

Infection Prevention & Control Policy

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Table of Contents

TO BE READ IN CONJUNCTION WITH ANY POLICIES LISTED IN TRUST ASSOCIATED DOCUMENTS.	4
2 INTRODUCTION	4
3 PURPOSE / AIM AND OBJECTIVE	4
4 DEFINITIONS	4
5 (DUTIES) ROLES & RESPONSIBILITIES	5
6 PUBLICATION SCHEME	9
7 MONITORING AND REVIEW	10
8 TRAINING AND IMPLEMENTATION	10
9 EQUALITY IMPACT ASSESSMENT STATEMENT & TOOL	10
10 REFERENCES	10

Appendices

A1	Training Needs Analysis
A2	Chapter 1 National infection prevention and control manual Chapter 2 National infection prevention control manual Chapter 3 Healthcare Infection, Outbreaks and Data Exceedance
A3	A-Z of pathogens
A4	Glossary
A5	Optimal Patient placement and respiratory protective equipment for infectious agents whilst a patient is in hospital.

Document Control Policy

To be read in conjunction with any policies listed in Trust Associated Documents.

2 Introduction

- 2.1 The Health and Social Care Act 2008 Code of Practice on the Prevention and control of infections and related guidance (DH 2015) requires all registered providers of health and social care to have in place appropriate policies in relation to infection prevention and control.
- 2.2 The Trust is committed to the prevention and control of infection and has decided to adopt national policies where available and is supported by a number of appendices and guidelines
- 2.3 This policy provides a clear outline of the Trust's approach to achieving full compliance with the Trust's responsibilities as outlined in the Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance.
- 2.4 It applies to all staff and individuals employed by the Trust, including visiting staff such as, students, tutors, agency/locum staff, contractors, volunteers and staff working on behalf of the Trust.

3 Purpose / Aim and Objective

- 3.1 The purpose of this policy is to:
 - 3.1.1 To set out the principles and framework for the prevention and control of infection within the Trust
 - 3.1.2 Ensure that all staff understand their roles and responsibilities, in conjunction with infection prevention and control
 - 3.1.3 Reduce variation in practice and standardise to best evidence based practice
 - 3.1.4 Reduce healthcare associated infection within the Trust
 - 3.1.5 Actively support strategies to reduce healthcare associate infection within the health economy
 - 3.1.6 Help align practice, education, monitoring and quality improvement

4 Definitions

- 4.1 **See Glossary at Appendix 4**
<http://www.nipcm.scot.nhs.uk/glossary/>

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5 (Duties) Roles & Responsibilities

5.1 Trust Board

- 5.1.1 Is responsible for ensuring the strategic context of this policy is appropriate and meets the needs of the Trust.
- 5.1.2 Ensures the Infection prevention team is appropriately resourced and fit for purpose.
- 5.1.3 Ensures there are clear lines of accountability between risk management, clinical governance, senior management and infection prevention.
- 5.1.4 Allocates budgets with due attention to infection prevention and cleanliness ensuring all contracts meet the minimum NHS standards.
- 5.1.5 Ensures adequate funding required for the management of local and national outbreaks.

5.2 Chief Executive

- 5.2.1 Has overall responsibility for the provision of infection prevention and control within Medway NHS Foundation Trust.
- 5.2.2 Is aware of and complies with The Health and Social Care Act, Code of practice on the prevention and control of infections (DH2015).
- 5.2.3 Designates a lead for Decontamination
- 5.2.4 Ensure the Trust is compliant with the Health and Safety at work Act

5.3 Director of Infection Prevention and Control

- 5.3.1 Will be the lead executive for Infection Prevention and Control and reports directly to the Chief Executive and Trust Board and Medical Director.
- 5.3.2 Will provide oversight and assurance on infection prevention to the Trust Board.
- 5.3.3 Will report directly to the Chief Executive if they have concerns regarding the implementation of this policy.
- 5.3.4 Produce and annual report on the position of the Trust in relation to healthcare associated infection.
- 5.3.5 Be a full member of the Infection Prevention & Control and Antimicrobial stewardship committee.

5.4 Director of Estates and Facilities

- 5.4.1 The Director of Estates and facilities will ensure the Trust provides a clean and appropriate environment in managed premises that facilitates the prevention and control of infections. This will encompass water management, infection prevention in the built environment and soft facilities management.

5.5 Deputy Director of Infection Prevention and Control

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- 5.5.1 Will be responsible to the Director of Infection prevention and control, and will help operationalise the IPC strategy and this policy ensuring staff are educated and aware of their roles and responsibilities.
- 5.5.2 Will be a key member of the clinical governance and patient safety teams, having input into water management and decontamination work streams.
- 5.5.3 Will have responsibility for the strategic and operational management of the infection prevention team, and delegate the daily management of IPC to the team.
- 5.5.4 Will set and approve the annual plan of work for the Infection prevention team.
- 5.5.5 Will set and approve the annual audit programme on infection prevention and control.
- 5.5.6 Will be and active member of and support the DIPC in ensuring IPC committee is held regularly.
- 5.5.7 Will ensure evidence based policies and guidelines are developed, implemented and monitored.
- 5.5.8 Has the authority to challenge inappropriate practice,
- 5.5.9 Has the authority to set and challenge standards of cleanliness.

5.6 Decontamination Lead

- 5.6.1 The decontamination lead should have responsibility for ensuring that policies exist and take account of best practice and national guidance. They will include:
 - Decontamination of the environment
 - Decontamination of equipment
 - Decontamination of re-usable medical devices

5.7 Clinical/Divisional Directors, Managers and Matrons

- 5.7.1 Are responsible for implementing and monitoring any identified infection prevention measures within their area and scope of responsibility.
- 5.7.2 Must actively manage staff to ensure all staff implement and adhere to infection prevention control policies and associated appendices/guidelines.
- 5.7.3 Must ensure adequate resources are available to meet infection prevention standards/ requirements.
- 5.7.4 Ensure that staff maintains compliance with the mandatory training modules for IPC as specific to role held.

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- 5.7.5 Ensure that Infection prevention links have appropriate support, education and dedicated time to carry out their role effectively.
- 5.7.6 Ensure staff report outbreaks and incidents in accordance with the Trust process for these.
- 5.7.7 Ensure decontamination of equipment is performed in line with manufacturer's guidance and national guidance, including that staff are trained adequately.
- 5.7.8 Must review the patient journey for emergency and planned admissions in order to reduce the risk of transmission of infection.
- 5.7.9 Are responsible for promoting best infection prevention practice and challenging poor practice.
- 5.7.10 Must actively engage staffs that do not adhere to infection prevention policy and guidance to ensure compliance with Medway NHS Foundation Trust standards.
- 5.7.11 Present and review Infection related incidents/learning at divisional governance meetings.
- 5.7.12 Matrons should practice within the 10 steps of the matron's charter.

5.8 The Infection Prevention & Control Team including the IPC Doctor

- 5.8.1 Provide expert reactive and proactive information and advice to all staff, patients and relatives about the management of healthcare associated infections.
- 5.8.2 Work in collaboration with Medway NHS Foundation Trust (MFT) staff at all levels, clinical and non-clinical.
- 5.8.3 Be approachable, informed and adaptable to needs of MFT.
- 5.8.4 Ensure effective audit and dissemination of audit results is fed back where appropriate.
- 5.8.5 Have sight of audit results from departments/ wards along and support development of their improvement plans.
- 5.8.6 Develop priorities for targeted surveillance at a local level in line with national and local requirements.
- 5.8.7 Provide and deliver a comprehensive education programme incorporating induction, mandatory updates, and targeted sessions as required, develop new education strategies as required.
- 5.8.8 Develop and facilitate education of link practitioners for infection prevention and control.
- 5.8.9 Provide expert management of infection outbreaks and incidents including early detection of outbreaks.

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- 5.8.10 Provide expert advice on decontamination, including equipment and environment.
- 5.8.11 Escalate, review and respond to adverse incidents relating to infection prevention and control.
- 5.8.12 Challenge poor practice and lead by example.
- 5.8.13 Provide information to patients and the public to ensure they are aware of how they can assist with the prevention of infection.

5.9 Infection Prevention link practitioners

- 5.9.1 Infection prevention links will develop a core knowledge of infection prevention and control by attending and participating in the education programme.
- 5.9.2 They are responsible for promoting best practice and challenging poor practice within their areas.
- 5.9.3 They will assist with local audits, local peer education and develop actions plans against these, using dedicated time allocated for infection prevention activities.

5.10 Antimicrobial pharmacists/leads

- 5.10.1 Are responsible for ensuring the Trust has systems in place to manage and monitor the use of antimicrobial to ensure inappropriate and harmful use is minimised.
- 5.10.2 Systems in place will draw on national and local guidance, monitoring and audit tools as stated in the Health and Social Care act.
- 5.10.3 The Trust has an antimicrobial stewardship group which reports to the Trust Board via the Infection Prevention and Control Committee and Quality Assurance Committee.

5.11 All health care workers

- 5.11.1 Must adopt national evidence based practice in order to ensure patients are treated in accordance to best practice.
- 5.11.2 Must work to standards set out within this policy and its supporting appendices.
- 5.11.3 Challenge poor infection prevention & control practices, and seek support and advice from the IPC Team as required.

5.12 All Trust employees

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- 5.12.1 Are responsible for ensuring they comply with this policy to ensure the safety of all patients, staff, contracted staff and visitors to the Trust
- 5.12.2 Must ensure they have received appropriate IPC training according to the training needs analysis.

6 Procedure

Infection Prevention and control assurance framework

- 6.1.1 Medway NHS Foundation Trust shall implement this policy and supporting appendices, compliance with the policy is mandatory. Failure by any member of staff to comply will result in disciplinary action.
- 6.1.2 This policy and supporting appendices will be subject to continual review and updated to reflect evolving clinical practice and reflect legislation and guidance relevant to IPC.
- 6.1.3 The IPT will provide surveillance and feedback on infection rates and alert organisms to clinical areas.
- 6.1.4 The IPT will ensure the provision of timely information, advise and support to all Trust employees, patients and visitors on matters relating to IPC.
- 6.1.5 The IPT will support divisions to carry out local investigation and management of incidents relating to Infections and alert organisms to enable teams to prevent further incident through learning and service improvement
- 6.1.6 IPC representation will be required to key meetings e.g. medical devices, patient environment, cleanliness and water safety meetings.
- 6.1.7
- 6.1.8 When infections/ incidents occur, or when patients are potentially or confirmed to be infected or colonised with an infectious agent their care will be managed in accordance with the relevant IPC policy.
- 6.1.9 Quality assurance processes will be in place to monitor levels of risk against local and national standards. Assurance processes include:
 - IPC audit programme (Divisional and IPT led)
 - Access for all staff to IPC training (as per training needs analysis)
 - Monthly review of Trust IPC action plans
 - Annual DIPC report
 - Presentation at Quality and Safety meetings
- 6.1.10 Quality assurance processes will be reviewed at the Infection Prevention and Control Committee which meets monthly, this group is accountable to

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the Chief executive via the Trust and is responsible for the strategic and operational delivery for IPC across the Trust.

7 Publication Scheme

Publication of Trust strategies, policies, procedures, guidelines and protocols will be coordinated by the Documentation Compliance manager.

8 Monitoring and Review

What will be monitored	How/Method/ Frequency	Lead	Reporting to	Deficiencies/ gaps Recommendations and actions
Effectiveness of the implementation and compliance of the policy and supporting appendices	Assessment against compliance to health and Social Care Act Annually	DDIPC	IPCC, Trust Board	Where gaps are recognised action plans will be put into place
	Progress against the annual programme Quarterly	DDIPC	IPCC, Trust Board	Reports on progress
Audit programme	Progress against the audit programme, audit results Monthly	DDIPC/ Divisional managers	IPCC, Trust Board	Where non compliances are identified, action plans will be put in place for divisional implementation
Increased incidence of infection and alert organisms	Surveillance plan, PIR of alert organisms Monthly	IPT	IPCC, Trust Boards	Situation reports, learning and actions from PIR's

9 Training and Implementation

See appendix 1 Training needs analysis

10 Equality Impact Assessment Statement & Tool

A screening process has been carried out and this policy does not require a full impact assessment.

11 References

Department of Health (2015) *The Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance*. London

Document Control Policy

DH (2005). *Saving lives: a delivery programme for reducing healthcare associated infection (HCAI) including MRSA*. London: DH.

DH (2006). *Essential Steps to Safe, Clean Care: Reducing health care associated infection*. London: DH. Available at: <http://hcai.dh.gov.uk/>

DoH (2014) epic3 National Evidence-Based Guidelines for Preventing Healthcare-Associated Infections in NHS Hospitals in England (2014). Available online at: http://www.his.org.uk/files/3113/8693/4808/epic3_National_Evidence-Based_Guidelines_for_Preventing_HCAI_in_NHSE.pdf

DH (2004a). *Towards cleaner hospitals and lower rates of infection: A summary of action*. London: DH. Available at: http://webarchive.nationalarchives.gov.uk/+/dh.gov.uk/en/publicationsandstatistics/publications/publicationspolicyandguidance/dh_4085649

Health and Safety at Work Act 1974

Training needs analysis clinical staff

Medical Staff			
Mandatory			
What	Frequency	Who	Compliance
Induction	On commencement of employment at MFT	All Medical Staff	Required once
IPC Level 2	Annual	All Medical Staff	Required each year above 85%
Essential to Role			
What	Frequency	Who	Compliance
None	None	None	N/A
Other Competencies			
Fit Testing	Tri-annually	Front-Line Medical Staff	Tri-annual competency

Nursing & Midwifery, AHP Staff			
Mandatory			
What	Frequency	Who	Compliance
Induction	On commencement of employment at MFT	All Nursing Staff	Required
IPC Level 2	Annual	All Nursing Staff	Required
Essential to Role			

Document Control Policy

What	Frequency	Who	Compliance
IV Study Day	Once	Registered Nurses	N/A
Continence Study Day	Once	Registered Nurses	N/A
International Nurse Induction (1 hour slot on organised day)	Ad-Hoc	International Nursing	Required (International Nursing)
Competencies			
What	Frequency	Who	Compliance
Hand Hygiene	Once	All Nursing Staff	Reviewed at yearly appraisal by Ward Manager
ANTT	Once	All Nursing Staff	Reviewed at yearly appraisal by Ward Manager
Commode	Once	All Nursing Staff	Reviewed at yearly appraisal by Ward Manager
MRSA Screening	Once	All Nursing Staff	Reviewed at yearly appraisal by Ward Manager
Nasal Gel Application	Once	All Nursing Staff	Reviewed at yearly appraisal by Ward Manager
Fit Testing	Tri-annually	Front-Line Nursing Staff	Tri-annual competency
HAPPINESS	Once	All Nursing Staff	Reviewed at yearly appraisal by Ward Manager
Wipes	Once	All Nursing Staff	Reviewed at yearly appraisal by Ward Manager
Chlorine	Once	All Nursing Staff	Reviewed at yearly appraisal by Ward Manager
Nursing Grand Round (30-45 minute slot on organised day)	Once	Ward Manager	N/A

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CQC Actions

What	Frequency	Who	Compliance
IPC Champions	12 Week Programme	All Staff groups	1 Ward/Department Representative at each meeting

Chapter 1- Standard Infection Control Precautions (SICPs)

Content

- [1.1 Patient Placement/Assessment for infection risk](#)
- [1.2 Hand Hygiene](#)
- [1.3 Respiratory and Cough Hygiene](#)
- [1.4 Personal Protective Equipment](#)
- [1.5 Safe Management of Care Equipment](#)
- [1.6 Safe Management of Care Environment](#)
- [1.7 Safe Management of Linen](#)
- [1.8 Safe Management of Blood and Body Fluid Spillages](#)
- [1.9 Safe Disposal of Waste \(including sharps\)](#)
- [1.10 Occupational Safety: Prevention and Exposure Management \(including sharps\)](#)

Chapter 2- Transmission Based Precautions (TBPs)

Content

- [2.1 Patient Placement/Assessment for Infection Risk](#)
- [2.2 Safe Management of Patient Care Equipment in an Isolation Room/Cohort Area](#)
- [2.3 Safe Management of the Care Environment](#)
- [2.4 Personal Protective Equipment \(PPE\): Respiratory Protective Equipment \(RPE\)](#)
- [2.5 Infection Prevention and Control during care of the deceased](#)

Chapter 3- Healthcare Infection Incidents, Outbreaks and Data Exceedance

Content

- [3.1 Definitions of Healthcare Infection Incident, Outbreak and Data Exceedance](#)
- [3.2 Detection and recognition of a Healthcare Infection incident/outbreak or data exceedance](#)

Document Control Policy

Appendix 3

A-Z of pathogens

<http://www.nipcm.scot.nhs.uk/a-z-pathogens/#s>

Appendix 4

Glossary

<http://www.nipcm.scot.nhs.uk/glossary/>

Appendix 5

Optimal Patient placement and respiratory protective equipment for infectious agents whilst a patient is in hospital- Table

https://hpspubsrepo.blob.core.windows.net/hps-website/nss/3032/documents/1_nipcm-appendix-11.pdf