INFECTION PREVENTION AND CONTROL POLICY OVERVIEW

Document Summary

To ensure staff fully understand how infection prevention and control is managed, supported and delivered to assist the reduction of healthcare associated infection.

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| ACCOUNTABLE DIRECTOR | Director of Operations and Executive Nurse  
|                     | Director of Infection Prevention and Control |
| POLICY AUTHOR    | Professional Lead for Infection Prevention and Nursing |

Important Note:
The Intranet version of this document is the only version that is maintained.

Any printed copies should therefore be viewed as “uncontrolled” and, as such, may not necessarily contain the latest updates and amendments.
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1 SCOPE

This policy outlines the Trusts approach to the Broad and complex issues relating to infection prevention and control. The policy describes the principles of infection control which have been adopted by the Trust. It applies to all areas in the Trust and it is to be adhered to by all staff members. It is important to minimise the risk of spread of infection to service users and staff.

2 INTRODUCTION

Cumbria Partnership NHS Foundation Trust is committed to improving the quality of care throughout the Trust and promoting high standards of infection prevention and control practice. The purpose of this policy is to summarize how the Trust will;

- Provide practical advice on Infection Control issues.
- Promote a safe environment for patients and staff.
- Minimize the incidence of Health Care Acquired Infections (HCAI).
- Prevent cross-infection.
- Provide timely information about a range of common and important infectious diseases.
- Be relevant and easy to use.

All staff are required to possess an appropriate awareness of their role in the prevention and contamination of Infection Control in their area of work. Prevention and control of infection is not only part of their professional duty of care for patients/patient/service user/clients but also to themselves, others and members of staff under the Health and Safety at Work Act (1974).

3 STATEMENT OF INTENT

For many years the Trust has recognised that HCAI pose significant risks to both patient/service user/clients and staff. In order to minimise these risks in a reasonably efficient manner the Trust has a formal structure for infection control. This aims to ensure that problems are identified and brought to the attention of those responsible for managing services or individual patient/service user/clients. If any action is deemed necessary, advice will be offered on the most suitable approach. Historically, infection control was based in the departments of microbiology and nursing, with oversight by an infection control committee constituted within the medical advisory machinery. Over the past few years, however, the emphasis has changed. Whilst operational responsibility still lies with microbiologists and infection control nurses, corporate responsibility lies with the Chief Executive and Trust Board Management systems within the sphere of clinical governance.
Responsibilities do not merely lie within clinical governance; but all staff at all times. However, the Trust’s has a statutory obligation as set out in the health and safety at work legislation to ensure the microbiological safety of the hospital environment. The Control of Substances Hazardous to Health (COSHH) regulations includes pathogenic micro-organisms as one of the hazards that require formal risk assessments and management procedures.

This document sets out the framework for the control of infection within the Cumbria Partnership NHS Foundation Trust. Central guidance has been issued by the Department of Health in 1995 under HSG (95). However this has been largely superseded by several other Department of Health publications, the most significant of which are:-

- Trust performance in Infection Control is assessed by the Health Care Commission against the Health Act 2008 and by the NHS Litigation Authority.

4 DEFINITIONS

Health Care acquired infections (HCIA)

An infection acquired whilst a patient/client/service user is being cared for by Trust Staff.

Infection Prevention and Control Team

The team of staff that support the delivery of the infection prevention and control Service Plan, Strategy and provide assurance to the Trust Board.

Occupational Health Department (OHD)

Provides a service to employed staff. ATOS Health Care and Team Prevent are the Trusts provider of staff occupational health services.
Meticillin Resistant Staphylococcus Aureus (MRSA)

Bacteria resistant to some antibiotics.

5 DUTIES

The Chief Executive

The Chief Executive is responsible for ensuring that there are effective arrangements for Infection Prevention and Control within the Trust. This includes determining the mechanisms by which the Board ensures that adequate resources are available to secure effective prevention and control of HCAI, to include identification on the assurance framework, Infection Control programme and Infection Control infrastructure. The Chief Executive and the Board has an overall responsibility for minimising the risk of healthcare associated infection. Their responsibility also includes mandatory reporting of all MRSA bacteraemia and all cases of Clostridium difficile infection in patients aged 2 years or older to the Health Protection Agency. They are also responsible for reporting all Serious Untoward Incidents.

Board of Directors

The Board of Directors are responsible for the endorsement of the Annual Infection Prevention and Control Service Plan. Also for the establishment of an agreement outlining the Boards collective responsibility for minimising the risks of infection and the general means by which it prevents and controls such risks. This includes the designation of the Director that is the Deputy Chief Executive as lead for INFECTION PREVENTION AND CONTROL directly accountable to the Board of Directors.

Director of Infection Prevention and Control (DIPC)

The DIPC is responsible for the Infection Prevention and Control Team within the Trust, oversees local Infection Prevention and Control policies and their implementation, reports directly to the Chief Executive and the Board of Directors quarterly and as required, Produces an annual report on the state of HCAI in the Trust and presents it to the Board of Directors, and releases it publically. The post is an integral part of the Trusts Clinical Governance and patient/service user/client safety teams and structures. The DIPC has the authority to challenge inappropriate clinical hygiene practice as well as antibiotic prescribing decisions and formally responsible for the delivery of the annual programme of work to assure compliance with the Health and Social Care Act 2008 (DH, 2010). In CPFT, the DIPC is the Director of Operations and Executive Nurse.

Infection Control Committee

Given the diverse nature of the subject, most control of infection issues are dealt with through discussions with the relevant individuals, teams, at the appropriate level within the Trust’s existing committee structure, or at the appropriate directorate or departmental meetings. The Trust Infection Control Committee reports to the
Governance Quality and Risk Committee which in turn reports directly to the Trust Board. The Committee is linked to the other infection control groups and committees across Cumbria by cross-over membership (see Appendix 2).

The committee is;

- Responsible for overseeing the implementation of Infection Prevention and Control policies, guidelines and initiatives.
- Responsible for ensuring that the Managers and Matrons take responsibilities for leading on Infection Prevention and Control in their areas.
- Acting on the results of HCAI risk assessments, audit and surveillance results, and ensuring adequate allocation of resources to facilitate remedial action.
- Is responsible for signing off the Annual Infection Prevention and Control Programme.
- Is responsible for ensuring Policies are regularly updated and meet national requirements.

Members of the Infection Control Committee include:

- Director of Infection Prevention and Control
- Head of Nursing and Patient Safety
- Professional Lead for Infection Prevention and Control Nursing
- Infection Prevention and Control Nurses
- General Managers
- Network Leads
- Consultant Microbiologist
- Health Protection Agency
- Head of Facilities
- Head of Estates
- Clinical Governance Representative
- Head of Pharmacy
- The Committee is responsible for the Annual infection Control Strategy

Consultant Microbiologist (CM)

The Consultant Microbiologist is responsible for leading the Infection Prevention and Control in the implementation of surveillance, prevention, investigation and clinical management of infections. The CM is responsible for providing advice in terms of microbiology and infection control matters to the Trust, and has direct access to the DIPC and Chief Executive.

Head of Nursing and Patient Safety (HNPS)

Directly responsible to the Director of Operation and Executive Nurse and Director of Infection Prevention and Control and manages the Infection Control Team lead by Professional Lead for Infection Prevention and Control, who will take the lead on the day to day requirements of the infection prevention control agenda for the Trust.
For advice on all aspects of Infection Prevention and Control and the management of individual patient/clients/service user the Professional Lead for Infection Prevention and Control, or a member of the Infection Prevention and Control Team should be contacted during normal working hours. (See Table in 6.3). Out of Normal working hours a Consultant Microbiologist is available via either the Furness General Hospital switchboard, Cumberland Infirmary or West Cumberland Hospital switchboard. (For contact details see table in 6.3).

The Infection Prevention and Control Team

The Infection Prevention and Control Teams across Cumbria partnership NHS Foundation Trust support the Trusts infection Prevention and Control programme.

The members of the team are:-

- Director of Nursing / DIPC.
- Head of Nursing, Patient Safety.
- Professional Lead for Infection Control and Prevention.
- Infection Prevention and Control Nurses.
- Infection Prevention and Control Link Staff.

Responsibilities of the Infection Prevention and Control Team

- To formulate and manage a programme of work that will enable the surveillance prevention and control of infection in Cumbria partnership NHS Foundation Trust.
- To support the delivery of Education/Training of all Trust staff on good infection control practice.
- Preparation of policy and guidance documents in liaison with relevant staff.
- Liaise with clinical and non-clinical staff on the development and incorporation of infection control standards into operational policies and clinical care guidelines.
- Act as a resource for information on infection control practices.
- Provide advice on the infection control implications of new developments.
- Supporting all purchasing and commissioning decisions since it is Trust policy that infection control advice is sought prior to ordering.
- The identification and management of outbreaks.
- Co-ordination of the audit programme.

Managers/Matron Responsibilities

- Ensure that a yearly local action plan is developed against the Trusts Infection Prevention and Control strategy and to developed and progress against the action plan.
- Provide monthly summaries to the Infection Prevention and Control Committee based on the progress of the implementation of the strategy in practice.
- To ensure Infection Prevention and Control Link staff are supported to deliver their Link staff role in practice.
Responsibility for the inclusion of Infection Prevention and Control in every employee’s induction and personal development plan.

Ensuring that all staff undertake relevant Infection Prevention and Control training.

**INFECTION PREVENTION AND CONTROL (Infection Prevention and Control Link Staff)**

The Infection Prevention and Control Link staff (IP&CLS) support their managers to ensure that the monitoring, standards and auditing of Infection Prevention and Control is maintained in accordance with Trust and National Guidelines supported by the Hygiene code 2010.

**All Employees**

Whilst the Trust Board have collective responsibility, effective Infection Prevention rests in the personal and professional standards. Infection Prevention, therefore, is the personal responsibility of every member of staff, particularly those with patient/client/service user contact. The following applies to all Trust employees and those providing a service or function under a service agreement or contract:

- Infection Prevention responsibilities outlined in Job descriptions and discussed at appraisal and performance development review meetings. All employees are responsible for ensuring that they undertake relevant Infection Prevention and Control training available to them.
- Hand Hygiene compliance is required by all individuals in the course of performing their duties.
- Dress code according to Trust policy and adhering to Bare below the elbows will be observed.
- All employees are personally accountable for their actions and responsible for ensuring that they comply with Infection Prevention and Control policies.
- All employees must understand their legal duty to take reasonable care of their own health, safety and security and that of other people who may be affected by their actions or omissions and for reporting incidents and areas of concern.
- All staff are responsible for notifying Infection Prevention and Control Team of circumstances that may lead to outbreaks of infection or non compliance of Infection Prevention and Control procedures.
- Personal and professional codes of practice and responsibility will be adhered to in all situations.
- Reporting sickness (see section 6.2 for more information).

**Public and Patient/service user/clients Involvement and Information**

Patients, carers and visitors need to play a part in the prevention and control of infections. In order for this to happen, clear information needs to be available within the information pack that is given to all new service users/clients (see appendix 3). Information is also made available to service users, their relatives and the public via
The Trusts will be open with patients/clients/service users and when indicated their family/carers regarding incidence of infections. In addition, approved advice can be found on the Health Protection Agency website at: www.hpa.org

6 INFECTION CONTROL ARRANGEMENTS

6.1 Accountability and Links

The Infection Control Team primarily reports to the Director of Infection Prevention and Control but they are also involved in Trust activities at several levels. Infection Prevention and Control staff are members of several of the Trust’s governance groups.

- Governance Quality and Risk Committee.
- Drugs and Therapeutics Committee.
- Health and Safety Committee.
- Nursing Standards and Leadership Committee.
- Facilities Management Groups.

In addition, team members have access to any group that discuss issues that might have Infection Control implications for the Trust. Daily operational matters are addressed by direct contact between infection control staff and the appropriate hospital staff.

6.2 Staff Illness

All staff employed by the Trust have a responsibility to inform their Line manager and Occupational Health Departments (ATOS Health Care or Team Prevent) of any ill health as soon as possible, whether at home or at work. Illnesses of particular relevance are:

- Diarrhoea/Vomiting
- Sore throat
- Persistent cough
- Skin rash/infection
- Other illness that may affect ability to undertake duties

All ill health is treated in a confidential way; however advice may need to be sought in specific circumstances and when necessary this will be via the Occupational Health Department.

6.3 Infection Prevention and Control Contact Details

Outside of Office Hours please contact Consultant Microbiologist through switchboard.
6.4 Core Clinical Care Policies

This document is supported by a suite of related policies. These are listed in Section 10.

6.5 Maintenance of Infection Control Framework

This is achieved via an annual work programme by the infection control team, which includes:

- Surveillance of infections, including the Department of Health’s mandatory surveillance schemes.
- Producing infection control assurance framework based on the hygiene code (2010).
- Decontamination (in conjunction with the Medical Devices Management Group).
- Clinical waste disposal (in conjunction with the Facilities Directorate).
- Food hygiene (in conjunction with the Facilities Directorate).
- Cleanliness Programme (in conjunction with the Facilities Directorate).
- Hospital laundry (in conjunction with the Facilities Directorate).
- Appropriate use of relevant pharmaceutical substances such as antibiotics, wound dressings, disinfectants, vaccines.
- Advice on the use and care of medical devices that pose an infection risk such as intravenous lines, catheters and ventilators.
- Advice on the management of infected Patient/service user/clients.
- Microbiological aspects of staff health.
• It is Trust policy that infection control advice is sought prior to all purchasing and commissioning decisions.

7 TRAINING

Training required to fulfil this policy will be provided in accordance with the Trust’s Training Needs Analysis. Management of training will be in accordance with the Trust’s learning and Development Policy.

8 MONITORING COMPLIANCE WITH THIS POLICY

The table below outlines the Trusts’ monitoring arrangements for this policy/document. The Trust reserves the right to commission additional work or change the monitoring arrangements to meet organisational needs.

<table>
<thead>
<tr>
<th>Aspect of compliance or effectiveness being monitored</th>
<th>Monitoring method</th>
<th>Individual responsible for the monitoring</th>
<th>Frequency of the monitoring activity</th>
<th>Group / committee which will receive the findings / monitoring report</th>
<th>Group / committee / individual responsible for ensuring that the actions are completed</th>
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<tr>
<td>Infection Control Assurance Framework Based on the Hygiene Code 2006.</td>
<td>Infection Prevention audits</td>
<td>Head of Nursing and Patient Safety</td>
<td>Bi-annual</td>
<td>Governance, Quality and Risk Committee.</td>
<td>Head of Nursing and Patient Safety</td>
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9 REFERENCES/ BIBLIOGRAPHY

• Getting Ahead of the Curve: A strategy for combating infections (DH,2002)
• Saving Lives: A delivery programme to Reduce Health Care Associated Infection (HCAI) including MRSA (DH,2005).
• Going Further Faster: Implementing the saving lives delivery programme (DH,2006).
• Code of Practice for the Prevention and Control of Healthcare Acquired Infections: (The Health Act DH,2006)
• Essential Steps to Safe, Clean Care: Reducing health care associated infection.(DH,2006).
• Health and Social Care Act (DH,2008)Code of Practice for health and adult social care on the prevention and control of infection and related guidance (DH,2010).

10 RELATED TRUST POLICY/PROCEDURES

• Standard Infection Control Precautions Policy
• Aseptic Technique Policy
• Major Outbreak of Infection Policy
• Isolation of Service Users/Clients Policy
• The Safe Handling and Disposal of Sharps Policy
• Prevention and Management of Occupational Exposure of Blood Bourne Viruses (BBV’s) and Post Exposure Prophylaxis Policy
• Closure of Rooms, Wards, Departments and Premises to New Admissions Policy
• Disinfection Policy
• Decontamination Policy
• Antimicrobial prescribing Policy
• Reporting Health Care Associated Infections to Health Protection Agency (HPA) Policy
• Control of Outbreaks and Infections with Specific Alert Organisms Policy
• Procedural Guide for the Prevention, Control and Management of Clostridium difficile Infection Policy (CDI)
• Meticillin resistant Staphylococcus Aurous (MRSA) Policy
• Hand Hygiene and Glove Policy
• Reporting Health Care Associated Infections to Health Protection Agency (HPA)
• Care of deceased Persons Policy
• Chickenpox and Shingles Policy
• Viral Gastroenteritis, including Norovirus Policy
• Isolation Facilities Policy
• Packaging Handling and Delivery of Laboratory Specimens Policy
• Use and Care of Invasive Devices Policy
APPENDIX 1 - ORGANISATIONAL CHART

ACCOUNTABILITY ARRANGEMENTS FOR INFECTION CONTROL

This diagram sets out the personal and corporate accountability arrangements for Infection Control in the Trust. The Director of Infection Prevention and Control sits on The Governance Committee and produces an annual report for the Board of Directors. The nurses also have a professional accountability to the Deputy Director of Nursing.
APPENDIX 2 - COMMITTEE TEAM STRUCTURE

COMMITTEE TEAM STRUCTURE

Structure of the Trusts Infection Prevention Control Committee, Team Structure and Links to Infection Prevention and Control Teams across Cumbria

CUMBRIA PARTNERSHIP NHS FOUNDATION TRUST BOARD OF DIRECTORS

GOVERNANCE QUALITY AND RISK COMMITTEE

CUMBRIA PARTNERSHIP NHS FOUNDATION TRUST INFECTION CONTROL COMMITTEE (QUARTERLY MEETINGS)

INFECTION PREVENTION AND CONTROL LINK STAFF GROUP (MONTHLY MEETINGS)

INFECTION PREVENTION AND CONTROL WORKING GROUP (MONTHLY MEETINGS)
Reducing the risk of infection:

- The risk of getting an infection while you are receiving any form of health care or treatment is very low. However, there are steps you can take to reduce that risk even further.
- Always wash your hands after visiting the bathroom and before eating, request a copy of the hand hygiene leaflet if you have not already received one from the ward staff. Do not be afraid to ask staff to help you clean your hands if you are unable to do so yourself.
- It is important to keep yourself as clean as possible. Take personal toiletries, several clean flannels and a towel into hospital with you. It is best to use a pump-dispensed soap, as soggy soap can easily breed bacteria/germs.
- Whatever you use always remember to bring it back from the bathroom so no one else uses it.
- Staff will advise you on the storage and washing of clothing and towels.
- If you are bed bound for a while, it is useful to have some moist hand wipes close by, so you can clean your hands whenever you need to. This is especially important after using a commode and before meals. Make sure you dry your hands thoroughly after using moist wipes.
- Gentlemen should bring their own shaving equipment.
- Use tissues to blow your nose or cough into, use only once and then dispose of them into the waste bag/bin.
- Staff can help keep you free from infection by washing their hands or by using the alcohol hand rub. Do not be afraid to ask staff who are caring for you if they have cleaned their hands.
- If you find the toilet or bathroom is not clean, do not use it. Tell a member of staff as soon as possible and use an alternative.
- Please let staff know if you have an episode of incontinence or blood loss, so that they can give you any help you need and clean any spillage of bodily fluids away safely to prevent spread of infection.
- Your room will be cleaned regularly. If you or your visitors see something that has been missed during routine cleaning, please make the nursing or domestic staff aware; and it will be dealt with as soon as possible.
- Try to keep surfaces free from clutter to make it easier to clean these areas.
- Always wear something on your feet around the ward. Outdoor shoes are best as they will be safer when walking.
Advice for visitors:

- Keep to the visiting times whenever possible. This gives the nursing and domestic staff time to clean properly and ensures privacy and dignity for other patient/service user/clients.
- Encourage your visitors to wash their hands before and after visiting, or use the alcohol hand rubs which are sited at the entrance to the wards and in corridors. If you or your visitors notice one is empty please tell a member of staff so we can refill it.
- Ask visitors to postpone their visit if they feel unwell.
- Ask your visitors not to sit on beds.
- It is better that very young children do not visit, but if they do, please do not let them crawl on the floor or on the beds. Always ask the nurse in charge before bringing children onto the ward.

The Infection Prevention and Control Team:

This Team’s role is to assist staff in the prevention and management of all infections across the Trust.
**HAND CLEANING TECHNIQUES**

**How to handrub?**

1a. Apply a small amount (about 3ml) of the product in a cupped hand, covering all surfaces

1b. Rub hands palm to palm

2. Rub palm to palm with fingers interlaced

3. Rub back of each hand with the palm of other hand with fingers interlaced

4. Rub with backs of fingers to opposing palms with fingers interlocked

5. Rub tips of fingers in opposite palm in a circular motion

6. Rub each thumb clasped in opposite hand using rotational movement

7. Rub tips of fingers in opposite palm in a circular motion

8. Rub each wrist with opposite hand

9. Once dry, your hands are safe

**How to handwash?**

0. Wet hands with water

1. Apply enough soap to cover all hand surfaces

2. Rub hands palm to palm

3. Rub palm to palm with fingers interlaced

4. Rinse hands with water

5. Use elbow to turn off tap

6. Dry thoroughly with a single-use towel

7. Your hands are now safe

Adapted from WHO World Alliance for Patient Safety 2006