

Infection Prevention and Control Policy

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Author:	Karen Taylor
Responsible Director:	Dr Michael Holland
Responsible Committee:	Infection Control Committee
Target Audience:	All South London and Maudsley NHS Foundation Trust Staff
Review Date:	November 2018

Equality Impact Assessment	Assessor: Macius Kurowski	Date: 14/9/16
HRA Impact Assessment	Assessor: Tony Konzon	Date: 26/9/16

Document History

Version Control

Version No.	Date	Summary of Changes	Major (must go to an exec meeting) or minor changes	Author
1.	Nov 2014		First version of the policy	Karen Taylor
2.	Nov 2016		Minor changes	Karen Taylor

Consultation

Stakeholder/Committee/ Group Consulted	Date	Changes Made as a Result of Consultation
Infection Control Committee	July 2016	System of reporting failures in medical devices to the Trust Medical Devices Officer

Plan for Dissemination of Policy

Audience(s)	Dissemination Method	Paper or Electronic	Person Responsible
	SLAM Intranet	Electronic	Karen Taylor

Key changes to policy:

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Contents

Section		Page
1.	INTRODUCTION	4
2.	PURPOSE AND SCOPE OF THE POLICY	4
3.	SUMMARY OF THE DEVELOPMENT OF THE POLICY	4
4.	ROLES AND RESPONSIBILITIES	4
5.	IMPLEMENTATION OF POLICY, INCLUDING DISSEMINATION AND TRAINING	6
6.	MONITORING COMPLIANCE	7
7.	ASSOCIATED DOCUMENTATION	8
8.	REFERENCES	10
APPENDICES		
	APPENDIX 1: LIST OF CORE CLINICAL CARE GUIDELINES	11
	APPENDIX 2: EQUALITIES IMPACT ASSESSMENT SUMMARY	13
	APPENDIX 3: HUMAN RIGHTS ASSESSMENT	16

1. Introduction

South London and Maudsley NHS Foundation Trust supports the principle that infections should be prevented wherever possible and that effective systematic arrangements for the surveillance, prevention and control of infection are provided within the trust.

2. Purpose and Scope of the Policy

This policy and the accompanying core clinical care guidelines [See Appendix 1] are designed to outline the principles and responsibilities associated with the prevention and control of infection in the health care setting.

South London and Maudsley NHS Foundation Trust supports the framework of community infection control, and relevant national and local standards.

This policy and the accompanying procedures and guidelines apply to all members of staff employed by the Trust, including agency and bank staff contracted by the Trust.

All adjustments to infection control arrangements must be approved and assessed by the Director of Prevention and Control of Infection (DIPC), Medical and Nursing Directors in consultation with appropriate Medical, Nursing, Professions Allied to Medicine and other Clinical Staff.

3. Summary of the Development of the Policy

The previous South London and Maudsley NHS Foundation Trust policies have been reviewed by the Infection Control Team [IC Team]. The policy has been reviewed in line with key UK and European legislation and Regulations relevant to the effective management of infection-related risks.

4. Roles and Responsibilities

4.1 Chief Executive and the Trust Board of Directors

- Ensure that there are effective arrangements in place to reduce the risk of healthcare associated infection and communicable diseases within the Trust.
- Understand the Trust's improvement programme and review and agree the action plan to ensure compliance.
- Monitor monthly MRSA bacteraemia, MRSA acquisitions and cases of *C.Difficile*.

4.2 Director of Infection, Prevention and Control (DIPC)

- The Medical Director is the designated Director of Infection prevention and Control as outlined within the Health Act 2009.
- The DIPC provides Trust wide leadership and performance management for the programme of activities to support a reduction in HCAI.
- The DIPC oversees and assesses the impact of infection control policies.
- Keep the Trust Board of Directors both up to date on infection prevention and control activity and provide assurance around the infection control programme of activities.
- The Trust Board via the Quality Sub Committee [QSC], receives a monthly quarterly and annual report from the DIPC on recent outbreaks of HCAI and matters related to prevention and control.
- Manages the Infection Control Nurses.
- Has responsibility for assuring standards of cleanliness across the Trust.

4.3 Infection Control Team

The ICT consists of the Infection Control Doctor at Kings College hospital, Assistant Director of Nursing, Infection Control and Infection Control Nurse.

The role of the Team is to:

- Provide a 24 hour service and telephone help-line
- Provide effective clinical leadership to the Trust to ensure compliance with infection control policies
- Monitor compliance with infection control policies and standards
- Take corrective action to improve standards that fall below acceptable level
- Monitor and identify HCAI, ensuring alert mechanisms are in place and that appropriate actions are enacted
- Provide expert advice to clinical staff on caring for patients with, or at risk of HCAI
- Build effective working relationships with all staff to provide excellent infection prevention & control practice
- Provide up to date surveillance data
- Liaise with colleagues in the Acute Trusts in the Kings Health Partners AHSC on matters relevant to infection control

4.4 Clinical Academic Groups [CAGs]

- Details of infection control activities, including the results of the IC Dashboard to be discussed and action at monthly performance meetings
- Performance manage individuals who do not adhere to the infection control policies
- Ensure all staff within the CAGs have infection prevention and control as a personal objective

4.5 Ward Managers / Team Leaders

- Ensure all staff adhere to IC policies and know when to escalate for help and support
- Participate in a Post Infection Review [PIR] for cases of MRSA bacteraemia or other conditions or concerns
- Participate in and know the outcome of the environmental audits and what actions are being taken

4.6 Heads of Nursing, Modern Matrons / Clinical Service Leads

- Are responsible for developing systems to facilitate the implementation of established infection prevention and control procedures
- Monitor compliance with infection prevention and control practices
- Are responsible for establishing a cleanliness culture across their areas of responsibility and ensure high levels of cleanliness throughout the organisation
- Promptly escalate to the CAG Team areas of concern or where help and support is needed
- Ensure action plans to address shortfalls on environmental audits are instigated.
- To attend quarterly Infection Control Committee

4.7 All staff

- It is the responsibility of each individual health care worker to comply with the requirements of this policy and the accompanying procedures and guidelines.
- As part of the Health Act, job descriptions state that it is the policy of South London and Maudsley NHS Foundation Trust to encourage the individual responsibility of all employees to comply with the prevention and control of infection applying to the safe provision of health care.

Information is available to service users and the public about organisations, general processes and arrangements for preventing & controlling health care acquired infections in the Annual Infection Control programme.

All South London and Maudsley NHS Foundation Trust services and departments will

ensure that appropriate procedures and protocols are in place and are followed in order to address the following infection control issues:

- Appropriate antimicrobial prescribing
- Clinical procedures
- Disposal of clinical waste
- Infectious Outbreak control
- Isolation of infected patients
- Staff protection and infection risk
- The care of high risk patients e.g. those who are immuno-suppressed
- Communicable diseases control
- Sterilisation and disinfection
- Hotel services (housekeeping, laundry and food hygiene)
- Last offices
- Implementation of Policy

5. Implementation of Policy, including Dissemination and Training

Following ratification by the Infection Control Committee, the policy and accompanying core clinical care guidelines will be placed on the Infection Control website.

All Ward Managers, Heads of Nursing, Modern Matrons and Senior Medical staff will be informed when the policies have been reviewed and ratified.

The Training needs Analysis has been agreed by the Education and Training Department and is available on the Infection Control and Education and Training websites:

<http://sites.intranet.slam.nhs.uk/nursing/Nursing%20Directorate%20Pages/Infection%20Control.aspx>

Trust staff receive education and training on issues contained in the policy at induction and on a regular basis either centrally or locally. The National 'e' learning programme has been rolled out to all Inpatient areas. The ICT will monitor uptake.

Mandatory training on Standard Infection Control Precautions, including hand hygiene and needle stick injury is included in the Fire training sessions. Information is available in the Trust Education and Training brochure

The Infection Control website is updated on a regular basis and is responsive to current Infection Control issues and initiatives:

<http://sites.intranet.slam.nhs.uk/infectioncontrol/Standards%20for%20Better%20Health%20Evidence/Forms/AllItems.aspx>

A newsletter featuring educational issues is also distributed quarterly throughout the Trust. Ward and departmental managers can arrange education and training by contacting the ICT.

6. Monitoring Compliance

What will be monitored i.e. measurable policy objective	Method of Monitoring	Monitoring frequency	Position responsible for performing the monitoring/ performing co-ordinating	Group(s)/committee (s) monitoring is reported to, inc responsibility for action plans and changes in practice as a result
Duties	Audit	Annual	Assistant Director of Nursing: Infection Control	Infection Control committee
How the organisation records that all permanent staff complete hand hygiene training in line with the training needs analysis	Audit	Annual	Deputy Director of Education & Training	Education & Training Committee
How the organisation follows up those who do not complete hand hygiene training	Audit	Annual	Deputy Director of Education & Training	Education & Training Committee
Action to be taken in the event of persistent non-attendance	Audit	Annual	Deputy Director of Education & Training	Education & Training Committee

7. Associated Documentation

Hand Hygiene.

The Trust ensures that all identified permanent staff attend hand hygiene training by the processes outlined in the Education and Training policy. The Trust's Education and Training committee (ETC) takes responsibility for overseeing attendance at Tier 1, 2 and 3 Training. (This includes the Hand Hygiene Training at Tier 1.) The ETC will consider attendance as well as negative reporting and provide reports of both attendance and non-attendance. CAG Directors are responsible for ensuring the follow through action from data provided on attendance and non-attendance (negative reporting) provided for their staff and the uptake of required training. This is monitored in local CAG meetings and CEOPMR. The ETC will consider thresholds when service areas training levels do not meet expected levels and escalating this to the Trust executive, with recommendations.

The ICT Activity Report to the IC Committee and CEO Performance Review includes information on training uptake.

Inoculation Incidents.

All inoculation incidents must be entered and completed using Datix the online incident reporting tool which is in line with the Trust Incident Reporting Policy. The name of the patient from which the sharp/body fluid exposure came from should be included.

The patient safety team notifies the ICT of all needle stick injuries as and when they occur, who carry out a review to identify any shortcomings and training issues.

Inoculation incidents (Needlestick injuries) where appropriate are RIDDOR reportable, each incident is reviewed by the CAG Health & Safety Advisor to determine the level of reporting required.

If there is a suspected failure in a medical device then this is to be reported direct to the Trust Medical Devices Officer, who is responsible for reporting such failures to the Medicines and Healthcare Regulatory Agency (MHRA), these incidents will also be reported to the Trust Medical Devices Committee.

The Occupational Health and Welfare department will also raise a report to the Health & Safety Risk Manager if any staff have accessed their services as a result of an inoculation incident (Needlestick injury). This will be followed up by either the Health & Safety Risk Manager or the CAG Health & Safety Adviser.

Infection Control Assurance Framework.

The Trust has an assurance framework that demonstrates that infection control is an integral part of Clinical and Corporate Governance.

These activities include:

- This includes a review of statistics on incidence of alert organisms (e.g. MRSA, *Clostridium difficile*) and conditions, outbreaks and Serious Untoward Incidents. The reports also outline the appropriate actions that were taken to deal with infection occurrences. This is monitored in Annual and 3 Monthly reports from the DIPC and ICT to the Quality Sub Committee and up to the Trust Board of Directors and reports to the ICC.
- The ICT develop an annual audit programme to ensure that policies have been implemented. The monitoring of progress with the programme is recorded in a three

monthly report forwarded to the Quality Sub Committee. The findings of the audits are fed back to key staff and the ICT will follow up the action plans to address any critical issues identified during the audits. CAG Heads of Nursing are informed of audit findings through the ICC reports and through meetings with the Assistant Director of Nursing for Infection Control.

Included in the programme are the quarterly audits carried out by the Ward Managers and MM on hand hygiene, commode and decontamination of patient equipment. The results of the audits for each ward are included in an Infection Control dashboard.

8. References

There are key UK and European Legislation and Regulations relevant to the effective management of infection-related risks both in hospital and the community. They identify the expected behaviour of those responsible for the management of infection control issues as well as that of individuals providing health care services to others. Whilst not an exhaustive list, the following are the major pieces of legislation and regulation:

- 8.1 **Health Protection (Notification) Regulations 2010** outlines the diseases, which should be considered under the Act and the individuals who have specific responsibilities to ensure compliance with the legislation.
- 8.2 **Food Safety Act 1990** is legislation relating to the safe preparation and provision of food.
- 8.3 **Food Safety (General Food Hygiene) Regulations 1995** outlines the hazards associated with preparing food for others and the appropriate methods used to ensure the safety of food
- 8.4 **Food Safety (Temperature Control) 2006** identifies the temperatures required to ensure safe food during storage, preparation and service of food.
- 8.5 **Environmental Protection Act 1990** outlines the standards for controlling the environment and preventing pollution.
- 8.6 **Controlled Waste [Amendment] Regulations, England and Wales 2012 ~~1993~~** gives guidance on the safe management of controlled and hazardous waste.
- 8.7 **Environmental Protection (Duty of Care) Act 1991** outlines the responsibilities of individuals and organisations to ensure a safe environment for all.
- 8.8 **Health & Safety at Work Act 1974** places a responsibility on the Trust to ensure the safety and physical/mental health of its employees. Accordingly, the Trust has a potential obligation to investigate and take appropriate action with all matters that may affect the well being of its staff.
- 8.9 **The Control of Substances Hazardous to Health Regulations 2004** also places a responsibility on the Trust to identify, assess the risk of and manage the safe handling of risk substances used by the Trust staff, this includes microbiological risks.
- 8.10 **Consumer Protection Act 1987 and the General Product Safety Regulations 2005** which outline a responsibility to ensure products used by Trust staff, in the care of clients, are safe.
- 8.11 **The Health Act – Code of Practice for the Prevention and control of Health Care Acquired Infection (HCAI) 2009 [Updated 2015]** helps NHS bodies to plan and implement how they can prevent and control HCAI. It set criteria by which managers of NHS organisation are to ensure that patients are cared for in a clean environment and where the risk of health care associated infections is kept as low as possible.

9. Freedom of Information Act 2000

All Trust policies are public documents. They will be listed on the Trusts FOI document schedule and may be requested by any member of the public under the Freedom of Information Act (2000).

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APPENDIX 1:**LIST OF CORE CLINICAL CARE GUIDELINES**

Guideline No.	
2	The Control of Communicable Disease
3	Reporting of Infectious Disease
4	Recognition and Control of an Outbreak of Infection
5	Management of Diagnosed/Suspected Infection in Health Care Staff
6	Vaccination Programme for Staff
7	Collection of Specimens for Microbial Investigation
8	Principles of Antibiotic prescribing
9	Principles of Infection Control
10	Standard Infection Control Practice
11	Hand Hygiene
12	Bacterial Meningitis
13	Ectoparasitic Infection (Head lice, Scabies etc)
14	Management of Influenza
15	Methicillin Resistant <i>Staphylococcus Aureus</i> (MRSA)
16	Mycobacterial Infections (TB etc)
17	Management of Diarrhoea and Vomiting
18	Pneumococcal Disease
19	Varicella Zoster Virus (Chicken Pox & Shingles)
20	Transmissible Spongiform Encephalopathy, TSE, CJD, GSS, etc.
21	The care of patients with diagnosed or suspected Bloodborne Virus infection
22	Isolation of infected patients
23	Isolation of patients that are at risk of infection.
24	Last Offices for Infected Bodies
25	Prevention and/or Control of Legionnaires Disease
26	Consequences of Reprocessing and Re-use of Single-Use Medical Devices
27	Decontamination of Healthcare Equipment

28	Management of Spills/Contamination of the Environment
29	Safe Handling & Disposal of Sharps
30	Management of incidents involving needlestick injuries and blood or body fluid splashesy Fluids management
31	Opening, transfer or closure of wards
32	Domestic Services
33	Management of Laundry
34	Management of Waste (including Clinical Waste)
35	Pest Control
36	Pets in Clinical Practice
37	Urinary catheters
38	Clostridium difficile
39	Aseptic technique
40	Carbapenemase – producing enterobacteriaceae [CPE]

APPENDIX 2:

PART 1: Equality relevance checklist

The following questions can help you to determine whether the policy, function or service development is relevant to equality, discrimination or good relations:

- Does it affect service users, employees or the wider community? Note: relevance depends not just on the number of those affected but on the significance of the impact on them.
- Is it likely to affect people with any of the protected characteristics (see below) differently?
- Is it a major change significantly affecting how functions are delivered?
- Will it have a significant impact on how the organisation operates in terms of equality, discrimination or good relations?
- Does it relate to functions that are important to people with particular protected characteristics or to an area with known inequalities, discrimination or prejudice?
- Does it relate to any of the following 2013-16 equality objectives that SLaM has set?
 1. All SLaM service users have a say in the care they get
 2. SLaM staff treat all service users and carers well and help service users to achieve the goals they set for their recovery
 3. All service users feel safe in SLaM services
 4. Roll-out and embed the Trust's Five Commitments for all staff
 5. Show leadership on equality through our communication and behaviour

Name of the policy or service development: Infection Control Policy								
Is the policy or service development relevant to equality, discrimination or good relations for people with protected characteristics below?								
Please select yes or no for each protected characteristic below								
Age	Disability	Gender re-assignment	Pregnancy & Maternity	Race	Religion and Belief	Sex	Sexual Orientation	Marriage & Civil Partnership <i>(Only if considering employment issues)</i>
Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	N/A
If yes to any, please complete Part 2: Equality Impact Assessment								
If not relevant to any please state why:								

Date completed:

Name of person completing: Karen Taylor, Assistant Director of Nursing

Service / Department: Corporate & Medical

PART 2: Equality Impact Assessment

1. Name of policy or service development being assessed?

Infection Prevention and Control policy

2. Name of lead person responsible for the policy or service development?

Karen Taylor, Assistant Director of Nursing

3. Describe the policy or service development

What is its main aim?

To outline principles and responsibilities associated with the prevention and control of infection.

What are its objectives and intended outcomes?

To prevent and control the transmission of infection control amongst patients, staff and visitors.

What are the main changes being made?

Minor: Inclusion of the new role of the Medical Devices Officer.

What is the timetable for its development and implementation?

The policy is to be ratified at the next IC Committee and then circulated to key Trust individuals in November 2016.

4. What evidence have you considered to understand the impact of the policy or service development on people with different protected characteristics?

Surveillance data presented in various reports presented internally and externally.

Frequent audits focussing on clinical practice to ensure compliance with IC standards.

5. Have you explained, consulted or involved people who might be affected by the policy or service development?

N/A

6. Does the evidence you have considered suggest that the policy or service development could have a potentially positive or negative impact on equality, discrimination or good relations for people with protected characteristics?

Age

Positive impact: Yes

Negative impact: No

Please summarise potential impacts:

Disability

Positive impact: Yes

Negative impact: No

Please summarise potential impacts:

Gender re-assignment

Positive impact: Yes

Negative impact: No

Please summarise potential impacts:		
Race	Positive impact: Yes	Negative impact: No
Please summarise potential impacts:		
Pregnancy & Maternity	Positive impact: Yes	Negative impact: No
Please summarise potential impacts:		
Religion and Belief	Positive impact: Yes	Negative impact: No
Please summarise potential impacts:		
Sex	Positive impact: Yes	Negative impact: No
Please summarise potential impacts:		
Sexual Orientation	Positive impact: Yes	Negative impact: No
Please summarise potential impacts:		
Marriage & Civil Partnership <i>(Only if considering employment issues)</i>	Positive impact: N/A	Negative impact: N/A
Please summarise potential impacts:		
Other (e.g. Carers)	Positive impact: Yes	Negative impact: Yes or No
Please summarise potential impacts:		

PART 3: Equality Impact Assessment Action Plan

Potential impact:

To review the impact when the policy is being reviewed in 2018

Proposed actions:

To review the EI Assessment with future policy review

Date completed: 14.09.16

Name of person completing: Karen Taylor

Service / Department: Corporate & Medical

CAG: Trust wide

APPENDIX 3

Human Rights Assessment

To be completed and attached to any procedural document when submitted to an appropriate committee for consideration and approval. If any potential infringements of Human Rights are identified, i.e. by answering Yes to any of the sections below, note them in the Comments box and then refer the documents to SLAM Legal Services for further review.

HRA Act 1998 Impact Assessment	Yes/No	If Yes, add relevant comments
The Human Rights Act allows for the following relevant rights listed below. Does the policy/guidance NEGATIVELY affect any of these rights?	No	
Article 2 - Right to Life [Resuscitation /experimental treatments, care of at risk patients]	No	
Article 3 - Freedom from torture, inhumane or degrading treatment or punishment [physical & mental wellbeing - potentially this could apply to some forms of treatment or patient management]	No	
Article 5 – Right to Liberty and security of persons i.e. freedom from detention unless justified in law e.g. detained under the Mental Health Act [Safeguarding issues]	No	
Article 6 – Right to a Fair Trial, public hearing before an independent and impartial tribunal within a reasonable time [complaints/grievances]	No	
Article 8 – Respect for Private and Family Life, home and correspondence / all other communications [right to choose, right to bodily integrity i.e. consent to treatment, Restrictions on visitors, Disclosure issues]	No	
Article 9 - Freedom of thought, conscience and religion [Drugging patients, Religious and language issues]	No	
Article 10 - Freedom of expression and to receive and impart information and ideas without interference. [withholding information]	No	
Article 11 - Freedom of assembly and association	No	
Article 14 - Freedom from all discrimination	No	

Name of person completing the Initial HRA Assessment:	Karen Taylor
Date:	1/9/16
Person in Legal Services completing the further HRA Assessment (if required):	Tony Konzon – Claims and Litigation Manager
Date:	