

Infection Prevention and Control Policy and Procedure

INFECTION CONTROL POLICY

Policy Number	CLP243
Version:	Version 1 (joint policy)
Purpose:	The purpose of this policy is to minimise the risk of infection to patients, staff and visitors and to promote a strong infection prevention and control ethos throughout the organisation
Consultation:	The Infection Control and decontamination Committee
Approved by:	Quality and Governance and Infection Control Committees
Date approved:	June 2018
Author:	Louise Forrester
Date issued:	June 2018
Review date:	June 2021
Audience:	All Trust staff in Gloucestershire and Herefordshire
Dissemination:	This document will be made available via the Trust intranet. It will be highlighted in the Trust's new staff induction programme and in the annual infection control update session.
Impact assessments:	An Equality Impact Assessment has been completed and no outcomes or adaptations are required.

Version History

Version	Date	Reason for Change
1	Aug 2019	Policy merged into joint policy for Gloucestershire Health and Care NHS Foundation Trust and Herefordshire Mental Health and Learning Disability Services
2		

SUMMARY

All NHS Trusts are required to have effective systems in place, regarding the Prevention and Control of Infection, in order to minimise the risk of infection to patients, staff and visitors.

ABBREVIATIONS

Abbreviation	Full Description
DIPC	Director of Infection Prevention and Control
IP&CT	Infection prevention and Control Team
CQC	Care Quality Commission
HCAI	Health Care Acquired Infection

1. INTRODUCTION

This policy sets out how the Trust aims to meet the above requirement.

2. PURPOSE

The purpose of this policy is to minimise the risk of infection to patients, staff and visitors, including Health Care Acquired Infections (HCAIs) and to promote a strong infection prevention and control ethos throughout the organisation. The policy also aims to promote ownership of infection prevention and control issues by all members of staff and incorporation of good infection prevention and control practice into all aspects of members of staffs work, be it clinical or non-clinical.

3. SCOPE

This policy applies to all Trust staff in Gloucestershire and Herefordshire. Infection Control policies are posted on the trust intranet site.

4. DUTIES

General Roles, Responsibilities and Accountability

The **Trust** aims to take all reasonable steps to ensure the safety and independence of its patients and service users to make their own decisions about their care and treatment.

In addition the Trust will ensure that;

- All employees have access to up to date evidence based policy documents.
- Appropriate training and updates are provided.
- Access to appropriate equipment that complies with safety and maintenance requirements is provided.

Managers and Heads of Service will ensure that:

- All staff are aware of, and have access to policy documents.
- All staff access training and development as appropriate to individual employee needs.
- All staff participate in the appraisal process, including the review of competencies.

Employees (including bank, agency and locum staff) must ensure that they;

- Practice within their level of competency and within the scope of their professional bodies where appropriate.
- Read and adhere to Trust policy.
- Identify any areas for skill update or training required.
- Participate in the appraisal process.
- Ensure that all care and consent comply with the Mental Capacity Act (2007).

Infection Prevention and Control and Decontamination Committee

- The Infection Control Committee will regularly agree and review the work programme for the Infection Prevention and Control to ensure the Trusts issues are identified and priorities across the areas of:
 - Education
 - Audit
 - Surveillance
 - Outbreak management
 - General advice and support
 - Review of incidences of alert organisms
 - Review of Serious Untoward Incidences

They will advise on National policies, procedures and guidelines. The committee also should ensure that compliance with the Health and Social Care Act 2008 amended 2012 The NHS Litigation Authority (NHSLA) and Standards for Better Health are undertaken.

The Infection Prevention and Control Teams

The Trust has a service level agreement (SLA) with Wye Valley Trust Herefordshire for the provision of infection prevention and control support from the infection control teams. The Trust has an infection control lead who liaises with the infection and prevention control teams.

Infection Control Focus Group

The Infection Control Focus Group meets monthly on the months that there is no Infection Control Committee meeting. This group reports to the Committee and members include representation from the infection control teams, matrons and other interested parties from within the Trust.

Countywide HCAI Group

Attendance at Gloucestershire and Herefordshire HCAI groups will be represented by the Trust Director of Infection Prevention and Control (DIPC) and/or Lead Nurse for Infection Prevention and Control.

5. DOCUMENT DETAIL (POLICY)

Health Care Acquired Infections represent one of the greatest challenges in modern day health care.

There is a significant amount of national guidance now available to enable the Trust to ensure they have significantly effective systems and processes in place. The most notable are:

- The Health and Social Care Act, 2008(amended 2018),
- Code of Practice (2010) for the NHS on the prevention and control of health care associated infections and related guidance.
- Care Quality Commission compliance guidance (CQC 2010) Outcome 8: Cleanliness and Infection control.

Policy Guidelines

Related Policies are available online through the Trust's intranet site

The policies are:

- Viral Gastroenteritis
- A – Z equipment decontamination

- Standard precautions
- TB policy
- MRSA
- Linen and Laundry
- Isolation
- Hand Hygiene
- Clostridium difficile
- Body Fluid Spills
- Equipment Decontamination
- Insertion and management of urinary catheters
- Management of Sharps and Splash injuries
- Influenza policy
- Personal Protective Equipment
- Antibiotic guidelines
- Uniform Policy

Patients remain under the care of their GPs for provision of physical healthcare including immunisations, seasonal flu vaccine is offered to at risk groups who are unable to access primary care whilst an in-patient .

The information available to service users and the public about the organisations general processes and arrangements for preventing and controlling health care acquired infections is provided in a number of formats:

- Patient / Public information leaflets
- Posters with contact numbers
- The intranet and web sites
- Publicly displayed and accessible cleaning schedules
- Handouts with contact details for the Infection Prevention and Control Teams which are provided at new starter induction sessions

The Trust ensures that appropriate information accompanies patients transferred in and out of the trust to facilitate prevention and control of infections within and without the trust.

Patients requiring treatment for infectious diseases are usually transferred to the neighbouring acute trust; in the unlikely event a patient were to remain under the care of the Trust for diagnosis and treatment of a notifiable disease, the Trust would ensure appropriate public health notification.

Infection Control Assurance Framework

An annual work plan is set for infection prevention and control. The Infection Prevention and Control and Decontamination Committee oversees the implementation of the work plan and this is reported annually to the Trust main Board in the form of the Annual Infection Prevention and Control Report.

The minutes of the infection control committee are reviewed by the Governance Committee after each meeting.

Through these mechanisms the Trust has an assurance framework for healthcare acquired infections.

This provides assurance for statutory compliance statements to its regulatory bodies.

6. PROCESS FOR MONITORING COMPLIANCE

To ensure compliance of this guidance an audit of the implementation of this document will be undertaken annually, commissioned by the Director of Quality. This will involve auditing in-patient wards. The audit criteria will include assessing compliance against the following standards.

- Infection Control Policy compliance
- Cleanliness of environments
- Compliance with the infection control assurance framework
- Information available to the public about the organisations general processes and arrangements for preventing and controlling healthcare acquired infections.

It is expected that all wards audited will comply with this guidance. The results of the audit will be presented to the Trust Board who will be responsible for the development and monitoring of any identified actions within the scope of the audit.

7. TRAINING

Training and information for staff will be given initially on induction to the Trust. Line Managers should ensure all appropriate staff members are aware of the local implementation of the policy

8. REFERENCES

Department of Health (2008) Board to ward: How to embed a culture of HCAI prevention in acute trusts.

www.dh.gov.uk/prod_consum_dh/groups/dhdigitalassests/documents/digitalasset/dh_112195

Department of Health (2008) Clean-safe care team;-Director of Infection Prevention and Control Role Profile Document. London.

<http://www.clean-safe-care.nhs.uk/ArticleFiles/Files/DirectOfInfect>

Department of Health (2007) Essence of Care-care environment benchmark, Department of Health

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_080058

Department of Health (2010) 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.

Department of Health (2005) Saving Lives: A Delivery Programme to Reduce Health Care Associated Infection. DH, London

epic3: National Evidence-Based Guidelines for Preventing Healthcare-Associated Infections in NHS Hospitals in England. H.P. Loveday et al (2014)

http://www.his.org.uk/files/3113/8693/4808/epic3_National_Evidence-Based_Guidelines_for_Preventing_HCAI_in_NHSE.pdf

National Institute for Clinical Excellence (NICE). (2003) Infection Control: Prevention of Healthcare-associated infection in primary and community care.

National Patient Safety Agency (2003) Clean your hands campaign

www.npsa.nhs.uk/cleanyourhands

Nursing and Midwifery Council (2008) The Code: Standards of Conduct, performance and ethics for nurses and midwives. London NMC

World Health Organization (2009) Clean Care is Safer Care Campaign.
www.who.int/gpsc/5may/en/

10. ASSOCIATED DOCUMENTS

- Viral Gastroenteritis policy
- A – Z decontamination policy
- Standard precautions policy
- TB policy
- MRSA Policy
- Linen and Laundry policy
- Isolation Policy
- Hand Hygiene policy
- Clostridium difficile policy
- Body Fluid Spills policy
- Audit policy
- Equipment Decontamination policy
- Insertion and management of urinary catheters policy
- Management of Sharps and Splash injuries
- Uniform and dress policy
- Influenza policy
- Personal Protective Equipment
- Managing an Outbreak
- Antibiotic guidelines

APPENDIX1

Infection Prevention & Control Team

Team Office	Tel: 0300 422 6166
Sam Lonnen Infection Control Lead Nurse (Shared role)	Ext: 5045 07768 508110
Marion Johnson Infection Control Lead Nurse (Shared role)	Ext: 5066 07773 200935
Natalie Matthews Senior Infection Control Nurse	Ext: 5044 07919 211568
Lisa McLean Infection Control Nurse	Ext: 5068 07768 508113
Emma Bray Infection Control Team Secretary	Ext: 6166 0300 422 6166
Dr Philippa Moore Consultant Microbiologist	Ext: 5048
Michael Richardson Director of Infection Prevention & Control	Ext: 8320
Louise Forrester Nursing Projects & Infection Control Lead	01242 634168 07825 503099
Estates based at Rikenel	01452 894000