

ICC001

INFECTION PREVENTION AND CONTROL

Policy & Procedures

Berkshire Healthcare

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Re-issued:	April 2018
Review Date:	April 2020
Version:	9

Policy Number:	ICC001
Title of Policy:	Infection Control
Category:	Infection Prevention and Control
Distribution Areas:	All Berkshire Healthcare staff including Locums and Contractors
Index:	Page 4
Total number of pages:	30
Ratified by:	Safety, Experience & Clinical Effectiveness Committee – 3 rd April 2018
Re-issued:	April 2018
Review Date:	April 2020
Replaces Policy:	Version 8
Designated Lead:	Heads of Infection Prevention and Control
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POLICY DEVELOPMENT

ICC001 - Infection Control Policy

History:	<p>Version 9: Biennial review. Update of sections 4.4, 4.14, 5.6 and 5.9, Appendices B & C.</p> <p>Version 8: Updated and re-issued July 2016. Addition of Section 5.11 Immunisation of Service Users.</p> <p>Version 8: Complete review and changes throughout document following issue of revised Health & Social Care Act (2008) document in July 2015.</p> <p>Version 7: Updated to include the implementation of the IPC strategy; Occupational Health Provider change to SERCO. National Body changes such as the HPA to Health Protection England.</p> <p>Version 6: Re-issued August 2012. Updated to reflect the changes within the organisation following restructuring.</p> <p>Version 5: Re-issued 3rd August 2011. Further minor amendments to reflect CQC compliance.</p> <p>Version 5: Re-issued 9th May 2011. Distribution areas section updated on page 2.</p> <p>Version 5: Updated to reflect the joint organisation and updated to reflect Berkshire Healthcare CQC compliance.</p> <p>Version 4: General updates and communication section added.</p> <p>Version 3: Monitoring section updated. Microbiology advice updated and contact details reviewed.</p> <p>Previous versions are available from the Governance Administration Manager</p>
Designated Lead:	Head of Infection Prevention and Control
Policy Consultants:	Infection Prevention and Control Working Group Infection Prevention and Control Strategy Group
Endorsed by:	Policy Scrutiny Group – 9 th March 2018

This policy has been assessed for compliance with CQC Fundamental Standards

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1. INTRODUCTION

Infection Prevention and Control (IPC) is a key part of an effective Risk Management Programme to improve the quality of patient care and the occupational health of staff.

Berkshire Healthcare is committed to the provision of a healthy environment for all employees, patients, visitors, volunteers, contractors and all others involved in Berkshire Healthcare.

For prevention and control of health care associated infection and communicable disease to work effectively, correct practice has to be embedded in everyday practice. In order to achieve this all members of staff must adopt consistent, evidence based practice whenever healthcare interventions take place. In addition, each individual healthcare practitioner has a professional responsibility for safe practice including the prevention and control of infection. There must be a culture of: “infection control is everyone’s business” and integration of best practice into: “that’s how we do things here”.

The Health and Social Care Act (2008), also known as the Hygiene Code, sets out key activities that should be undertaken by all NHS organisations with respect to good practice. These systems need to be at the heart of all clinical and management practice. Consideration needs to be given to the range and types of environment in Berkshire Healthcare where infection can occur, and to the systems in place to support prevention and control of infection, antimicrobial stewardship, decontamination and maintaining a clean hospital environment.

2. SCOPE

Berkshire Healthcare accepts its responsibility for the effective protection of the public’s and staff health and recognises the need for infection prevention and control to form an integral part of all clinical care, including antimicrobial prescribing, service planning and development, on-going training and induction, clinical audit and surveillance, and a clean healthcare environment.

This policy applies to all Berkshire Healthcare premises, all staff employed by Berkshire Healthcare (on a permanent or contract basis) and all other persons engaged in business on behalf of Berkshire Healthcare.

Confidentiality for patients and staff will be maintained at all times in accordance with the provisions of The Human Rights Act (1998) and relevant guidelines on confidentiality, Caldicott and Freedom of Information.

The IPC policy supports assurance and on-going compliance with the Care Quality Commission (CQC) standards for provider registration.

3. PURPOSE

The purpose of this policy along with the associated Infection Prevention and Control policies and guidance is to support compliance with the Health and Social Care Act (2008) and promote patient and staff safety. This includes but is not limited to:

- Ensuring policies and guidance for the prevention and management of infection are in place across the organisation.
- Ensuring that all members of staff receive relevant training in basic hygiene and the management of infection prevention & control.

- Developing systems to ensure that surveillance of communicable disease and infection meet local, regional and national needs.
- Working with other stakeholders to improve surveillance and strengthen prevention and control of infection and communicable disease processes.
- Ensuring that appropriate resources are made available to facilitate compliance with the Health & Social Care Act (2008).
- Ensuring the IPC policy and programmes are linked to and are consistent with the IPC Strategy - 2016-19 (Appendix A) to facilitate on going compliance.
- Ensuring good communication across Berkshire Healthcare of infection prevention and control issues through the Infection Prevention & Control Governance Structure (Appendix B).

4. ROLES AND RESPONSIBILITIES

The roles and responsibilities of individuals within the organisation are identified below outlining their duty to protect patients from the risks of acquiring healthcare associated infection in accordance with the Health & Social Care Act (2008) - Code of Practice for the prevention & control of infections and related guidance (DH 2015).

4.1 Board Chair and Non-Executive Directors

The board chair and non-executive directors are accountable for the performance of Berkshire Healthcare, for assuring quality and for the safety of their patients.

4.2 The Chief Executive is responsible for ensuring that there are:

- Effective arrangements for infection prevention and control within Berkshire Healthcare.
- Clear lines of accountability for infection prevention and control throughout the organisation.
- A suitably constituted Infection Prevention & Control Committee that is accountable to the Berkshire Healthcare Board through the Director Infection Prevention and Control. Within Berkshire Healthcare this function will be undertaken by the Infection Prevention & Control Strategic Group (IPCSG). Refer also to Appendix C Terms of Reference for Infection Prevention & Control Strategic Group.

4.3 Director of Infection Prevention and Control (DIPC)

The Director of Nursing and Governance is the nominated DIPC and has direct accountability and responsibility for ensuring the board is aware of infection prevention and control issues and for their incorporation into corporate decision making. He/she has authority to challenge inappropriate clinical hygiene practice and antimicrobials prescribing decisions and is responsible for:

- Acting as or, nominating a Chairperson of the Infection Prevention and Control Strategic Group.
- Setting HCAI related goals for each department and hold key individuals accountable for performance.
- The Infection Prevention and Control Team (IPCT).
- Being a full member of the IPCT and regularly attends its infection control meetings.
- Reporting HCAI as mentioned in - Guidance for the Serious Untoward Incident reporting process by Trusts.
- Ensuring that the Infection Prevention & Control Team produces an annual 'Infection Prevention and Control Programme' for approval by the Board and its subsequent monitoring by the Infection Prevention and Control Strategic Group.

- Producing an Annual Report on the state of HCAI in the organisation for which he or she is responsible and releasing it publicly after presenting it to the Board.
- Reporting monthly to the Berkshire Healthcare Board detailing progress against the Infection Prevention and Control Programme and also those infection risks which are discussed in the Infection Prevention and Control Strategic Group meetings.
- Ensuring that the Board is made aware of all significant infection risks.
- Overseeing local policies for the prevention and control of infection and their implementation.
- Ensuring there is a programme of education and training in HCAI awareness across all staff groups and that the effectiveness of this is regularly monitored.
- Bringing to the attention of the Chief Executive/Board any infection control matters that cannot be resolved and which require urgent attention.

4.4 Infection Control Doctor (ICD)/ Provision of Microbiology

The Consultant Microbiologist at Frimley Health NHS Foundation Trust provides an Infection Control Doctor Service via a Service Level Agreement.

Expert Microbiology Advice related to specimens taken is available on a 24hr basis from the microbiologists based at Frimley Health (Wexham Park site) for patients based in the east localities and Royal Berkshire NHSFT for patients based in the west localities.

4.5 Consultant in Communicable Disease Control (CCDC)

The CCDC is appointed by Health Protection England to be responsible for the surveillance, prevention and control of all communicable disease and infection in their geographical/administrative area.

Berkshire Healthcare has a role to play in the prevention and control of infection in the community as well as their own premises. Close collaboration between the CCDC and the IPCT is essential if both are to contribute-fully to the prevention of communicable diseases and infections outside of Berkshire Healthcare.

4.6 Medical Director

The Medical Director is responsible for:

- Demonstrating clinical leadership that places HCAI prevention and safety as a top priority and at the centre of Berkshire Healthcare practices and plans.
- Ensuring consistency of care across all clinical settings and that evidence based practice is applied to reduce HCAs.

4.7 Director of Estates and Facilities

The Director of Estates and Facilities is responsible for:

- Ensuring premises are clean, well maintained and fit for purpose.
- Regularly monitoring of standard of cleanliness, reported at ward, department and board level with actions to improve in areas of developing risk.
- Overseeing effective implementation of guidance and policies relating to cleaning, decontamination, water quality, ventilation, laundry, waste disposal etc.
- Working with the Infection Prevention and Control Team and other relevant staff to ensure facilities comply with local and national infection prevention and control guidelines and to provide support and solutions to non-compliant areas.
- Ensuring that the Infection Prevention and Control Team are involved and engaged at an early stage with any new infrastructure, construction, reconfiguration or demolition of premises where Berkshire Healthcare provide a service.

- Ensuring that any new facilities comply with the Health and Social Care Act (2008) Code of Practice (updated 2015) and other relevant guidance.
- Complying with relevant duties of the Health and Social Care Act (2008) Code of Practice (updated 2015) and ensures that evidence of this is available.
- Ensuring that cleanliness audits are completed regularly- as per local policy and acted upon to guarantee a high standard of cleanliness by complying with the Health and Social Care Act (2008) Code of Practice and other relevant guidance.

4.8 Infection Prevention and Control Team (IPCT)

It is the responsibility of the Infection Prevention and Control Team to:

- Provide leadership and expert advice and support on methods for eliminating/reducing the risk of the spread of infection and to participate in staff training. Refer to Infection Prevention & Control Team reporting structure (Appendix D).
- Develop an Annual Infection Prevention & Control Programme for Berkshire Healthcare, overseeing its implementation and reporting to the DIPC, via monthly performance reports and the IPCSG if unforeseen demands arise that prevent any aspects from being achieved.
- Report all Serious Incidents (SI), outbreaks and other relevant incidents through the Berkshire Healthcare reporting system and to the Health Protection Unit (HPU) or Public Health England (PHE) as necessary.
- Make decisions about the prevention and control of infection, providing advice to all grades of both clinical and non clinical staff on the management of infected patients and other infection control problems.
- Ensure Berkshire Healthcare has a comprehensive mandatory training package for all staff to increase awareness of good infection prevention & control practices and policies.
- Provide a programme of education for the Infection Prevention and Control Link Practitioner group.
- Liaise with the Occupational Health Contractor on relevant staff health issues.
- Provide information and advice to all Berkshire Healthcare staff, patients and relatives about the management and prevention of healthcare associated infection (HCAI).
- Review all infection control policies and procedures, involving both clinical and non-clinical teams as appropriate.
- Review and analyse adverse incident reports relating to infection prevention and control and report these to relevant Infection Prevention & Control Groups.
- Assist clinicians, ward/department/service managers in undertaking post infection review of adverse incidents relating to infection prevention and control issues.
- Work with ward / unit / service managers and clinical staff to ensure appropriate placement of patients to minimise the risk of infection.
- Work closely managers and clinicians within services who are responsible for clinical quality.
- Provide advice for all building work, refurbishment or service redesign projects in order to ensure infection prevention and control requirements are met.
- Provide specialist advice on decontamination issues as required.

This list is not exhaustive.

4.9 Service Managers, Heads of Service

It is the responsibility of Service Managers, Heads of Service to:

- Ensure that there are designated infection control leads that represent all areas of clinical practice within their services and that they are adequately represented at the Infection Prevention & Control Working Group
- Ensure ward / unit managers have the authority to:

- Provide a clean, safe environment
- Ensure best practice in infection prevention and control
- Improve clinical care standards
- Ensure Patients and their families are treated with dignity and respect.
- Attend the IPCWG meetings and feed back information to their area of work.
- Oversee the application of this policy and associated procedures into their service.
- Provide appropriate additional resources, as advised by the IPCT, during outbreaks of infection or incidents within their unit.
- Ensure that infection prevention and control is recognised within the unit governance structure and related risks are recorded on their risk register.
- Ensure that their staff support the post infection review process when required
- Provide assurance to the DIPC that infection prevention and control policies, training and audits are being undertaken and adhered to within their unit/service.
- Provide action plans and reports as necessary to the Locality Patient Safety and Quality Meetings.
- Ensure infection prevention and control, is included in staff personal development plans as applicable to their role.

4.10 Ward/Unit Managers

It is the responsibility of ward/unit matrons to ensure:

- A clean, safe environment is provided for patients
- Best practice in infection prevention and control is maintained at all times
- Clinical care standards are continually improving
- That they are involved in the Post Infection Review process when required
- Patients and their families are treated with dignity and respect.
- Their service has an infection control person who attends the link group meetings and feeds back information to their area of work.
- Provide action plans and reports as necessary to the Locality Patient Safety and Quality Meetings

4.11 Project Managers and Budget Holders

Project Managers and budget holders must ensure that the advice of the Infection Prevention and Control Team is sought at the planning stage of projects. Thus enabling the consideration of the prevention and control of infection for all service redesign or development (including new ways of working, premises refurbishment or building) and associated procurement activities.

4.12 Infection Prevention and Control Link Practitioner Group

Infection Control Link Practitioner Group members are named members of staff that have been identified within clinical areas. They are responsible for attending and feeding back information from link group meetings to the clinical team and supporting their manager in embedding infection prevention and control practices within their service.

4.13 All Staff

It is the responsibility of all staff to:

- Ensure they provide high quality patient care based upon principles of best practice in infection prevention and control, either directly through personal contact or indirectly through supervision of practice.
- Co-operate with Managers in achieving compliance with this policy and in adopting safe systems of work when undertaking activities that present a risk of the spread of infection.

- Report all adverse incidents relating to Infection Prevention and Control as set out in ORG007 Adverse Event/Near Miss Reporting Policy and Procedures and ensure all Duty of Candour requirements are met.
- Support the Post Infection Review process when required
- To undertake relevant training as set out in the Statutory, Mandatory and Essential Training Framework.

4.14 Chief Pharmacist

The Chief Pharmacist is responsible for overseeing Antimicrobial Stewardship in order to ensure the adverse effects of antimicrobial use is minimised.

This involves:

- Development of an Antimicrobial Stewardship programme which is monitored through the Drugs and Therapeutics Committee.
- Ensuring membership of the Committee is appropriately constituted in order to effectively fulfil this function.
- Ensuring activities relating to Antimicrobial Stewardship are regularly reported to the Board.
- Development and review of Antimicrobial Guidelines that cover diagnosis, treatment and prophylaxis for common infections in conjunction with the medical microbiologist and Drug and Therapeutics Committee
- Ensuring adherence to prescribing guidelines are audited and results feedback to prescribers and commissioners
- Provision of training in prudent antimicrobial use for prescribers who prescribe antimicrobials

5. DELIVERY OF THE REQUIREMENTS OF THE HEALTH & SOCIAL CARE ACT (2008)

This section describes Berkshire Healthcare's reporting and monitoring systems that provide the assurance to the Board that it has in place appropriate arrangements in order to protect patients from the risks of acquiring HCAI's.

5.1 Management and Organisation

There is a Board level agreement that outlines the collective responsibility of the Board for minimising the risks of infection and general means by which it prevents and controls such risks.

The IPCT on behalf of the DIPC produces an annual programme of work which highlights the key actions to be achieved in the year, individuals responsible and progress. This document is developed following an annual review of the evidence available to support Berkshire Healthcare's compliance with the Health & Social Care Act (2008).

The DIPC produces an annual report on infection prevention and control which includes a short review of:

- Progress with the IPC programme.
- Known outbreaks of infection or other infection incident.
- Surveillance of Alert organisms and conditions.
- Risk management and governance arrangements.
- Shared learning from infection related incidents.
- Progress with audit and monitoring activities, including hand hygiene.
- Overview of infection related emergency planning initiatives.
- Training received by staff.

- Progress with decontamination initiatives.
- Progress with Antimicrobial Stewardship initiatives.
- Review and update of policies, procedures and guidance.

Management arrangements and reporting lines for the Berkshire Healthcare structure for infection prevention and control are included as link in the Annual Infection Prevention and Control Report presented to the Board by the Director of Infection Prevention and Control (DIPC).

5.2 Maintaining a clean and appropriate environment for healthcare

Maintenance of the environment within Berkshire Healthcare is undertaken by the estates and facilities services on the retained estate and the two PFI partners within the PFI buildings.

The following are in place in order to minimise the risk of HCAI within the environment in accordance with the Health and Social Care Act 2008:

- The IPC annual programme, audit and monitoring programmes and Strategy.
- There is a standard cleaning manual that is delivered by Berkshire Healthcare facilities services, Bellrock and ISS who provide cleaning services to Berkshire Healthcare as part of the PFI contracts.
- The Private Finance Initiative (PFI) services are monitored by Berkshire Healthcare.
- Any deficiencies in cleaning or maintenance are reported in the first instance to those responsible for undertaking these roles. If further escalation is required the issue is reported to the manager for further action.
- Policies for the Environment are maintained and updated, in consultation with the IPCT, by appropriate facilities managers.
- The Director of Nursing and Governance is the Decontamination Lead, supported by the Infection Prevention and Control Team.

The Berkshire Healthcare standard is to provide services and facilities to Department of Health Standards (Health Building Notes – HBN, Health Technical Memorandum - HTM, HFN 30 “Infection Control in the Built Environment”). Any variation or derogation must be agreed by the IPCT and other relevant key stakeholders in the planning stage. This standard is in the Berkshire Healthcare design brief /business case/Infection Control Policy and responsibility for this lies with the project director/manager.

5.3 Provision of information on HCAI to patients and the Public

Leaflets and written information available for the public and patients are located on the Berkshire Healthcare external website and Teamnet (Information leaflets within infection prevention and control pages) These leaflets should be printed off on an ‘as required’ basis in order to avoid the out of date copies being provided to patients.

The information is approved by Infection Prevention and Control Working Group and approved by the Publications Steering Group.

The DIPC annual report is published via on the Berkshire Health external website following approval by the Berkshire Healthcare Board.

5.4 Training

It is a statutory requirement that all clinical and support staff must have access to appropriate infection control training and regular updates according to their personal development plan. The Infection Prevention & Control Team will advise on available

training packages whether provided by Berkshire Healthcare, electronic learning or external sources.

It is a mandatory requirement that employees undertake infection prevention & control training as set out in the Statutory, Mandatory and Essential Training Framework. It is the responsibility of the line manager to ensure that infection prevention & control issues are covered at local induction and documented.

Staff training will be monitored in line with the procedures set out in ORG067 Learning & Development policy and through Personal Development Plans.

All Staff have the responsibility to undertake relevant training as highlighted in the Berkshire Healthcare's learning and development pages on Team-net. Training is available as both 'face to face' sessions or via e-learning.

5.5 Managing Confused, Agitated and Non-Concordant Patients

Patients who may be confused, agitated or non-concordant can present a challenge to nursing staff in relation to compliance with the policy. For the safety of the patient and others it is important that this policy is adhered to so in complex cases it may be necessary to increase staffing levels to best meet the needs of the individual patients.

Where a patient is confused or agitated and their consent to any necessary procedures is not able to be obtained, their capacity should be assessed using the principles of the Mental Capacity Act 2005 (MCA). If the patient lacks capacity the best interest principles of the MCA should be followed to ensure that the patient is safeguarded. It is important that care is taken to ensure that there is no deprivation of liberty and any restriction of the patient is limited to the shortest time possible. Guidance on this can be found in CCR035 Consent to Treatment and Examination and CCR096 Deprivation of Liberty safeguards

5.6 Clinical Guidelines/Policies as Required by the Health & Social Care Act (2008)

Policies and procedures will reflect relevant current legislation, published professional guidance and best practice. The clinical policies and procedures will be produced in consultation with relevant professional groups within Berkshire Healthcare.

The clinical policies / guidelines will be authorised by the Infection Prevention and Control Strategic Group and ratified by the Safety, Experience and Clinical Effectiveness Group.

Compliance with policies will be monitored or audited in accordance with the requirements of the Health & Social Care Act 2008.

All Infection Prevention and Control policies will be reviewed and updated bi-annually unless national guidance dictates otherwise.

Berkshire Healthcare Infection Control related policies are:-

ICC001	-	Infection Prevention and Control
ICC002/CCR032	-	Hand Hygiene
ICC003	-	Personal Protective Equipment
ICC005/HS008	-	Management of Needle-sticks & Contamination Injuries
ICC005b	-	Sharps Management (Safe Handling & Disposal)
ICC006	-	Decontamination of Medical Devices
ICC008	-	Single Use Medical Devices
ICC009	-	Blood and Body Fluids Spillage

ICC010	-	Safe Collection, Handling and Transportation of Laboratory Specimens
ICC011	-	Outbreak Management
ICC012	-	Epidemiological Surveillance
ICC013	-	Meticillin Resistant Staphylococcus aureus screening policy
ICC015	-	Management of Clostridium Difficile Infection
ICC017	-	Management of infectious Patients
ICC018	-	Aseptic Technique
ICC019	-	Human Transmissible Spongiform Encephalopathies (TSE's) Including Crutzfeldt Jakob Disease (CJD)
ICC020	-	Management of Linen and Laundry
ICC022	-	Pandemic Influenza Contingency Plan
ICC023	-	Food Hygiene
ICC024	-	Care and Management of Mattresses in In-Patient Areas
ICC025	-	Varicella Zoster
ICC026	-	Environmental Equipment Cleaning
ICC027	-	National Cleaning Standards
ICC028	-	Healthcare Worker with Communicable Infection
ICC029	-	Antibiotic Prescribing Guidelines
ICC030	-	Multi-Drug Resistant Organism Policy

In addition, the following clinical and health and safety policies are also required to ensure compliance with the Health & Social Care Act (2008):

HS016	-	Waste Management
CCR121	-	Care after Death
CCR117	-	Urinary Catheterisation Guidelines
CCR128	-	Enteral Feeding for Adults and Children in a Non Acute Setting

5.7 Infection Prevention and Control Audit and Monitoring

Regular monitoring of compliance with infection prevention and control policies / guidelines will be reflected in the infection prevention and control annual audit and monitoring programmes which will include:

- Audit or monitoring of Infection Prevention and Control core policies/guidelines (as defined in criterion 9 of the Health & Social Care Act 2008).
- Results and action plans from audit and monitoring will be reviewed and implemented by managers and reported to the relevant Locality Patient Safety and Quality Meetings, chaired by the Clinical Directors.
- The completion of monitoring/audit and implementing of action plans will form part of the infection prevention and control assurance framework that can be provided as evidence to external agencies, if required.

5.8 Surveillance

Berkshire Healthcare will provide data to comply with requests for regional and national surveillance of communicable diseases. National mandatory surveillance and other appropriate monitoring of health care associated (HCAI) will be undertaken by the IPCT.

The IPCT will ensure “alert organism” surveillance data is communicated to clinicians and appropriate departments via the monthly report. Members of clinical staff are responsible for reporting alert conditions to the IPCT.

Deaths associated with healthcare associated infections will be captured by the SI reporting system and included in death certificates according to DH guidelines.

Outbreaks of infection are managed by the IPCT, refer to ICC011 Outbreak Management. Outbreaks and the mandatory reporting of alert organisms form part of Berkshire Healthcare's performance assurance framework.

5.9 Antimicrobial Stewardship

Systems are required to manage and monitor the use of antimicrobials to ensure inappropriate and harmful use is minimised and patients with infections are treated promptly with the correct antibiotic.

These systems include the development of an Antimicrobial Stewardship programme which is monitored through the Drugs and Therapeutics Committee. Membership of the Committee should be appropriately constituted in order to effectively fulfil this function. Activities relating to Antimicrobial Stewardship should be regularly reported to the Board.

Antimicrobial Guidelines that covers diagnosis, treatment and prophylaxis for common infections are available on Teamnet and via a Smartphone App. Adherence to these prescribing guidelines is audited and results feedback to prescribers and commissioners.

Access to timely microbiological diagnosis, susceptibility testing, reporting of results and associated advice is available as part of the laboratory services contract.

Training in prudent antimicrobial use for prescribers is provided via e-learning and classed as essential training for all medical staff and non-medical prescribers who prescribe antimicrobials.

5.10 Occupational Health Services

The Occupational Health Contract will provide the following services to all Berkshire Healthcare employees:-

- Pre-employment Healthcare screening for communicable diseases, relevant immunisations and underlying skin conditions.
- Management of staff exposed to health care infections / communicable disease and follow up treatment/care as appropriate/necessary, refer to ICC028 Healthcare Workers with Communicable Infections.
- Identification and management of hepatitis B, C, and HIV infected health care workers and restricting their practice as necessary in accordance with DH guidance.
- Participating in the control of outbreaks of infection that involve/have implications for health care workers.
- Monitor the incidence of sharps injury to health care workers and be responsible for promoting safe practice including the use of needle stick prevention devices in conjunction with the IPCT.

5.11 Immunisation of Service Users

Immunisation of Service Users is the responsibility of their registered General Practitioner. Where patients are in hospital for a prolonged period that covers the influenza immunisation season, alternative provision will need to be made.

6. COMMUNICATION

All Infection Prevention and Control Policies are available on the Teamnet. Policies can also be requested in hard copy from the Governance Administration Manager if a person does not have access to the intranet.

7. MONITORING

Compliance with this policy will be monitored through the annual Infection Prevention and Control programme, the audit and monitoring programme and overseen by the Infection Prevention & Control Strategic Group.

All Infection Prevention and Control policies will be reviewed and updated bi-annually unless national guidance dictates otherwise.

Infection prevention and control training uptake will be monitored by learning and development and reported to the Infection Prevention & Control Strategic Group.

An annual Infection Prevention and Control Report is produced and reported to the Board and will demonstrate overall effectiveness and compliance with this policy.

There will be a bi-annual review of all public and patient information and this will be presented to the Infection Prevention & Control Working Groups and the Publications Steering Group to demonstrate fitness for purpose and in line with current guidance.

8. RELATED LEGISLATION AND GUIDANCE

Legislation:

- Health & Safety at Work Act 1974.
- Reporting of Injuries, Diseases and Dangerous Occurrence Regulations (RIDDOR) 1995.
- Management of Health & Safety at Work Regulations 1999.
- Control of Substances Hazardous to Health Regulations (COSHH) 1999.
- The Health and Social Care Act (2008) Code of Practice for the Prevention & Control of Infections and related guidance (updated 2015).

Guidance:

- Department of Health (2016) Health Technical Memorandum 01-04: Guidance about decontaminating linen used in health and social care. London: HMSO
- Getting Ahead of the Curve (Department of Health 2003)
- Essential Steps (Department of Health 2006)
- Department of Health (2012) *Health Building Note 00-09: Infection control in the built environment* London: Department of Health. 2012
- NICE 2012 Infection prevention & Control in Primary & Community Care.
- Department of Health (2016) Health Technical Memorandum 04-01 Safe water in healthcare premises.
- Department of Health (2013) Choice Framework for local Policy and Procedures 01-01 Management and decontamination of surgical instruments (medical devices) used in acute care parts A-E
- Department of Health (2013) *Health Technical Memorandum 01-05: Decontamination in Primary Care Dental Practices*. London: Department of Health March 2013.
- Public Health England (2017) *Antimicrobial Resistance Resource Handbook* London: PHE March 2017

9. OTHER ASSOCIATED BERKSHIRE HEALTHCARE DOCUMENTS/POLICIES

Berkshire Healthcare Statutory, Mandatory and Essential Training Framework

ORG067 - Learning and Development Policy

ORG007 - Incidents/Near Misses, Serious Incidents Requiring Investigation and Coroner Requirement

INFECTION PREVENTION AND CONTROL STRATEGY

2016-2019

Version 2	Infection Prevention & Control Working Group (East)	Approved: 19/01/2016
Version 2	Infection Prevention & Control Working Group (West)	Approved: 19/01/2016
Version 2	Infection Prevention & Control Strategic Group	Approved: 27/01/2016
Version 2	Safety, Experience and Clinical Effectiveness Group	Approved:

Review Date: March 2019

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Lead Director: Director of Infection Prevention Control

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INFECTION PREVENTION & CONTROL STRATEGY

1. INTRODUCTION

The Prevention & Control of healthcare associated infection (HCAI) is identified as a high priority for all healthcare providers in the Health & Social Care Act (2008). HCAI costs the NHS in excess of £1 billion per annum. As well as increased morbidity and mortality, HCAI also have a socio-economic burden for patients and an impact on their quality of life.

The Infection Prevention and Control Team, the Infection Prevention and Control Working Groups and the Infection Prevention and Control Link Practitioners have worked together to agree the Berkshire Healthcare's vision in relation to infection prevention and the actions necessary to achieve this.

2. VISION

'The best care in the right place: delivered in safe environments through support in increasing knowledge, understanding and compliance with Infection Prevention & Control (IPC) requirements by patients, families and staff.'

'Collaboration and commitment = Quality Care'

3. OBJECTIVES

In order to deliver the vision for patients and their families Services within Berkshire Healthcare will:

- a) Deliver **safe environments** for patients and their families by taking an active part in minimising HCAs by:
 - i. Ensuring that all equipment is cleaned or decontaminated in line with national requirements
 - ii. Ensuring that environments where care is delivered are clean, well maintained and fit for purpose
 - iii. Being actively involved in antimicrobial stewardship initiatives to minimise antibiotic resistance
 - iv. Recognising and taking prompt action when a patient develops an infection in order to prevent the development of sepsis
 - v. Working with the IPCT in preparing for, managing and investigating outbreaks and other infection issues that may occur
 - vi. Always following infection prevention and control policies and guidance
 - vii. Working collaboratively with external agencies to promote infection prevention & control and sharing of best practice across the health economy
- b) Increasing **awareness, knowledge and understanding** of staff, patients and their families through:
 - i. Staff being familiar with policies, guidance and the information available on the IPC pages of Teamnet
 - ii. Staff undertaking IPC related training and ensuring that learning is applied in clinical settings
 - iii. Developing and implementing a short induction related to local setting for locum and other temporary staff
 - iv. Further development the IPC Link Practitioner programme and engagement of all services in this

- v. Delivering regular campaigns that focus on specific areas of practice
 - vi. Providing patients and their families with information e.g. leaflets, and ensuring that they understand their content, e.g. through general discussion
 - vii. Promoting IPC information available on Berkshire Healthcare's public website
 - viii. Develop greater awareness among patients and their families of the signs and symptoms of infection, in particularly in relation to life threatening sepsis
 - ix. Use of new technologies to develop an innovative means of engaging with staff, patients and families
- c) Ensuring **Compliance with IPC requirements** of the Health & Social Care Act (2008) (amended 2015) through:
- i. Assessing Berkshire Healthcare's compliance against requirements of the Act and delivering the resultant infection prevention programme to improve and maintain compliance
 - ii. Audit and monitoring of key policies, as set out in the annual programmes
 - iii. On-going monitoring of completion of staff training requirements

4. RESPONSIBILITIES

The Berkshire Healthcare Board and ultimately the Chief Executive Officer, carries responsibility for infection prevention & control throughout Berkshire Healthcare. From day to day this is delegated through the Director of Infection Prevention & Control to the Infection Prevention & Control Team; Clinical Leads and Ward/Unit Matrons; Senior Nurses/Heads of Department/Service.

Every clinical member of staff must demonstrate commitment to reducing the risk of infection through good infection prevention & control practice. Detail of how this impacts on key roles within the organisation is described in ICC001 Infection Prevention & Control Policy. This specific role also forms part of their job description.

5. IMPLEMENTATION

An annual Infection Prevention & Control programme is set for each year containing key objectives and actions required in order to deliver compliance with the Health and Social Care Act (2008) and support implementation of the Strategy and Infection Prevention & Control Policy. This programme is reviewed by the Infection Prevention & Control Working Groups, Infection Prevention & Control Strategic Group and approved Quality Executive. Progress is monitored throughout the year and reported quarterly to the Infection Prevention & Control Strategic Group. The extent and success of this programme depends on resourcing to an appropriate level. An annual Infection Prevention & Control Report is produced and progress on the Infection Control Programme is included with reasons for inability to achieve the whole programme given where necessary.

Implementation is also delivered through compliance with the Infection Prevention & Control Policy and other associated policies which includes, but is not limited to:

- Delivery of the audit and monitoring programmes, co-ordinated by the IPCT
- Education and training provided by the IPCT
- Collaborative working between the IPCT and key staff e.g. Estates, Facilities, ward/unit matrons and other clinical and non-clinical staff
- Effective implementation of isolation precautions, standard infection prevention & control precautions, including hand hygiene, by all staff
- Surveillance of alert organisms and conditions by the IPCT and necessary actions taken by clinical staff to improve practice where necessary

- All clinical staff involved in the prescribing of, or administration of antibiotics are actively involved in all antimicrobial stewardship activities

The support of all Berkshire Healthcare staff in implementing the strategy is essential.

6. BOARD ASSURANCE

The Berkshire Healthcare Board receives assurance on the infection prevention & control position within the Berkshire Healthcare through reports by the Director of Infection Prevention & Control at board meetings. These include monthly reports on numbers of alert organisms and conditions, outbreaks of infection and infection related serious untoward incidents. The infection prevention & control annual report and progress reports on other issues e.g. compliance with the Health & Social Care Act (2008) are also presented formally to the Board by the Director of Infection Prevention & Control.

Monthly infection control reports are presented to the Locality Patient Safety & Quality Groups which reports to the Quality Executive Group. The Infection Prevention & Control Strategic Group minutes are also reported to the Safety Experience and Clinical Effectiveness Group. The Berkshire Healthcare Board receives a more detailed Quarterly Infection Prevention & Control report which includes a summary of activities e.g. incidents, audits, training compliance, surveillance data etc. The infection prevention & control annual report is made available for public view via the Berkshire Healthcare public website.

7. DISSEMINATION OF THE STRATEGY

The strategy will be available via Teamnet. Awareness of its existence will be raised through inclusion in induction and Infection prevention & control mandatory training sessions, discussion at infection prevention & control working groups and link practitioner sessions.

8. MONITORING OF THE STRATEGY

The Director of Infection Prevention & Control is responsible for continually monitoring the appropriate implementation of the Strategy through meetings, review of minutes, and relevant reports. This will be reported through the Infection Prevention & Control Strategic Group.

9. LINKED DOCUMENTS

- ICC001 Infection Prevention & Control Policy
- Minutes of Infection Prevention & Control meetings (IPCWGs, IPCSG)
- Risk Management Strategy
- Risk Registers
- Business Continuity Plans
- Infection Prevention & Control Policies available on the Teamnet
- Infection Prevention & Control pages on Teamnet (available under clinical)
- Infection Prevention & Control page on public website
- ORG007 Adverse Events / Serious Untoward Incident Policy
- Medical Devices and other Health & Safety Policies as relevant
- HS011 Purchase, use, maintenance and testing of local sterilisers and washer disinfectors
- Infection Prevention & Control Annual Programme
- Infection Prevention & Control Annual Audit & Monitoring Programmes
- Infection Prevention & Control Annual Report
- Board Assurance Framework Policy

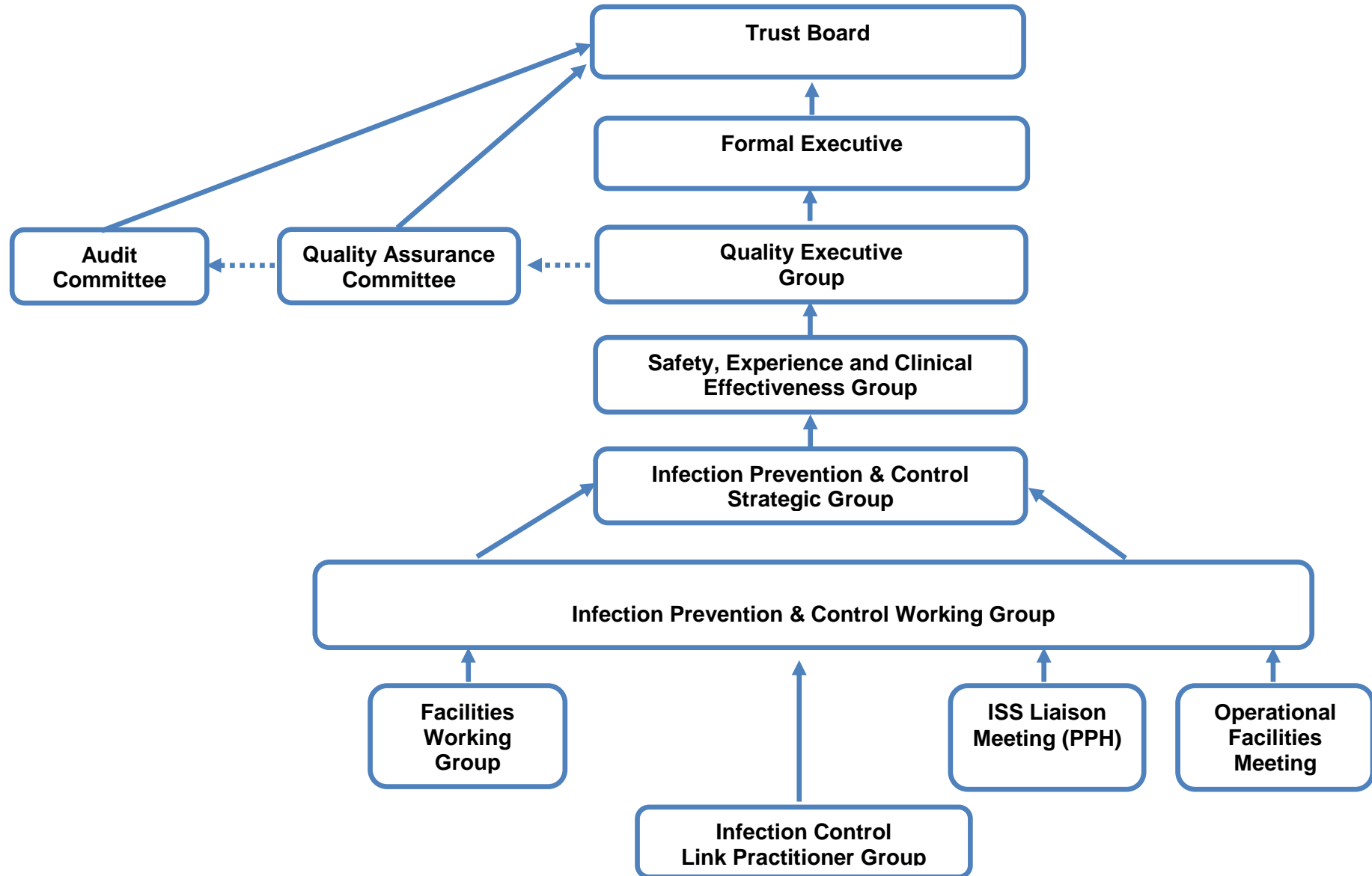
10. LINKED GROUPS/COMMITTEES

- Infection Prevention & Control Strategic Group
- Infection Prevention & Control Working Groups
- Infection Prevention & Control Link Practitioner Group
- Serious Incident Requiring Investigation Group
- Locality Patient Safety and Quality Groups
- Medical Devices Group
- Drug & Therapeutics Committee
- Waste Working Group
- Operational Facilities Groups
- Frimley Health Infection Prevention & Control Committee
- Royal Berkshire Hospitals Infection Prevention & Control Committee
- Water Quality Group
- Policy Scrutiny Group
- Publications Steering Group
- Thames Valley Infection Prevention Group
- Quality Executive Group
- Safety, Experience and Clinical Effectiveness Group
- Clinical Effectiveness Group
- Prospect Park Hospital Health & Safety Meetings

11. REFERENCES

- | | | |
|----------------------|------|--|
| Department of Health | 2015 | <i>The Health and Social Care Act 2008: Code of Practice for the NHS on the prevention and control of healthcare associated infections and related guidance.</i> London: Department of Health. |
|----------------------|------|--|

Appendix B - Infection Prevention & Control Governance Structure



Appendix C

INFECTION PREVENTION AND CONTROL STRATEGIC GROUP (IPCSG) TERMS OF REFERENCE

1. Membership

- Director of Nursing & Governance - DIPC
- Deputy Director of Nursing (Nominated chair)
- Heads of Infection Prevention and Control
- Head of Facilities
- Head of Estates & Strategic Services
- Consultant Microbiologist, FHNHSFT
- Consultant for Communicable Disease Control
- Medical Director/Lead Clinical Director
- Adult Services Manager
- Head of Mental Health Inpatient
- Clinical Director, Children's Services
- Chief Pharmacist
- Representatives from other professional groups and/or services may be invited to attend the IPCSG, with regards to the development of infection prevention and control policies, and during times of serious infection control outbreaks within Berkshire Healthcare Services.
- Group members may nominate an appropriate deputy to attend on their behalf in exceptional circumstances and with the approval of the chair.

2. Function of the IPCSG

This group fulfils the function of an Infection Prevention & Control Committee and ensures that Berkshire Healthcare is protecting the health of its patients, staff and visitors with

regards to infection control. This is undertaken by ensuring compliance with the requirements set out in the regulations made under section 20(5) of the Health and Social Care Act 2008 and Care Quality Commission (CQC) requirements.

The IPCSG will:

1. Provide strategic direction and expertise in order to ensure that systems and behaviours are maintained for the effective prevention and control of infection within Berkshire Healthcare services.
2. Challenge health care associated infection (HCAI) management strategies ensuring that they are cost neutral and can be achieved where possible within existing resources.
3. Monitor and, where necessary, challenge organisational training arrangements in relation to infection prevention and control in order to provide assurance of compliance with agreed targets
4. Review outbreaks, adverse incidents and serious incident (SI) reports and action plans in relation to infection prevention and control and gain assurance that actions have been implemented and lessons learnt disseminated.
5. Approve Berkshire Healthcare infection prevention & control procedures and policies
6. Approve and monitor progress with an annual infection prevention and control programme and audit and monitoring programme in order to provide assurance of compliance with the requirements of the Health & Social Care Act (2008) to the Berkshire Healthcare board.
7. Approve an annual IPC report for presentation to the Quality Assurance Committee
8. To make recommendations as necessary to the Quality Executive Group.
9. To monitor trends in infection surveillance and ensure evidence of appropriate action by clinicians and managers.
10. Receive reports and advise on decontamination issues requiring strategic direction.
11. Review compliance with antibiotic prescribing guidelines through engagement of clinical services.
12. To ensure that national guidance and best practice is implemented within Berkshire Healthcare.

3. Reporting Line

During a major outbreak of infection (as defined in the outbreak policy) a separate outbreak control group will report to the IPCSG.

The IPCSG will routinely report to the Safety Experience and Clinical Effectiveness Group (SECEG).

An annual infection control report will be reviewed by the Quality Assurance Committee.

The Infection Control Working Group will report into the IPCSG.

Heads of IPC, Service Managers and representatives from specialities within Berkshire Healthcare will report infection control issues and action plans into the IPCSG via the IPCWG.

4. Frequency of Meetings

The IPCSG will meet quarterly. However during a major outbreak of infection within Berkshire Healthcare, the IPCSG may be required by the Berkshire Healthcare Infection Prevention & Control Team to meet more frequently, and conduct duties which may be requested.

Quorum:

Chair or vice chair, IPC Lead, plus 2 other members

Standards:

- Papers and reports required by the IPCSG will be submitted to the IPCSG administrator at least 10 working days in advance of the meeting date.
- The agenda and papers will be circulated at least 5 working days in advance of each meeting.
- Minutes will be circulated within 21 days of when the meeting took place.
- Apologies will be given to the Chair in advance of each meeting.

Monitoring Compliance:

Compliance with these terms of reference will be monitored via an annual review of papers and communications related to the group's meetings.

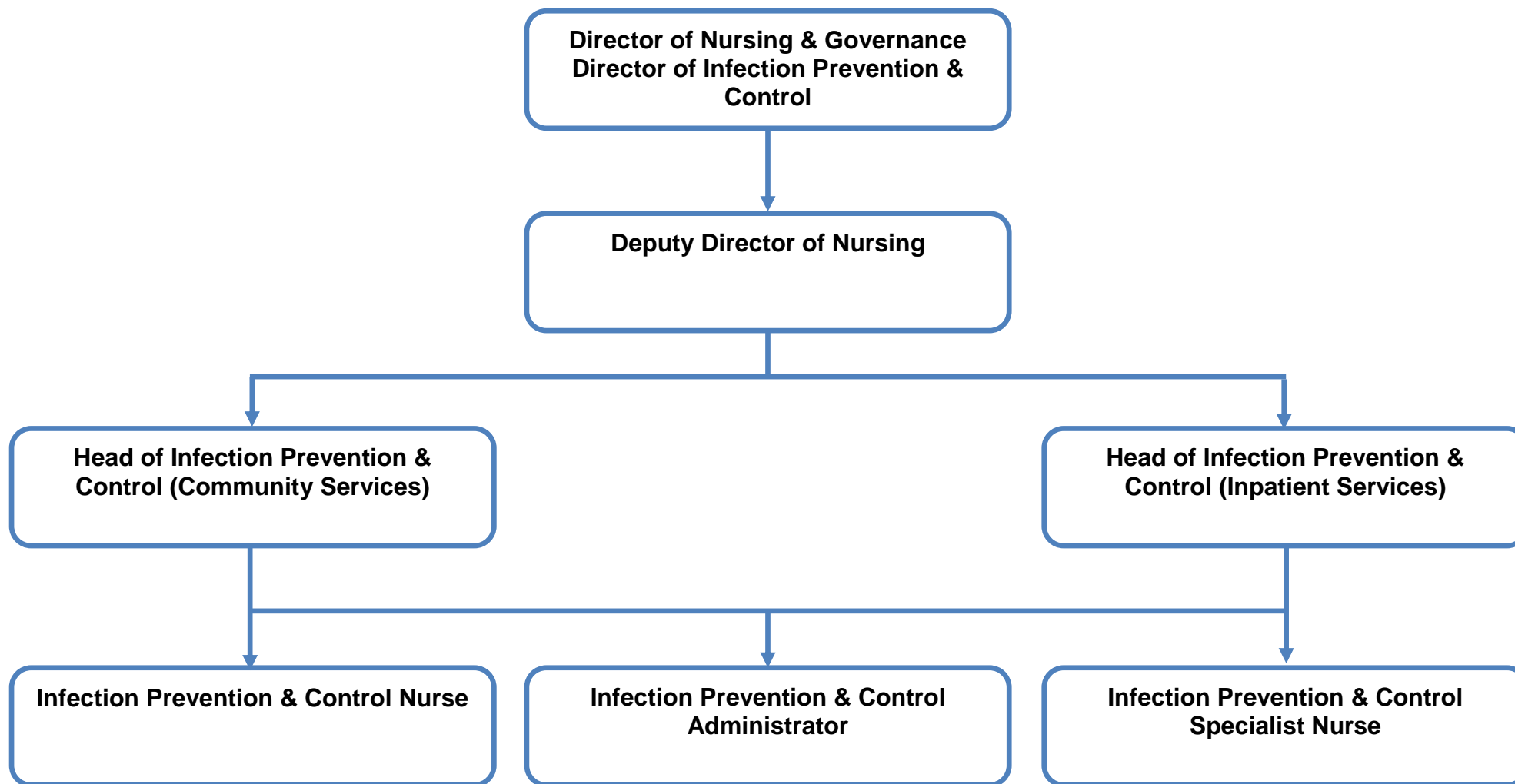
Any significant issues of noncompliance will be raised as an agenda item at the group for discussion and consideration of the need for systemic changes.

5. Terms of Reference Review

TOR's will be reviewed and agreed bi-annually to reflect changes in national and local policy.

July 2017

Appendix D – IPC reporting structure



COMMENTS / FEEDBACK (This form can be photocopied as needed)

ICC001 - Infection Control Policy

Name _____ Date _____

Address _____

Return comments for consideration three months prior to review date of policy to designated lead or to the Governance Administration Manager, 2nd Floor, Fitzwilliam House, Skimped Hill Lane, Bracknell, RG12 1BQ. Tel: 01344 415623.

Page: Paragraph:	
Page: Paragraph:	
Page: Paragraph:	
General comments:	

Equality Analysis – Template
‘Helping you deliver person-centred care and fair employment’

1. Title of policy/ programme/ service being analysed INFECTION CONTROL POLICY	
2. Please state the aims and objectives of this work and what steps have been taken ensure that Berkshire Healthcare has paid <u>due regard</u> to the need to eliminate discrimination, advance equal opportunities and foster good relations between people with protected characteristics. The aim of this policy is to provide a healthy environment for all employees, patients, visitors, volunteers, contactors and all others involved in Berkshire Healthcare. This policy provides guidance for prevention and control of infection and communicable disease to work effectively.	
3. Who is likely to be affected? e.g. staff, patients, service users Staff, patients, visitors, volunteers, contractors and all others involved in Berkshire Healthcare.	
4. What evidence do you have of any potential adverse impact on groups with protected characteristics? Include any supporting evidence e.g. research, data or feedback from engagement activities	
4.1 Disability <i>People who are learning disabled, physically disabled, people with mental illness, sensory loss and long term chronic conditions such as diabetes, HIV)</i>	<i>Consider building access, communication requirements, making reasonable adjustments for individuals etc</i> No adverse impact identified.
4.2 Sex <i>Men and Women</i>	<i>Consider gender preference in key worker, single sex accommodation etc</i> No adverse impact identified.
4.3 Race <i>People of different ethnic backgrounds, including Roma Gypsies and Travelers</i>	<i>Consider cultural traditions, food requirements, communication styles, language needs etc</i> No adverse impact identified.
4.4 Age <i>This applies to people over the age of 18 years. This can include safeguarding, consent and child welfare</i>	<i>Consider access to services or employment based on need/merit not age, effective communication strategies etc</i> No adverse impact identified.
4.5 Trans <i>People who have undergone gender reassignment (sex change) and those who identify as trans</i>	<i>Consider privacy of data, harassment, access to unisex toilets & bathing areas etc</i> No adverse impact identified.

4.6 Sexual orientation <i>This will include lesbian, gay and bi-sexual people as well as heterosexual people.</i>	<i>Consider whether the service acknowledges same sex partners as next of kin, harassment, inclusive language etc</i> No adverse impact identified.
4.7 Religion or belief <i>Includes religions, beliefs or no religion or belief</i>	<i>Consider holiday scheduling, appointment timing, dietary considerations, prayer space etc</i> No adverse impact identified.
4.8 Marriage and Civil Partnership <i>Refers to legally recognised partnerships (employment policies only)</i>	<i>Consider whether civil partners are included in benefit and leave policies etc</i> No adverse impact identified.
4.9 Pregnancy and maternity Refers to the pregnancy period and the first year after birth	<i>Consider impact on working arrangements, part-time working, infant caring responsibilities etc</i> No adverse impact identified.
4.10 Carers <i>This relates to general caring responsibilities for someone of any age.</i>	<i>Consider impact on part-time working, shift-patterns, options for flexi working etc</i> No adverse impact identified.
4.11 Other disadvantaged groups This relates to groups experiencing health inequalities such as people living in deprived areas, new migrants, people who are homeless, ex-offenders, people with HIV.	<i>Consider ease of access, location of service, historic take-up of service etc</i> No adverse impact identified.
5 Action planning for improvement	
5.1 Please outline what mitigating actions have been considered to eliminate any adverse impact?	
5.2 If no mitigating action can be taken, please give reasons.	
5.3 Please state if there are any opportunities to advance equality of opportunity?	
An Equality Action Plan template is appended to assist in meeting the requirements of the general duty	
Sign off	
Name of person who carried out this analysis: Diana Thackray/Catherine Greaves Heads of Infection Prevention & Control	
Date analysis completed: December 2017	
Date analysis was approved by responsible Director: Ratified by the Safety, Experience and Clinical Effectiveness Group on 3 rd April 2018	