or other national mandatory, targets
 - a plan for the alignment and implementation of local surveillance activities along with the mandatory national surveillance requirements
 - a local plan for the epidemiology of alert organisms and conditions and other infectious diseases, including effective monitoring of increased incidence and outbreaks
 - a plan for the ongoing assessment and audit of policies and procedures
 - a plan for undertaking scheduled and unscheduled audit activity, and
 - planned education activities.
- 3b.2 There are systems and processes embedded in NHS board infection prevention and control activities that ensure identification of, and a consistent approach to, clinical interventions that reduce the risk of infection to patients, visitors and staff.
- 3b.3 A comprehensive infection control report is produced on an annual basis and contains, as a minimum, reporting on the items detailed in criterion 3b.1.
- 3b.4 The annual infection control report is submitted to the risk management committee/group and the clinical governance committee/group.
- 3b.5 The NHS board produces targeted reporting on priorities identified from the annual prevention and control of infection work programme.
- 3b.6 The NHS board has a robust system for ongoing risk assessment of patients as part of patient management.

Standard 4: Environment and equipment

Standard Statement 4a

There is an agreed NHS board-wide system in place to detail and record how often, and by whom, cleaning duties required by the NHSScotland National Cleaning Services Specification⁶, the NHSScotland Code of Practice for the Local Management of Hygiene and Healthcare Associated Infection⁸ and the current version of Scottish Health Facilities Note 30 are performed.

Rationale

Maintenance of a clean environment plays a role in the prevention and control of infection and public confidence.

Clear lines of accountability are essential in ensuring that roles and responsibilities are fully understood and acted on at a strategic and operational level.

References: 6, 8, 31, 39, 40, 41, 42

Criteria

- 4a.1 Each NHS board healthcare premises has a written and formal allocation of cleaning duties and responsibilities, and effective systems to demonstrate adherence to it.
- 4a.2 The frequencies of environmental cleaning meet the NHSScotland National Cleaning Services Specification⁶ and are reflected in a cleaning schedule for each area within each healthcare environment.
- 4a.3 The frequencies of equipment cleaning meet the recommendations in Appendix 1 of the NHSScotland Code of Practice for the Local Management of Hygiene and Healthcare Associated Infection⁸ and responsibility for cleaning of each piece of equipment is assigned to a clearly defined staff group.

Standard Statement 4b

There is an agreed NHS board-wide system in place to regularly review proposed planning, construction, refurbishment and ongoing maintenance of all healthcare environments which ensures that all infection risks posed by such activities are managed or eliminated.

Rationale

Maintenance of an environment that is conducive to the prevention and control of infection is essential.

References: 8, 41, 42, 43

Criteria

- 4b.1 The NHS board complies with the current versions of Scottish Health Facilities Note 30 and HAI-SCRIBE (Healthcare Associated Infection System for Controlling Risk In the Built Environment).
- 4b.2 The NHS board has a local policy, as per the NHSScotland Code of Practice for the Local Management of Hygiene and Healthcare Associated Infection⁸ part 4.3, to embed prevention and control of infection requirements and involve infection control and domestic services staff when procuring items for use within the healthcare environment.

Standard 5: Education

Standard Statement 5a

The NHS board develops an action plan to deliver on the national strategy for HAI education and training.

Rationale

Knowledge and skills are essential to assist staff to deliver the highest possible quality of care.

Appropriate education for staff is central to the drive to reduce the impact of HAI on patient morbidity and mortality.

References: 8, 27, 44, 45

Criteria

- 5a.1 The NHS board has an action plan for HAI education and training which, as a minimum, includes:
- identified resources to deliver the action plan
 - mandatory induction
 - mandatory updates
 - continuing professional development (CPD)
 - recording and reporting structures for monitoring uptake of induction and CPD programmes
 - evaluation of the impact of education and training programmes, and
 - support available for practice supervisors, trainers and educators.
- 5a.2 All practice supervisors, trainers and educators are able to provide evidence of their level of knowledge and skills in HAI and in delivering education and training, for example through their annual appraisal processes.
- 5a.3 All staff identify specific objectives for CPD in HAI within their annual personal development plan or equivalent.
- 5a.4 The NHS board has a designated HAI education lead overseeing HAI education and training.
- 5a.5 The NHS board has a system in place for the internal quality assurance of HAI education and training.

Standard Statement 5b

Nationally and locally identified priority areas for HAI education are addressed.

Rationale

The identification of national and local priority areas for HAI education allows staff to have the knowledge and skills to ensure a cohesive approach to improving patient care in NHSScotland.

References: 8, 27, 45, 46

Criteria

- 5b.1 The NHS board complies with A Framework for Mandatory Induction Training in Healthcare Associated Infection (HAI) for NHSScotland⁴⁵.
- 5b.2 Uptake and completion of the Cleanliness Champion Programme to meet targets set nationally can be demonstrated.
- 5b.3 The NHS board has implemented the National Education and Training Framework for Domestic Services⁴⁶.
- 5b.4 Provision is made for staff identified by the NHS board to undertake additional specific education and training including, as a minimum:
 - decontamination of reusable medical devices
 - antimicrobial prescribing
 - leadership/management for HAI teams/specialists
 - hand hygiene
 - Scottish Patient Safety Programme improvement methodologies that support the reduction of HAI, and
 - incident management.

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5 Appendices

Appendix 1 About NHS Quality Improvement Scotland

Appendix 2 Development of NHS Quality Improvement Scotland standards

Appendix 3 Membership of the standards for healthcare associated infection project group

Appendix 4 Glossary

Appendix 5 List of useful websites

Appendix 1: About NHS Quality Improvement Scotland

NHS Quality Improvement Scotland (NHS QIS) was set up by the Scottish Parliament in 2003 to take the lead in improving the quality of care and treatment delivered by NHSScotland.

We achieve our objectives through five key functions that link together:

- providing clear advice and guidance on effective clinical practice
- setting clinical and non-clinical standards of care
- reviewing and monitoring the performance of NHS services
- supporting NHS staff in improving services, and
- promoting patient safety and implementation of clinical governance.

We deliver our commitments to the public and to NHSScotland by following an approach that is:

- **independent** – we reach our own conclusions and report on what we find
- **open and transparent** – we explain what we do, how and why we do it, and what we find, using language and formats that are easy to understand and to access
- **sensitive and professional** – we recognise needs, beliefs and opinions and respect and encourage diversity.

Our work is:

- **partnership-focused** – we work with patients and the public, NHSScotland and many organisations to improve the quality of care and avoid duplication
- **evidence-based** – we base our conclusions and recommendations on the best evidence available
- **quality-driven** – we make sure our own work is monitored and evaluated, internally and externally.

Appendix 2: Development of NHS Quality Improvement Scotland standards

Basic principles

A major part of our remit is to develop and run a national system of quality assurance of clinical services. Working in partnership with healthcare professionals and members of the public, we set standards for clinical services, assess performance throughout NHSScotland against these standards, and publish the findings. The standards are based on the patient's journey as he or she moves through different parts of the health service. A wide range of conditions and services have already been addressed, including bowel screening and asthma services for children and young people.

In fulfilling our responsibility to develop and run a system of quality assurance, we take account of the principles set out in *Fair for All* and *Partnership for Care*, to ensure that 'our health services recognise and respond sensitively to the individual needs, background and circumstances of people's lives'.

We will ensure that consideration of equality and diversity issues feature prominently in the design, development and delivery of all our functions and policies.

The standards are developed in accordance with the commitments of the National Health Service Reform (Scotland) Act 2004 which state that 'individual patients receive the service they need in the way most appropriate to their personal circumstances and all policy and service developments are shown not to disadvantage any of the people they serve'.

Process

For each set of standards we develop, we appoint a group representing a range of stakeholders, including healthcare professionals and members of the public, to:

- oversee the development of, and consultation on, the standards and self-assessment framework, and
- recommend an external peer review process.

The way in which standards are developed is a key element of the quality assurance process. Project groups working on our behalf are expected to:

- adopt an open and inclusive process involving members of the public, voluntary organisations and healthcare professionals
- work within NHS QIS policies and procedures, and
- test the measurability of draft standards by undertaking pilot reviews.

The standards are clear and measurable, based on appropriate evidence, and written to take into account other recognised standards and clinical guidelines. The standards are:

- written in simple language and available in a variety of formats
- focused on clinical issues and include non-clinical factors that impact on the quality of care
- developed by healthcare professionals and members of the public, and consulted on widely
- regularly reviewed and revised to make sure they remain relevant and up to date, and
- achievable but stretching.

Format of standards and definition of terminology

All our standards follow the same format.

- Each standard has a **title**, which summarises the area on which that standard focuses.
- This is followed by the **standard statement**, which explains the level of performance to be achieved.
- The **rationale** section provides the reasons why the standard is considered to be important.
- The standard statement is expanded in the section headed **criteria**, which states exactly what must be achieved for the standard to be reached. Criteria are **essential**, in that it is expected that they will be met wherever a service is provided. Other criteria are **desirable**, in that they are being met in some parts of the service and demonstrate levels of quality, which other providers of a similar service should strive to achieve. The criteria are numbered for the sole reason of making the document easier to work with, particularly for the assessment process. The numbering of the criteria is not a reflection of priority.

Clinical governance and risk management standards

Every patient using healthcare services should expect these to be safe and effective. The NHS QIS standards for clinical governance and risk management will ensure NHS boards can provide assurance that clinical governance and risk management arrangements are in place, and are supporting the delivery of safe, effective, patient-focused care and services.

The clinical governance and risk management standards underpin all care and services delivered by NHSScotland and provide the context within which NHS QIS service and condition-specific standards apply. They should be read in conjunction with all our standards.

The clinical governance and risk management standards are available on request from NHS QIS or can be downloaded from the website (www.nhshealthquality.org).

Assessment of performance against the standards

The framework for the NHS QIS review process is as follows.

- Once the standards have been finalised, each relevant NHS board/service is asked to undertake a self-assessment of its service against the standards.
- A review team visits the NHS board/service on behalf of NHS QIS to follow up this self-assessment exercise with an external peer review of performance in relation to the standards.
- NHS QIS reports the findings for the NHS board/service, based on the self-assessment exercise and on the external peer review.

Our processes are subject to internal and external evaluation, to help improve the quality assurance system.

Revision of the standards

NHS QIS standards are considered for revision and updating every three years. If a revision of a set of standards is undertaken the original standards will be withdrawn and the revised standards would be considered for further updating every three years thereafter.

Appendix 3: Membership of the standards for healthcare associated infection project group

Name	Title	NHS board area/ Organisation
Mr Robin Creelman (Chair)	Chair of the SGHD HAI Task Force Public Involvement and Communications Team	Highland
Ms Anne Armstrong (to June 2007)	Divisional Nurse Director - Primary Care	NHS Lanarkshire
Ms Angela Brown	Area Domestic Manager	NHS Dumfries & Galloway. Representing the Association of Healthcare Cleaning Professionals (AHCP)
Ms Linda Carruthers (to June 2007)	Senior Infection Control Nurse	NHS Fife. Representing the Infection Control Nurses Association (ICNA)
Dr Peter Christie	Senior Medical Officer	Scottish Government Health Directorates
Ms Carol Fraser	Nurse Consultant in Health Protection	NHS Lothian
Dr A Patrick Gibb	Consultant Microbiologist and Specialty Lead for Microbiology in NHS Lothian	NHS Lothian. Representing the Scottish Microbiology Forum
Mrs Liz Gillies	Director HAI Initiative	NHS Education for Scotland
Dr Kirsty Hunter (from October 2007)	Research Manager	NHS Health Facilities Scotland
Ms Claire Kilpatrick	Nurse Consultant Infection Control (Nurse Consultant Infection Control and Acting Team Lead - Infection Control Team to December 2007)	Health Protection Scotland, NHS National Services Scotland
Ms Audrey Mackenzie	Professional Adviser - Infection Control	Scottish Commission for the Regulation of Care
Mr John McKinnon	Infection Control Manager	NHS Grampian. Representing the Infection Control Managers Forum
Ms Sandra McNamee (from November 2007)	Nurse Consultant	NHS Greater Glasgow and Clyde. Representing the Infection Control Nurses Association (ICNA)
Dr Geraldine O'Brien (to September 2007)	Research Manager	NHS Health Facilities Scotland

Name	Title	NHS board area/ Organisation
Mr Joe Skinner	Clinical Risk Manager (Risk Manager from April 2007)	NHS Greater Glasgow and Clyde (NHS Lothian from April 2007)
Mrs Margaret Tannahill	Nursing Adviser HAI and Communicable Disease (Lead Consultant Nurse Infection Control from December 2007)	Scottish Government Health Directorates (Health Protection Scotland, NHS National Services Scotland from December 2007)
Ms Eileen Wallace	NHS QIS Public Partner	Forth Valley
Mr Tony Wigram (to September 2007)	Health and Safety Manager	Scottish Ambulance Service
Ms Susan Wilson (from September 2007)	Infection Control Manager	Scottish Ambulance Service

Support from NHS QIS was provided by the Standards Development Unit: Mr Moray Baylis (Project Officer); Ms Hilary Davison (Head of Standards Development Unit); Ms Clare Echlin (Senior Project Officer to October 2007); Louise Fitzpatrick (Project Administrator from April 2007 to September 2007); Paula Leggat (Project Administrator to April 2007) Margaret McAlees (Project Administrator from November 2007); and Mr Prince Obike (Senior Project Officer from October 2007).

Appendix 4: Glossary

care bundle	A group of evidence-based interventions which, when implemented together in a structured approach, result in better outcomes for patients.
hand hygiene	Hand hygiene is a term used to encompass all methods of hand decontamination. It includes hand washing using water and soap or a detergent based cleanser, with or without antimicrobial activity, or an alcohol based hand disinfectant.
healthcare associated infection (HAI)	An infection acquired via the provision of healthcare in either a hospital or community setting.
healthcare environment	Any environment where patients are treated by NHS boards or services secured by NHS boards.
HEAT targets	Health, efficiency, access and treatment targets. A core set of Ministerial objectives, targets and measures for the NHS
infection control doctor (ICD)	Normally a consultant microbiologist with knowledge of infection control. The infection control doctor normally provides leadership to the infection control team.
infection control manager (ICM)	A senior manager, designated as having overall responsibility for management processes and risk assessment relating to infection control, medical devices decontamination, medical devices management and cleaning services.
infection control nurse (ICN)	A registered general nurse, normally with higher specialist training in infection control.
infection control team (ICT)	A team within an NHS board which has prime responsibility for all aspects of surveillance, prevention and control of infection.
model infection control policies	Model examples of evidence-based procedures, developed by Health Protection Scotland, to be used in their entirety or to guide those wishing to develop, refine or compare their own policies with a view to encouraging standardisation of infection control procedures across Scotland.
quality improvement programme	A programme of activity designed to improve patient safety (in relation to HAI). It includes; goals to be achieved, a specified measure of how those executing the programme will know the goal has been achieved, details of who will achieve the goal and the methods by which the goal will be achieved, eg continuous monitoring, process changes, use of recognised tools to facilitate changes including plan, do, study, act cycles.
standard infection control precautions	A set of precautions to be taken by staff managing those receiving care to prevent the spread of infection when exposure to blood, other body fluids, excretions, secretions, non intact skin and mucous membranes might occur. The first of the model infection control policies developed by Health Protection Scotland. See model infection control policies.
transmission-based policies, procedures and guidelines	A set of measures that should be implemented in addition to standard infection control precautions when patients are suspected or known to be infected with a specific infectious agent. The precautions are categorised according to the most common routes of transmission such as droplet, contact or airborne, or a combination of these routes. See standard infection control precautions.

Appendix 5: List of useful websites

Health Facilities Scotland	www.hfs.scot.nhs.uk
Health Protection Scotland	www.hps.scot.nhs.uk
Health and Safety Executive	www.hse.gov.uk
NHS Education for Scotland	www.nes.scot.nhs.uk
Scottish Commission for the Regulation of Care	www.carecommission.com
Scottish Government HAI Task Force	www.scottishexecutive.gov.uk/Topics/Health/NHS-Scotland/19529/2005
Scottish Patient Safety Alliance	www.patientsafetyalliance.scot.nhs.uk

You can read and download this document from our website.
We can also provide this information:

- by email
- in large print
- on audio tape or CD
- in Braille, and
- in community languages.

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