Clinical

Infection Prevention Control and Decontamination Policy

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<th>Document Control Summary</th>
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<td><strong>Status:</strong></td>
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Change Control – Amendment History

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1. Introduction

Service users within Mental Health setting can be more susceptible to infection than their counterparts in the community. This is often related to pre-existing disease (e.g. Diabetes), invasive procedures or immunosuppressive treatment. Elderly service users are especially susceptible to infection. About 10% of patients in acute hospitals at any one time in England will have a healthcare associated infection (HCAI).

The risk of spread of infection is increased by the fact that service users are admitted with existing conditions, they share facilities and have considerable contact with nursing and medical staff which provides ample opportunity for spread of infection.

The high incidence of antibiotic use favours the emergence and spread of resistant bacteria which may be difficult to treat. Infections are costly in terms of prolonged patient stay; extra drug and operative therapy, there are also implications for the patient in terms of pain and suffering. There is an ethical duty to minimise risk to patients, and preventing hospital-acquired infection should be an integral part of achieving quality care for patients.

The clinical aspects of prevention of infection are the professional responsibility of the medical, nursing and AHP staff caring for the patient, with the help of the Director of Infection Prevention and Control (DIPC) and Infection prevention and control (IPC) nurses. All staff, especially those involved in patient care, have responsibilities for ensuring that IPC principles are applied.

South Staffordshire and Shropshire Healthcare NHS Foundation Trust aims to minimise the risk of Healthcare Associated Infection, throughout the diversity of settings within the Trust by ensuring that;

- All staff are knowledgeable and practice sound IPC for their area of work.
- Policies and standard operating procedures are available to all clinical areas.
- There is a managed environment, which minimises the risk of infection, to service users, staff, visitors and carers.
- There is a system in place that ensures as far as reasonably practicable that all reusable medical devices are properly decontaminated prior to use and that the risks associated with decontamination facilities and processes are adequately managed.

2. Purpose

The purpose of this Policy is to:

- Set out the management arrangements for the prevention and control of infection (IPC) within the Trust including the infrastructure and assurance framework.
- To define the roles and responsibilities of members of the Infection Control Team, the Infection Prevention and Control Committee, and of other key individuals.
- To ensure compliance with the Code of Practice for the Prevention & Control of Health Associated Infections 2008
3. Scope
The target population for this framework includes all South Staffordshire and Shropshire Healthcare NHS Foundation Trust service users (adult and paediatric), visitors, staff (whether seconded or not) and volunteers.

4. Key Objectives of the Policy

1. The Trust has a robust IPC Infrastructure in place, which will include clear organisational responsibilities.

2. IPC Standard Operating Procedures, audit tools and information are continually reviewed and updated to reflect evolving clinical practice, up to date legislation and guidance relevant to IPC and decontamination.

3. The audit of the effectiveness, implementation of, and the extent of compliance with IPC and decontamination policies.

4. The provision of timely advice and support to all Trust employees, service users and visitors on matters relating to IPC and decontamination.

5. The provision of education and training in IPC to all health care staff.

6. The undertaking of surveillance using defined methods with agreed local objectives and priorities, and participating in national programmes when required.

7. Assisting the Trust in implementing the NHS plan initiatives in relation to infection prevention and control and decontamination.

8. Work with Public Health and the IPC Health Economy staff to provide advice on multi-resistant bacteria in the community and inpatient areas and how best to prescribe and control spread of infection.

9. Seek independent assurance that an appropriate and effective system of managing infection are in place.

10. The prevention of the indiscriminate and inappropriate use of antibiotics.

11. Ensuring reference to IPC responsibilities in all Trust staff job descriptions, which are reviewed at appraisal.

12. A systematic review of infection control risks that are identified assessed analysed and reduced where possible.
13. Ensuring the patient environment is safely managed by ensuring IPC input into;

- The development of policies relating to engineering and building services for the organisation and to the purchase of medical devices/equipment.

- Early stage planning for advice relating to engineering and the purchase of medical devices/equipment.

- All stages in the design and building of new healthcare facilities, or the refurbishment of existing facilities, from initial concept to post project evaluation.

5. Implementing the Policy

In order to implement the operational framework there will be clear lines of accountability for IPC and decontamination of re-usable medical devices, throughout the organisation. Lead roles and responsibilities are outlined in (Appendix 1)

All stages of the contracting process for hotel and other services which have implications for infection control, e.g. cleaning, laundry, clinical waste and decontamination

6. Responsibilities, Accountabilities and Duties

The trust acknowledges its duties under Health and Social Care Act 2008 and recognises and demonstrates compliance with the following criterion

<table>
<thead>
<tr>
<th>Compliance criterion</th>
<th>What the registered provider will need to demonstrate</th>
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<tr>
<td>1</td>
<td>Systems to manage and monitor the prevention and control of infection. These systems use risk assessment and consider how susceptible service users are and any risks that their environment and other users may pose</td>
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<td>2</td>
<td>Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infection</td>
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<td>3</td>
<td>Provided suitable accurate information on infection to service users and their visitors</td>
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<td>4</td>
<td>Provides suitable accurate information on infections to any person concerned with providing further support or nursing/medical care in a timely fashion</td>
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<td>5</td>
<td>Ensure that people who have or develop an infection are identified promptly and receive the appropriate treatment and care to reduce the risk of passing on the infection to other people</td>
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<td>6</td>
<td>Ensure that all staff and those employed to provide care in all settings are fully involved in the process of preventing and controlling infection</td>
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<td>7</td>
<td>Provide or secure adequate isolation facilities</td>
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<td>8</td>
<td>Secure adequate access to laboratory support as appropriate</td>
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<td>9</td>
<td>Have and adhere to policies, designed for the individuals care and provider organisations, that will help to prevent and control infections</td>
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<td>10</td>
<td>Ensure, so far as is reasonably practicable, that care worker are free of and are protected from exposure to infections that can be caught at work and that all staff are suitable educated in the prevention and control of infections associated with the provision of health and social care</td>
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7. Individual Responsibilities

The Chief Executive
The Chief Executive is responsible for establishing and maintaining IPC agreements across the organisation.

Director of Infection Prevention and Control (DIPC):
The DIPC reports directly to the Chief Executive and the Trust Board.
The DIPC duties are
- Corporate responsibility for IPC throughout the Trust
- To promote IPC considerations in other operational and development decisions of the Trust Board
- Overseeing local control of IPC policies and standard operating procedures and their implementation in conjunction with the IPC team.
- Challenging inappropriate clinical hygiene practice as well as antibiotic prescribing decisions.
- Assessing the impact of all existing and new policies and plans on infection and make recommendations for change.
- Being an integral member of the organisation's clinical governance and patient safety teams and structures.
- Producing an annual report on the state of HCAI in the Trust.
- Producing bi-monthly reports and an assurance framework to the Trust Board on the organisation's performance in relation to IPC
- Provide leadership to the IPC programme in order to ensure a high profile for IPC throughout the organisation
- Support service users and public involvement in IPC

Deputy Director of Nursing
Leads on decontamination and works closely with the DIPC and IPC nurses incorporating national guidance into local policy, monitoring the Infection control action plans and reporting to the Trust Board.

Consultant Microbiologist
The Consultant Microbiologist provides the Trust with:
- Relevant expert advice on a daily basis and out of hours for urgent advice.
- Co-ordination of outbreak control and management as necessary
- The review and update of policies and standard operating procedures including antimicrobial prescribing policy.
- Involvement in service specification including building and engineering works and purchase of medical devices/equipment

Chairs the Infection Control Committee for the Trust

Director of Human Resources
Ensures that all staff job descriptions contain reference to IPC.
**Finance Director**,  
Ensures resources are available centrally to finance the management and controls of outbreak of infection.

**Head of Estates and Facilities**  
Informs the IPC team of any new builds or refurbishments and leads on waste management and environmental screening e.g. Legionella

**The Infection Prevention and Control Nurses.**  
Support the DIPC and Deputy DIPC and are responsible for:

- Acting as a specialist resource for all health care workers, service users and relatives providing advice on the prevention and control of infection
- Educating staff on matters relating to IPC
- Identifying infection hazards and ensuring measures are taken to reduce those risks
- Monitoring IPC decontamination procedures
- Developing and implementing and monitoring the effectiveness of IPC policies and standard operating procedures
- Managing outbreaks of infection
- Monitoring, identification and investigation of preventable infection
- Maintaining partnership working with other IPC specialists
- Maintaining an effective Link champion group
- Production of an annual programme for IPC and updated reports of progress towards objectives set in the programme
- Assessing the risk of infection and advising on allocation of resources required to reduce the risk
- Providing readily available information to staff on effective control of infection measures
- Producing an annual report with the DIPC and Deputy DIPC
- Reporting relevant healthcare associated infections to the Health protection agency (HPA) and SHA as directed by the Department of Health
- Provide specialist advice on new build projects and renovation, linen and waste within the Trust

**Service Directors, Directors, Heads of Service, Managers /Matrons**  
Have responsibility for local performance management with regard to IPC and are responsible for:

- Implement of the Trust IPC policies and standard operating procedures ensuring that advice given by IPC team is followed
- Establishing a cleanliness culture across their areas of responsibility
- Challenging poor practice and bring to the attention of the IPC team situations were significant risks have been identified and where local control measures are considered to be potentially inadequate.
- Individual management teams will be responsible for ensuring that clinical staff attend IPC essential training and adhere to Trust IPC policies and procedures.
- Identifying individual staff members to act as a local resource for IPC within each area (Link Champions).
- Facilitating feedback of information related to surveillance data
The Link Champions will:

- Act as a role model for IPC practices
- Act as the channel for new information/training/educational opportunities so that staff are kept informed and inform their own clinical area
- Provide input into policies, standard operating procedures and outbreak plans
- Assist in the development of surveillance systems
- Underpin audit practice by assisting with annual audits and encouraging audit practice.
- Attend the link champion meetings on a bi-monthly basis
- Report any IPC issues/ outbreaks to the IPC team

Consultant for Communicable Disease Control
As Proper Officer must, under the Public Health (Control of Disease) Act 1984, report to the Chief Medical Officer and inform Centre of Infections of:

- Any case or suspected case of quarantinable disease;
- A serious outbreak of any disease;
- Cases of selected diseases, e.g. poliomyelitis;
- Any large or unusual episode of disease, and is required to report weekly to the Office of National Statistics the numbers of notifications received of the statutory notifiable infectious diseases.

The Health Protection Unit for South Staffordshire provides advice and support to the Trust on protecting the public from infection, environmental hazards and emergencies. They will report on local issues or incidents which may impact on the Trust.

Environmental Health Officers
These are local authority inspectors with environmental health responsibilities which include assisting in the investigation of food poisoning outbreaks, maintaining the standards of food premises and teaching food hygiene.

Consultants with Patients at Risk or Affected by Hospital Infection.
Have the final decision on the patient’s management. The consultant in charge of the patient should reach a balanced consensus with the IPC team on the course of action which fulfils the needs of the individual patient and also the requirements of IPC

Consultants in Charge of Infectious Patients.
Have a responsibility for the health and safety of staff, visitors and other patients. The IPC Team should inform consultants of infectious hazards arising from their patients as should consultants inform the IPC team.

Occupational Health Staff
Advise staff who have acquired an infection at work or elsewhere and may present an infection risk to patients. They have a role in the promotion of health and the prevention of ill-health and accidents. They should collaborate with the IPC Team in drawing up plans for the investigation, prophylaxis and treatment of staff. Manage all instances of sharps/needlestick injury.

Catering Services Manager
Has an important role in the prevention of food-borne infections in terms of day-to day management and training.
Hotel Services Manager
Is responsible for providing an effective cleaning service in the hospital and should be involved in implementing IPC policies. They should be informed by members of the IPC team of infection control aspects that affect the work of their staff.

All Staff
Have a duty to adhere to infection control policies and associated guidelines. This responsibility to be explicit in all job descriptions and included as part of the annual appraisal system and personal development plans as appropriate.

All staff are obliged to

- Undertake IPC training relevant to their role
- Maintain effective implementation of IPC policies in their area of work
- Report infection control incidents and risks to the IPC team and their line manager.

8. Committee Responsibilities
The following committees will provide support and advice on matters relating to infection control and decontamination.

Trust Board is responsible for:
- Maintaining and reviewing the effectiveness of systems in place for IPC and decontamination as demonstrated by the annual report.
- Agreeing the infection control programme.
- Ensuring that appropriate resources are made available to manage the risks of infection and where necessary resource the cost of outbreaks.
- Designate the prevention and control of healthcare associated infection as a core part of the organisation’s clinical governance and patient safety programmes.

Quality Governance Committee
- Receives and monitors key performance indicator reports
- Highlights any areas of concern to the Trust Board
- Support compliance with IPC through governance structures
- Ratifies IPC policies

The Infection Control Committee:
- Receiving an IPC report from the IPC Team to include outbreaks of infection MRSA and Clostridium difficile data
- Monitor Trust compliance with externally set targets i.e. HCAI Health Care Act 2008
• Monitors Trust compliance with externally set targets
• Monitoring progress against the rolling IPC programme
• Receive, review and endorse the annual IPC report
• Considers national reports on infections and IPC problems
• Review and endorse Trust policies and standard operating procedures for the prevention and control of infection and monitor implementation ensuring that such policies reflect legislation and published professional guidance and ensuring that there is an annual programme for the audit of these
• Discusses, amend and endorse plans for the management of outbreaks in the Trust
• Advise on the most effective use of resources
• Disseminating information and advice on prevention and control of infection to all Directorates and the Trust Board as appropriate.
• Promote and facilitate education of all grades and disciplines of staff in procedures for the prevention and control of infection.

Facilities and Estates and Modern Matrons IPC Group
• The F & E and Modern Matron IPC meeting will have specific responsibility for:
  • Monitoring progress of Healthcare associated infections within the Trust
  • The co-ordination of clean in-patient environments and Trust Healthcare Premises.
  • Providing assurance to the Infection Control committee that all procedures are regularly reviewed in order to ensure there continuing effectiveness (Audit).
  • Providing evidence that all principal objectives have been identified; and the principal risks to achieving them, are being managed through appropriate action plans.
  • To provide assurance to the Infection Control committee that all significant risks in relation to the matrons and estates and facilities responsibilities have been identified and are being effectively managed (Risk Register).
  • Ensuring that the Infection Control committee is made aware of significant risks by compiling, reviewing and updating the appropriate action plans.
  • Receiving and considering reports on infection control incidents ensuring follow up action and organisation wide learning takes place.
  • Ensuring that compliance is met with the Health Code, Essential Steps, Saving Lives, The matrons Charter, PLACE, NICE Guidance, and other national guidance
  • Developing strategies for the improvement of cleanliness and IPC
Infection Prevention and Control Link Champions Group
Embed processes, practices and disseminate knowledge and skills throughout the trusts staff that are recognised within the HCAI Health Care Act 2008 and Essential Steps tools to reduce HCAI incidence and associated cross infection risks.

Medical Devices Committee
This committee provides advice on equipment management, maintenance and decontamination procedures with appropriate representation from clinical engineering, infection control, purchasing, health and safety and estates.

9. Standard Operating Procedures
This policy will be supported by the Infection Prevention and Control, Standard operating procedures which provide guidelines for IPC which staff are expected to follow to minimise risks to patients, visitors and staff from infectious diseases.

10. Monitoring Arrangements and Assurance Framework
Internal Assurance
The IPC team will audit directorates and provide appropriate feedback.

Infection Control Programme
An organisational wide annual infection control programme with clearly defined objectives and an annual report will be produced to monitor infection control and decontamination progress for the Trust Board.

The programme will make reference to
Audit of the implementation of and compliance with selected IPC policies.

Key indicators capable of showing improvements in infection control and decontamination and/or providing early warning of risk are used at all levels of the organisation, including the Board, and the efficacy and usefulness of the indicators is reviewed regularly.

Reports
The Director of IPC will present bi- monthly and annual reports to the Board, bringing to the Board's attention any significant risks or other issues.

Bi- Monthly Reports for the Trust Board:
- Updates on Action plans
- Reported adverse incidents
- MRSA and *Clostridium difficile* infection.
- Training and Education
• Other reports i.e. Hand hygiene data may be added to this as required.
• Assurance framework

The Annual Report for the Trust Board:
• Progress of the infection control programme
• A review of reported adverse incidents
• Any recommendations made on measures taken to prevent recurrence of incidents
• Surveillance data
• Education and training undertaken
• Results of audit
• A review of the decontamination of reusable medical devices
• A review of Policies

External Assurance
External Assurance will be sought via the;
• Care Quality Commission
• CNST standards

11. Training
IPC will be included in the induction programme for all new staff including support service staff. IPC Education will be provided for staff as part of ongoing education programme, updating staff on policies, feed back of audit results and new trends in infectious diseases. The content of the training programmes will be subject to regular review and updated frequently so that best practice, new developments and any legislative changes are incorporated. Records of attendance kept and reported in annual report.

12. Information Available to Patients and the Public
• The following information with be published on the Public Website of the Trust
• Infection Control Annual Report
• Infection Control Policy
• General infection control advice/information

Further information is provided in the patient leaflet Infection Prevention and Control Service user and Visitor information.
13. Conclusion
This policy clearly identifies the aims and goals for infection prevention and control and decontamination within South Staffordshire and Shropshire Healthcare NHS Foundation Trust thereby providing a coherent strategic direction. It should be applied rigorously and consistently to be effective in reducing HCAI. This strategy should be reviewed whenever there is a need to adapt to the changing regulatory environment or in response to ongoing risk assessment to ensure a safe environment will exist for all.
### 14. Process for Monitoring Compliance and Effectiveness

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<tr>
<th>Aspect of compliance or effectiveness being monitored</th>
<th>Monitoring method</th>
<th>Individual or department responsible for the monitoring</th>
<th>Frequency of the monitoring activity</th>
<th>Group/committee/forum which will receive the findings/monitoring report</th>
<th>Committee/individual responsible for ensuring that the actions are completed</th>
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<tr>
<td>Duties from Department of Health. The Health Act 2008: Code of Practice for the prevention and control of healthcare associated infections</td>
<td>Through IPC programme of work</td>
<td>Lead IPC nurse</td>
<td>Bi monthly</td>
<td>IPC Committee</td>
<td>Board Committee</td>
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<tr>
<td>Duties of individuals and teams</td>
<td>Through outcomes of annual IPC audit</td>
<td>IPC team</td>
<td>Bi monthly</td>
<td>Infection Control Committee</td>
<td>Manager</td>
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<tr>
<td>Duties of Committees</td>
<td>Through minutes of committees and reports</td>
<td>IPC team</td>
<td>Bi monthly</td>
<td>Infection Control Committee, Quality Governance Committee Board</td>
<td>Manager</td>
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</table>
15. References


10. Minimise transmission risk of CJD and vCJD in healthcare settings Departmet of Health 2012  


http://www.his.org.uk/files/3113/8693/4808/epic3_National_Evidence-Based_Guidelines_for_Preventing_HCAI_in_NHSE.pdf