## Infection Prevention & Control Policy

<table>
<thead>
<tr>
<th>Post holder responsible for Procedural Document</th>
<th>Lead Nurse/Director of Infection Prevention &amp; Control</th>
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</thead>
<tbody>
<tr>
<td>Author of Policy</td>
<td>Judy Potter, Lead Nurse</td>
</tr>
<tr>
<td>Directorate/Department responsible for Procedural Document</td>
<td>Specialist Services, Infection Prevention and Control</td>
</tr>
<tr>
<td>Contact details:</td>
<td>Extension number x 2355</td>
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<tr>
<td>Date of original document</td>
<td>July 2003</td>
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<tr>
<td>Impact Assessment Performed</td>
<td>Yes</td>
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<tr>
<td>Approving body and date approved:</td>
<td>Infection Control and Decontamination Assurance Group: 20th October 2015</td>
</tr>
<tr>
<td>Review date and (frequency of further reviews):</td>
<td>September 2018 (3 yearly)</td>
</tr>
<tr>
<td>Expiry date (Policy will automatically be archived on IaN on this date)</td>
<td>March 2019</td>
</tr>
<tr>
<td>Date document becomes live:</td>
<td>29th October 2015</td>
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Please specify standard/criterion numbers and tick ✓ other boxes as appropriate

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<tr>
<th>Monitoring Information</th>
<th>Strategic Directions – Key Milestones</th>
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<tr>
<td>Patient Experience</td>
<td>Maintain Operational Service Delivery</td>
</tr>
<tr>
<td>Assurance Framework</td>
<td>Integrated Community Pathways</td>
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<tr>
<td>Monitor/Finance/Performance</td>
<td>Develop Acute services</td>
</tr>
<tr>
<td>CQC Fundamental Standard Regulation No. :</td>
<td>Delivery of Care Closer to Home</td>
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<td>Infection Control ✓</td>
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Other (please specify):  

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

### Controlled document

This document has been created following the Royal Devon and Exeter NHS Foundation Trust Development, Ratification & Management of Procedural Documents Policy. It should not be altered in any way without the express permission of the author or their representative.
<table>
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<tr>
<th>Version</th>
<th>Date</th>
<th>Author (Title not name)</th>
<th>Reason</th>
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<tr>
<td>6</td>
<td>22/08/12</td>
<td>Lead Nurse/DIPC</td>
<td>Amended to reflect the Trust policy template and to incorporate minor changes.</td>
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<td>7</td>
<td>11/09/2015</td>
<td>Lead Nurse/DIPC</td>
<td>Routine Review</td>
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**To be used in conjunction with:** All other infection control policies, guidance and procedures - Refer Appendix 1 of policy

**In consultation with and date:**
- Infection Control Operational Group - 6th September 2012
- Infection Control and Decontamination Assurance Group – 19th October 2012
- Policy Expert Panel – 19th September 2015
- Infection Control & Decontamination Assurance Group – 20th October 2015

**Review Date (Within 3 years)**
- September 2018

**Contact for Review:**
- Judy Potter
  - Lead Nurse/Director Infection Prevention and Control

**Executive Lead Signature:**
- Adrian Harris
  - (Only applicable for Strategies & Policies)
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1. **INTRODUCTION**

1.1 Under the Health and Social Care Act 2008, the Code of Practice on the Prevention and Control of Infection (DH, 2015) 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.

1.2 This policy applies to all healthcare personnel employed by the Royal Devon and Exeter NHS Foundation Trust, hereafter referred to as the Trust.

1.3 It also applies to private contractors working on Trust premises, including GPs in community hospitals, locum and agency staff and volunteers.

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

2. **PURPOSE**

This policy will ensure that:

2.1 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).

2.2 Responsibility for infection prevention and control is embedded at all levels of the organisation.

2.3 Infection prevention and control (IPC) advice is provided by a suitably qualified and resourced team, which includes an IPC Doctor and IPC Nurses, with administrative and information technology support.

2.4 The IPCT is supported by an adequately resourced and staffed microbiology laboratory capable of promptly processing and reporting results on specimens sent for investigation.

2.5 Multi-professional operational and assurance group structures are in place to advise and support the IPCT.

2.6 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. **DEFINITIONS**

3.1 **Health care associated infection** – is an infection that is acquired as a result of a healthcare intervention. It does not necessarily become apparent whilst a patient is in hospital.

3.2 **Infection prevention and control** – is a collective term for a wide range of activities, which may be managerial, clinical or educational, intended to protect patients, staff and visitors from infections.
5. DUTIES AND RESPONSIBILITIES OF STAFF

5.1 The Chief Executive and the Board of Directors are responsible for:

5.1.1 Ensuring there are effective and adequately resourced arrangements for infection prevention and control within the organisation.

5.1.2 Identifying a board-level lead for infection prevention and control.

5.1.3 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)

5.1.4 Approving the infection prevention and control annual programme, and receiving the DIPC’s annual report and any other reports regarding the state of infection prevention and control within the organisation.

5.1.5 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 incidents
   - ensuring that clinical responsibility for infection prevention and control is effectively devolved to:
     - All professional clinical groups in the Trust
     - Clinical specialties and divisions and, where appropriate, support services and other similar units.

5.2 The Executive Lead for Infection Prevention and Control is responsible for:

5.2.1 Meeting regularly with the Joint Directors of Infection Prevention Control and providing support regarding escalation to Board of Directors, if required.

5.2.2 Chairing the Infection Control and Decontamination Assurance Group

5.3 The Joint Directors of Infection Prevention and Control will:

5.3.1 Oversee local control of infection policies and their implementation.

5.3.2 Be responsible for the IPCT.

5.3.3 Report directly to the Chief Executive and the Board and not through any other officer.

5.3.4 Challenge inappropriate clinical hygiene practice as well as antibiotic prescribing decisions.

5.3.5 Assess the impact of all existing and new policies and plans on infection and make recommendations for change.

5.3.6 Be an integral member of the organisation's governance and patient safety teams and structures, providing regular reports to relevant groups and committees as defined by those groups and committees’ terms of reference

5.3.7 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.
5.4 The **Safety and Risk Committee** is responsible for:

5.4.1 Seeking assurance through reports from the Infection Control and Decontamination Assurance Group and the Joint DsIPC that the annual work programme is progressing well, in order to maintain compliance with the Code of Practice on the prevention and control of infection, meet national targets and local contractual obligations, and to escalate key concerns and risks.

5.5 The **Infection Control and Decontamination Assurance Group (ICDAG)** is responsible for:

5.5.1 Agreeing and reviewing progress with delivering the annual work plans for infection control and decontamination. Obstacles to delivery or deficits identified within the plans will be reported to the Safety and Risk Committee with recommendations for action.

5.5.2 Ensuring that there are adequate management systems and processes in place that enable the Trust to respond and comply with all statutory, national and local best practice guidance in relation to infection control and decontamination.

5.5.3 Receiving quarterly reports from the groups identified in the assurance structure diagram at **Appendix 1**, and from clinical divisions and relevant support services.

5.5.4 Reviewing the continued appropriateness of structures and systems/processes to minimise the risk of infection, reporting any identified deficits or obstacles to delivery with recommendations to Safety and Risk Committee.

5.5.5 Reviewing the appropriateness and effectiveness of audit outcome reporting and action planning in relation to prevention and control of infection; ensuring the robustness of information reported across the organisation and to the Board of Directors; and, where corrective actions are required or identified, making recommendations to the Safety and Risk Committee and thereby to the Board of Directors.

5.5.6 Ensure that adequate systems of education, training and briefing to all staff groups are being delivered in relation to infection prevention and control and decontamination.

5.5.7 Ensure that all policies and guidance are regularly reviewed, reflect national best practice, consult all relevant parties in their review or development, and are regularly audited for compliance.

5.5.8 Manage the risks on the corporate risk register that are relevant to the group’s duties.

5.5.9 Conduct an annual review of the group’s effectiveness and comment on this in the annual report.

5.6 The **Infection Prevention and Control Team (IPCT)** is responsible for:

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

5.6.2 Formulating an annual infection prevention and control programme in full consultation with the members of the Infection Prevention and Control Operational Group and Infection Control and Decontamination Assurance Group; other relevant health professionals; and senior managers. The programme will include surveillance of infection and audit of the implementation of and compliance with selected policies.
5.6.3 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).

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

5.6.5 Ensuring the provision of education to all grades of staff working within the scope of this policy (see Section 7).

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

5.7 **Divisional Management Teams** are responsible for:

5.7.1 Identifying an Infection Prevention and Control Lead who will be member of the ICDAG. This will usually be the Assistant Director of Nursing or an allied health professional of similar seniority.

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

5.7.3 Identifying medical staff champions for infection prevention and control, where appropriate.

5.7.4 Ensuring that infection prevention and control is a standing agenda item for Specialty and Divisional Governance Group meetings and, where relevant, the following are included:
- hand hygiene compliance,
- outbreak reports/action plans
- action plans from formal investigations e.g. Clostridium difficile infection
- surgical site surveillance reports

5.7.5 Reporting to the IPC Operational group via the Divisional representative

5.7.6 Ensuring that every ward/clinical department (where appropriate) has a designated infection prevention and control link nurse (or other registered practitioner).

5.8 **All healthcare staff** have a responsibility for:

5.8.1 Acting on and reporting at the earliest opportunity any conditions or incidents that may be deemed infectious to others, e.g. communicable/ notifiable diseases and resistant organisms.

5.8.2 Adhering 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 (refer Section 12).

5.8.3 Reporting incidents in line with the Trust Incident Policy

6 **INFECTION PREVENTION AND CONTROL ASSURANCE FRAMEWORK**

6.1 **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 Risk Register for further analysis.

6.2 Activities to demonstrate that infection prevention and control is an integral part of governance will include:

- Regular presentations from the Director of Infection Prevention and Control (DIPC) and/or the IPC Team to the Trust Board, e.g. the presentation of the DIPC’s annual infection prevention and control report, inclusion performance against of key health care associated infection reduction targets in monthly performance reports to the Board.

- The review of statistics on incidence of alert organisms (e.g. MRSA, Clostridium difficile) and conditions, outbreaks and other serious incidents. Review will be through the Infection Prevention and Control Operational Group, the ICDAG Assurance Group 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.

6.3 The infection prevention and control programme is developed annually and approved by the Board of Directors. 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.

7. TRAINING

7.1 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 Induction Policy. A blended learning approach is available with both face to face sessions and e-learning provided.

7.2 All staff who have direct or indirect contact with patients and/or blood and other body fluids will must receive regular updates in accordance with the Essential Learning Policy and Training Needs Analysis (see paragraph 7.6.1)

7.3 Attendance at infection prevention and control training will be monitored through the IPC Operational Group. The group will bring areas of concern to the attention of the Infection Control and Decontamination Assurance Group.

7.6 Training Needs Analysis

7.6.1 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.

8. PATIENT AND PUBLIC INFORMATION

8.1 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.
8.2 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.

8.3 A range of patient and visitor information leaflets for topics such as MRSA, C. difficile, Viral Gastroenteritis 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.

9. **ARCHIVING ARRANGEMENTS**

9.1 The original of this policy will remain with the Lead Nurse, Infection Control in the Infection Prevention & Control Department. An electronic copy will be maintained on the Trust Intranet, P – Policies <http://ian.exe.nhs.uk/welcome/trust-policies/i-1/> Archived copies will be stored on the Trust's Governance Shared Drive and will be held for 10 years.

10. **PROCESS FOR MONITORING COMPLIANCE WITH AND EFFECTIVENESS OF THE POLICY**

10.1 This policy will be monitored by the Infection Prevention and Control Assurance Group and reported to the Board of Directors through the governance structure as identified in the diagram attached at Appendix 1.

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

<table>
<thead>
<tr>
<th>No</th>
<th>Minimum Requirements</th>
<th>Evidenced by</th>
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<tbody>
<tr>
<td>1.</td>
<td>The Infection Prevention and Control Team is adequately supported and resourced</td>
<td>DIPC annual report</td>
</tr>
<tr>
<td>2.</td>
<td>An annual programme is approved by the Board of Directors</td>
<td>Board of Directors meeting minutes</td>
</tr>
<tr>
<td>3.</td>
<td>The DIPC presents an annual report to the Board of Directors</td>
<td>Board of Directors meeting minutes</td>
</tr>
<tr>
<td>4.</td>
<td>Inclusion of infection prevention and control as a standing agenda item on Divisional Governance Groups</td>
<td>Agendas and minutes of DGGs</td>
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<tr>
<td>5.</td>
<td>The effectiveness and membership of the groups named within the Infection Control and Decontamination Assurance structure are reviewed annually</td>
<td>Minutes of meetings</td>
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</tbody>
</table>

10.3 **Frequency**
In each financial year, the Director for Infection Prevention and Control will audit to ensure that this policy has been adhered to and a formal report (the DIPC Annual Report) will be written and presented to the Board of Directors.

10.4 **Undertaken by**
Joint Directors for Infection Prevention and Control

10.5 **Dissemination of Results**
Results will be disseminated at the meeting of the Board of Directors and through publication of the report on the Trust website.
10.6 **Recommendations/ Action Plans**
Implementation of the recommendations and action plan will be monitored by the Infection Prevention and Assurance Group, which meets quarterly.

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

10.8 Any changes in practice needed will be highlighted to Trust staff via the Governance Managers’ cascade system

11. **REFERENCES**


12. **ASSOCIATED TRUST POLICIES**

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](http://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 Guidance
- Avian Influenza – Guidance on the Management of Suspected or Probably Cases of Highly Pathogenic Avian influenza
- Clostridium difficile Infection Policy
- Cystic Fibrosis - Infection Prevention and Control Guidelines for patients with Extended Spectrum Beta Lactamases (ESBLs) and Resistant AMP C Type Beta Lactamases (AMP Cs)
- Group A Streptococcal Infections – Policy for the Prevention & Control of Guidance of the Management of Influenza
- Guidelines on the Management of PVL – Associated Staphylococcus Aureus Infections in the Hospital Environment
- Haemodialysis Units - Infection Control Guidelines for Preventing and Controlling Blood-borne Virus Infection in Hand Hygiene Policy
- Herpes Simplex Information and Guidance
- Infection Prevention and Control Policy
- Legionella Control Policy
- Major Outbreak Plan
- Measles Information & Guidance
- MRSA Policy
- Patient Placement & Movement Policy (Infection Prevention & Control)
- Protective Isolation Guidance
- Respiratory Syncytial Virus (RSV) – Guidance on the Management of
Scabies Guidance
Source Isolation Policy
Staff Health & Illness Relating to Infection Control
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
Torridge Ward – Operational Guidance
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
Venous Access Device Policy and Procedures
Viral Gastroenteritis Guidance
Viral Haemorrhagic Fever (Lassa, Marburg, Ebola & Crimean/Congo Virus) Guidance
Ward Closure due to a Suspected or Confirmed Outbreak of Infection Guidance
### APPENDIX 2 - ASSURANCE FRAMEWORK

<table>
<thead>
<tr>
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<th>INFORMATION TREE</th>
<th>Reporting</th>
<th>RESPONSE TO VARIANCE</th>
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<tr>
<td>Monthly</td>
<td>Trust Board</td>
<td>• Integrated performance report</td>
<td>If an outbreak</td>
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<tr>
<td>Monthly</td>
<td>of Directors</td>
<td>• Ward to Board Reports</td>
<td>occurs, it is</td>
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<td>Annually</td>
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<td>• DIPC report</td>
<td>discussed at</td>
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<td>ad hoc DIPC/</td>
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<td>• Instant reporting of any emerging</td>
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<td>HCAI issues</td>
<td>reported at the</td>
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<td></td>
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<td>• C.difficile/MRSA performance</td>
<td>daily site</td>
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<td>DIPC/CE/DOps/DoN/</td>
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<td>Ad hoc meetings</td>
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<td></td>
<td>team meetings, and</td>
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<td>Weekly</td>
<td></td>
<td></td>
<td>in ad hoc Outbreak</td>
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<td></td>
<td></td>
<td>meetings and also</td>
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<td></td>
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<td>circulated in daily</td>
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<td>emails. It is</td>
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<td>reflected in the</td>
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<td>monthly ward</td>
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<td>reports, quarterly</td>
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<td></td>
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<td>IC reports, and</td>
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<td></td>
<td></td>
<td></td>
<td>monthly Performance</td>
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<tr>
<td>Quarterly</td>
<td>Safety and Risk</td>
<td>• Infection control report</td>
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<td>As required</td>
<td>Committee</td>
<td>• Ad hoc reports</td>
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<td>Prevention</td>
<td>reports</td>
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<td></td>
<td>and Control</td>
<td>• Divisional Governance Groups</td>
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<td></td>
<td>Assurance Group</td>
<td>• Root cause analyses</td>
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<td></td>
<td></td>
<td>• Outbreak meetings</td>
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<td></td>
<td></td>
<td>• Ward reports</td>
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<tr>
<td>Monthly</td>
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<td>As required</td>
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<tr>
<td>As required</td>
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<td>Monthly</td>
<td>Specialty/</td>
<td>• Ward to Board reports: C.difficile /</td>
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<td>Wards</td>
<td>MRSA</td>
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<td>Daily</td>
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<td>Daily / as required</td>
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<td>Hand hygiene rates</td>
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<td>Email updates: C.difficile /</td>
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<td>MRSA</td>
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<tr>
<td></td>
<td></td>
<td>Site management team meetings</td>
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</tbody>
</table>

For example:
- If an outbreak occurs, it is discussed at ad hoc DIPC/Exec meetings, reported at daily site management team meetings, and in ad hoc Outbreak meetings and also circulated in daily emails. It is reflected in the monthly ward reports, quarterly IC reports, and monthly Performance Reports to the Board.
- Exec Team monitors HCAI information on a daily basis.
APPENDIX 3: EQUALITY IMPACT ASSESSMENT TOOL

<table>
<thead>
<tr>
<th>Name of document</th>
<th>Infection Prevention and Control Policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Division/Directorate and service area</td>
<td>Trustwide</td>
</tr>
<tr>
<td>Name, job title and contact details of person completing the assessment</td>
<td>Judy Potter, Lead Nurse/Director for Infection Prevention and Control</td>
</tr>
<tr>
<td>Date completed:</td>
<td>11/09/2015</td>
</tr>
</tbody>
</table>

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?

2. Under the Health and Social Care Act 2008, the Code of Practice for the Control and Prevention of Health Care Associated Infection (DH, 2010) 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. This policy describes the arrangements required in this organisation.

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

- Carers ☒
- Staff ☒
- Patients ☒
- Other (please specify) Visitors, Contractors

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) Please insert an “x” in the appropriate box (x)

<table>
<thead>
<tr>
<th>Protected characteristic</th>
<th>Relevant</th>
<th>Not relevant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>Disability</td>
<td>☒</td>
<td>☐</td>
</tr>
</tbody>
</table>
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.)?

Please specify any groups you think may be affected in any significant way

Older people, neonates and people with certain disabilities are more vulnerable to health care associated infection than others. Robust infection prevention and control arrangements will have a positive benefit for this age group.

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

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?

Please give a brief summary- identifying:
Infection Prevention and Control Operational Group

Infection Prevention and Control Group
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.

<table>
<thead>
<tr>
<th>“Protected characteristic”:</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Issue:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>How is this going to be monitored/ addressed in the future:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Group that will be responsible for ensuring this carried out:</strong></td>
<td></td>
</tr>
</tbody>
</table>