Policy for Infection Prevention and Control Framework

Please be aware that this printed version of the Policy may NOT be the latest version. Staff are reminded that they should always refer to the Intranet for the latest version.

Purpose of Agreement

Successful management to prevent and control infections is recognised by the Trust as a significant factor in the quality and safety of the care of patients/clients and those in the local healthcare community. The health and safety of staff and visitors is also of paramount importance. The Chief Executive and Solent NHS Trust Board are responsible for Infection Prevention and Control within the Trust.

The Board seek full compliance against the framework of 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 and this policy provides an assurance framework to underpin the Board’s responsibilities. The arrangements in this policy are to encourage and support Service Lines in their responsibility for infection prevention and control.

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<th>X Policy</th>
<th>SOP</th>
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<td>June 2018</td>
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<tr>
<td>Document Sponsor</td>
<td>Mandy Rayani</td>
<td></td>
<td></td>
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<tr>
<td>(Name &amp; Job Title)</td>
<td>Director of Infection Prevention and Control (DIPC)</td>
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<tr>
<td>Document Manager</td>
<td>Ann Bishop</td>
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<tr>
<td>(Name &amp; Job Title)</td>
<td>Service Lead Infection Prevention &amp; Control</td>
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<td>Document developed</td>
<td>Infection Prevention and Control Group.</td>
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<td>in consultation with</td>
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<td>Keywords (for website/intranet uploading)</td>
<td>Infection Prevention &amp; control; Infection framework</td>
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## Review Log

Include details of when the document was last reviewed:

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<th>Name of reviewer</th>
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<td>2</td>
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<td>IPCC members</td>
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<td>A Bishop</td>
<td>IPCC/ Assurance committee</td>
<td>Rewrite due to extensive Organisational changes</td>
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## Amendments Summary:

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1 INTRODUCTION

1.1 Background

1.1.1 The prevention and appropriate management of infection is of paramount importance to the quality and safety of the care of patients/service users, visitors and members of staff. It is, therefore, important that all staff take appropriate actions during the discharge of their duties to assess the potential risks of infection to reduce these risks whenever possible. Education and training is seen as a fundamental requirement.

1.1.2 Patients/service users may develop infections outside the hospital/clinical setting; these are referred to as community-acquired infections. It is recognised that many of these infections are not preventable. However, these patients/service users may represent the source of the spread of infection to other patients/service users or staff.

1.1.3 Infections acquired after admission or as a result of healthcare interventions or associated with healthcare facilities are referred to as Healthcare Associated Infection (HCAI). These infections are a cause of significant morbidity and mortality, length of stay is increased and associated costs escalate. It is therefore important that staff delivering care act appropriately and take every effort to reduce infection risks.

1.1.4 Micro-organisms can spread between patients/service users, visitors and staff and have the potential to contaminate the environment. Healthcare environments need to be aesthetically clean, with safe systems of environmental control measures in place and monitored to minimise the potential for cross infection.

1.1.5 Decontamination of medical equipment is a high priority. Every effort must be made to eliminate the risk of onward transmission of infection from unclean equipment. A decontamination policy and plan must be in place.

1.1.6 Prudent antimicrobial prescribing is a significant component of an effective Infection Prevention and Control programme. Inappropriate antibiotic prescribing in some instances predisposes patients to further infections and promotes the emergence of resistant bacteria. Robust antimicrobial stewardship must be in place within the Trust with effective links to other healthcare providers to support good practice.


1.2.1 The Health and Social Care Act (2008) provides an assurance framework that ensures appropriate systems are in place for patients/clients and staff to be cared for where the risk of healthcare associated infections are kept as low as possible. There are ten over-arching criteria to be met relating to management, organisation and the environment. The requirements of the Health and Social
Care Act have been taken into account with the development of this policy, together with other relevant additional standards and Department of Health (DH) drivers such as those within the NHS Litigation Authority, Care Quality Commission; Essential Standards of Safety and Quality and NICE guidelines. The Infection Prevention and Control annual programme is based on these standards and key drivers.

2 SCOPE

2.1 This document applies to all directly and indirectly employed staff within Solent NHS Trust and other persons working within the organisation in line with Solent NHS Trusts Equal Opportunities Document.

3 RESPONSIBILITIES

3.1 Trust Board, the Chief Executive and Solent NHS Trust Board have a collective responsibility for infection prevention and control within the organisation. The Infection Prevention and Control Group (IPCG) is accountable to the Chief Nurse. The Trust accepts this policy as an agreement for its collective responsibility to support the measures to prevent and control the risks of HCAI.

3.1.1 The Chief Nurse has designated infection prevention and control responsibilities as Director of Infection Prevention and Control (DIPC).

3.1.2 Solent NHS Trust Board supports the provision of adequate resources to secure effective prevention and control of Healthcare Associated Infections (HCAI).

3.1.3 Solent NHS Trust Board will ensure that mandatory training in infection prevention and control is resourced and that service lines are accountable for ensuring all staff involved in the direct and indirect care of patients and their environment attends induction, undertake annual updates and appropriate training sessions.

3.1.4 The IPT quarterly and annual Report documenting progress and deficiencies monitored against the annual programme are reported to the Quality Improvement and Risk Group. Exception reports (where necessary) will be escalated from this group to the Assurance Committee.

3.2 Director of Infection Prevention and Control (DIPC)

3.2.1 Solent NHS Trust Board appoints a DIPC with accountability to report directly to the Board.

3.2.2 The DIPC has responsibilities which include:

- Chair of the IPCG
- Has the authority to challenge inappropriate clinical hygiene practice
Has the authority to challenge any reported inappropriate antimicrobial prescribing decisions, working in close liaison with the Trust pharmacy lead

Work in close liaison with the consultant medical microbiologist with a contractual agreement to support the antimicrobial strategy

Oversee infection prevention and control policies and their implementation

Assess the impact of all existing and new policies and make recommendations for change

Is an integral member of the Trust’s governance and patient safety structures

Ensure an annual report on Infection Prevention and Control is produced and made widely available to staff and public by ensuring the report is published on the Trust website and intranet

Ensure that surveillance of ‘alert organisms’, infection outbreaks/incidents and serious untoward incidents are reviewed and reported

Bring significant risk issues to the attention of Assurance Committee and Risk Management Team for inclusion in the Trust’s Risk Register if required

Ensure that appropriate arrangements are in place for Occupational Health to prevent and manage occupational risks of infection


3.3 IPCG (Infection Prevention & Control Group)

3.3.1 IPCG is a formal sub group of the Quality Improvement and Risk Group which reports to the Assurance Committee and issues are escalated to the Board as necessary. Solent NHS Trust is committed to providing services which are safe and of high quality. This includes ensuring all aspects of infection prevention and control are given full consideration as the organisation strives towards not only a reduction in HCAI but a zero tolerance approach to any avoidable infections.

3.3.2 IPCG will be the key group for:

- Driving the implementation of the Health and Social Care Act 2008: Code of practice for health and adult social care on the prevention and control of HCAI (Dec 2009) and associated standards and targets, thereby minimising the risk of infection to patients, staff and visitors
- Responsibility for promoting quality in all infection prevention and control activities throughout the provider service
- Responsibility for promoting ownership that infection prevention is ‘everybody’s business’ throughout the organisation

3.3.3 IPCG membership reflects the ability to promote effective communication between all staff and relevant external agencies. IPCG meets quarterly and Terms of Reference are reviewed every two years.

3.4 The Infection Prevention Team

3.4.1 The Infection Prevention Team (IPT) consists of specialist infection prevention practitioners and administrator. Access to microbiologists and microbiology
3.4.2 The IPT develops the annual infection prevention and control programme in full consultation with IPCG.

3.4.3 The IPT provides educational training and support either directly or indirectly for all Trust staff in all aspects of Infection Prevention and Control.

3.4.4 The IPT maintain professional contact with colleagues in order to support collaboration, maintain expert knowledge and promote consistency with guidelines and procedures.

3.5 Service Lines

3.5.1 The Clinical Director of each Service Line is accountable for infection prevention and control within their areas of responsibility. They will be supported in this role by the Clinical Governance Lead for their Service Line.

3.5.2 The Operational Director in each Service Line, through the Service Line managers have a duty to ensure that the responsibilities for prevention and control of infection are reflected in all staff members’ job descriptions and are incorporated into annual appraisal.

3.5.3 Operational Directors, have a responsibility to ensure that all staff receive induction training and attend ongoing infection prevention and control training in line with Trust requirements. Operational Directors are responsible for ensuring that Infection Prevention Link Advisors are identified within their areas of responsibility and are provided with the support required to discharge their responsibilities. All training must be recorded on the Trust electronic recording system via the Learning and Development Department.

3.5.4 Clinical Directors, supported by the Service Line Clinical Governance lead must ensure audits are undertaken as advised by the IPT and are responsible for ensuring action plans are produced and implemented. In addition audit findings/actions required should be addressed at local governance forums.

3.6 Link Advisors for Infection Prevention

3.6.1 Link Advisors are healthcare staff selected by their managers to receive additional training in infection prevention and control. The key role of staff is to develop best practice within their clinical area. It is therefore important that the staff selected for this role have the capabilities to influence practice and support delivery of the infection prevention programme of audit and education. These staff provide a resource at the point of care to ensure consistency of practice is being delivered to reduce the risk of HCAI.
3.6.2 Line Managers must support link advisors by meeting the terms of reference established with the role. Protected time is to be allocated in order to carry out this role. The IPT will ensure an effective cascade training system is in place through attendance at meetings and training sessions.

4 SURVEILLANCE

4.1 The Trust recognises that information on HCAI and antimicrobial resistance is essential to measure progress. Surveillance is carried out by the IPT on a daily basis. The results of surveillance are reported to IPCG identifying trends and hotspots and utilised to influence future work streams.

4.2 Any Serious Incident Requiring Investigation (SIRI) relating to infection will be reported to the IPCG and Risk Management Team. A Post Infection Review (PIR) will be undertaken and report presented to the SIRI panel.

5 ENVIRONMENTAL POLICIES

5.1 Solent NHS Trust will develop premises and facilities to meet best practice and guidance (Health Technical Memorandum (HTM)/Hospital Building Notes (HBN)). The IPT must be consulted for policy development and services relating to:

- Cleaning services; practices and products.
- Building works and refurbishment; including air handling systems and suitability of fixtures and fittings.
- Healthcare waste management
- Management of potable and non potable water supplies
- Food services and food hygiene

6 DECONTAMINATION

6.1 The Director of Infection Prevention and Control is also the Executive Decontamination Lead and will report decontamination issues to the Trust Board.

6.2 The decontamination programme must demonstrate that:

- Single use medical devices are not reused.
- Decontamination of single patient use devices takes place as per the manufactures instructions.
- Decontamination of reusable medical devices takes place in appropriate dedicated facilities that meet the National Decontamination Strategy.
- There is a monitoring system in place to ensure that decontamination processes are fit for purpose and meet the required standard.
6.3 The IPCG will ensure that adverse events/ issues relating to decontamination are reported and appropriate actions put in place.

7 HIGH STANDARDS OF HYGIENE

7.1 Solent NHS Trust recognises the importance of high standards of cleanliness within the clinical environment and the requirement to implement an effective audit programme to demonstrate that high standards of cleanliness are achieved.

7.2 Matrons/managers will work with housekeeping staff to develop best practice on the standard of cleanliness within their clinical areas.

7.3 Service Lines will support the cleanliness programme to ensure that patients/clients and staff are cared for in a clean safe environment.

8 ANTIMICROBIAL PRESCRIBING

8.1 Solent NHS Trust promotes optimal antimicrobial prescribing and supports the implementation of effective antibiotic protocols developed in partnership between medical microbiologists, consultants and pharmacists. The organisation is committed to the UK Five Year Antimicrobial Resistance Strategy and promotes responsible prescribing to preserve the activity of existing therapies and optimise prescribing practice. The aim is to reduce the risk of inadequate, inappropriate and ill effects of poor antimicrobial prescribing. Therefore improving the safety and quality of patient care and contribute to a reduction in emergence and spread of antimicrobial resistance.

8.2 Pharmacists will lead the audit programme for compliance with antibiotic prescribing.

9 RESEARCH AND DEVELOPMENT

9.1 Solent NHS Trust recognises that quality research and development is essential to underpin effective actions that will minimise the risk of HCAI for patients. The Trust will support the participation in appropriate research programmes that meet the Trust’s ethical and research governance requirements.

10 EDUCATION

10.1 Solent NHS Trust recognises the importance of education and training in all aspects of infection prevention and control. The IPT provide educational support for all staff members and adapt programmes according to their needs to meet the requirement of their roles. IPT support all educational programmes as per Solent NHS Trust Induction and Mandatory Training Policy.
10.2 All staff (clinical and non clinical) must attend corporate induction and are required to have an overview of the principles of infection prevention standard precautions.

10.3 All clinical staff should receive a work place induction by their manager or infection prevention link advisor to ensure they are able to implement the principles of standard precautions. This must include a hand hygiene competency assessment at the earliest opportunity for clinical staff or staff that have any contact with patients and/or their environment.

10.4 All clinical staff are required to have an annual infection prevention update. This is currently achieved primarily via eLearning. All clinical staff or those that have contact with patients and/or their environment must undertake a hand hygiene competency assessment on an annual basis. These assessments must only be carried out by an infection prevention link advisor who has undertaken the required training or a member of the IPT. Compliance is recorded and monitored via learning matrix.

10.5 Bespoke education and training will be delivered as required. This may be due to some areas having difficulty accessing the relevant IT systems or as a result of specific infection incidents where it has been identified that further education/training is needed.

11 MONITORING

11.1 Implementation of this policy will be monitored in conjunction with the other infection prevention policies by work undertaken by the IPT.

11.2 Results of MRSA admission screening, hand hygiene observational audits, all other audit work linked to infection prevention will be included in the quarterly infection prevention reports. Any reduction in accepted standards will be reported at IPCG and Assurance Committee.

11.3 Any exponential rise in infection rates will be investigated and escalated as appropriate.

11.4 Infection prevention practice is observed on every clinical visit and unsafe practice will be challenged immediately by IPT and escalated to line manager where deemed necessary.

12 EQUALITY, DIVERSITY & MENTAL CAPACITY ACT IMPACT STATEMENT

12.1 This policy aims to improve safety and reduce risk of spread of infections and consequently improve patients’ service user’s care and outcomes. As part of Solent NHS Trust policy an equality impact assessment (Steps 1&2 of cycle) was undertaken. The Infection Prevention & Control Team are not aware of any evidence that different groups have different priorities in relation to this framework work, or that any group will be affected disproportionately or any evidence or...
concern that this Policy may discriminate against a particular population group. Thus, the equality impact assessment result is: no negative impact.

13 ASSOCIATED DOCUMENTATION

- All Trust Infection Prevention and Control Policies
- Induction and Mandatory Training Policy

14 REVIEW

This policy may be reviewed at any time at the request of either staff side or management, but will automatically be reviewed three yearly unless legislation, guidance or non-compliance prompt an earlier review.

15 REFERENCES


   http://www.npsa.nhs.uk/site/media/documents/2859_NPSA_Cleaning_spec.pdf


7. Decontamination policy.
APPENDIX 1

<table>
<thead>
<tr>
<th>Step 1 – Scoping; identify the policies aims</th>
<th>Answer</th>
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<tr>
<td>1. What are the main aims and objectives of the document?</td>
<td>The Board seeks full compliance against the framework of the Health and Social Care Act (2008), Code of Practice for the Prevention and Control of Healthcare Associated Infection and this policy provides an assurance framework. The arrangements in this policy are to encourage and support Directorates in their responsibility for infection prevention and control.</td>
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<tr>
<td>2. Who will be affected by it?</td>
<td>All staff and patients/service users of Solent NHS Trust services.</td>
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<tr>
<td>3. What are the existing performance indicators/measures for this? What are the outcomes you want to achieve?</td>
<td>Compliance with:  &gt; Health &amp; Social Care Act 2008  &gt; Health and Safety at Work Act 1974  &gt; Health and Safety Executive guidelines.  &gt; Care Quality Commission Care Standards  &gt;NHSLA</td>
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<td>4. What information do you already have on the equality impact of this document?</td>
<td>Assumption that this will potentially impact on a diverse group of service users.</td>
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<td>5. Are there demographic changes or trends locally to be considered?</td>
<td>Not aware of any local incidents which would have increased local population susceptibility to infections e.g. public health incident.</td>
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<td>X</td>
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<td>2. Can any group benefit or be excluded?</td>
<td>X</td>
<td></td>
<td>Of potential safety benefit to all staff and patient/service users.</td>
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<tr>
<td>3. Can any group be denied fair &amp; equal access to or treatment as a result of this document?</td>
<td>X</td>
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<td>4. Can this actively promote good relations with and between different groups?</td>
<td>X</td>
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<tr>
<td>5. Have you carried out any consultation internally/externally with relevant individual</td>
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<td></td>
<td>IPC sub-committee members</td>
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<th><strong>groups?</strong></th>
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<td><strong>6. Have you used a variety of different methods of consultation/involvement</strong></td>
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<td>X</td>
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<tr>
<td>Mental Capacity Act implications</td>
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<tr>
<td><strong>7. Will this document require a decision to be made by or about a service user? (Refer to the Mental Capacity Act document for further information)</strong></td>
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If there is no negative impact – end the Impact Assessment here.

**05.06.2015: At this time no negative impact identified.**

At this time positive impact identified- Compliance with Health & Social Care Act 2008 and CQC Care Standards would minimise infection risk and increase safety for patient/service users and staff groups.

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<td>2. What action/modification needs to be taken to minimise or eliminate the negative impact?</td>
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<td>3. Are there likely to be different outcomes with any modifications? Explain these?</td>
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<tr>
<th><strong>Step 4 - Implementation, Monitoring and Review</strong></th>
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<td>1. What are the implementation and monitoring arrangements, including timescales?</td>
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<tr>
<td>2. Who within the Department/Team will be responsible for monitoring and regular review of the document?</td>
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<td>How will the results of this assessment be published and where? (It is essential that there is documented evidence of why decisions were made).</td>
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