

LTHT Infection Control Policies

Policy No. 29

**MANAGING THE RISKS ASSOCIATED WITH INFECTION
 PREVENTION AND CONTROL**

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1 Introduction

Health care associated infections (HCAI) are infections that are neither present nor incubating when a patient is admitted to hospital. About 9% of patients suffer from a HCAI at any one time, equivalent to at least 100,000 infections a year. The effects on the patient vary from discomfort to prolonged or permanent disability. Extrapolations from US data suggest that 5000 deaths occur annually in England as a direct consequence of these infections. Infection is thought to be a contributing factor in a further 15,000 deaths per year (Griffiths et al, 2009)

The costs of treating HCAI are largely attributed to the extra length of stay, and are estimated to be costing the NHS in the region of £1 billion each year. Given that some patients are particularly susceptible to infections, not all HCAI is preventable. However, it is thought that around one-third could be prevented with better application of existing knowledge and stringent infection control practices (National Audit Office, 2000).

Preventing HCAI has become a global patient safety challenge as concern over the growing proportion of resistant organisms has risen. The UK has delivered a number of high profile campaigns, reviewed and refreshed relevant guidelines and generally changed its approach to the issue. The Department of Health (DH), with campaigns such as the “clean hands” and “saving lives”, has been instrumental in leading this change. Some evidence now exists to suggest reductions in the rates of resistant organisms. Despite recent progress however the problem remains a significant one. Leadership, management and organisational factors in relation to HCAI are still under scrutiny across the UK.

2 Purpose

The purpose of the policy is to outline the strategic arrangements for the prevention and control of infection within the Trust. It sets out criteria by which the Trust will ensure that the risk of HCAI is kept as low as possible.

This policy covers the following principal topics:

- Key roles and responsibilities
- To outline the structure required to deliver the systems and process by which infection prevention and control is managed within LTHT

- Provision and monitoring of education in infection prevention and control
- The production and implementation of, and compliance with, infection prevention and control policies and guidelines

The key principles of this policy are as follows:

- All staff must be aware of their roles and responsibilities with regard to infection prevention and control
- The arrangements for protecting patients from the risks of acquiring HCAI must be clear
- All staff whose duties are directly or indirectly concerned with patient care must receive information and training appropriate to their role
- A system must be maintained to ensure that key policies and practices are being generated and monitored effectively
- Patients presenting with an infection or who acquire an infection during treatment must be managed appropriately to reduce the risk of transmission

3 Definitions

Healthcare associated infection – an infection to which an individual (patient, visitor or staff) is exposed or made more susceptible to as a result of them receiving/providing healthcare. In the case of patients, this would be neither present nor incubating at the time of hospital admission.

Audit – a process to improve patient care through systematic review of care against explicit criteria, thus identifying requirements for change.

Staff - Staff such as nurses, doctors, physiotherapists and others who will come into direct contact with patients in the course of their duties and staff members within the Trust who have no direct contact with patients in the course of their duties but may nonetheless access the patient environment. This may include housekeepers, certain volunteers, secretaries, ward clerks or others.

4 Responsibilities and duties within the organisation

Chief Executive

The Chief Executive is accountable for delivering reductions in HCAI and has overall responsibility for ensuring that there are effective arrangements in place for preventing and controlling infection.

The Chief Executive will ensure effective operation and continued improvement of infection prevention and control through designating this as a core part of the clinical governance and patient safety programmes of LTHT. In particular, this will include ensuring that an infection prevention and control programme and an infection prevention and control infrastructure are in place and adequately resourced.

The Chief Executive will be aware of factors within LTHT which promote low levels of HCAI and ensure that the appropriate action is taken.

The Chief Executive will provide visible and active support to this policy.

Director of Infection Prevention and Control (DIPC)

The Director of Infection Prevention and Control (DIPC) is responsible for providing assurance that patients are safe from avoidable HCAI through:

- Reviewing compliance against the hygiene code, identifying action to meet compliance, reporting to the board on compliance and risks
- Taking overall responsibility for the Infection Prevention and Control team
- Overseeing local control of infection prevention and control policies and their implementation
- Reporting directly to the Chief Executive and the Board
- Challenging inappropriate clinical hygiene practice as well as inappropriate antibiotic prescribing decisions

- Assessing the impact of all existing and new policies on HCAI and making recommendations for change
- Being an integral member of the organisation's Clinical Governance and patient safety teams and structures
- Producing an annual report on the state of HCAI in the organisation for which he or she is responsible and release it publicly

Deputy Director Infection Prevention and Control

- Ensure that operational and developmental decisions are considered in relation to HCAI.
- Lead for the Hygiene code and Standard C4a.
- Provide leadership and coordination to the HCAI programme in order to ensure a high profile for HCAI across the organisation.
- Provide professional leadership for Infection Prevention and Control nursing team.
- Liaising with external agencies including the DH and CQC.
- Work with senior clinical teams to deliver the HCAI agenda.
- Influence the allocation of resources required to minimise the risk of HCAI.

Divisional General manager of Diagnostics & Therapeutics

- Line management responsibility of the infection prevention and control team including the microbiologists.
- General management lead for HCAI agenda.
- To develop a robust performance management framework for HCAI agenda.

- Lead for MRSA screening programme.
- Vice chair of the Infection Prevention and Control committee.
- Influence the allocation of resources required to minimise the risk of HCAI.

Director of Estates and Facilities

Responsible for ensuring that health service best practice guidance relating to cleaning, capital planning including new build and refurbishment, isolation provision, laundry and disposal of waste is implemented within the organisation. The Director of Facilities will:

- Work in collaboration with Infection Prevention and Control and clinical teams to deliver effective infection prevention and control
- Ensure that cleaning standards are monitored and reported at ward, directorate and corporate levels with responsibilities for actions identified
- Ensure that service contracts are monitored for compliance to agreed quality standards and reported at Infection Prevention and Control and Performance Committees
- Ensure that staff receive appropriate induction and on-going training relevant to their area of work
- Ensure that planned preventative maintenance program is monitored through performance the framework and risks identified and reported though the Governance Committee
- Ensure that compliance with the duties of the Hygiene Code is reported through the Infection Prevention and Control Committee
- Ensuring health service guidance relating to decontamination is implemented within the organisation

Infection Prevention and Control Doctor

Responsible for:

- Leading the professional/technical advice provision with respect to reducing infection risk
- Ensure that effective surveillance systems are in place with timely feedback to clinical services.
- Lead for Root cause analysis development and implementation in conjunction with the Matron for Infection Prevention and Control.
- Liaising with the Head of Microbiology to ensure that appropriate resources are available for the diagnosis and prevention of infection in LTHT
- Influence the development and provision of education and training in relation to infection prevention and control.

Infection Prevention and Control Committee (IPCC)/Dental Infection Control group (DIPCG)

The IPCC is the key management forum for infection prevention and control within the Trust. The terms of reference and membership can be found in appendix A.

The Leeds Dental Institute has its own Infection Prevention and Control structure including an Infection Prevention and Control Doctor, which feeds into that of LTHT. It supports a Senior Infection Control Nurse and holds its own Dental IPC Group which reports into the Division of Women's, children's, head neck and dental. The terms of reference and membership of the Dental Infection Control Group can be found in appendix B.

HCAI Action team meeting

The HCAI action team meets twice a month to address strategic and operational matters relating to HCAI. The HCAI action team is chaired by the Director of Infection Prevention and Control (DIPC).

The HCAI action team is responsible driving the delivery of infection prevention and control Trust wide action plan within LTHT. They ensure recommendations from the Infection Prevention and Control team are considered and where appropriate are taken further.

Infection Control Team (IPCT)

The IPCT has primary responsibility for all aspects of surveillance, prevention and control of infection. An annual report and an annual programme are produced by the IPCT which are then ratified by the Infection Prevention and Control Committee before being presented to the Trust Board.

The IPCT collaborates closely with the Consultant in Communicable Disease Control (CCDC) and other community infection control colleagues in addition to a wide range of internal and external stakeholders.

The team consists of staff with specialist knowledge and interest in hospital IPPC. Membership comprises:

- Director of Infection Prevention and Control
- Deputy Director of Infection Prevention and Control
- Nurse Consultant Infection Prevention and Control (NCIPC)
- Lead Infection Prevention and Control Doctor
- Matron Infection Prevention and Control
- Consultant Microbiologists
- Senior Nurses Infection Control (SNIPC) and Infection Control Nurses (IPCNs)
- Specialist Nurse for Buildings and Facilities Infection Control
- Infection Prevention and Control Administrative staff
- Infection Prevention Control Laboratory Staff

IPCT meet twice monthly to discuss matters arising in relation to Infection Prevention and control in the Trust and how best to offer expert advice and make recommendations to the HCAI action team.

Appendix C illustrates the organisational structure of the IPCT diagrammatically.

All members of the IPCT are required to undertake continuing professional development in accordance with professional regulation and Clinical Governance arrangements.

The IPCT is supported by the work of the Consultant Microbiologists and Microbiology staff.

The role of the IPCT includes:

- Ensuring that appropriate risk assessments are undertaken and monitored for the prevention and control of infection within the organisation
- Ensuring education and training on the prevention and control of HAI is provided for all grades of staff
- Undertaking surveillance of infection (see appendix D for details of surveillance and audit)
- Producing, implementing, and auditing compliance with infection control policies and guidelines (see appendix E for policy development)
- Liaising, communicating and advising all staff on a day to day basis on all matters relating to infection control and ensuring advice on infection control is available on a 24 hour basis
- Enabling and supporting Divisions and their Directorates with IPC activities
- Providing advice on the prevention and control of infection in the built environment for all new build and refurbishment work within and affecting LTHT. This includes identifying adequate provision of isolation facilities

Divisional General Managers

Divisional General Managers are responsible for managing the performance within their division. They have a joint responsibility with the **Divisional Medical Manager** and **Divisional Nurse Manager** to ensure the division is compliant with the Trust HCAI agenda. They will have a clear understanding of infection data for each area and specialism within the directorate to identify trends and hotspot areas.

General Divisional Managers, Divisional Medical Managers and Divisional Nurse Managers must ensure that management arrangements are in place to achieve the following:

- Infection prevention and control considerations are addressed when services are being developed/redeveloped
- All newly appointed staff receive education in IPC on induction and annually appropriate to their role
- Ensure workforce planning allows time for the receipt of education and training in the prevention and control of infection
- IPC is incorporated into all staff job descriptions and discussed thoroughly at appraisals and personal performance development meetings

- Adequate resources are available and the necessary training is undertaken to make sure staff are competent to fulfil their IPC roles
- IPC Divisional action plan is included in the objectives of each Directorate or similar units/departments
- Ensure Divisional actions make a contribution to the Trust achieving national targets associated with HCAI
- IPC arrangements in their area of responsibility are assessed and monitored with improvements implemented as required
- Divisional Infection Prevention and Control group meetings take place on a regular basis to ensure good communication and to facilitate the delivery of the Divisional action plan.

Directorate Manager or similar Head of Units and Departments

Each Directorate manager or similar Head of units and departments will provide leadership and promote a zero tolerance culture for infection. They must:

- Ensure that appropriate risk assessments are undertaken and monitored for the prevention and control of infection within their area of responsibility
- Incorporate the prevention and control of infection as a priority in their business plan, including this as a standing item at staff meetings, thus ensuring performance is reviewed and appropriate actions taken
- Ensure Methicillin Resistant Staphylococcus Aureus (MRSA) bacteraemia and *Clostridium difficile* targets are met within their area of responsibility
- Ensure multi-disciplinary root cause analysis for each MRSA bacteraemia case is completed and actions taken within target timescales

- Ensure that where preventable infection risks are identified these are addressed in a timely fashion; if preventable risks still exist these should be entered into the CMT risk register with a plan of action.
- Monitor compliance with this policy in their areas of responsibility by considering data collected via the Trust's Risk and Safety Performance Standards/Audit tool and take positive action if poor performance is identified

Matrons, Clinical Directors and Senior Clinical Managers

Matrons and Clinical Directors and other Senior Clinical Managers must work with their teams to coordinate the prevention and control of infection within their areas of responsibility and ensure the necessary measures are in place to minimise the risks to patients and staff. Specifically this includes:

- Ensuring all LTHT Infection Prevention and Control policies and guidelines are communicated and implemented
- Ensuring audits of compliance with infection prevention and control policies (e.g. High Impact Interventions) are completed and action plans are in place to address areas of shortfall
- Using a root cause analysis approach, investigate all MRSA bacteraemia and *Clostridium Difficile* cases and ensure action plans are implemented
- Create an environment where the Infection Prevention and Control is seen as a key element in the patient safety agenda.
- Challenging any unsafe practice with regard to infection prevention and control and ensure that actions are taken to address this
- Ensuring their staff have the necessary training and competence in IPC to work safely and monitor compliance
- Ensure local actions make a contribution to the Trust achieving national targets associated with HCAI

Clinical Teams

Clinical teams must receive and act upon infection control data and take action to reduce infections.

Clinical teams must:

- Ensure that visits of infected patients, or patients suspected of having infection, to other departments are pre-planned and the risk is assessed and managed
- Ensure that all LTHT Infection Prevention and Control policies and guidelines are communicated and implemented consistently across the clinical team
- Ensure their staff have the necessary training and competence in IPC to work safely
- Monitor the uptake of training in Infection Prevention and Control
- Ensure that equipment is clean, maintained and fit for purpose. A piece of equipment that is used for more than one patient will be decontaminated according to current guidelines following each and every use

Ward/Department Managers, Supervisors and Similar Managers

Ensure that high standards of IPC are applied to all aspects of care delivery and that hotspots and risks associated with infection and related clinical practices are identified by using root cause analysis.

Specific duties are to:

- Ensure all staff within their areas are fully aware of all Infection Prevention and Control policies and guidelines relevant to their scope of work
- Undertake suitable and sufficient infection control risk assessments on an ongoing basis, seeking the assistance of the Infection Prevention and Control Team if necessary

- Ensure that the individual infection control requirements of each patient are assessed on admission and recorded in a care plan
- Maintain a culture where initial management and ongoing care of the patient and subsequent implications for existing patients must focus on preventing acquisition and spread of infection (unless clinically contraindicated)
- Ensure that all staff receive appropriate training at induction and on an annual basis, and that they are fully supported in doing this
- Ensuring dedicated time is provided for the receipt of education and training in the prevention and control of infection
- Ensure that staff are provided with adequate supervision and resources in order to develop their skills and competence in the prevention and management of HCAI
- Incorporate infection prevention and control into the KSF framework
- Challenge any unsafe practice with regard to infection prevention and control and ensure that action plans are in place and implemented to address this
- Inform the IPCT of any suspected outbreaks of infection or incidences with infection related implications (e.g. sewage leaks, ward refurbishment, purchase of new patient care equipment)

Bed managers

Bed managers will ensure that infection control considerations are addressed prior to each patient being admitted.

Bed managers will ensure that infection control considerations are addressed prior to each patient being transferred from/to any ward or department and that appropriate isolation requirements are met.

All Staff

All staff, including volunteers, NHS professionals, agency staff, temporary staff, students and honorary staff, regardless of grade and occupation have a responsibility to abide by this policy at all times.

All staff will:

- Follow this policy and current guidance for evidence based practice in the prevention and control of infection
- Support colleagues in following best practice
- Refer to the specific Infection Control Policies and Guidelines relevant to their role and patient care responsibilities
- Complete infection control training on induction, on an annual basis and as stipulated in the Training Needs Analysis
- Report to their line manager any concerns regarding practice in infection prevention and control
- Seek appropriate guidance/advice if unsure of action to take

Failure to follow this policy could result in the instigation of disciplinary procedures.

5 Infection prevention and control assurance framework

LTHT will ensure that Infection Prevention and Control is an integral part of Clinical and Corporate Governance through:

- Regular presentations from the DIPC and/or the IPCT to the Trust Board
- Review of statistics on incidence of alert organisms (MRSA, *Clostridium difficile*, etc.) and conditions, outbreaks and Serious Untoward Incidents
- Meeting national targets associated with HCAI including MRSA bacteraemia
- Taking appropriate action to deal with incidents of infection and maintaining documented evidence of this
- A programme of audit to demonstrate that policies have been implemented

This will be achieved through the development of an annual infection control programme which will set objectives, identify priorities for action and provide evidence that relevant policies have been implemented to reduce HCAI. An annual report will be produced to demonstrate progress against the objectives of the annual programme.

The infection control programme will include the following components:

- Ongoing revision of the position of LTHT with regard to compliance with national infection control standards/guidance; continue to explore and develop mechanisms to ensure compliance
- The provision of education and training on the prevention and control of HCAI to all grades of staff
- Surveillance and audit (ref. appendix D)
- Production, implementation and audit of compliance with Infection Prevention and Control Policies and Guidelines (ref. appendix E)
- The undertaking of research projects and review of evidence based research in order to improve standards of care
- The system of liaising, communication and advising with all staff on a day to day basis on all matters relating to infection prevention and control
- Ensuring advice is available on a 24 hour basis

6 Core clinical care protocols

LTHT will have in place evidence based core policies which will be revised at least every two years or earlier in light of new evidence. Core policies and protocols relating to the following practices are included on the Infection Control Policies and Guidelines page of the Trust intranet, or are available within The Leeds Health Pathways Clinical Guidelines database:

- [Standard infection control precautions \(policy no.2\)](#)
- [Asepsis](#)

- [Control of an outbreak of infection in hospital \(including major outbreaks of infection and closure of wards/departments to new admissions\) \(policy no.14\)](#)
- [Source isolation; isolation of patients\(policy no.9\)](#)
- [Protective isolation; isolation of patients \(policy no.22\)](#)
- [Needle-stick injury; inoculation incidents \(including safe handling and disposal of sharps and the prevention and management of exposure to blood-borne viruses\) \(policy no.16\)](#)
- **Decontamination of hospital equipment**
- Guidelines for Antimicrobial prescribing
<http://nww.lhp.leedsth.nhs.uk/antimicrobials/index.aspx>
- [Notification of Communicable Disease \(policy no.3\)](#)
- [MRSA \(policy no.15\)](#)
- [Clostridium difficile infection \(policy no.8\)](#)
- [Transmissible Spongiform Encephalopathies \(TSE\) \(policy no.13\)](#)

In addition to the core clinical care protocols above, LTHT infection control policies are available for the following specific organisms:

- [Gastrointestinal infections \(policy no.6\)](#)
- [Viral gastroenteritis \(policy no.7\)](#)
- [Infection control management of Tuberculosis \(including multi-drug resistant tuberculosis\) \(policy no.12\)](#)
- [Meningococcal infection \(policy no.18\)](#)
- [Multi-resistant gram negative bacilli \(including ESBLs and Acinetobacter\) \(policy no.23\)](#)
- [Chickenpox – Shingles \(varicella zoster virus\) \(policy no.24\)](#)

- [Respiratory viruses \(policy no.25\)](#)
- [Scabies \(policy no.26\)](#)
- [Group A streptococcal infections \(policy no.27\)](#)

- and the following clinical practices:

- [Hand hygiene \(policy no.4\)](#)
- [Enteral feeding](#)
- [Considerations for the control of infection following patient death \(policy no.11\)](#)
- Latex policy
- [Guideline for the prevention of infection associated with central venous catheters](#)

7 Information for patients and the public

All LTHT infection control policies and guidelines are publicly available on the internet via the internet. These provide information regarding the general principles pertaining to infection prevention and control and systems in place within the Trust to address these.

Information leaflets are available for patients on preventive measures relating to HCAI (hand hygiene) and on specific alert organisms. An infection control leaflet is available for relatives/visitors explaining ways they can reduce the risk of spreading infection.

Data relating to the numbers of alert organisms can be accessed on the Health Protection Agency website.

8 Staff training

All staff will receive education and training in order that they fully understand their role and responsibility in minimising the risks to patients and with regard to their own health and safety.

Each Directorate is responsible for ensuring their staff receive appropriate and sufficient training. Training will be recorded and monitored by each Directorate.

There is a continuing and greater importance being placed on the safety and quality of our services. The Standards for Better Health and the Code of Practice for the Prevention and Control of Healthcare Associated Infection (The Health Act 2008) are used by regulatory bodies to assess organisations achievements against these standards.

Each of the above Standards requires infection prevention and control to be embedded within the Trust's management structure. For this objective to be realised it is obvious that all staff will need to have an understanding of their role within infection prevention and control. Clearly the depth of knowledge and understanding differs depending on the individual's role and function within the Trust.

A recent Infection Prevention and Control training needs analysis identified four levels of skills and knowledge with regard to infection prevention and control. They are reflected below. The level of knowledge required is dependent upon the role of the individual, identified as follows:

- Level 1** **All Staff:** (Provided during induction and update sessions).
- General infection prevention and control information.
- Personal roles and responsibilities with regard to infection prevention and control including hand hygiene awareness.
- Level 2** **All staff in clinical areas including junior medical staff and Allied Medical Professions:** provided via e-learning or attendance at specific Infection Prevention and Control training sessions. To include e learning sessions on MRSA, CDI, asepsis (for those undertaking aseptic procedures) ,CVC insertion (for those responsible for CVC insertion and ongoing care, peripheral cannula insertion (for those responsible for peripheral line insertion) and ongoing care and blood culture taking (for those responsible for blood culture taking) anti microbial prescribing (for those responsible for prescribing anti microbials).
- Level 3** **Senior Managers including Trust Directors, Team Leaders, Ward Managers Key workers, Medical Registrars and Consultants:** provided as above, plus leadership in

Government initiatives such as 'Saving lives', and 'Clean Your Campaign', root cause analysis meetings, key worker training.

Level 4 **Divisional Infection Prevention and Control leads:** provided as above, plus Infection Prevention and Control Committee and specialist meetings including root cause analysis challenge meetings. Takes an active role in infection prevention and control in the form of promoting good infection prevention and control practice, audits and participation in Trust infection control initiatives. Supports and facilitates in the implementation of Government initiatives relating to infection prevention and control.

The Infection Prevention and Control full training needs analysis forms Appendix F.

The table below outlines training requirements for all staff:

Infection Prevention and Control Objectives and learning outcomes for levels 1-4

Level 1:	
Objectives	For staff to have awareness of the existence of Infection Prevention and Control team and its role. For staff to have awareness of own responsibilities with regard to infection prevention and control.
Learning outcomes	Understand who the Infection Prevention and Control team are, and how to contact the Infection Prevention and Control team. Understand personal responsibilities with regard to Infection Prevention and Control.
Level 2:	

Objectives	As for above plus: For staff to have knowledge of standard precautions and general infection control measures regarding the prevention of the spread of infection within the healthcare setting and when to apply these principles. For staff to know how to access the IC policies/guidance.
Learning outcomes	Be aware of Infection Control policies and how to access these on the Trust intranet. Understand the principles of infection prevention and control, and apply these appropriately. Be aware of standard precautions and how they are used within the healthcare setting. Understand the principles of risk assessment with respect to infection control and how to apply these appropriately.
Level 3:	
Objectives	As for above plus: For staff to be able to undertake leadership role in infection prevention and control. To be responsible for ensuring that all staff have access to appropriate infection control education.
Learning outcomes	Be fully conversant with infection prevention and control policies and guidelines. Have full understanding of measures to be instigated to prevent the spread of infection, and when to apply these appropriately. Be able to act as a role model and a resource in the prevention of infection.
Level 4:	
Objectives	As for above plus: For staff to be conversant with Govt. directives and initiatives with regard to infection control. For staff to be responsible for infection prevention and control management.
Learning outcomes	Understand and take an active role in the implementation of govt. initiatives and directives relating to infection control. Undertake a management role with regard to infection

	prevention and control.
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Mandatory training in infection prevention and control will be recorded and monitored centrally.

9 Identification, Consultation and Communication with Stakeholders

Identification - Stakeholders include all Trust employees clinical and non-clinical (including volunteers, NHS professionals, agency staff, temporary staff, students and honorary staff) of all grades and professions. Key stakeholders include LTHT employees with expertise in the field of infection prevention and control, members of the ICC, and those named in the policy as having a particular role/responsibility.

All staff, clinical and non-clinical, are invited to comment on this policy when due for review

Consultation and Communication - Following initial discussion within the IPCT and HCAI action team, the IPCC is the main forum through which consultation is achieved. The policy is circulated to key stakeholders: members of the IPCC, including representatives from each directorate, and to those named in the policy as having a particular role/responsibility. Where those named form a considerable number of employees then representatives will be sought. A four week period is allowed for comment. Comments will then be discussed at the ICC and changes made accordingly. The policy is subsequently re-circulated for further comment. The final version is submitted to the Trust Board for ratification. Once ratified the policy is distributed, by email, to all senior line managers (matrons, clinical directors) who are requested to disseminate this to staff within their area of responsibility within a four week period. The policy is placed on the Trust intranet.

10 Prioritisation of Work

LTHT has a legal obligation to ensure that arrangements are in place to protect patients from the risks of acquiring HCAI during the provision of health care (DOH 2006). This policy is the forum through which the mechanisms in place to address this are declared. The prevention and control of infection will be fully integrated into all decision making processes, both clinical and non-clinical, and be a high priority on the

agenda from ward to Board level in order to provide a safe environment and quality care.

11 Responsibility for Document Development

The policy director is the Director of Infection Prevention and Control who has responsibility for the production and development process

12 Equality Impact Assessment

The Leeds Teaching Hospitals NHS Trust is committed to ensuring that, as far as is reasonably practicable, the way we provide services to the public and the way we treat our staff reflects their individual needs and does not discriminate against individuals or groups on any grounds.

The development of Trust policies must comply with equalities legislation which is to promote equality and eliminate unlawful discrimination. Guidance on Equality Impact Assessment of policies is available on the Trust intranet.

1. Screening			
How relevant is this policy and its associated procedures to promoting equality and eliminating discrimination? (indicate in boxes below)			
	Not relevant	Partly relevant (say which parts)	Very relevant
Race/ethnic group:	√		
Disability ¹ :	√		

¹ Disability covers physical, sensory and mental impairments which include mental illness and learning disability. Long term conditions such as cancer, HIV and Multiple Sclerosis are

Gender:	√		
Age:	√		
Sexual Orientation:	√		
Religion:	√		
Other (please state)	√		
2. Assessing Impact (To be completed where the policy and associated procedures has been determined as relevant in the screening process)			
Please specify, in the rows below, anything that you have included in this policy and its associated procedures to ensure that equality is promoted and that no one will be unlawfully disadvantaged (discriminated against) as a result of this policy			
Race/ethnic group:			
Disability:			
Gender:			
Age:			
Sexual Orientation:			

included and any other condition at the point at which it begins to have an impact on a persons capacity to carry out normal day to day activities.

Religion:	
Other (please state):	

13 Policy Approval and Ratification

The policy will be approved by the SMT and Trust Board following consultation and agreement by the IPCC (ref. section 8 above).

14 Process for Review/Revision

The policy will be revised at least every two years or sooner in light of new developments. Initial revision will be commenced by a member of the IPCT who will begin the process 10 weeks prior to the review date in order that the policy remains current. Changes will be made in line with new evidence, Government directives and national guidelines.

15 Communication and Dissemination

The approved policy is communicated electronically within a one week period to Medical Directors, Chief Nurse Team, Divisional General Managers, Consultants and Matrons and to all LTHT employees on the Trust email system.

It is the responsibility of those above to disseminate the policy to staff within their area of responsibility (Ref. section 3 above).

The new/revised policy is placed on the Infection Control pages of the Trust intranet and is also available on the Leeds Health Pathways Clinical Guidelines site.

16 Implementation

Once ratified by the appropriate body within the Trust this policy will be implemented within 4 weeks of the final version being disseminated via email.

17 Monitoring Compliance and Effectiveness

METHOD	RESPONSIBILITY
<p>Documented evidence of Infection Prevention and Control as a regular agenda item at all levels within the organisation (examples of minutes, dedicated meetings, etc.)</p>	<p>Trust Board – Chief Executive</p> <p>TMB – Chief Executive; DIPC</p> <p>Directorate clinical governance meetings – Divisional manager; Directorate Manager</p> <p>Matrons meetings – Chief Nurse; Deputy Chief Nurse, Divisional Nurse Managers.</p> <p>Sisters meetings - Matrons</p>
<p>Audit of completion of required education and training- view staff training records for attendance at education session or completion of IPC e-learning (annual review)</p>	<p>Clinical leads; matrons; ward/departmental managers</p>
<p>Incorporation of IPC into job descriptions of all staff</p>	<p>Director of Human Resources</p>
<p>Incorporation of IPC into personal development plans/KSF framework of all staff- view appraisal documentation and monitor at performance review</p>	<p>Clinical leads; matrons; ward/departmental managers</p>
<p>Audit of implementation and compliance with selected Infection Control policies</p>	<p>IPCT</p>
<p>Audit of compliance with the</p>	<p>Chief Executive; DIPC</p>

18 Standards/Key Performance Indicators

The performance of LTHT against the policy will be monitored through key indicators including:

- MRSA bacteraemia rates and reduction in numbers in line with trajectory and Government targets
- *Clostridium difficile* infection rates
- Assessment against the Department of Health Code of Practice for the Prevention and Control of Healthcare Associated Infections using the Saving Lives self assessment tool
- Infection Prevention and control element of Health and Safety audits (annual)

19 References/Associated Documentation

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

The Health and Social Care Act. Department of Health 2008.

Department of Health 2005. Saving Lives: A delivery program to reduce healthcare associated infection including MRSA [available electronically: www.dh.gov.uk/reducingmrsa]

Department of Health 2003. Winning Ways: Working together to reduce Healthcare Associated Infection in England.

National Audit Office (2000) The Management and Control of Hospital Acquired Infection in Acute NHS Trusts in England, HMSO

NHS 2004 A Matrons Charter: An Action Plan for Cleaner Hospitals.

Impact of organisation and management factors in infection control in hospitals: a scoping review (2009) The Hospital Infection Society, Journal of Hospital Infection 73, 1 -14.

APPENDIX A

INFECTION PREVENTION & CONTROL COMMITTEE

Terms of reference

The committee will:

- Meet not less than four times per year and report formally to the Trust Board.
- Be chaired by the Director for Infection Prevention and Control or a nominated deputy
- Keep the membership and terms of reference under review and in accordance with Clinical Governance arrangements
- Monitor the Trust's compliance with the infection control aspects of 'Standards for Better Health' (Healthcare Commission)
- Expect that members unable to attend will send a deputy
- Feed into the Trust Integrated Quality Management Structure
- Produce a register of attendance to be included within the Annual Report
- Circulate the IPCC minutes widely to the relevant Trust committees, senior medical and nursing staff
- Advise and support the IPCT
- Advise on, ratify, and monitor the implementation of infection control policies, procedures and guidelines
- Endorse the targeted surveillance of infection programmes developed by the IPCT, and agree on objectives and priorities in this area
- Promote and facilitate education and the application of evidence based practice in relation to infection control
- Receive, consider and endorse the IPC Annual Report which will be sent to the Trust Board
- Receive, consider and endorse the IPC Annual Programme which will be submitted for approval to the Chief Executive
- Review the progress of the IPC Annual Programme, assist in its effective implementation and review the final results
- Develop and review priorities and strategies in relation to infection control ensuring most effective utilisation of resources
- Draw to the attention of the Chief Executive and Risk Management any serious problems or hazards relating to infection control
- Discuss and co-ordinate all matters relating to outbreaks of infection in Trust premises and make recommendations to address shortcomings and avoid recurrences
- Discuss, evaluate, and action initiatives and developments relating to infection control and ensure matters are taken forward at a local level

Membership

- Director of Infection Prevention and Control
- Deputy Director of Infection Prevention and Control
- Clinical Director of Pathology
- Nurse Consultant Infection Prevention and Control
- Infection Control Doctor Dental Institute
- Consultant Microbiologists
- Matron Infection Prevention and Control
- Infection Control laboratory Manager
- Director of Facilities
- Directorate manager of Pharmacy
- Director of Occupational Health Services
- Head of Health and Safety
- Divisional Nurse representing Chief Nurse Team
- Divisional Medical Managers representing their Divisions
- Medical or Nursing representatives from bed holding clinical centres
- Clinical Director for Infectious Diseases
- Consultant in Communicable Disease Control

APPENDIX B

DENTAL INFECTION CONTROL GROUP

Terms of reference

The group will:

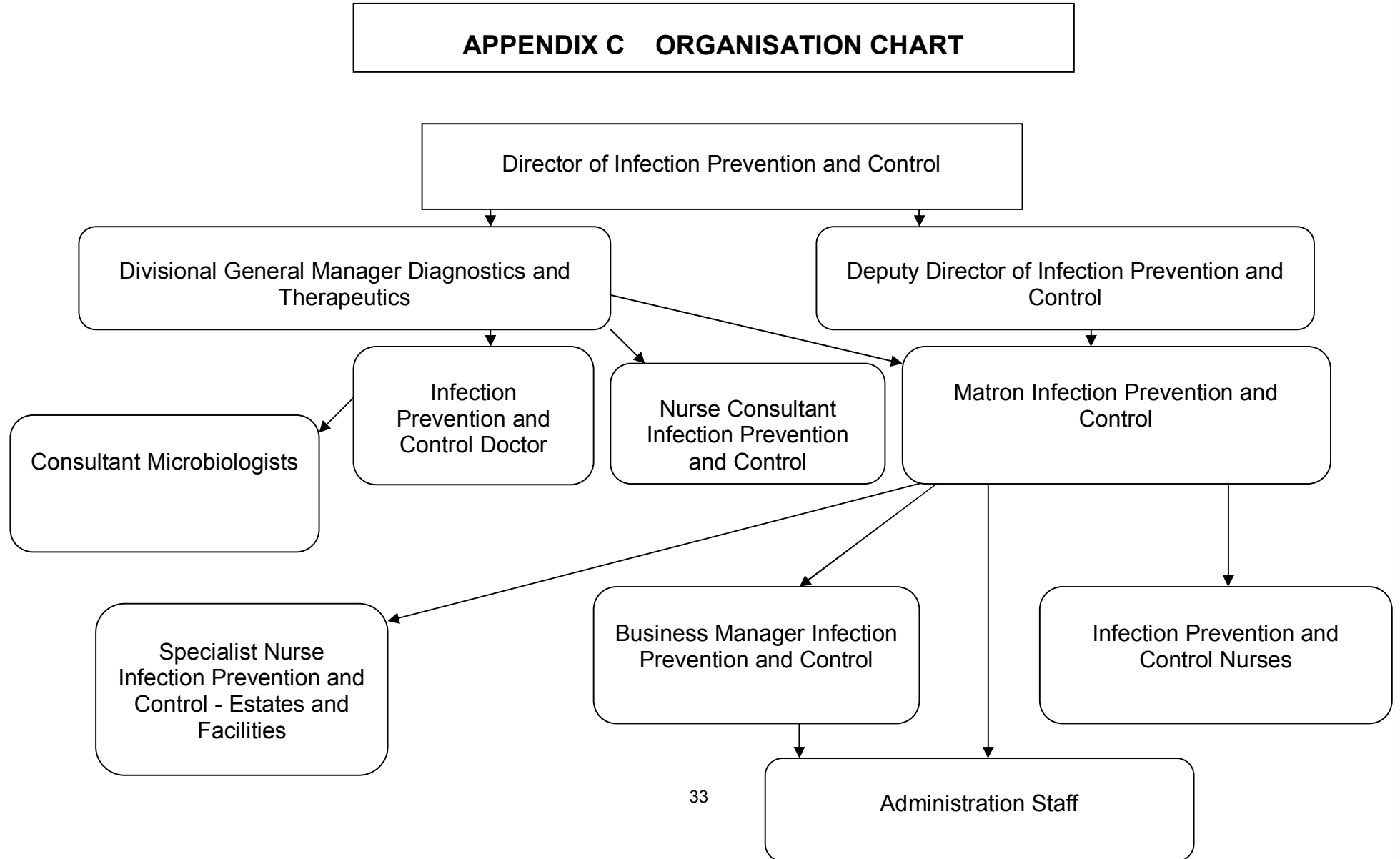
1. Meet not less than four times per year
2. Be chaired by a Consultant Microbiologist with a special interest in Dental Infection Control or a nominated deputy
3. Keep the membership and terms of reference under review and in accordance with Controls Assurance and Clinical Governance arrangements
4. Expect that members unable to attend will send a deputy
5. Circulate the Dental Infection Prevention and Control Group (DIPCG) minutes widely to relevant staff within the Leeds Dental Institute (LDI) and to other members of the Leeds Teaching Hospitals NHS Trust Infection Control Team as appropriate
6. Advise and support the Dental Infection Control Team
7. Advise on, ratify, and monitor the implementation of infection control policies, procedures and guidelines as determined by the Leeds Teaching Hospitals Infection Control Committee
8. Where appropriate, amend, advise upon, ratify and implement Dental Addenda to infection control policies, procedures and guidelines as determined by the Leeds Teaching Hospitals Infection Prevention and Control Committee
9. Promote and facilitate education and the application of evidence based practice in relation to infection control within the LDI
10. Develop and review priorities and strategies in relation to Dental infection control ensuring most effective utilisation of resources
11. Draw to the attention of the Director of Infection Prevention and Control (DIPC) for Leeds Teaching Hospitals NHS Trust any serious problems or hazards relating to infection control in the LDI

12. Discuss and co-ordinate all matters relating to outbreaks of infection in the LDI and make recommendations to address shortcomings and avoid recurrences

Membership

1. Chair
2. Dental Infection Control Nurse
3. Clinical Director of the Dental Institute
4. Dean of the Dental School
5. Business Manager, Dental Institute
6. Occupational Health representative – University of Leeds
7. Occupational Health representative – Leeds Teaching Hospitals Trust
8. Dental Nurse Manager
9. Dental Institute HSDU representative
10. Dental Institute Estates representative
11. Dental Institute Cleaning Services representative
12. Community Dental Services representative
13. Oral Biology representative
14. Head of Health & Safety for the Dental Institute
15. Head of Learning for the Dental School
16. Leeds Teaching Hospitals Infection Control Team representative
17. Infection Control Laboratory representative
18. All Heads of Clinical Departments

APPENDIX C ORGANISATION CHART



APPENDIX D

SURVEILLANCE AND AUDIT

- Surveillance is the key component of an infection control programme. Surveillance consists of the routine collection of data on infections among patients and staff, its analysis and dissemination of results to those who need to know in order that appropriate action can be taken
- The aim of surveillance is to produce timely information on infection rates and trends, detect outbreaks, inform evaluations of and changes in clinical practice, and assist the targeting of preventative efforts
- Surveillance data may be used within a framework of performance management in an attempt to assess the effectiveness of the ICT

Types of surveillance:

- Alert organism surveillance whereby the ICT are notified of laboratory reports identifying specific organisms with potential for cross-infection
- Alert condition surveillance in which ward staff have a responsibility to report specific clinical conditions to the ICT
- Pro-active surveillance, whereby healthcare associated infection data are gathered prospectively, e.g. surgical site infection
- Mandatory surveillance of MRSA bacteraemia and *Clostridium difficile*.
- Mandatory surveillance of some orthopaedic surgical site infections

APPENDIX E

POLICY DEVELOPMENT

- Infection Control policies and guidelines are evidence based
- Infection Prevention and control will publish a policy review matrix in order to inform IPCC when policies require review.
- Policies and guidelines are approved by the Infection Prevention and control team and the Infection Control Committee and ratified by the Trust Board
- Policies and guidelines are reviewed every two years or sooner in light of significant new evidence
- Policies and guidelines that have under gone a minor review, i.e. not in light if significant new evidence but after the two year time frame, are circulated for consultation and approval to the IPCC.
- Policies and guidelines that are new or have under gone a significant review will be out for consultation via Leeds Health Pathways. Once amendments are made they will be agreed by the IPCC.
- All Infection Control policies and guidelines are available on the Trust Intranet site
- Audit of the implementation of policies and guidelines is undertaken
- Audit of compliance with selected policies is undertake

Appendix F

Infection Prevention and Control Training – Training Needs Analysis

	Knowledge and skills Level1	Knowledge and skills Level 2	Knowledge and skills Level 3	Knowledge and skills Level 4
Generic Groups Staff	All staff	All Staff in clinical areas Including junior medical staff (FY1 & FY2) and Allied Medical Professions.(AMP)	Senior Managers including Trust Directors, Team Leaders, Ward sisters in clinical areas Including more senior medical staff (registrars and consultants)	Divisional Infection Prevention and Control Leads
Routes For Skills And Knowledge Delivery	Information provided at Induction. Information booklet to existing staff. Quality Intranet site	Attendance at Hand Hygiene, Viral Gastroenteritis C Diff sessions Or completion of e-learning packages_on MRSA, CDI, anti	As Level 2 plus aware of Govt. initiatives e.g. Saving Lives, MRSA targets etc. under the guidance of senior managers/matrons Microbiology ward rounds. Attendance at root	As Level 3 plus attendance at atDivisional infection prevention and control group meetings, IPCC, specialist meetings etc. specialist infection control input ? Yearly attendance at half day study

		microbial prescribing, CVC insertion and on going care, peripheral line insertion and on going care, blood culture taking	cause analysis meetings, patient care and safety days.	sessions provided by Nurse Consultant in Infection Prevention and Control
Skills and Knowledge				
Understanding of Infection Prevention and control	Understanding of why Infection Control is important. Aware of individual responsibility regarding the prevention and control of infection e.g. not coming to work with symptoms of illness.	Be able to implement Infection Control measures. Understand why these measures are important. Aware of individual responsibility regarding the prevention and control of infection	As Level 2. Take a lead in ensuring staff are complying with Infection Prevention and Control. Aware of individual responsibility regarding the prevention and control of infection and be responsible for ensuring staff comply with Infection Control policies	As Level 3. Take strategic lead in infection prevention and control.
Identify What Risk Assessment Means for patients and staff	N/A	Basic understanding of risk assessment with regard to Infection Control.	As for Level 2. Ensuring the safety of patients and staff by enforcing principles of risk assessment with regard to infection prevention and control	As Level 23. Take strategic lead in risk assessment with regard to infection prevention and control
		As Level 1.	As Level 2.	As Level 3. Take strategic lead in

Hand hygiene		Demonstrate good hand hygiene technique. Understand the principles of hand hygiene.	Take lead in ensuring staff compliance with hand hygiene. Be involved in Trust wide hand hygiene initiatives. Act as role model/hand hygiene champion.	ensuring hand hygiene compliance. Be instrumental in instigating Trust wide initiatives with respect to hand hygiene.
Transmission and spread	Basic understanding of principles of Infection prevention and Control. Be aware of infection prevention and control policies.	Aware of the routes of transmission and chain of infection for common infection control organisms e.g. MRSA,C.diff, flu. Be responsible for following infection prevention and control policies.	As Level 2. Ensure staff comply with infection control policies.	As Level 3. Act as stakeholders in the formulation of Trust infection prevention and control policies.
Risk assessment Disease specific	Basic understanding of routes of transmission e.g. BBVs and Viral gastro	As Level 1. Understanding of the importance of risk assessment in preventing the spread of infection	As Level 2. Ensure compliance with risk assessment procedure. Take responsibility for undertaking disease specific risk assessment.	As Level 3. Take Trustwide responsibility for disease specific risk assessment. Be instrumental in ensuring Trust meets Govt. targets with regard to infection prevention and control.
External Pressures/ Standards/legislation for Infection Prevention and	N/A	Aware of NHS targets and Trust Initiatives to meet these targets	Be fully conversant with Govt. initiatives and be involved in developing strategies to meet Govt. targets.	Take strategic lead in implementing Govt. initiatives and legislation regarding infection prevention and control.

Control.				
Surveillance/audit strategies	N/A	<p>Understand the principles of surveillance and audit.</p> <p>Be able to participate in basic audit and surveillance</p>	<p>As Level 2. Be responsible for ensuring that infection control audit/surveillance is undertaken and that any recommendations are acted upon.</p>	<p>As Level 3. Take lead role in infection control audit/surveillance. Be responsible for ensuring that resources are made available in order for the recommendation of infection control audit/surveillance to be implemented.</p>