Trust Guidance

Plymouth Hospitals NHS
NHS Trust

Guidelines Title:
INFECTION PREVENTION & CONTROL FRAMEWORK

Date	Version
February 2015	**6**

Purpose

The aim of this Framework is to minimise the risk of infection to patients, staff and visitors, by promoting a high level of compliance with infection prevention and control practices. This document provides essential information and guidance for all staff.

Who should read this document?

These guidelines are applicable to all staff, to include Ministry of Defence (MOD) personnel; contractors; those employed on a fixed term contract; honorary contract, agency or locum staff; and students affiliated to educational establishments and volunteers.

Key messages

This framework aims to provide essential infection prevention and control information and guidance to all staff, to promote a high level of compliance with infection control practice in order to reduce the risk of Healthcare Associated Infections (HCAI).

Accountabilities

Production	Dr Peter Jenks, Director of Infection Prevention & Control Claire Haill, Lead Nurse, Infection Prevention & Control
Review and approval	Infection Control Committee – 24th February 2015
Ratification	Greg Dix, Director of Nursing
Dissemination	Trust-wide
Compliance	NHSLA 1.2.8 & 2.2.8 CQC Essential Standards of Quality & Safety The Hygiene Code

Links to other policies and procedures

Infection Control Manual – StaffNet\TrustDocuments\ Infection Control

Version History

	May 2012	Update of Infection Prevention & Control Framework V4
	February 2015	Update of Infection Prevention & Control Framework V5

Last Approval	Due for Review
24 February 2015	February 2020

The Trust is committed to creating a fully inclusive and accessible service. By making equality and diversity an integral part of the business, it will enable us to enhance the services we deliver and better meet the needs of patients and staff. We will treat people with dignity and respect, promote equality and diversity and eliminate all forms of discrimination, regardless of (but not limited to) age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage/civil partnership and pregnancy/maternity.

Trust Commitment to Valuing People

PHNT is committed to creating a fully inclusive and accessible service. By making equality and diversity an integral part of the business, it will enable us to enhance the services we deliver and better meet the needs of patients and staff.

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1 Framework Statement

The prevention and control of infection is fundamental to the provision of a safe clinical and hospital environment, and must be an integral part of the care given to all patients.

Plymouth Hospitals NHS Trust will provide a managed environment, as described in this document, to prevent and minimise the risk of infection to patients, staff and visitors.

This policy serves as a Trust Infection Prevention & Control assurance framework and a programme of work is developed on an annual basis. The progress against implementation is monitored on a quarterly basis by the Infection Control Committee, Infection Prevention Sub-committee and Clinical Governance.

All Infection Prevention & Control guidelines are reviewed in accordance to Trust document control policy at least 5 yearly and more frequently if there are significant changes to the current National guideline and ratified through the Infection Control Committee and signed off by the Director of Infection Prevention & Control and Executive Director for Infection Control. Due consideration is given to clinical expert opinion and relevant government documents, and includes duties, process for enabling all relevant permanent staff groups, as identified in the training needs analysis, to complete Infection Prevention and Control training and details the process for monitoring the effectiveness of compliance. This information is included in the Quarterly Reviews and Annual Report provided by the Director of Infection Prevention & Control through the Infection Control Committee and Trust Board.

Information available to patients and the public about the organisation's general processes and arrangements for preventing and controlling health care acquired infections are reviewed annually or earlier if required by the Department of Health.

The Plymouth Hospitals NHS Trust Infection Control Manual refers to appropriate core policies specified in the Hygiene Code 2008.

2 Framework Background

Healthcare Associated Infections may be transmitted to patients during their care in hospital, as well as in a primary care setting. Approximately 9% of patients acquire an infection while they are in hospital, causing an estimated 100,000 infections per annum at a cost of £1000 million.

The Health and Safety at Work etc. Act 1974 makes provision for securing the health, safety and welfare of persons at work, and for protecting others against risks to health or safety in connection with the activities of persons at work. The Control of Substances Hazardous to Health (COSHH) Regulations 2002 as amended represents the main piece of legislation covering control of the risks to employees and other people arising from exposure to harmful substances generated out of or in connection with any work activity under the employer's control. The Trust also has a moral duty of care to minimise the risk of any preventable or controllable illness.

This framework is based on currently available evidence-based or best practice guidance (see References). Hand hygiene and a clean clinical environment are of prime importance in minimising the risk of HCAI.

3 Staff responsibilities

3.1 Infection Prevention and Control Team

The Infection Prevention and Control Team (IPCT) are responsible for delivering, managing and developing the Trust wide infection control service. The IPCT comprises of the Director of Infection Prevention and Control, Infection Control Doctor, Senior Nurse Infection Control, Infection Control Nurses and other associated staff (*See* **Annual Programme of Work**).

3.2 Other Healthcare Workers

All staff must possess an appropriate awareness of their role in the prevention and containment of infection in their area of work. All staff are expected to fully comply with this framework, as well as all Trust Infection Prevention and Control Guidelines. All staff are also expected to be aware of their duties in ensuring the Trust complies with the Code of Practice for the Control and Prevention of Healthcare Associated Infections. A high standard of infection control must be an integral part of the practice of all staff working in a clinical setting.

4 Associated Guidelines and Protocols

4.1 Standard Principles for Preventing HCAI

4.1.1 Hand Hygiene
4.1.2 Universal Precautions
4.1.3 Personal Protective Equipment
4.1.4 Safe Use and Disposal of Sharps
4.1.5 Occupational Health & Wellbeing Procedures & Immunisations
4.1.6 Hospital Environmental Hygiene
4.1.7 Liaison between IPCT and Persons responsible for Site Services and Planning
4.1.8 Safe use of Medical Equipment and Drugs
4.1.9 Reducing the infection risk from use of Catheters, Tubes, Cannulae, Instruments and other devices
4.1.10 Aseptic non-touch technique
4.1.11 Infection Control in the Built Environment

4.2 Active Surveillance and Investigation
4.3 Training and Education
4.4 Infection Control Special Precautions
4.5 Prudent use of Antibiotics
4.6 Management and Organisation of Infection Prevention & Control

4.1.1 Hand Hygiene

Summary

Infection control is everyone's responsibility and hand hygiene is the single most important factor in preventing the spread of infection.

Key Issues

- **'Bare Below the Elbow'**
  Hands and arms up to the elbow/mid forearm are exposed from clothing/jewellery.

  Healthcare workers should ensure their hands can be decontaminated throughout the duration of clinical work by:

  - Being 'bare below the elbow' when delivering direct patient care ('hands-on' or face-to-face contact with patients)
  - Removing wrist and hand jewellery
  - Making sure that finger nails are short, clean and free of nail polish
  - Covering cuts and abrasions with waterproof dressings

  Any person whose duties concern the provision of treatment, accommodation or related services and patients, and who has access to patients or the patient environment during the course of their work. This includes clinical, ancillary, administrative, clerical and technical staff.

- Hands must be decontaminated immediately before each and every episode of direct patient contact/care and after any activity or contact that potentially results in hands becoming contaminated. Hands should be washed with soap and water at the start and end of clinical duties, when hands are visibly soiled or potentially contaminated and following the removal of gloves. Routine periodic hand decontamination with alcohol-based rub should be performed between every patient contact or between each activity for the same patient when hands are not visibly soiled.

- All wrist jewellery (including wristwatches) and hand jewellery/rings (with the exception of a single plain band) must be removed at the beginning of each clinical shift by all staff with direct patient skin contact. Cuts and abrasions must be covered with waterproof dressings. Nails must be kept short and false nails must not be worn.

- Near patient alcohol hand rub is provided throughout the hospital. The alcohol hand rub at the entrances to wards or departments must be used on entering and leaving. Patients and visitors should also be encouraged to use these facilities.

- An effective handwashing technique involves three stages: preparation, washing and rinsing, and drying. Preparation requires wetting hands under tepid running water before applying liquid soap or an antimicrobial preparation. The hand wash solution must come into contact with all the surfaces of the hand. The hands must be rubbed together vigorously for a minimum of 10-15 seconds paying particular attention to the tips of the fingers, the thumbs and the areas between the fingers. Hands should be rinsed thoroughly prior to drying with paper towels.

- When decontaminating hands using an alcohol hand rub, hands should be free of dirt and organic material. The hand rub solution must come into contact with all surfaces of the hand. The hands must be rubbed together vigorously, paying particular attention to the tips of the fingers, the thumbs and the areas between the fingers, until the solution has evaporated and the hands are dry.

See **Hand Hygiene Guidelines** (Infection Control Manual)

4.1.2 Standard (Universal) Precautions

Summary

Standard (universal) precautions must be rigorously adopted in clinical areas at all times in order to minimise the transmission of infection, including blood-borne viruses.

Key Issues

'Bare Below the Elbow'
Hands and arms up to the elbow/mid forearm are exposed from clothing/jewellery.

Healthcare workers should ensure that their hands can be decontaminated throughout the duration of clinical work by:

- Being 'bare below the elbow' when delivering direct patient care ('hands on or face-to-face contact with patients)
- Removing wrist and hand jewellery (except a wedding ring)
- Making sure that fingernails are short, clean and free of nail polish
- Cover any cuts or abrasions with a water-proof impermeable dressing whilst at work.
- Employ good hand hygiene.
- Use gloves and personal protective equipment where appropriate.
- Safely handle and dispose of sharps at the point of care.
- Report promptly contamination from any blood or body fluids, for example sharps, bites or scratches or body fluids that have entered a member of staff's eyes or mouth.

See **Management of the Infected Patient in Hospital** (Infection Control Manual)

4.1.3 Personal Protective Equipment

Summary

Appropriate personal protective equipment must be selected following an assessment of the risk transmission of micro-organisms to the patient, and the risk of

contamination to a member of staff's clothing and skin by a patient's blood, body fluids, secretions and excretions.

Key Issues

- Gloves must be worn for invasive procedures, contact with sterile sites, and non-intact skin, mucous membranes, and all activities that have been assessed as carrying a risk of exposure to blood, body fluids, secretions and excretions, as well as when handling sharp or contaminated instruments.

- Gloves must be worn as a single use item and put on immediately before an episode of patient contact or treatment and removed as soon as the activity is completed. Gloves must be changed between caring for different patients, or between different care/treatment activities for the same patient. Gloves are not a replacement for good hand hygiene and staff must wash their hands after glove removal

- Disposable plastic aprons must be worn when there is a risk that clothing or a uniform may become exposed to blood, body fluids, secretions and excretions. They must be worn as a single use item and changed between patients.

- Full body, fluid-repellent gowns must be worn where there is a risk of extensive splashing of blood, body fluids, secretions and excretions onto the skin of staff.

- Face masks and eye protection must be worn where there is a risk of blood, body fluids, secretions and excretions splashing into the face and eyes.

- Respiratory protective equipment must be used when clinically indicated *See* individual guidelines for the **Control of Tuberculosis** and **Influenza** (Infection Control Manual).

See **Management of the Infected Patient in Hospital** (Infection Control Manual) and **Personal Protective Equipment at Work Regulations, 1992**.

4.1.4 Safe Use and Disposal of Sharps

Summary

Sharps are any items that have a potential to cause an inoculation injury. Sharps usage must be avoided where possible. Where usage is essential, particular care in handling and disposal must be exercised.

Key Issues

- The disposal of sharps is the responsibility of the user and must not be handed to anyone else for disposal.

- Particular care must be taken when dealing with a confused or uncooperative patient and inexperienced staff should avoid carrying out an invasive procedure on a patient where the risk of a contamination incident is increased or on a patient who is known to have a blood-borne virus.

- For venepuncture, the Vacutainer system must be used in line with the manufacturer's guidelines to reduce the risk of sharps injury.

- Used syringes/cartridges and needles must not be re-sheathed.

- Sharps must be disposed of using one hand at the point of use into a designated sharps container that is an appropriate size, correctly assembled and labelled. It must be closed and locked when the fill line is reached; the label completed and stored in a secure area inaccessible to the general public.

- Sharps bins must be located in close proximity to the place of use. If sharps are taken to a patient, a portable sharps bin should form part of the equipment set.

- The correct action (as outlined in **Management of Contamination Incident** (Infection Control Manual)) must be taken following a contamination incident, including the appropriate first aid and reporting.

See **Prevention of Contamination Incident** and **Management of Contamination Incident** (Infection Control Manual)

4.1.5 Occupational Health & Wellbeing Procedures and Immunisations

Framework, purpose and standards

The Occupational Health & Wellbeing immunisation service is provided by the Trust, free of charge to all staff. The immunisation programme assists in the protection of both staff and patients from infections.

Whilst participation in the immunisation programme is generally voluntary, for certain groups of staff there are formal requirements from the Department of Health, to which the Trust adheres, in relation to freedom from infection and specific clinical duties (exposure prone procedures).

Staff have a professional duty to seek and take advice from occupational health if they are at risk from or believe they may have acquired a serious communicable disease (e.g. TB or a blood borne virus). Guidance to staff with other infections is also available from infection control who, in collaboration with Staff Health and Wellbeing, will take the final decision on any risk that may be posed to patients by potentially or actually infectious staff.

General arrangements

At pre-placement and other times determined by the Trust, staff will attend Staff Health and Wellbeing for health and immunisation review and update as appropriate.

For staff undertaking exposure prone procedures, specific instructions exist from the Department of Health in relation to TB, Hepatitis B, C and HIV. Employing managers identify staff who may undertake such work, and Staff Health and Wellbeing arranges appropriate testing and/or immunisation with due regard to confidentiality.

Staff with infections, and untoward exposure to infections

Staff Health and Wellbeing offers a confidential advisory service to staff with infections, or who may have been placed at risk (e.g. needlestick injuries, exposure to infectious patients), and follows up/liaises with other specialists as appropriate

including Infection Control, Trust TB and HIV specialists, and Dermatology (e.g. scabies on a ward). Staff Health and Wellbeing liaises closely with the Infection Control Team in relation to risk assessment of generic and specific exposures.

Staff with specific infections

- **Tuberculosis, Hepatitis B and C, and HIV –** Department of Health guidance is followed. *See* **Control of Tuberculosis** and **Management of Contamination Incidents** (Infection Control Manual)

- **Diarrhoea and vomiting** – staff should be free from symptoms of diarrhoea and or vomiting for 48 hours before returning to work, unless operational circumstances dictate otherwise at the discretion of the Outbreak Control Team and Infection Prevention & Control. *See* **Outbreak guidelines for Clinical Areas and Management of Diarrhoea & Vomiting in a Clinical area** (Infection Control Manual)

- **Skin lesions** - staff should avoid patient contact if they have skin lesions such as paronychia, eczema, or psoriasis unless the lesions are adequately covered. In general, skin must be intact and sufficiently robust to withstand hand washing as described elsewhere in this document. Further advice may be obtained from the Staff Health and Wellbeing Department.

- **MRSA** - *See* **The Management and Control of Multi-Resistant *Staphylococcus aureus*** (Infection Control Manual).

- **Chicken pox, mumps and other disease** – Guidance from Department of Health, Health Protection Agency and other authoritative sources is considered by Infection Prevention and Control and Occupational Health & Wellbeing both generically and on a case-by-case basis. Staff may/should approach either, and should recognise that this framework document cannot include all eventualities.

Latex (gloves)

Latex has the potential to provoke allergic reactions to staff and patients, and separate guidance exists.

4.1.6 Hospital Environmental Hygiene

Summary

The hospital environment, as well as items of medical equipment, must be visibly clean, free from dust, dirt and clutter, and of an acceptable standard to patients, visitors and staff.

Key Issues

- A piece of equipment that is used for more than one patient, for example a commode, a bath hoist or blood pressure cuff, must be cleaned following each and every episode of use.

- Statutory requirements must be met in relation to the safe disposal of clinical waste, laundry arrangements for used and infected linen, food hygiene and pest control.

- All staff involved in hospital hygiene activities must be included in education and training related to the prevention of HCAI.

See Linen Services Guidelines **and** Decontamination Guidelines and Procedures **(Infection Control Manual).**

4.1.7 Liaison between IPCT and Persons responsible for Site Services and Planning

Summary

The IPCT liaises with Facilities and Site Services staff on a regular basis on many aspects of estates, facilities and planning management. This assures that the risks of infection are taken into account and reduced wherever possible. Formal interaction between the Teams will occur as follows:

- Infection Control Committee – senior members of the Site Services, Facilities and Planning Department and Serco are members of the Infection Control Committee

- Outbreaks - senior members of the Site Services, Facilities and Planning Department and Serco are invited to all outbreak meetings and form part of the Outbreak Team

- Patient Led Assessments in the Clinical Environment (PLACE) - senior members of the Site Services, Facilities and Planning Department, Serco and the IPCT are members of PLACE

- PLACE inspections - senior members of Site Services, Facilities and Planning Department, Serco and the IPCT are members of the team that perform the quarterly PLACE inspections

- Cleaning Contract Negotiations – the IPCT will be consulted over and be part of the project team involved in negotiation, assessment and monitoring of cleaning contracts

- The IPCT will be contacted to provide infection control input to building and refurbishment projects in order to promote compliance with national and local infection control guidance as well as that outlined in the 'Renovation and Construction' Guidelines

- Legionella and Water Assurance Group Management Group - senior members of Site Services, Facilities and Planning Department and the IPCT are members of this group.

See **Linen Services Guidelines and Decontamination Guidelines and other Procedures** (Infection Control Manual).

4.1.8 Safe Use of Medical Equipment and Drugs

Summary

Safe infection prevention and control practices for the use of medical equipment and drugs must be adhered to by all staff during their work, in order to prevent the risk of contamination and cross infection. The procurement team should liaise with IPCT for advice on infection control aspects when procuring medical equipment, medical devices and furnishings, in relation to cleaning, decontamination, maintenance and disposal of items used with in the hospital environment.

Key Issues

Medical equipment for intravenous therapy or other percutaneous procedures.

- Medical equipment for intravenous therapy or other percutaneous procedures, including needles, syringes, lines, catheters, tubing, and sterile saline or water for injection, must be for single patient use only.

- Sterile fluids intended for intravenous or other percutaneous injection, including saline, water, or drugs must be for single use only. If only part used, the remainder must be discarded. They must not be kept for multiple use on separate occasions, even for a single patient.

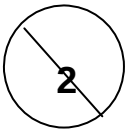
Surgical equipment or other medical equipment used for invasive procedures

- Surgical equipment or other medical equipment used for invasive procedures must be adequately decontaminated before re-use or repair. The Decontamination and Sterilisation Group will provide further advice and guidance.

- All other medical devices (as defined by the Medicines and Healthcare Products Regulatory Agency) should be decontaminated or appropriately cleaned before use on another patient or before sending to MEMS for repair. It is the responsibility of users to decontaminate equipment and communicate contamination status prior to referral for repair. An appropriate decontamination certificate should therefore accompany equipment sent to MEMS for repair.

- Any such equipment that is designated as single use must not be re-processed under any circumstances.

The following symbol indicates for single-use only:



Other medical equipment designated for single use or single patient use

- Equipment designated for single patient use should not be used for more than one patient.

- Equipment designated for single use must not be re-processed or re-used.

See **Decontamination Guidelines and other Procedures** (Infection Control Manual), **MEMS User Guide** and **Trust Policy on Single Use Items**.

4.1.9 Reducing the Infection Risk from Medical Devices

Summary

Many patients acquire an infection because their body's natural defences are breached when catheters, tubes, drains and feeding lines are inserted as part of their care. The infection risk associated with the use of medical devices can be reduced by using the Saving Lives High Impact Interventions and other audit tools such as the Daily Peripheral Line Management Tool (provided by the IPCT).

Key Issues

Urinary Catheters

- Urinary catheters should only be used when there is no suitable alternative, and must be kept *in situ* for as short a time as possible.

- When long term indwelling use is unavoidable, a catheter of low allogenicity must be used.

- Urinary catheter insertion and care must be undertaken by staff trained and assessed as competent, using an aseptic non-touch technique.

- Correct labelling must be undertaken and the dates of insertion and removal of the device must be documented in the appropriate clinical record.

Peripheral Intravenous Cannulae

- Intravenous cannulae insertion must be undertaken by staff trained and assessed as competent, using an aseptic non-touch technique.

- The number of lines, lumens and stopcocks must be kept to a minimum consistent with clinical need.

- Peripheral intravenous cannulae insertion sites must be regularly inspected for signs of infection and the cannula removed if infection is suspected and reported as a datix incident.

- Peripheral intravenous cannulae must be kept in for the minimum time necessary and changed every 72 hours irrespective of the presence of infection, unless the risk of changing the line outweighs the risk of keeping it *in situ*.

- Administration sets should be changed every 72 hours with the exception of the following: TPN and lipid sets should be changed when the bag is changed (i.e. at 24 – 36 hours); blood transfusion sets should be changed after two units have been given or every 12 hours, whichever is sooner.

- Correct labelling must be undertaken and the dates of insertion and removal of the device must be documented in the appropriate clinical record.

Intravenous Feeding Lines

- Intravenous feeding lines must be only used when there is no suitable alternative and kept in place for a short a time as possible

- Insertion, manipulation, and removal of intravenous feeding lines must be undertaken by staff trained and assessed as competent using an aseptic non-touch technique.

- A dedicated line or dedicated, naïve lumen or a multi-channel line must be used. No other infusion or injection must go via this route. Three–way taps must only be used for the co-administration of an insulin infusion.

- Intravenous feeding cannulae insertion sites must be regularly inspected for signs of infection and the cannula removed if infection is suspected.

- Correct labelling must be undertaken and the dates of insertion and removal of the device must be documented in the appropriate clinical record.

Central Venous Lines

- Central venous line insertion, manipulation, and removal must be undertaken by staff trained and assessed as competent, using full sterile technique.

- Central venous line catheters must not be replaced over a guide wire if infection is present or suspected.

- A dedicated non-occlusive (i.e. semi-permeable) transparent dressing must be used to allow continuous inspection of the site and must be changed at no later than 7 days.

- Correct labelling must be undertaken and the dates of insertion and removal of the device must be documented in the appropriate clinical record.

Respiratory Support

- Ventilator tubing must be changed when visibly soiled or in line with the manufacturers recommendations.

- Gloves and appropriate personal protective equipment must be worn when handling respiratory secretions or contaminated objects.

- Correct labelling must be undertaken and the dates of insertion and removal of the device must be documented in the appropriate clinical record.

See **Guidelines on the Management of Urinary Catheters,** and **Peripheral and Central Venous Catheters** and **The Royal Marsden Hospital Manual of Clinical Nursing Procedures.**

4.1.10 Aseptic Non-Touch Technique

Summary

An aseptic non-touch technique is a method that is used to prevent contamination of a wound or an invasive site by micro-organisms that could lead to an infection. This is achieved by using only sterile equipment or fluids whilst undertaking all invasive interventions.

Key Issues

- Strict attention to hand hygiene is important. *See* **Hand Hygiene Guidelines** (Infection Control Manual).

- An aseptic non-touch technique must be performed, for example using sterile gloves. *See* **Guidelines for Aseptic Technique**.

- All objects coming into contact with the wound or invasive site must be sterile. The dressing trolley must also be cleaned with water and detergent prior to use.

- Ideally, all activities that can disperse micro-organisms into the air, for example during bed making should cease 30 minutes before a dressing is undertaken. Air movement should be kept to a minimum during the dressing. It is recommended that aseptic procedures be undertaken in a designated clean area, for example a clinical room.

- All open wounds must be exposed for a minimum amount of time.

- Clean wounds must be dressed before those that are contaminated.

See **Guidelines for Aseptic Technique**.

4.1.11 Infection Control in the Built Environment

Summary

The healthcare environment is a secondary reservoir for micro-organisms that have the potential for infecting patients.

Key Issues

- It is important that infection control requirements are designed in at the planning stages of healthcare facilities including new builds or renovation projects. This input must continue until the final stage of each project, when the IPCT will sign off the building plans.

- The following specifications require advice from the IPCT:

  - Sizing/Space
  - Isolation Rooms/Single Rooms/Ventilation
  - Hand-Wash Basins
  - Ancillary Areas
  - Engineering Services
  - Storage
  - Finishes and Floors, Walls, Ceilings, Doors, Windows, Interior Design, Fixtures and Fittings
  - Decontamination
  - Laundry and Linen Services
  - Catering/Food Hygiene
  - Waste – Segregation, Storage and Disposal
  - Changing Facilities
  - Service Lifts/Pneumatic Systems
  - Design for a Safe Clean Environment
  - Construction and the Role of Cleaning
  - Post – Project Evaluation

4.2 Active Surveillance and Investigation

Surveillance of HCAI is one of the essential foundations for good infection control practice. High quality information on HCAI and antimicrobial resistant organisms is essential to track progress, investigate underlying causes and implement prevention and control measures.

The aims of a surveillance programme are to:

- Establish rates of infection for alert organisms and conditions and monitor these over time, for example MRSA bacteraemia and *Clostridium difficile.*

- Provide support for clinicians to enable them to collect surveillance data in their areas.

- Provide data to fulfil local and national mandatory requirements.

- Guide local infection prevention and control activity.

- Ensure that surveillance results, analysis and recommendations are fed-back to clinicians, nurses and other staff.

4.3 Training and Education

Education in infection prevention and control is offered to all healthcare staff, including those employed in support services in order to create a well-informed workforce that possesses the knowledge to prevent and reduce HCAI. The IPCT produces an Annual Education Plan which includes a Training Needs Analysis for all members of staff, as well as methods of delivering education and training and recording and monitoring attendance. In addition,

- A corporate induction programme for all staff must include local guidance on infection prevention and control, particularly hand hygiene and aseptic non-touch technique.

- Infection prevention and control must be considered part of the professional development for all staff. It will be integrated in to the NHS Knowledge and Skills framework to ensure the clear and consistent development of infection control objectives. It should also be included in appraisal and Mandatory Update Training for all staff. See Roles and Responsibilities for IPC (Infection Control Manual)

- The process for delivery of corporate induction programme & mandatory up dates for all staff is described in the Trust Induction Policy. It includes duties, process, checking process and follow-up of those who fail to attend, and monitoring compliance with the process. Monitoring of compliance of Hand Hygiene training is also described in the Hand Hygiene Policy.

4.4 Infection Control Special Precautions

Some patients will require infection control special precautions to prevent cross infection.

- Isolation in a single room will be necessary for certain infectious conditions, for example pulmonary TB. Consideration should be given to psychological needs and sufficient time allocated to the patient in isolation. This is particularly important for children in isolation rooms. *See* **Management of the Infected Patient in Hospital** (Infection Control Manual).

- An outbreak of infection will also necessitate a need for infection control special precautions. This may be defined as an episode of infection where there is evidence of spread of sufficient seriousness to demand immediate action, for example several patients and staff with gastroenteritis. *See* **Hot Spot Policy,** and **Guidelines for the Management of an Outbreak, including Diarrhoea & Vomiting, in a Clinical Area** (Infection Control Manual).

4.5 Prudent Use of Antibiotics

Antibiotic use will be based on local antibiotic guidelines. *See* **Plymouth Area Joint Formulary** and **Antibiotic Guidelines** on Trustnet.

- Narrow spectrum antibiotics are preferred to the broad-spectrum groups.

- Prophylactic antibiotics must only be used in defined situations where the benefit has been proven.

- The choice of antibiotic(s) will normally be governed by local information about trends in antibiotic resistance or a known sensitivity of the organism, as detailed in the current Trust Antibiotic Guidelines.

- The use of antibiotics must be regularly audited.

- The Medical Microbiologists and Pharmacists will provide support for prudent antibiotic prescribing. This process will be led by the Consultant Microbiologist

lead for antibiotics and the Antibiotic Pharmacist. This will be based on an annual programme of work to promote prudent antimicrobial prescribing.

4.6 Management and Organisation of Infection Prevention & Control

The following must be in place in order to deliver a high quality infection control service. *See* **Annual Report**:

- Defined Trust Board level responsibility for infection control and clear lines of accountability for infection prevention and control matters throughout the organisation. The Executive Director with responsibility for Infection Prevention and Control is the Medical Director for Professional Practice.

- There should be a Director of Infection Prevention and Control, as well as Non-Executive Director, with responsibility for Infection Prevention and Control matters (currently the Chairman).

- An Infection Control Committee (ICC) that endorses all infection control guidelines/policies, procedures and guidance, provides advice and support on the implementation of guidelines/policies, and monitors the progress of the Infection Control Annual Programme of Work.

- An appropriately constituted and functioning IPCT. *See* **Infection Control Annual Report and Intranet Site**.

- A robust performance management system to ensure the infection control service is monitored and reviewed by management and the Trust Board.

- Prevention and control of infection is considered as part of all service development activity.

- An organisation wide Infection Prevention and Control Annual Programme of Work that details key infection control targets. This document must be ratified by the ICC and approved by the Trust Board. *See* **Annual Programme of Work**.

- Written evidence-based or best practice policies, procedures and guidelines for the prevention and control of infection that reflect relevant legislation and published professional guidance. These should include, as a minimum, the core clinical care protocols outlined in Code of Practice for the Prevention and Control of Healthcare Associated Infection *See* **Infection Control Manual** and **Annual Report**.

- A programme for the ongoing audit of infection control policies and procedures. *See* **Annual Audit Plan**.

- A programme to ensure compliance with national guidelines and recommendations relevant to infection control (e.g. Code of Practice for the Prevention and Control of Healthcare Associated Infection, CQC Essential Standards of Quality & Safety, 'Winning Ways', NHSLA Risk Management Standards for Acute Trusts, National Institute for Clinical Effectiveness).

- The provision of timely and effective specialist microbiological support.

- Surveillance of HCAI using defined methods in accordance with agreed objectives and priorities, which have been specified in an Annual Plan for Surveillance and the Infection Control Annual Programme of Work.

- Reporting of cases of statutorily notifiable diseases and outbreaks of infection to the Consultant for Communicable Disease Control (CCDC) at the Health Protection Agency.

- Reporting of Infection Control Serious Untoward Incidents to the Strategic Health Authority and Health Protection Agency.

- Defined response to Infection Control Serious Untoward Incidents (e.g. outbreak, needlestick injury or exposure to a Hazard Group 3 micro-organism).

- A comprehensive Infection Control Annual Report produced by the IPCT, ratified by the ICC and presented to the Trust Board.

- Infection Control education is provided for all healthcare staff, including those employed in support services, as detailed in the Infection Control Education Development Plan. The education programme should be based on a Training Needs Analysis. *See* **Annual Education Plan**.

- A network of Infection Control Link Professionals who support the IPCT by undertaking infection control activities in their clinical environments.

- Collaborative working with the Clinical Site Managers to ensure effective and efficient use of the hospital bed stock in order to prevent bed closures for infection control reasons.

- Collaborative working with the Director of Nursing/Modern Matrons to ensure a high standard of infection control care is implemented throughout the organisation.

- Participation in national infection control initiatives, for example Trust wide implementation of the Clean**your**Hands campaign.

- The provision of information to patients, relatives and the general public about the Trust's general process and arrangements for preventing and controlling HCAIs, as well as information about specific infections. Information for patients and the public is available through patient leaflets, central and ward based noticeboards and the webpage: www.plymouthhospitals.hs.uk.

5 National Guidance References

The information and guidance contained within this framework have been derived from the following national documents:

Department of Health (2010). The Health Act 2006. Code of Practice for the Prevention and Control of Health Care Associated Infections.

Department of Health (2003). *Winning Ways*. Working Together to Reduce Healthcare Associated Infection in England. Report from the Chief Medical Officer. Department of Health. London.

Department of Health (2005). '*Saving Lives* – Reducing HCAI including MRSA'. Department of Health. London.

Department of Health (2007). Epic2: National Evidence-Based Guidelines for Preventing Healthcare-Associated Infections in NHS Hospitals in England. Journal of Hospital Infection 2007; Supplement 1.

Department of Health (2002). Getting Ahead of the Curve. A Strategy for Combating Infectious Diseases (Including other Aspects of Health Protection). A Report by the Chief Medical Officer. Department of Health. London.

Department of Health (2004a). Towards Cleaner Hospitals and Lower Rates of Infection. A Summary of Action. Department of Health. London.

Department of Health (2004b). A Matron's Charter. An Action Plan for Cleaner Hospitals. Department of Health. London.

Dougherty L and Lister S (2004). The Royal Marsden Hospital Manual of Clinical Nursing Procedures. (Sixth Edition). Blackwell. London.

Health and Safety Executive (1974). Health and Safety at Work Act.

Health and Safety Executive (1992). Personal Protective Equipment at Work Regulations.

Health and Safety Executive (2002). Control of Substances Hazardous to Health (COSHH) Regulations.

National Audit Office (2004). Improving Patient Care by Reducing the Risk of Hospital Acquired Infection: A Progress Report. Report by the Comptroller and Auditor General. HC 876 Session 2003-2004: 14 July 2004. National Audit Office. London.

National Patient Safety Agency (2004). Patient Safety Alert 04. 2 September 2004. Clean Hands Help to Save Lives. National Patient Safety Agency. London.

NHS Estates (2012). Hospital Building Notice 00-09 Infection Control in the Built Environment. The Stationary Office. London.

NHS Executive (2002). Controls Assurance Standard – Infection Control. NHS Executive. London.

6 Consultation and ratification

Infection Prevention and Control Team

Consultant Medical Microbiologists

Consultant Urologists

Continence Advisors

Urology Nurse Consultant

Infection Control Committee

Clinical Governance Steering Group

All Consultants

All Senior Nurses

All Ward Managers

Dissemination Plan | Appendix 1

Core Information	
Document Title	Infection Prevention & Control Framework – V6
Date Finalised	24 February 2015
Dissemination Lead	Dr Peter Jenks, Director of Infection Prevention & Control
Previous Documents	
Previous document in use?	Yes
Action to retrieve old copies.	Archived electronically by the IPCT. Also held by the Trust Document Controller

Dissemination Plan

Recipient(s)	When	How	Responsibility	Progress update

Review and Approval Checklist | Appendix 2

Review		
Title	Is the title clear and unambiguous?	Yes
	Is it clear whether the document is a policy, procedure, protocol, framework, APN or SOP?	Yes
	Does the style & format comply?	Yes
Rationale	Are reasons for development of the document stated?	Yes
Development Process	Is the method described in brief?	Yes
	Are people involved in the development identified?	Yes
	Has a reasonable attempt has been made to ensure relevant expertise has been used?	Yes
	Is there evidence of consultation with stakeholders and users?	Yes
Content	Is the objective of the document clear?	Yes
	Is the target population clear and unambiguous?	Yes
	Are the intended outcomes described?	Yes
	Are the statements clear and unambiguous?	Yes
Evidence Base	Is the type of evidence to support the document identified explicitly?	Yes
	Are key references cited and in full?	Yes
	Are supporting documents referenced?	Yes
Approval	Does the document identify which committee/group will review it?	Yes
	If appropriate have the joint Human Resources/staff side committee (or equivalent) approved the document?	Yes
	Does the document identify which Executive Director will ratify it?	Yes
Dissemination & Implementation	Is there an outline/plan to identify how this will be done?	Yes
	Does the plan include the necessary training/support to ensure compliance?	Yes
Document Control	Does the document identify where it will be held?	Yes
	Have archiving arrangements for superseded documents been addressed?	Yes
Monitoring Compliance & Effectiveness	Are there measurable standards or KPIs to support the monitoring of compliance with and effectiveness of the document?	Yes
	Is there a plan to review or audit compliance with the document?	Yes
Review Date	Is the review date identified?	Yes
	Is the frequency of review identified? If so is it acceptable?	Yes
Overall Responsibility	Is it clear who will be responsible for co-ordinating the dissemination, implementation and review of the document?	Yes

Equalities and Human Rights Impact Assessment | Appendix 3

Core Information	
Manager	Claire Haill
Directorate	Clinical Support Services
Date	24 February 2015
Title	Infection Prevention & Control Framework – V6
What are the aims, objectives & projected outcomes?	This document has taken into consideration the cultural/religious and gender needs of patients