

INFECTION PREVENTION AND CONTROL POLICY

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Date written:	July 2003
Date revised:	January 2007, June 2007, May 2008, May 2010
Approval route (names of committees):	Infection Prevention & Control Committee
Level of Impact Assessment (Screening or Full – attach to policy)	Screening
Date of final approval:	4th August 2010
Date due for revision:	August 2012
Date policy becomes live:	August 2010
This document replaces:	Infection prevention and control Policy, May 2008

This policy etc. covers: (Please tick ✓ relevant box below)

CQC Regulations	Outcome 8	Monitor	
)		Finance	
Service Development Strategy		Performance Management	
Local Delivery Plan		Business Planning	
Assurance Framework		Complaints	

Other (Please specify): **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**
NHSLA Risk Management Standards for Acute Trusts, 4.9

Note: This policy has been assessed for any equality, diversity or human rights implications.

Controlled document

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1.0 INTRODUCTION

- 1.1 Under the Health and Social Care Act 2008, the Code of Practice for health and adult social care on the prevention and control of infections and related guidance (DH, 2009) requires all Trusts to have clear arrangements for the effective prevention, detection and control of healthcare associated infection, including the procedures to be taken in the event of an outbreak of infection. Previous arrangements outlined in a series of national guidance documents and reports (Department of Health (DH)/ Public Health laboratory Service (PHLS),1995; DH, 2002; DH, 2003;DH, 2004a;DH, 2005; DH, 2006b) have formed the basis for 'the Code' and are also reflected in this policy document.

2.0 SCOPE

- 2.1 This policy applies to all healthcare personnel employed by the Royal Devon and Exeter NHS Foundation Trust
- 2.2 It also applies to private contractors working on Trust premises, including GPs in community hospitals, locum and agency staff and volunteers.

3.0 AIMS AND OBJECTIVES

3.1 Aims

This policy will ensure that:

- 3.1.1 Responsibility for infection prevention and control is embedded at all levels of the organisation
- 3.3.2 Effective arrangements are in place for the provision of a full infection prevention and control service including policy production, surveillance, education and training, and audit led by an Infection Prevention and Control Team. (IPCT)
- 3.3.3 Infection prevention and control (IPC) advice is provided by a suitably qualified and resourced team, which includes an IPC Doctor and IPC Nurse, with administrative and information technology support.
- 3.3.4 The IPCT is supported by an adequately resourced and staffed microbiology laboratory capable of promptly processing and reporting results on specimens sent for investigation.
- 3.3.5 A multi-professional IPC Committee is in place to advise and support the IPCT.
- 3.3.6 All healthcare personnel working within the scope of this policy are aware of the rationale and responsibility to maintain high standards of infection prevention and control at all times.

3.2 Objectives

- 3.2.1 To reduce healthcare associated infection by providing the highest possible standards of infection prevention and control management within the limitations of available resources.
- 3.2.2 To provide locally adapted guidelines as statements of good practice based on systematic review of research and other evidence. Appendix 1 details the infection prevention and control policies and clinical care protocols in place to achieve

compliance with the Code of Practice. These documents are available on the Trust website and the IPC pages of the intranet.

- 3.2.3 To generate infection surveillance data and feedback results to relevant parties in order to reduce mortality and morbidity and improve the quality of care.
- 3.2.4 To audit practice in relation to infection prevention and control policies and protocols and disseminate findings to appropriate groups to help inform improvement programmes.
- 3.2.5 To ensure an ongoing education programme, tailored to meet the needs of individual groups of staff, is available for all personnel.

4.0 ROLES AND RESPONSIBILITIES

4.1 Trust Board and Chief Executive

The Trust Board, via the Chief Executive, are responsible for:

- 4.1.1 Ensuring there are effective and adequately resourced arrangements for infection prevention and control within the organisation.
- 4.1.2 Identifying a board level lead for infection prevention and control.
- 4.1.3 Ensuring that the role and functions of the Director of Infection Prevention and Control are satisfactorily fulfilled by appropriate and competent persons as defined by DH, (2004b)
- 4.1.4 Approving the infection prevention and control annual programme, receiving the DIPC's annual report and any other reports regarding the state of infection prevention and control within the organisation.
- 4.1.5 Ensuring that appropriate systems are in place for:
 - reviewing reports and statistics on the incidence of alert organisms (e.g. MRSA, *Clostridium difficile*) and conditions, outbreaks and Serious Untoward Incidents
 - ensuring that clinical responsibility for infection prevention and control is effectively devolved to:
 - All professional clinical groups in the Trust
 - Clinical specialties and directorates and, where appropriate, support directorates and other similar units.

4.2 Director of Infection Prevention and Control

The DIPC will:

- 4.2.1 Oversee local control of infection policies and their implementation.
- 4.2.2 Be responsible for the IPCT.
- 4.2.3 Report directly to the Chief Executive and the Board and not through any other officer.
- 4.2.4 Challenge inappropriate clinical hygiene practice as well as antibiotic prescribing decisions.
- 4.2.5 Assess the impact of all existing and new policies and plans on infection and make recommendations for change.

4.2.6 Be an integral member of the organisation's clinical governance and patient safety teams and structures, providing regular reports and decision briefings to the Governance Committee.

4.2.7 Produce an Annual Report on the state of healthcare associated infection in the organisation(s) for which he/she is responsible and release it publicly.

4.3 **Infection Prevention and Control Team (IPCT)**

The ICT is responsible for:

4.3.1 Ensuring advice on infection prevention and control is available on a 24-hour basis.

4.3.2 Formulating an annual Infection prevention and control programme in full consultation with the Infection Prevention and Control Committee (ICC), health professionals and senior managers. The programme will include surveillance of infection and audit of the implementation of and compliance with selected policies.

4.3.3 In liaison with other relevant staff preparing, reviewing and updating evidence-based policies and guidelines in line with relevant Department of Health notifications and/or national guidelines, when available and applicable (see Appendix 1).

4.3.4 Identifying and controlling outbreaks in collaboration with the Consultant for Communicable Disease Control and outbreak control group as appropriate.

4.3.5 Ensuring the provision of education to all grades of staff working within the scope of this policy (see Section 6).

4.3.6 Liaising with the Occupational Health Department, Consultant in Communicable Disease Control, the Health Protection Agency and other external services or agencies where applicable.

4.4 **The Infection Prevention And Control Committee**

Responsibilities of the committee include:

4.4.1 Advising and supporting the IPCT.

4.4.2 Drawing to the attention of the Chief Executive, either through the DIPC or, if necessary, directly, any serious problems or hazards relating to infection prevention and control.

4.4.3 Considering reports on infections and infection prevention and control problems.

4.4.4 Discussing and endorsing a plan for the management of outbreaks in the Trust and monitoring its implementation.

4.4.5 Discussion and endorsement of a plan for the Trust's response to major outbreaks in the community – the Major Incident (outbreak) Plan – and monitoring of its implementation.

4.4.6 Collaborating with the IPCT to develop the Annual Programme, monitor its progress, assist in its effective implementation and review the annual report.

4.4.7 Providing advice regarding the most effective use of resources available for implementation of the programme and for contingency requirements.

4.4.8 Creating, reviewing and monitoring the infection prevention and control assurance framework (see Section 5.0 and Appendix 2).

4.4.9 Advising on and approving all infection prevention and control policies and review of their implementation.

4.4.10 Promoting and facilitating the education of all grades of staff in infection prevention and control procedures.

4.5 **Clinical Directorates/Divisions**

Each Directorate/Divisional management team will:

4.5.1 Identify an infection prevention and control lead. This will usually be the Lead Nurse or an allied health professional of similar seniority in Professional Services.

4.5.2 Ensure that infection prevention and control will be included in the personal development plan for the designated infection prevention and control lead.

4.5.3 Identify medical staff champions for infection prevention and control, where appropriate.

4.5.4 Ensure that Infection prevention and control is a standing agenda item for Directorate Governance Group meetings and, that as a minimum, the following are included:

- hand hygiene compliance,
- outbreak reports/action plans
- action plans from NPSA 'Action through Learning' events
- surgical site surveillance reports

4.5.5 Report to the IPC Committee via the Directorate Lead Nurse.

4.5.6 Ensure that every ward/clinical department has a designated infection prevention and control link nurse (or other registered practitioner).

4.6 **Healthcare Personnel**

4.6.1 All healthcare staff have a duty to act on and report at the earliest opportunity, conditions or incidents that may be deemed infectious to others, e.g. communicable/notifiable diseases and resistant organisms.

4.6.2 All healthcare staff are required to adhere to the policies, guidelines and procedures pertaining to the prevention and control of healthcare associated infection which provide a framework for safe and best practice.

4.6.3 These guidelines are based on the recommendations of recognised national organisations/bodies including:

Department of Health	Infection Control Nurses' Association
NHS Estates	Health Protection Agency
Health & Safety Commission	Royal College of Nursing
Health & Safety Executive	Association of Medical Microbiologists
Hospital Infection Society	National Patient Safety Agency
National Audit Office	Infection Prevention Society
Handwashing Liaison Group	
Medicines & Healthcare Products Regulatory Agency (Formerly MDA)	

5.0 INFECTION PREVENTION AND CONTROL ASSURANCE FRAMEWORK

- 5.1 Appendix 2 illustrates how the Board is assured on infection prevention and control issues. Key strategic objectives relating to infection prevention and control are an integral component of the Trust assurance framework. Should any of these objectives be assessed as medium or high risk then they are transferred onto the Trust Risk Register for further analysis. Both of these documents are reported to the Board and Governance Committee on a quarterly basis.
- 5.2 Activities to demonstrate that infection prevention and control is an integral part of clinical and corporate governance will include:
- Regular presentations from the Director of Infection Prevention and Control (DIPC) and/or the IPC Team to the Governance Committee and the Trust Board, e.g. the presentation of the DIPC's annual infection prevention and control report.
 - The review of statistics on incidence of alert organisms (e.g. MRSA, Clostridium difficile) and conditions, outbreaks and Serious Untoward Incidents. Review will be through the Infection prevention and control Committee and the DIPC's annual report.
 - An audit programme to ensure that compliance with selected policies has been met. This is included in the annual infection prevention and control programme.
- 5.3 The infection prevention and control programme is developed annually and approved by the Trust Board. The programme:
- Sets objectives
 - Identifies priorities for action
 - Provides evidence that relevant policies have been implemented to reduce HCAI
 - Progress against the objectives of the programme is reported in the DIPC's quarterly and annual report.

6.0 TRAINING

- 6.1 All staff working within the Trust must be trained in infection prevention and control procedures, including hand hygiene. This will be delivered to all staff and volunteers, both clinical and non-clinical, as part of induction training in accordance with the Corporate and Local Induction Policy.
- 6.2 All staff who have direct or indirect contact with patients and/or blood and other body fluids will must receive an annual update in accordance with the Staff Development Policy and Training Needs Analysis (see paragraph 6.6.1)
- 6.3 Attendance at infection prevention and control training will be monitored through the IPC Committee. The committee will bring areas of concern to the attention of the Governance Committee.
- 6.4 Clinical Directorate IPC Leads and Heads of Department in the Facilities, Diagnostics and Professional Services Directorates are responsible for reporting attendance rates to the committee and are also responsible for ensuring that any staff who fail to attend training are contacted and alternative training dates planned.
- 6.5 Staff hand hygiene leaflets are available in all ward areas and it is the responsibility of the manager in each area to highlight this to any temporary staff undertaking work in that area.

6.6 Training Needs Analysis

- 6.6.1 All staff are required to receive infection prevention and control training on a regular basis. Identification of staff groups that require training and frequency of such training can be found on the Learning and Development Service (LDS) electronic Training Needs Analysis on the Trust's intranet and at Appendix 3.
- 6.6.2 The detail relating to training provided is available through the e-training prospectus held on LDS pages of the Trust's intranet.

7.0 PATIENT AND PUBLIC INFORMATION

- 7.1 Information relating to the Trust's general processes and arrangements for preventing and controlling infection can be found on the Trust's website at www.rdehospitals.nhs.uk.
- 7.2 The website contains links to the Trust's IPC Annual Report, infection prevention and control policies and a newsletter, *Focus on Infection prevention and control*, for patients and visitors containing practical advice about infection prevention and control.
- 7.3 Patient and visitor information leaflets for MRSA, C. difficile, Norovirus and hand hygiene are available in all wards and departments and through the Health Information Centre. These are reviewed three yearly or sooner in light of significant changes in national/local practice and/or legislation.

8.0 MONITORING

- 8.1 This policy will be monitored by the Infection prevention and control Committee and reported to the Board as identified in the assurance framework attached at Appendix 2.

9.0 FURTHER ADVICE – CONTACTING THE INFECTION PREVENTION AND CONTROL TEAM

Further advice can be obtained from the Infection prevention and control Team:

IPC Doctor Tel (01392) 40 2961 Radiopage via switchboard	Lead Nurse 01392 402355 Mobile phone #6 579/via switchboard
Consultant Microbiologists Tel (01392) 40 2973/ 2970 Radiopage via switchboard	IPC Nurses Tel (01392) 40 2355 Mobile phones #6 405, #6 718, #6 687 #6 761/via switchboard
Consultant for Communicable Disease Control Tel 0844 225 3557 Radiopage via switchboard	

10.0 REFERENCES

DH (2002) *Getting ahead of the curve*. A strategy for combating infectious diseases (including other aspects of health protection). London: DH, Available at: http://www.dh.gov.uk/en/Consultations/Closedconsultations/DH_4016942 Accessed 22/6/10.

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DH/PHLS(1995) *Hospital infection prevention and control: guidance on the control of infection in hospitals*. HSG(95)10. London. Department of Health Available at <http://www.dh.gov.uk/assetRoot/04/01/23/29/04012329.pdf> Accessed on 2/5/08.

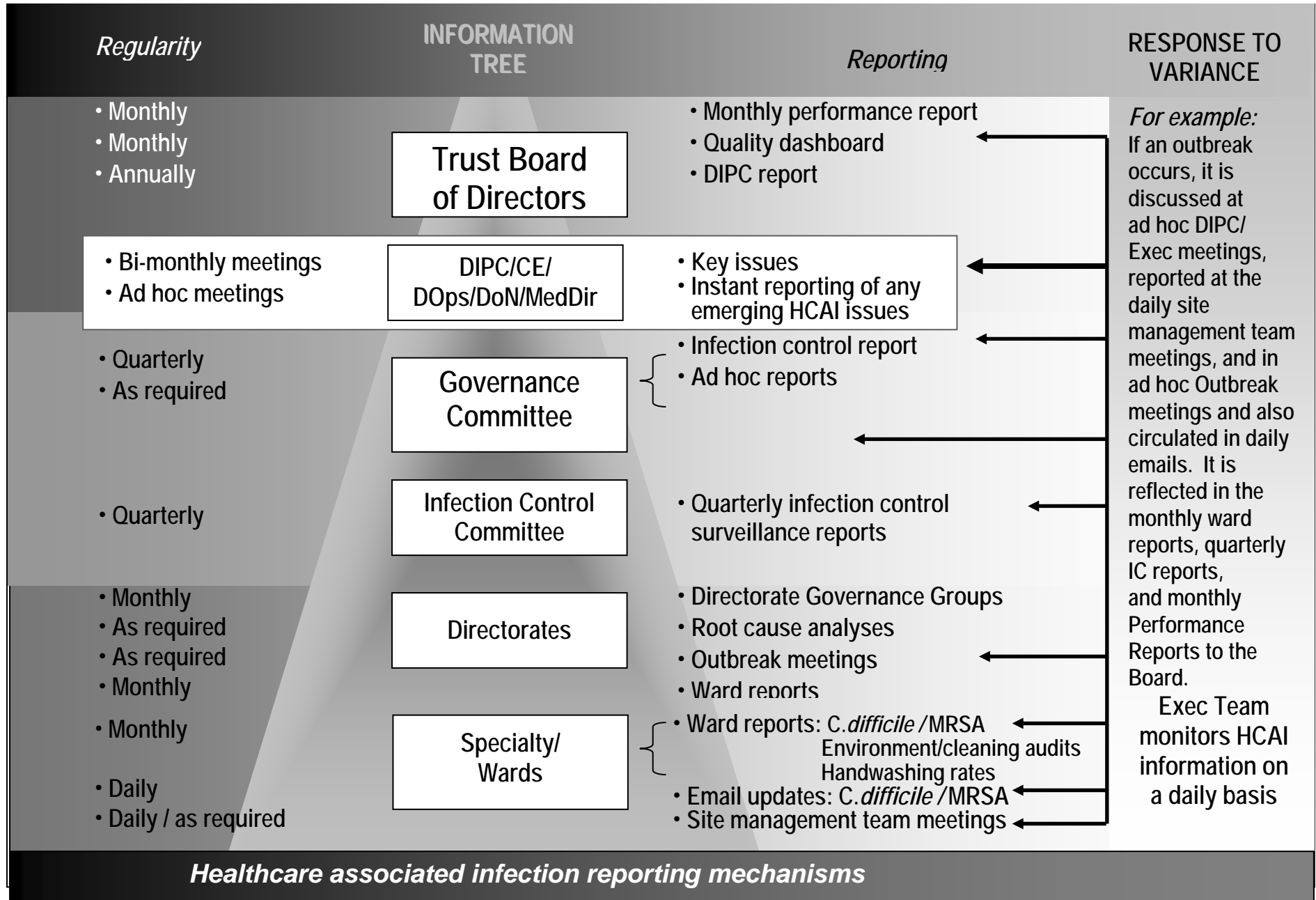
APPENDIX 1

The following is a list of current infection prevention and control documents available on the intranet and the Trust's website www.rdehospital.nhs.uk

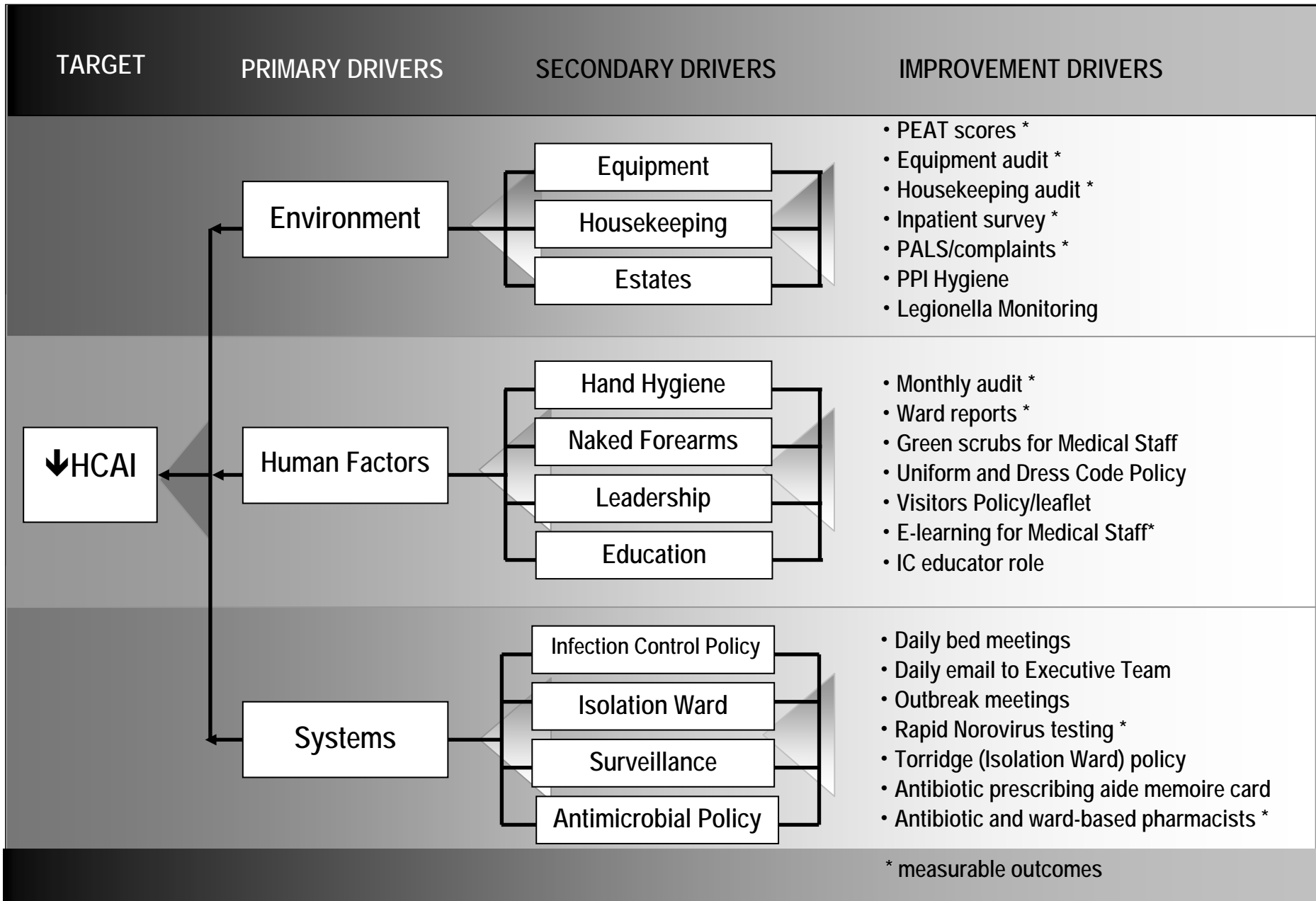
Infection prevention and control Policies, Protocols, Guidance and Guidelines

Animals & Pets in Health Care Facilities – Guidance on
Antimicrobial Policy
Aseptic Technique
Avian Influenza – Guidance on the Management of Suspected or Probably Cases of Highly Pathogenic Avian influenza
Central Venous Catheters – Guidance on the Management of
C.Difficile & Antibiotic Associated Colitis Guidelines
Cystic Fibrosis - Infection prevention and control Guidelines for patients with
Extended Spectrum Beta Lactamases (ESBLs) and Resistant AMP C Type Beta Lactamases (AMP Cs)
Guidance on Group A Streptococcal Infections
Guidance of the Management of Influenza
Guidelines on the Management of PVL – Associated Staphylococcus Aureus Infections in the Hospital Environment
Hand Hygiene Policy
Herpes Simplex
Infection Control Guidelines for Preventing and Controlling Blood-borne Virus Infection in Haemodialysis Units
Infection Prevention and Control Policy
Legionella Control Policy
Major Outbreak Plan
Measles Information & Guidance
MRSA – Guidelines for the Management & Control of
Patient Placement & Movement Policy (Infection Prevention & Control)
Protective Isolation Policy
Respiratory Syncytial Virus (RSV) – Guidance on the Management of
Scabies Guidance
Source Isolation Policy
Staff Health & Illness
Standard Infection prevention and control Precautions
Surveillance and Reporting of Infectious Disease, Healthcare Associated Infection & Antibiotic Resistant Organisms – Policy for
Terminal Cleaning Co-ordination – Guidelines for
Torrige Ward - Operational Policy
Transmissible Spongiform Encephalopathy (Creutzfeldt-Jakob Disease) Policy
Tuberculosis Management in a Hospital Setting
Vancomycin/Glycopeptide Resistant Enterococci (VRE/GRE) Guidelines
Varicella Zoster (VZ) Virus, Chickenpox & Shingles
Viral Gastroenteritis Guidance
Viral Haemorrhagic Fever (Lassa, Marburg, Ebola & Crimean/Congo Virus)
Ward Closure due to a Suspected or Confirmed Outbreak of Infection

APPENDIX 2



Healthcare associated infection reporting mechanisms



INFECTION PREVENTION AND CONTROL (INCLUDING HAND HYGIENE) TRAINING NEEDS ANALYSIS

Staff group	Induction		Update/Ongoing		
	Mandatory learning events/ opportunities/evidence	Method of delivery	Mandatory/Essential learning events/opportunities/evidence	Method of delivery	Frequency
Medical staff					
Consultants	Attendance at corporate Induction	Specialist led session	Completion of electronic Infection prevention and control Update	E-learning	Annual
			Or attendance at Directorate/dept arranged infection prevention and control update	Specialist led session	Annual
SpRs and Specialty training doctors	Doctors induction or Corporate induction	Specialist led session	Completion of electronic Infection prevention and control Update	E-learning	Annual
	Completion of electronic Infection prevention and control within a week of induction	E-learning			
Foundation doctors	Doctors induction	Specialist led session	Completion of electronic Infection prevention and control Update	E-learning	Annual
	Completion of Infection prevention and control Update within a week of induction	E-learning			
Nursing and Operating Dept staff					
Registered Nurses	Attendance at corporate induction	Specialist led session	Attendance at Directorate/dept arranged essential training day/session or	Specialist led session	Annual
			Completion of electronic Infection prevention and control Update Or attendance on 'Infection prevention and control for Registered Nurses'	E-learning	

Staff group	Induction		Update/Ongoing		
	Mandatory learning events/ opportunities/evidence	Method of delivery	Mandatory/Essential learning events/opportunities/evidence	Method of delivery	Frequency
			study day Or attendance on other infection prevention and control study days.		
Non Registered Nurses	Attendance at corporate induction. Demonstration of practical hand hygiene technique as part of local induction	Provided by RN in the workplace	Attendance at Directorate/dept arranged essential training Or attendance at 'It's a bugs life' study day Or completion of electronic Infection prevention and control Update	Specialist led session Specialist led session E-learning	Annual
Operating department practitioners (ODPs and ODAs)	Attendance at corporate induction. Demonstration of practical hand hygiene technique as part of local induction	Specialist led session Provided by qualified ODP or RN	Attendance at Directorate/dept arranged essential training Or completion of electronic Infection prevention and control Update	Specialist led session E-learning	Annual
Bank Staff - Nursing	Attendance at corporate induction	Specialist led session	Completion of electronic Infection prevention and control Update	E-learning	Annual
Infection prevention and control Link Nurses	Attendance at 'link the chain' link nurse course	Specialist led session	Attendance of link nurse updates	Specialist led session	Quarterly
Professional Services					
Allied Health Professionals (AHPs)	Attendance at corporate induction	Specialist led session	Completion of electronic Infection prevention and control Update f Attendance at ½ study day – infection prevention and control for physios and OTs	E-learning Specialist led session	Annual

Staff group	Induction		Update/Ongoing		
	Mandatory learning events/opportunities/evidence	Method of delivery	Mandatory/Essential learning events/opportunities/evidence	Method of delivery	Frequency
Clinical support workers to AHPs	Attendance at corporate induction Demonstration of practical hand hygiene technique as part of local induction	Specialist led session Provided by registered AHP in workplace	Completion of electronic Infection prevention and control Update	E-learning	Annual
Diagnostics, Medical Physics and Radiotherapy					
Clinical staff in Radiology, Medical physics, radiotherapy and similar.	Attendance at corporate induction	Specialist led session	Completion of electronic Infection prevention and control Update	E-learning	Annual
Biomedical scientists (BMS)	Attendance at corporate induction	Specialist led session	Completion of Infection prevention and control Update	E-learning	Annual
Point of care testing BMS	Attendance at corporate induction	Specialist led session	Completion of Infection prevention and control Update	E-learning	Annual
Facilities					
Porters and Housekeepers and Linen Services staff	Attendance at corporate induction	Specialist led session	Attendance at department infection prevention and control training	Specialist led session	Annual
Estates	Attendance at corporate induction	Specialist led session	Attendance at department infection prevention and control training	Specialist led session	Annual
Others					
Ward clerks/ ward administrators	Attendance at corporate induction	Specialist led session	Completion of Infection prevention and control Update	E-learning	Annual
Trust Board	Attendance at corporate induction	Specialist led session	Receive DIPC Annual Report and presentation to the Board	DIPC led session	Annual
Directorate and Service Managers	Attendance at corporate induction	Specialist led session	Updates from Directorate Infection prevention and control Leads at Directorate Governance Groups	Directorate IC Lead or Specialist led session	Annual

Staff group	Induction		Update/Ongoing		
	Mandatory learning events/ opportunities/evidence	Method of delivery	Mandatory/Essential learning events/opportunities/evidence	Method of delivery	Frequency
Volunteers	Attendance at corporate induction	Specialist led session	Completion of electronic Infection prevention and control Update	E-learning	Annual