INFECTION CONTROL POLICY

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<tr>
<td>Version:</td>
<td>Version 5</td>
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<tr>
<td>Consultation:</td>
<td>Infection Control Focus Group</td>
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<tr>
<td>Ratified by:</td>
<td>Director of Quality</td>
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<tr>
<td>Date ratified:</td>
<td>May 2016</td>
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<tr>
<td>Name of originator/author:</td>
<td>Louise Forrester</td>
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<tr>
<td>Date issued:</td>
<td>May 2018</td>
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<td>Review date:</td>
<td>2 years</td>
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<tr>
<td>Audience</td>
<td>All Trust staff in Gloucestershire and Herefordshire</td>
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1. **Policy Statement**  
   All NHS Trusts are required to have effective systems in place, regarding the Prevention and Control of Infection, in order to minimise the risk of infection to patients, staff and visitors.

2. **Introduction**  
   This policy sets out how the 2gether NHS Foundation Trust aims to meet the above requirement.

3. **Purpose**  
   The purpose of this policy is to minimise the risk of infection to patients, staff and visitors, including Health Care Acquired Infections (HCAIs) and to promote a strong infection prevention and control ethos throughout the organisation. The policy also aims to promote ownership of infection prevention and control issues by all members of staff and incorporation of good infection prevention and control practice into all aspects of members of staffs work, be it clinical or non clinical.

4. **Scope**  
   This policy applies to all Trust staff in Gloucestershire and Herefordshire. Infection Control policies are posted on the trust intranet site.

5. **Context**  
   Health Care Acquired Infections represent one of the greatest challenges in modern day health care.

   There is a significant amount of national guidance now available to enable the Trust to ensure they have significantly effective systems and processes in place. The most notable are:
   - Essential Steps to safe, clean care (2006)

6. **Duties**  
   Whilst the Trust Board has the strategic responsibility for infection control issues it is the responsibility for all staff to ensure infection control policies and procedures are
adhered to to prevent and control infections.

**Director of Infection Prevention and Control:**
Since 2003 the Department of Health has required all Trusts to appoint a Director of Prevention and Control (DIPC). This ensures that there are person/persons with responsibility for the Trust, who can oversee all aspects of infection prevention and control. Within the 2gether NHS Foundation Trust the position is held jointly between the Consultant Medical Microbiologist - Infection Control Doctor, and the Director of Quality.

The Director of Quality will have responsibility for the ratification of this policy and will notify the Governance Committee of its ratification.

**The Trust Board**
The Trust Board has overall responsibility for infection prevention and control and will monitor promotion of these issues through the receipt of the annual infection control report, work and action plan.

**Infection Prevention and Control and Decontamination Committee**
The Infection Control Committee will regularly agree and review the work programme for the Infection Prevention and Control to ensure the Trusts issues are identified and priorities across the areas of:
- Education
- Audit
- Surveillance
- Outbreak management
- General advice and support
- Review of incidences of alert organisms
- Review of Serious Untoward Incidences

They will advise on National policies, procedures and guidelines. The committee also should ensure that compliance with the Health and Social Care Act 2008, The NHS Litigation Authority (NHSLA) and Standards for Better Health are undertaken.

**The Infection Prevention and Control Teams**
The Trust has an agreement with Gloucestershire Care Services NHS Trust and Wye Valley Trust Herefordshire for the provision of infection prevention and control support from the infection control teams. The Trust has an infection control lead who liaises with the infection and prevention control teams.

**Infection Control Focus Group**
The Infection Control Focus Group meets monthly on the months that there is no Infection Control Committee meeting. This group reports to the Committee and members include representation from the infection control teams, matrons and other interested parties from within the Trust.

**Countywide HCAI Group**
Attendance at Gloucestershire and Herefordshire HCAI groups will be represented by the Trust Director of Infection Prevention and Control (DIPC) and/or Lead Nurse for Infection Prevention and Control.
7. Definitions
DIPC – Director of Infection Prevention and Control
IP&CT – Infection Prevention and Control Team
CQC – Care Quality Commission
HCAI – Health Care Acquired Infection

8. Ownership & Consultation
Responsibility for the development, maintenance, review and ratification of this document lies within the Director of Quality and Medical Director; however this has been delegated to the Deputy Director of Nursing.

Each policy will be sent to the locality and clinical directors for consultation. This will be for a one month period. This will then be notified to the Trust Governance Committee.

Where review only results in very small changes to a policy or procedure there will be no formal consultation and the reviewed policy will be uploaded onto the intranet and notified at the next update.

9. Ratification Details
The Director of Quality has the authority to ratify policies. This can be delegated to the Deputy Director of Nursing. The Governance Committee will be notified of any care practice policy reviews.

10. Release Details
Infection Control Policies are not routinely placed on the Trust public website. Upon request most are available to members of the public if requested.
This policy is on the Trust intranet under Care Practice Policies, General. An article appears in News in Brief which notifies of significant reviews and updates of Care Practice Policies.

11. Review Arrangements
The Policy will be reviewed every 2 years to ensure that it is contemporaneous to modern mental health practice and research.

12. Process for Monitoring Compliance
To ensure compliance of this guidance an audit of the implementation of this document will be undertaken annually, commissioned by the Director of Quality. This will involve auditing in-patient wards. The audit criteria will include assessing compliance against the following standards.
- Infection Control Policy compliance
- Cleanliness of environments
- Compliance with the infection control assurance framework
- Information available to the public about the organisations general processes and arrangements for preventing and controlling healthcare acquired infections.

It is expected that all wards audited will comply with this guidance. The results of the audit will be presented to the Trust Board who will be responsible for the development and monitoring of any identified actions within the scope of the audit.
The policy will be reviewed every 2 years to ensure that it is contemporaneous to modern mental health practice and research.

13. Training
Training in this subject area is mandatory for one or more groups of staff. The staff groups to which the training is applicable have been listed in the Trust’s Training Needs Analysis document which is managed and published by the Trust’s Training Department. The document is located within the Trust’s Training Plan and can be found on the training intranet page.

The process for ensuring that all staff receive statutory and mandatory training which is essential for their role is set out in the Policy and Procedures for the arrangements of Risk Management Training and this can also be found at the above mentioned intranet site.

14. Main body of policy/guideline.

The 2gether NHS Foundation Trust have adopted and/or adapted the Gloucestershire Care Services NHS Trust Policies and aligned to Wye Valley Trust Policies. These policies meet the criteria set by the Equality Impact Awareness and the Health and Social Care Act (2008). Policies are available online through the Trust’s intranet site. Hard copies are also produced and renewed as required.

The policies are:

- Viral Gastroenteritis
- A – Z equipment decontamination
- Standard precautions
- TB policy
- MRSA
- Linen and Laundry
- Isolation
- Hand Hygiene
- Clostridium difficile
- Body Fluid Spills
- Equipment Decontamination
- Insertion and management of urinary catheters
- Management of Sharps and Splash injuries Uniform and dress policy
- Influenza policy
- Personal Protective Equipment
- Antibiotic guidelines

Patients remain under the care of their GPs for provision of physical healthcare including immunisations, seasonal flu vaccine is offered to at risk groups who are unable to access primary care whilst an in-patient.

The information available to service users and the public about the organisations general processes and arrangements for preventing and controlling health care
acquired infections is provided in a number for formats:
- Patient / Public information leaflets
- Posters with contact numbers
- The intranet and web sites
- Publicly displayed and accessible cleaning schedules
- Handouts with contact details for the Infection Prevention and Control Teams which are provided at new starter induction sessions

The Trust ensures that appropriate information accompanies patients transferred in and out of the trust to facilitate prevention and control of infections within and without the trust.

Patients requiring treatment for infectious diseases are usually transferred to the neighbouring acute trust; in the unlikely event a patient were to remain under the care of the Trust for diagnosis and treatment of a notifiable disease, the Trust would ensure appropriate public health notification.

For clinical procedure advice the Trust supplies full access to the online Royal Marsden Hospital Manual of Clinical Nursing Procedures Manual – available to Trust staff at this [link](#).

**Infection Control Assurance Framework**

An annual work plan is set for infection prevention and control. The Infection Prevention and Control and Decontamination Committee oversees the implementation of the work plan and this is reported annually to the Trust main Board in the form of the Annual Infection Prevention and Control Report.

The minutes of the infection control committee are reviewed by the Governance Committee after each meeting.

Through these mechanisms the Trust has an assurance framework for healthcare acquired infections.

This provides assurance for statutory compliance statements to its regulatory bodies.

15. **References**


[http://www.clean-safe-care.nhs.uk/ArticleFiles/Files/DirectOfInfect](http://www.clean-safe-care.nhs.uk/ArticleFiles/Files/DirectOfInfect)

Department of Health (2007) Essence of Care-care environment benchmark, Department of Health


World Health Organization (2009) Clean Care is Safer Care Campaign. www.who.int/gpsc/5may/en/

16. Equity Impact Assessment (EIA)

<table>
<thead>
<tr>
<th>Initial Assessment – does the document affect one group less or more favourably than another on the basis of:-</th>
<th>Yes/No</th>
<th>Comments</th>
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<tbody>
<tr>
<td>• Race</td>
<td>No</td>
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<tr>
<td>• Ethnic origins (including gypsies and travellers)</td>
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<tr>
<td>• Nationality</td>
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<td>• Gender</td>
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<tr>
<td>• Culture</td>
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<tr>
<td>• Religion or belief</td>
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<td></td>
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<tr>
<td>• Sexual orientation including lesbian, gay and bisexual people</td>
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<tr>
<td>• Age</td>
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<td>• Disability – learning disabilities, physical disability, sensory impairment and mental health problems</td>
<td>No</td>
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Is there any evidence that some groups are affected differently? No

If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable? No

Is the impact of the document likely to be negative? No
• If so can the impact be avoided?
• What alternatives are there to achieving the document without the impact?
• Can we reduce the impact by taking different action?

Equality Impact Assessment for this policy – see also Overarching Care Practice Policy EIA.

The Outcome of the Initial Screening Assessment was that the policy does not discriminate against individuals or groups on the basis of their ethnic origin, physical or mental abilities, gender, age religious beliefs or sexual orientation.

17. **Associated Documentation**
   - Viral Gastroenteritis policy
   - A – Z decontamination policy
   - Standard precautions policy
   - TB policy
   - MRSA Policy
   - Linen and Laundry policy
   - Isolation Policy
   - Hand Hygiene policy
   - Clostridium difficile policy
   - Body Fluid Spills policy
   - Audit policy
   - Equipment Decontamination policy
   - Insertion and management of urinary catheters policy
   - Management of Sharps and Splash injuries
   - Uniform and dress policy
   - Influenza policy
   - Personal Protective Equipment
   - Managing an Outbreak
   - Antibiotic guidelines