

**Standard 7: Infection Prevention & Control****Patients receive care in a clean environment, where risks of Healthcare Acquired Infection are minimised**

7.1	Element: Safe and effective patient care	Process Evidence (CCAAT available as an appendix)	Evidence Compliant	Comments	Mapped to:
7.1.1	Hand washing facilities or alcohol based hand rubs are available at the Ward / Department entrances and at point of care delivery and staff / visitors encouraged to use them	<ul style="list-style-type: none"> <li>• <b>Review:</b></li> <li>• Standard infection control precaution audits</li> <li>• <b>Observe:</b></li> <li>• Ward / Department displays</li> <li>• Ask visitors</li> </ul>			SICPS <a href="#">HAI Standards</a>
7.1.2	The decontamination of commonly used equipment i.e. commodes, I.V. stands, mattresses, bed spaces is carried out in accordance with Standard Infection Control Procedures (SICPs). Records of regular cleaning are maintained	<ul style="list-style-type: none"> <li>• <b>Review:</b></li> <li>• Standard infection control precaution audits</li> <li>• Standardised cleaning records</li> <li>• <b>Observe:</b></li> <li>• Ward / Department displays</li> <li>• Staff actions</li> </ul>			SICPS <a href="#">HAI Standards</a>
7.1.3	All staff clean their hands appropriately in line with the 5 key moments for hand hygiene and the six steps.	<b>Review:</b> <ul style="list-style-type: none"> <li>• Local and Infection Prevention and Control Hand Hygiene audits</li> </ul>			SICPs <a href="#">HAI Standards</a>
7.1.4	Personal Protective Equipment (PPE) is worn in line with SICPs and is removed between patients and if necessary, between care delivery interventions with the same patient and hands cleaned.	<b>Review:</b> <ul style="list-style-type: none"> <li>• Standard infection control precaution audits</li> </ul>			SICPs <a href="#">HAI Standards</a>
7.1.5	Patients with a suspected or known infection are isolated and cared for in line with Transmission Based Precautions	<b>Review:</b> <ul style="list-style-type: none"> <li>• Infection Prevention and Control Audit Tool (IPCAT) Transmission Based precautions section</li> </ul>			SICPs <a href="#">HAI Standards</a>
7.1.6	The peripheral vascular catheter / central vascular / urethral urinary catheter insertion and maintenance bundles are reliably implemented for patients	<b>Review:</b> <ul style="list-style-type: none"> <li>• IPCAT (PVC/CVC/UUC Audit)</li> <li>• CCAAT 7.5 and 7.9</li> </ul>			
7.1.7	SICP audit is undertaken and actions fed back to support improvement every 6 Months	<b>Review:</b> <ul style="list-style-type: none"> <li>• Local and Infection Prevention and Control Team SICPs audit results</li> </ul>			SICPs <a href="#">HAI Standards</a>

7.1.8	Staff can describe the procedure for insertion and maintenance of an invasive device appropriate to their patient group e.g. PVC or UUC insertion/maintenance.	<b>Review:</b> <ul style="list-style-type: none"> <li>Register of all staff signing they have read the VAD and UUC guidelines</li> </ul>			<a href="#">NHS GGC VAD and UUC guidelines</a>
7.1.9	The Ward / Department environment is clean, clutter free and in a good state of repair and standardised Ward / Department cleaning schedules are available and monitored	<b>Observation and review:</b> <ul style="list-style-type: none"> <li>Standard infection control precaution audits</li> <li>CCAAT 9.2</li> </ul>			<a href="#">National Cleaning Framework</a>
7.1.10	Linen is appropriately bagged and tagged in line with SICPs and organisational policy	<b>Observation and discussion:</b> <ul style="list-style-type: none"> <li>Staff are observed handling linen appropriately</li> </ul> <b>Review:</b> <ul style="list-style-type: none"> <li>Standard infection control precaution audits</li> </ul>			<a href="#">National Infection Prevention and Control Manual</a>
7.1.11	Safe disposal of waste is undertaken in line with organisational policy	<b>Observation and discussion:</b> <ul style="list-style-type: none"> <li>Staff are observed handling waste appropriately</li> </ul> <b>Review:</b> <ul style="list-style-type: none"> <li>Standard infection control precaution audits</li> </ul>			<a href="#">National Infection Prevention and Control Manual</a> <a href="#">NHS GGC Operational waste Policy</a>
7.2	<b>Element: Enhancing the patients' experience of care</b>	<b>Process Evidence (CCAAT available as an appendix)</b>	<b>Evidence Compliant</b>	<b>Comments</b>	<b>Mapped to</b>
7.2.1	Patients and / or visitors are provided with HAI information as and when appropriate, including accommodation of religious needs/ rituals	<b>Observation and discussion:</b> <ul style="list-style-type: none"> <li>Ask patients/relatives/carers</li> <li>Discuss with staff</li> </ul>			<a href="#">HAI Standards</a> <a href="#">NHSGGC Faith and Beliefs Communities Manual</a>
7.2.2	Patients who require isolation are risk assessed to ensure other care needs are not compromised i.e. spiritual / religious needs, risk of falls, dementia and wellbeing	<b>Review:</b> <ul style="list-style-type: none"> <li>Care record and risk assessment if appropriate, in IPC care checklist</li> </ul> <b>Observation:</b> <ul style="list-style-type: none"> <li>Ongoing care needs , including spiritual needs are met by staff</li> </ul>			<a href="#">HAI Standards</a> <a href="#">NHSGGC Faith and Beliefs Communities Manual</a>

<b>7.2.3</b>	Patients/relatives/visitors are provided with information and the facility to undertake hand hygiene including use of liquid soap and water, ABHR and patient wipes.	<b>Review:</b> <ul style="list-style-type: none"> <li>Standard infection control precaution audits</li> <li>Leaflet Availability</li> <li>Care records</li> </ul> <b>Discussion:</b> <ul style="list-style-type: none"> <li>Ask patient/relatives/carers what information has been made available</li> </ul>			<a href="#">HAI Standards</a>
<b>7.3</b>	<b>Element: Leading, managing and developing the performance of the team</b>	<b>Process Evidence (CCAAT available as an appendix)</b>	<b>Evidence Compliant</b>	<b>Comments</b>	<b>Mapped to</b>
<b>7.3.1</b>	All staff have completed and are up to date with mandatory infection prevention and control learning modules	<b>Review:</b> <ul style="list-style-type: none"> <li>Learnpro records: SCN to keep and maintain record of staff completion</li> </ul>			<a href="#">HAI standards</a>
<b>7.3.2</b>	Staff know how to access and follow NHSGGC Infection Prevention Control SOPs and policies	<b>Discussion:</b> <ul style="list-style-type: none"> <li>Ask staff to demonstrate access</li> <li>Of Infection prevention and control team</li> <li>IPCAT results shared with team</li> </ul>			<a href="#">HAI standards</a> SICPS
<b>7.3.3</b>	Staff know how to contact specialist support relating to infection prevention and control issues	<b>Discussion:</b> <ul style="list-style-type: none"> <li>Ask staff to demonstrate access to infection prevention and control team</li> </ul>			SICPS