

**Infection Prevention and Control (IPC)  
Draft National Clinical Guideline  
January 2022  
Consultation feedback form**

Consultation closing date: The deadline for comments is **Friday 18<sup>th</sup> February 2022 at 5pm** using feedback sheet via email to: **margaret.culliton@hse.ie**

## Introduction

We would like to hear your views on the draft National Clinical Guideline for Infection Prevention and Control (IPC) (2022). All comments received on this form by the deadline will be considered and used to inform the final clinical guideline.

Clinical guidelines are an important contributor to safe high quality healthcare. Good clinical guidelines help change the process of healthcare, reduce variation, improve outcomes for service users and ensure the efficient use of healthcare resources (NCEC p.6).

Further information on the NCEC and National Clinical Guidelines is available from:

<http://health.gov.ie/national-patient-safety-office/ncec/>

### Notes:

1. Feedback received may be edited and/or summarised.
2. This consultation is conducted in line with requirements of the Freedom of Information (FOI) Acts as applicable and Data Protection requirements. Please note your submission may be published under this or in a report on the consultation. This may be on a website or in a document.
3. Submissions which are not attributable to an individual or group will not be considered.
4. Organisations making submissions should be aware of their obligations under the terms of the Regulation of Lobbying Act 2015.

## Scope of draft clinical guideline

The Guidelines represents a national approach to IPC, focusing on core principles and priority areas for action. This document is intended generally to replace pre-existing pathogen-specific national IPC guidelines including Prevention and Control of Methicillin-Resistant *Staphylococcus aureus* (MRA) National Clinical Guideline No. 2 (2013) and Surveillance, Diagnosis and Management of *Clostridium difficile* Infection in Ireland National Clinical Guideline No. 3 (2014). However some pathogen specific content in certain existing guidelines that has not yet been incorporated into this document may remain relevant.

These guidelines provide a basis for healthcare workers and healthcare facilities to develop detailed protocols and processes for IPC specific to local settings where they are required to address specific needs at the service level. However hospitals and other services providers are advised that investing time and resources in developing site specific IPC guideline documents that reiterate or reformat this document should not be done routinely and should be limited to situations in which the site specific document adds additional value.

The approach taken in this document is underpinned by a risk-management framework to ensure the basic principles of IPC can be applied to a wide range of healthcare settings including hospitals and community healthcare services including GP surgeries, dental clinics, long-term care facilities, home care and ambulance services. It is recognised that the level of risk of HCAI differs according to the different types of services.

The evidence base for the IPC guidelines is drawn predominantly from the acute-hospital setting. There is generally less evidence available for other health services settings. The recommendations should be read in the context of the evidence base. Some recommendations in this guideline may not be applicable in all settings. When implementing these recommendations all healthcare facilities need to consider the risk of HCAI and implement the guideline according to their specific setting and circumstances and advice on the practical application of the recommendations. Case studies giving examples of risk assessments have been included to help illustrate how these recommendations can be applied to different settings.

The Guidelines make reference to but do not include detailed information on:

- The reprocessing of reusable medical instruments or devices.
- Hospital hotel services such as food services, laundry services or waste disposal.
- Comprehensive information on many specific infectious diseases.
- Health facility design and engineering.
- Workspace health and safety.
- Pandemic planning.

#### **Target Audience**

The Guidelines are for use by all those working in healthcare - this includes healthcare workers, management and support staff. They are also relevant to people using healthcare services. Sections of particular relevance to people using healthcare services are highlighted as such in the text.

#### **How to submit your feedback**

##### **How to submit your feedback:**

- All feedback must be submitted on this form if it is to be considered
- Ensure you have completed your details or your group's details
- Identify clearly the recommendation your feedback relates to by identifying recommendation number and inserting your comments into aligned row
- Each comment should be in a separate box
- Specifically you must explain the rationale for your comment, which should be written clearly and concisely.
- Submit the form as a word document via email.
- Organisations should submit one collated response
- Use full terms for abbreviations on first use
- If you refer to sources of evidence, please detail the reference (with web link if available)

#### **Consultation questions**

This consultation focuses on how user friendly the document is, the content (evidence statements and recommendations) and the implementation of the draft guideline.

##### **1. Content**

- a) Do the recommendations, practice statements, statutory requirements cover the scope of the IPC Guideline?
- b) Do the recommendations, practice statements, statutory requirements clearly link to the evidence presented or otherwise to best practice?
- c) Do the recommendations, practice statements, statutory requirements consider gaps in current practice and service needs?

##### **2. Implementation**

- a) Are the recommendations, practice statements, statutory requirements suitable for routine use as intended?
- b) Which areas do you think may be difficult to put into practice? Please explain why.
- c) What would help users to implement the recommendations?

**Please DO NOT provide editing, proofing feedback – the IPC draft NCEC guideline as this will be edited and proof-read before submission to NCEC.**

**Your details:**

Name of person completing form	Pádraig Corbett
Organisation name	PSI – The Pharmacy Regulator
Are you commenting ....? (tick box)	Yes
Organisation Name	PSI – The Pharmacy Regulator
Contact Name (if different to above)	N/A
Contact Telephone Number	01-2184049
Contact Email Address	padraig.corbett@psi.ie
Date of feedback	18/02/2022

**Feedback Section 1:**

Page & line number	Summary of Recommendations
Page 23 (line 8 to 15) and Page 24 (line 1 to 22)	<p><b>Comment/feedback</b>                      The recommendations, practice statements and statutory requirements comprehensively cover the intended scope of the IPC guideline, however we would suggest for ease of reference that the explanations and definitions of these criteria included on pages 23 and 24 are referenced or sign-posted earlier in the document and, in particular, at the start of Section 1.</p>
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**Feedback Section 2:**

<b>Page &amp; line number</b>	<b>Summary of Recommendations</b>
<b>Page 51 (line 21 to 25)</b>	<b>Comment/feedback</b> We note on page 51 of the draft guideline that the approach taken in the document is underpinned by a risk-management framework to ensure the basic principles of IPC can be applied to a wide range of healthcare settings including hospitals and community healthcare services including GP surgeries, dental clinics, long-term care facilities, home care and ambulance services. We would recommend that specific reference be made to community pharmacies, in addition to those presently included. Inclusion of community pharmacies in the document would facilitate the PSI to encourage adoption of the guideline by community pharmacies, to promote improvements and best practice in infection prevention and control.
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**Feedback Section 3:**

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**Feedback Section 4 & appendices:**

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**Please document and other relevant comments that you would like to make below. (Please detail below the page number, rationale and any supporting documentation).**

The Pharmaceutical Society of Ireland (PSI) is an independent statutory body, established under the Pharmacy Act 2007 (the 'Act'). It is charged with, and is accountable for, the effective regulation of pharmacy services in Ireland, including responsibility for supervising compliance with the Act. The PSI is also charged with ensuring compliance with relevant medicines and controlled drugs legislation. It works for the public interest to protect the health and safety of the public by regulating the pharmacy profession and pharmacies.

We welcome this opportunity to make a submission on the draft National Clinical Guideline for Infection Prevention and Control. The draft guideline sets out a comprehensive framework for a national co-ordinated approach to Infection Prevention and Control (IPC), focusing on core principles that can be applied to a wide range of healthcare settings.

The recommendations, practice statements and statutory requirements comprehensively cover the intended scope of the IPC guideline, however we would suggest for ease of reference that the explanations and definitions of these criteria included on pages 23 and 24 are referenced or sign-posted earlier in the document and, in particular, at the start of Section 1. In addition, we note on page 51 of the draft guideline that the approach taken in the document is underpinned by a risk-management framework to ensure the basic principles of IPC can be applied to a wide range of healthcare settings including hospitals and community healthcare services including GP surgeries, dental clinics, long-term care facilities, home care and ambulance services. We would recommend that specific reference be made to community pharmacies, in addition to those presently included. Inclusion of community pharmacies in the document would facilitate the PSI to encourage adoption of the guideline by community pharmacies, to promote improvements and best practice in infection prevention and control.

We would again like to express our support for the draft National Clinical Guideline for IPC and would be very happy to contribute and collaborate on any further developments in this area.

**PSI – The Pharmacy Regulator**





Thank you for your contribution, your feedback is appreciated

ENDS