

Hospital Hygiene Ordinance of the State North Rhine-Westphalia of 9 December 2009

§1

Scope of Application

(1) This ordinance shall apply to all hospitals as defined in § 2 subparagraph 1 of the Hospital Financing Act as amended by the promulgation on 10 April 1991 (Federal Law Gazette I p. 886), which was last amended by Article 1 of the Act of 17 March 2009 (Federal Law Gazette I p. 534). Pursuant to § 33 of the Hospital Organisation Act of the Federal State of North Rhine-Westphalia, church hospitals autonomously establishing their own regulations, which comply with the objectives of the subsequent provisions, are exempt.

(2) Whilst personal designations appear in the masculine form, they are used in a general sense and refer to both sexes.

§2

Hygiene in Hospitals

The hospital operator is obliged to guarantee the operational-organisational and constructional-functional requirements for adhering to the principles of hygiene in hospitals, and to ensure that the necessary hygiene measures are taken. In particular this involves

1. setting up an infection control committee;
2. guidance provided by a hospital hygienist within the meaning of the recommendation of the Commission for Hospital Hygiene and Infection Prevention (Federal Health Gazette no. 52 of 20-08-2009);
3. employing infection control experts and
4. designating infection control officers.

§ 3

Infection Control Committee

(1) An infection control committee must be established in each hospital. The infection control committee adopts rules of procedure requiring the approval of the hospital operator. The members of the infection control committee must at least include:

1. the head physician;
2. the senior nurse;
3. the Administration and Business Services managers;
4. the infection control experts as per § 4;
5. the hospital hygienist and
6. the infection control officers as per § 5.

Moreover, the business manager, the hospital pharmacist and the technical manager should be members of the infection control committee. Additional head physicians and members of the hospital's staff committee can sit on the committee.

(2) The infection control committee must, in particular

1. work to ensure that infection control manuals are devised and updated, in which particular provisions should be made to clarify which specifications for detecting, preventing and controlling hospital-associated infections must be complied with, thereby including therapeutic measures;
2. monitor compliance with the infection control manuals;
3. regulate who must notify the infection control experts, the hospital hygienist and the infection control officer in the event of a suspected or confirmed hospital-associated infection and on what timescale and
4. contribute to and be involved in the planning of building projects, the replacement of capital assets pursuant to § 18 paragraph 1 clause 1 subparagraph 2 of the Hospital Organisation Act of the Federal State of North Rhine-Westphalia, and the drafting of organisation charts, insofar as matters of hospital hygiene are concerned, as well as in organising basic and advanced training of staff in the field of hygiene.

(3) The infection control committee is convened by the chairperson at regular intervals and at least semi-annually. The infection control committee is convened promptly in case of repetitive occurrences of hospital-associated infections and unusual incidents regarding hygiene.

§ 4

Infection Control Experts

(1) Within the framework of this ordinance, infection control experts are infection control specialist nurses who have successfully completed a qualified, officially recognised advanced training course for becoming an infection control expert.

(2) Infection control experts perform their duties in coordination and consultation with the hospital hygienist.

(3) Infection control experts must, in particular,

1. cooperate with the infection control officers in monitoring hospital hygiene and hospital hygiene measures;
2. carry out surveillance of nosocomial infections and multi-resistant pathogens and other specific pathogens according to § 23 of the Infection Protection Act and in conjunction with the infection control officers and the hospital hygienist;
3. inspect the wards and the other nursing, diagnostic and therapeutic areas and supply and disposal areas both at regular intervals and in response to specific events;

4. notify the physicians, nursing staff and the management of the Administration and Business Services of the respective areas of suspected cases;
5. notify the staff of any orders for inspection control measures and the reasons behind them;
6. monitor infection control, disinfection and disinsecting measures;
7. set up work schedules for nursing measures according to hygiene issues and monitor their compliance;
8. contribute to and be involved in epidemiological examinations;
9. contribute to and be involved in the supervisory control of sterilisation and disinfection equipment, bed reprocessing and hospital cleaning;
10. support the analysis and evaluation of microbiological and other findings of infections and other health-hazardous conditions in patients and their surroundings, especially due to examinations of patients, staff, the air, water, air conditioning systems and objects, for possible health hazards;
11. investigate infective chains and infection causes and take counter-measures in co-operation with the physicians entrusted with infection control and the hospital hygienist;
12. carry out advanced training for hospital staff.

(4) The number of infection control experts to be employed by a hospital is determined by applying the recommendation of the Commission for Hospital Hygiene and Infection Prevention: "Personnel and Organisational Requirements for Preventing Nosocomial Infections" section 4 as amended on 24 August 2009. These provisions apply likewise to associations of hospitals employing inter-hospital infection control experts.

(5) Hospitals according to § 3 subparagraph 2 of the Hospital Financing Act, special hospitals for addictions, preventive care and rehabilitation facilities are to be put on a level with inpatient psychiatric facilities.

§ 5

Infection Control Officers

(1) In each hospital, at least one physician, who is employed in the hospital, has appropriate knowledge and experience in hospital hygiene and infection prevention and has successfully completed appropriate advanced training in hospital hygiene, must be appointed to infection control officer. In facilities including several specialist departments involving a particular risk for nosocomial infections, each department shall appoint a physician entrusted with infection control.

(2) The infection control officer must, in particular,

1. contribute to and be involved in complying with the rules of hygiene and infection prevention within his sphere of responsibility, and thereby encourage improvements to the infection control manuals and functional processes and

2. contribute to and be involved in the basic and advanced training of staff in hospital hygiene.
- (3) The designation of infection control nurses as specific contact persons in each ward and in each medical specialty area remains unaffected by these regulations.

§ 6 Advanced Training

- (1) Within the scope of their remit, infection control experts according to § 4 are obliged to acquaint themselves with the current state of hospital hygiene and attend appropriate advanced training courses at least every other year.
- (2) Infection control officers according to § 5 are obliged to continuously acquaint themselves with the latest findings on hospital hygiene and require regular advanced training at not more than two-year intervals. This advanced training shall particularly include the following areas:

1. regulations in the field of hospital hygiene;
2. microbiological and epidemiological fundamentals of hospital-associated infections;
3. analysis and documentation of hospital-associated infections;
4. contact tracings;
5. requirements related to the functioning, construction and equipment in certain hospital areas;
6. targeted hygienic-microbiological control measures;
7. measures in the field of disinfection, sterilisation and disinfestations, of instrumental equipment and supply as well as of water supply and treatment, swimming pool hygiene, wastewater and waste disposal;
8. specific methods for preventing infections of staff and
9. co-operation with institutes and laboratories as well as medical examination agencies, public health departments and other health authorities.

- (3) Infection control experts and infection control officers must be released to the extent needed to exercise these roles.

§ 7 Records, Inspection of Files, Right to Access

- (1) Records according to § 23 para. 1 of the Infection Protection Act must be notified to the hospital hygienist, the infection control officer and the infection control committee at regular intervals and promptly in case of imminent danger. Control and maintenance work of the technical equipment necessary for maintaining hospital hygiene as well as other data collected and arising within the scope of hospital hygiene must be archived for ten years, indicating the date.
- (2) Hospital hygienists, infection control officers and infection control experts are entitled to inspect hospital documents including patient's files, including in digital

form, and to gain access to hospital areas insofar as this is necessary for performing their duties according to this ordinance.

§ 8
Entry into Force, Expiry

This ordinance will enter into force on 1 January 2010 and will expire at the close of 31 December 2014.

Düsseldorf, 9 December 2009