

INFECTION PREVENTION AND CONTROL POLICY

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CONSULTATION GROUPS:	Infection Prevention and Control Group
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POLICY SUMMARY

The purpose of this policy is to ensure that the Trust meets its legal obligations in regard to the control of infections and to ensure that every member of staff is aware of their individual responsibility in relation to the prevention and control of infection.

Throughout this document the term patient will refer to residents, service users or clients using services provided by Essex Partnership University NHS Foundation Trust whether within an inpatient facility, nursing home or community service.

The Trust monitors the implementation of and compliance with this policy in the following ways;

The responsibility for monitoring and reviewing this Policy lies with the Director responsible for Infection Prevention and Control.

Compliance with this policy and the supporting procedural guidelines will be audited annually using evidence and guidance based approved audit tools. Audit results will be presented to the Infection Prevention and Control Group. Uptake of Infection prevention and Control Training will be monitored as outlined in section 7.0.

Services	Applicable	Comments
Trustwide	✓	

The Director responsible for monitoring and reviewing this policy is Executive Chief Operating Officer / Executive Nurse

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1.0 INTRODUCTION

- 1.1 Infection prevention and control is an important part of an effective risk management programme to improve the quality of patients' care and the occupational health of staff.
- 1.2 In addition to the need to prevent avoidable infection, which arises from ethical considerations, the Trust has a legal obligation to take appropriate steps to protect patients, staff and visitors from harm.
- 1.3 This is inclusive of all procedural guidelines and standard operational services that come under this overarching policy.

2.0 SCOPE

- 2.1 The policy coverage includes care given in individual's homes, hospital sites / nursing homes, clinics, day care facilities, and community homes and covers all areas of health and social care provision as provided by the Trust.
- 2.2 The Director for Infection Prevention and Control (DIPC) and the Infection Prevention and Control (IPC) Group must approve all adjustments to Infection Prevention and Control arrangements.

3.0 RESPONSIBILITIES

- 3.1 The Chief Executive of the Trust has ultimate responsibility for infection prevention and control. The co-ordination and management of infection prevention and control issues is delegated to the Director of Infection Prevention and Control.
- 3.2 It is the responsibility of the Infection Prevention and Control Team (IPCT) i.e. Infection Prevention and Control Nurses (IPCN), Infection Control Doctor and DIPC, to develop systems, processes and monitoring arrangements to meet the requirements of the Code of Practice.
- 3.3 The IPC Group is representative of all clinical areas of the Trust and will be proactive in raising the awareness of infection control in the organisation through a network of link clinicians.
- 3.4 The IPC Group enables the organisation to fulfil its responsibilities for minimising the risk of infection and managing Health Care Associated Infections (HCAs).
- 3.5 All employees of Essex Partnership University NHS Foundation Trust (EPUT) have a responsibility to comply with IPC practices and procedures. This responsibility must be included in the Trust's contract of employment information given to all staff.

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- 3.6 These responsibilities must be added to individual job descriptions and be part of their annual performance review with agreed personal and corporate annual objectives.

4.0 HEALTH AND SOCIAL CARE ACT (2008) - CODE OF PRACTICE

- 4.1 This policy and accompanying procedural guidelines have been developed to ensure the Trust meets its requirements as laid down by the *Health and Social Care Act (2008) - Code of Practice for health and adult social care on the prevention and control of infections and related guidance* which sets out criteria by which managers of NHS organisations are to ensure that patients are cared for in a clean environment, where the risk of HCAI is mitigated as far as is practicable.
- 4.2 Failure to adhere to the Code of Practice may result in the levy of enforcements by the Care Quality Commission. Other actions may be taken if it is deemed that a registered provider is not meeting its legal obligations as set out in the regulations.
- 4.3 The 10 compliance criteria of the Code (revised 2015) are as follows:

1	Systems to manage and monitor the prevention and control of infection. These systems use risk assessments and consider the susceptibility of service users and any risks that their environment and other users may pose to them.
2	Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections.
3	Ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance.
4	Provide suitable accurate information on infections to service users, their visitors and any person concerned with providing further support or nursing/ medical care in a timely fashion.
5	Ensure prompt identification of people who have or are at risk of developing an infection so that they receive timely and appropriate treatment to reduce the risk of transmitting infection to other people.
6	Systems to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection.
7	Provide or secure adequate isolation facilities.
8	Secure adequate access to laboratory support as appropriate.

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9	Have and adhere to policies, designed for the individual's care and provider organisations that will help to prevent and control infections.
10	Providers have a system in place to manage the occupational health needs and obligations of staff in relation to infection.

5.0 INFECTION PREVENTION AND CONTROL ASSURANCE FRAMEWORK

- 5.1 In order to minimise risk, the Trust has developed an Infection Control Assurance Framework that sits within the Trust Risk Management systems.
- 5.2 Infection prevention and control risks are identified throughout the Trust from a range of different sources including annual service area infection control risk assessments (all Ward Managers /Nursing Home Managers/ Service Managers are responsible for ensuring an annual risk assessment has been completed), infection control incidents, ad hock risk assessments and audit findings.
- 5.3 All risks identified are scored according to the Trust Risk Management Strategy and included onto the Clinical Governance and Quality and, if applicable, the Corporate Risk Register/Assurance Framework.
- 5.4 The Infection control risk register will be monitored regularly by the IPC Group.
- 5.5 A key part of reducing risk is education of staff, patients and visitors to the organisation. In addition to the training outlined below information about Trust Infection Control Practices will be made available to patients and visitors. All managers are responsible for ensuring appropriate IPC posters and leaflets are available in their areas and the annual Infection Prevention and Control Report is made available to the public on the Trust website.

6.0 IMPLEMENTATION

- 6.1 Infection Prevention and Control Policy and Procedural Guidelines will be updated by the IPCT.
- 6.2 The Policy and Procedures will be available via the Trust Intranet site.
- 6.3 All infection control concerns should be reported to the IPCT for advice or action without delay.
- 6.4 The IPCT will report all potential serious problems to the Director of Infection Prevention and Control (DIPC) and other directors as appropriate.
- 6.5 Records of IPC incidents will be kept and trends will be analysed. Appropriate action will be taken as required.

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- 6.6 An IPC Risk Register will be kept and monitored by the IPCT and IPC Group. Any significant risks will be escalated via the Corporate Risk Register or Board Assurance Framework as appropriate.
- 6.7 An annual IPC Work Programme which reflects priorities for the prevention and control of infection within the Trust, and the resources required to meet these needs will be produced by the IPCT and approved by the IPC Group, as well as the Board.
- 6.8 Quarterly Infection Prevention and Control Reports, summarising the progress of the IPC work programme, will be produced by the IPCT and submitted to the IPC Group, respective commissioning CCGs and the Board.
- 6.9 The IPCT will continually monitor and review Public Health Guidance and implement, as appropriate, within the Trust in response to emerging public health risks, such as the Covid 19 Pandemic or Pandemic flu.
- 6.10 The central contact point for infection prevention and control issues for the Trust is:

DURING OFFICE HOURS

[REDACTED]

OUT OF HOURS

Essex – Mental Health and Community Services:

Any **URGENT** enquiries, particularly to report an outbreak of infection within Trust premises – contact the on-call senior manager.

The senior manager may then contact the Microbiologist on call:
Colchester Hospital (ESNEFT) – [REDACTED]

Bedfordshire Secure Services

Any **URGENT** enquiries, particularly to report an outbreak of infection within Trust premises – contact the on-call senior manager.

7.0 TRAINING

7.1 The training needs analysis below identifies minimum training requirements for Trust Staff.

Service	Core Practice Requirement	UPDATE INTERVAL	STAFF CATEGORY	DELIVERY METHOD
All Trust Staff	Infection Prevention and Control Training (inc. inoculation training & hand hygiene training)	Annual	All staff who have patient contact/clinical environment contact (incl. Facilities, ward admin, Meds Management etc.)	e-learning Face to face sessions on request.
		3 Yearly	All other Trust staff (incl. Estates.)	e-learning Face to face sessions on request.

7.2 The Workforce Development and Training Department will report monthly on compliance levels for mandatory training for the Executive Team, Workforce and Business Support Service Board and Health, Safety and Security Committees.

7.3 Service managers and Directors will be able to check training compliance through the training tracker via the Trust Intranet.

7.4 Staff who are booked onto mandatory / core practice training and are, for whatever reason, unable to attend, MUST inform their relevant Manager of their reasons.

7.5 Staff who do not attend a Mandatory or Core Practice course will receive notification from the Information Department informing them of their non-attendance. Managers will receive a copy of this. From this information non-attendees will be automatically re-booked onto another course by the Information Department. If an individual fails to attend on the second occasion, the service Director will be notified.

8.0 MONITORING AND REVIEW

8.1 The responsibility for monitoring and reviewing this Policy lies with the Director responsible for Infection Prevention and Control.

8.2 Compliance with this policy and the supporting procedural guidelines will be audited annually using evidence and guidance based approved audit tools. Audit results will be presented to the IPC Group. Uptake of Infection prevention and Control Training will be monitored as outlined in section 7.0.

9.0 PROCEDURAL GUIDELINE INDEX

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	Section 1 Infection and Common Infectious Diseases
	Section 2 Standard Precautions of Infection Control
	Section 3 Infection Control in Clinical Practice
	Section 4 Communicable Diseases and Outbreak Control
	Section 5 Prevention and management of MRSA
	Section 6 Prevention and management of Clostridium difficile
	Section 7 Prevention and management of Tuberculosis
	Section 8 Prevention and management of Infestations
	Section 9 Prevention and Management of Sharps Injuries / Contamination Incidents
	Section 10 Pets and Pests
	Section 11 Care and Decontamination of mattresses

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