

Infection Prevention and Control Policy Manual

Index

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| Version: | V2.00 |
| Ratified by: | Infection Prevention and Control Committee |
| Date ratified: | November 2009 |
| Name of originator/author/job title: | Infection Prevention and Control Team |
| Name of responsible committee: | Infection Prevention and Control Committee |
| Name of responsible individual: | Mrs M Bailey, Chief Nurse |
| Date issued: | December 2009 |
| Review date: | December 2011 |
| Target audience: | Trust-wide, including long term partners |

EQUALITY IMPACT

The Trust strives to ensure equality of opportunity for all both as a major employer and as a provider of health care. This Policy Document has therefore been equality impact assessed by the Infection Prevention and Control Committee to ensure fairness and consistency for all those covered by it regardless of their individual differences, and the results are shown in Appendix A.

Dissemination of policy or procedural documents must be conducted as detailed in Appendix B.

VERSION CONTROL SCHEDULE

| Version number | Issue Date | Revisions from previous issue | Date of approval by Committee |
|-----------------------|-------------------|--|--------------------------------------|
| V1.00 | 01/09/07 | Bi-annual update | 22/08/07 |
| V1.1 | 08/04/08 | Amendments and updates required | 26/03/08 |
| V1.2 | 19/11/08 | Amended due to additions/amendments in sections 1, 2 and 5 | 22/10/08 |
| V2.00 | 16/12/09 | Bi-annual update numerous minor amendments made to strengthen evidence of compliance with the health Act (2008). Recommendations following legal review August 2009 incorporated | 16/12/09 |

INFECTION PREVENTION AND CONTROL MANUAL

Trust Infection
Prevention and Control
Team

INFECTION PREVENTION AND CONTROL MANUAL

INTRODUCTION

The following policies and guidelines must be available in each ward and department. If necessary, specific guidance for specialist areas can be appended by the Department Manager following consultation with the Head of Nursing, Infection Prevention and Control.

These policies and guidelines have been ratified by the Infection Prevention and Control Committee of the UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST.

INFECTION PREVENTION AND CONTROL MANUAL

CONTENTS

Infection Prevention and Control Team Members

Infection Prevention and Control Team Contacts

Responsibilities of Staff

Essential Items for Infection Prevention and Control

| | | |
|-----------|--|----------|
| 1. | Section 1 - Practical Guide to Infection Prevention and Control | 1 |
| 1.1 | Handwashing | 4 |
| 1.2 | Protective Clothing | 11 |
| 1.3 | Glove Policy | 17 |
| 1.4 | Isolation of Patients Susceptible to Infection | 23 |
| 1.5 | Isolation of the Infected Patient | 25 |
| 1.6 | Last Offices | 37 |
| 1.7 | Skin Cleansing Prior to Percutaneous Access | 41 |
| 1.8 | Infection Prevention and Control Policy for Bed Management and Movement of Patients | 43 |
| 1.9 | Hospital Outbreak Control Policy | 53 |
| | | |
| 2. | Section 2 - Practical Guide to Infection Prevention and Control | 1 |
| 2.1 | Collection of Specimens | 5 |
| 2.2 | Transport of Microbiological Specimens | 10 |
| 2.3 | Food Handling and Hygiene | 13 |
| 2.4 | Linen | |
| | Guidelines for Domestic Washing Machines in Clinical Areas | 18 |
| 2.5 | Returning Used Equipment to SSD | 25 |
| 2.6 | Policy for Preventing Infections Associated with the Insertion and Maintenance of Short-term indwelling Urethral Catheters | 27 |
| 2.7 | Policy for Preventing Infections Associated with the Insertion and Maintenance of Central Venous Catheters | 32 |
| 2.8 | Policy for Preventing Infections Associated with Peripheral Intravenous Catheters | 45 |
| 2.9 | ANTT (Aseptic Non-Touch Technique) Policy | 55 |
| 2.10 | Blood Culture Policy | 62 |

INFECTION PREVENTION AND CONTROL MANUAL

| | | |
|-----------|--|----------|
| 3. | Section 3 - Preventing The Spread of BBVs | 1 |
| 3.1 | Exposure to Blood Borne Viruses through Inoculation or Sharps Injury or Body Fluids | 4 |
| 3.2 | Using and Safe Disposal of Sharps | 6 |
| 3.3 | Action Following Sharps Injury or Exposure to Blood and Body Fluids | 9 |
| 3.4 | Post Exposure Prophylaxis | 10 |
| 3.5 | Policy for Action following Sharps Injury or Exposure to Blood and Body Fluid – PFI Partners | 14 |
| 4. | Section 4 - Decontamination | 1 |
| 4.1 | Principles and Procedures for Decontamination of Equipment | 4 |
| 4.2 | Decontamination of Foam Mattresses | 13 |
| 4.3 | Standard Infection Tests for Foam Mattresses | 14 |
| 4.4 | Decontamination of Bed Frames | 15 |
| 4.5 | Decontamination of Pressure Relieving Systems | 16 |
| 4.6 | Single Use Items | 17 |
| 4.7 | Policy for the Management of Spillages | 18 |
| 4.8 | Decontamination of Electro-Medical Devices | 23 |
| 4.9 | Equipment Repair Request and Contamination Status | 24 |
| 4.10 | Endoscopy Policy | 25 |
| 4.11 | Policy for Decontamination of Transducers | 29 |
| 4.12 | References | 31 |
| | Appendices | 34 |

INFECTION PREVENTION AND CONTROL MANUAL

5. Section 5 - Organism Specific Policies

| | | |
|--------|---|-----|
| 5.1 | Management of Patients with Methicillin Resistant Staphylococcus aureus (MRSA) | 4 |
| 5.1b | MRSA Screening | 15 |
| 5.1c | Management of Staff with Methicillin Resistant Staphylococcus aureus (MRSA) | 23 |
| 5.2 | Clostridium Difficile | 29 |
| 5.3 | Tuberculosis | 34 |
| 5.4 | Group A Streptococcus | 46 |
| 5.5 | Vancomycin Resistant Enterococci (VRE) | 48 |
| 5.6 | Staff with HIV/AIDS | 49 |
| 5.7 | Babies & Toddlers with RSV | 53 |
| 5.8 | Patients with known, suspected or at risk of Creutzfeldt Jacob Disease (CJD) and Related Disorders | 57 |
| 5.9 | Meningitis & Septicaemia | 65 |
| 5.10.1 | Scabies | 67 |
| 5.10.2 | Lice | 70 |
| 5.11 | Gastroenteritis | 75 |
| 5.12 | Policy for the Control of Multi-Resistant Gram Negative Bacteria | 97 |
| 5.13 | Policy for the Management of Patients attending / admitted via the Accident and Emergency (A & E) department with suspected infectious Respiratory symptoms | 99 |
| 5.14 | Policy for the Management and Control of Viral Haemorrhagic Fevers (VHF) | 107 |

Infection Prevention and Control Team

Mandy Bailey
Director of Infection Prevention and Control

Dr B Isalska
Infection Prevention and Control Doctor

Head of Nursing
Infection Prevention and Control

Mrs K Mathieson
Infection Prevention and Control Nurse

Mrs S Jones
Infection Prevention and Control Nurse

Mrs A Aziz
Infection Prevention and Control Nurse

Miss Meryl Graves
Infection Prevention and Control Nurse

Miss S Keegan/Ms S Walker
***Personal Assistants to the Infection Prevention and Control
Nurses***

Infection Prevention and Control Team

Infection Prevention and Control Doctor Ext 2885

*Infection Prevention and Control Nurses Ext 2630/2
(Air call via switchboard)*

INFECTION PREVENTION AND CONTROL MANUAL

ROLE OF THE INFECTION PREVENTION AND CONTROL TEAM

- To make medical and nursing decisions on a 24-hour basis about the prevention and control of infection.
- To provide advice to all grades of staff on the management of infectious patients and other infection control problems.
- To produce the annual infection control programme in full consultation with the Infection Prevention and Control Committee (IPCC).
- The programme will include surveillance of infection and audit of the implementation and compliance with selected policies.
- To provide education and training on the prevention and control of hospital acquired infections (HAI) to all grades of staff.
- To liaise with the Occupational Health Department on relevant staff health issues.
- To liaise with clinical teams on the development of standards, audits and research.
- To provide an annual report to the Chief Executive following discussion with the Infection Prevention and Control Committee on the results of infection control programme indicating achievements and drawing attention to matters of concern
- To promote good infection prevention and control to ensure compliance with the Health Act 2006.

ROLE OF THE NURSE/MIDWIFE

- To comply with the UKCC Code of Professional Conduct
- To comply with the policies and guidelines in the Infection Prevention and Control Manual to ensure compliance with the Health Act 2008.

ROLE OF THE MEDICAL AND DENTAL STAFF

- To comply with policies and guidelines in the Infection Prevention and Control Manual to ensure compliance with the Health Act 2008.
- To comply with the General Medical Council on professional conduct.

Appendix A

Equality Impact Assessment Tool

To be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

| | | Yes/No | Comments |
|-----------|---|--------|----------|
| 1. | Does the policy/guidance affect one group less or more favourably than another on the basis of: | | |
| | • Race | No | |
| | • Ethnic origins (including gypsies and travellers) | No | |
| | • Nationality | No | |
| | • Gender | No | |
| | • Culture | No | |
| | • Religion or belief | No | |
| | • Sexual orientation including lesbian, gay and bisexual people | No | |
| | • Age | No | |
| | • Disability | No | |
| 2. | Is there any evidence that some groups are affected differently? | No | |
| 3. | If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable? | No | |
| 4. | Is the impact of the policy/guidance likely to be negative? | No | |
| 5. | If so can the impact be avoided? | N/a | |
| 6. | What alternatives are there to achieving the policy/guidance without the impact? | N/a | |
| 7. | Can we reduce the impact by taking different action? | N/a | |

If you have identified a potential discriminatory impact of this procedural document, please refer it to the Infection Prevention and Control Nurses ext 2630 together with any suggestions as to the action required to avoid/reduce this impact.

For advice in respect of answering the above questions, please contact the Infection Prevention and Control Nurses ext 2630.

Appendix B

Plan for Dissemination of Policy or Procedural Documents

To be completed and attached to any document which guides practice when submitted to the appropriate committee for consideration and approval.

| | | | |
|--|---|---|---|
| Title of document: | UHSM Infection Prevention and Control Policy Manual Index | | |
| Date finalised: | December 2009 | Dissemination lead: Print name and contact details | Head of Nursing, Infection Prevention and Control (X 2630) |
| Previous document already being used? | Yes | | |
| If yes, in what format and where? | Electronic on Trust Policy Website | | |
| Proposed action to retrieve out-of-date copies of the document: | Remove from Trust Policy Website and upload new document | | |
| To be disseminated to: | How will it be disseminated, who will do it and when? | Paper or Electronic | Comments |
| Clinical Managers | Series of awareness campaigns throughout December (e.g. Newsletters, Team Brief). | | Policy will be accessible via the FT intranet only from December 2009 |
| Non-clinical Managers | | | |
| Consultants | Disseminated at the Trust Infection Prevention and Control Committee | | |
| Executive Directors | | | |
| Senior Nurses | | | |
| Long term partners | Disseminated at Divisional IPC subcommittee meetings | | |

Dissemination Record - to be used once document is approved.

| | | | |
|---|---------------|--------------------------------|---------------|
| Date put on register / library of policy or procedural documents | December 2009 | Date due to be reviewed | December 2011 |
|---|---------------|--------------------------------|---------------|

| Disseminated to: (either directly or via meetings, etc) | Format (i.e. paper or electronic) | Date Disseminated | No. of Copies distributed | Contact Details / Comments |
|--|--|----------------------------------|----------------------------------|-----------------------------------|
| Awareness campaigns and via relevant meetings | Electronic and paper | Various throughout December 2009 | Approx 150 | |