

Infection Control Policy

Version 1.0

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1 Introduction

- 1.1 As the practice of care in the community evolves, care is increasingly being delivered in a greater number of settings, each presenting its own challenge to the application of the principles of infection control.
- 1.2 The code of practice for the Prevention and Control of Healthcare Associated Infections published by the Department of Health (2006) identifies that as a core requirement all NHS organisations must ensure that they have effective systems in place to prevent and control of Healthcare Associated Infections (HCAI). The Primary Care Trust (PCT) is responsible for ensuring that all reasonable steps are taken to protect patients and staff from infections arising out of the care of individuals.

2 Purpose

- 2.1 Everyone across the organisation needs to recognise and understand the contribution they can make to reducing HCAI's. The PCT Board recognises this and is committed to reducing the risk of patients acquiring HCAI's and the need to ensure good infection prevention and control techniques are embedded throughout the organisation.
- 2.2 This policy applies to all members of NHS Hull. Its aim is to confirm the trust's commitment to the control of infection through the development of policies and procedures; and the promotion of training and education in all aspects of infection control.
- 2.3 This is an over-arching policy intended to outline how the Trust will deal with the broad and complex issues with regard to infection control in both the services it commissions and directly provides. A number of specialist policies have been developed to underpin the infection control policy (see Appendix 1). Every member of staff should have access to a manual at their work place and through the trust intranet site.

3 Scope

- 3.1 This policy applies to all employees of the PCT, any staff who are seconded to the PCT, contract and agency staff and any other individual working on PCT premises.

4 Responsibilities

4.1 The Chief Executive

- 4.1.1 Overall responsibility lies with the Chief Executive for ensuring that the prevention and control of HCAI is a core part of the Trusts clinical governance and patient safety programmes.

4.2 The Director of Infection Prevention and Control

- 4.2.1 At an operational level the Director of Infection Prevention and Control (DIPC) will report directly to the Chief Executive and Trust Board.

The DIPC is responsible for the following:

- The Infection Control Team within the health care organisation.
- Overseeing local control of infection policies and their implementation.
- Making recommendations on the impact of all existing and new policies and plans on infection.
- Producing an annual report on the state of HCAI in the organisation for which he/she is responsible.
- Ensuring infection control requirements are in all contracts and reporting and monitoring established.

4.3 The Nurse Specialist Infection Control

4.3.1 The Nurse Specialist will support the DIPC in their role and provide specialist knowledge and advice on all matters pertaining to infection control. The Specialist will co-ordinate and support the provision of a nurse led infection control services for Primary Care and directly provided services across the organisation. The Nurse Specialist Infection Control is responsible for:

- All areas of infection control in relation to the production, review and implementation of local policies, protocols and guidelines with input from other Specialist Nurses.
- Auditing and monitoring Independent Contractors to ensure compliance with national guidance and local policies.
- Reviewing audit reports from Provider Services to ensure compliance with national guidance and local policies.
- Co-ordinating, structure and facilitate the provision of specialist education and training on infection control/health protection to identified groups, and ensure training delivered by Provider Services reflects national guidance and local policies.
- Maintaining partnership working with other Infection Control/ Health Protection specialists across the Hull and East Riding patch.
- Providing support and advice to Independent Contractors.

4.4 The Infection Control Nurse

4.4.1 The Infection Control Nurse will support the Nurse Specialist Infection Control in their role and provide specialist knowledge and advice on all matters pertaining to infection control.

The Infection Control Nurse will support the Nurse Specialist Infection Control in their role and provide specialist knowledge and advice on all matters

pertaining to infection control. The Infection Control Nurse will co-ordinate and support the provision of a nurse led infection control service for Provider Services across the organisation. The Infection Control Nurse is responsible for:

- All areas of infection control in relation to the production, review and implementation of local policies, protocols and guidelines with input from other Specialist Nurses.
- Undertaking audit across the organisation in Provided Services to ensure compliance with national guidance and local policies.
- Co-ordinating, structure and facilitate the provision of education and training on infection control/health protection for all employed staff and those within Primary Care.
- Maintaining partnership working with other Infection Control/ Health Protection specialists across the Hull and East Riding patch.

4.5 The Consultant Microbiologist

4.5.1 The consultant in microbiology will provide the organisation with a commentary on the results data with regard to MRSA and Clostridium Difficile data provided via Hull & East Yorkshire Hospitals NHS Trust.

4.6 Senior Managers

4.6.1 Senior Managers have a key role to play across the organisation in relation to infection control. They have direct responsibility for ensuring clinicians follow infection control policies and practice. This includes:

- Ensuring that areas all staff within their own sphere of responsibility are up to date with infection control training.
- Leading and driving a culture of cleanliness in clinical areas.
- Monitoring standards of cleanliness in clinical areas.

4.7 The Infection Control Link Healthcare Professional

4.7.1 The Link Healthcare Professional's role is to act as a facilitator of good practice in Infection Control within their area of work. The link professional will:

- Attend Infection Control Link Meetings and feed back the information gained to colleagues.
- Act as a resource to staff in their area of work.
- Participate in standard setting and audit.

4.8 Clinical and Non Clinical Staff

4.8.1 All staff across the organisation have a responsibility to ensure they practice good infection prevention and control techniques. Each member of staff is responsible for ensuring they keep up to date with infection control practices and attend statutory training in infection control as required by the PCT.s.

4.9 Primary Care Infection Control Sub-committee

4.9.1 In the Hull and East Riding area the Primary Care Infection Control Sub-committee (PCICS) is charged on behalf of the PCT Boards to monitor the operational effectiveness of policies and procedures relating to infection control and to ensure national guidance is implemented. The terms of reference (Appendix 2) for this committee are approved by the Board of each organisation.

5 Equality and Diversity

5.1 The PCT is committed to:

- eliminating discrimination and promoting equality and diversity in its Policies, Procedures and Guidelines, and
- designing and implementing services, policies and measures that meet the diverse needs of its population and workforce, ensuring that no individual or group is disadvantaged.

5.2 To ensure the above, this Infection Control Policy has been Equality Impact Assessed.

5.3 Details of the assessment are available on the PCT's website or by calling the PCT on (01482) 344700.

6 Education and Training

To ensure good infection prevention and control techniques are embedded throughout the organisation a robust training strategy for infection control needs to be in place. Infection control training is a statutory requirement for all staff across the organisations. The training will be divided into two modules. Module one will be aimed at all non clinical staff and module two at clinical staff. Module one will be accessed via the Managed learning Environment (MLE) and be provided from the NHS Infection control training programme. Clinical staff will also be required to attend a face to face session concentrating on clinical issues and prevention measures. Staff will be able to undertake update sessions on a bi-annual basis. The Workforce Development Team will monitor attendance and provide feedback to the PCICS and Clinical Governance Committee.

7 Performance Framework

7.1 Internal Assurance

7.1.2 Key performance indicators for infection control will be produced by the PCICS and will be monitored by the Governance Committee reported to the Trust Board. The key indicators will include:

- Year on year reduction in MRSA rates.
- Compliance with infection control policies.
- Outbreaks of infection.
- Staff training figures for infection control training.
- Setting local targets for the reduction in rate of Clostridium Difficile.

7.1.3 Internal assurance will be further provided by Infection Control audits on an annual basis for Provider Services and bi-annually for audits of Contracted Services, with a three month review period of areas with minimal compliance.

7.2 External Assurance

7.2.1 External assurance will be sought via:

- Compliance with the related standard contained within the NHS Litigation Authority Risk Management Standard for PCT's
- Any external assessment of our Infection Control systems and processes e.g., Health Care Commission Health Act inspections.

8 Partnership Working

8.1 The Consultant in Communicable Disease Control (CCDC) and the Health Protection Nurse Specialist will sit on the Primary Care Infection Control Sub-committee and provide expert advice, training and support on public health or health protection issues. They will also provide Infection Control advice and support for Nursing and Residential Homes, Prisons (except health care staff), Schools, nurseries and the general public. The DIPC and Nurse Specialist Infection Control will work in partnership with specialist staff within the local Health Protection Unit to provide a comprehensive patch wide infection control service.

8.2 The Health Protection Nurse Specialists and the Infection Control Specialist Nurses across Hull and the East Riding will meet on a frequent basis to information share, discuss new guidance etc, and to provide professional support to one another.

8.3 The Infection Control Nurse Consultant for Hull and East Yorkshire Hospitals will provide professional support and supervision for the PCT employed Infection Control Specialist.

8.4 The Nurse Specialist Infection Control will provide professional supervision to the Infection Control Nurses.

9 Monitoring Compliance with and Effectiveness of this Policy

9.1 The implementation of this policy will be monitored through the following processes:

- Patient complaints
- Patient Advice and Liaison Services (PALS)
- Adverse Incident Reporting procedures

10 References

Guidance on the Control of Infection in Hospitals prepared by the Hospital Infection Working Group of the Department of Health and Public Laboratory service. Department of Health (1995) Hospital Infection Control.

Code of practice for the prevention and control of healthcare associated infections: London. Department of Health. The Health Act (2006)

NHS Implementation Programme . Department of Health (2000), Department of Health, London. Available at www.doh.gov.uk/nhsplaningproramme/nhsplaningprogramme.pdf

National Controls Assurance Standard. Department of Health, London. (2003)

Winning Ways: Working together to reduce Healthcare Associated Infection in England. Department of Health, London. (2003)

Governance in the New NHS: Controls Assurance Statements 2000/2001 and Establishment of the Controls Assurance Support Unit. HSC 2001/005.2001 NHS Executive (2001)

Resistance to Antibiotics and other Antimicrobial agents HSC 99/49. NHS Executive (1999). London NHSE.

11 Associated Documentation

11.1 This policy is supported by the PCT's Infection Control policies and procedures (Appendix 1).

12 Review

12.1 This Policy will be reviewed every two years or when major changes in legislation dictate review.

12.2 Minor amendments (such as changes in title) may be made prior to the formal review, details of which will be monitored/approved by the Associate Director of Corporate Affairs in consultation with the Equality and Diversity Co-ordinator and HR where relevant. Such amendments will be recorded in the Register and a new version of the PPG issued.

INFECTION CONTROL POLICIES & PROCEDURES

This policy is supported by:

1. Outbreak policy
2. Isolation and patient movement policy
3. Management of patients who are infected or colonised with Meticillin Resistant Staphylococcus Aureus
4. Policy of the care of the deceased patient
5. Aseptic Technique
6. Safe handling and processing of soiled linen
7. Standard Precautions
8. Hand Hygiene Policy

Blood borne viruses

9. Policy & Protocol HIV Post Exposure Prophylaxis
10. Hepatitis B
11. Hepatitis C

12. Guidelines for the prevention and management of injuries from contaminated sharps.
13. Clostridium Difficile
14. Policy for the decontamination of medical devices and patient care equipment (including single use items).
15. Transmissible spongiform encephalopathies (TSE's)
16. Varicella Zoster
17. Antimicrobial Prescribing
18. Infection Control policy
19. TB Policy

HULL TEACHING PRIMARY CARE TRUST

INFECTION CONTROL SUB-COMMITTEE

TERMS OF REFERENCE

1 PURPOSE

The Board has resolved to establish this Sub-Committee as a Sub-Committee of the Governance Committee.

Its overall purpose is to monitor compliance with national standards on healthcare acquired infection prevention and control and to supervise the development and implementation of Infection Control Strategies, Implementation Plan and related policies.

2 ACCOUNTABILITY

The Sub-Committee is directly accountable to the Governance Committee for delivery of the duties detailed below.

3 REPORTING ARRANGEMENTS

All meetings shall be formally minuted and a record kept of all reports/documents considered.

Minutes shall be submitted to the Governance Committee at the earliest opportunity. If the Governance Committee meets before the Minutes have been confirmed as a true and correct record, they shall be submitted as draft Minutes (following approval of the Chair and Lead Officer).

An Annual Report shall be presented to the Board.

The Sub-Committee will maintain communication and reporting links to the East Riding Infection Control Committee.

Freedom of Information Act - The Minutes of the Sub-Committee are classed as public documents. If the Sub-Committee/Chair wishes to keep certain information out of the public domain, such details shall be recorded as confidential minutes. Subject to the Head of Corporate Affairs (FOI Lead) confirming that such information is exempt from disclosure, the confidential Minutes shall not then be disclosed.

4 MEMBERSHIP

The membership of the Sub-Committee is as per the attached schedule (Appendix I).

Whilst recognising the shared membership with East Riding PCT and the Humber Health Protection Unit as a partner in discharging its Primary Care duties, the membership for

Hull Teaching PCT shall comprise one Director with responsibility for Infection Prevention and Control and the Specialist Nurse for Infection Control and a Trust Manager with responsibility for Infection Control.

The Sub-Committee may request attendance of non-members as required.

Note: Any changes to the constitution of the Sub-Committee must be approved by the Board.

5 APPOINTMENT OF CHAIR

The Chair will be appointed by the Members.

6 QUORACY

The quorum for meetings shall be three Members. One of whom is the Director of infection Prevention and Control

7 MEETINGS

Meetings shall be administered in accordance with the PCT's Standing Orders.

Meetings shall be held not less than four times a year.

The Director of Infection Prevention and Control may request a meeting if they consider it necessary.

An annual schedule of meetings shall be agreed at, or before, the last meeting each year to enable the preparation of a calendar of meetings for the following year.

8 DUTIES/DELEGATED POWERS

The Board has delegated the following duties to the Sub-Committee:

Infection Control

The Sub-Committee shall review the establishment and maintenance of an effective system of infection prevention and control. The Sub-Committee is not responsible for other patient safety activities within the Trust, this is delegated to the Governance Committee of the Trust.

The Sub-Committee will develop an Infection Control Strategy that seeks to reduce Healthcare Acquired Infections (HCAI) and their related complications.

The Sub-Committee will develop Key Performance Indicators (KPI) in line with national targets.

In particular, the Sub-Committee will review the adequacy of:

- All systems and processes in place to minimise the risk of harm to patients, visitors and staff arising from the spread of health acquired infection,
- The Infection Control Action Plan based upon latest national guidance and policy.
- The annual Service Level Agreement as it relates to Infection Control.
- The policies for ensuring that there is compliance with relevant regulatory, legal and code of conduct requirements as set out in the Standards for Better Health and other relevant guidance;
- The operational effectiveness of policies and procedures related to Infection Control Prevention and Control;
- The monitoring systems in place for reporting trends in primary and community based MRSA, and other infectious disease rates.
- The resources available within the Trust to support the prevention of Health Acquired Infection in primary and community based care.

The Sub-Committee is authorised by the Board to investigate any activity within its Terms of Reference. It is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Sub-Committee.

9 REVIEW OF THE TERMS OF REFERENCE

These Terms of Reference will be reviewed as and when required.

Note: Proposed amendments must be submitted to the Board for approval and the formal delegation of powers.

MEMBERSHIP

Director with responsibility for Infection Prevention and Control.

Specialist Nurse for Infection Control.

Trust Manager with responsibility for Infection Control.

Last updated: