



Department  
of Health

# Response to the Consultation on The Health and Social Care Act 2008 Code of Practice for prevention and control of infections and related guidance

July 2015

**Title Response to the Consultation on The Health and Social Care Act 2008 Code of Practice for prevention and control of infections and related guidance.**

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CCG's CEs, NHS Trust CEs, Foundation Trust CEs, Medical Directors, Directors of PH, Directors of Nursing, Local Authority CEs, Directors of Adult SS, NHS Trust Board Chairs, Allied Health Professionals, GPs, Primary care organisations, dentists, independent healthcare and adult social care organisations, directors of infection prevention and control, infection prevention and control leads, Care Quality Commission

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# Response to the Consultation on The Health and Social Care Act 2008 Code of Practice for prevention and control of infections and related guidance.

**Prepared by Infectious Diseases and Environmental Hazards Branch, Public and International Health Directorate**

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# Executive summary

The Health and Social Care Act 2008 Code of Practice for the prevention and control of infection and related guidance (The Code) published in 2010 provides guidance on how providers should interpret and meet the registration requirement on cleanliness and infection control in The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 to comply with the law.

A consultation on a revised version of the Code ran for six weeks from 30<sup>th</sup> January 2015 and this document briefly describes the action taken in response to the comments received.

In summary the Code was revised to

- Reflect the new registration requirements which came into force in April 2015
- Support implementation of the UK AMR Strategy by giving greater prominence to antimicrobial resistance and stewardship
- Reflect the NHS Structures introduced in 2013.
- Update the bibliography.

The new version of the Code is available on the [WWW.Gov.UK](http://WWW.Gov.UK) site

# Chapter 1. Introduction

The Consultation sought views on a revised version of The Health and Social Care Act 2008 Code of Practice for the prevention and control of infection and related guidance (The Code).

The Code, published in 2010, provides guidance on how providers should interpret and meet the registration requirement on cleanliness and infection control in The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 to comply with the law.

Providers must “have regard” to the Code when satisfying the Care Quality Commission (CQC) requirements, but as it is not a Statutory Code they may take an alternative approach if they can show this satisfies the registration requirements and is equivalent or better than the guidance in the Code.

There were two main reasons for reviewing the Code. The first is that In April 2015 The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 introduced new registration requirements. The main registration requirement for infection prevention and control (IPC) is Regulation 12 on Safe Treatment and Care, but Regulation 15 on Premises and Equipment is also relevant and the Code was revised to explain this.

The second driver was that preventing infections and practicing good antimicrobial stewardship (AMS) are key components of the antimicrobial resistance (AMR) Strategy<sup>1</sup> and tackling AMR is a Government priority. The Code helps ensure measures are rigorously and consistently applied in all health and care settings and we are committed to strengthening the Code to help improve AMS including prescribing as part of the UK AMR Strategy implementation plan.

We have also used this review of the Code to reflect the NHS structures introduced in April 2013, to reinforce the need to ensure that staff and patients are properly protected from infection in all settings and to clarify the Criteria on information provision for providers, service users and the public. The revised Code also takes account of informal consultation with colleagues at Public Health England, NHS England and the Care Quality Commission (CQC).

In summary the Code was revised to

- Reflect the new registration requirements which came into force in April 2015
- Support implementation of the UK AMR Strategy by giving greater prominence to antimicrobial resistance and stewardship

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[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/244058/20130902\\_UK\\_5\\_year\\_AMR\\_strategy.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/244058/20130902_UK_5_year_AMR_strategy.pdf)

- Reflect the NHS Structures introduced in 2013.
- Update the bibliography.

## Chapter 2. Consultation process

The 6 week consultation on the Code which began on 30th January 2015 invited stakeholders to comment on nine specific questions the last of which was a request for any additional comments. Further details can be found at:

<https://www.gov.uk/government/consultations/prevention-and-control-of-infections-code-of-practice>

A list of respondents is at Annex A.

# Chapter 3. Consultation responses

A total of 47 written responses were received from a variety of sources including NHS trusts, professional bodies, lobby groups and Clinical Commissioning Groups (CCGs). The majority were from infection specialists (37) such as microbiologists, infection control nurses and antimicrobial pharmacists. Not all respondents answered all of the questions and the following is a brief overview of the responses and the changes made to the Code,

## Overview

Generally respondents welcomed the revisions to the Code to reflect the new registration requirements and the increased prominence of antimicrobial stewardship, including antimicrobial prescribing.

### Question 1

**Does the revised Code explain the changes in the new registration requirements?**

Although a majority (29) of respondents said that the new registration requirements were clear minor changes were made to clarify the Regulations cited.

### Question 2

**Does the revised Code explain the need to ensure infection prevention and control systems take a holistic approach by including antimicrobial stewardship and cleanliness?**

A majority (35) of respondents agreed that the Code recognised the importance of a holistic approach.

### Question 3

**Which phrase is most suitable for use in the Code? a) Infection prevention or b) infection prevention and cleanliness? Why?**

This question generated a very mixed response with most infection specialists preferring a) as in their view the phrase infection prevention is recognised to include cleanliness. An additional concern was that using the phrase infection prevention and cleanliness did not help to make it clear that antimicrobial stewardship was also part of infection prevention and control.



However, other types of respondent and some infection specialists preferred infection prevention and cleanliness as they believed that the importance of cleanliness as part of infection prevention was only obvious to those working on infection prevention and control on a daily basis.

Given these conflicting views the phrase infection prevention (including cleanliness) has been used in the 2015 version of the Code. This is not ideal as antimicrobial stewardship is not specifically mentioned but as there is now an antimicrobial stewardship criterion we decided that this was the best option for avoiding confusion.

#### **Question 4**

##### **Are the definitions of AMR and stewardship clear on page 7?**

A majority (25) of those answering this question felt that the definitions were clear but antiparasitic was added and the definition amended to highlight the need for optimal use of antimicrobials.

#### **Question 5**

##### **Do you agree that merging compliance criteria 3 and 4 reduces the scope for confusion on provision of information?**

Most (28) of those responding to this question welcomed the change as a sensible move that would help users of the Code. In response to comments received the text of Criterion 3 on AMR was changed for consistency within the Code to antimicrobial instead of antibiotic.

##### **5a Do you have any comments on the guidance for compliance for the new criterion 3?**

A number of issues were raised and taking account of these comments, the guidance has been clarified to make it clearer that; antibiotic stewardship groups can be part of existing committees; clinical leadership is needed, surveillance is important and that data should be fed back to prescribers. We were made aware of evidence that clinicians may not be familiar with existing national guidance for specific infections such as gonorrhoea. Thus, the guidance now refers to both national; infection specific guidance and generic prescribing advice.

##### **5b Do you have any comments on the guidance for compliance for the new criterion 4?**

No significant changes have been made to this section.

##### **5c Do you have any specific comments on the interpretation of criteria 3 and 4 in specific settings outlined in appendices?**

The only significant change was the addition of information from Skills for Care on training to Appendix A for Adult Social Care

### Question 6

#### **Q6 Do you have any comments on the re-wording of criterion 10 on occupational health?**

Most (23) respondents were content with the new text but some expressed concern that training should be given more prominence and felt it was important for staff to realise that they had a duty of care. As a result “and obligations” was added to criterion 10, reference is made to training at the start of the guidance section and the need for infection awareness highlighted. A specific reference to influenza was added to the occupational health section to reflect the view that influenza may be overlooked during the development of occupational health policies.

### Question 7

#### **Do you have any comments on the inclusion of reference to a water safety lead on page 12?**

The main comments relating to water safety were that responsibility needed to be clear and it was an important component of infection prevention.

### Question 8

#### **Do you have any specific comments on the appendices?**

New information on training for social care staff was added but no other significant changes were made.

### Question 9

#### **Any other comments?**

This question generated wide ranging comments and straightforward changes made to the Code included updating the bibliography, replacing out of date terms such as serious untoward incident, minor changes to the tables and adding new terms such as advocate to the glossary

A number of significant changes were made to Criteria 1, 2 and 9 and the associated guidance. For criterion 1 a reference to the *susceptibility of service users* was added to make it clearer that this was an important component of the risk assessment and minor changes were made to the guidance.

The guidance for Criterion 2 was amended to make it clear that decontamination of reusable medical devices should be carried out in suitable premises using validated systems.

Revisions to the guidance for Criterion 9 reflect a number of concerns raised during the consultation period. Changes made include reinforcing the need for refresher training on hand hygiene, more detail on elements of hand hygiene policy under *a) standard infection prevention and control procedures*, and under *n) control of outbreaks and infections associated with specific alert organisms* reinforcing the importance of feeding back audit results to managers etc plus the need for policies on respiratory viruses to include measures on control of influenza.

As the Code is only guidance it cannot address all of the issues raised in the consultation. For example it cannot mandate particular educational qualifications or require all care workers to receive a vaccine for seasonal influenza.

## **Conclusion**

The majority of comments welcomed the revision of the Code and supported the changes. This confirmed that it is a useful document which is fit for purpose and well regarded. The new Code is available on the on the [WWW.Gov.UK](http://WWW.Gov.UK) site.

We are grateful for all the responses received and we would like to take this opportunity to thank all those who contributed for the significant time and effort put into this consultation.

# Annex A List of organisations and individuals responding to the consultation

<b>The following organisations or individuals based in them responded to the consultation, some unaffiliated individuals also contributed.</b>
Advisory committee on antimicrobial resistance and healthcare associated infections (ARHAI)
Association of Independent Healthcare Organisations (AIHO)
British Pregnancy Advisory Service
Buckinghamshire Healthcare NHS Trust
Care Quality Commission
City Hospitals Sunderland NHS Foundation Trust
Coastal East/West Sussex Clinical Commissioning Group
Coastal West Sussex & Brighton and Hove Clinical Commissioning Groups
Deb Group Ltd
Department of Health
Dorset Clinical Commissioning Group
Dudley and Walsall Mental Health Partnership Trust
East Lancashire Hospitals NHS Trust
Eastern Cheshire CCG
Gateshead Health NHS Foundation Trust
Health & Safety Executive
Healthcare Infection Society
Infection Prevention Society
Institute of Decontamination Sciences
Lancashire Teaching Hospitals NHS Foundation Trust
London Borough of Bromley (Public Health) and NHS Bromley Clinical Commissioning Group
Mid Essex, West Essex and North East Essex Clinical Commissioning Group

Response to the Consultation on The Health and Social Care Act 2008 Code of Practice for prevention and control of infections and related guidance.

MRSA Action UK
NAT (National AIDS Trust)
National Institute for Health and Care Excellence (NICE)
NHS England
NHS Kernow Clinical Commissioning Group
Public Health England
Royal Berkshire NHS Foundation Trust
Royal Brompton & Harefield NHS Foundation Trust
Royal College of Nursing
Royal National Orthopaedic Hospital
Salisbury NHS Foundation Trust
Sandwell and West Birmingham Hospital NHS Trust
Skills for Care
St John Ambulance
Surrey and Sussex NHS Healthcare Trust
Tees, Esk and Wear Valleys NHS Foundation Trust
The Rotherham NHS Foundation Trust
UK Clinical Pharmacy Association (UKCPA)
University Hospitals Bristol
West Hampshire Clinical Commissioning Group
Wirral University Teaching Hospitals NHS Foundation Trust