Infection Prevention & Control Policy

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Manager Responsible

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Contents

1 Introduction

1.1. This policy has been developed as part of South East Coast Ambulance Service NHS Foundation Trust's (the Trust) ongoing commitment to promoting high standards of infection prevention and control throughout the Trust.

1.2. It aims to support and reinforce each aspect of the Trust's Infection Prevention and Control Assurance Framework (IPCAF), in order to help minimise the risks of healthcare associated infection (HCAI) to patients, members of the public and Trust staff.

1.3. The policy is underpinned by the Trust's Infection Prevention and Control Manual.

1.4. The policy applies to all staff employed by the Trust which includes temporary agency staff and contractors.

1.5. The Trust is legally required to register such compliance with the regulatory board the Care Quality Commission (CQC).

2 Aims and Objectives

2.1. The Trust seeks to constantly develop safer systems of work to maximise the wellbeing and safety of patients and staff in accordance with the Health and Social Care Act 2008, Code of Practice for the Prevention and Control of Healthcare Associated Infections.

2.2. This policy describes the processes for managing the risks associated with infection prevention and control and outlines:

2.2.1. key roles and responsibilities;

2.2.2. management arrangement for infection prevention & control;

2.2.3. core clinical protocols;

2.2.4. information available to patients and the public

2.2.5. provision and monitoring of infection prevention and control training and education of staff

2.3. **The key principles of this policy are as follows:**

2.3.1. All staff must be aware of their roles and responsibilities with regard to infection prevention and control and must challenge inappropriate practice using the Trust's reporting systems.

2.3.2. The arrangements for protecting patients from the risks of acquiring HCAI must be clear.

2.3.3. All staff whose duties are directly or indirectly concerned with patient care must receive information and training appropriate to their role.

2.3.4. A system must be maintained to ensure that key policies and practices are being generated and monitored effectively.

2.3.5. Patients presenting with an infection or who acquire an infection during treatment must be managed appropriately to reduce the risk of transmission.

3   Definitions

3.1. Effective infection control prevents the possible spread of infections by organisms that have the potential to cause disease.

4   Policy Statement

4.1. The policy aims to support and reinforce the infection prevention and control aspects of the Trust's Clinical Strategy, in order to help minimise the risks of healthcare associated infection. Infection Prevention and Control Policies are presented in accordance with 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 (DoH 2008).

4.2. The Trust has in place the appropriate procedures that adhere to the clinical care protocols in relation to preventing reducing and controlling the risks of Healthcare Associated Infections. The appropriate core protocols concerning the Trust are:

4.2.1. Hand hygiene and care;

4.2.2. Standard (universal) infection control precautions;

4.2.3. Aseptic technique;

4.2.4. Safe handling and disposal of sharps;

4.2.5. Prevention of occupational exposure to blood-borne viruses, including prevention of sharps injuries;

4.2.6. Management of occupational exposure to blood-borne viruses and post-exposure prophylaxis;

4.3. These care protocol procedures can be found in the Trust's 'Infection Prevention and Control Manual'.

5 Arrangements

5.1. The Trust recognises that patients have a right to be protected from preventable infections and that staff have a duty to safeguard the wellbeing of patients and members of the public. Prevention is the primary strategy to reduce the risk of healthcare associated infections.

5.2. The Trust complies with the Health and Social Care Act 2008 and other professional health bodies and will manage infection prevention and control issues via the Director for Infection Prevention and Control (DIPC) who reports directly to the Chief Executive. The Infection Control Team will lead on infection prevention and control issues in collaboration with other Trust working groups, committees and external healthcare providers. However, it is the responsibility of all employees of the Trust to assist in the effective management of infection prevention and control. Where appropriate assistance will be sought from other bodies such as the National Institute for Clinical Excellence and Public Health England.

6 Responsibilities

6.1. All Employees

6.1.1. All staff have a responsibility to protect themselves, as well as making all reasonable efforts to safeguard the welfare of their patients and all other persons encountered in their daily duties. Adherence to the guidance and procedures within the Trusts Infection Prevention and Control Manual will significantly assist staff in achieving this goal.

6.1.2. All infection control accidents, incidents or risks must be reported immediately and fully documented using the Trust's incident reporting system.

6.2. Chief Executive

6.2.1. The Chief Executive has overall accountability for ensuring the Trust maintains adequate and appropriate controls and procedures to minimise the risks of infection to patients, members of the public and staff in accordance with the Health and Social Care Act 2008.

6.2.2. The Chief Executive will designate the prevention and control of HCAI as a core part of the Trust's governance and patient safety programmes.

6.3. Trust Executive Directors and Heads of Departments

6.3.1. Trust Directors are responsible for the provision, application and monitoring of infection prevention and control measures that fall within their area of responsibilities.

6.3.2. Responsible for including specific infection prevention and control in appraisals of all managers under their control.

6.4. Medical Director

6.4.1. In accordance with Department of Health Guidance 'Winning Ways' (December 2003) and the Health and Social Care Act 2008 the Medical Director has been designated as the Trust's Executive Director of Infection Prevention and Control (DIPC).

6.5. Finance Director

6.5.1. Responsible for infection prevention and control affecting premises and facilities, including vehicles, stores and procurement, waste management and cleaning services.

6.5.2. Responsible for ensuring that infection prevention and control is considered at all stages of planning, building and refurbishment work.

6.6. Director of Workforce and Transformation

6.6.1. Responsible for ensuring relevant occupational health services and policies are available for the prevention and management of communicable infections in staff.

6.6.2. Ensuring that infection prevention and control requirements are reflected in job descriptions and forms part of the annual personal development plan/ appraisals.

6.7. Director of Clinical Operations

6.7.1. Responsible for incorporating the principles and practice of infection prevention and control in corporate induction, basic training for new staff and key skills training programmes.

6.8. Infection Control Lead

6.8.1. Responsible for setting aims and objectives that meet the needs of the Trust and ensure patient safety and quality of care.

6.8.2. Identify priorities for the delivery of clean, safe, evidence-based infection control practice based on current legislation and guidance.

6.8.3. They will act as an ambassador and expert for all aspects of infection prevention and control as appropriate, with the Department of Health, National Reporting and Learning System, Public Health England, Environmental Health Services, Local Commissioning Groups, Acute Sector Providers, Social Services and other interested parties encouraging collaborative working to improve service performance.

6.8.4.   Reporting to the Trust Board that the policy has been implemented to reduce HCAI via the Risk Management and Clinical Governance Committee.

6.9.   **Senior Managers**

6.9.1.   Senior Managers are responsible for implementing and monitoring Trust policies and to provide leadership and supervision to ensure compliance.

6.9.2.   Responsible for including specific infection prevention and control in appraisals of all under their management.

6.10.   **First Line Managers (team leaders and supervisors)**

6.10.1.   Have responsibility to provide leadership and to promote responsible attitudes towards infection prevention and control.

6.10.2.   Through work based assessment and supervision they will be responsible for ensuring that all employees are competent in applying infection prevention and control procedures relevant to their job role.

6.10.3.   Responsible for including specific infection prevention and control in appraisals of all staff under their management.

6.11.   **All Staff**

6.11.1.   All staff will ensure they carry out their duties in a manner that maintains and promotes the principles and practice of infection prevention and control in compliance with national standards, Trust policies, guidelines and procedures.

7   Competence

7.1.   The Trust, through the Learning and Development Department, will ensure that all staff and contractors receive education, information and training in infection prevention and control in line with the Health and Social Care Act 2008.

7.2.   All details and requirements of training are recorded on the Trust's training needs analysis programme, including Trust procedures and actions which apply in the event of any non-attendance by staff.

7.3.   Reporting of training uptake by staff group per annum will be undertaken by the Learning and Development Department to the Risk Management and Clinical Governance Committee in accordance with its agenda framework.

8 Monitoring

8.1. Incidents relating to infection prevention and control will be recorded on the Trusts incident reporting system by the Trust's Risk Co-ordinator.

8.2. These will be investigated by the relevant Line Manager and will be monitored for completion by the Risk Co-ordinator. This alert will be sent to the Infection Control Lead who will provide advice and guidance for various groups and committees.

8.3. Information relating to infection prevention and control will be reported by the Infection Control Lead to the Central Health and Safety Working Group in accordance with its agenda framework. This will identify incidents which may impact across the whole Trust. As the Group includes a member of Learning and Development all learning points will be integrated into the training needs analysis programme as agreed by the Group. Minutes of these Groups will reflect recommendations, training records and improvements.

8.4. All incidents will be reviewed by the Infection Control Sub Group in accordance with its agenda framework. It will be the responsibility of the Infection Control Lead to table the report for this group. Minutes of these groups will reflect recommended actions and is the method for raising/escalating issues at the Central Health and Safety Working Group and the Risk Management and Clinical Governance Committee.

9 Audit and Review

9.1. This policy will be reviewed every three years by the Infection Control Sub Group including the Director for Infection Prevention and Control and amended accordingly if required. The review will be led by the Infection Control Lead in consultation with the members of the Infection Control Sub Group.

9.2. This timescale will be reviewed in light of any adverse incidents or risks identified (or in light of any new legislation or organisational change), or in light of any significant changes to clinical practice or guidelines as identified to the Trust and/ or its staff or patients.

10 Equality Analysis

10.1. The policy has undergone an Equality Analysis by the Infection Control Team and they have identified no potential discriminatory impact when adhering to this policy.

11 Associated Documentation

11.1. Infection Prevention and Control Manual

11.2.	Waste Management Policy

11.3.	Medical Devices Management Policy

11.4.	Risk Assessment Procedure (of medical devices and practices).

11.5.	Staff Illness and Reporting Procedure.

11.6.	Infection Control Sub Group Terms of Reference.

## 12	References

12.1.	Criteria for Assessing Core Standards (Healthcare Commission).

12.2.	Department of Health. (2003) Winning Ways – Working Together to Reduce Healthcare Associated Infections in England. A Report from the Chief Medical Officer. London: DoH.

12.3.	Health Professions Council, Standard of Proficiency section 10.

12.4.	Joint Royal Colleges Ambulance Liaison Committee, Clinical Practice Guidelines.

12.5.	IHCD Basic Ambulance service Training Manual.

12.6.	IHCD Paramedic Training Manual.

12.7.	Health & Safety Commission (1974) Health and Safety at Work etc. Act.

12.8.	Health & Safety Commission (1999) Control of Substances Hazardous to Health (COSHH) Regulations.

12.9.	Department of Health (1998). Guidance for Clinical Care Workers Protection against Infection with Blood-Borne viruses.

12.10.	Ayliffe, G.A.J., Fraise, A.P., Geddes, A.M. & Mitchell, K. (2000) Control of Hospital Infection, A practical Handbook, 4th edn. Arnold, London.

12.11.	Kent Health Protection Unit (2005). Guidelines for Infection and Communicable Disease Control in Primary Care.

12.12.	Kent Health Protection Unit (2006). Guidelines for Infection Prevention and Control in the Community.

12.13.	Department of Health. (2008) Health Act, Code of Practice for the Prevention & Control of Healthcare Associated Infections. London: DoH.

12.14.   Infection Control Nurses Association. (2005) Audit tools for Monitoring Infection Control Guidelines within the Community Setting. London: DoH.

12.15.   National Audit Office. (2004) Improving patient care by reducing the risk of hospital acquired infection: A progress report. Report by the controller and Auditor> Stationary Office, HC 876. London.

12.16.   Department of Health (2007) Saving Lives: reducing infection, delivering clean and safe care. London: DoH.

12.17.   Prat, R.Pellowe, C.Wilson, J.Loveday, H. et al (2007) epic2: National evidence-based guidelines for preventing healthcare-associated infections in NHS hospitals in England. Journal of Hospital Infection, 65, pp. S1-S64. Elsevier, Science Direct.