

RESOLUTION (72) 31

ON HOSPITAL HYGIENE

*(Adopted by the Committee of Ministers on 19 September 1972
at the 213th meeting of the Ministers' Deputies)*

The Committee of Ministers,

Considering that the aim of the Council of Europe is to achieve greater unity among its Members, *inter alia*, by encouraging the adoption of common regulations in the social and public health fields;

Considering that hospital infection is now a serious and costly burden on the community, which is directly linked :

- with the increased susceptibility of patients to infection due to the broadening of the age groups of hospital patients and the use of more complex and more radical therapeutic and diagnostic techniques;

- with the indiscriminate use of antibiotics, particularly the blind, systematic, prophylactic antibiotic therapy resulting not only in a feeling of false security, but also in the selection of micro-organisms which are particularly dangerous inside hospitals, many of which are overcrowded;

- with the lack of training in the prevention of cross-infection available to an often insufficient and over-worked hospital staff;

Considering the protection against hospital infection is not yet always or sufficiently afforded by government regulations in all the member States;

Considering also that, as matters stand at present, although infection¹ acquired in hospitals is difficult to avoid, it can nevertheless be reduced to a minimum by education and the application of efficient administrative and technical measures,

I. Invites the governments of member States to take into account in their national legislation and regulations the principles enunciated in the Appendix to this resolution;

II. Invites the governments of member States to inform the Secretary General every five years of the action taken in pursuance of this resolution.

1. For the purposes of this resolution and in order to avoid any terminological ambiguities, the term "infection" (in French and in English), means the multiplication of micro-organisms with tissue reaction, and may be manifest or inapparent.

APPENDIX

With a view to promoting progress in hospital hygiene in the member States of the Council of Europe, the following measures should be taken :

A. Surveillance and control of infection in hospitals

(a) Promote the setting up in hospitals of infection-control committees, the membership of which will depend on local conditions. They would be directed, where possible, by physicians trained in hygiene, assisted by nurses appointed for the purpose. The committee should include representation from domestic service managers. The committee's main tasks would be to ascertain and analyse the clinical and micro-biological facts of hospital infection, to present them in synthesised form, to establish precautions for the prevention of new infections, and to maintain constant liaison with an appropriate laboratory service.

(b) Encourage the establishment of such special laboratories and the training of doctors and nurses specialising in hospital hygiene.

(c) Provide the resources required for these purposes.

(d) Request the reporting by doctors to the committee of all clinical cases of infection admitted to or acquired during the patient's stay in hospital.

(e) Take note of the fact that as the use of antibiotics affects the ecology of micro-organisms in the hospital, antibiotic therapy should be codified and be as selective as possible and preferably guided by laboratory tests.

B. Prevention of transmission of micro-organisms

1. To reduce the risk of transmission from one person to another

(a) Encourage the drafting of written instructions for each technical or nursing procedure involving a risk of transmission of micro-organisms.

(b) Adapt the techniques and the quality of equipment and clothing against the risk of infection.

(c) Establish rules concerning clothing and movement of staff, patients and visitors in the hospital.

2. To prevent contamination from equipment, it is required that :

(a) All objects coming into contact with the patient are suitable for decontamination.

(b) Central sterilisation departments are provided and managed so that it is possible, inter alia, to check that sterilisation is effective, and that sterile equipment is available with detailed instructions for its use.

(c) Preference is given to heat sterilisation, whenever possible.

(d) Re-utilisation of disposable materials should be prohibited and their correct use and disposal should be ensured.

(e) Hospital bedding, linen, cosmetics and cleaning materials should be free from pathogenic micro-organisms.

(f) Those disposable materials and pharmaceutical products which are required to be sterile should, in fact, be so.

(g) Preparation, handling and distribution of foodstuffs should be such that the risk of contamination is minimal.

C. Control of hospital environment

1. Build hospitals that cannot easily be contaminated and can easily be decontaminated

Three sectors should be recognised :

(a) Those requiring a high degree of isolation because highly susceptible patients are exposed in them (e.g. operating theatres) or because pathogenic micro-organisms are disseminated by patients in them (e.g. infectious disease wards).

(b) Those that are less vulnerable, provided that hospital discipline is observed, such as conventional wards.

(c) Those that are only slightly vulnerable but may disseminate micro-organisms, such as meeting rooms and general services, although some of these (kitchens, laundry rooms etc.) require particularly close attention.

2. Promote the following arrangements :

(a) Isolation facilities for each department.

(b) Two principal movement channels, one for what is clean and one for what is soiled, unless soiled goods are immediately enclosed or sealed.

(c) Changing areas at the entrances to and exits from certain sensitive sectors.

(d) For surfaces and equipment, resistant materials that are easy to clean and decontaminate.

(e) Specialist teams for the regular maintenance, cleaning and decontamination of hospital premises.

3. Give particular attention to :

(a) Areas where special ventilation standards are required, i.e. operating theatres, isolation rooms for infected patients and for patients highly susceptible to infection.

(b) The installation of air-conditioning systems, if required, during the planning stage of new hospitals, and the supervision of their functioning and the quality of the air supplied. Present methods of purifying the air in a room occupied by a sick person by means of chemical sprays are unsatisfactory. Laminar-flow ventilation may be useful in places where a high degree of air purity is needed.

D. Education

(a) Include the teaching of hospital hygiene in the basic training for medical students and nurses.

(b) Instruct all staff, on their joining a hospital, on matters related to infections and hospital hygiene and hold periodical courses for them on the prevention of hospital infection.

(c) Give general instructions on personal hygiene to patients and, if necessary, to their families.

(d) Promote special courses of instruction for the training of doctors and nurses who are specialising in hospital hygiene.

E. To ensure medical supervision of the staff

(a) Undertake medical examinations of all staff, when they are first employed, to minimise the introduction of infectious diseases into the hospital; and microbiological examinations when the epidemiological situation so requires.

(b) Encourage all staff to report any infectious condition from which they suffer.

(c) Encourage immunisation, and require the observance of rules concerning immunisation against smallpox, tuberculosis, poliomyelitis and other infections of importance in the area concerned.

F. Promotion of hospital hygiene

(a) Develop continuing research into problems of hospital infection and encourage this at local and national levels.

(b) Appoint specialists at national level to advise on the co-ordinated application of all the above recommendations so that the incidence of hospital infection may be reduced.

(c) Bring about close international co-operation on hospital hygiene.