



Lincolnshire Partnership
NHS Foundation Trust

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This policy details the arrangements for the prevention and control of infection in Lincolnshire Partnership Foundation Trust

LINCOLNSHIRE PARTNERSHIP FOUNDATION TRUST

INFECTION PREVENTION AND CONTROL POLICY AND PROCEDURE

Issue 2

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INFECTION PREVENTION AND CONTROL POLICY AND PROCEDURE

1.0 INTRODUCTION

1.1 In the United Kingdom, approximately 100,000 people develop Healthcare Associated Infections (HCAI) leading to around 10,000 deaths and costing the National Health Service in excess of £1 billion per year (National Audit Office, 2000)

1.2 In addition to the financial burden to services, HCAI have a profound impact on the overall delivery of services including increased length of stay, financial implications for families affected but importantly, the increase in suffering, pain and the potential psychological effects, not only of isolation which may be prolonged but the concept of being 'diseased' or 'unclean' that may arise from infectious illness.

1.3 Good infection prevention (including cleanliness) is essential to ensure that people who use health and social care services receive safe and effective care. Effective prevention and control of infection must be part of everyday practice and be applied consistently by everyone. Good management and organisational processes are crucial to make sure that high standards of infection prevention (including cleanliness) are developed and maintained.

1.4 Infection Prevention and Control (IPC) is an integral part of an effective risk management and patient safety programme and as such, must be embedded in every aspect of patient care in every conceivable setting by all healthcare staff including the patient's own home.

1.5 It is important to note that Registered Nurses are bound by the Nursing and Midwifery Council (NMC) *Professional Standards of Practice and Behaviour for Nurses and Midwives (The Code)* and medical staff registered with the General Medical Council (GMC) and licensed to practice medicine, have to abide by the GMC's *Good Practice Guidance (2013)*. This means that Registered staff are responsible for the care they give and accountable for their actions or failure to act. All staff have a Duty of Care, which is a legal obligation to ensure that patients in their care come to no harm as a consequence of any act or omission by the healthcare worker.

1.6 Since April 2009, NHS Trusts have been legally required to register with the Care Quality Commission (CQC) under the Health and Social Care Act 2008 and, as a legal requirement of their registration must protect patients, workers and other who may be at risk of a healthcare associated infection (HCAI). This document outlines what registered providers in England, should do to ensure compliance with registration requirement 12 (2) (h) – [providers must] “assessing the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated”.

1.7 The Health and Social Care Act 2008 has a Code of Practice on the prevention and control of infections and related guidance (updated July 2015) the main purpose of which are to:

- make the registration requirements relating to infection prevention clear to all registered providers so that they understand what they need to do to comply
- provide guidance for the CQC's staff to make judgement about compliance with the requirements for infection prevention
- provide information for people who use the services of a registered provider
- provide information for commissioners of services on what they should expect of their providers; and

- provide information for the general public

1.8 The Code of Practice sets out 10 criteria against which a registered provider will be judged on how it complies with the registration requirements related to infection prevention. (Appendix 1)

1.9 In recent years vital work has been undertaken across the health care system to tackle issues associated with IPC. The reduction in the number of some HCAI particularly *Clostridium Difficile* (C. Diff) infection which has fallen by 42% since the beginning of the decade and significant falls in the numbers of Methicillin Resistant *Staphylococcus Aureus* (MRSA) infections, is evidence of the improvements made. However, new and emerging challenges such as an increase in the numbers of Blood Stream Infections related to Gram Negative microorganisms such as *Escherichia Coli* (E.coli) and targets introduced to reduce them for acute care providers mean that those providing IPC guidance and support to clinical teams in any organisation can never become complacent.

2.0 POLICY/ PROCEDURE PRINCIPLES

2.1 This is an over-arching policy and procedure intended to outline how the Trust will deal with the broad and complex issues with regard to IPC by applying some or all of the associated policies to practice by clinicians.

2.2 This policy sets out the approach of Lincolnshire Partnership Foundation Trust to the implementation of IPC in accordance with government directives, evidence based research and best practice.

2.3 The Trust recognises its duty of ensuring an effective system is in place to prevent and control infections, including HCAI's. The business of the Trust will be conducted in such a way as to ensure that patients, service users, their relatives, carers, staff, contractors, visitors, voluntary workers and members of the public, who may be affected by the activities of the Trust, are not exposed to avoidable risk.

2.4 Information available to patients, service users and the public about the Trust arrangements for the prevention and control of HCAI can be found on the Trust's website site in the form of the Infection Prevention and Control Annual Report and Annual Programme of work for IPC, along with the local strategy and the development of local area specific information leaflets.

3.0 RESPONSIBILITIES.

The responsibilities described below are universal to all of the related IPC policies Where there are exceptions or additions, these are described in the relevant policy

3.1 The Chief Executive

The Chief Executive has ultimate responsibility for ensuring effective IPC management and monitoring arrangements are in place across the Trust to meet all statutory requirements.

3.2 The Board of Directors (via Quality Committee).

On behalf of the organisation, The Board of Directors (B.O.D) has strategic accountability for ensuring that legal and statutory IPC responsibilities in the prevention of HCAI are achieved. Through their leadership and an up-to-date and working knowledge and understanding of IPC, the B.O.D. discharges these responsibilities in the following ways:

- A nominated non-executive director member is an active champion of the IPC agenda within the Trust. This includes being a core member of the Patient Safety and Experience Committee.
- Ensuring a culture of continuous quality improvement designed to increase safety for patients, in accordance with national IPC legislation/guidance (including NICE PH36 Healthcare Associated Infections, Prevention and Control Quality Improvement Statement 1).
- Monitoring performance against key IPC indicators
- Ensuring that a mechanism is in place to report regularly to board meetings on important infection risks and control measures that have been implemented.
- Agreeing an annual improvement programme for IPC, which is linked to the business planning cycle and has identified actions and resources.
- Requiring assurance that monitoring mechanisms are in place in each clinical area, and that each area is accountable for compliance with relevant aspects of the code of practice.
- Demonstrating to patients, the public, staff and itself that it is making continuous progress towards meeting statutory requirements for IPC.

3.3 Director of Infection Prevention and Control (DIPC)

The Director of Nursing and Quality is the designated Director for Infection Prevention and Control (DIPC) and Trust Decontamination Lead. The DIPC has discharged responsibility for IPC from the Chief Executive and B.O.D and reports on IPC matters to them via the Executive Team (ET) and the Quality Committee (QC).

3.4 Patient Safety and Experience (PSE) Committee.

Chaired by the DIPC, the PSE Committee consists of key internal and external stakeholders for patient safety and experience which includes IPC matters. Bi Monthly PSE meetings are held, and a component of the meeting is set aside to:

- Review compliance with the Health and Social Care Act (2008) Code of Practice by receiving a progress/exceptions report against the annual IPC work programme from the Infection Prevention and Control Team (IPCT)
- Support the IPCT in the implementation of new local and national initiatives and EU directives.
- Provide challenge and scrutiny of how IPC practices/standards throughout the Trust impact/affect quality and patient safety and/or service delivery.
- Ensure timely delivery of the annual report to B.O.D (via the Quality Committee).
- Approve the completed IPC annual work programme from the previous year and the content of the forthcoming year.

3.5 The Infection Prevention and Control Team (IPCT)

- The IPCT are responsible for the strategic and operational delivery of IPC standards and practice for the prevention of avoidable infections and the control and management of unavoidable risks of infection to patients, carers, staff and visitors.
- This is carried out by the provision of specialist knowledge, advice, support and guidance including surveillance, audit and development and implementation of necessary policies.
- The team uses both a proactive and reactive approach, working collaboratively and positively, engaging internally with Trust staff, establishing and maintaining good working relationships with teams including Senior Nurse Managers, Allied Health Professionals and the Estates and Hotel Services; and externally e.g. with IPC colleagues across

Lincolnshire and the wider whole health economy (WHE) both in Primary and Secondary care settings.

- The IPCT provide leadership and support, but their visibility across the organisation and the relationships with staff is pivotal in staff engagement, service improvement and supporting them to embed high standards of IPC into their day to day practice. They act as a conduit for the dissemination of evidence- based knowledge and skills and a facilitator of excellent practice.
- 3.6 Senior Nurses/Matrons/Service Managers
- Senior Nurses/Matrons/Senior Clinical Practitioners/Allied Health Professionals must ensure that the annual IPC action plan is updated and the progress of the plan is monitored on a three monthly basis and reported back to the IPC Nurse Specialist.
 - Work closely with Department/Ward Managers and IPC Link Nurses to ensure all actions are achieved e.g. audits, teaching, hand hygiene training, reporting serious occurrences relating to IPC.

3.7 Department/Ward Managers

Department/Ward Managers are responsible for ensuring the implementation of guidance, advice and policies and procedures within their department. This includes:

- Being responsible for the inclusion of IPC in every relevant employee's local induction and personal development plan
- Inclusion of IPC responsibilities in every relevant employee's job description and contract of employment.
- Ensuring that all seconded staff, bank and agency staff and any contracted workers are made aware of all policies and procedures related to IPC during local induction.
- Ensuring that all staff are up to date with relevant mandated IPC training
- Supporting the IPC Link Practitioners in their areas in order to release them for extra training or the extended duties that this role requires

3.6 IPC Link Practitioners Network

The IPC Link Practitioner Network consists of registered and non-registered nursing staff working in both inpatient and Community clinical teams. Attending meetings quarterly, they are a key resource, acting as first contact for team colleagues when IPC issues arise, disseminating information, providing education, challenging practice and facilitating change.

3.7 LPFT Employed Staff (including bank, agency and voluntary workers)

- In accordance with the Code of Practice it is essential that there are "Systems 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."
- This is achieved via induction (both at a Trust level and locally within teams), IPC as a standing agenda item at staff meetings, and reflected in job descriptions/roles and responsibilities
- All employees are responsible for ensuring they undertake relevant IPC training available to them
- All employees of the Trust have a duty of care to adhere to Trust policies and procedures applicable to IPC.
- All employees have a duty to act on and report to the IPC Team at the earliest opportunity, an infection that may be transmitted to others, resistant organisms or potential outbreak.

3.6 Estates and Facilities.

- Partnership working between Estates and Facilities and IPC is crucial to ensuring high standards, particularly relating to cleanliness and the quality of the patient environment.
- The strong and extremely productive relationship between the IPCT and housekeeping services through the Estates and Facilities advisor is consolidated and enhanced through joint auditing, collaboration in development of policies and guidance, delivering shared training, and supporting and supervising both nursing and housekeeping team members.

3.7 Microbiology Services

- Microbiology Services have a duty to meet the needs of the service and demonstrate compliance with the Code of Practice as agreed in the Service Specification.
- These include; generation of daily isolates reports, monthly, quarterly and annual reports against performance targets agreed in the Service specification along with Consultant Microbiologist advice by telephone provided on an ad hoc basis.

4.0 DEFINITIONS

- **Patient:** this term is used when referring to the NHS population as a whole.
- A **healthcare facility** is a hospital, clinic, outpatient department or residential nursing home which provides medical and related services aimed at maintaining good health, especially through the prevention and treatment of disease. The Trust also recognises that a large proportion of care is also delivered in the patient's own home.
- **Care staff** refers to both health and social care staff,
- **Risk** is the chance of an undesirable outcome. Risk includes consideration of both the likelihood and severity of the outcome
- A **hazard** is something that has the potential to cause harm
- **Healthcare Associated Infections (HCAI)** are those that arise during any contact with healthcare, either in hospital or in the community, whether in patients themselves or in the health or social care worker undertaking intervention.
- **Infection Prevention and Control** is the prevention and management of infection through the application of research based knowledge to practices that include standard precautions, decontamination, waste management, surveillance and audit.

5.0 DISSEMINATION OF INFORMATION

5.1 Information available to staff patients, service users and the public about the Trust arrangements for the prevention and control of HCAs can be found on the Trust's Intranet site in the form of the IPC Annual Report and Annual Programme of work, along with local area specific information leaflets.

5.2 The Trust has a Transfer of Patients with Known/Suspected Infection Policy. The policy contains a Transfer of Care form that must be completed when patients are transferred from one health care setting to another.

5.3 Learning from root cause analysis and any other IPC incidents will be shared within the Trust and across organisations within the health community.

6.0 TARGET AUDIENCE.

All Trust staff involved in clinical activities

7.0 TRAINING

7.1. The IPC Nurse Specialist can offer additional training on request which will include information contained in his policy.

7.2. All members of staff have an individual responsibility to ensure that they access IPC mandatory training.

8.0 CHAMPION AND EXPERT WRITER.

8.1 The Champion for this policy is the Director of Nursing and Quality

8.2 The Expert Writer is the Infection Prevention and Control Nurse Specialist

9.0 CONSULTATION.

Consultation for version 1 occurred through:

- Infection Prevention and Control Committee
- Nursing Executive members
- Public Health England

Additional Consultation for the revised version:

- Head of Physical Healthcare, IPC, Medical Devices and Smoking Cessation.
- IPC link practitioners
- Matrons
- Physical Healthcare Practitioners

10.0 LEGISLATION, GUIDANCE AND REFERENCES.

- The Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance (Revised 2015) (Department of Health) London.
- Department of Health (2007) Uniforms and Work Wear – An Evidence Base for Developing Local Policy. London. Department of Health
- Department of Health (2005) Saving Lives: A Delivery programme to Reduce Healthcare Associated Infection, including MRSA. London. Department of Health
- Department of Health (2006). Essential Steps to safe clean care: Reducing Healthcare Associated Infection. London. Department of Health
- Department of Health (2004) A Matrons Charter - An Action Plan for Cleaner Hospitals.. London. Department of Health
- National Institute for Health and Care Excellence. (2014). Infection Prevention and Control. NICE Quality Standard 61
- Ross, S., Furrows, S. *Rapid Infection Control Nursing* 2014 Wiley Blackwell. Chichester
- Weston, D., Burgess, A., Roberts, S. *Infection Prevention and Control at a Glance* 2017. Wiley Blackwell. Chichester

- Damani, N., *Manual of Infection Prevention and Control* 3rd Edn. (2014) Oxford University Press. Oxford
- Garner, Dr D., *Microbiology Nuts and Bolts. Key Concepts of Microbiology & Infection* (2013) Amazon. London

11.0 MONITORING COMPLIANCE

11.1 Compliance with this policy will also be monitored through the IPC Audit Programme

11.2 Any Post Infection Review or Root Cause Analysis should include evidence of adherence to this policy

11.3 Untoward incident reports and serious incident reports will be discussed by the Patient Safety and Experience Committee bi-monthly and at IPC Link Practitioner meetings. Any good practice or lessons to be learnt will be detailed in the minutes and fed through to the relevant Trust management systems either through distribution of the minutes or through escalation processes as laid out in the terms of reference

11.4 Surveillance data of infections and untoward incidences that include exposure to blood borne viruses or needle stick injuries will be reviewed at the Patient Safety and Experience Committee and action taken as necessary.

12.0 RELEVANT TRUST POLICIES & PROCEDURES

- 7b. Hand Hygiene
- 7c. Outbreak of Infection
- 7d. *Meticillin Resistant Staphylococcus Aureus (MRSA)* Management and Control
- 7e. Management of *Clostridium Difficile* Infection
- 7f. Isolation
- 7g Decontamination
- 7h. Surveillance of Alert Organisms and Dissemination of Information
- 7i Management of Sharps
- 7j Occupational Exposure to Blood Borne Viruses
- 7k Aseptic Non Touch Technique
- 7l Scabies Management
- 7m Transfer of a Patient with Known or Suspected Infection
- 7n Correct use of Personal protective Equipment in the Healthcare Environment
- 7o Animals in Healthcare Premises Guidance

13.0 REVIEW DATE

This policy/procedure will be reviewed in 3 years or in light of organisational or legislative changes.

14.0 Record of changes

Date	Author	Policy/Procedure	Details of change(s).
July 2017	J. Lord	7 a	<ul style="list-style-type: none"> • Widespread grammatical changes • Changes of job title • Responsibilities rewritten/ microbiology services added to list • New Introduction added • Format changed for consistency • Revised references added/updated

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			<ul style="list-style-type: none">• Record of changes added• Appendix added to reference revised legislation for clarity
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Appendix 1. The Code of Practice.

Compliance criterion	What the registered provider will need to demonstrate
1.	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.	Systems 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

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Appendix 2 Equality Analysis Form

Name of Policy/ project/ service	Infection Prevention and Control				
Aims of policy/ project/ service	This policy details the arrangements for the prevention and control of infection in Lincolnshire Partnership Foundation Trust				
Is this new or existing?	Existing				
Person(s) responsible	Jane Lord				
Key people involved	Jane Lord				
Who does it affect?	Service users <input checked="" type="checkbox"/>	Staff <input checked="" type="checkbox"/>	Wider Community <input type="checkbox"/>		
Is the policy/ project/ service likely to have an effect on any of the protected characteristic groups? (please tick)					
	Positive	Negative	None	Is action possible to mitigate any negative impact?	Details of action planned (including dates or why action is not possible)
Age	√				
Disability	√				
Sex	√				
Gender Reassignment	√				
Sexual Orientation	√				
Race	√				
Religion and Belief	√				
Marriage and Civil Partnership	√				
Pregnancy and Maternity	√				

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Carers	√				
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Any other information that is relevant to the equality impact of the policy/ project/ service?

Detail any positive outcomes for any of the protected groups listed above

The policy will ensure best practice to prevent transmission of infectious disease

Result of Equality Analysis

Based on the information above- what is the outcome of the Equality analysis?

a) No change √ <input type="checkbox"/>	b) Adjust the activity <input type="checkbox"/>	c) Stop/remove the activity <input type="checkbox"/>
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Detail any adjustments that are to be made and how these will be monitored
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Person who carried out this assessment	Jane Lord
Date assessment completed	19/07/2017
Name of responsible Director/General Manager	Anne-Maria Olphert
Date assessment was signed	
Date of next review	19/07/2020

