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H7 - Prevention and Control of Healthcare Associated Infections

Policy

The University of South Manchester NHS Foundation Trust recognises the obligation placed upon it by The Health Act 2006 – Code of Practice for the Prevention and Control of Health Care associated Infections. The Trust supports the principle that infections should be prevented wherever possible or, where this is not possible, minimised to an irreducible level and that effective systematic arrangements for the surveillance, prevention and control of infection are provided within the Trust.

It is the policy of the Trust to include the individual responsibility of every member of staff to participate in the prevention and control of infection and to comply with their Health and Safety, Control of Substances Hazardous to Health (COSHH) and other legislation and regulations applying to the safe provision of health care.

This policy and Infection Control procedures and protocols are designed to outline the principles and responsibilities associated with the prevention and control of infection in a health care setting shared with other employers.

Aim

The aim of this policy and accompanying procedures and guidelines apply to all members of staff employed by the Trust, our Private Finance Initiative (PFI) partners, service providers agency and bank staff contracted by the Trust.

This document informs all members of trust staff about the structure and activities of infection control within the Trust and to define roles and responsibilities. It will also describe how staff members can access infection control advice.

The Policy is set out below under the 3 sections of:

Section A: Management Arrangements for Prevention and Control of Infection

Section B: Clinical Care Protocol

Section C: Health Care Workers

SECTION A MANAGEMENT ARRANGEMENTS FOR PREVENTION AND CONTROL OF INFECTION

This section details the management arrangements for the Prevention and Control of Infection in University Hospital of South Manchester NHS Foundation Trust.

- 1.1 Management arrangements for the Trust structure for infection prevention and control are included in the Trust Infection Control Committee Terms of reference. They are updated on an annual basis and approved and monitored by the Trust Board and Infection Control Committee (see Trust Infection Control Team Annual Report).
- 1.2 The annual programme for Infection Control will contain clearly defined objectives and identify priorities for action including an audit programme.

- 1.3 The progress report on the annual Plan will be incorporated within the Infection Control Annual Report
- 1.4 Infection Control is incorporated within the governance framework of the clinical Divisions either through a divisional Infection Control Committee or, through their clinical governance meeting. The key functions of these groups are;
 - 1.5 To act upon surveillance information on alert organisms
 - 1.6 To discuss untoward incidents of infection that have occurred within the Division including Methicillin Resistant *Staphylococcus aureus* (MRSA) bacteraemias/outbreaks of infection and monitor implementation of lessons learned.
 - 1.7 To monitor the implementation and progress of the Divisional annual plan
 - 1.8 To receive and action where necessary reports from the directorates
 - 1.9 To provide representation at the Trust Infection Control Committee (ICC)
 - 1.10 The Clinical Divisions present progress toward key performance indicators for infection control at Divisional performance review meetings.

2 Roles and responsibilities of named Individuals within the Trust.

The roles and responsibilities of named individuals within the organisation, with regard to their duty to protect patients from the risks of acquiring healthcare associated infection, are identified below in accordance with the Code of Practice, 2006 section 2.

3 The Chief Nurse on behalf of the Chief Executive will;

- 3.1 Ensure that there is an appropriated constituted and functioning Infection Control Team.
- 3.2 Provides resources and support for the Infection Control Team (ICT) and its activities.
- 3.3 Review the formal arrangements for infection control as required.
- 3.4 Ensures that there is an appropriate infection control committee.
- 3.5 Be responsible for the day-to-day management of infection control in the hospital.
- 3.6 Will act as Vice - Chair person for the ICC.

4 The Director of Infection Prevention and Control (DIPC) will;

- 4.1 Will be responsible for the Infection Control Team within the Organisation
- 4.2 Ensure that an annual infection control report is produced and circulated to the Trust Board and all managerial, medical and nursing leads.
- 4.3 Ensure that an annual infection control programme is produced and approved by the ICC.
- 4.4 Reports directly to the Trust Chief Executive and the Trust Board on infection control issues.

5 The Infection Control Team

- 5.1 The Infection Control Team provides an infection control service to the Trust and reports to the Infection Control Committee and the Trust Board. Members of the Trust Infection Control Team are listed below:

The Nurse Consultant, Infection Control
The Infection Control Nurse Team Leader
The Infection Control Nurse Team
The Infection Control Doctor
The Consultant Microbiologists

Key Responsibilities of the Infection Control Team:-

- 5.2 To make medical and nursing decisions on a 24 hour basis about the prevention and control of infection, providing advice to all grades of staff on the management of infected patients and other infection control problems
- 5.3 To provide education and training on the prevention and control of Health Care Associated Infections (HCAI) to all staff sharing our workplace
- 5.4 To liaise with the Occupational Health Services on relevant staff health issues
- 5.5 To liaise with clinical teams on the development of standards, audit and research
- 5.6 To liaise with the PFI partners on issues relevant to the prevention and control of infection within the Organisation

The Trust Infection Control Team (as defined above) will;

- 5.7 Provide information and advice to all Trust staff, patients and relatives about the management and prevention of healthcare associated infection (HCAI)
- 5.8 Produce and review all infection control policies and procedures, involving clinical teams as appropriate.
- 5.9 Provide education and training in infection control for all Health Care Workers (HCWs).
- 5.10 Advise upon infection control audits in specific locations or services within the Trust and assist with findings/recommendations
- 5.11 Participate in developing a programme of infection control audits at ward/departmental level.
- 5.12 Review and analyse adverse incident reports relating to infection control and report these to the ICC
- 5.13 Assist Clinicians ward/department managers in undertaking root cause analysis of adverse incidents relating to infection control issues
- 5.14 Work with Bed Managers to ensure appropriate placement of patients to minimise the risk of infection.

6 Divisional General Managers, Divisional Medical Directors and Heads of Nursing will;

Ensure that there are designated infection control leads that represent all areas of clinical practice within the Division.

- 6.1 Oversee the application of this policy and associated procedures into their service.
- 6.2 Provide appropriate additional resources during outbreaks of infection within their division.
- 6.3 Ensure that infection prevention and control is recognised within the divisional governance structure.
- 6.4 Provide assurance that infection control surveillance, policies, training and audits are being adhered to within their division.

7 Clinical Directors and Heads of Service will;

- 7.1 Oversee the application of this policy and associated procedures into their service.
- 7.2 Seek to ensure its implementation is undertaken within their management structure to maintain adequate prevention and control of HCAI.

8 Modern Matrons will;

- 8.1 Liaise closely with their general managers, ward and department managers and the ICT and other advisors to ensure the proactive prevention and control of infection as detailed in the relevant procedures.
- 8.2 Review controls following incidents and day-to-day adherence to safe work systems

9 Ward and Departmental Managers will;

- 9.1 Ensure that infection control procedures are made known to all staff including agency and service providers and are implemented within their workplace.
- 9.2 Ensure via day to day supervision, safety inspection or incident investigation, or tasks involving risk of cross infection prevention and control are either supervised effectively. Alternatively where the risk is calculated via the formula at appendix 1 at 12 or above ensure assessment and control are undertaken.

10 All health care workers including all clinicians and PFI partner staff (who come into contact with the clinical environment)

All Trust staff are required to attend mandatory Trust Induction. All clinical staff or staff whose work exposes them to risks of infection must undertake annual update training in infection control. (See section 15)

- 10.1 Comply with the infection control policies and procedures especially in relation to the Hand Hygiene Policy.
- 10.2 Inform the ICT about any patient requiring isolation.
- 10.3 Inform the ICT of suspected outbreaks of infection.
- 10.4 Obtain advice from the Occupational Health Department if they have concerns about their risk of transmitting infection.
- 10.5 Participate actively in auditing infection control procedures in their ward/ department including audit of high impact interventions.
- 10.6 Report any adverse incidents relating to infection control within the Hospital Incident Reporting System (HIRS) and inform their manager

11 Policy for the transfer of patients

The Trust Policy for admissions, transfers discharges and movement between departments and other healthcare facilities will be available on the Trust Intranet

12 Maintaining a Clean and appropriate environment for Health care.

The following actions are in place in order to minimise the risk of HCAI within the environment in accordance with the Code of Practice, 2006 section 4

- 12.1 Sodexho as part of the PFI agreement provides cleaning services for the environment. The physical environment is maintained and repaired by W.S. Atkins as part of the PFI agreement. As such, appropriate contracts are in place. The services are monitored and the Estates and Facilities Directorate employs full time monitoring officers to specifically deal with cleaning and estates services.
- 12.2 There are established cleaning schedules/planned preventative measures in place, which form part of the contract and these, are monitored on an ongoing basis by the PFI partners and the Monitoring Officers. Compliance to the schedules is monitored and reported on.
- 12.3 Performance of the contracts are discussed at the PFI Board and reported to the Trust Management Board by the Director of Estates and Facilities.
- 12.4 The manager within the trust Estates and Facilities Department, with lead responsibility for new builds/refurbishment of existing facilities seeks advice on all new projects/schemes from the Infection Control Team.
- 12.5 The Infection Control team will advise on policies for the environment which include:
 - Planned preventative maintenance
 - Pest Control
 - Legionella Policy
 - Food Services

- 12.6 The supply and provision of linen and laundry is through Sodexo and complies with current Health service guidance (HSG (95) 18).
- 12.7 The Trust Uniform Policy is reflected in the trust Dress Code Policy that is available on the Trust Intranet. The Chief Nurse maintains this Policy.
- 12.8 The Trust's SSD facility has a documented quality system to ISO 9001/2000.
- 12.9 The Chief Nurse undertakes the executive lead for decontamination of re-useable medical equipment.
- 12.10 There is a decontamination group that is a sub group of the Infection Control Committee (see Terms of reference for decontamination Group).
- 12.11 The decontamination group develops an annual programme.
- 12.12 The Chairperson of the Decontamination Group is a member of and reports to the Trust Infection Control Committee. (see ICC Terms of reference)
- 12.13 The Trust participates in the national Cleanyourhands Campaign and Alcohol hand rub is available at the point of care delivery in compliance with The NPSA Patient Safety Alert, September, 2004. (see Infection Control Annual Report).

13 Provision of information on HCAI to patients and the Public

- 13.1 All leaflets and written information available for the public and patients of University Hospital of South Manchester NHS Foundation Trust is located on the Trust Infection Control Intranet Website and is also available as appendices to the specific alert organism Policies (see Infection Control Policy Manual Section 5). These are approved by the Trust Editorial Board, reviewed bi-annually. An audit of these will be undertaken using patient satisfaction questionnaires and recommendations included.
- 13.2 The Trust has a patients/visitors charter that is available on all wards.
- 13.3 Information on the complaints procedure is available on the Infection Control extranet site.

14 Laboratory Support

- 14.1 Policy will be available on Trust Infection Control website in Infection Control Policy Manual

SECTION B: CLINICAL CARE PROTOCOLS

1 Policies and Procedures

- 1.1 Infection control policies and procedures are available on the Intranet via a Desktop icon on all Trust Pc's
- 1.2 Policies and procedures will reflect relevant current legislation, published professional guidance and best practice.
- 1.3 The policies and procedures will be produced in consultation with relevant professional groups within the Trust.

- 1.4 The policies will be authorised by the Corporate Policies and Procedure Committee after being endorsed by the ICC.
- 1.5 The policies will be reviewed every two years, or sooner if legislation or guidelines change.
- 1.6 Policies will be audited in accordance with Annex 2 of the Code of Practice, 2006 (see Infection Control Audit Policy).

A list of the 12 core protocols are listed below;

- 1.7 a) Standard (Universal) Infection Control precautions
Hand Hygiene (*section 1. Trust Infection Control Policy Manual*)
Protective Clothing (*section 1. Trust Infection Control Policy Manual*)
Glove Policy (*section 1. Trust Infection Control Policy Manual*)
- 1.8 b) Aseptic Technique (*section 2. Trust Infection Control Policy Manual*)
ANTT visual aid programme available on all desktop PC's in the Trust
- 1.9 c) Major Outbreaks of Communicable Infection (*section 5. Trust Infection Control Policy Manual*)
- 1.10 d) Isolation of Patients (*section 1. Trust Infection Control Policy Manual*)
- 1.11 e) Safe handling and Disposal of Sharps (*section 3. Trust Infection Control Policy Manual*)
- 1.12 f) Prevention of Occupational Exposure to BBV's and including prevention of sharps injuries (*section 3. Trust Infection Control Policy Manual*) See Also (*Occupational Health Policy*)
- 1.13 g) Management of Occupational Exposure to BBV's and Post Exposure Prophylaxis (*section 3. Trust Infection Control Policy Manual*) See Also (*Occupational Health Policy*)
- 1.14 h) Closure of wards, departments and premises to new admissions
Viral Gastroenteritis Policy (*section 5. Trust Infection Control Policy Manual*)
Major Outbreaks of Communicable Infection (*section 5. Trust Infection Control Policy Manual*)
- 1.15 i) Disinfection Policy (*section 4. Trust Infection Control Policy Manual*)
- 1.16 j) Antimicrobial Prescribing
A copy of the antimicrobial prescribing Policy is available on all Desktop PC's in the Trust
- 1.17 k) Reporting HCAI to the Health Protection Agency (HPA) as directed by the Department of Health Serious Untoward Infections (*Incident Reporting Policy Section 9*)
- 1.18 l) Control of Infections with specific alert organisms:
- 1.19 m) Methicillin resistant Staphylococcus aureus (MRSA). There is an integrated care pathway for the management and patients in MRSA (available on the Trust Infection Control website. (*section 5. Trust Infection Control Policy Manual*)
- 1.20 Clostridium difficile Infection (*section 5. Trust Infection Control Policy Manual*)
- 1.21 Transmissible Spongiform Encephalopathies (TSE's) (*section 5. Trust Infection Control Policy Manual*)
- 1.22 Glycopeptide resistant enterococci (GRE/VRE) (*section 5. Trust Infection Control Policy Manual*)
- 1.23 Acinetobacter and other antibiotic resistant bacteria (*section 5. Trust Infection Control Policy Manual*)

- 1.24 Tuberculosis (including MDR TB) (*section 5. Trust Infection Control Policy Manual*)
- 1.25 Diarrhoeal Infections There is an Integrated Care Pathway for Patients with known/suspected diarrhoeal infections (available on the Trust Intranet site)
 - Viral Gastroenteritis Policy (section 6. Trust Infection Control Policy Manual)
 - Isolation Policy (section 1. Trust Infection Control Policy Manual)
- 1.26 Viral Haemorrhagic Fevers (VHF) (section 5. Trust Infection Control Policy Manual)

Additional Clinical care protocols related to Infection Prevention and Control can be found in appendix 1

2 Infection Control Audit

Regular monitoring of compliance with infection control policies will be reflected in The Infection control annual audit programme. The annual audit programme will include;

- 2.1 Audit of Infection Control core protocols/ policies (as defined in section 10 of the code of practice 2006)
- 2.2 Audit of infection control policies on the management of patients with MRSA/Clostridium difficile
- 2.3 Audit of Surveillance programmes for MRSA/C. diff
- 2.4 Programme of implementation of the High Impact Interventions (Saving Lives) Local audits
- 2.5 Corporate /Divisional Action Plans Results and action plans from audit will be reviewed at divisional/corporate ICC's as appropriate.

3 Surveillance

- 3.1 National mandatory surveillance and other appropriate monitoring of health care associated (HCAI) will be undertaken by the ICT and Trust appointed surveillance staff.
- 3.2 Results of surveillance of alert organisms will be fed back to Clinicians.
- 3.3 The ICT will work with the Divisions to interpret and act upon surveillance data.

4 Saving Lives Framework

- 4.1 The Trust will make a formal assessment against the 'Saving Lives' 9 key challenges on an annual basis. Assessment data will be used to develop our balance score card.
- 4.2 The Trust has signed up to the 'Saving Lives' framework. Clinical leads/Directors, Matrons and Ward/Departmental Managers are taking local ownership to ensure that the High Impact Interventions (HII's) are undertaken and audited. The results of the HII's are reviewed and recommendations for practice made through the Divisions ICC/ Clinical Governance structure.

SECTION C: HEALTHCARE WORKERS

1 Occupational Health Services

The Occupational Health Service will provide the following services to all Trust employees and to other staff working within the Trust through a service level agreement.

- Healthcare screening for communicable diseases and relevant immunisations.
- Emergency treatment for staff exposed to health care infections and follow up treatment/care as appropriate/necessary.
- Identification and management of staff with hepatitis B, C, and HIV infected health care workers and restricting their practice as necessary in accordance with DoH guidance.
- Participating in the control of outbreaks of infection that involve/have implications for health care workers.
- Monitor and report the incidence of sharps injury to health care workers and be responsible for promoting safe practice including overseeing the use of needle stick prevention devices.

2 Training & Education for Trust Employees

Training Needs Analysis for Trust employees

2.1 Trust staff are required to participate in Infection Control training according to the following. Participation is either by attending a “face to face” training session (once every 3 years as a minimum) which is organised by the Trust Training Department or by completing the infection control e-learning programme.

All Trust employed staff must attend Infection Control training at Trust Corporate Induction. All Clinical staff or staff whose work exposes them to risks of infection must undertake annual mandatory infection control training. Clinical staff who are required to attend infection control mandatory training:-

- Medical staff (including Consultants)
- Nursing staff
- Allied Healthcare Professionals

Non-clinical staff who are required to attend annual infection control mandatory training:-

- Estates and facilities staff employed through the PFI partnership, Patientline and Priority.
- Laboratory staff

- 2.2 The Divisions will be responsible for ensuring attendance at IC training. Records of attendance must be collated by the infection control team and forwarded to the Trust Training Department for inclusion on the OLM data base
- 2.3 Numbers of attendees at infection control mandatory training are monitored and reported on the Balanced score card at Divisional Performance review.
- 2.4 Non attendance at mandatory infection control training sessions is followed up by the training department and the Divisions.
- 2.5 Evidence of completion of infection control mandatory training is checked at appraisal. All staff are also updated and competency tested in Aseptic Non Touch technique
- 2.6 Members of the ICT will have their personal and professional development plans agreed.
- 2.7 The ICT will produce information in the form of posters and leaflets.
- 2.8 The ICT will undertake infection control training of all Trust staff at induction and on an ongoing basis (see training needs analysis above)
- 2.9 The E-learning package to support training in infection control will be evaluated and updated as necessary.
- 2.10 Training and Education for staff employed within the Trust who are not Trust employees

3 Policy Implementation

- 3.1 The Policy will be launched via members of the ICC and cascaded to multi-professional staff across the organisation.

The Policy will be available on the Trust Intranet

4 Monitoring, evaluation, review and assurance

- 4.1 This policy will be subject to review every two years or more frequently if legislation or authoritative guidance changes.
- 4.2 The ICT will review and evaluate it's activities and performance in line with the Code of Practice

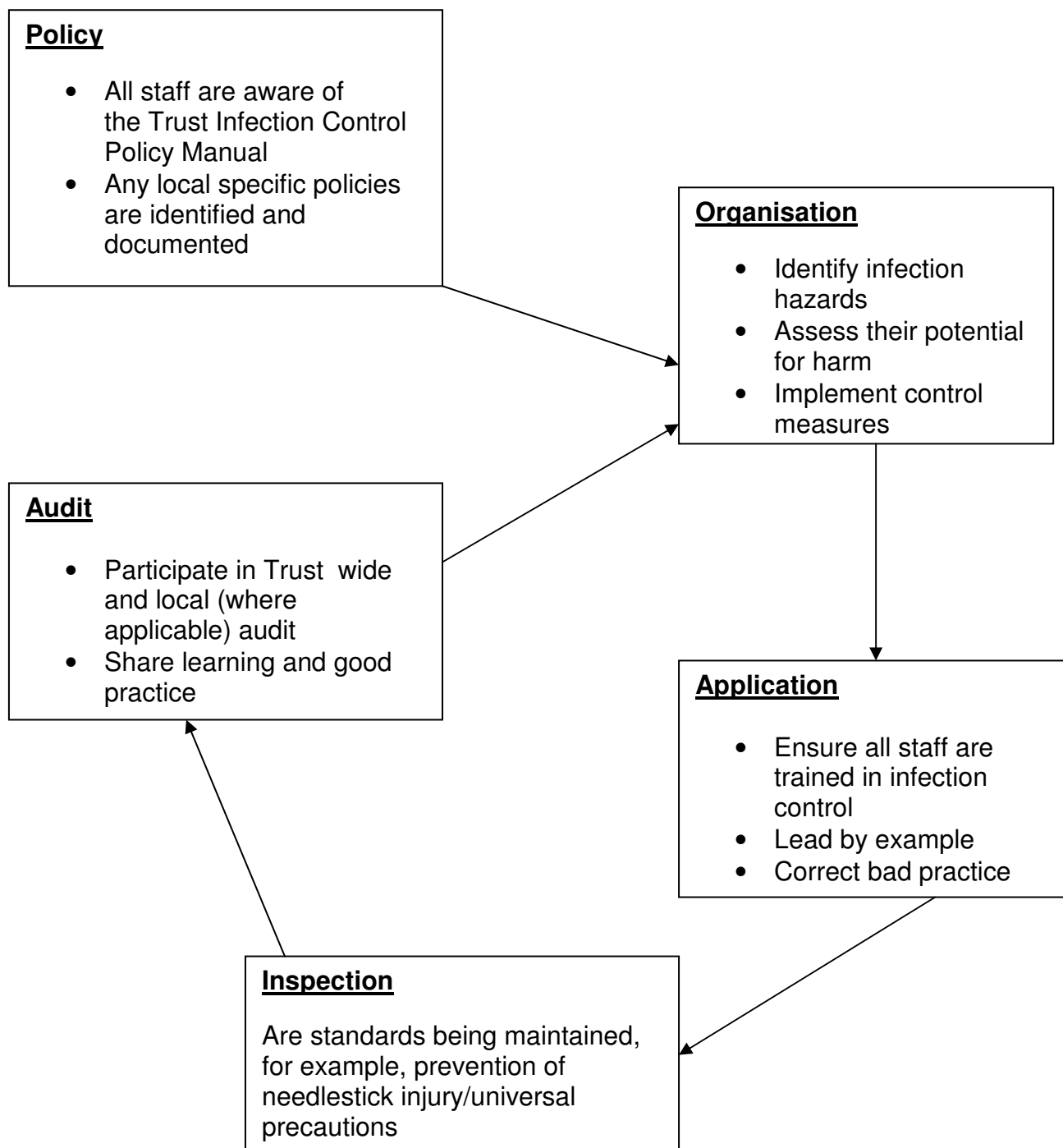
5 Strategy

The Trust has set out its Health and Safety Strategy of setting policy, organising an effective management team, planning the implementation of effective controls, measuring performance and auditing results in Policy H2. The management of the risk of infection will follow this pattern and this document forms the first part of that process and describes the subsequent points in the cycle (See appendix 1).

6 Risk Assessment

The Trust has adopted a Universal Assessment Format for all risks which matches the data set required by the Risk Register and is attached as appendix 3. Appendix2 is the Rating Formula as used in the Safety Inspection Procedure H3.

Infection Control Strategy



Universal Assessment Format for Risk Register

1. Risk Locale

Division

Department

Location

2. Risk Description

Subject (Hazard)

Summary

Task description

3. Affected Groups

| | | | |
|------------|--------------------------|-------------|--------------------------|
| Staff | <input type="checkbox"/> | Patients | <input type="checkbox"/> |
| Visitors | <input type="checkbox"/> | Contractors | <input type="checkbox"/> |
| Volunteers | <input type="checkbox"/> | Children | <input type="checkbox"/> |
| Others | <input type="checkbox"/> | All | <input type="checkbox"/> |

Level Ward/Dept Division Trust

4. Rating applied during safety inspection or investigation

Individual harm 1 2 3 4 5 6
or
 Financial loss 1 2 3 4 5 6 x Risk 1 2 3 4 5 = _____
or
 Disruption 1 2 3 4 5 6

Potential harm

5. Effect

| | | | | | |
|------|--------------------------|-----------------|--------------------------|---------------|--------------------------|
| Eyes | <input type="checkbox"/> | Breathing | <input type="checkbox"/> | Ingestion | <input type="checkbox"/> |
| Skin | <input type="checkbox"/> | Physical trauma | <input type="checkbox"/> | Mental trauma | <input type="checkbox"/> |

Other Organisational Financial

Explain existing controls

Adequacy of existing controls

Closed
 Adequate
 Inadequate
 Unknown

The risk no longer exists
Satisfactory level
Further control needed
Unable to quantify

6. Required or Additional Controls

Eliminate the hazard *Stop doing the task*
 Transfer the hazard *Pass it to someone else*
 Substitute a safer process *Change the technology*
 Engineer a solution *Keep people away from it*
 Organise a safer system *Reduce numbers and time*
 Protect the individuals involved *Wear safety gear*

Explain action proposed

7. *Residual Rating possible if above controls implemented*

Individual harm 1 2 3 4 5 6
or
 Financial loss 1 2 3 4 5 6 x Risk 1 2 3 4 5 = _____
or
 Disruption 1 2 3 4 5 6

8. Assurance arrangements to ensure controls are maintained

Safety inspection Risk assessment
 Departmental review Internal audit
 External audit Other (describe)

Explain arrangement proposed

Review date

Review by
 Job title