Royal Devon and Exeter NHS Foundation Trust

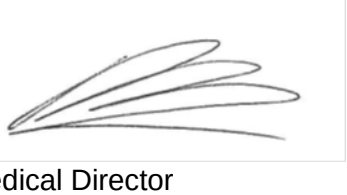
Infection Control in the Built Environment Policy

Post holder responsible for Procedural Document	Lead Nurse/Director for Infection Prevention and Control
Author of Policy	Judy Potter, Lead Nurse/ Director for Infection Prevention and Control
Division/ Department responsible for Procedural Document	Specialist Services / Infection Prevention & Control
Contact details	x2355
Date of original document	17/02/2014
Impact Assessment performed	**Yes**/ No
Ratifying body and date ratified	Infection Control and Decontamination Assurance Group: 17th May 2017
Review date (and frequency of further reviews)	October 2021 (5 yearly)
Expiry date	April 2022
Date document becomes live	30 May 2017

Please specify standard/criterion numbers and tick ✓ other boxes as appropriate

Monitoring Information		**Strategic Directions – Key Milestones**	
Patient Experience		Maintain Operational Service Delivery	
Assurance Framework		Integrated Community Pathways	
Monitor/Finance/Performance		Develop Acute services	
CQC Fundamental Standards - Regulation**: 8**		Infection Control	✓
Other *(please specify)*:			
Note: This document has been assessed for any equality, diversity or human rights implications			

Full History		Status: Final	
Version	Date	Author (Title not name)	Reason
1.0	17/02/2014	Lead Nurse/Director of Infection Prevention & Control	New policy - A policy such as this is recommended in the The Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance
2.0	28/03/2017	Senior Nurse Infection Prevention & Control	Routine revision harmonised with community services requirements

Associated Trust Policies/ Procedural documents:	Cleaning Policy Decontamination Policy and Procedures Infection Prevention & Control Policy Waste Management Policy Water Safety Policy
Key Words	Estates, environment, buildings, legionella, ventilation, facilities
In consultation with and date: Estates: 28th March 2017 Policy Expert Panel (PEP): 5th April 2017 Head of Chaplaincy and Volunteer Services/Patient Equality Lead: 19th April 2017 Full membership of the Infection Control and Decontamination Assurance Group which includes representation from the executive team, divisional management teams (including community services), nursing and medical staff, therapists, facilities, operations support, estates and Public Health England's Devon/Cornwall and Somerset Local Team: 17th May 2017.	
Review Date *(Within 5 years)*	October 2021
Contact for Review:	Lead Nurse/Director of Infection Prevention & Control
Executive Lead Signature:	 Medical Director

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1. INTRODUCTION

1.1 High standards of environmental hygiene and clinical practice in healthcare facilities have been identified as being important in minimising the risk of the transmission of infection. Health Building Note (HBN) 00:09 identifies that the design, planning, construction, refurbishment and on-going maintenance of the healthcare facility also have an important role to play in the prevention and control of infection. The physical environment has to assist, not hinder, good practice.

1.2 It is important that infection prevention and control (IPC) is designed-in at the planning and design stages of a new-build or refurbishment project and that input continues up to the final build stage. Designed-in IPC means that designers, architects, engineers, facilities managers and planners work in collaborative partnership with IPC teams to deliver facilities in which IPC needs have been planned for, anticipated and met (HBN 00:09).

1.2 **Failure to comply with this policy could result in disciplinary action.**

2. PURPOSE

2.1 This policy highlights IPC issues and risks that need to be addressed at each particular stage to achieve designed-in infection control. The aim is to prompt those with overall responsibility for managing capital schemes to include IPC advice at the right time in order to prevent costly mistakes.

3. DEFINITIONS

3.1 **New build** – construction of new buildings

3.2 **Refurbishment** – renovating, re-equipping, or restoring existing buildings

4. DUTIES & RESPONSIBILITIES OF STAFF

4.1 The **Chief Executive** is responsible for**:**

- ensuring there are systems in place to provide healthcare premises that are suitable for purpose and are kept clean and maintained in good physical repair and condition.

4.2 The **Director of Finance** is responsible for:

- the provision and management of sufficient financial resources to enable those involved in new builds and refurbishment to effectively discharge their legal responsibilities and duty of care.

4.3 The **Director for Infection Prevention and Control (DIPC)** is responsible for:

- Formal sign off of plans
- Ensuring that there is an infection control specialist or microbiologist involved as a member of the project team

4.4 **Project Managers/Estates Officers** are responsible for:

- ensuring that all infection prevention and control issues, that relate to each building and engineering project, are discussed with a member of the Infection Prevention & Control Team (IPCT) at the earliest possible stage.
- consulting the IPCT if there are any changes to the plans that may have an impact on infection prevention and control.
- following the guidance in HBN 00-09 in relation to designing, planning, constructing and commissioning a new or refurbishment building scheme as far as is reasonably practicable.
- liaison with the estates representatives of community site owners (e.g. NHS Property Services, PFI, DPT, etc.) to ensure the necessary adherence to engineering and building HTM regulations are maintained (to include assurance of water safety and ventilation maintenance and periodic testing).
- in the event of such assurance checks failing to meet national standards the infection control team should be notified.

4.5 The **Infection Prevention and Control Team (IPCT)** are responsible for**:**

- providing guidance and support to building and engineering project teams.
- carrying out relevant risk assessments and method statements [for example, to assess the risk of infection during building work to immuno-compromised patients from airborne spores of Aspergillus (environmental fungi)].
- attending project meetings and visits in order to ensure consultation and sign off takes place in a timely manner, and so as not to unnecessarily delay any particular scheme.
- attending the clinical area for a pre-handover inspection of the scheme and for final sign off.
- in the event of estates assurance checks failing to meet national standards the infection control team should risk assess the impact to staff and service users and take necessary action to maintain their safety

4.6 **Departmental Manager/Matron** is responsible for**:**

- outlining the operational policy detailing the uses and requirements of the facility at the project inception.
- ensuring that infection control measures are implemented and adhered to throughout.
- liaison with hotel services regarding cleaning during and on completion of projects.
- ensuring any suspension of clinical activity in an area is notified to the facilities and estates teams to allow water safety to be maintained through additional water flushing or other measures.

5. STAGES AT WHICH INPUT FROM THE IPCT SHOULD BE SOUGHT

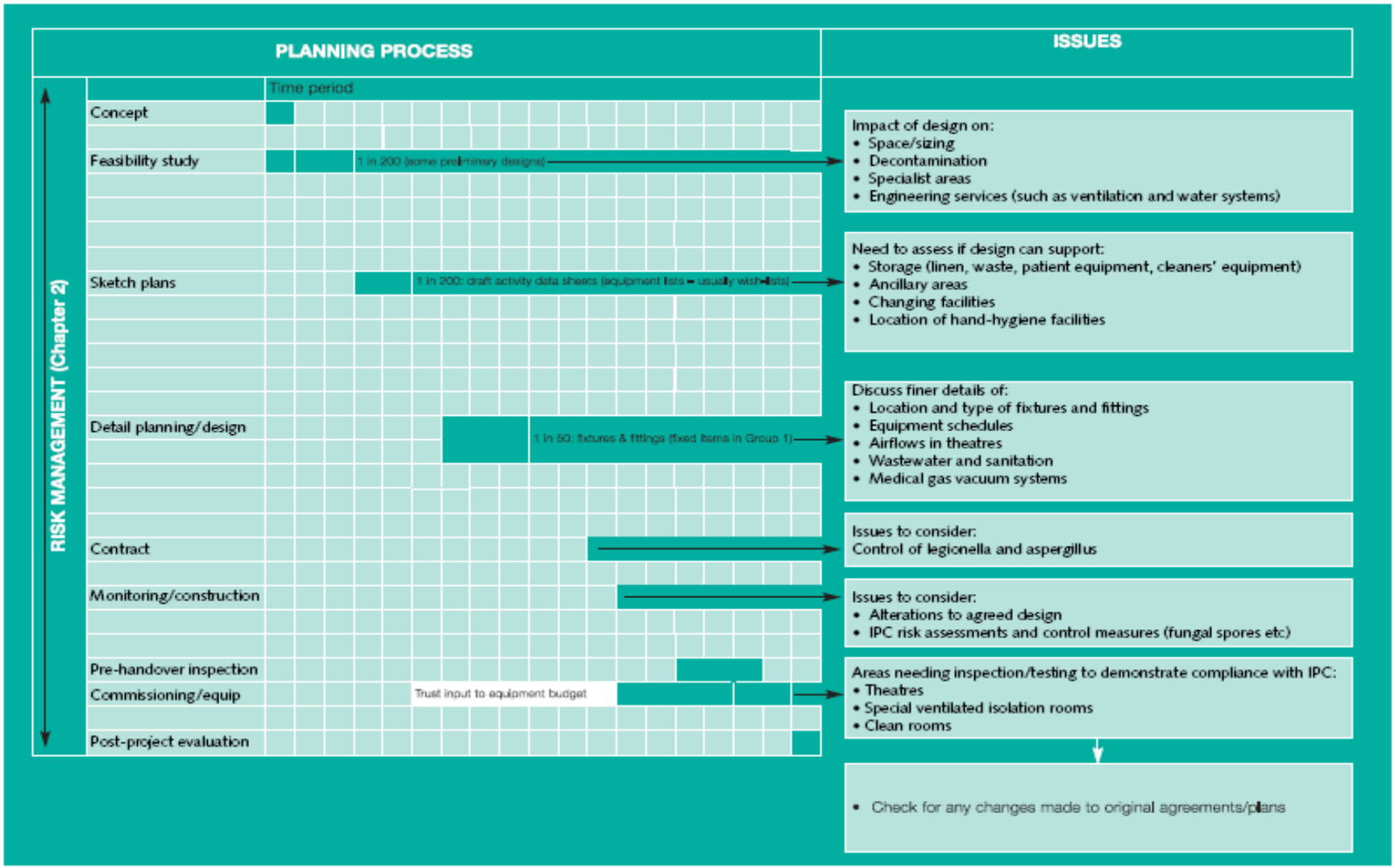
5.1 HBN 09:09 provides detailed guidance on the nature of the input at each stage of the planning process and this should be referred to at each stage for clarity. The stages at which input is required are as follows:

- Preparation of a business case to support the viability of the project.
- Project funding
- Concept/feasibility study.
- Design stage.
- Contract.
- Project monitoring/construction.
- Pre-handover inspections ("snagging").
- Commissioning the facility.
- Post-project evaluation.

5.2 In addition to new build and refurbishments, areas will from time to time be subject to temporary or long-term variation in use. Estates teams must be notified and IPCT advice should be sought for any areas under temporary closure/ decommissioning to ensure any risks are identified and mitigated e.g. water safety.

5.3 Figure 1 provides examples about the type of issues to be considered at each stage.

FIGURE 1 - THE PLANNING PROCESS



6. ARCHIVING ARRANGEMENTS

The original of this policy, will remain with the author, Lead Nurse, Infection Prevention & Control. An electronic copy will be maintained on the Trust Intranet, P – Policies (Trust-wide) – I – Infection Control in the Built Environment. Archived electronic copies will be stored on the Trust's "archived policies" shared drive, and will be held indefinitely. A paper copy (where one exists) will be retained for 10 years.

7. PROCESS FOR MONITORING COMPLIANCE WITH AND EFFECTIVENESS OF THE POLICY

7.1 In order to monitor compliance with this policy, the auditable standards will be monitored as follows:

No	Minimum Requirements	Evidenced by
1.	There is input from the infection prevention and control team at each of the stages identified in this policy	Project meeting notes
2.	The DIPC signs off the final plans	Project meeting notes
3.	Where deviation from infection control advice is necessary, the rationale is documented and the risk is assessed.	Risk assessment

7.2 **Frequency**

In each financial year, the Head of Estates will audit a small selection of project records to ensure that this policy has been adhered to and a formal report will be written and presented at the Infection Control & Decontamination Assurance Group.

7.3 **Undertaken by**

Head of Estates

7.4 **Dissemination of Results**

N/A

7.5 **Recommendations/ Action Plans**

Implementation of the recommendations and action plan will be monitored by the Infection Control & Decontamination Assurance Group, which meets 4 times per year.

7.6 Any barriers to implementation will be risk-assessed and added to the risk register.

7.7 Any changes in practice needed will be highlighted to Trust staff via the Governance Managers' cascade system.

8. REFERENCES

Department of Health (2011) *The Health and Social Care Act (2008): Code of Practice for the Prevention of Infections and Related Guidance*. Available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216227/dh_123923.pdf Accessed 17/2/14

Department of Health (2013) HBN 00-09 *Infection Control in the Built Environment* Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/170705/HBN_00-09_infection_control.pdf

APPENDIX 1: COMMUNICATION PLAN

Royal Devon and Exeter NHS
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COMMUNICATION PLAN

The following action plan will be enacted once the document has gone live.

Staff groups that need to have knowledge of the strategy/policy	Staff who have duties and responsibilities within this policy
The key changes if a revised policy/strategy	No significant changes other than formatting to match Trust policy template and harmonisation with community services
The key objectives	To ensure there is a framework for estates and facilities managers and planners to work in collaborative partnership with the IPC team to deliver facilities in which IPC needs have been planned for, anticipated and met
How new staff will be made aware of the policy and manager action	Cascade by email to relevant staff
Specific Issues to be raised with staff	N/A
Training available to staff	N/A
Any other requirements	N/A
Issues following Equality Impact Assessment (if any)	No negative impacts
Location of hard / electronic copy of the document etc.	Hard copy of policy in Site Management office and Infection Control Team Office. Electronic version on Hub.

APPENDIX 2: EQUALITY IMPACT ASSESSMENT TOOL

Name of document	Infection Control in the Built Environment Policy
Division/Directorate and service area	Infection Prevention & Control
Name, job title and contact details of person completing the assessment	Judy Potter Lead Nurse/Director of Infection Prevention & Control Ext: 2355
Date completed:	29th March 2017

The purpose of this tool is to:

- **identify** the equality issues related to a policy, procedure or strategy
- **summarise the work done** during the development of the document to reduce negative impacts or to maximise benefit
- **highlight unresolved issues** with the policy/procedure/strategy which cannot be removed but which will be monitored, and set out how this will be done.

1. What is the main purpose of this document?

To ensure infection control issues are "factored in" in design and management of buildings

2. Who does it mainly affect? *(Please insert an "x" as appropriate:)*

Carers ☐ Staff ☒ Patients ☐ Other (please specify)

3. Who might the policy have a 'differential' effect on, considering the "protected characteristics" below? (By *differential* we mean, for example that a policy may have a noticeably more positive or negative impact on a particular group e.g. it may be more beneficial for women than for men)

Protected characteristic	Relevant	Not relevant
Age	☐	☒
Disability	☐	☒
Sex - *including: Transgender, and Pregnancy / Maternity*	☐	☒
Race	☐	☒
Religion / belief	☐	☒
Sexual orientation – *including: Marriage / Civil Partnership*	☐	☒

4. Apart from those with protected characteristics, which other groups in society might this document be particularly relevant to… (e.g. those affected by homelessness, bariatric patients, end of life patients, those with carers etc.)?

N/A

5. Do you think the document meets our human rights obligations? ☒

Feel free to expand on any human rights considerations in question 6 below.

A quick guide to human rights:
• ***Fairness –*** *how have you made sure it treat everyone justly?* • ***Respect –*** *how have you made sure it respects everyone as a person?* • ***Equality –*** *how does it give everyone an equal chance to get whatever it is offering?* • ***Dignity –*** *have you made sure it treats everyone with dignity?* • ***Autonomy –*** *Does it enable people to make decisions for themselves?*

6. Looking back at questions 3, 4 and 5, can you summarise what has been done during the production of this document and your consultation process to support our equality / human rights / inclusion commitments?

N/A

7. If you have noted any 'missed opportunities', or perhaps noted that there remains some concern about a potentially negative impact please note this below and how this will be monitored/addressed.

"Protected characteristic":	N/A
Issue:	
How is this going to be monitored/ addressed in the future:	
Group that will be responsible for ensuring this carried out:	