

INTRODUCTION TO INFECTION PREVENTION & CONTROL

Compiled by: The Infection Control Team
In consultation with: Control of Infection Committee

Status: Approval date: November 2007
Ratified by: Clinical Governance Committee
Review date: April 2019

Patients first • Personal responsibility • Passion for excellence • Pride in our team

Vol 7 Control of Infection	Current version is held on the Intranet	First Ratified November 2007	Next Review April 2019	Issue 4	Page 1 of 10
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History

Issue	Date Issued	Brief Summary of Change	Approved by
1	Nov 2007	New policy	Clinical Governance Committee
2	Jun 2010	Updated in line with NHSLA requirements	Caroline Becher, Chief Nurse
3	Nov 2010	Updated in line with NHSLA requirements	Susan Osborne, Interim Chief Nurse
4	June 2012	Updated to include RealTime	Suzanne Rankin, Chief Nurse

For more information on the status of this document, please contact:	Ann Birler, Nurse Consultant/Deputy Director of Infection Prevention and Control
Date of issue	April 2016
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Ratified by	Clinical Governance Committee
Audience	All Trust Staff

INTRODUCTION TO INFECTION PREVENTION & CONTROL

See also: Trust Training Needs Analysis Document
Learning Education and Development Policy
Standard Precautions Policy
Hand Hygiene Policy
Sharps Policy
Isolation Policy
Aseptic Technique Policy
Blood Culture Policy
Glove Policy
Diarrhoea & Vomiting Policy
RealTime Operational Policy

1. INTRODUCTION

As an acute service provider Infection Prevention and Control is of the **highest priority** at Ashford & St Peter's Hospitals NHS Foundation Trust (ASPH) and has a **zero tolerance** approach to healthcare associated infections (HCAIs). Effective infection prevention and control is an essential component of a quality health service. ASPH **aims** to meet the requirements of the infection control assurance framework by:

- reducing infection related morbidity and mortality
- reducing the cost of patient care by preventing healthcare associated infection
- providing a safe working environment for staff

2. DUTIES

The duties of the Infection Control Team and all healthcare workers is outlined in the following sections.

3. PURPOSE

This document along with appropriate core infection control policies sets out and confirms ASPH commitment to national guidance including the Health and Social Care Act 2008 and registration with the Care Quality Commission (CQC). Code of Practice on the prevention and control of infections and related guidance. December 2010 (Hygiene Code).

4. INFECTION PREVENTION AND CONTROL POLICY STATEMENT

Infection prevention and control is the **responsibility** of all healthcare workers, in particular attention to hand hygiene, being the single most effective method of reducing HCAIs. The infection control **assurance framework** is linked to the

Vol 7 Control of Infection	Current version is held on the Intranet	First Ratified November 2007	Next Review April 2019	Issue 4	Page 3 of 10
-------------------------------	---	---------------------------------	---------------------------	---------	--------------

annual infection control programme monitored by the Director of Infection Prevention and Control and agreed by the Trust Board in conjunction with the **annual report** in line with Department of Health Guidance. Assurance is also given to the Board by the regular updating of the **Health Assure** with evidence in regards to the Trust's compliance with the Hygiene Code.

5. TRAINING

Annual Infection Control training is **mandatory** for all clinical staff, this also includes hand hygiene training. This is undertaken either in the classroom or via e-learning Training Tracker or the Surewash mobile hand hygiene training and assessment unit.

All staff have an introduction to infection control including hand hygiene on Day 1 of Trust induction.

Medical staff undertake the Infection Control Training Tracker package annually. This is then followed up with a practical hand hygiene session. Annual updates for the consultants are also via the Training Tracker package and practical hand hygiene session.

It is the responsibility of all **managers** to ensure that their staff have the required update and that this is recorded in the training records on the OLM system managed by the Learning & Development Team and this links into the Trust's Training Needs Analysis document.

The process for following up those who **fail** to attend relevant infection prevention and control including hand hygiene training is facilitated by the Workforce & Intelligence team who run reports from the OLM system which are placed on the Team (T) drive.

Infection Prevention and Control compliance is reported to the Control of Infection Committee. Compliance is also monitored by the Mandatory Training Committee.

6. THE INFECTION PREVENTION & CONTROL SERVICE STRUCTURE

6.1 Infection Prevention & Control Service

Infection prevention and control is of major importance in hospitals as patients are more susceptible to infection due to underlying disease, medical and surgical procedures and immunosuppression.

The Infection Prevention and Control Team provides a **co-ordinated** approach to infection control across the Trust.

The Infection Prevention and Control Team provide a **24 hour** advice service (please see "Members of the Team" section).

Vol 7 Control of Infection	Current version is held on the Intranet	First Ratified November 2007	Next Review April 2019	Issue 4	Page 4 of 10
-------------------------------	--	---------------------------------	---------------------------	---------	--------------

There are **quarterly** Infection Control newsletters available to all staff.

All wards at ASPH will have an Infection Prevention and Control Link Representative. Link representative meetings are held quarterly and a study day annually.

6.2 Responsibility

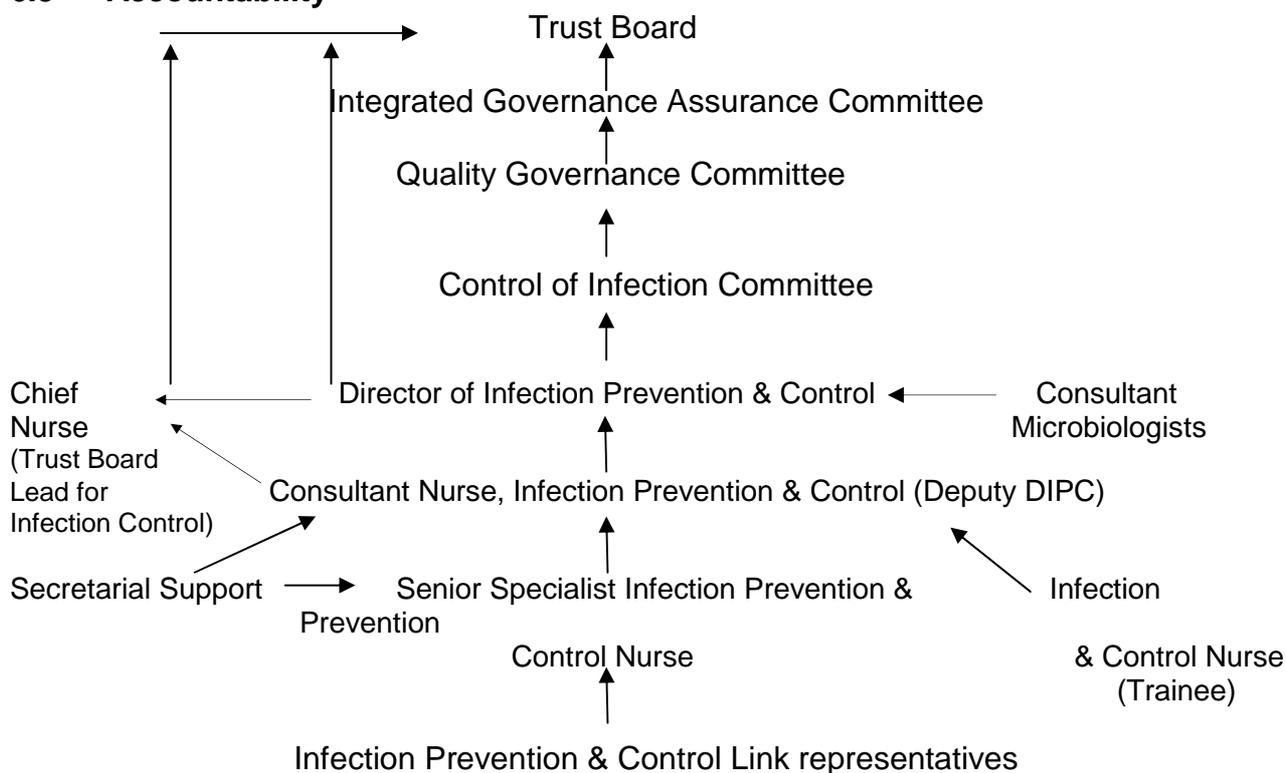
The Trust Chief Executive is **ultimately responsible** for effective infection prevention and control activities and for ensuring that appropriate resources are made available.

The Director of Infection Prevention & Control (DIPC) reports **directly** to the Chief Executive and the Board and not through any other office.

The Chief Nurse also **reports** on infection control issues to the board.

The Chief Nurse and DIPC oversee local control and implementation of infection control policies and are **responsible** for the Infection Prevention and Control Team within the organisation.

6.3 Accountability



6.4 Mission Statement

The aim of the team is to raise awareness throughout the Trust on all infection prevention and control matters and **facilitate empowerment** to healthcare

Vol 7 Control of Infection	Current version is held on the Intranet	First Ratified November 2007	Next Review April 2019	Issue 4	Page 5 of 10
-------------------------------	--	---------------------------------	---------------------------	---------	--------------

professionals. To this end the team provides day-to-day advice for health care staff on all matters relating to Infection Prevention and Control and **facilitates** education to all grades of staff on infection control matters. The Team take part in audit and surveillance both nationally and locally and provide policies and procedures for the Trust that aim to prevent cross infection within the hospital and reduce HCAs.

6.5 Members of the Team

For infection Control queries between 8am-5pm Monday - Friday contact the Infection Control Nurses, outside these hours please contact the on-call medical microbiologist (via the ASPH switchboard). This is a 24 hour service.

Director of Infection Prevention & Control/ Consultant Medical Microbiologist	Dr Clive Grundy	Ext. 3031
Nurse Consultant /Deputy DIPC	Ann Trail	Ext. 2128
Consultant Medical Microbiologist/ Infection Control Doctor	Dr Jay Rangaiah	Ext. 3423
Consultant Medical Microbiologist/ Antimicrobial Lead	Dr Farnaz Dashti	Ext. 3679
Senior Specialist Nurse Infection Prevention & Control	Prodine Kubalalika	Ext. 2544
Infection Prevention & Control Nurse	Sally-Anne Harris	Ext. 3052
Secretarial Support	Annabel Nutley	Ext. 3427

7. INTRODUCTION TO THE INFECTION PREVENTION AND CONTROL CORE POLICIES

The **policies** have been devised to provide guidance on infection prevention and control to all members of the health care team including medical, nursing/midwifery, allied health care professionals and scientists. Please note that the policies provide basic general guidance, in-depth advice will be given by members of the team for individual situations as required. The policies can be accessed via [TrustNet](#).

Information and advice given in the policies is research and evidence based and references are provided.

Policies are reviewed **biannually** unless there is alternative national guidance published. If there are any changes occurring in your field of work of which you feel we need to be aware - we would be grateful to have the information for future updates of the policies.

The aim of the policies is to reduce or prevent infection and the incidence of cross infection.

Vol 7 Control of Infection	Current version is held on the Intranet	First Ratified November 2007	Next Review April 2019	Issue 4	Page 6 of 10
-------------------------------	--	---------------------------------	---------------------------	---------	--------------

- Staff are expected to familiarise themselves with the policies
- Staff are expected to follow the policies

8. GOOD PRACTICE IN INFECTION PREVENTION AND CONTROL

Use the following checklist as a guide to good practice:

- Have **you** washed/decontaminated your hands?
- Do **you** need to use Personal Protective Equipment?
- Are **you** preventing sharps injuries?
- Are **you** disposing of waste safely and correctly?
- Do **you** clean up spillages promptly and correctly?
- Do **you** decontaminate equipment as instructed by the manufacturer?
- Is the environment as **clean** as it can be?
- Do **you** know the correct procedure to follow in case of an outbreak?
- Do **you** understand and follow the written policies and procedures relating to Infection Prevention and Control?
- Do **you** know how to access patient and public information leaflets regarding infection control from the Trust intranet?

There are a range of Infection Prevention and Control leaflets available for patients and the public which can be downloaded from the intranet. These include:

- [Advice to Patients with Cannula](#)
- [Clostridium difficile](#)
- [CPE](#)
- [ESBL](#)
- [MRSA](#)
- [MRSA Antenatal Screening](#)
- [MRSA Screening prior to surgery](#)
- [Norovirus](#)
- [Scabies](#)
- [Shingles](#)
- [Short Term Central Venous Lines](#)
- [Surgical Wound Infection](#)
- [To prevent HCAI during hospitalisation](#)

Vol 7 Control of Infection	Current version is held on the Intranet	First Ratified November 2007	Next Review April 2019	Issue 4	Page 7 of 10
-------------------------------	--	---------------------------------	---------------------------	---------	--------------

RealTime is a software and process change approach used in the clinical area to improve patient flow, discharge planning, elements of clinical practice and thereby reducing the patients stay.

The system uses Infection control Alerts which can be added by ward staff for conditions such as diarrhoea and vomiting. Patients previously known to be MRSA positive will be automatically flagged via PAS. Additional alert organisms are added or removed by the Infection Control Team.

However it is the responsibility of the ward team to ensure that the correct precautions relevant to the alert are in place.

The Infection Control policies and Infection Control Team are available to facilitate this.

9. DISSEMINATION AND IMPLEMENTATION

This policy has been written by the Infection Control Team, been agreed by the Control of Infection Committee and ratified by the Clinical Governance Committee. The policy is available on TrustNet.

10. PROCESS FOR MONITORING COMPLIANCE WITH THE EFFECTIVENESS OF POLICIES

The Infection Prevention and Control policies are used to manage the risks associated with infection prevention and control. The policies will be monitored by the process of audit.

and will include:

- a programme of audit including “Saving Lives: reducing infection, delivering clean and safe care and the Infection Prevention Society Audit tools and hand hygiene audit tool
- a programme of surveillance
- training statistics
- feedback in complaints
- incident reporting
- annual reporting to Trust board level
- Infection Control annual programme
- Infection Control action plans

All policies will either be audited annually as part of the annual infection control audit cycle or in line with the Saving Lives High Impact Interventions or any other dedicated audit tool pertaining to the subject.

The annual audits will be undertaken by the Infection Control Nurses and are followed up three months after the initial audit to monitor the progress of the recommended actions in conjunction with the matrons.

Vol 7 Control of Infection	Current version is held on the Intranet	First Ratified November 2007	Next Review April 2019	Issue 4	Page 8 of 10
-------------------------------	--	---------------------------------	---------------------------	---------	--------------

The Saving Lives High Impact Interventions and hand hygiene audits will be undertaken monthly by ward or department and overseen by the matron. The results form part of the Best Care Dashboard to demonstrate assurance to the Trust Board of compliance with best practice.

Action plans will be written where gaps in practice have been identified and actioned by the appropriate matron.

11. EQUALITY IMPACT ASSESSMENT

The Trust has a statutory duty to carry out an Equality Impact Assessment (EIA) and an overarching assessment has been undertaken for all infection control policies.

12. ARCHIVING ARRANGEMENTS

This is a Trust-wide document and archiving arrangements are managed by Quality Dept. who can be contacted to request master/archived copies.

13. REFERENCES

- National Audit Office. (2004). *The management and control of hospital acquired infection in Acute NHS Trusts in England*. London. The Stationery Office.
- Department of Health. (2003). *Winning Ways. Working together to reduce Healthcare Associated Infection in England*. London. DoH.
- Health & Social Care Act 2008. (Dec 2010). *Code of Practice on the prevention & control of infections and related guidance*. London. DoH.
- Department of Health. (2007) *Saving Lives: reducing infection, delivering clean safe care*. London. Department of Health.

14. USEFUL WEBSITES:

www.doh.gov.uk	Department of Health
www.foodlink.org.uk	Food safety information
www.nice.org.uk	National Institute of Clinical Excellence
www.epic.tvu.ac.uk	Infection Control National Guidelines
www.csc.org.uk	Central Sterilising Club
www.insectresearch.com	Insect information

Vol 7 Control of Infection	Current version is held on the Intranet	First Ratified November 2007	Next Review April 2019	Issue 4	Page 9 of 10
-------------------------------	--	---------------------------------	---------------------------	---------	--------------

www.mhra.gov.uk	Medicines and healthcare products regulatory agency
www.nao.org.uk/publications	National Audit office
www.nfsuk.org.uk	Streptococcal and Necrotising fasciitis information
www.ips.co.uk	Infection Prevention Society
www.gov.uk/government/organisations/public-health-england	Public Health England
www.clean-safe-care.nhs.uk	Clean Safe Care
www.healthcareatoz.org	Infection Control education information