



**DORSET COUNTY HOSPITAL
NHS FOUNDATION TRUST**

INFECTION CONTROL TRUST POLICY

TITLE	Policy for Infection Control framework for the Trust
APPLICABLE TO	All employees of Dorset County Hospital Foundation Trust
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AUTHOR	Anne Smith
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Dorset Infection Control Forum

This document reflects the consensus of the Dorset Infection Control Forum, and contains local amendments to the main document that is available on request from the Infection Prevention and Control Team

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EXECUTIVE SUMMARY

Successful management to prevent and control infections is recognised by the Trust as a significant factor in the quality and safety of the care of patients and those in the local healthcare community. The health and safety of staff is also of paramount importance.

The Chief Executive and the Trust Board are responsible for Infection Prevention and Control within the Trust. The Board seek full compliance against the framework of the Health Act (2006), Code of Practice for the Prevention of Healthcare Associated Infections and this policy provides an assurance framework.

The arrangements in this policy are to encourage and support Clinical Directorates in their responsibility for infection prevention and control in their patients.

The tenets of this policy are that:

- There is support by the Executive Team for the Infection Prevention and Control (IPC) Programme;
- Trust wide targets are established within the IPC programme;
- Infection prevention and control is a Directorate responsibility;
- Doctors and Ward Sisters take responsibility for Infection Prevention and Control.
- Directorates develop an audit programme to reflect the commitment to control and prevent infections;
- Directorates develop action plans to address any deficits highlighted during the audit process;
- Resource staff have protected time for IPC activities;
- The IPC Team liaise with the Directorates' action planning that is informed by audit.

DORSET COUNTY HOSPITAL NHS FOUNDATION TRUST

INFECTION CONTROL POLICY

1. INTRODUCTION

1.1 Background:

- 1.1.1 The prevention and appropriate management of infection is of paramount importance to the quality and safety of the care of patients, visitors and members of staff. It is, therefore, important that all staff take appropriate actions during the discharge of their duties to assess the potential risks of infection to reduce these risks whenever possible.
- 1.1.2 Patients may develop infections outside the hospital; these are referred to as community-acquired infections. The majority of these infections are not preventable. However, these patients may represent the source of the spread of infection to other patients or staff.
- 1.1.3 Infections acquired after admission is referred to as either hospital acquired or healthcare associated infection. These infections are a cause of significant morbidity and mortality, patients' length of stay is increased and associated costs escalate. Such infections are generally the consequence of medical and surgical interventions. It is therefore important that staff delivering care act appropriately and take every effort to reduce infection risks.
- 1.1.4 Micro-organisms can spread between patients and staff and have the potential to contaminate the environment. Whilst environmental contamination is not a significant factor in all hospital acquired infections, there are some bacteria and viruses that do contribute to hospital acquired infections occurring as a direct result of environmental contamination. Healthcare environments need to be, not only aesthetically clean, but safe systems of environmental control measures must be implemented to minimise the potential of cross infection occurring.
- 1.1.5 Prudent antimicrobial prescribing is a significant component of an effective Infection Prevention and Control programme. Inappropriate antibiotic prescribing in some instances predisposes patients to further infections and promoted the emergence of resistant bacteria.

1.2 Health Act (2006) Code of Practice for the Prevention and Control of Healthcare Associated Infections¹:

1.2.1 In November 2006 the Health Act (sometimes referred to as the Hygiene Code) was passed. The Health Act (2006) provides an assurance framework that ensures appropriate systems are in place to ensure patients are cared for in a clean environment and where the risk of healthcare associated infections are kept as low as possible. The requirements of the Health Act have been taken into account with the development of this policy.

1.3 Saving Lives:

1.3.1 The Department of Health (DoH) has introduced a programme 'Saving Lives': a delivery programme to reduce healthcare associated infections including MRSA. This programme is integral to the reduction of healthcare associated infections and underpins this policy.

2. POLICY STATEMENT

2.1 Responsibilities:

2.1.1 The Chief Executive and Trust Board have a collective responsibility for infection prevention and control within the Trust. The Infection Control Committee is accountable to the Chief Executive. The Trust accepts this policy as an agreement for its collective responsibility to support the measures to prevent and control the risks of healthcare associated infections.

2.1.2 All Executive Directors have designated Infection Prevention and Control responsibilities with identified outcome measures.

2.1.3 The Board support the provision of adequate resources to secure effective prevention and control of healthcare associated infections.

2.1.4 The Board will ensure that Mandatory Training Infection Control Programmes are resourced and that Directorates are accountable for ensuring all staff involved in the direct and indirect care of patients attend appropriate training sessions.

2.1.5 The Board will receive an annual report outlining an effective audit programme that monitors compliance with key policies.

2.1.6 The Board receives an annual report outlining key issues relating to Decontamination of the environment to ensure the National Minimum Standards of Cleanliness² are met, and equipment to ensure compliance with National Standards for Decontamination³ are met from the designated Director.

2.2 Director of Infection Prevention and Control⁴

2.2.1 The Board appoints Alison Tong, Director of Nursing as the Director of Infection Prevention and Control with accountability to report directly to the Board through the Chief Executive following:

- A quarterly report on the rates of healthcare associated infections;
- Oversee Infection Prevention and Control policies and their implementation;
- Is responsible for the Infection Prevention and Control Team;
- Has the authority to challenge inappropriate clinical hygiene practice and any reported inappropriate antibiotic prescribing decisions;
- Assess the impact of all existing and new policies and make recommendations for change;
- Is an integral member of the Trust's Integrated Governance and patient safety structures;
- Produce an annual report on Infection Prevention and Control and release it publicly;
- Ensure that rates of healthcare associated infections within the Trust are available to members of the public;
- Bring significant risk issues to the attention of the Integrated Governance Committee and Operational Risk Group for inclusion in the Trusts Risk Register;
- Ensure that appropriate arrangements are in place for Occupational Health to prevent and manage occupational risks of infection;
- Report any issues of non-compliance with the Health Act (2006).

2.3 The Infection Control Committee:

2.3.1 The Infection Control Committee is chaired by Mr Ian Barlow, Orthopaedic Surgeon.

2.3.2 The Infection Control Committee is responsible for:

- Endorsing all Infection Control policies, procedures and guidelines;
- Providing support for the implementation of policies;
- Collaborating with the Infection Prevention and Control Team to develop an annual Infection Control programme and monitor its progress;
- Identifying and prioritising significant risks to the Trust and its patients and staff that are associated with infection and bringing them to the attention of the Board and Integrated Governance and Risk Management Committees for inclusion in the Risk Register.

2.3.3 The Committee's Membership, their roles and responsibilities are outlined in appendix 1. The lines of communication demonstrated are to promote effective communication between all staff and relevant external agencies. The Committee meets quarterly.

2.4 The Infection Prevention and Control Team:

- 2.4.1 The Infection Prevention and Control Team (IPCT) consists of the Infection Control Doctor, the Medical Microbiologists, Antibiotic Pharmacist and the Infection Control Nurses.
- 2.4.2 The IPCT produces an annual Infection Control programme in full consultation with the Infection Control committee.
- 2.4.3 The IPCT provides educational training and support either directly or indirectly for Trust staff in all aspects of Infection Prevention and Control.
- 2.4.4 The IPCT maintain professional contact with colleagues in the discipline to support collaboration, maintain expert knowledge and to promote consistency where possible of guidelines and procedures. They are responsible for ensuring up to date knowledge in the specialist area.

2.5 Directorates:

- 2.5.1 Directorate Managers have a duty to ensure that the responsibilities for prevention and control of infection are reflected in all staff members job descriptions and are incorporated into annual appraisal.
- 2.5.2 Directorates have a responsibility to ensure that all staff receive induction training and attend ongoing Infection Prevention and Control training in line with Trust requirements. All training must be recorded on the Trust reporting system.
- 2.5.3 Directorates are responsible for infection prevention and control. It is therefore essential that Directorates produce a relevant action plan annually. This process is supported by the IPCT to align Directorates' planning with the annual Infection Control Programme. The action plan should be produced in March with a review of progress by September and completion by the following March.
- 2.5.4 Action plans should be incorporated into Directorate Governance reports to Integrated Governance Committee with progress reports against proposed actions.
- 2.5.5 It is a requirement of the Health Act that there is an effective audit programme. The audit programme must incorporate compliance with policies and relevant components of the Saving Lives High Impact Interventions.
- 2.5.6 The results of audits and surveillance must be reported at Directorate meetings and are used to inform Directorate planning.

2.6 Resource Group:

- 2.6.1 Resource staff are healthcare workers selected by their managers to receive additional training in Infection Prevention and Control. The key role of resource staff is to develop best practice within their clinical area. It is therefore important that the staff selected for this role have the capabilities to influence practice and support delivery of the Infection Control programme of audit and education. Most importantly these staff provide a resource at the point of care to ensure consistency of practice is being delivered to reduce the risks of healthcare associated infections.
- 2.6.2 Managers must support resource staff by meeting the terms of contact established with the role; this includes ensuring protected time is allocated to deliver their duties. The IPCT will ensure an effective cascade system is in place via attendance at resource meetings.

2.7 Surveillance:

- 2.7.1 The Trust recognises that information on healthcare associated infections and antimicrobial resistance is essential to measure progress against performance targets. Surveillance is carried out by the IPCT. The results of surveillance are used to inform Directorate and Trust planning.
- 2.7.2 The IPCT ensure that there is full participation with national mandatory surveillance schemes as required by the Department of Health. Results are reported to the Infection Control Committee and are available in the public domain.
- 2.7.3 Serious untoward incidents relating to infection are reported to the Integrated Governance Committee, the Strategic Health Authority, Regional Epidemiologist, Primary Care Trust and the Health Protection Unit.

2.8 Environmental Policies:

- 2.8.1 The Trust will develop premises and facilities to meet best practice guidance (HTM/HBN). The IPCT will be consulted for policy development and services relating to:
- Cleaning services.
 - Building and refurbishment, including air handling systems.
 - Clinical Waste Management.
 - Management of potable and non potable water supplies.
 - Food services and food hygiene.

2.9 Decontamination:

2.9.1 The Decontamination Lead, Sally Brown, Director of Operations will report decontamination issues via the Infection Control Committee.

2.9.2 The decontamination programme should demonstrate that:

- Decontamination of reusable medical devices takes place in appropriate dedicated facilities.
- There is a monitoring system in place to ensure that decontamination processes are fit for purpose and meet the required standard.

2.9.3 The Infection Control Committee should ensure that adverse events/issues relating to decontamination are reported to Operational Risk Group by the Decontamination Lead.

2.10 High Standards of Hygiene:

2.10.1 The Trust recognises the importance of high standards of cleanliness within the clinical environment and the requirement to implement an effective audit programme to demonstrate that high standards of cleanliness are achieved.

2.10.2 Matrons will work with housekeeping staff to develop best practice and report via the PEAT committee on the standard of cleanliness within their clinical areas.

2.10.3 Directorates will support the cleanliness programme to ensure that patients are cared for in a clean safe environment.

2.11 Antimicrobial Prescribing:

2.11.1 The Trust promotes optimal antibiotic prescribing and supports the implementation of effective antibiotic policies developed in partnership between microbiologists and relevant consultants.

2.11.2 The Antibiotic Pharmacist, in conjunction with the Consultant Microbiologists, will report progress with implementation of antibiotic policies and implement an audit programme to demonstrate compliance. This will be reported via the Drugs and Therapeutics Committee.

2.12 Research and Development:

2.12.1 The Trust recognises that quality research and development is essential to underpin effective actions that will minimise the risk of healthcare associated infections for patients. The Trust will support the participation in research programmes that meet the Trust ethical requirements.

2.13 Education:

2.13.1 The Trust recognises the important of education and training in aspects of infection prevention and control as outlined in the Training Needs Analysis. The IPCT provide educational support for all staff members and tailor programmes according to their needs to meet the requirements of their roles.

2.14 Disciplinary Procedures:

2.14.1 This policy is designed to encourage Directorates to accept responsibility for the prevention and control of infection with the intention of improving the quality and safety of patient care. As a consequence of this, failure to comply with this policy may result in disciplinary procedures against that member of staff.

REFERENCES:

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4. Department of Health. (2003) Winning Ways. Working together to reduce healthcare associated infections in England. A report from the Chief Medical Officer. London: DOH.
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Table 1: Infection Control Committee Membership and Links

MEMBER	ROLES OF MEMBERS	LINKS
Chair of Committee Senior Clinician	<ul style="list-style-type: none"> • Chair meeting • Ensure that the terms of reference are met • Facilitate appropriate actions are taken to respond to incidents reported via the Committee. 	<ul style="list-style-type: none"> -Chief Executive -Trust Board -Medical Director -Senior Clinicians
Director of Infection Prevention and Control	<ul style="list-style-type: none"> - Report on local infection control policies and their implementation. - Produce an annual report outlining progress against the Infection Control work programme. <p>Lead on the production of reports required by the Strategic Health Authority.</p> <p>Report progress against performance targets set in conjunction with the Dorset Primary Care Trust.</p> <p>Report to Trust Board SUI's and mandatory reporting data.</p>	<ul style="list-style-type: none"> Board of Directors Integrated Governance Committee Operational Risk Group Heads of Department meetings Strategic Health Authority Dorset Primary Care Trust.
Infection Control Doctor	<ul style="list-style-type: none"> Report on the impact of infection control policies Report on antimicrobial prescribing Report on surveillance results Report on laboratory issues 	<ul style="list-style-type: none"> Clinicians Drugs and Therapeutics Committee Microbiology Laboratory Pathology risk committee.
Infection Prevention and Control Nursing Team	<ul style="list-style-type: none"> Produce and Infection Prevention and Control annual work programme for approval by the committee. Report on progress against the work programme. Report on progress against national initiatives e.g Saving Lives and highlight any outstanding issues 	<ul style="list-style-type: none"> Resource Group Matrons Medical staff Dorset Infection Control Forum Health Protection Unit Dorset PCT ICN's NHLAS Committee R&D Committee Product Selection Committee

Antibiotic Pharmacist	Report on antibiotic use in relation to antibiotic policies.	Consultant Microbiologists Pharmacy Drugs and Therapeutic Committee
Head of Nursing	Represent nursing staff to ensure compliance with practice.	Matrons, Ward Sisters.
Directorate Manager	Represent Directorate Managers and report on progress against Directorate IPC plans (Rotational representation)	Directorates
Deputy director of Nursing as Clinical Governance Lead	Bring to the attention of the Committee issues that have arisen from the Integrated Governance and Operational Risk Group.	Integrated Governance and Operational Risk Group.
Consultant in Communicable Disease Control	Bring to the attention of the Committee public health issues that have arisen in the county and nationally that have the potential to impact upon DCH.	HPA PCT's Ambulance Trusts
Operational Services Manager	Report on housekeeping activities in relation to healthcare associated infections.	Housekeeping
Estates Manager	Report on Estates activities that have the potential to impact upon healthcare associated infections.	Estates Operational Services Directorates
Clinical Site Manager	Report on issues that impact upon the safety of patients in relation to patient placement.	CSMT Directorates Operational Services Manager
Primary Care Trust Representative	Represent PCT issues and concerns from the local health community	PCT General Practitioners Health Protection Team
SSD/ Theatre Manager	Report on decontamination issues that impact upon the safety of patients in relation to surgical procedures.	Decontamination lead Operational Services
Non-Executive Director	Provide additional feedback to and from the Board of Directors.	Board of Directors.