



HPFT

Infection Prevention & Control Policy

HPFT Policy

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Executive Lead	Executive Director of Quality and Safety
Lead Author	Consultant Nurse Infection Prevention and Control
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Target Audience	This Policy must be understood by: - All staff

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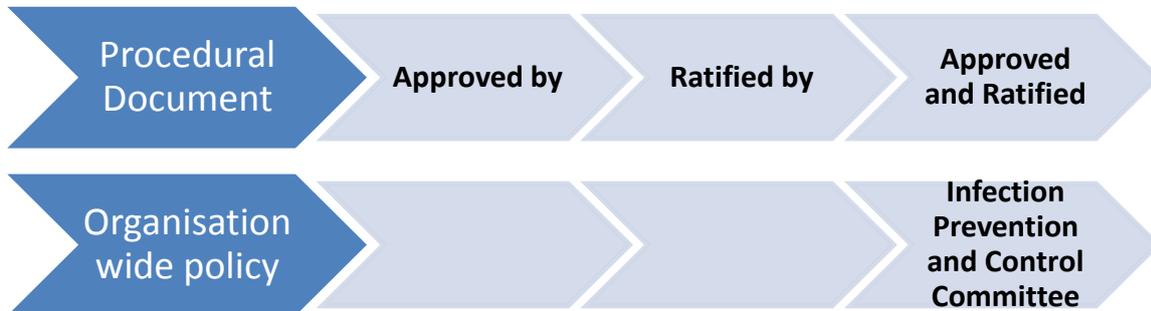
Title of document	Infection Prevention & Control Policy		
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Version	Issue Date	Review Date	Lead Author
4	03/01/2017	03/01/2021	Consultant Nurse Infection Prevention and Control
Staff need to know about this policy because (complete in 50 words)	<p>This policy identifies the importance of implementing high standards of infection prevention and control (IPC). This will minimise the risk of transmission of infection. IPC is everybody's business and this policy clarifies the roles and responsibilities of all staff working within the organisation.</p> <p>The information in this policy meets the requirements of the Health and Social Care Act 2008, revised 2015, Code of Practice on the prevention and control of infections and related guidance</p>		
Staff are encouraged to read the whole policy but I (the Author) have chosen three key messages from the document to share:	<ol style="list-style-type: none"> 1. Clearly identifies the roles and responsibilities of staff in relation to infection prevention and control. 2. Identifies the assurance framework in relation to the reporting processes 3. Identifies the required mandatory alert organism/diseases that organisations are required to report both internally and to external establishments. 		
Summary of significant changes from previous version are:	<ul style="list-style-type: none"> • Policy format change • Updated some of the individual roles and responsibilities • Updated the 10 criteria identified within the revised Health and Social Care Act, 2015 • Updated the training requirements of staff requiring undertaking IPC training. • Included the flowchart which clarifies what infection prevention and control serious incident should be reported to the Clinical Commissioning Group. 		

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PART 1 – Preliminary Issues:

1. Flow Chart



2. Introduction

Hertfordshire Partnership University NHS Foundation Trust (the Trust) is committed to improving the quality of care throughout the Trust and promoting high standards of infection prevention and control practice.

The Health and Social Care Act 2008, (revised 2015) *Code of Practice on the prevention and control of infections and related guidance* sets out the 10 criteria against which the Care Quality Commission (CQC) will judge the Trust on how it complies with the cleanliness and infection prevention and control requirement

Good management and organisation processes are crucial to make sure that high standards of infection prevention and control are set up and maintained.

It is vital that efficient infection prevention and control practices are carried out to ensure that people who use our services receive safe and effective care. “Effective prevention and control of infection must be part of everyday practice and be applied consistently by everyone” (Health and Social Care Act, 2008 revised 2015).

All staff must possess an appropriate awareness of their role in the prevention and contamination of infection control in their area of work. “Prevention and control of infection is not only part of their professional duty of care of the patients (service users) with whom they are involved, but it is also their responsibility to themselves, to others and members of staff under the Health and Safety at Work Act (1974)”.

3. Summary

This Policy outlines the Trust’s approach to the broad and complex issues relating to infection prevention and control and all staff must adhere to all Infection Prevention and Control Policies and Guidelines, including the Annual Infection Prevention and Control Programme.

4. Objectives

The infection prevention and control (IPC) precautions identified within this policy will ensure that the risk of transmission of healthcare associated infections (HCAIs) is kept to a minimal.

This policy will identify:-

- The roles and responsibilities of staff working within the Trust
- the ten criteria that the Trust are required to comply with – relating to the Health and Social Care Act (2008, revised 2015)
- the IPC Governance assurance arrangements and framework
- Management of HCAI Information

5. Scope

This policy will cover what the IPC reporting procedures are and what the assurance processes are in relation to protecting all staff, service users and visitors in all Trust sites

6. Definitions

Alert Organism surveillance	Alert organism surveillance is used widely to detect and prevent outbreaks of infection. These organisms are reported to the infection control team to identify possible or potential outbreaks of infections.
Antimicrobials	Antimicrobials are substances which are used in the treatment of infection caused by bacteria, fungi or viruses
Bacteraemia	The presence of bacteria in the blood
Cleaning	A process that removes dirt, dust, large numbers of micro-organisms and the organic matter, such as blood or faeces that protects them. Cleaning is a prerequisite to disinfection or sterilisation.
Colonisation	Where an organism is present on or within a person's body but without signs or symptoms of disease.
Decontaminations	A general term used to describe the destruction or removal of microbial contamination to render an item or the environment safe. The term decontamination includes sterilisation, disinfection and cleaning.

Disinfection	This is a process of removing or killing most, but not all, viable organisms. The aim of disinfection is to reduce the number of microorganisms to a level at which they are not harmful. Spores are not destroyed.
Director of Infection Prevention and Control	An individual with overall responsibility for infection prevention and control
Healthcare Associated Infection (HCAI)-	Any infection by any infectious agent acquired as a consequence of a person's treatment by the NHS or which is acquired by a health care worker in the course of their NHS duties
Infection	Where the body is invaded by a harmful organism (pathogen) which causes disease or illness
Infectious disease	Caused by pathogenic microorganisms, such as bacteria, viruses, parasites or fungi; the diseases can be spread, directly or indirectly, from one person to another. Zoonotic diseases are infectious diseases of animals that can cause disease when transmitted to humans.
Root Cause Analysis (RCA)	A process which allows organisations to understand areas requiring improvement in the patient care pathway, and more importantly, identifies and targets actions to minimise the chance of recurrence for future patients
Standard infection control precautions	Standard infection control precautions underpin routine safe practice, protecting both staff and service users from micro-organisms that may cause infection. By applying standard infection control precautions at all times and to all clients, best practice becomes second nature and the risks of infection are minimised.
Patient Led Assessments of the Care Environment (PLACE)	Assessments carried out by local people who go into hospitals as part of teams to assess how the environment supports patient's privacy and dignity, food, cleanliness and general building maintenance.

7. Duties and Responsibilities

The Trust Board and Chief Executive Officer should:-

- Ensure that systems are in place to help staff implement the recommended IPC practices including education for staff
- Ensure that sufficient resources are available to achieve IPC standards required to minimise the transmission of HCAs throughout the Trust
- These resources include adequate staffing levels within the IPC management teams, availability of single rooms, commodes, personal protective equipment, hand washing facilities, care equipment, decontamination equipment and chlorine based solutions
- Ensure effective local surveillance systems are in place that allows timely collection and feedback of data to key clinical groups
- Ensure systems are in place to carry out Root Cause Analysis due to any reportable HCAI e.g. MRSA, Clostridium difficile, outbreak of infection.
- Be responsible for the endorsement of the annual IPC programme
- Be responsible for the designation of a Director of Infection Prevention and Control who is directly accountable to the Trust Board
- Be responsible for the designation of a Non- Executive Director responsible for IPC
- Establish an agreement outlining the Board's collective responsibility for minimising the risks of infection and the general means by which it prevents and controls such risks.

The Director of Infection Prevention and Control (DIPC)

The DIPC should:-

- Ensure reporting systems are in place to alert senior management of any specific HCAI issues
- Ensure that results of audits and specific IPC measures are reviewed at senior management meetings
- Facilitate and support cross representation between IPC and service user access
- Challenge inappropriate clinical practice including inappropriate antimicrobial prescribing
- Ensure that each clinical area has reliable systems in place for training, auditing and feedback to staff on cleaning, isolation, hand hygiene and protective clothing. The roles may be undertaken by an IPC link practitioner
- Oversee local IPC policies and their implementation
- Share the role of the Trust Decontamination Lead
- Report directly to the Chief Executive (not through any other officer) and the Trust Board quarterly and as required
- Produce an annual report on the state of HCAs in the Trust and present it to the Trust Board, and releases it publicly
- Be an integral part of the Trust's Clinical Governance and quality and patient safety teams and structures
- Have the authority to challenge inappropriate clinical hygiene practice as well as antibiotic-prescribing decisions

- Be responsible for overseeing the implementation of IPC policies
- Be responsible for the management of the Infection Prevention and Control Team (IPCT)
- Be a full member of the IPCT and regularly attend its infection prevention and control meetings.

Infection Prevention and Control Committee (IPCC)

- The IPCC's role is to oversee compliance with The Health and Social Care Act, 2008 (revised 2015), Code of Practice for the Prevention and Control of Infections and related guidance, which outlines 10 compulsory duties to prevent and manage healthcare-associated infections such as *Meticillin Resistant Staphylococcus aureus* (MRSA) and *Clostridium difficile*
- The Committee operates within national legislation and guidance on IPC.

Responsibilities include:

- The IPCT advise and inform the Committee on the prevention and control of infections, and the Committee is responsible for advising and supporting the IPCT
- To advise on how to achieve best practice in relation to IPC
- To produce an IPC programme on an annual basis, which is agreed by the Board
- To produce an annual report on the state of HCAs in the Trust
- To monitor the continual progress of the IPC programme & prepares reports on a quarterly basis to the Board
- To inform the Chief Executive Officer and Trust Board of any serious problems or hazards relating to IPC
- To advise and support the Trust's IPCT
- To be the 'Responsible Group' with a Prevention and Control of Infection knowledge base, for the development, updating and review of relevant policy documents
- To assess the impact of all existing and new plans and policies on IPC and make recommendations for change
- To advise on the most effective use of resources available for the implementation of IPC measures
- To monitor the staff IPC training compliance and to promote and facilitate the education/training of all bands and groups of staff in IPC procedures
- To ensure effective communication amongst the multidisciplinary teams involved in the prevention of infection within the Trust
- To advise on and monitor implementation and progress against the Care Quality Commission (CQC), Health and Social Care Act, 2008 (revised 2015), identifying any actions to maintain compliance and any concerns that need escalation
- To ensure the Trust conforms to all national guidance regarding minimising the transmission risks of *Legionella*
- Review the alert organism/condition surveillance of infection. Monitor performance and make recommendations for further action, including monitoring any agreed set ceiling MRSA and *Clostridium difficile* rates

- To monitor and review IPC audit scores
- To review an IPC risk register on a quarterly basis
- Provide the DIPC with all relevant information regarding HCAs
- Is responsible for ensuring that the Chief Executive Officer and the Quality and Risk Management Committee are advised of any significant issues relating to IPC. The DIPC will ensure reports to the Trust Board are submitted quarterly.

Deputy Director of Nursing and Quality

The Deputy Director of Nursing and Quality is responsible:-

- For line managing the Infection Prevention and Control Nurses (IPCN)
- For acting on the results of HCAI risk assessments, and audit and surveillance results, ensuring adequate allocation of resources to facilitate remedial action
- For ensuring that the annual IPC Programme is produced, to enable the Modern Matrons to incorporate IPC in their annual plan.

Consultants and Junior Doctors should:-

- Should be aware of major risk factors and symptoms of any HCAI in service users
- Investigate all cases of HCAI related deaths of service users in their care by Root Cause Analysis
- Ensure that all IPC information including staff duties relating to the implementation of IPC policies and procedures are disseminated to all members of the medical team.

Infection Prevention and Control Team (IPCT) should:-

- Support the implementation of this policy. Review and update it as appropriate
- Support the implementation of Standard Infection Control Precautions by all staff through appropriate training
- Lead on a root cause analysis of all cases of HCAI bacteraemia, outbreak of infection, notifiable disease, with the relevant ward staff and clinicians
- Undertake and participate in the mandatory national surveillance programme and reporting of serious infections
- Implement further investigations and interventions during periods of increased activity or outbreaks
- Inform senior management when increased numbers of cases of infections occur
- Support clinical staff during root cause analysis of serious infections
- Produce a quarterly report to the board including the number of alert organisms reported
- Provide education on the prevention and control practices required to prevent and control the risk of infection
- Provide a management, consultative and advisory service to the Trust in order to enable the Trust to ensure that effective systems exist for the

monitoring, prevention and control of infection and ensure compliance with the Health and Social Care Act 2008 (revised 2015)

- Assess and take steps to reduce or control infection risks within the Trust, which may be recorded on the Trust Risk Register and monitored by the IPCC, as appropriate
- Ensure that IPC is considered in all policy development, service development and premises development activity within the Trust, including working with Estates and Facilities to ensure the provision and maintenance of a clean and appropriate environment for health care
- Work closely with the Occupational Health Department and other relevant stakeholders to develop policies and guidelines for the protection of all HCWs from exposure to communicable infections, during their work
- Develop and produce an annual IPC programme with clearly defined objectives and the annual IPC report, which will outline the progress of the programme
- Educate all clinical staff in IPC procedures

Heads of Nursing

- Support the Modern Matrons and Team Leaders in ensuring that all their roles and responsibilities within this policy are implemented
- Act on any information which prevents the guidance within this policy to be carried out
- Develop and present quarterly reports to the IPCC and the individual local strategy business meetings on the progress of the IPC programme
- Attend the IPCC and feedback to the members of the IPCC any issues pertaining to IPC within their areas
- Ensure the Modern Matrons provide 3 monthly progress reports for the IPCC
- Ensure that all operational matters raised by the Modern Matrons in their area are reviewed and actioned at the IPCC meetings.
- For ensuring that the Modern Matron's are taking the lead in their areas.

Modern Matrons

- To provide adequate support to the Team Leader to ensure that all their roles and responsibilities within this policy are implemented
- Ensure that a yearly IPC action plan is developed and the progress of the action plan is monitored on a 3 monthly basis
- To provide the IPCC with 3 monthly progress reports.
- To work closely with the IPC Link Persons to ensure all actions are achieved e.g. audit, teaching, reporting serious untoward incidents.
- Implement weekly walkabout their areas to observe for high standards of cleanliness and IPC.

Team Leaders

Should ensure that:-

- All staff comply with standard infection control precautions at all times and any additional IPC measures when a specific HCAI is suspected/confirmed
- IPC information including staff duties relating to the implementation of IPC policies and procedures are disseminated to all unit staff
- Service users with a HCAI are encouraged to carry out high standards of personal hygiene, in particular hand hygiene
- Service users with diarrhoea (type 5-7) are promptly commenced on a Bristol Stool Chart
- Unit staff inform the IPCNs and Modern Matron about service users suspected of having a communicable infection
- Senior management are informed about any specific issue that prevents the implementation of the recommendations in this policy
- Anti-microbial medications are prescribed following trust guidelines
- The unit is clean at all times by having a cleaning schedule in place that complies with national cleaning standards
- There are adequate supplies of equipment
- Staff act on feedback from IPC audits and implement the actions identified within the action plans
- Staff are compliant with IPC training
- Service users are given information about a specific infection (Public Health England)
- Staff advise service users and relatives on how to undertake correct hand hygiene procedures
- Staff complete a datix incident form on all positive cases, periods of increased incidence and outbreaks
- IPC is included within every relevant employee's induction and personal development plan
- IPC responsibilities are included in every relevant employee's job description and contract of employment.
- Ensure that an up-to date list is maintained regarding staff attending training.

Infection Control Doctor

- Ensure that laboratory antimicrobial reporting procedures support local antimicrobial guidelines and stewardship
- Advise and support clinical staff on testing, interpreting of results and treatment of HCAs
- Provide and interpret laboratory data to inform the infection prevention and control nurses (IPCNs)
- Support the IPCN in relation to specific IPC issues
- Support and advise clinical staff on antimicrobial prescribing.

Infection Prevention and Control Link Practitioner

- IPC Link Practitioners are the Wards / Site lead for IPC and are responsible for ensuring that the monitoring, standards and auditing of IPC is maintained, in accordance with Trust and National Guidelines

All Healthcare Workers (HCWs) should:-

- Adhere to standard infection control precautions and contact precautions
- Have the responsibility to be up to date in aspects of prevention and control, including IPC training
- All employees are personally accountable for their actions and responsible for ensuring that they comply with IPC policies
- All employees must understand their legal duty to take reasonable care of their own health, safety and security and that of other people who may be affected by their actions or omissions and for reporting untoward incidents and areas of concern
- All healthcare professionals are responsible for notifying the IPCNs of circumstances that may lead to outbreaks of infection or a breakdown of IPC procedures.

Facilities and Estate Managers should:-

- Share the role of Decontamination Lead with the Executive Director of Quality and Safety/DIPC
- The Decontamination Lead has the responsibility for ensuring that policies exist and that they take account of best practice and national guidance These include the decontamination of the environment and the equipment
- Ensure adequate resources are in place to maintain equipment and fabric of building to meet agreed standards
- Ensure that existing and new building, furniture and equipment can be easily cleaned and withstand decontamination
- Ensure adequate and intact hand hygiene, toilet facilities are available and macerator/slop hopper are in good working order
- Ensure that systems are in place to respond promptly to defects of buildings and equipment
- Ensure cleaning schedules comply with national cleaning standards.
- Monitor the service level agreements regarding the Trust cleaning provider
- Responsible for ensuring appropriate systems are in place regarding the prevention and control of Legionella.

Bed Management Team:

- Decisions relating to the placement of service users and inter ward transfers must consider the potential risk of infection and must reflect reference to this policy.

8. The Health and Social Care Act 2008, revised 2015

The Ten Criteria Identified in the Health and Social Care Act (2008, revised 2015) that all staff have to comply with include:-

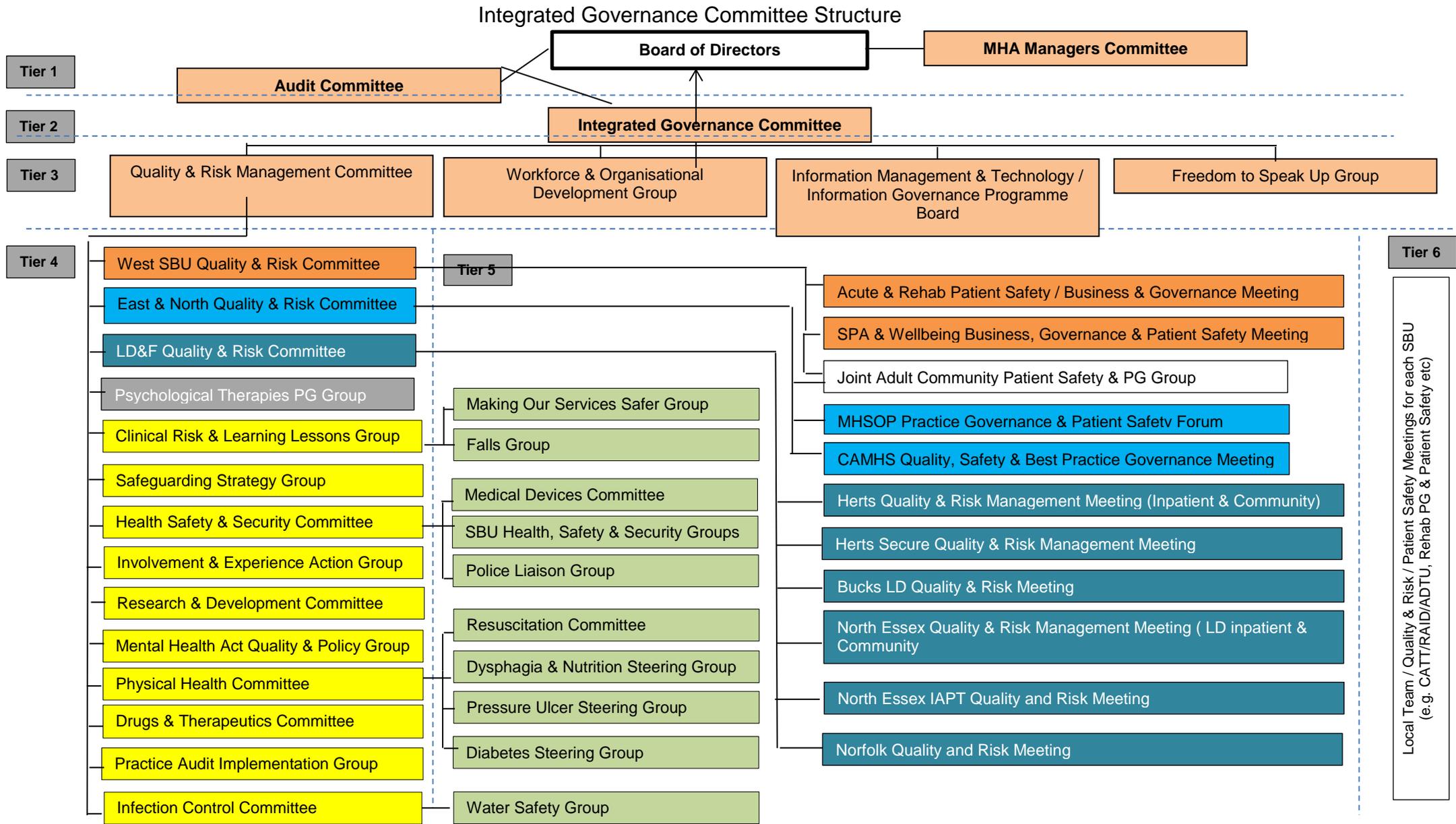
Compliance criterion	What the registered provider will need to demonstrate
1	Systems to manage and monitor the prevention and control of infection. These systems use risk assessments and consider how susceptible service users are and any risks that their environment and other users may pose to them.
2	Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections.
3	Ensure appropriate antibiotic use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance.
4	Provide suitable accurate information on infections to service users, their visitors and any person concerned with providing further support or nursing/ medical care in a timely fashion.
5	Ensure prompt identification of people who have or are at risk of developing an infection so that they receive timely and appropriate treatment to reduce the risk of transmitting infection to other people.
6	Systems to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection.
7	Provide or secure adequate isolation facilities.
8	Secure adequate access to laboratory support as appropriate.
9	Have and adhere to policies, designed for the individual's care and provider organisations that will help to prevent and control infections.
10	Providers have a system in place to manage the occupational health needs of staff in relation to infection.

8.1 Annual Infection Prevention and Control Programme

The annual IPC programme:-

- Sets objectives that meet the needs of the organisation and ensure the safety of service users by implementing the above 10 criteria.
- Identifies priorities for action
- Provides evidence that relevant policies have been implemented to reduce infections; and report progress against the objectives of the programme.

8.2. Infection Prevention and Control Governance Arrangements



8.3 Assurance Framework

The Trust Board will receive 3 monthly updates from the DIPC regarding HCAI statistics, progress with the annual programme for IPC, interpretation of relevant national legislation and guidance and any other relevant issues.

The IPCC should meet quarterly and review the following:

	Q1	Q2	Q3	Q4
Progress with Annual Programme	✓	✓	✓	✓
Compliance with the 10 criteria identified in the Health and Social Care Act.	✓	✓	✓	✓
Infection prevention and control Incidents	✓	✓	✓	✓
Observational hand hygiene audit compliance	✓	✓	✓	✓
Training figures	✓	✓	✓	✓
Alert Organism/Condition Surveillance	✓	✓	✓	✓
Cleaning scores	✓	✓	✓	✓
PLACE scores		✓		
Legionella update	✓	✓	✓	✓
Occupational Health provider	✓	✓	✓	✓
Flu campaign		✓	✓	✓

8.4 Management of Healthcare Associated Infection (HCAI) Information

8.4.1 Mandatory Reporting of HCAI Statistics

The HCAI statistics that are requisite reporting requirements to the Health Protection Agency are:

- *Meticillin Resistant Staphylococcus aureus* (MRSA) bacteraemia
 - *Meticillin Sensitive Staphylococcus aureus* (MSSA) bacteraemia
 - *E-coli* bacteraemia
 - *Clostridium difficile*
 - Serious Incident (SI) related to IPC
- All mandatory HCAI surveillance results will be reported quarterly to the Quality and Risk Management Committee, IPCC and the Trust Board by the IPCT
 - Trends in infection rates and summaries of Root Cause Analysis (RCAs) and Post Infection Reports (PIR) will be reported quarterly to the Risk Management and Patient Safety Group
 - Serious Incidents will also be reported to the Clinical Commissioning Group as well as per the Procedures outlined in the Learning from Adverse Events Policy. (Please refer to appendix a, for the flow chart that relates to what is regarded as a serious incident which should be reported)
 - A summary of the year's results will be included in the IPC annual report on the Trust's public website and Intranet via the annual IPC control report.

8.4.2 Local HCAI Statistics

Additional HCAI statistics are collated and reported quarterly to the IPCC, Quality and Risk Management Committee and Trust Board by the IPCT. These organisms include:

- *Meticillin Resistant Staphylococcus aureus* (MRSA) incidence and prevalence (colonisation and infection)
- *Clostridium difficile*
- Alert Organism Surveillance/conditions.

8.4.3 Patient and General Public Information

Leaflets regarding *Meticillin Resistant Staphylococcus aureus* (MRSA), *Clostridium difficile*, hand hygiene, infection prevention and control and other general infection control advice will be available in all clinical areas.

All inpatient and community sites have an IPC notice board that display posters and signs to reinforce IPC advice within the Trust.

9. Training and Awareness

The Management of Infection Prevention & Control Policy sets out the training requirements for infection prevention and control

Course	For	Renewal Period	Delivery Mode
Infection Prevention and Control Training	Level 1 training - All admin staff, contractors, non-clinical staff Level 2 training – All staff carrying out clinical duties	Every 2 years	E-learning

9.1 Induction Training

- All new employees must undertake IPC on commencement of employment at the Trust. This training is via e-learning.
- All records should be collated by the Learning and Development Department and reported at the quarterly IPCC. A summary should be included in the Trust IPC annual report.

9.2 Update Training

- All employees carrying out direct patient contact must undertake level 2 IPC training bi-annually as outlined in the Trust Training Needs Analysis
- All update training is via e learning and must include hand hygiene and standard infection prevention and control precautions

- All records should be collated by the Learning and Development Department and reported to the IPCC. A summary should be included in the IPC annual report.

9.3 Infection Prevention and Control Training for Volunteers, Contractors, and Others

- Level 1 IPC training is available to everyone working in the Trust, paid or unpaid and it is the responsibility of the individual manager responsible for such workers to ensure that this is undertaken. Level 1 training is for all staff who do not undertake any direct service user care
- Anyone staff undertaking direct service user contact should receive regular level 2 IPC training arranged
- Level 1 and level 2 training is via e learning
- All IPC training includes hand hygiene and standard infection prevention and control precautions as appropriate for the individual
- A record of delivery of this instruction will be kept by the Team Leader.

10. Process for monitoring compliance with this document

What	How	Who	When	Where
Quarterly review of training statistics at IPCC	Audit Implementation	IPCT	Annual report and action plan	Infection Prevention and Control Committee
Senior managers and clinical staff have responsibility for HCAI included in their job descriptions.	Job description template	Service line leads/HR	Annually	Infection Prevention and Control Committee
Quarterly reports to the IPCC and local SBU meetings on progress with the annual plan, compliance	Audit implementation	Modern Matron/Head of Nursing/Consultant Nurse Infection Prevention and Control	Quarterly reports	Infection Prevention and Control Committee

with the Health and Social Care Act 2008 and trends in HCAs				
Information for service users on IPC available in clinical areas.	Email distribution	Infection Prevention and Control Team / Head of Nursing	Each time a visit is carried out	Infection Prevention and Control Committee
All IPC Policies & Guidelines are up-to-date.	Updating with local and national guidance	Infection Prevention and Control Team	Every two years and when national guidance identifies change	Infection Prevention and Control Committee

- Appropriate policies must be in place for infection prevention and control. These should reflect national guidance, where applicable, and evidence-based practice
- Implementation of these policies will be monitored via the infection control audit plan
- There should be a rolling programme of the audit, revision and update via the annual infection prevention and control programme as appropriate
- The Facilities Department monitors all cleaning service contracts.

The Facilities Department together with the IPCT organise further audit of the decontamination process and results.

11. Embedding a culture of equality and respect

The Trust promotes fairness and respect in relation to the treatment, care and support of service users, carers and staff.

Respect means ensuring that the particular needs of 'protected groups' are upheld at all times and individually assessed on entry to the service. This includes the needs of people based on their age, disability, ethnicity, gender, gender reassignment status, relationship status, religion or belief, sexual orientation and in some instances, pregnancy and maternity.

Working in this way builds a culture where service users can flourish and be fully involved in their care and where staff and carers receive appropriate support. Where discrimination, inappropriate behaviour or some other barrier occurs, the Trust expects

the full cooperation of staff in addressing and recording these issues through appropriate Trust processes.

Access to and provision of services must therefore take full account of needs relating to all protected groups listed above and care and support for service users, carers and staff should be planned that takes into account individual needs. Where staff need further information regarding these groups, they should speak to their manager or a member of the Trust Inclusion & Engagement team.

Where service users and carers experience barriers to accessing services, the Trust is required to take appropriate remedial action.

Service user, carer and/or staff access needs (including disability)	The implementation of this policy will not discriminate against any service users, carer and/or staff access needs
Involvement	The implementation of this policy will not discriminate against any involvement of service users, carer and/or staff.
Relationships & Sexual Orientation	The implementation of this policy will not discriminate against any relationships to sexual orientation
Culture & Ethnicity	The implementation of this policy will not discriminate against any culture and ethnicity.
Spirituality	The implementation of this policy will not discriminate against any spirituality
Age	The implementation of this policy will not discriminate against any age
Gender & Gender Reassignment	The implementation of this policy will not discriminate against any gender or gender reassignment
Advancing equality of opportunity	The implementation of this policy will ensure that all service users, carer and staff are treated equally and will be given equal opportunities.

12. Version Control

Version	Date of Issue	Author	Status	Comment
V1	September 2008	Lead Nurse, Infection Control	Superseded	Archived
V2	June 2011	Lead Nurse, Infection Control	Superseded	Archived
V3	2017	Lead Nurse, Infection Control	Current	
V4	November 2017	Consultant Nurse Infection Prevention and Control		

13. Relevant Standards

The Health and Social Care Act 2008, revised 2015, Code of Practice on the prevention and control of infections and related guidance

14. Associated Documents

This policy should be used in conjunction with other Trust policies, including:-

- Hand Hygiene policy
- Sharps Safety Policy including incidents involving exposure to blood and body fluid
- Dress Code
- Waste
- Linen and Laundry
- Decontamination
- Specimen Collection for Microbiological Analysis
- Learning from Adverse Events
- Standard Infection Control Precautions
- Healthcare Associated Infection Risk Assessment Guidelines (Admission, Transfer And Discharge)
- Policy for Standard Infection Control Precautions
- A-Z of Infections
- Antimicrobial policy
- Guidelines for the Prevention and Management of Meticillin Resistant *Staphylococcus aureus* (MRSA)
- Gastro intestinal illness
- Arrangements for Control of an Outbreak of Infection in Hospital
- Legionella
- Aseptic Technique

- Guidelines for the Prevention and Management Of ***Clostridium difficile*** –Associated Disease (***CDAD***)
- Risk Management Strategy

15. Supporting References

- Department of Health (2008- revised 2015) *The Health and Social Care Act, 2008: Code of Practice for the Prevention and Control of infections and related guidance*. London. Department of Health
- Department of Health (2006) *The Health Act 2006: Code of Practice for the Prevention and Control of Health Care Associated Infections*. London. Department of Health
- Chief Medical Officer (2003) *Winning Ways: A Strategy to Reduce Healthcare Associated Infection in England*. London. Department of Health
- Department of Health (2005) *Saving Lives: A Delivery Programme to Reduce Healthcare Associated Infection including Methicillin Resistant Staphylococcus aureus (MRSA)*. London. Department of Health
- Department of Health (2006) *Going Further Faster*. London. Department of Health

16. Consultation

The Consultation section of the Policy Management System advises on the types of people to invite to express their views and give constructive suggestions to improve the draft policy being worked on.

In the case of the Procedural Document Management System, the following have been consulted so far.

Job Title of person consulted
Executive Director Quality and Safety/DIPC
Infection Prevention and Control Committee
Safeguarding Manager
Modern Matrons
Community Clinical Lead Nurses
Heads of Nursing

Part 4 Appendices

Appendices

Appendix 1 - Declaration of a Trust IPC Incident or Outbreak of Infection as a Serious Incident

Appendix 1 - Declaration of a Trust IPC Incident or Outbreak of Infection as a Serious Incident

**IPC INCIDENT OR OUTBREAK OF
INFECTION**



Could it potentially result in serious harm to patients or staff?
Could it have an impact on the wider health economy?
Is the potential for learning so great that it warrants additional resources?
Could it result in public concern / loss of confidence or prolonged adverse media coverage?
Could it affect the organisations ability to deliver an acceptable quality of healthcare?
Is the causative organism antibiotic resistant?
Has a patient died with an HCAI on part 1 of their death certificate?



**Yes to ANY
of the above**



**Report as a
SERIOUS
INCIDENT using
usual trust reporting
procedure.**



**No to ALL
of the**



**Report internally
using usual trust
incident reporting
procedure and
inform the CCG
Head of IPC.
Investigate and**



Unsure



**Contact CCG to
discuss and agree if
this is a serious
incident via:**

**hvccgsi@nhs.net
(West Hertfordshire)
or
enhccg.quality@nhs.net
et
(East & North)**

Reference

Serious Incident Framework (NHSE, 2015)
L Stewart (Head of IPC, HVCCG & ENHCCG)
April 2017

	<i>we are...</i>	<i>you feel...</i>
Our Values	Welcoming	✔ Valued as an individual
	Kind	✔ Cared for
	Positive	✔ Supported and included
	Respectful	✔ Listened to and heard
	Professional	✔ Safe and confident

Our  values
 Welcoming Kind Positive Respectful Professional