

## H7 Policy for the Prevention and Control of Healthcare Associated Infections (HCAIs)

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### **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.

UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST

**VERSION CONTROL SCHEDULE**

<b>Version number</b>	<b>Issue Date</b>	<b>Revisions from previous issue</b>	<b>Date of approval by Committee</b>
V1.00	October 2007	Issued following launch of the Health Act by the DH	15 <sup>th</sup> October 2007
V2.00	March 2008	Numerous minor amendments to reflect requirements for NHSLA and Healthcare Commission unannounced inspections	27 March 2008
V2.1	March 2009	Numerous minor amendments made to reflect updated Health Act (2008)	18 <sup>th</sup> February 2009
V3.00	October 2009	Numerous minor amendments made to strengthen evidence of compliance with the health Act (2008). Recommendations following legal review August 2009 incorporated.	1 <sup>st</sup> November 2009

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## **H7 - Prevention and Control of Healthcare Associated Infections (HCAI)**

### **Introduction**

The University of South Manchester NHS Foundation Trust recognises the obligation placed upon it by The Health and Social Care Act 2008 – Code of Practice for the Prevention and Control of Health Care associated Infections and related guidance. 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.

The Care Quality Commission will assess compliance with the requirements set out in the Regulations set out in the Health and Social Care Act (2008), and failure to observe the Code may result in enforcement action by the Care Quality Commission and breach of the registration requirement.

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 Prevention and 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.

### **Purpose of the policy**

The aim of this policy and accompanying procedures and guidelines apply to all members of staff employed by the Trust, 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 prevention and control within the Trust and to define roles and responsibilities. It will also describe how staff members can access infection prevention and control advice.

**The Policy is set out below under the 4 main sections. These are:**

- **Management Arrangements for Prevention and Control of Infection**
- **Clinical Care Protocol**
- **Health Care Workers**
- **Policy dissemination, monitoring, evaluation and risk assessment.**

## 1.0 MANAGEMENT ARRANGEMENTS FOR PREVENTION AND CONTROL OF INFECTION

- Effective prevention and control of health care acquired infections (HCAIs) must be embedded into everyday practice applied consistently by everyone. This section details the management arrangements for the Prevention and Control of HCAI within University Hospital of South Manchester NHS Foundation Trust.
- Infection Prevention and Control is a fundamental component of the Trust's 'Towards 2015' Strategy and key element of the Safety programme which focuses on delivering safe and effective care to every patient every time in every service. Management arrangements for the Trust structure for infection prevention and control are included in the Trust Infection Prevention and Control Committee Annual Report.
- Within the Annual Report is the annual plan which contains clear objectives and identifies priorities for action including an audit programme. This is approved and monitored by the Trust Board, Risk Advisory Committee and Infection Prevention and Control Committee.
- Infection Prevention and Control is incorporated within the governance framework of the clinical Divisions through a divisional Infection Prevention and Control Committees. The key functions of these groups are;
  - To continue with the decontamination strategy within the trust.
  - To act upon surveillance information on alert organisms
  - To discuss untoward incidents of infection that have occurred within the Division including Meticillin Resistant *Staphylococcus aureus* (MRSA) bacteraemias/outbreaks of infection and monitor implementation of lessons learned.
  - To monitor the implementation and progress of the Divisional annual plan
  - To receive and action where necessary reports from the directorates.
  - To provide representation at the Trust Infection Prevention and Control Committee (IPCC).
  - Divisions will present progress against key performance indicators for infection prevention and control at monthly Trust-wide Infection Prevention and Control Performance meetings chaired by the Chief Executive.

### 1.1 Duties within the Organisation.

#### **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 Health and Social Care Act (2008).

#### **The Chief Executive and Board of Directors will:**

- Ensure there is a Board level agreement and accountability arrangements for infection prevention and control clearly defined within and throughout the organisation.

- Ensure there are effective management systems in place for the prevention and control of HCAI which are informed by risk assessments and analysis of infection incidents.
- Ensure that there are sufficient resources available to implement the infection prevention and control agenda, for example, ensuring the provision of adequate hand washing facilities and alcohol hand rubs.

## **The Chief Nurse on behalf of the Chief Executive will;**

- Ensure that there is an appropriated constituted and functioning Infection Prevention and Control Team.
- Provide resources and support for the Infection Prevention and Control Team (IPCT) and its activities.
- Review the formal arrangements for infection prevention and control as required.
- Ensures that there is an appropriate infection prevention and control committee (IPCC).
- Be responsible for the day-to-day management of infection prevention and control within the Trust.
- Will act as Chair person for the IPCC in the absence of the Chief Executive.

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

- Will be responsible for the Infection Prevention and Control Team within the Organisation
- Ensure that an annual infection prevention and control report is produced and circulated to the Trust Board and all managerial, medical and nursing leads.
- Ensure monthly reports are presented to the Trust Board.
- Ensure that an annual infection prevention and control plan is produced and approved by the IPCC.
- Reports directly to the Trust Chief Executive and the Trust Board on infection prevention and control issues.
- Oversees infection prevention and control policies and their implementation
- Be a full member of the ICT and regularly attend its infection prevention and control team meetings
- Have the authority to challenge inappropriate clinical practice and inappropriate antibiotic prescribing decisions.
- Assess the impact of all existing new policies on HCAI and make recommendations for change.
- Be an integral member of the organisation's clinical governance and patient safety arrangements.

## **The Infection Prevention and Control Team**

The Infection Prevention and Control Team provides an infection prevention and control service to the Trust, devises the infection prevention and control annual plan in conjunction with the DIPC and reports to the Infection Prevention and Control Committee and the Trust Board. Members of the Trust Infection Prevention and Control Team are listed below:

Head of Nursing, Infection Prevention and Control  
Infection Prevention and Control Doctor  
Infection Prevention and Control Nurse Team  
Consultant Microbiologists  
Audit and Surveillance Officer  
Antimicrobial Pharmacist  
Secretarial support

**Key Responsibilities of the Infection Prevention and Control Team:-**

- To provide 24 hour infection prevention advice to all grades of staff on the management of infected patients and other infection control problems.
- To provide education and training on the prevention and control of HCAs to all staff sharing our workplace
- To liaise with the Occupational Health Services on relevant staff health issues
- To liaise with clinical teams on the development of standards, audit and research
- Antimicrobial stewardship plays an important role in reduction of HCAI's. The Trust has an Antimicrobial Committee that serves to promote prudent antimicrobial use within the Trust? There is an Antimicrobial Strategy detailing specific objectives that aim to achieve this.
- To liaise with the UHSMs long term partners on issues relevant (equipment and supplies) to the prevention and control of infection within the Organisation

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

- Provide information and advice to all Trust staff, patients and relatives about the management and prevention of healthcare associated infection (HCAI)
- Produce and review all infection prevention and control policies and procedures, involving clinical teams as appropriate.
- Provide education and training in infection prevention and control for Health Care Workers (HCWs).
- Advise upon infection prevention and control audits in specific locations or services within the Trust and assist with findings/recommendations
- To continue to work alongside HCAI Audit Educators within divisions monitoring outcomes.
- To work with antimicrobial pharmacist at ward level and multi-disciplinary meetings.
- Participate in developing a programme of infection prevention and control audits at ward/departmental level.
- Review and analyse adverse incident reports relating to infection prevention and control and report these to the IPCC
- Assist Clinicians, Ward/department managers in undertaking root cause analysis of adverse incidents relating to infection prevention and control issues
- Work with Bed Managers to ensure appropriate placement of patients to minimise the risk of infection.
- Ensure the Trust participates in the national Cleanyourhands Campaign and alcohol hand rub is available at the point of care delivery.
- Liaise with Estates and Facilities management to ensure the provision of a clean, safe environment.

- Advise on estates issues in conjunction with the estates and facilities team and divisions to ensure there are adequate isolation facilities

## **The Director of Estates and Facilities on behalf of the Chief Operating Officer will:**

- Ensure the following actions are in place in order to minimise the risk of HCAI within the environment with liaison with the infection prevention and control team in accordance with the Health and Social Care Act 2008:
- Sodexo as part of the PFI concession agreement provides cleaning services for the environment. The physical environment is maintained and repaired by WS Atkins as part of the PFI agreement. Contracts are in place to limit the potential for HCAI and are subject to review by the Infection Prevention Team.
- Hold and monitor the PFI Concession Agreement using FT-employed monitoring officers in relation to the provision of soft and hard FM services.
- Ensure there are established cleaning schedules (publicly available) and agreed Planned Preventative Maintenance programmes in place, which form part of the PFI contract. Adherence to schedules and PPMs are monitored on an ongoing basis by both the PFI partners and the FT Monitoring Officers. Compliance to the schedules is monitored and reported on at the PFI Services Board, Chaired by SMHL.
- Ensure performance of the contracts are discussed at the PFI Services Board and reported to the FT Operational Board by the Director of Estates and Facilities.
- Ensures that appointed Project Managers for all new builds / refurbishment of existing facilities seek advice from the Infection Prevention and Control Team.
- Ensures the Infection Prevention and Control team input and advise on policies for the environment which include:

- Planned preventative maintenance
- Pest Control
- Legionella Policy
- Food Services
- Waste Management
- Air sampling

- Ensures the supply and provision of linen and laundry, through Sodexo complies with current Health service guidance (HSG (95) 18).

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

- Ensure that there are designated infection prevention and control leads that represent all areas of clinical practice within the Division.
- Oversee the application of this policy and associated procedures into their service.
- Provide appropriate additional resources during outbreaks of infection within their division.

- Ensure that infection prevention and control is recognised within the divisional governance structure.
- Provide assurance that infection prevention and control surveillance, policies, training and audits are being adhered to within their division.

## **Clinical Directors and Heads of Service will;**

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

## **Matrons will;**

- Liaise closely with their general managers, ward and department managers and the IPCT and other advisors to ensure the proactive prevention and control of infection as detailed in the relevant procedures.
- Review controls following incidents and day-to-day adherence to safe work systems.
- Be personally responsible for the delivery of a clean, safe care environment.

## **Ward and Departmental Managers will;**

- Ensure that infection prevention and control procedures are made known to all staff including agency and service providers and are implemented within their workplace.
- Ensure, via day to day supervision, safety inspection or incident investigation, or tasks involving risk of cross infection prevention and control are supervised effectively. Alternatively where the risk is calculated via the formula within Appendix 1 ensuring assessment and controls are undertaken.
- Be directly responsible for ensuring the cleanliness standards are maintained.

## **The Divisional Audit Educators for the prevention of HCAs will:**

- Be instrumental in the undertaking of Root Cause Analysis (RCA) of HCAI and interpret, identify trends, report themes and develop and monitor appropriate action plans.
- Contribute to the development of targeted training programmes and information packages and organise and participate in training events.
- Comply with and prioritise the Divisional HCAI Programme, in liaison with the Clinical Governance agenda, facilitating infection control related audits giving both technical and administrative advice and support to health care professionals in the development and implementation of their audit.
- Liaise with clinicians and managers to encourage multi-disciplinary input both within the Trust and with other key stakeholders.

## **All health care workers including all clinicians and PFI partner staff**

(who come into contact with the clinical environment)

- All staff are required to attend mandatory Trust Induction. All staff whose work exposes them to risks of infection must undertake annual update training in infection prevention and control. (See section C). All staff that undertake aseptic technique must be trained and assessed in Aseptic Non Touch Technique (ANTT).
- All staff are required to sign the Pledge to involve their commitment and give their support with all initiatives that promote good infection control practices.
- Comply with the infection prevention and control policies and procedures especially in relation to the Hand Hygiene Policy.
- Inform the IPCT about any patient requiring isolation.
- Inform the IPCT of suspected outbreaks of infection.
- Obtain advice from the Occupational Health Department if they have concerns about their risk of transmitting infection.
- Participate actively in auditing infection prevention and control procedures in their ward/ department including audit of high impact interventions.
- Report any adverse incidents relating to infection prevention and control within the Hospital Incident Reporting System (HIRS) and inform their manager

## 1.2 Decontamination

- The Trust has procured a Public-Private-Partnership sterile services vehicle in collaboration with Synergy from the private sector and Trafford, Christies and North Cheshire NHS Trusts. This is monitored by the Risk Advisory Committee and the service is compliant with quality system to ISO 9001/2000.
- The Director of Estates and facilities is the nominated executive lead for the Synergy collaborative.
- The Chief Nurse undertakes the executive lead for decontamination of re-useable medical equipment.
- There is a decontamination group that is a sub group of the Infection Prevention and Control Committee (see Terms of reference for decontamination Group Appendix 2).
- The decontamination group develops an annual report and programme.
- A representative of the Decontamination Group is a member of and reports to the Trust Infection Prevention and Control Committee (see IPCC Terms of reference)

## 1.3 Policy for the transfer of patients

The Trust Policy for admissions, transfers discharges and movement between departments and other healthcare facilities or service providers is available on the Trust Intranet. The Head of Nursing for Clinical Support maintains this policy.

## 1.4 Provision of information on HCAI to patients and the Public

- All leaflets and written information available for the public and patients of University Hospital of South Manchester NHS Foundation Trust are located on the Trust Infection Prevention and Control website and is also available as

appendices to the specific alert organism Policies (see Infection Prevention and Control Policy Manual Section 5). These are approved by the Trust Editorial Board and reviewed bi-annually. An annual audit of these is undertaken using patient satisfaction questionnaires and recommendations included.

- The Trust has a patient's/visitor's charter that is available on all wards.
- Information on the complaints procedure is available on the Infection Prevention and Control extranet site.
- The IPCT maintains its website to ensure it meets Freedom of Information requirements.

## 1.5 Laboratory Support

The Trust is supported by a service level agreement with the Health protection Agency to provide microbiology laboratory services which operates according to standards required for accreditation by the Clinical Pathology Accreditation (UK) Ltd.

The Trust has a policy for the surveillance of HCAI and standard operating procedures for the dealing and examination of specimens within the Pathology handbook.

## 2.0 CLINICAL CARE PROTOCOLS

### 2.1 Policies and Procedures

- Infection prevention and control policies and procedures are available on the Intranet via a Desktop icon on all Trust Pc's
- Policies and procedures will reflect relevant current legislation, published professional guidance and best practice.
- The policies and procedures will be produced in consultation with relevant professional groups within the Trust.
- The policies will be authorised by the Corporate Policies and Procedure Committee after being endorsed by the IPCC.
- The policies will be reviewed every two years, or sooner if legislation or guidelines change.
- Policies will be audited in accordance with Saving Lives (2006) and the Health and Social care Act (2008).

### Lists of the Core protocols are listed below;

- 1) Standard (Universal) Infection Prevention and Control (IPC) precautions:  
Hand Hygiene (*section 1. Trust IPC Policy Manual*)  
Protective Clothing (*section 1. Trust IPC Policy Manual*)  
Glove Policy (*section 1. Trust IPC Policy Manual*)
- 2) Aseptic Technique (\*ANTT visual aid programme available). (*Section 2. Trust IPC Policy Manual*)
- 3) Major Outbreaks of Communicable Infection (*section 5. Trust IPC Policy Manual*)
- 4) Isolation of Patients (*section 1. Trust IPC Policy Manual*)
- 5) Safe handling and Disposal of Sharps (*section 3. Trust IPC Policy Manual*)

- 6) Prevention of Occupational Exposure to BBV's and including prevention of sharps injuries (*section 3. Trust IPC Policy Manual*) See Also (*Occupational Health Policy*)
- 7) \*Management of Occupational Exposure to BBV's and Post Exposure Prophylaxis (*section 3. Trust IPC Policy Manual*) See Also (*Occupational Health Policy*)
- 8) \*Closure of wards, departments and premises to new admissions. Viral Gastroenteritis Policy (*section 5. Trust IPC Policy Manual*)  
Major Outbreaks of Communicable Infection (*section 5. Trust IPC Policy Manual*)
- 9) \*Disinfection Policy (*section 4. Trust IPC Policy Manual*)
- 10) Antimicrobial Prescribing. A copy of the antimicrobial prescribing Policy is available in the UHSM's application on all Desktop PC's in the Trust.
- 11) Reporting HCAI to the Health Protection Agency (HPA) as directed by the Department of Health Serious Untoward Infections (*Incident Reporting Policy Section 9*)
- 12) Control of Infections with specific alert organisms (Section 5):
  - a) \*Methicillin resistant Staphylococcus aureus (MRSA): There is an integrated care pathway for the management of patients with MRSA
  - b) \*Clostridium difficile Infection. There is an Integrated Care Pathway for Patients with known/suspected diarrhoeal infections.
  - c) \*Transmissible Spongiform Encephalopathies (TSE's)
  - d) \*Glycopeptide resistant enterococci (GRE/VRE)
  - e) \*Acinetobacter and other antibiotic resistant bacteria
  - f) \*Tuberculosis (including MDR TB)

\*Available in the IPC Policy Manual which can be found in the UHSM's application ICON on all Desktop PC's in the Trust.

## 2.2 Infection Prevention and Control (IPC) Audit

Regular monitoring of compliance with infection prevention and control policies will be reflected in the IPC annual audit programme. The annual audit programme will include;

- Audit of IPC key policies as defined within Saving Lives (2006) and the Health and Social care Act (2008)
- Audit of IPC policies on the management of patients with MRSA/Clostridium difficile
- Audit of Surveillance programmes for MRSA/Clostridium difficile infection (CDI)
- Programme of implementation of the High Impact Interventions (Saving Lives)
- Corporate /Divisional Action Plans Results and action plans from audit will be reviewed at divisional/corporate IPCC's as appropriate.
- Pharmacy Audits

## 2.3 Surveillance

- National mandatory surveillance and other appropriate monitoring of health care associated (HCAI) will be undertaken by the IPCT and surveillance

Officer. Surveillance officer will adhere to HCAI Surveillance policy and update.

- Surveillance officer will systematically collect analyse and interpret healthcare and mortality data essential to planning, implementation and evaluation of practice closely integrated with timely dissemination of this data to those who need to know.
- Results of surveillance of alert organisms and conditions will be fed back to Clinicians by the IPCT. This information will be used to ensure the early identification of outbreaks. Formal reports will be prepared by the IPCT and presented to the IPCC.
- The IPCT will work with the Divisions to ensure that patients presenting with an infection or who acquire an infection during their care are identified promptly and receive appropriate management and treatment to reduce the risk of transmission (e.g. MRSA, CDI).
- The IPCT will work with the Divisions to interpret and act upon surveillance data and provide analysis of infection incidents.
- The IPCT will work with divisions to ensure relevant patients are screened for MRSA and appropriate management of positive patients is undertaken.
- The Infection Prevention and Control Annual Plan include a section on surveillance, which is supported by UHSM Infection Prevention and Control Committee.
- The IPCT will report surveillance data to the Infection Prevention and Control Committee on a regular basis. The Infection Control annual report, which includes surveillance reports, is provided to UHSM Board.
- The IPCT will inform the Health Protection Agency of serious outbreaks of infection on the in-patient wards.
- The IPCT monitors, reports and audits alert organisms and conditions that meet regional and national requirements.
- The Trust continues to participate in the mandatory National Surgical Site Infection (SSIs) Surveillance scheme. Quarterly reporting of SSIs at UHSM is currently undertaken.
- Advancing Quality Prophylaxis: Advancing quality includes monitoring of antibiotic prophylaxis for coronary artery bypass graft patients.

## 2.4 Saving Lives Framework

- The Trust will make a formal assessment against the 'Saving Lives' 9 core duties on an annual basis. Assessment data will be used to develop the FTs balance score card.
- The Trust has signed up to the 'Saving Lives' framework. Clinical leads/Directors, Heads of Nursing, Matrons and Ward/Departmental Managers have taken 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 IPCC/ Clinical Governance structure and performance Review.

## 3.0 HEALTHCARE WORKERS

### 3.1 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.

## **3.2 Training & Education for Trust Employees**

### **Infection Prevention & Control Training for UHSM employees**

All Trust employees, both clinical and non-clinical, are required to undertake infection prevention & control training on an annual basis. Employees can either update by attending an IPC session at the One Stop Workshop or by undertaking the online course.

Employees who undertake aseptic technique as part of their role must be trained and assessed in Aseptic Non Touch Technique (ANTT) on an annual basis. This training is undertaken by Practiced Based Educators, Audit Educators and IPC Link Practitioners. This training is recorded divisionally and reported monthly to IPC sub-group meetings.

- Line Managers in each division will be responsible for ensuring all their employees attend IPC training on an annual basis.
- Employees are responsible for ensuring that they are up to date with all of their mandatory training to remain compliant.
- Records of attendance from the One Stop Workshop will be retained by the Learning & Development department for recording purposes.
- Online IPC completed assessments will be recorded by the Learning & Development department.
- All records for IPC training will be recorded on to the Oracle Learning Management System.
- Failure to attend or withdrawing from training will be reported by the Learning & Development to divisional managers on a monthly basis.
- Persistent failure to attend training will be escalated to General Managers by the Learning & Development department.
- Evidence of completion of IPC training is checked by line managers at appraisal.
- Members of the IPC Team will have their personal and professional development plans agreed.
- The IPC Team will produce information in the form of posters and leaflets.

- The IPC Team will undertake IPC training of all Trust employees at induction and on an ongoing basis which will include the feedback of audit results and examples of good practice.
- The e-learning package to support training in IPC will be evaluated and updated as required.

## **4.0 Policy dissemination, implementation and access**

- This Policy will be launched via members of the IPCC and cascaded to multi-professional staff across the organisation.
- The Policy will be available on the Trust Intranet site and global email notification shall be undertaken.
- The Trusts infection prevention and control communications campaign shall be used to ensure the policy is cascaded (these will include Team Brief, Message of the Day and Infection Prevention and Control Newsletters).

## **4.1 Monitoring, evaluation, review and assurance**

- This policy will be subject to review annually or more frequently if legislation or authoritative guidance changes.
- The IPCT will review and evaluate its activities and performance in line with the Health and Social Care Act (2008).
- This process will be monitored by the IPCC and Board of Directors meetings.
- Monthly reports will be developed and presented to the Board of Directors by the DIPC.
- Assurances will also be obtained by the completion of internal audits and external inspections by the Care Quality Commission and NHSLA

## **4.2 Risk Assessment**

Infection Prevention and Control risks are documented within the Trust risk register, identifying the risk to patients, steps needed to reduce those risk, necessary action plans and ongoing monitoring. This is in-line with the Trust Risk management policy.

## **References**

Health and Social Care Act (2008) DH Publications

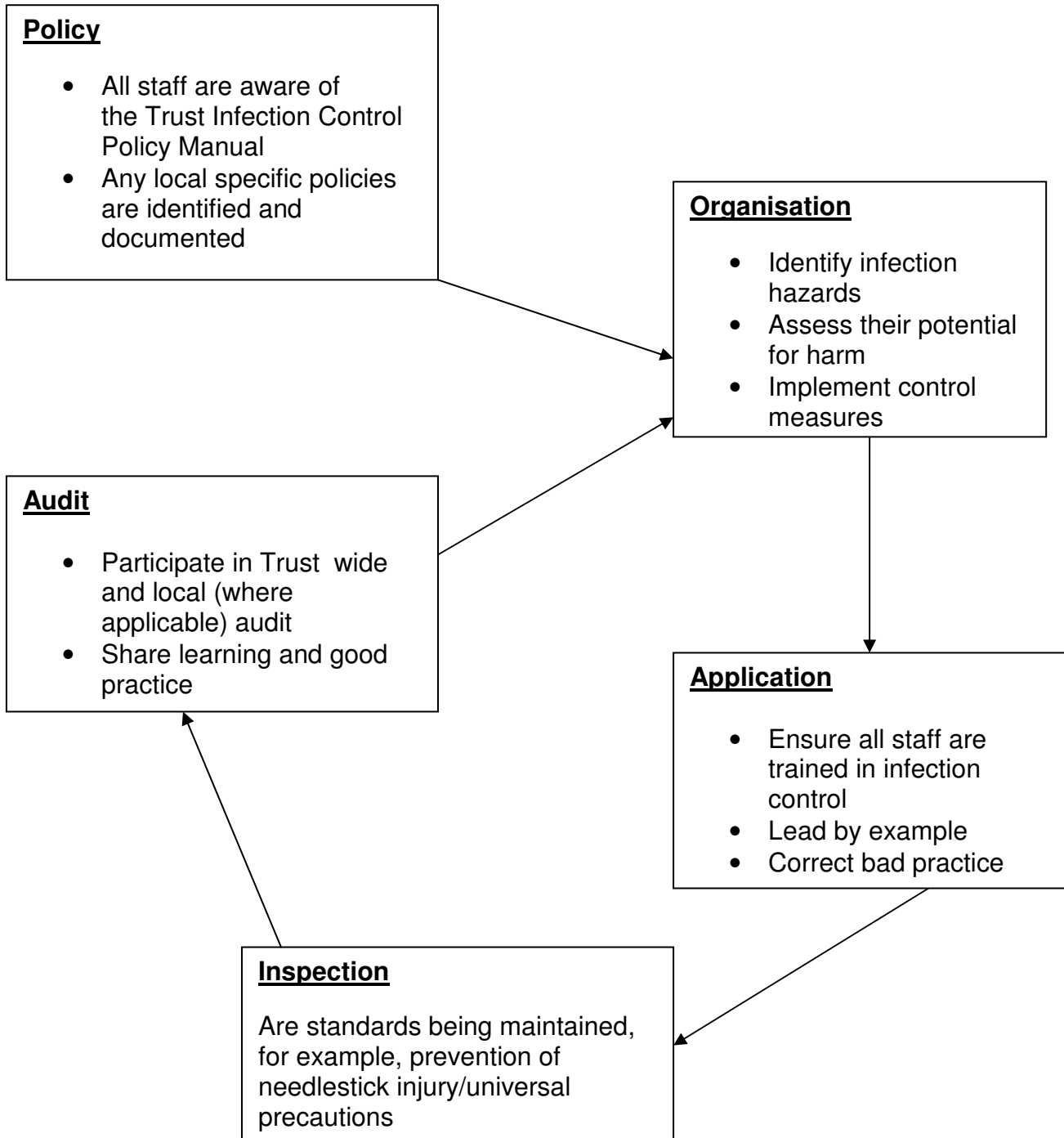
Saving Lives (revised 2007) Reducing infections, delivering clean and safe care. DH publications

## **Associated documentation**

Infection Prevention and Control policy manual (available on the Trust intranet)

Appendix 1

**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	<input type="checkbox"/>	Organisational	<input type="checkbox"/>	Financial	<input type="checkbox"/>

Explain existing controls

Adequacy of existing controls

- |            |                          |                                  |
|------------|--------------------------|----------------------------------|
| Closed     | <input type="checkbox"/> | <i>The risk no longer exists</i> |
| Adequate   | <input type="checkbox"/> | <i>Satisfactory level</i>        |
| Inadequate | <input type="checkbox"/> | <i>Further control needed</i>    |
| Unknown    | <input type="checkbox"/> | <i>Unable to quantify</i>        |

**6. Required or Additional Controls**

- |                                  |                          |                                 |
|----------------------------------|--------------------------|---------------------------------|
| Eliminate the hazard             | <input type="checkbox"/> | <i>Stop doing the task</i>      |
| Transfer the hazard              | <input type="checkbox"/> | <i>Pass it to someone else</i>  |
| Substitute a safer process       | <input type="checkbox"/> | <i>Change the technology</i>    |
| Engineer a solution              | <input type="checkbox"/> | <i>Keep people away from it</i> |
| Organise a safer system          | <input type="checkbox"/> | <i>Reduce numbers and time</i>  |
| Protect the individuals involved | <input type="checkbox"/> | <i>Wear safety gear</i>         |

Explain action proposed

7. *Residual Rating possible if above controls implemented*

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

**8. Assurance arrangements to ensure controls are maintained**

- |                     |                          |                  |                          |
|---------------------|--------------------------|------------------|--------------------------|
| Safety inspection   | <input type="checkbox"/> | Risk assessment  | <input type="checkbox"/> |
| Departmental review | <input type="checkbox"/> | Internal audit   | <input type="checkbox"/> |
| External audit      | <input type="checkbox"/> | Other (describe) | <input type="checkbox"/> |

Explain arrangement proposed

Review date

Review by

Job title

Decontamination Group  
**TERMS OF REFERENCE**

**1. Group Purpose**

The Decontamination Group is a sub-group of the Trust Infection Control Committee. The Decontamination Group reports to the Trust Infection Control Committee on progress of decontamination issues.

The Decontamination Group is authorised to formulate recommendations for Decontamination of re-useable medical devices (i.e. re-usable medical devices used during invasive procedures) and to convey these to the Trust Infection Control Committee.

**2. Group reporting arrangements**

The Group is authorised by the Chief Nurse and will convey its recommendations and views to the Trust Infection Control Committee annually in a report compiled by the Chairperson of the Decontamination Group.

The Executive lead with responsibility for Decontamination is the Chief Nurse who is the vice chairperson of the Infection Control Committee and who reports Decontamination matters to the Trust Board.

The Chair Person of the Decontamination Group reports regularly to the Chief Nurse and directly on urgent matters of concern.

The Infection Control Nurse Consultant is a member of the Decontamination Group and a member of the Risk Advisory Committee and report/advise on decontamination issues within the Trust.

The Infection Control Committee receives reports from the chairperson of the Decontamination Infection Control Team six times a year. These reports may be verbal or written.

Reports may also be received from the following sources intermittently throughout the year. These reports may be verbal or written

- The Divisions
- The North West Sterile Services Providers Group
- Patients Forum

**3. Group Activities**

- To ensure all decontamination policies, procedures and guidelines relevant to the decontamination of re-useable medical devices (out with those devices re-processed through Sterile Services), are in place, relevant and up to date.
- To collaborate with Divisions and the Infection Control Team to develop the annual decontamination programme and monitor its progress
- To consider reports on decontamination and decontamination problems

- To draw the attention of the Chief Nurse, either through the Infection Control Committee or if necessary directly, to any serious problems or hazards relating to decontamination of re-useable devices.
- Members will disseminate relevant information to their clinical areas

## 4. Decontamination Group meetings

### 4.1 Frequency

The Decontamination Group will meet bi-monthly.

### 4.2 Quorum and deputies or substitutes

A quorum will consist of four members of the group. Where a member is unable to attend, deputies are permitted.

### 4.3 Agenda

*The Chair person will be responsible for the compilation of an agenda prior to each meeting. The agenda will indicate the expected time to be spent in discussion of each item and whether a recommendation or discussion is sought for each item. Items for inclusion on the agenda should be supplied to Group members four days prior to the scheduled meeting date.*

### 4.4 Minutes

A record of the discussions and decisions of the Decontamination Group will be compiled and signed by the Chair of the Group.

The record will be made available at the Infection Control website and will be circulated to Group members.

## 5. Roles of Members

- To actively contribute to the work of the Group.
- To attend the majority of meetings.
- To represent and seek the views of the staff group or function the members represent, reporting as appropriate to that group or function.

## 6. Group Membership

The Group Chairperson is the General Manager, Clinical Support Services.

## 7. Other members of the Group are:

- Directorate Manager, CSS – Decontamination Lead
- Infection Control Matron
- Infection Control Doctor
- Chair of Medical Devices Committee
- Risk Manager
- Clinical Risk
- North West Sterile Services Providers
- Decontamination Lead, WCH
- Cardiac Theatres
- Acute Theatres

## 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.	<b>Does the policy/guidance affect one group less or more favourably than another on the basis of:</b>		
	• 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.	<b>Is there any evidence that some groups are affected differently?</b>	No	
3.	<b>If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?</b>	No	
4.	<b>Is the impact of the policy/guidance likely to be negative?</b>	No	
5.	<b>If so can the impact be avoided?</b>	N/a	
6.	<b>What alternatives are there to achieving the policy/guidance without the impact?</b>	N/a	
7.	<b>Can we reduce the impact by taking different action?</b>	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.

**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.

<b>Title of document:</b>	UHSM Infection Prevention and Control Policy Manual Index		
<b>Date finalised:</b>	December 2009	<b>Dissemination lead: Print name and contact details</b>	Head of Nursing, Infection Prevention and Control (X 2630)
<b>Previous document already being used?</b>	<b>Yes</b>		
<b>If yes, in what format and where?</b>	Electronic on Trust Policy Website		
<b>Proposed action to retrieve out-of-date copies of the document:</b>	Remove from Trust Policy Website and upload new document		
<b>To be disseminated to:</b>	<b>How will it be disseminated, who will do it and when?</b>	<b>Paper or Electronic</b>	<b>Comments</b>
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.**

<b>Date put on register / library of policy or procedural documents</b>	December 2009	<b>Date due to be reviewed</b>	December 2011
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<b>Disseminated to: (either directly or via meetings, etc)</b>	<b>Format (i.e. paper or electronic)</b>	<b>Date Disseminated</b>	<b>No. of Copies distributed</b>	<b>Contact Details / Comments</b>
Awareness campaigns and via relevant meetings	Electronic and paper	Various throughout December 2009	Approx 150	