

Management of infection policy

Board library reference	Document author	Assured by	Review cycle
P028	Associate Director of Nursing - Community	Quality and Standards Committee	3 Years

This document is version controlled. The master copy is on Ourspace.

Once printed, this document could become out of date.

Check Ourspace for the latest version.

Contents

1.	Introduction	3
2.	Purpose	3
3.	Scope	3
4.	Definitions	3
5.	Roles and Responsibilities	3
5.1	Executive Management.....	3
5.2	Chief Executive	4
5.3	Non-Executive Directors.....	4
5.4	Director of Nursing and Quality / Director of Infection Prevention and Control (DiPC)	4
5.5	Associate Director of Nursing - Community	4
5.6	Modern Matrons, Team and Ward Manager	4
5.7	Infection, Prevention and Control Nurse	4
5.8	Link Practitioners.....	4
5.9	Employees	5
6.	Policy Statement	5
7.	Standards	5
8.	Training	6
9.	Monitoring or Audit	6

10. Associated and Related Procedural Documents7

11. References.....7

1. Introduction

Avon & Wiltshire Mental Health Partnership NHS Trust, is committed to the prevention and control of infection by providing a safe and clean environment for its staff, service users, carers and visitors as far as is reasonably practicable and minimising the risk of infection by Health Care Associated Infections (HCAI).

This policy and linked procedures replaces previous Infection Prevention and Control policies directly associated with the Management of Infection.

The Management of Infection Prevention and Control in a mental health setting where a complex care situation arises may, in exceptional circumstances, not fully safely comply with the this policy or procedures. Where such an exception arises a risk management plan must be in place, taking into account the diversity and best interests of staff, service users and the public.

This policy will be applied to the fair treatment of all people, regardless of their gender, race, colour, ethnicity, ethnic or national origin, citizenship, religion, disability, mental health needs, age, domestic circumstances, social class, sexuality, beliefs, political allegiance or trades union membership. The Trust is firmly opposed to any discrimination based on these human characteristics and values.

2. Purpose

The purpose of this policy, and linked procedures, is to specify the way the Trust will manage the prevention and control of infection.

It is to support delivery of an environment, for those who use and work in the Trust, which is managed effectively in the delivery of care and the prevention and control of infection, so that the highest possible standards of clinical care linked with minimising the risk of infection can be made available for service users, staff, carers and visitors.

3. Scope

This policy shall apply to all Infection Prevention and Control issues / procedures related to the Management of Infection.

It applies to all employees and non-executive directors of the Trust. It also extends to agency staff, service users, carers, contractors, volunteers, visitors and any other persons having lawful reason to be on Trust premises. The policy equally applies to staff and services of the Trust that are provided in community situations, where staff are seconded to other healthcare organisations or people who are on work experience or training placement.

This policy allows for local provision of additional information but no separate or additional policy for local areas is permitted or supported.

4. Definitions

An 'Infection' is caused by the invasion of foreign cells, like bacteria or virus (germs) in humans that may cause harm.

The management of infection procedures each contain a definition section relevant to that specific procedure.

5. Roles and Responsibilities

5.1 Executive Management

The Trust Board is ultimately responsible for fulfilling requirements relating to Infection Prevention and Control as set out in the Health & Social Care Act 2008. It vests in the Chief Executive responsibility for the fulfilment of these standards and criterion.

5.2 Chief Executive

Has overall responsibility for ensuring that requirements relating to infection prevention and control conform to current legislation and best practice and that effective measures are in place and are periodically reviewed.

5.3 Non-Executive Directors

Are to support and, where appropriate, challenge and support the Director of Nursing and Quality on issues or recommendations relating to Infection Prevention and Control management at Executive Board level.

5.4 Director of Nursing and Quality / Director of Infection Prevention and Control (DiPC)

Takes lead responsibility for the Management of Infection Prevention and Control within the Trust. This is to ensure the monitoring of and compliance with the Health and Social Care Act 2008 and subsequent guidance. They chair the Infection Control, Physical Healthcare and Medical Devices Group.

5.5 Associate Director of Nursing - Community

Manages the Infection Prevention and Control service within the Nursing and Quality Directorate Governance framework by:

- Ensuring systems are in place so that infection prevention and control risks are managed in a manner that minimises the risk to service users, staff, carers and the public.
- Development of an Annual Work Programme.
- Monitoring standards and information linked with the prevention and control of infection.
- Reporting performance levels for Infection Prevention and Control to the Director of Nursing and Quality through the Infection Prevention, Physical Healthcare and Medical Devices Groups and the Safety Management Group.
- Auditing compliance with legislation, policy and procedures; and reporting and following up recommendations.
- Continually improving performance through regular reviews of policy, procedures and working practices.

5.6 Modern Matrons, Team and Ward Manager

- Responsible for overseeing infection control matters and that best practice is adhered to in the areas they manage.
- To ensure that audit findings and action plans are responded to in a timely way.

5.7 Infection, Prevention and Control Nurse

- Responsible for giving day to day infection control advice trustwide
- Undertaking infection control audits trustwide
- Provides training on infection, prevention and control.
- Work in association with our Service Level Agreement Providers at Royal United Hospital Bath (RUH) for Infection Prevention and Control (IPC).
- Liaise directly with Public Health England, NHS England, our Commissioners and other stake holders regarding Infection Prevention and Control Matters.

5.8 Link Practitioners

Management of infection policy – P028

- Link nurses act as a link between their own clinical area and the infection control team. Their role is to increase awareness of infection control issues in their ward and motivate staff to improve practice.
- They should participate in training provided by the IPC team to ensure their competence.

5.9 Employees

It is the responsibility of each member of the Trust to implement this policy. The policy requires all employees to:

- Work within the provisions of the policy and associated procedures to ensure the provision of a safe and clean environment and reduction in HCAs.
- Report breaches of this policy to their line manager.
- Report all adverse events to their line manager and completing an Incident Report Form as appropriate in accordance with the [Incident Management Policy](#)

6. Policy Statement

The Trust is committed to the prevention and control of infection and minimising the risk of infection to service users, staff, carers and the public. The Trust undertakes to do so by implementation of this policy.

The Trust seeks to comply with legislation at all times and will take all reasonably practicable measures to improve the prevention and control of infection through ongoing monitoring and quality improvements.

It is the legal obligation of all employers under the Health and Safety at Work Act 1974 and Control of Substances Hazardous to Health Regulations 1999 (CoSHH) to ensure that all their employees are appropriately trained and proficient in the procedures necessary for working safely.

Managers, with the assistance of the Occupational Health service, Health and Safety Advisers and Infection Prevention & Control Team have a statutory duty to help to prevent illness and injuries, including infections, at work. This includes ensuring infection control policies are available, that staff are appropriately trained in infection control procedures and that training programmes are in place to meet the needs of all employees.

7. Standards

The content of this policy and associated protocols are guided the Care Quality Commissions regulation 12 safe Care and Treatment and Regulation 15 Premises and Equipment. The following ten criterion as set out in the Health and Social Care Act 2008 Code of Practice on the prevention and control of infections are adhered to:

1. There are 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. System 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.
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.

8. Training

The Trust's overarching policy for training is the [Learning and Development Policy](#) and this should be read in conjunction with this policy. Attached as appendices to that policy are the Trust's learning and development matrices. These matrices describe the minimum statutory, mandatory and required training for all staff groups in respect of infection prevention and control.

The Learning and Development Policy also describes the Trust's arrangements for training, in particular how there are processes in place to ensure staff receive the training they require and how non-attendance is followed up. These arrangements are further supported by management supervision and appraisal processes.

The Trust lead for infection prevention and control has agreed the training standard with the Learning and Development Team and training standards have been informed by statutory requirements, professional standards and national best practice.

The Trust lead for Infection Prevention and Control participates in a programme of continuous professional development to ensure they remain up to date and keep abreast of developments in this field.

9. Monitoring or Audit

The Trust seeks to comply with legislation at all times and will take all reasonably practicable measures to improve performance through ongoing monitoring and quality improvements.

The Trust Board will make an annual declaration in respect of Infection Prevention and Control compliance as part of its declaration to the CQC.

The Infection Control, Physical Health and Medical Devices Group will receive an annual assurance report in relation to Infection Prevention and Control and will take action to address any issues identified. The report will provide information on:

- The process for adherence to this and associated infection control protocols.
- The availability and appropriateness of information for service users and the public outlining the Trusts arrangements for preventing and controlling HCAI's.
- Adherence to the training requirements outlined on the training matrix.

Modern Matrons will produce a quarterly report containing information of audit follow up and outcomes through the Infection Prevention, Physical Healthcare and Medical Devices Group.

Weekly surveillance of HCAs will be monitored through the Infection Control Team.

An annual audit of the eight main areas for infection prevention and control will be undertaken of all inpatient wards. The audit will be completed by an Infection Prevention and Control specialist and outcomes and actions reported into and monitored by the Infection Control, Physical Healthcare and Medical Devices Group.

An annual self-assessment of hand hygiene in all clinical areas (including community sites) will be completed and reported into the Infection Control, Physical Healthcare and Medical Devices Group.

Regular site visits by the Infection Prevention and Control Team, Modern Matrons and Senior Nurses will be undertaken, and findings reported into the Infection Control, Physical Healthcare and Medical Devices Group and onto Clinical Directors when appropriate.

10. Associated and Related Procedural Documents

- [Animals in the Healthcare Setting](#)
- [Isolation of Service Users](#)
- [Laundry including Linen and Dress](#)
- [Toys and Activity Equipment](#)
- [Patient Transfer Protocol](#)
- [Safe Handling and Disposal of Sharps](#)
- [Hand Hygiene](#)
- [Disinfection \(Decontamination\) including Environmental, Medical Device Cleaning and Spillages](#)

11. References

- [Health & Social Care Act 2008](#)
- [Care Quality Commission](#)

Version History				
Version	Date	Revision description	Editor	Status
1.0	2 Mar 2010	Quality & Health Care Governance revisions made to format and information	DJ	Approved
1.1	10 Mar 2010	Quality & Health Care Governance revisions made to format and information.	DJ	Approved
2.0	17 June 2014	Reviewed and approved by Quality and Standards Committee	LB/SJ	Approved
3.0	20 June 2017	Full revision – administration changes only	Medical Device Safety Officer and Infection Prevention	Approved