great people great place

NHS
Isle of Wight
NHS Trust

HEALTHCARE ASSOCIATED INFECTION HCAI POLICY
CODE OF PRACTICE FOR THE PREVENTION AND CONTROL of HCAI

Policy Type	Clinical Infection prevention and control
Directorate	Corporate Nursing
Policy Owner	Chief Nurse including Midwifery and Allied Health Professionals
Policy Author	Infection Prevention and Control Team
Next Author Review Date	1st January 2023
Approving Body	Policy Management Sub-Committee 24th June 2019
Version No.	8.0
Policy Valid from date	1st June 2019
Policy Valid to date:	30th June 2023

'During the COVID19 crisis, please read the policies in conjunction with any updates provided by National Guidance, which we are actively seeking to incorporate into policies through the Clinical Ethics Advisory Group and where necessary other relevant Oversight Groups'

DOCUMENT HISTORY

(Procedural document version numbering convention will follow the following format. Whole numbers for approved versions, e.g. 1.0, 2.0, 3.0 etc. With decimals being used to represent the current working draft version, e.g. 1.1, 1.2, 1.3, 1.4 etc. For example, when writing a procedural document for the first time – the initial draft will be version 0.1)

Date of Issue	Version No.	Date Approved	Director Responsible for Change	Nature of Change	Ratification / Approval
29 Mar 12	5.0	29 Mar 12	Chief Nurse	Reviewed logo and wording updated for new organisation	Approved
Mar 13 Mar 14	5.1		Executive Director of Nursing & Workforce	Review	
02 May 14	5.1		Executive Director of Nursing & Workforce	Ratified at	Clinical Standards Group
20 May 14	6	20 May 14	Executive Director of Nursing & Workforce	Minor amendments approved at	Policy Management Group
March 16	6.2		Executive Director of Nursing	Revision to reflect new organisation structure and 2015 changes to criteria in Health & Social Care Act Code of Practice	
18 March 2016	6.2		Executive Director of Nursing	For ratification	Clinical Standards Group
12 April 16	7	12 April 16	Executive Director of Nursing	For Approval	Policy Management Group
14 May 2019	7.1		Director of Nursing/ Director of Infection Prevention and Control	Revision to reflect new organisation structure and change in policy template. Audit frequency changes. Removal of reference to negative pressure facilities agreed at	Infection, Prevention Control Committee
31 May 2019	7.1		Director of Nursing	Policy endorsed at	Clinical Standards Group
24 Jun 2019	8.0	24 June 19	Director of Nursing	Approved at	Policy Management Sub-Committee
21 Jan 2021	8.0	24 June 19	Chief Nurse including Midwifery and Allied Health Professionals	12 month blanket policy extension due to covid 19 applied with author review date set 180 days prior to Valid to Date.	Quality & Performance Committee
14 May 2021	8.0	24 June 19	Chief Nurse including Midwifery and Allied Health Professionals	Extended policy uploaded and linked back with new cover sheet	Corporate Governance

NB This policy relates to the Isle of Wight NHS Trust hereafter referred to as the Trust

Uncontrolled when Printed

Contents **Page**

1. Executive Summary……………………………………………..... 4

2. Introduction……………………………………………………… 4

3. Definitions………………………………………………………… 4

4. Scope…………………………………………………………….. 5

5. Purpose…………………………………………………………… 5

6. Roles & Responsibilities………………………………………… 5

7. Policy Detail / Course of Action………………………………… 10

8. Consultation……………………………………………………… 17

9. Training………………………………………………………….... 18

10. Monitoring Compliance and Effectiveness……………………. 18

11. Links to other Organisational Documents……………………. 18

12. References……………………………………………………….. 18

13. Appendices…………………………………………………….... 19

Appendix A Financial and Resourcing Impact Assessment on Policy Implementation

Appendix B Equality Impact Assessment (EIA) Screening Tool

Uncontrolled when printed

1 Executive Summary

The IW NHS Trust is committed to improve the quality of the services provided, focusing on patient safety, clinical outcomes and patient experience.

This policy outlines the Trust strategy for preventing and controlling Health Care Associated Infections (HCAIs) and recognises that all Trust staff have a duty to comply with infection prevention and control policies and the Hygiene Code (The Health and Social Care Act 2008. Code of Practice on the prevention and control of infections and related guidance. Department of Health 2015).
Effective infection prevention and control is everyone's responsibility in the organisation. It must be embedded into everyday practice and applied consistently by everyone.

2 Introduction

The Board and senior staff are dedicated to strengthening prevention and control of infection, improving surveillance and ensuring patients with infections receive the most appropriate care.

2.1 This Policy defines the organisation's over-arching commitment to ensuring patients, visitors and staff in conjunction with Occupational Health, are cared for in an environment where best practice in the prevention and control of infection is second-nature to all staff.

2.2 This Policy should be reviewed in line with associated infection prevention and control policies procedures and guidelines which complement this policy and reflect national best practice

2.3 The intranet holds the key infection control policy and guidance for staff use, and the Infection Prevention and Control Team are also available, and should be consulted when expertise is required for specific information for any infection control situation not covered in these documents

3 Definitions

E.coli: *Escherichia coli*
IPC: Infection Prevention and Control
HCAI: Healthcare Associated Infection
MRSA: Meticillin resistant *Staphylococcus aureus*
MSSA: Meticillin sensitive *Staphylococcus aureus*
DIPC: Director of Infection Prevention and Control
IPCD: Infection Prevention and Control Doctor
IPCT: Infection Prevention and Control Team
IPCNT: Infection Prevention and Control Nursing Team

Uncontrolled when printed

4 Scope

This policy applies to all staff employed by the Isle of Wight NHS Trust, both clinical and non-clinical, and to visiting staff including students, agency/locum staff and contractors. Volunteers and staff on honorary contracts or other such arrangements are expected to comply with the requirements.

There are ten compliance criteria and the Trust is expected to demonstrate accordance with the following:

	Compliance Criteria
1	Systems to manage and monitor the prevention and control of infection. These systems use risk assessments and consider the susceptibility of service users and any risks that their environment and other users may pose to them.
2	Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections
3	Ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance.
4	Provide suitable accurate information on infections to service users, their visitors and any person concerned with providing further support or nursing/ medical care in a timely fashion.
5	Ensure prompt identification of people who have or are at risk of developing an infection so that they receive timely and appropriate treatment to reduce the risk of transmitting infection to other people.
6	Systems to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection.
7	Provide or secure adequate isolation facilities.
8	Secure adequate access to laboratory support as appropriate.
9	Have and adhere to policies, designed for the individual's care and provider organisations that will help to prevent and control infections.
10	Providers have a system in place to manage the occupational health needs and obligations of staff in relation to infection.

Uncontrolled when printed

5 Purpose

The purpose of the strategy is to ensure that the Trust has suitable and sustainable infection prevention and control arrangements in place. All healthcare workers have a duty to comply with Trust policies and the Hygiene Code underpinning the strategy and as such are accountable for any breaches in policy

6 Roles and Responsibilities

6.1 The Trust Board

The Strategy is approved by the Policy Management Group on behalf of the Board and the delivery is supported and overseen by members of the Executive Team.

6.2 Chief Executive Officer (CEO)

The Chief Executive accepts on behalf of the Trust Board ultimate responsibility for all aspects of infection prevention and control within the Trust.

6.3 Director of Infection Prevention and Control (DIPC)

The DIPC is responsible for leading the Trust's Infection Prevention Control Team and reports directly to the Chief Executive and the Board of Directors

- Being responsible for the Infection Prevention and Control Team (IPCT)
- Overseeing the maintenance, development and implementation of the infection control policies and their implementation
- Being a full member of the IPCT, regularly attending infection control meetings
- Ensuring that poor infection control practices in the Trust are identified and challenged, including clinical hygiene practice and inappropriate antibiotic prescribing
- Ensuring that the impact of all existing and new policies on HCAI are assessed and to make recommendations for change
- Producing an annual infection control report which is released publicly.
- The DIPC links closely with clinical governance and patient safety teams to ensure continuity of care and is a member of the Quality and Clinical Performance Committee and Trust Executive Committee.

6.4 Executive Medical Director

The Executive Medical Director supports the Director of Nursing/DIPC maintaining high standards of infection prevention and control practice including promotion of appropriate antimicrobial prescribing and adherence to IPC policies and antibiotic guidelines.

6.5 Infection Prevention & Control Committee (IPCC)

IPCC fosters an environment within the Trust in which infection control is an integral part of all working practices

- to consider reports on infections and infection control problems including national reports and initiatives
- to discuss and endorse a plan for the management of outbreaks in the hospital and monitor its implementation
- to discuss and endorse the annual infection prevention and control programme, which will be submitted for approval to the trust board,
    - review the progress of the programme
    - assist in its effective implementation
- to advise on and approve infection control policies before their submission and review their implementation
- to review and advise on infection control initiatives undertaken by members of the Trust with the Infection Control Team

Uncontrolled when printed

The Committee meets monthly and reports to Trust Executive Committee. Representation from all Care Groups is required (by Head of Nursing and Quality or equivalent or deputy) for every committee meeting.

6.6 Infection Prevention & Control Team (IPCT)

The team comprises the DIPC, Deputy DIPC, the Infection Prevention and Control Doctor/Consultant, Medical Microbiology Consultant and the IPC Nursing team. Their purpose is to limit the acquisition and spread of pathogenic microorganisms by promoting the use of scientifically based knowledge and skills, planning, surveillance and education, as part of the overall policy of achieving good quality health care.

The team will support with the root cause analysis process of Healthcare Associated Infections. The Infection prevention control team are responsible for the day-to-day operation of the infection control service and report to IPCC; they are responsible for determining the annual infection control priorities and audit programme, supporting the DIPC in the production of the infection control annual report, as well as identifying risks relating to infection prevention control

Infection Prevention and Control Doctor (IPCD)

The infection prevention & control doctor is a medical consultant who is expected to provide leadership for and maintain an overview of infection control and act as an infection control specialist within the Trust.

The role would normally be performed by a consultant medical microbiologist, with other medical microbiology consultants deputising during periods of absence to ensure that 24 hour cover is provided. The consultant is accountable for this role to the DIPC. Role includes:

- to advise and support the DIPC on all aspects of infection control in the hospital and on implementation of agreed policies
- to act as the medical lead for the infection control team and advise and support the infection control nurses in day-to-day activities
- to investigate outbreaks of hospital infection
- to advise and support executive directors, associated medical directors, clinical directors, service managers as appropriate about infection control issues
- to serve as a specialist adviser (with colleagues as appropriate) on all matters relating to hospital infection control
- to be an active member of the Trust IPCC
- to advise and contribute to the planning and implementation of relevant activities required to achieve the Trust's aims and objectives, NHS standards and the compliance criteria under the Health and Social Care Act (2008)
- to prepare and update policies, together with other relevant personnel, in relation to hospital infection control
- to be involved in the planning and upgrading of hospital facilities

Uncontrolled when printed

- to be involved in the setting of quality standards with regard to hospital infections and in audits of infection

Infection Prevention and Control Nursing Lead (IPCNL)
The IPCNL leads on the implementation of the annual work programme in the Trust including outcomes and monitoring of contracts that are applicable to infection control. In addition, to ensure the IPCT monitor, review and analyse performance data from the acute providers.
Role:

- to act as the first point of contact for infection control related issues
- to promote good infection control practice
- to liaise with the infection control doctor [consultant microbiologist] and Infection Prevention & Control Team, clinical directors and service managers as appropriate about infection control issues
- to receive Trust data, policies, alerts etc relevant to infection control, to advise and disseminate this information appropriately
- to establish infection control training needs, and to act as a resource for relevant training opportunities.

6.7 Care Groups

IOW NHS Trust has devolved accountability for Health Care Acquired Infections (HCAI) to Care Group level via the clinical directors and Heads of Nursing and Quality (or equivalent role)

Individual Care Groups need to have oversight and ownership of infection prevention & control in their areas of practice and infection control must be considered as an essential component of clinical governance. IPC must form a key part of the Care Group quality meetings, with feedback and cascade of information to and from IPCC.

The Head of Nursing and Quality (or equivalent role) is accountable for the infection control practices and standards and is expected to provide leadership for, maintain an overview of, and act as a contact point for the collection, dissemination and use of relevant infection control data.
They should:

- receive Trust data, advice, policies, alerts etc relevant to their clinical departments, and to disseminate this information appropriately within the clinical departments, presenting it as appropriate to clinical department meetings and managing the implementation
- in conjunction with the clinical director, establish infection control training needs within the clinical departments, ensuring that infection control is included in a ward induction programme for all new staff
- be responsible for establishing a clear structure for infection control within the Care Group
- be responsible for the performance management of poor infection control practices by challenging practice in the clinical area, utilising the appraisal system and progressing, where necessary, to the use of the capability/ disciplinary process

Uncontrolled when printed

- be responsible for leading the discussion regarding all reports relating to infection control and Root Cause Analysis (RCA) actioned through the Care Group quality meetings,
    - all meticillin resistant *Staphylococcus aureus* (MRSA) bacteraemias
    - cases of hospital acquired *Clostridioides (Clostridium) difficile* Infections (CDI).
    - Hospital acquired meticillin sensitive *Staphylococcus aureus* (MSSA) and *E.coli* bacteraemia
- ensure matrons, and where required HONQ, facilitate meetings on all wards focusing on clinical safety including infection control issues such as
    - MRSA screening,
    - correct patient placement of infectious patients,
    - barrier nursed patients,
    - catheter care and cannula care.
- be responsible for reporting on infection control issues such as:
    - infection control audits including hand hygiene audits,
    - cleaning scores,
    - infection control reports

Medical Staff
All medical staff have a Duty of Care to their patients, which includes ensuring stringent infection control procedures are carried out at all times in line with current best practice and Trust Policy. This includes the prescribing of antibiotics in line with Trust antibiotic guidelines and the supervision of junior medical staff.

Locums/Agency Staff.
Any Locum or Agency Staff must be made aware, on commencement of their duties, of where to access information on IPC policies and procedures within this Trust and how to contact the Infection Prevention & Control Team for advice if necessary. Their daily supervisor must ensure they understand the Trust's commitment to preventing and controlling infection, and to have the necessary skills to comply with the infection control requirements placed upon them to ensure their own, and patients' safety.

Modern Matrons, Team Leaders, Ward & Line Managers
Modern Matrons have a responsibility to ensure that high standards of IPC practice are embedded into practice and become routine, safe practice by all staff for which they have line management responsibility. Modern Matron/Team Leaders should also ensure that IPC compliance is monitored through the appraisal process, and compliance to mandatory training is maintained for those individuals for whom they have the ability to hold to account and provide education & support on elements of best practice.

Where poor practice relating to IPC is identified in their area, e.g. on audit or root cause analysis of HCAI, they must ensure that actions to resolve this have been identified and are implemented.

Uncontrolled when printed

Modern Matrons / Team Leaders must ensure that copies of the Infection Control Policy and associated guidelines are readily available in all work areas, and are easily identifiable and accessible by all staff in the area. Modern Matrons/Team Leaders will coordinate with root cause analysis process of Healthcare Associated Infections and follow action plans.

They should provide clinical leadership in relation to IPC sharing lessons learnt through the Root Cause Analysis (RCA) process, and driving forward a culture of cleanliness.
Ward/Line Managers should ensure that there is adequate training and equipment for staff to safely decontaminate equipment in line with local, national and manufacturers' guidance.

All Staff
All staff are responsible for:

- Ensuring they have received appropriate infection control training in line with the Trust Mandatory Training Policy, and any additional training identified via the appraisal process.
- Never knowingly placing a patient, member of staff or visitor at risk from an infection.
- Working to the infection control standards set out in the Trust's infection control guidelines and policies
- Challenging poor infection control practice and seeking support from the IPCT as required
- Reporting any infection control concerns to the IPCT, out of hours to the on-call medical microbiologist, in accordance with Trust Policy.
- Obtaining advice from Occupational Health if they are concerned over their own infection risks.

7 Policy detail/Course of Action

Criterion 1: Systems to manage and monitor the prevention and control of infection

- Infection control must be an integral part of the clinical and corporate governance framework.
- Mechanisms must be in place by which the Board ensures sufficient resources are available to secure effective prevention and control of HCAI including regular reporting to the Board by the DIPC.
- All relevant staff must receive suitable and sufficient information, training and supervision in measures required to prevent or minimise HCAI.
- A programme of audit is used to ensure key policies and practices including cleanliness are being implemented appropriately.
- A decontamination lead must be designated.
- A water safety group and water safety plan must be in place.
- The Trust has in place suitable and sufficient assessment of risks to patients receiving healthcare with respect of HCAI. Actions to identify and control these risks include:

Uncontrolled when printed

    - Monitoring risks of infection through data collection, audit and review of clinical incident reporting.
    - Corporate and local HCAI risk assessments available on the Trust's Risk Register.
    - Monitoring of compliance with the Code of Practice on the prevention and control of infection.
    - Regular review of the risks in Care Group Quality meetings, with updates provided to IPCC by the Care Group Head of Nursing and Quality (or equivalent).
    - Use of the Trust's robust incident reporting system through which staff can report adverse incidents such as deviation from a clinical guideline/policy or poor practice.
    - Health care associated infections (HCAI) are subject to a root cause analysis
    - Every patient diagnosed with HCAI or an organism of infection control risk is reviewed by the IPCT. The infection control nurses (ICN) assist in the correct placement of the patient.
    - Staff are supported in their decision making processes by the risk assessment tool for prioritisation of patients who require isolation.
- An appropriate infection prevention infrastructure must be in place including:
    - An infection prevention team with an appropriate mix of nursing and consultant medical expertise, appropriate administrative and analytical support and access to adequate information technology.
    - The DIPC is a key member of the IPCT
    - An antimicrobial stewardship programme developed by the Trust's Antimicrobial stewardship group, which includes the Antimicrobial Pharmacist and Consultant Microbiologist leading on Antibiotic Stewardship.
    - 24 hour access to a qualified infection control doctor.

Criterion 2: Provide and maintain a clean and appropriate environment

The IPCT, in collaboration with the Estates and Facilities Team and the decontamination lead, monitors standards of cleanliness within the Trust and promotes best practice by ensuring the following:

- The Trust has a cleaning strategy developed by the Facilities Team in collaboration with the IPCT and approved by the IPCC – in line with National Cleaning Standards.
- The Trust has provision of policies for
    - the maintenance of the environment
    - provision of cleaning services
    - linen, laundry
    - decontamination (including the environment, equipment and reusable medical devices).
- Staff are suitably trained and hold adequate competencies for their roles.

Uncontrolled when printed

- Ensuring, through audit that all parts of the premises are suitable for the purpose, kept clean and maintained in good physical repair and condition.
- The audit results are incorporated into the nursing quality metric report which provides information monthly by ward and directorate.

- Patient Led Assessment of the Care Environment (PLACE) visits are undertaken and the findings and recommendations are actioned by relevant teams.
- The cleaning schedules and frequencies are publicly available.
- Provision of suitable hand washing facilities and antibacterial hand rubs available for public and staff.
- Correct procedures are in place for the delivery of food services, including food hygiene.
- All staff adhere to Trust waste disposal policy in all areas
- There is a programme in Estates of planned, preventative maintenance, according to the Trust water management plan of potable and non-potable water supplies.
- The supply and provision of linen and laundry including uniforms is ensured which reflects health service guidance hospital laundry arrangements for used and infected linen.
- Effective arrangements must be in place in the Trust for the appropriate decontamination of instruments and other equipment and fully compliant with national guidance, e.g. HTMs (Health Technical Memoranda).
  - A monitoring system is in place to ensure decontamination processes are fit for purpose and meet required standards

Criterion 3: Ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance.

The Trust has an antibiotic policy and guidelines which it is expected that all prescribers will adhere to. Audit of antibiotic prescribing is performed on a regular (at least quarterly) basis by the Antimicrobial Pharmacist and reported to IPCC; where there are issues with compliance the Clinical Directors and Heads of Nursing and Quality should ensure appropriate actions are undertaken.

The monthly Trust antimicrobial stewardship group reports to IPCC and is responsible for ensuring the development, implementation and monitoring of the Trust's antimicrobial stewardship programme, including an up to date antimicrobial policy and guidelines, taking account of local antibiotic resistance patterns.

Consultant Medical Microbiologists provide a 24 hour on-call service to give advice on antibiotic selection which falls outside the Trust guidelines.

Criterion 4: Provide suitable accurate information on infections to service users, their visitors and any person concerned with providing further support or nursing/medical care in a timely fashion.

Uncontrolled when printed

Patients experiencing HCAI caused by MRSA, *C. difficile* and other significant organisms receive an information leaflet which contains information about the organism and explains any precautions required both in the hospital and in the community post discharge. Information is also available for visitors.

Specific patient, staff and public information is regularly posted on the public website, via the board reports, including:

- the latest incidence rates for MRSA and *C. difficile*
- information on specific organisms or infection risks e.g. norovirus, influenza.

The movement of patients within the Trust is included in key policy documents such as the admission and discharge policies and the patient transfer policy. The IPCT works jointly with bed managers in planning patient admissions, transfers, discharges and movements between departments and other healthcare facilities.

The Trust uses transfer documentation which communicates the patient's infection status.

Criterion 5: Ensure that people who have or develop an infection are identified promptly and receive the appropriate treatment and care to reduce the risk of passing on the infection to other people

The IW NHS Trust is able to demonstrate that responsibility for infection prevention and control is effectively devolved to all professional groups by means of inclusion in all job descriptions and mandatory inclusion in appraisal documentation including for medical staff.

Advice on infection control precautions is available 24 hours a day from the IPCT (Consultant Microbiologist on-call out of hours).

A risk based MRSA screening policy is in place, in line with Department of Health Guidelines, with audits of compliance reported quarterly to IPCC.

Alerts are recorded on the electronic medical record of patients with a known infection control risk enabling appropriate precautions to be taken from the time of admission; review of patient alerts to ensure the correct precautions are in place is undertaken on a day to day basis by the IPC nurses.

Incident reporting is undertaken where isolation has not been undertaken appropriately and reports reviewed at IPCC.

Criterion 6: Systems to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection.

The Trust as far as is reasonably practicable ensures that its staff and contractors and others involved in the provision of healthcare cooperate so far as is necessary to enable the Trust to meet its obligations under the code of practice for the prevention and control of healthcare associated infections.

Uncontrolled when printed

The Trust has in place mandatory infection control training programmes for all staff including external contractors and volunteers.

Staff are expected to have undertaken training and demonstrated proficiency in procedures requiring aseptic technique before undertaking such procedures independently.

Criterion 7: Provide or secure adequate isolation facilities
The Trust recognises the need to maintain and expand facilities for patient isolation for infectious purposes, while recognising the need to provide single room facilities for patients requiring privacy for other reasons.

To assist staff the Trust has an isolation policy and organism-specific policies detailing the need for isolation. Staff are also assisted in their decision-making through the provision of a risk assessment tool for prioritisation of patients who require isolation (See IPC Isolation Policy).

Criterion 8: Secure adequate access to laboratory support as appropriate
The local Trust Microbiology Department has full accreditation with UKAS (United Kingdom Accreditation service), which requires the provision of appropriate protocols and standard operating procedures.

There is provision of seven day laboratory working and 24 hour access to microbiology and virology advice.

Criterion 9: Have, and adhere to policies, designed for the individual's care and provider organisations that will help to prevent and control infections.
A comprehensive infection control document section is available via the Trust's document library on the intranet, which identifies all infections and infectious conditions which require isolation or specific infection control management and describes any specific precautions required.
The infection control documents also identify clinical situations where isolation precautions may be required before any infection risk has been confirmed (e.g. patients with pyrexia of unknown origin from abroad).

The ICT is responsible for the maintenance and updating of the infection control policies, procedures and guidance documents which are evidence based and reflect national guidance documents.

The antimicrobial prescribing policies are the joint responsibility of the consultant microbiologist and antibiotic pharmacist and are approved by the Antibiotic Stewardship Group, Drugs and Therapeutics Committee and Clinical Standards Group.

The decontamination policies and procedures are the responsibility of the decontamination lead and are approved by the Decontamination Implementation Group and IPCC.

Uncontrolled when printed

Core Policies/procedures for the prevention and control of healthcare associated infections:

Policies:

- Admissions, transfers and discharges in the patient with an infection risk– policy for patient movements
- Antibiotic resistant bacteria policy
- Antimicrobial policy
- Aseptic Non Touch Technique (ANTT)
- Blood Culture Collection Policy
- CJD policy
- Clean Patient Environment Policy
- Clostridium difficile policy
- Decontamination & Maintenance of Endoscopes policy
- Decontamination of reusable medical devices policy
- Diarrhoeal infections (including Norovirus) policy
- Dress code and uniform policy
- Hand hygiene policy
- Isolation policy
- MRSA policy
- Medical Devices Policy
- Outbreak policy (including Bed Closure policy)
- Insertion and management of peripheral venous access devices
- Policy for Reporting Healthcare Associated Infections (HCAI)
- Respiratory Viruses
- Safe handling and disposal of sharps policy
- Sharps Injury & Management of Blood Borne Viruses policy
- Tuberculosis policy
- Standard (universal) infection control precautions – Use of PPE
- Viral Haemorrhagic Fever policy
- Waste management Policy
- Water Systems Policy

Guidelines:

- Antibiotics guidelines available on the Trust intranet for both adults and children
- Insertion of indwelling urinary catheters

Local surveillance of alert organisms and antimicrobial resistance is reported to IPCC and shared at relevant Trust forums. Electronic reporting of laboratory isolates to Public Health England is in place.

Mandatory surgical site infection surveillance (SSIS) for orthopaedics is undertaken and reported quarterly to IPCC. SSIS for other specialities should be undertaken wherever possible, and must be performed where concerns are identified (e.g. based on increased post-operative positive cultures or theatre issues).

Uncontrolled when printed

The Laboratory Standard Operating Procedures (SOPs) and the Pathology User Manual; detail precautions for packaging, handling and delivery of laboratory specimens.

Mortuary SOPs contain details on the required procedures to minimize the risk of infection in the care of deceased persons.

Criterion 10: Providers have a system in place to manage the occupational health needs and obligations of staff in relation to infection.

Staff are protected from the risk of infection through a comprehensive portfolio of policies addressing: induction training for new staff, annual training of existing staff and occupational health measures.

All staff have access to occupational health advice and out of hour's access to medical advice in the event of exposure to a blood borne virus or an alert organism. A specific risk assessment and policy is in place for the management of exposure prone procedure injuries.

There is a screening and immunisation programme which is in accordance with national guidance, specifically 'immunisation against infectious diseases'; including pre-employment screening and ongoing health screening for communicable diseases where indicated.

Seasonal influenza vaccination is provided for Trust health care workers where appropriate.

The Trust has systems in place to reduce occupational exposure to blood borne viruses including the prevention of sharps injuries by the use of safer sharps products where available including the blood culture sampling system and intravenous cannulae.

All new clinical and support staff receive the principles of infection prevention and control training including hand hygiene as part of the induction process. Ongoing infection control training, including hand hygiene, is mandatory for staff and implemented via both an infection control e-learning programme and face to face training. Fit testing for respiratory protective equipment (RPE) is mandatory for all staff in high risk areas.

IPC training and updates for staff are recorded.

Uncontrolled when printed

7.2 Infection Control Assurance Framework

The Trust's framework for providing assurance on implementation of required actions to ensure a safe and clean environment for our patients, staff and visitors takes the form of an annual infection control and prevention action plan. The plan is developed by the IPCT and ratified by the Infection Prevention and Control Committee, prior to approval by the Board.

In addition, any issues considered by the Board to be a Prevention and Control of Infection risk to the achievement of our strategic objectives are placed on the Corporate Risk Register / Board Assurance Framework, which is reviewed by the Board, and other committees reporting to the Board, on a regular basis.

The DIPC provides quarterly reports to the Board on key IPC issues.

7.3 Managing Risks

Quality assurance processes such as audit, peer review, internal and external scrutiny are employed to monitor the level of risk, against defined national and local infection control standards
Any identified IPC risks should be reviewed monthly at the Care Group Quality Meetings, for progress against the action plans developed to mitigate or resolve the risks.

8 Consultation

This revision document will be produced by the Director of Infection Prevention and Control and circulated to members of the Infection Prevention & Control Committee for consultation before progression.

9 Training

This IPC policy has a mandatory training requirement which is detailed in the Trust mandatory training matrix and is reviewed on a yearly basis.

Infection prevention and control training is provided by the IPCT, with the content reviewed annually and based in national requirements and local needs.

This policy and the supporting suite of IPC policies are available on the Trust's intranet site. Support and advice on the implementation of these policies in practice is available from the IPCT.

10 Monitoring Compliance and Effectiveness

The implementation of this policy will be monitored via the annual report to the Board and via the annual action plan progress monitoring at the Infection Prevention and Control Committee.

The infection prevention and control policies that this document refers to will be monitored via audit and reported to the Infection Prevention and Control Committee and where appropriate Clinical Directorate Board Meetings.

The key performance indicators that this policy relates to are:

- the nationally set MRSA bacteraemia and *C. difficile* trajectories
- additional trajectories as set from time to time by both national and local bodies

Uncontrolled when printed

- IPC audit compliance (≥90%)

11 Links to other Organisational Documents

IPC Policies

- Admissions, transfers and discharges in the patient with an infection risk– policy for patient movements
- Antibiotic resistant bacteria policy
- Antimicrobial policy
- Aseptic Non Touch Technique (ANTT)
- Blood Culture Collection Policy
- CJD policy
- Clean Patient Environment Policy
- Clostridium difficile policy ,
- Decontamination & Maintenance of Endoscopes policy
- Decontamination of reusable medical devices policy
- Diarrhoeal infections (including Norovirus) policy
- Dress code and uniform policy
- Hand hygiene policy
- Isolation policy
- MRSA policy
- Medical Devices Policy
- Outbreak policy (including Bed Closure policy)
- Insertion and management of peripheral venous access devices
- Policy for Reporting Healthcare Associated Infections (HCAI)
- Respiratory Viruses
- Safe handling and disposal of sharps policy
- Sharps Injury & Management of Blood Borne Viruses policy
- Tuberculosis policy
- Standard (universal) infection control precautions – Use of PPE
- Viral Haemorrhagic Fever policy
- Waste management Policy
- Water Systems Policy

Guidelines

- Antibiotics guidelines
- Insertion of indwelling urinary catheters

Uncontrolled when printed

12 References

Department of Health (2002). Getting ahead of the curve. A strategy for combating infectious diseases (including other aspects of health protection). London. DH, 2002.

Department of Health (2003). Winning ways: working together to reduce health care associated infection in England. Report from the Chief Medical Officer. London: DH, 2003.

Care Quality Commission (2010) Essential standards of quality and safety
Department of Health (2004). Towards cleaner hospitals and lower rates of infection: a summary of action. London: DH, 2004.

Department of Health (2005). Saving lives: a delivery programme to reduce health care associated infection (HCAI) including MRSA. London:

Essential Steps to Safe Clean Care: reducing Healthcare Associated Infection Dept Health July 2006.

Department of Health (2015) The Health and Social Care Act 2008. Code of practice for health and adult social care on the prevention and control of infections and related guidance. London
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/449049/Code_of_practice_280715_acc.pdf

13 Appendices

Appendix A Financial and Resourcing Impact Assessment on Policy Implementation
Appendix B Equality Impact Assessment (EIA) Screening Tool

Uncontrolled when printed

Appendix A

Financial and Resourcing Impact Assessment on Policy Implementation

NB this form must be completed where the introduction of this policy will have either a positive or negative impact on resources. Therefore this form should not be completed where the resources are already deployed and the introduction of this policy will have no further resourcing impact.

Document title	IPC POLICY: A CODE OF PRACTICE FOR THE PREVENTION AND CONTROL OF HEALTHCARE ASSOCIATED INFECTION

Totals	**WTE**	**Recurring £**	**Non-Recurring £**
Manpower Costs			
Training Staff			
Equipment & Provision of resources			

Summary of Impact: Nil new

Risk Management Issues:

Benefits / Savings to the organisation: Prevention of HCAI

Equality Impact Assessment

- Has this been appropriately carried out? YES/
- Are there any reported equality issues? /NO

If "YES" please specify:

Use additional sheets if necessary.

Uncontrolled when printed

Please include all associated costs where an impact on implementing this policy has been considered. A checklist is included for guidance but is not comprehensive so please ensure you have thought through the impact on staffing, training and equipment carefully and that ALL aspects are covered.

Manpower	**WTE**	**Recurring £**	**Non-Recurring £**
Operational running costs			
Totals:			

Staff Training Impact	**Recurring £**	**Non-Recurring £**
	Nil new	
Totals:		

Equipment and Provision of Resources	Recurring £ *	Non-Recurring £ *
Accommodation / facilities needed		
Building alterations (extensions/new)		
IT Hardware / software / licences		
Medical equipment		
Stationery / publicity		
Travel costs		
Utilities e.g. telephones		
Process change		
Rolling replacement of equipment		
Equipment maintenance		
Marketing – booklets/posters/handouts, etc		
Totals:	**Nil new**	

- Capital implications £5,000 with life expectancy of more than one year.

Funding /costs checked & agreed by finance:	
Signature & date of financial accountant:	
Funding / costs have been agreed and are in place:	
Signature of appropriate Executive or Associate Director:	

Uncontrolled when printed

Appendix B

Equality Impact Assessment (EIA) Screening Tool

Document Title:	IPC POLICY: A CODE OF PRACTICE FOR THE PREVENTION AND CONTROL OF HEALTHCARE ASSOCIATED INFECTION
Purpose of document	Provide a strategy is to ensure that the Trust has suitable and sustainable infection prevention and control arrangements in place.
Target Audience	*All staff*
Person or Committee undertaken the Equality Impact Assessment	*E. Macnaughton*

1. To be completed and attached to all procedural/policy documents created within individual services.

2. Does the document have, or have the potential to deliver differential outcomes or affect in an adverse way any of the groups listed below?
DOES NOT DISCRIMINATE AGAINST ANY OF BELOW GROUPS
If no confirm underneath in relevant section the data and/or research which provides evidence e.g. JSNA, Workforce Profile, Quality Improvement Framework, Commissioning Intentions, etc.

If yes please detail underneath in relevant section and provide priority rating and determine if full EIA is required.

		Positive Impact	Negative Impact	Reasons
Gender	Men	*n/a*		
	Women	*n/a*		
Race	Asian or Asian British People	*n/a*		
	Black or Black British People	*n/a*		
	Chinese people	*n/a*		
	People of Mixed Race	*n/a*		

Uncontrolled when printed

	White people (including Irish people)	*n/a*		
	People with Physical Disabilities, Learning Disabilities or Mental Health Issues	*n/a*		
Sexual Orientation	Transgender	*n/a*		
	Lesbian, Gay men and bisexual	*n/a*		
Age	Children	*n/a*		
	Older People (60+)	*n/a*		
	Younger People (17 to 25 yrs.)	*n/a*		
Faith Group		*n/a*		
Pregnancy & Maternity		*n/a*		
Equal Opportunities and/or improved relations				

Notes:
Faith groups cover a wide range of groupings, the most common of which are Buddhist, Christian, Hindus, Jews, Muslims and Sikhs. Consider faith categories individually and collectively when considering positive and negative impacts.

The categories used in the race section refer to those used in the 2001 Census. Consideration should be given to the specific communities within the broad categories such as Bangladeshi people and the needs of other communities that do not appear as separate categories in the Census, for example, Polish.

3. Level of Impact

If you have indicated that there is a negative impact, is that impact:			
		YES	**NO**
Legal (it is not discriminatory under anti-discriminatory law)			
Intended			

If the negative impact is possibly discriminatory and not intended and/or of high impact then please complete a thorough assessment after completing the rest of this form.

3.1 Could you minimise or remove any negative impact that is of low significance? Explain how below:
3.2 Could you improve the strategy, function or policy positive impact? Explain how below:

Uncontrolled when printed

3.3 If there is no evidence that this strategy, function or policy promotes equality of opportunity or improves relations – could it be adapted so it does? How? If not why not?	
Scheduled for Full Impact Assessment	Date:
Name of persons/group completing the full assessment.	E Macnaughton
Date Initial Screening completed	10.4.19

Uncontrolled when printed