



Public – To be published on the Trust external website

Infection Prevention and Control Policy

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Status: Ratified

Document type: Policy

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1 Introduction

Tees Esk Wear Valleys NHS Foundation Trust has a legal responsibility for ensuring that appropriate arrangements for the prevention and control of infection are in place within all trust settings. Infection prevention and control is fundamental for the safety of all staff, patients, visitors, volunteers and contractors within the trust and protecting patients as well as all other individuals from the risk of acquiring healthcare associated infections is one of the trusts key priorities.

The Health and Social Care Act (2008) Code of Practice for the NHS on the Prevention and Control of Health Care associated Infections (HCAI) and related standards and guidance sets out the criteria by which NHS organisations must adhere to, to ensure that patients are cared for in a clean safe environment. The trusts compliance with these standards is reviewed by external organisations including integrated care systems and the Care Quality Commission

Not all infections are avoidable, and measures must be in place and regularly reviewed in order ensure that the risk of transmission of infection between patients and patients, patients and staff, staff and patients, as well as visitors, volunteers and others within healthcare settings is minimal. Acquisition of an infection can have serious consequences that can result in debilitating illness and even death.

For many common infections and infectious diseases early recognition and rapid appropriate management can reduce further spread of infection and severity of associated illness.

The trust has robust procedures and policies relating to various infections that must be followed in the event of a patient presenting with specific infections.

The trusts compliance with these standards is reviewed by external organisations including integrated care systems and the Care Quality Commission

This policy aligns with our journey for change and co creates a great experience for our patients, carers, and families. We do this by following the latest evidence-based practice and best practice guidelines for all aspects of infection prevention and control, so that all patients, families and carers are assured that they will receive compassionate well led care with minimised risks regarding infection prevention and control.

This policy supports the trust to co-create a great experience for our colleagues by ensuring systems are in place to enable staff to get involved in rapidly recognising and with infections as part of a well led and managed process. As well as ensuring the workplaces and clinical environments within TEWV are conducive to safe IPC standards and personal protective equipment is available wherever and whenever it is required for all staff, visitors, volunteers, patients and others protection.

This policy encourages collaborative working with external partners to ultimately improve patient care experiences as working across organisations to promote shared understanding and assurance of relevant processes in place for patient safety.

2 Why we need this policy

2.1 Purpose

The purpose of this policy is to:

- Ensure that all staff are aware of their individual responsibility for adherence to infection prevention control standards and procedures, required to minimise the spread of infection.
- Comply with CQC essential standards, Health and Social Care Act 2008 and local and national guidance.

2.2 Objectives

The objectives of this policy are to:

- Provide direction to all Trust staff on IPC principles and practices
- Ensure a safe standardised approach to IPC is maintained
- Minimise the risk of transmission of infection to patients, staff and trust visitors
- Comply with the Health and Social Care Act 2008 which is monitored by the IPC committee
- Comply with national and local guidance and specialist evidence-based practice/guidance

3 Scope

The Trust recognises that implementation and maintenance of robust Infection Prevention and Control practices requires all trust staff to be respectful and compassionate as all trust staff and volunteers are responsible for adhering to the IPC policy and associated procedures. This policy overarches a suite of procedures that apply to all trust staff and staff have responsibility to apply procedures, respectfully appropriately and with compassion for all service users and colleagues.

3.1 Who this policy applies to?

- All Trust staff and visitors.

3.2 Roles and responsibilities

Role	Responsibility
Chief Executive and Trust Board	Ensuring there are effective arrangements for Infection Prevention and Control (IPC) within the Trust.
Chief Executive	Ensuring the Trust has up to date robust and effective IPC Policies.
Trust Board	Agreeing collective responsibility for minimising the risks of infection. Promoting a Board to Ward approach to IPC.
The Trust	Supplying facilitates for a clean safe environment ensuring provision of effective hand decontamination equipment and appropriate Personal Protective Equipment (PPE) to employees who may be exposed to any infection risk while at work.
Director Infection Prevention and Control (DIPC)	Ensuring that policies and procedures are implemented Overseeing infection prevention control activity via the IPC Committee Producing and publishing the annual IPC report and programme, available to staff, patients and the public.
Infection Prevention and Control Nurses (IPCNs)	Coordinating, producing, updating and monitoring infection control policy and procedures in accordance with current legislation and in compliance with the Health and Social Care Act 2008 Code of Practice on the prevention of infections and related guidance. Supporting trust staff in risk assessment and management of infections. Supporting clinical staff in patient management and providing timely advice for patients with infections. Providing all trust staff with IPC training and educational updates Coordinate IPC audits and report findings to clinical, housekeeping and estates teams to action as required.

	Provide support and management in the event of outbreaks of infection
Infection Prevention and Control Committee	<p>Direct the Trust response to infections and ensure the relevant elements of national policies and guidance are addressed.</p> <p>Ratification of Trust-wide IPC policies, procedures and guidance</p> <p>Providing advice and support on the implementation of policies</p> <p>Monitoring the progress of the annual infection prevention control programme.</p>
Managers	<p>Ensuring all staff are aware of and follow this policy and are aware of their own roles and responsibilities to ensure safe practice.</p> <p>Ensure all staff receive relevant IPC training according to their role and responsibilities.</p> <p>Identify and support staff in team based IPC champion roles.</p>
Hotel Services staff	<p>Maintaining agreed standards of environmental cleanliness.</p> <p>Inform IPC team of routine audit results and report any areas of concern to IPCC</p> <p>Provide a quarterly report to IPCC</p>
Estates and Facilities staff	<p>Maintaining agreed standards for Water Safety, ventilation, maintenance and waste management, in line with associated legislation.</p> <p>Upkeep of clinical and other trust environments in line with infection prevention and control guidance and relevant health technical memorandums and legislation.</p> <p>Provide a quarterly report to IPCC on all aspects of total facilities management</p>
Capital Planning team	To involve and work closely with the IPC team in relation to new builds, renovations and refurbishments to ensure high standards of IPC and patient safety
Trust staff	<p>Ensuring this policy is followed respectfully.</p> <p>Advising patients, carers, relatives, and other visitors as appropriate.</p>
Acute Hospital Trust	SLA for specialised IPC medical Dr input

4 Policy

Infection prevention and control (IPC) standards are 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 all trust employees.

Healthcare-associated infections can develop across a wide range of clinical conditions and can affect people of all ages. HCAI's occur either as a direct result of healthcare interventions such as medical or surgical treatment or simply from being in direct contact with a healthcare setting. Contracting a HCAI can exacerbate existing or underlying health conditions, can delay recovery and adversely affect the persons quality of life.

The term HCAI covers a wide range of infections including more well-known infections such as Meticillin-resistant Staphylococcus aureus (MRSA) and Clostridium difficile to other less common but often serious infections (NHS England). Although HCAI's occur more often in Acute hospitals; patients, staff, visitors and volunteers within Mental Health and Learning Disability settings are still at risk, and careful risk assessments are often required to ensure safe effective patient management and reduce further risk of transmission of infections to others.

When a patient with a transmissible infection is identified the IPC team must be informed to ensure a risk assessment is undertaken and relevant IPC precautions put in place. The risk assessment will include identification of other patients who may be at higher risk due to underlying health conditions and immunosuppression. Individual IPC precautions may be required for such patients depending on the route of transmission and level of exposure to the infected case.

Effective management and adherence to organisational processes are crucial to ensure that high standards of infection prevention and control following the IPC hierarchy of controls are timely implemented, maintained and reviewed as necessary. The IPC hierarchy of controls include elimination and substitution of the source of infection, isolation, adapting ways of working and application of personal protective equipment these are applied in line with standard and transmission-based precautions.

This policy sets out guidance on how Tees, Esk and Wear Valleys NHS Foundation Trust ensures compliance with the Care Quality Commission (CQC) registration requirement for cleanliness and infection prevention and control.

4.1 Policy and procedures framework

All IPC documents are approved by the Infection Prevention and Control Committee and the appropriate sub-committee of the Executive Management Group (EMT).

This IPC policy is also ratified by the Executive Management Group. The IPC policy and related procedures are available on the Trust Intranet for staff to access and the Trust's external website for public access.

4.2 Monitoring and reporting

Any incidents of infections, infestations and outbreaks of infection are investigated in a timely manner by an IPCN and/or Modern Matron/Unit staff at local level. Relevant information is then reported to Senior Managers and the DIPC who will escalate to Trust Board if necessary.

The IPCNs collate a quarterly IPC Report which the DIPC presents to the Quality Assurance Committee and onward to the Trust Board within the Clinical Governance Report to:

- Inform them of any significant events
- Monitor the progress of the IPC annual programme

An annual IPC Report and programme is discussed and agreed by the IPC Committee before being tabled at the Quality Assurance Committee and Trust Board for ratification. The annual IPC Report outlines:

- Incidents of significant organisms
- Incidents of infestations
- Outbreaks of infection
- Actions taken by the Infection Prevention and Control Team

The IPCC also receive quarterly information from; Hotel Services following trust wide audits in line with the National Standards of Cleanliness, Estates Staff including the Water Safety and Ventilation Groups, and the Planning team regarding planned new build and refurbishment projects.



All patient infections must be reported to the IPC team via tewv.ipc@nhs.net

5 Definitions

Term	Definition
HCAI	Health Care Associated Infection
PPE	Personal Protective Equipment
IPCN	Infection Prevention and Control Nurse
OHD	Occupational Health Department
DIPC	Director of Infection Prevention Control

6 Related documents

Below is a list of links to approved documents and procedures:

Title	Reference
Accidental Inoculation	IPC-0001-001
BBV Blood Borne Virus	IPC-0001-002
CJD (Cruetzfeld-Jacob Disease) and Patient Management	IPC-0001-003
Clostridium Difficile Associated Diarrhoea (CDAD)	IPC-0001-004
Decontamination of Equipment	IPC-0001-005
Hand Hygiene	IPC-0001-006
Infectious Diseases	IPC-0001-007
Laundering and safe handling of linen and clothing	IPC-0001-008
MRSA	IPC-0001-009
Outbreak of infection	IPC-0001-011
Scabies, Fleas and Lice	IPC-0001-012
Pets and Animals in Healthcare	IPC-0001-013
Sharps – Safe Use and Disposal	IPC-0001-014
Urinary Tract Infection (UTI) prevention and management	IPC-0001-024
Tuberculosis	IPC-0001-016
Urinary Catheters, care, advice and support protocol Urinary Catheter Care Record	IPC protocol
Standard Precautions for Infection Prevention and Control	IPC-0001-018
Multi Resistant Gram Negative Bacteria	IPC-0001-020
Antibiotic Prescribing Procedure	PHARM/0019
Aseptic Technique	Royal Marsden Online
Waste Management Procedure	HS-0001-011
Water Management Policy	CORP-0040

7 How this policy will be implemented

- This policy will be published on the Trust’s intranet and external website.
- Line managers will disseminate this policy to all Trust employees through a line management briefing.

- This policy has been produced and ratified by the Infection Prevention and Control Team, the Infection Prevention and Control Committee and the Quality Assurance Committee.
- Managers and Heads of Service ensure that all staff are made aware of the policy and its contents. If training is identified as part of the implementation process this can be arranged by the Infection Prevention and Control Nurses. Basic IPC information is provided to all new employees at induction. Hand Hygiene and IPC information is included on the Mandatory Training programme for all employees as detailed in the organisational training needs analysis. Attendance of mandatory training is monitored through the ESR system. Non-attendance is addressed by the line manager as part of the appraisal process. Training will be delivered either face to face or via an e-learning package which are both reviewed annually.
- More targeted training is delivered by the IPCNs to the IPC Champions network.
- Bespoke training on IPC is delivered in the event of poor compliance identified from IPC environmental audits, Hand hygiene audit or following outbreaks/significant incidents of infection.

7.1 Training needs analysis

Infection control education is a yearly mandatory requirement for all staff.

Staff/Professional Group	Type of Training	Duration	Frequency of Training
All Staff	Online IPC Mandatory training	1-2 hours	Yearly
Clinical and housekeeping staff	Hand Hygiene competency	30 mins	Yearly

8 How the implementation of this policy will be monitored

An annual audit plan is produced by the IPC nursing team in collaboration with the clinical audit and Effectiveness team. This is endorsed each year by the Infection Prevention and Control Committee. Adherence to this plan will be audited using an evidence based audit tool reviewed and updated on an annual basis by the IPC team in line with any changes to local and national guidance to reflect evidence based and best practice.

Environmental audits are undertaken at least yearly by the IPCN's. the clinical audit and effectiveness team collate the audit data and provide an action plan for the Ward/team managers. Further IPC team audits may be conducted depending on the original audit findings, or to offer further support /training to increase or maintain compliance as

required. Audit results are reported to the Infection Prevention and Control Committee at the quarterly meetings and then to the Quality Assurance Committee.

Number	Auditable Standard/Key Performance Indicators	Frequency/Method/Person Responsible	Where results and any Associate Action Plan will be reported to, implemented and monitored; (this will usually be via the relevant Governance Group).
1	<p>IP&C Annual Inpatient Audit. The audit tool is reviewed and revised yearly in line with local and national guidance updates. The audit tool for 2022/23 is composed of 175 questions</p> <p>Audit compliance is rag rated as follows: Red – 0-75% (poor) Amber – 76-89% Green – 90-100%</p>	<p>This audit is conducted at least annual on all in patient wards /units the audit wherever possible is unannounced and undertaken by a member of the IPC team wherever possible with a member of the individual ward team</p>	<p>The completed audit tool for each ward/unit is sent to the clinical audit and effectiveness team, who collate the data and send a report and action plan to the relevant Ward Manager, Modern Matron and IPC team.</p> <p>Our aim is for all areas to achieve audit results above 90% (green). Poor (red) or partial (amber) compliance audit results are escalated to IPCC for further discussion and action.</p>
2	<p>IPC Annual Community team base audit. The audit tool is reviewed and revised yearly in line with local and national guidance updates. The audit tool for 2022/23 is composed of 97 questions</p>	<p>This audit is conducted at least annual in all community settings that are access by patients with particular focus on community bases that have clinic rooms and undertake physical health procedures with patients. This audit is either undertaken by one of the IPCN's or the team managers, with or without IPC support if required.</p>	<p>Audit results are reported to IPC and if results illustrate poor compliance with IPC, the IPCN's will arrange a follow up visit to provide support to individual teams.</p> <p>Our aim is for all areas to achieve audit results above 90% (green).</p>

	<p>Audit compliance is rag rated as follows:</p> <p>Red – 0-75%</p> <p>Amber – 76-89%</p> <p>Green – 90-100%</p>		<p>Poor (red) or partial (amber) compliance audit results are escalated to IPCC for further discussion and action.</p>
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9 References

DoH (2006) Essential steps to safe, clean care. Reducing healthcare-associated infections in Primary Care Trusts; Mental health trusts; Learning disability organisations; Independent healthcare; Care Homes; Hospices: GP practices and Ambulance Services.

Department of Health (2008) The Health Act 2006 Code of Practice for the Prevention and Control of Health Care Associated Infection London DH 2006.

Clean Safe Care (2008) Reducing Infections and Saving Lives. Department of Health

World Health Organisation 2009 WHO guidelines on Hand Hygiene in Healthcare. WHO Publications Geneva.

Ayliffe, G.A.J. et al (2000) Control of Hospital Infection (4th edition) Arnold. London.

Wilson J (2006) Infection Control in clinical Practice 4th Edition. Bailliere Tindall. London

Lawrence J & May D (2003) Infection Control in the Community. Churchill Livingstone. London

Health & Safety Executive 2015 Managing risks from skin exposure at work 2nd Edition. HSE. HSG262

EPIC 3 2014 National Evidence-based guidance for preventing healthcare-associated infection in NHS Hospitals in England Journal of Hospital Infection. Loveday et al 2014

Infection Prevention Society 2022 [Managing the risk of COVID-19 in healthcare settings - NHSE and IPS collaboration | IPS](#) (accessed 15/08/22)

[NHS England » Safe management of the care environment](#) (accessed 15/08/22)

[NHS England » National infection prevention and control](#) (accessed 15/08/22)

National Institute for Clinical Excellence (NICE) 2017 [Overview | Healthcare-associated infections: prevention and control in primary and community care | Guidance | NICE](#) (accessed 15/08/22)

Health and Safety at Work Act (1974)

Management of Health and Safety at Work Regulations 1999

Control of Substances Hazardous to Health Regulations 2002

[Key regulations | Food Standards Agency](#) 2020 (accessed 15/08/22)

Public Health (Infectious Diseases) Regulations 1988

[Notifiable diseases and causative organisms: how to report - GOV.UK \(www.gov.uk\)](https://www.gov.uk)
(2022) (accessed 15/08/22)

Personal Protective Equipment Regulations (1992)

[Personal protective equipment \(PPE\) at work regulations from 6 April 2022 \(hse.gov.uk\)](https://www.hse.gov.uk)
(accessed 15/08/22)

Health Building Note 00-09: Infection control in the built environment 2013 Department of Health

National Standards of cleanliness 2021 [NHS England » National Standards of Healthcare Cleanliness 2021](#) (accessed 17/08/22)

[Home - Royal Marsden Manual \(rmmonline.co.uk\)](https://www.rmmonline.co.uk) accessed 19 January 2023

10 Document control (external)

To be recorded on the policy register by Policy Coordinator

Date of approval	19 April 2023
Next review date	21 September 2025
This document replaces	Infection Prevention and control Policy IPC-0001-v3.1
This document was approved by	IPCC
This document was approved	20 April 2023 (retrospective formal approval)
This document was ratified by	Management Group
This document was ratified	19 April 2023
An equality analysis was completed on this policy on	09 September 2022
Document type	Public
FOI Clause (Private documents only)	Not applicable

Change record

Version	Date	Amendment details	Status
v3.1	21 Sept 2022	<p>Full review with minor changes, including:</p> <ul style="list-style-type: none"> • Transferred to new template, • Our Journey To Change language added, • Job titles and group names amended, • References updated, • Links updated, and • Refreshed equality impact assessment 	Withdrawn
v3.2	19 Apr 2023	<p>Minor changes only:</p> <p>Link to procedure Ref IPC-0001-015-v3 'Specimens - collection handling and transporting' removed as specimen collection guidance has now been added to each relevant procedure.</p> <p>Added link to new procedure 'Urinary Tract Infections (UTI) Prevention and Management' IPC-0001-024.</p> <p>Royal Marsden online added to references.</p>	Ratified

Appendix 1 - Equality Analysis Screening Form

Please note: The Equality Analysis Policy and Equality Analysis Guidance can be found on the policy pages of the intranet

Section 1	Scope
Name of service area/directorate/department	Nursing and Governance/ IPC and Physical Healthcare
Title	Infection Prevention Control Policy
Type	Policy
Geographical area covered	Trust-wide
Aims and objectives	To comply with the HCAI code of Practice of the Health and Social Care Act 2008 To ensure IPC policy and procedures are robust and adhered to by all trust staff To ensure IPC policy is in line with the principles outlined within Our Journey to Change
Start date of Equality Analysis Screening	15/07/22
End date of Equality Analysis Screening	17/08/22

Section 2	Impacts
Who does the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?	All trust staff and visitors from other healthcare/ partner organisations
Will the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or	<ul style="list-style-type: none"> • Race (including Gypsy and Traveller) NO • Disability NO

Business plan impact negatively on any of the protected characteristic groups?	<ul style="list-style-type: none"> • Sex NO • Gender reassignment (Transgender and gender identity) NO • Sexual Orientation (Lesbian, Gay, Bisexual and Heterosexual etc.) NO • Age (includes, young people, older people – people of all ages) NO • Religion or Belief (includes faith groups, atheism and philosophical beliefs) NO • Pregnancy and Maternity (includes pregnancy, women who are breastfeeding and women on maternity leave) NO • Marriage and Civil Partnership (includes opposite and same sex couples who are married or civil partners) NO • Armed Forces (includes serving armed forces personnel, reservists, veterans and their families) NO
Describe any negative impacts	No barriers or access envisaged to implementing this procedure.
Describe any positive impacts	Adherence to the IPC policy will reduce the risk of transmission of infections to patients, staff and visitors

Section 3	Research and involvement
What sources of information have you considered? (e.g. legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.)	Yes - see reference section for full list of information sources
Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the protected groups?	No
If you answered Yes above, describe the engagement and involvement that has taken place	

If you answered No above, describe future plans that you may have to engage and involve people from different groups	
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Section 4	Training needs
As part of this equality analysis have any training needs/service needs been identified?	No
Describe any training needs for Trust staff	
Describe any training needs for patients	
Describe any training needs for contractors or other outside agencies	

Check the information you have provided and ensure additional evidence can be provided if asked

Appendix 2 – Approval checklist

To be completed by lead and attached to any document which guides practice when submitted to the appropriate committee/group for consideration and approval.

	Title of document being reviewed:	Yes / No / Not applicable	Comments
1.	Title		
	Is the title clear and unambiguous?	Yes	
	Is it clear whether the document is a guideline, policy, protocol or standard?	Yes	
2.	Rationale		
	Are reasons for development of the document stated?	Yes	
3.	Development Process		
	Are people involved in the development identified?	Yes	
	Has relevant expertise has been sought/used?	Yes	
	Is there evidence of consultation with stakeholders and users?	N/A	
	Have any related documents or documents that are impacted by this change been identified and updated?	N/A	
4.	Content		
	Is the objective of the document clear?	Yes	
	Is the target population clear and unambiguous?	Yes	
	Are the intended outcomes described?	Yes	
	Are the statements clear and unambiguous?	Yes	
5.	Evidence Base		
	Is the type of evidence to support the document identified explicitly?	Yes	
	Are key references cited?	Yes	
	Are supporting documents referenced?	Yes	
6.	Training		
	Have training needs been considered?	Yes	
	Are training needs included in the document?	Yes	

	Title of document being reviewed:	Yes / No / Not applicable	Comments
7.	Implementation and monitoring		
	Does the document identify how it will be implemented and monitored?	Yes	
8.	Equality analysis		
	Has an equality analysis been completed for the document?	Yes	
	Have Equality and Diversity reviewed and approved the equality analysis?	Yes	
9.	Approval		
	Does the document identify which committee/group will approve it?	Yes	
10.	Publication		
	Has the policy been reviewed for harm?	yes	
	Does the document identify whether it is private or public?	yes	Public
	If private, does the document identify which clause of the Freedom of Information Act 2000 applies?	N/A	

Appendix 3 – useful contacts

- **Infection Prevention and Control Team, TEWV**

IPC Team

Admin Office:

Telephone: 0191 333 3584

IPC team Email address:

tewv.ipc@nhs.net

Out of Hours: Contact your Duty Manager on call and email details to IPC who will respond next working day.

- **Infection Control Medical Advice:**

Service Level agreement with Infectious Disease Consultant	James Cook University Hospital South tees Hospitals NHS Foundation Trust	01642 850850
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For out of hours advice in the first instance contact the On-call Manager who will then contact the relevant on call Consultant Microbiologist who should be contacted via the switchboard as appropriate.

- **Microbiology Laboratories**

University Hospital North Durham
0191 333 2333
Darlington Memorial Hospital
01325 380100
Bishop Auckland General Hospital
01388 455000
James Cook University Hospital
01642 850850
North Tees and Hartlepool General Hospital
01642 617617
Scarborough General Hospital
01723 368111
York District General Hospital
01904 631313

UK Health Security Agency (UKHSA) formally Public Health England:

UKHSA North East - telephone 0300 303 8596 option 0

UKHSA Yorkshire and the Humber HPT - telephone 0113 386 0300
out of hours 0151 909 1219