




Infection Prevention and Control Overarching Policy

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Executive director	Executive Director Quality and safety (Chief Nurse)	
Policy lead	Lead Nurse Infection Prevention and Control	
Policy author <i>(if different from above)</i>	Lead Nurse Infection Prevention and Control	
Exec Sign off Signature (electronic)		
Disclosable under Freedom of Information Act 2000	Yes	

Policy context

The Trust has a legal responsibility for ensuring that adequate arrangements for the prevention and control of infection exist within all its healthcare environments. 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 guidance sets out the criteria by which managers of NHS organisations are to ensure that patients are cared for in a clean environment, where the risk of HCAI is kept as low as possible.

This policy sets out the framework by which the requirements of the Code of Practice will be met.

Policy requirement (see Section 2)

- All staff have a responsibility to ensure adherence to infection control standards and procedures as identified in this policy and associated infection control policies and related guidance.
- Failure of adherence to Infection Prevention and Control Policies may compromise individual safety and standards required for CQC compliance.
- Risk assessment involving appropriately qualified personnel must be undertaken if adherence to infection prevention and control policies are unable to be met and which pose a risk of transmissible infection to service users and staff and visitors to BSMHFT.
- This policy sets out the processes that are required to ensure that appropriate preventative and management measures are adhered to by staff in accordance with Code of Practice requirement.

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1 INTRODUCTION

1.1 Rationale

The Health and Social Care Act (2008) Code of Practice on healthcare associated infections and related guidance sets out the criteria for which health and social care organisations will be judged by the CQC on compliance with the cleanliness and infection control element of the Act.

The law states that the Code of Practice must be taken into account by the CQC when it makes decisions about registration against the cleanliness and infection control requirement.

The Code of Practice determines the Infection Prevention and Control (IPC) policies that each NHS Trust should have in place.

The transmission of infection from patient to patient, patient to healthcare worker, or healthcare worker to patients, can have serious consequences which result in debilitating illness and even death.

For many common infections and infectious diseases, early recognition and swift action can not only reduce the spread of disease, the severity of the illness and the number of people infected but also the associated impact upon service users, staff, visitors and the wider community.

This policy details the structures to support infection prevention and control within BSMHFT and processes that are required to ensure safe practice is undertaken by all staff and contractors to minimise occurrence, risk and transmission of preventable infectious conditions.

1.2 Scope

The overarching infection prevention and control policy for BSMHFT is supported by a suite of policies, procedures and guidelines which apply to all BSMHFT staff, service users and partner agencies.

Responsibility for adherence to IPC policy and principles is included in all BSMHFT job descriptions.

Designated roles such as Matrons have specified responsibilities for infection prevention and control and cleanliness standards.

Managers have a responsibility to ensure that staff have access to IPC policies and undertake statutory and mandatory training as specified in the risk management training policy.

Trust staff working for HMP Birmingham will follow Birmingham Community Healthcare NHS Trust infection prevention and control policies (this statement applies to all annexed policies and procedures listed in appendix 2).

1.3 Principles

1.3.1 The Trust is committed to undertake responsibilities as defined in the Code of Practice to meet with CQC compliance.

1.3.2 The Trust is committed to ensuring the safety of its staff and users and the prevention and control of infection.

- 1.3.3 The Trust is committed to reducing the risk of cross infection and re-infection from contamination of hands, environment, equipment or clinical devices.
- 1.3.4 The Trust requires its staff to adhere to Infection prevention and control policies and procedures and good practice guidelines to ensure that these standards of care are applied to protect service users, staff and visitors from unnecessary exposure to infection.
- 1.3.5 The Trust is responsive to and participates in the formation of national and local strategy and initiatives to prevent the occurrence of preventable infectious conditions.
- 1.3.6 The Trust will review infection control policy and supporting guidance in relation to best practice and DoH directives as necessary.
- 1.3.7 Infection Control policies and procedures will be developed and reviewed in accordance with Code of Practice requirements, national guidance and local requirement.

2 POLICY

This policy sets out the processes that are required to ensure that appropriate preventative and management measures are adhered to by staff in accordance with Code of Practice requirement.

3 PROCEDURE

3.1 Infection Prevention and Partnership Committee

The Infection Prevention Partnership Committee (IPPC) meets quarterly and is chaired by the Executive Director of Nursing who is also the Director for Infection Prevention and Control (DIPC).

- 3.1.1 The IPPC is responsible for developing, reviewing and agreeing statutory policies and procedures to support this policy.
- 3.1.2 The IPPC is responsible for developing, reviewing and agreeing the Annual Programme of Work (APW) which constitutes the infection prevention and control assurance framework, to include the annual audit plan, policy formation and review programme, surveillance, education and detailing other work streams of the committee. Progress against this is reported by representatives through IPPC and is monitored through quarterly reports to the Clinical Governance Committee and Trust Board.
- 3.1.3 The IPPC is responsible for reviewing national guidance/directives and approving resulting action plans as applicable to the Trust for implementation and review.
- 3.1.4 The DIPC is responsible for endorsing and reviewing the terms of reference to ensure that the committee discharges its responsibilities and that IPC activity, including compliance with the committee's function to meet with CQC compliance, is included in the IPC annual report.
- 3.1.5 The DIPC is responsible for providing an annual report on the committee's activity to the Trust Board and for ensuring that this is made available to the public. This is discharged through the public session of the Trust Board and through the Trust internet site.
- 3.1.6 Policies on the environment will be developed and reviewed by the IPCt in conjunction with responsible managers and matrons. Please see list of associated

policies, i.e., cleaning, waste, laundry, legionella, food safety and pest control procedure in appendix 2.

- 3.1.7 BSMHFT Infection control policies and procedures are listed in appendix 2 and are available on the Trust intranet. Staff must have ease of access to policies either through the Trust intranet site, or up to date hard copies in clearly identified yellow folders.

3.2 Training and Education

- 3.2.1 All staff will undertake infection Prevention and Control statutory and mandatory training in line with the Fundamental Training Policy.
- 3.2.2 Staff will be supported by managers to undertake education and work-based learning in accordance with their sphere of responsibility to keep updated with Infection Prevention and Control standards.
- 3.2.3 The IPCt will develop and approve IPC training packages used by the Learning and Development Department for induction and statutory and mandatory training.
- 3.2.4 The IPCt will provide bespoke training in response to surveillance, incident reports and clinical reviews where a need has been identified.
- 3.2.5 The IPCt will provide an infection control link worker programme which provides up to date information on policy/guidance/clinical practice and inform and promote health care initiatives to reduce the risks of transmissible infection.
- 3.2.6 The IPCt will keep a database of IPC link workers and attendance at link worker study days. Managers will be informed of any non-attendance within 2 working days by the IPCt.
- 3.2.7 Managers must provide the IPCt with up-to-date information of nominated link workers/core hand hygiene trainers to assist the IPCt in keeping an accurate data base and to support an IPC infrastructure within clinical areas.

3.3 Surveillance

- 3.3.1 SLA for pathology services is provided by Sandwell and West Birmingham NHS Trust, who provide electronic reports of specimen results with anti-biotic sensitivities. The laboratory will contact wards directly with results that require urgent attention, e.g. C.diff, TB.
- 3.3.2 The clinician ordering the tests is responsible for following up on results and treatment as necessary.
- 3.3.3 The IPCt receive email notification of positive results for Microbiology Culture and Sensitivity (MC&S) specimens and will contact the ward/department regarding IPC actions required and to seek assurance that appropriate management is in place.
- 3.3.4 The IPCt will liaise directly with clinicians and managers to escalate any concerns regarding alert infectious conditions, e.g. C.diff and antibiotic resistant organisms and positive results associated with food and environmental conditions, e.g. Legionella, salmonella.
- 3.3.5 The IPCt will notify Public Health England (PHE) West Midlands East Health Protection Team of any notifiable condition or outbreak of infection.
- 3.3.6 Staff must report cases of suspected or confirmed infectious conditions to the IPCt using MRSA screening data and infection control notification forms on RiO system on the intranet.

3.3.7 The laboratory reports unusual or exceptional events involving actual infections or an infection risk to patients or staff, directly to PHE Midlands and East England when they are found at the time of microbiological investigation.

3.4 Incidents and SI's

3.4.1 Infection control related incidents and serious incidents will be dealt with in accordance with the Trust Reporting, Management and Learning from Incidents Policy.

3.4.2 The SI process will be followed for statutory reporting; commissioners are notified by the investigations department through STEIS.

3.4.3 Post Infection Reviews (PIR) led by the Clinical Commissioning Group IPC representative will be held in line with DoH and Commissioning Board requirements for cases of toxin positive Clostridium.difficile and blood stream infection. Findings of the PIR will determine if the incidents were found to be avoidable or unavoidable and will also identify any lapse in care.

3.4.4 Incidents of toxin positive Clostridium.difficile and blood stream infection are included monthly in the KPI activity reports to the Clinical Quality Review Group.

3.5 Bare Below Elbows and Hand Hygiene

3.5.1 All staff working in inpatient areas must comply with being bare below elbows to minimise the risk of transmission of infection through incomplete hand hygiene practice.

3.5.2 All staff including community staff to be bare below elbows when undertaking clinical procedures which include direct physical care/ contact.

3.5.3 The Trust Hand Hygiene procedure details the requirements of good practice which must be adhered to.

3.5.4 Quarterly hand hygiene audit scores are monitored through the IPPC and are included in quarterly reports to the commissioners as part of agreed KPI for infection control standards.

3.5.5 Hand washing signage for visitors must be clearly visible and practice encouraged before entering inpatient areas.

3.6 Immunisation and screening against preventable infectious conditions

3.6.1 The Trust Occupational Health provider will deliver immunisation programmes to BSMHFT staff, to include BCG, Hepatitis B, Influenza and Varicella in accordance with DoH Immunisation against infectious disease known as the 'Green Book' and current national guidance¹.

3.6.2 The Trust will provide annual seasonal influenza vaccinations to frontline healthcare workers and support staff and return data to DoH.

3.6.3 The Trust will provide influenza and pneumococcal and other vaccinations to service users who meet the criteria for risk and for who access to primary care services is compromised as detailed in the Trust Guidelines on service user immunisations strategy.

3.6.4 Contractors, temporary workers and other groups whose work entails being on Trust premises must be able to demonstrate compliance with immunisation in

¹ COVID immunization being done at present, further vaccination schemes not yet released.

accordance with Trust requirements, i.e., meeting criteria in accordance with DoH Green Book standards and undertake screening for Tuberculosis.

- 3.6.5 The Trust Occupational Health provider will advise the Trust in meeting its obligations for the appropriate immunisation and TB screening requirements for contractors, temporary staffing and other staff groups.
- 3.6.6 All new employees will undertake TB assessment through the Occupational health provider and those working with patients should not commence work until this has been completed in accordance with NICE guidance.

3.7 Exposure to blood bodily fluid contamination injuries including needle stick, scratches, bites and direct exposure to body fluid splashes

- 3.7.1 The Trust Occupational Health provider will undertake assessment and management of inoculation and splash injuries sustained in the work environment, (refer to Sharps Safety & Prevention Management of Occupational Exposure to Blood-borne Viruses policy for further details).
- 3.7.2 Trust staff must report all injuries to occupational health and incident (ECLIPSE) system to ensure that injuries have been appropriately managed and recorded.

3.8 Information Sharing on Infectious Conditions

- 3.8.1 Admission/transfer processes must include information on infectious status in order for assessment of management needs prior to admission in accordance with the Trust admission and discharge policy.
- 3.8.2 Patients who have notifiable conditions such as pulmonary tuberculosis, clostridium difficile or antibiotic resistant infection must have an alert placed on their RiO record under the guidance of the IPCt and documented in the risk management plan, care plan and physical health assessment forms.
- 3.8.3 Staff with suspected or confirmed notifiable conditions must inform their manager at the earliest opportunity and not attend work until Occupational Health clearance has been given.
- 3.8.4 The IPCt, Clinical Managers and Occupational Health departments will work collaboratively with external agencies such as PHE and Birmingham Chest Clinic, sharing information as necessary within Information Governance parameters in the interest of public health, on patients or staff, where there is a risk of transmission of reportable infection such as TB.
- 3.8.5 There must be accessible, visible signage and information in departments where there is an outbreak of infection to inform visitors of any restrictions and precautions.
- 3.8.6 Visitors to the Trust are to be discouraged from attending clinical areas if they are experiencing symptoms of flu/respiratory illness, unexplained skin rashes, gastric illness and fever.
- 3.8.7 Information on infection prevention and control standards should be included in any local protocols for visitors.

3.9 Decontamination

- 3.9.1 The decontamination Policy sets out the appropriate methods and approved products for safe decontamination of the environment, equipment and reusable medical devices.

- 3.9.2 The IPCt will develop and review policies, procedures and guidance in line with DoH and best practice requirements to ensure that staff are aware of appropriate cleaning and disinfection methods to promote safety and minimise the occurrence of transmissible infection.
- 3.9.3 The IPCt will monitor audit of decontamination of dental equipment undertaken by Birmingham Community Health Care NHS Trust in accordance with SLA and HTM 01-15 Decontamination in primary care dental practices.

3.10 Environmental Cleanliness

- 3.10.1 Cleanliness standards are monitored and reported to the IPPC quarterly by the Estates and Facilities Team.
- 3.10.2 PLACE (Patient Led Assessments of the Care Environment) inspections are undertaken annually and are coordinated by the Estates and Facilities department.
- 3.10.3 Environmental cleanliness standards are monitored through matrons' reports to local clinical governance committees.
- 3.10.4 IPCt input to cleaning contracts and advise on the procurement of cleaning and decontamination products.
- 3.10.5 The IPCt will participate in reviewing the Trust Cleaning Policy and developing cleaning protocols.
- 3.10.6 Estates and Facilities, Matrons and IPCt will work collaboratively to ensure that the supply and provision of laundry are appropriate for the level of care and that IPC standards are included in contracts.

3.11 Built Environment

- 3.11.1 The IPCt are to be involved at the beginning of projects and in the planning, design and commissioning process for new buildings and refurbishments.
- 3.11.2 The IPCt will advise in accordance with NHS Estates Infection Control in the Built Environment (DoH 2002) and other related guidance.
- 3.11.3 The fittings, fabric and furniture within healthcare premises should enable appropriate cleaning regimes.
- 3.11.4 New builds and refurbishments where appropriate should design in unrestricted access to hand washing facilities.
- 3.11.5 Expert advice on provision of safe water management systems during new builds or refurbishments will be provided by the Consultant Microbiologist (Trust Infection Control Doctor) in conjunction with the Estates Managers, contractors and IPCt.

3.12 Food Safety Standards

- 3.12.1 The Trust Food Safety Policy sets out the requirements to minimise the risk of exposure to food borne illness in accordance with all appropriate and current legislation and guidance.
- 3.12.2 A food safety management system based on Hazard Analysis Critical Control Points (HACCP) principles is applied to all Trust catering premises in accordance with food safety legislation.

- 3.12.3 Monitoring of compliance with standards is undertaken through a programme of audit and inspections by the facilities department, contractors. IPC presents quarterly reports to the IPPC on finding Trusts and actions.
- 3.12.4 Responsibility for monitoring food storage, preparation of food items decontamination of related equipment and supporting written records lies with facilities managers for production and regeneration kitchens and clinical/ OT managers for therapy / service user area kitchens/ pantries. Findings of reports are presented to the Nutrition Steering Committee in accordance with reporting schedule.
- 3.12.5 The Trust may be subject to external inspection by Environmental Health Officers (EHO) and resulting action plans must be completed and reported in the time scales submitted in EHO reports and monitored through service representative reports to IPPC.

3.13 Water Quality Management

- 3.13.1 The Trust Management of Legionella Policy specifies the requirements for the provision, maintenance and monitoring of safe water systems. Regular water system testing is undertaken by contractors and overseen by the Estates Department.
- 3.13.2 The Water Management Group is a sub meeting of the IPPC and meets quarterly to monitor compliance with the policy, taking necessary action in response to adverse conditions which increase the risk of harmful legionella bacteria.

3.14 Contractors, agency workers and temporary staffing

- 3.14.1 Evidence of contractors training in Infection Prevention and Control is a requirement of the Code of Practice. Managers of contractors /agency workers should provide evidence of induction and on-going training through reporting lines to IPPC. In some instances this information will be given to the IPCt for reporting, i.e., HR for temporary staffing.
- 3.14.2 Access to training packages of contractors and agencies must be available for periodic review by the IPCt for assurance of training content being compatible with Trust infection control policy.
- 3.14.3 Audit findings on infection control standards undertaken as part of local framework agreements for temporary staffing should be made available to the IPCt through the Trust procurement and human resources departments.
- 3.14.4 Evidence of immunisation and TB screening arrangements to be included in contract agreements to minimise risk of infection to BSMHFT patients, employees and contractors whilst undertaking their duties.
- 3.14.5 Trust Human Resource and Procurement departments are to ensure that evidence of immunisation compliance is included in contracts/local framework agreements for temporary staffing.
- 3.14.6 The Trust Infection Control Policy is to be included in contract review process to enable contractors to be kept updated of Trust requirements in relation to IPC standards.

3.15 Emergency Planning

3.15.1 The IPCt will work with the risk and safety department and NHS agencies to ensure that infection control procedures are in place to support emergency planning requirements. This will include training and policy review for conditions which pose national or international threat such as pandemic influenza, Ebola, COVID.

3.16 Surveillance and activity reporting

Figure 1 shows reporting line for Infection Control surveillance and activity.

Fig 1 Reporting structure



For the reporting arrangements please see **appendix 3**.

4. RESPONSIBILITIES

Post(s)	Responsibilities	Reference
4.1 Executive Director & DIPC	<p>4.1.1 The Director for Infection Prevention and Control (DIPC) is responsible for overseeing infection control policies, their implementation and assessment of the impact that they have on management and prevention of infections.</p> <p>4.1.2 To present quarterly reports to the Trust Board to assure compliance with Code of Practice and identify and secure resources required to comply with CQC standards.</p>	<p>Health and Social Care Act (2008). Trust Policy</p> <p>NICE HPA DoH</p>
4.2 Infection Prevention and Control team (IPCt)	<p>4.2.1 The IPCt is managed by the Lead Nurse for Infection Prevention & Control and the programme defines the focus of infection prevention and control activity, identifies policies for review and development and includes targets and objectives for alert organism surveillance, audit and education.</p> <p>4.2.2 Planning and implementation of this annual programme for the Trust.</p>	<p>Health and Social Care Act (2008)</p> <p>Job descriptions</p>

	<p>4.2.3 The team act as expert practitioners.</p> <p>4.2.4 Providing leadership in infection Prevention and Control, interpreting laboratory results and other data.</p> <p>4.2.5 Providing expert advice to clinical, non-clinical staff and service users on a day-to-day basis; managing outbreaks and other alert organisms; providing advice on new builds and refurbishments; interpreting and implementing local, regional and national initiatives; undertaking environmental audit of Trust premises; participating in clinical reviews and Root Cause Analysis (RCA) associated with incidents and outbreaks of infection; working with external agencies, local Trusts, the Regional Health Protection Agency (HPA) and other Infection Prevention and Control teams; providing advice and information to Service Users; and to attend relevant meetings, e.g. Patient Experience Group.</p>	
<p>4.3 Clinical Managers</p>	<p>4.3.1 To monitor progress of work programme.</p> <p>4.3.2 Policy review and development.</p> <p>4.3.3 To receive reports from Programmes via matrons/ identified lead for division via infection prevention standards compliance tool, Estates and facilities Pharmacy and Occupational Health.</p> <p>4.3.4 To provide a report on IPC compliance including matters by exception to IPPC.</p> <p>4.3.5 To report on trend analysis and local surveillance</p> <p>4.3.6 To review any national policy and guidance in relation to implementation within the Trust.</p>	

4.4 Matrons	<p>4.4.1 Provide leadership to the Service/Unit Managers in developing, improving and monitoring standards of care in relation to infection prevention.</p> <p>4.4.2 Work closely with the clinical Nurse Managers and IPCt to gain assurance of effective infection prevention services in the Trust.</p> <p>4.4.3 Receive reports from ward managers on issues arising from findings of the quarterly infection prevention standards compliance tool for reporting to local clinical governance forums.</p> <p>4.4.4 Outstanding issues to be reported to CNM's for submission in their IPPC report.</p>	<p>Health and Social Care Act (2008).</p> <p>Job descriptions</p>
4.5 Estates and Facilities	4.9.1 To ensure environmental standards including building structure and fabric, cleaning, decontamination, water and food safety.	
4.6 Pharmacy	<p>4.6.1 To provide antibiotic guidance and audit.</p> <p>4.6.2 Supply of medicines as detailed in relevant policies.</p> <p>4.6.3 Reports of misuse and inappropriate prescribing to IPPC and Medicines Management Committee.</p>	<p>Health and Social Care Act (2008). Trust Policy</p>
4.7 HR	<p>4.7.1 To ensure that the Occupational Health contract includes details of activities required to minimise the risk of occupational exposure of transmission of infectious conditions, follow up of staff exposure to infection and to advise the Trust on immunisation requirements of contractors, undertaking audit as necessary.</p> <p>4.7.2 Lead on seasonal influenza staff vaccination programme</p>	
4.8 Training Department	<p>4.8.1 Statutory and Mandatory Training Data.</p> <p>4.8.2 Administration of Statutory and Mandatory training.</p>	

4.9 Service, Clinical and Corporate Directors	4.9.1 To provide evidence of compliance through Programme Clinical Governance reports and reports to IPPC.	Health and Social Care Act (2008). Trust Policy
4.10 All Staff	4.10.1 To comply with adherence of IPC in working practice in accordance with Job Descriptions. 4.10.2 To ensure staff are up to date with relevant immunisations as advised by Occupational Health and seasonal influenza immunisation programme.	Health and Social Care Act (2008). Trust Policy
4.11 IPC Policy Lead	4.11.1 Identify adherence to IPC framework and report any breaches of policy in accordance with reporting structures. 4.11.2 To ensure up-to-date and best practice National policy and guidance documents are included in BSMHFT policy and procedural guidance in accordance with mental health service provision.	Health and Social Care Act (2008). Trust Policy NICE HPA DoH
4.12 All Policy Leads	4.12.1 All Policy Leads must comply with Infection Control policies when developing and reviewing Trust policies.	

5. DEVELOPMENT AND CONSULTATION PROCESS

This policy has been developed by the IPCt with assistance from the Consultant Microbiologist.

Consultation summary		
Date policy issued for consultation	21.05.2021	
Number of versions produced for consultation	1	
Committees / meetings where policy formally discussed	Date(s)	
Infection Prevention Partnership Committee (IPPC)	21.07.2021	
PDMG	29.07.2021	
Clinical Governance Committee	03.08.2021	
Where received	Summary of feedback	Actions / Response

6. REFERENCE DOCUMENTS

Department of Health (2015) *The Health and Social Care Act 2008 Code of Practice for the NHS on the Prevention and control of healthcare associated infections and related guidance.*

Department of Health (2010) *Health Protection Legislation (England) Guidance 2010.*

Department of Health (2006) *Immunisation against infectious disease HTM 01-05 Decontamination in primary care dental practices. DoH (2014).*

7. BIBLIOGRAPHY

NICE Quality Standard gateway 61: Infection Control DOH (2014).

NICE Quick reference guide Tuberculosis. Clinical diagnosis and management of tuberculosis and measures for its prevention and control DoH (2016)

HBN 00.09 Infection Control in the built Environment DoH (2013).

Department of Health (2008) *MRSA Screening – Operational Guidance, Towards cleaner hospitals and lower rates of infection: A summary of action Gateway Reference 10324 (2004).*

Department of Health (2005) *Saving Lives: a delivery programme to reduce health care associated infection (HCAI) including MRSA.*

Department of Health (2006) *Essential steps to Safe, Clean Care: Reducing health care associated infection.*

World Health Organisation (2017) *Clean Hand Saves Lives Campaign*
<http://www.who.int/gpsc/5may/en/>

8. GLOSSARY

APW – Annual Programme of Work

BCG – Bacillus Calmette–Guerin (TB vaccination)

BSMHFT – Birmingham & Solihull Mental Health Foundation Trust

C.diff – Clostridium.difficile

CGC – Clinical Governance Committee

CNM – Clinical Nurse Manager

CQC – Care Quality Commission

D&V – Diarrhoea and vomiting

DIPC – Director for Infection Prevention and Control

DoH – Department of Health

ECLIPSE – BSMHFT web-based incident reporting system

EHO – Environmental Health Officer

EIA – Equality Impact Assessment

HACCP – Hazard Analysis Critical Control Points
HCAI – Health Care Associated Infections
HMP Birmingham – Her Majesty’s Prison Birmingham
HPA – Health Protection Agency
HR – Human Resources
HTM 01-05 – Health Technical Memorandum; it is intended to raise the quality of decontamination work in primary care dental services by covering the decontamination of reusable instruments within dental facilities
IPC – Infection Prevention and Control
IPCt – Infection Prevention and Control team
IPPC – Infection Prevention Partnership Committee
KPI – Key Performance Indicator
MC&S – Microscopy Culture and Sensitivity
MRSA – Methicillin Resistant Staphylococcus Aureus, a type of bacterial infection that is resistant to a number of widely used antibiotics.
NHS – National Health Service
NICE – National Institute for Health and Care Excellence
OT – Occupational Therapy
PEAT – Patient Environment Action Team
PHE – Public Health England
PIR – Post Infection Review
RCA – Root Cause Analysis
RiO – The Trust Electronic Care Record System
SLA – Service Level Agreement
STEIS – Strategic Executive Information System
TB – Tuberculosis
VHF – Viral Haemorrhagic Fever

9. AUDIT AND ASSURANCE

- 9.1 Compliance with Infection Control arrangements will be audited in accordance with the annual programme of work determined by the Infection Prevention Partnership Committee (IPPC)
- 9.2 Audit findings and resulting actions will be disseminated through Clinical Governance forums.
- 9.3 In addition to the audit and monitoring arrangements for IPC policies (under the umbrella of this policy) the IPPC will monitor IPC standards through the annual audit plan included within the APW.
- 9.4 Audits undertaken as part of the annual plan will be reported to the local clinical governance meetings and IPPC.

Element of this policy to be monitored	Lead	Tool	Frequency	Reporting Arrangements
Quarterly hand hygiene audit scores are monitored through the IPPC and are included in quarterly reports to the commissioners as part of agreed KPI for infection control standards.	Lead Nurse for IPC	IPCt quarterly reports	Quarterly	IPPC Clinical Governance Committee
The Trust Occupational Health provider will deliver immunisation programmes to BSMHFT staff, to include BCG, Hepatitis B, Influenza and Varicella in accordance with DoH Immunisation against infectious disease known as the 'Green Book' and current national guidance.	Lead Nurse for IPC	IPCt quarterly reports	Quarterly	IPPC Clinical Governance Committee
Trust staff must report all injuries to occupational health and incident (ECLIPSE) system to ensure that injuries have been appropriately managed and recorded.	Lead Nurse for IPC	IPCt quarterly reports	Quarterly	IPPC Clinical Governance Committee

10. APPENDICES

Appendix 1 Equality Analysis Screening Form

Appendix 2 BSMHFT Infection Prevention and Control and related policies

Appendix 3 Meeting Representation and Responsibilities

Appendix 4 Reporting Structure for Suspected and Confirmed Infectious Condition

Appendix 5 Notifiable Infections/ Incidents

Appendix 1 Equality Analysis Screening Form

Title of Proposal		IC 01 Infection Prevention and Control Overarching Policy		
Person Completing this proposal	Filipe Leitao	Role or title	Lead Nurse for Infection Prevention & Control	
Division	Infection control	Service Area	Corporate clinical services	
Date Started	May 2021	Date completed	May 2021	
Main purpose and aims of the proposal and how it fits in with the wider strategic aims and objectives of the organisation.				
<p>The Trust has a legal responsibility for ensuring that adequate arrangements for the prevention and control of infection exist within all its healthcare environments. 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 guidance sets out the criteria by which managers of NHS organisations are to ensure that patients are cared for in a clean environment, where the risk of HCAI is kept as low as possible.</p> <p>This policy sets out the framework by which the requirements of the Code of Practice will be met.</p>				
Who will benefit from the proposal?				
Trust staff, service users and partner agencies				
Impacts on different Personal Protected Characteristics – Helpful Questions:				
<i>Does this proposal promote equality of opportunity? Y</i> <i>Eliminate discrimination? Y</i> <i>Eliminate harassment? Y</i> <i>Eliminate victimisation? Y</i>		<i>Promote good community relations? Y</i> <i>Promote positive attitudes towards disabled people? Y</i> <i>Consider more favourable treatment of disabled people? Y</i> <i>Promote involvement and consultation? Y</i> <i>Protect and promote human rights? Y</i>		
Please click in the relevant impact box or leave blank if you feel there is no particular impact.				
Personal Protected Characteristic	No/Minimum Impact	Negative Impact	Positive Impact	Please list details or evidence of why there might be a positive, negative or no impact on protected characteristics.
Age	x			No exclusions. Policies available on connect, information on where to access available to service users via IPC notice board.
Including children and people over 65 Is it easy for someone of any age to find out about your service or access your proposal? Are you able to justify the legal or lawful reasons when your service excludes certain age groups				
Disability				

Including those with physical or sensory impairments, those with learning disabilities and those with mental health issues Do you currently monitor who has a disability so that you know how well your service is being used by people with a disability? Are you making reasonable adjustment to meet the needs of the staff, service users, carers and families?				
Gender				
This can include male and female or someone who has completed the gender reassignment process from one sex to another Do you have flexible working arrangements for either sex? Is it easier for either men or women to access your proposal?				
Marriage or Civil Partnerships				
People who are in a Civil Partnerships must be treated equally to married couples on a wide range of legal matters Are the documents and information provided for your service reflecting the appropriate terminology for marriage and civil partnerships?				
Pregnancy or Maternity				
This includes women having a baby and women just after they have had a baby Does your service accommodate the needs of expectant and postnatal mothers both as staff and service users? Can your service treat staff and patients with dignity and respect relation in to pregnancy and maternity?				
Race or Ethnicity				
Including Gypsy or Roma people, Irish people, those of mixed heritage, asylum seekers and refugees What training does staff have to respond to the cultural needs of different ethnic groups? What arrangements are in place to communicate with people who do not have English as a first language?				
Religion or Belief				
Including humanists and non-believers Is there easy access to a prayer or quiet room to your service delivery area? When organising events – Do you take necessary steps to make sure that spiritual requirements are met?				
Sexual Orientation				
Including gay men, lesbians and bisexual people Does your service use visual images that could be people from any background or are the images mainly heterosexual couples? Does staff in your workplace feel comfortable about being 'out' or would office culture make them feel this might not be a good idea?				

Transgender or Gender Reassignment				
This will include people who are in the process of or in a care pathway changing from one gender to another Have you considered the possible needs of transgender staff and service users in the development of your proposal or service?				
Human Rights				
Affecting someone's right to Life, Dignity and Respect? Caring for other people or protecting them from danger? The detention of an individual inadvertently or placing someone in a humiliating situation or position?				
If a negative or disproportionate impact has been identified in any of the key areas would this difference be illegal / unlawful? I.e. Would it be discriminatory under anti-discrimination legislation. (The Equality Act 2010, Human Rights Act 1998)				
	Yes	No		
What do you consider the level of negative impact to be?	High Impact	Medium Impact	Low Impact	No Impact
If the impact could be discriminatory in law, please contact the Equality and Diversity Lead immediately to determine the next course of action. If the negative impact is high a Full Equality Analysis will be required.				
If you are unsure how to answer the above questions, or if you have assessed the impact as medium, please seek further guidance from the Equality and Diversity Lead before proceeding.				
If the proposal does not have a negative impact or the impact is considered low, reasonable or justifiable, then please complete the rest of the form below with any required redial actions, and forward to the Equality and Diversity Lead .				
Action Planning:				
How could you minimise or remove any negative impact identified even if this is of low significance?				
How will any impact or planned actions be monitored and reviewed?				

How will you promote equal opportunity and advance equality by sharing good practice to have a positive impact on other people as a result of their personal protected characteristic.

Please save and keep one copy and then send a copy with a copy of the proposal to the Senior Equality and Diversity Lead at bsmhf.hr@nhs.net. The results will then be published on the Trust's website. Please ensure that any resulting actions are incorporated into Divisional or Service planning and monitored on a regular basis.

Appendix 2 Policies, Procedures and Guidance supporting the IPC Overarching Policy

The following policies and procedures further support the implementation of the IPC Overarching Policy and will be subject to the main Trust approval process:

Annex A - IC 01	Management of Chickenpox and Shingles Procedure
Annex B - IC 01	Decontamination Policy - Cleaning, disinfection & sterilisation/ medical equipment & environment
Annex C - IC 01	Management of Diarrhoea and Vomiting Procedure
Annex D - IC 01	Hand Decontamination and Glove Use Procedure
Annex E - IC 01	Management of Isolation Procedure
Annex F - IC 01	Laundry & Linen Policy
Annex G - IC 01	MRSA Procedure
Annex H - IC 01	Outbreak of Infection Procedure
Annex I - IC 01	Procedure for Sharps Safety and Prevention Management of Occupational Exposure to BBV
Annex J - IC 01	Standard IPC Precautions Procedure
Annex K - IC 01	Aseptic and Clean Dressing Technique procedure
Annex L - IC 01	Management of Tuberculosis Procedure
Annex M- IC 01	Management and Treatment of Clostridium Difficile Procedure
Annex N- IC 01	Management and Treatment of Infestations procedure
Annex Q - IC 01	Legionellosis Management and Control Policy
Annex P- IC 01	Antimicrobial Guidelines
Annex S - IC 01	Multi Resistant Organisms Procedure
Annex T- IC 01	Antibiotic Resistant Organisms
Annex U- IC 01	Trust Cleaning Policy
Annex V – IC 01	Standard Operational Procedure for Influenza
IC 02	Food Safety Policy
RS 30	Waste Management Policy

Appendix 3 Reporting Structure

Meeting and IPC Report Frequency	Reporting Lead	Meeting Responsibilities	Report content
Trust Board Annually and by exception through quality reports.	Executive Director of Nursing DIPC	To ensure that systems are in place to manage & monitor the prevention & control of infection, which include risk assessment, quality assurance and IPC work programme.	Dashboard Report as detailed from CGC. Progress against Assurance Framework and risk of non-compliance with the Code of Practice.
Clinical Governance Committee Quarterly	Lead Nurse for IPC	To report progress against the APW and any incidents arising which would impact upon compliance with the code of practice. Trend analysis and Clinical review outcomes which impact upon the quality and delivery of care.	Dashboard Summary of IPC Programme of work, Including actions agreed at IPPC i.e. policy approval and outcomes from SI clinical reviews, trends and themes resulting from audit and surveillance.
IPPC Quarterly	Lead Nurse for IPC	To monitor progress to work programme Policy review and development. To receive reports from Programmes, Estates and facilities Pharmacy Occupational Health. To report on trend analysis and regional Surveillance To review any national policy and guidance in relation to implementation within the Trust.	Surveillance SI's Outbreaks Incidents Cleanliness standards Outcomes of external and internal audit and assessment. Progress against APW and risk of non-compliance Stat and Man training compliance with IPC and Food Safety.
IPPC Programme Clinical Governance Committee Quarterly	Clinical Managers /Matrons	To report on Infection Control practice in programmes and review compliance with Code of Practice standards. To disseminate information from IPPC. To assist with policy development and review process.	Outbreaks. Incidents. Clinical Reviews. EHO Reports. IPC audit action. Matrons Audit. Refurbishments. Cleanliness standards.

Appendix 4 Reporting Process for Suspected and Confirmed Cases and/or Outbreaks of Infectious Conditions

Suspected / Confirmed Cases – Nurse/Manager in charge must:

- Refer to relevant Infection Control Policies/Procedure available on the [Trust Intranet](#).
- Ensure that a clinical assessment, supported, where applicable by relevant algorithm (e.g. D&V) is undertaken.
- Ensure that medical staff are informed and, where applicable, medical review is performed & specimens obtained.
- Report to line manager, matron & telephone IPCt promptly (see contact details below).
- Complete infection control form on RiO (under physical health assessment)
- **In working hours, phone IPCt on:**
 - 07985883819 – Lead Nurse for IPC
 - 07985882011 – Senior IPC Nurse Specialist
 - 07812260880 – IPC Nurse
- **Out of hours, seek infection control advice, when clinically indicated from the duty microbiologist via Heartlands Hospital switchboard 0121 424 2000.**
- **Please ensure any calls made/queries/requests for advice are supported by an email. Please email bsmhft.ipc@nhs.net to ensure we can respond promptly.**

Following IPC advice the nurse/manager in charge must:

- Ensure that IPCt advice is followed & all members of the team are fully briefed of actions.
- Inform the Clinical Manager, Matron, Consultant Psychiatrist, Domestic Manager & AHP's of any situation where specific infection control precautions are indicated e.g. isolation.
- Enter documentation in RiO i.e. care plan, risk management plan and progress notes.
- Keep the IPCt and managers/matron updated of progress.

Additional Action in the event of Outbreaks & Incidents resulting in SI process e.g. temporary ward closure to admissions, Infectious TB exposure:

- **Ward manager/designated other** - reports SI on Eclipse.
- **The IPCt** - during standard working hours, liaises with consultant microbiologist & informs the clinical team & other associated staff of management requirements.
- **The nurse/manager in charge - out of hours** seeks advice from the duty microbiologist & informs the on call manager, duty doctor, domestic manager, on call pharmacist, bed manager, on call estates manager and others as necessary. The ward manager notifies the local domestic service (Domestic services or Amey helpdesk) the following morning of any cleaning requirements.
- **The nurse/manager in charge** informs temporary staffing, bed management and occupational health.
- **The IPCt** informs: Director of Nursing (DIPC), Deputy Director of Nursing, Trust Board, Clinical and Associate Directors, Public Health England, Head of Investigations and IPC Lead for Cross City Clinical Commissioning Group.
- **Ward Manager/Matron** completes a daily situation report to service/clinical managers, IPCt and designated others for the duration of the outbreak.
- **Head of Investigations** reports SI on STEISS (which generates report to Commissioners) and instigates SI process and identifies a review lead.

Appendix 5 Notifiable Infections/ Incidents

Health Protection Legislation (England) Guidance 2010 Department of Health (2010)

Acute encephalitis
Acute meningitis (Viral and bacterial)
Acute poliomyelitis
Acute infectious hepatitis
Anthrax
Botulism
Brucellosis
Cholera
Diphtheria
Enteric fever (typhoid or paratyphoid fever)
Food poisoning (Any disease of infectious or toxic nature caused by, or thought to be caused by consumption of food or water (definition of the Advisory Committee on the Microbiological Safety of Food).
Haemolytic uraemic syndrome (HUS)
Infectious bloody diarrhoea
Invasive group A streptococcal disease and scarlet fever
Legionnaires' Disease
Leprosy
Malaria
Measles
Meningococcal septicaemia
Mumps
Plague
Rabies
Rubella
SARS
Smallpox
Tetanus
Tuberculosis
Typhus
Viral haemorrhagic fever (VHF)
Whooping cough
Yellow fever