

## Infection Prevention and Control Framework Policy

***Solent NHS Trust policies can only be considered to be valid and up-to-date if viewed on the intranet. Please visit the intranet for the latest version.***

Purpose of Agreement	<p>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.</p> <p>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.</p>
Document Type	<input checked="" type="checkbox"/> Policy
Reference Number	Solent NHST/Policy/ IPC/01
Version	Version 7
Name of Approving Committees/Groups	IPCG, Policy Steering Group, Clinical Executive Group
Operational Date	June 2018
Document Review Date	March 2022
Document Sponsor (Job Title)	Director of Infection Prevention & Control (DIPC)
Document Manager (Job Title)	Service Lead Infection Prevention & Control
Document developed in consultation with	Infection Prevention & Control Group
Intranet Location	Business Zone > Policies, SOPs and Clinical Guidelines
Website Location	Publication Scheme
Keywords (for website/intranet uploading)	Infection Prevention & Control; Infection framework; Policy; IPC01

**Amendments Summary:**

Amend No	Issued	Page	Subject	Action Date

**Review Log:**

Version Number	Review Date	Lead Name	Ratification Process	Notes
2			IPCC members	Expired
3		A Bishop	IPCC/ Assurance committee	Rewrite due to extensive Organisational changes
4		A Bishop	IPCG	Expired
5	March 2021	D Larkins	Chair's action – approved expiry extension to September 2021	No material changes to policy, this remains clinically accurate and true
6	June 2021	B Carter	Chair's action – approved expiry extension to December 2021	No material changes to policy, this remains clinically accurate and true
7	August 2022	D Larkins	Chair's action – approved expiry extension to March 2022	No material changes to policy, this remains clinically accurate and true

## SUMMARY OF POLICY

The prevention and appropriate management of infection is of paramount importance to the quality and safety of the care of patients, service users, staff and visitors to Solent NHS Trust

This policy is intended to provide guidance on all of the overarching management principles of infection prevention and control.

As opposed to other infection prevention policies which have a much more practical element, this policy outlines the responsibilities from the Chief Executive and the Trust Board to managers and all staff for providing a safe and clean environment where the potential to acquire a Health Care Associated Infection is kept to an absolute minimum.

The Trust has other infection prevention and control policies that will need to be used in conjunction with the guidance provided within this policy. These include:

- Standard Precautions Policy
- Policy for the Management of Diarrhoea and Vomiting
- MRSA Policy
- Policy for the Prevention and Control of *Clostridium difficile* Infection
- Sharps Safety Policy
- Decontamination Policy
- Hand Hygiene Policy

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## Infection Prevention and Control Framework Policy

### 1. INTRODUCTION & PURPOSE

- 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. 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 if adequate precautions are not applied.
- 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. These measures must be 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.
- 1.1.7 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 (2009) provides an assurance framework that ensures appropriate systems are in place for patients/clients and staff to be cared for where the risk of HCAs are kept to a minimum. 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.

## **2. SCOPE & DEFINITIONS**

2.1 This policy applies to bank, locum, permanent and fixed term contract employees (including apprentices) who hold a contract of employment or engagement with the Trust, and secondees (including students), volunteers (including Associate Hospital Managers), Non-Executive Directors, governors and those undertaking research working within Solent NHS Trust, in line with Solent NHS Trust's Equality, Diversity and Human Rights Policy. It also applies to external contractors, Agency workers, and other workers who are assigned to Solent NHS Trust.

2.2 Solent NHS Trust is committed to the principles of Equality and Diversity and will strive to eliminate unlawful discrimination in all its forms. We will strive towards demonstrating fairness and Equal Opportunities for users of services, carers, the wider community and our staff.

### **2.3 DEFINITIONS**

- Healthcare Associated Infections (HCAI) are infections that may be acquired during the course of receiving treatment for other conditions within a healthcare setting.
- Serious Incident Requiring Investigation (SIRI) an episode that requires reporting and investigating in view of patient safety and quality of care delivered.
- Decontamination. A term used for the removal and destruction of micro-organisms which then renders an item re-use and safe for staff to handle.
- Antimicrobial. An agent that kills micro-organisms or inhibits their growth.
- Surveillance. Careful and continuous observation of on-going activity in order to gather information.

## **3. PROCESS/REQUIREMENTS**

3.1 The Trust recognises that information on HCAI and antimicrobial resistance is essential to measure progress. Surveillance is carried out by the Infection Prevention Team (IPT) on a daily basis, Monday to Friday. The results of surveillance are reported to the Infection Prevention and Control Group (IPCG) identifying trends and hotspots and utilised to influence future work streams.

3.2 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 Serious Incident panel.

3.3 Solent NHS Trust will refurbish and develop premises and facilities to meet best practice and guidance. The IPT must be consulted for the development of policies 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

- 3.4 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.
  - There is a monitoring system in place to ensure that decontamination processes are fit for purpose and meet the required standard.
- 3.5 IPCG will ensure that adverse events/ issues relating to decontamination are reported and appropriate actions put in place.
- 3.6 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.
- 3.7 Matrons/managers will work with housekeeping staff to develop best practice on the standard of cleanliness within their clinical areas.
- 3.8 Service Lines will support the cleanliness programme to ensure that patients/clients and staff are cared for in a clean safe environment.
- 3.9 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.
- 3.10 Pharmacists will lead the audit programme for compliance with antibiotic prescribing.
- 3.11 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.

## **4. ROLES & RESPONSIBILITIES**

### **4.1 Trust Board and Chief Executive Officer**

- 4.1.1 Have collective responsibility for infection prevention and control within the organisation and supports the provision of adequate resources to secure effective prevention and control of HCAI. The 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 mandatory annual updates and appropriate training sessions.

## 4.2 The Chief Nurse

4.2.1 Has designated infection prevention and control responsibilities as Director of Infection Prevention and Control (DIPC). The Trust appoints a DIPC with accountability to report directly to the Board. The DIPC has responsibilities which include:

- Chair of the IPCG
- Authority to challenge inappropriate clinical hygiene practice
- 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
- Membership 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 infection outbreaks/incidents and serious incidents are reviewed and reported
- Bring significant risk issues to the attention of Quality Improvement and Risk Group for inclusion in the risk register if required
- Ensure that appropriate arrangements are in place for Occupational Health to prevent and manage occupational risks of infection
- Acts as executive decontamination lead and will report decontamination issues to the Quality Improvement and Risk Group

## 4.3 IPCG

4.3.1 Is a formal sub group of the Quality Improvement and Risk Group which reports to the Assurance Committee. 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. 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
- Taking responsibility for promoting quality in all infection prevention and control activities throughout the provider service
- Taking responsibility for promoting ownership that infection prevention is 'everybody's business' throughout the organisation

## 4.4 IPT

4.4.1 Consists of specialist infection prevention practitioners and administrator. Access to microbiologists and microbiology laboratories is made available via pathology service level agreements with University Hospital Southampton NHS Foundation Trust and Portsmouth Hospitals NHS Trust. The IPT quarterly and annual reports will document progress and deficiencies monitored against the annual infection prevention programme. Exception



reports describing practice or environmental issues will be escalated via IPCG to the Quality Improvement and Risk Group where appropriate. IPT are responsible for:

- Developing the annual infection prevention and control programme in full consultation with IPCG.
- Providing educational training and support either directly or indirectly for all Trust staff in all aspects of Infection Prevention and Control.
- Maintaining professional contact with colleagues in order to support collaboration, maintain expert knowledge and promote consistency with guidelines and procedures.

#### **4.5 Service Lines**

- 4.5.1 The Clinical Director of each Service Line is accountable for infection prevention and control within their areas of responsibility and will be supported in this role by the Professional Lead Quality, Governance and Standards for the Service Line.
- 4.5.2 The Operational Director in each Service Line, through their 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 if appropriate to role.
- 4.5.3 Service managers have a responsibility to ensure that all staff receive induction training and attend on-going infection prevention and control training in line with Trust requirements. They are responsible for ensuring that Infection Prevention Link Advisors are identified within their clinical areas and that they 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.
- 4.5.4 Clinical Directors, supported by the Professional Lead Quality, Governance and Standards will 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.
- 4.5.5 Link Advisors for Infection Prevention 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 an important resource at the point of care to ensure consistency of practice is being delivered to reduce the risk of HCAI.
- 4.5.6 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 workshops and training sessions.

## **5. TRAINING**

- 5.1 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.
- 5.2 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.
- 5.3 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.
- 5.4 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, hand hygiene champion or a member of the IPT. Compliance is recorded and monitored via learning matrix.
- 5.5 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.

## **6. EQUALITY IMPACT ASSESSMENT AND MENTAL CAPACITY**

- 6.1 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 (Steps1&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 frame 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. (See Appendix A).

## **7. SUCCESS CRITERIA / MONITORING EFFECTIVENESS**

- 7.1 Implementation of this policy will be monitored in conjunction with the other infection prevention policies by work undertaken by the IPT.
- 7.2 Specified infections will be reported monthly via the current score card process. Results of MRSA admission screening surveillance and hand hygiene observational audits will be reported quarterly by the current score card process.

- 7.3 Results of MRSA admission screening surveillance, hand hygiene observational audits and specified infections in addition to all other audit work linked to infection prevention will be included in the quarterly infection prevention reports.
- 7.4 Any deviations from acceptable standards will be escalated via IPCG and to the Assurance Committee if appropriate.
- 7.5 Any exponential rise in infection rates will be investigated and escalated as appropriate.
- 7.6 Any outbreaks of infection will be urgently investigated and take priority over other work streams.
- 7.7 Infection prevention practice is observed on every clinical visit and unsafe practice will be challenged immediately by IPT and escalated to line manager.

## **8. REVIEW**

- 8.1 This document may be reviewed at any time at the request of either staff side or management, but will automatically be reviewed 3 years from initial approval and thereafter on a triennial basis unless organisational changes, legislation, guidance or non-compliance prompt an earlier review.

## **9. REFERENCES AND LINKS TO OTHER DOCUMENTS**

1. Care Quality Commission (2009). Guidance about compliance; Summary of regulations, outcomes and judgement framework. London: CQC
2. Department of Health (2003) Winning Ways. Working together to reduce healthcare associated infections in England. A report from the Chief Medical Officer. London: DOH.
3. Department of Health (2007) Clean, safe care. Reducing infections and saving lives. Department of Health: London.
4. Health and Social Care Act (2008), Code of Practice for the health and adult social care on the prevention and control of infections and related guidance London DH (2009).
5. NHS Litigation Authority (2009). NHSLA Standards and assessments Acute, PCT and Independent Sector Standards.

## **10. GLOSSARY**

DIPC	Director of Infection Prevention and Control
DH	Department of Health
HCAI	Healthcare Associated Infections
IPT	Infection Prevention Team
IPCG	Infection Prevention and Control Group
PIR	Post Infection Review
SIRI	Serious Incident Requiring Investigation

## Appendix: A

## Equality Impact Assessment

<b><u>Step 1 – Scoping; identify the policies aims</u></b>	<b>Answer</b>		
1. What are the main aims and objectives of the document?	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.		
2. Who will be affected by it?	All staff and patients/service users of Solent NHS Trust services.		
3. What are the existing performance indicators/measures for this? What are the outcomes you want to achieve?	Compliance with: > Health & Social Care Act 2008 > Health and Safety at Work Act 1974 > Health and Safety Executive guidelines. > Care Quality Commission Care Standards >NHSLA		
4. What information do you already have on the equality impact of this document?	Assumption that this will potentially impact on a diverse group of service users.		
5. Are there demographic changes or trends locally to be considered?	Not aware of any local incidents which would have increased local population susceptibility to infections .e.g. public health incident.		
6. What other information do you need?	None		
<b><u>Step 2 - Assessing the Impact; consider the data and research</u></b>	<b>Yes</b>	<b>No</b>	<b>Answer</b>  (Evidence)
1. Could the document unlawfully discriminate against any group?		X	
2. Can any group benefit or be excluded?	X		Of potential safety benefit to all staff and patient/service users.
3. Can any group be denied fair & equal access to or treatment as a result of this document?		X	
4. Can this actively promote good relations with and between different groups?		X	
5. Have you carried out any consultation internally/externally with relevant individual groups?		X	IPCG members

6. Have you used a variety of different methods of consultation/involvement		X	
<u>Mental Capacity Act implications</u>		X	
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)		X	
<u>External considerations</u>			
8. What external factors have been considered in the development of this policy?	X		Service level agreements with Clinical Commissioning Groups
9. Are there any external implications in relation to this policy?	X		Deviation from policy may affect patient flow from Acute Trusts
10. Which external groups may be affected positively or adversely as a consequence of this policy being implemented?	X		CCGs, Public Health England and Acute Providers

If there is no negative impact – end the Impact Assessment here.

<b><u>Step 3 - Recommendations and Action Plans</u></b>	<b>Answer</b>
1. Is the impact low, medium or high?	
2. What action/modification needs to be taken to minimise or eliminate the negative impact?	
3. Are there likely to be different outcomes with any modifications? Explain these?	
<b><u>Step 4- Implementation, Monitoring and Review</u></b>	<b>Answer</b>
1. What are the implementation and monitoring arrangements, including timescales?	
2. Who within the Department/Team will be responsible for monitoring and regular review of the document?	
<b><u>Step 5 - Publishing the Results</u></b>	<b>Answer</b>
How will the results of this assessment be published and where? (It is essential that there is documented evidence of why decisions were made).	