

Trust Board

TB2008.40

From: Dr James Morris, Medical Director/Director of Infection Prevention & Control

Date: May 2008

Subject: **Infection Control Policy**

For: **Decision**

Synopsis

Following a visit by the Healthcare Commission on 18/19 March, the ORH's Infection Control Policy, approved in September 2007, has been updated to include specific references to the importance of collaborative working between infection control staff and staff within estates and facilities (particularly in relation to third party contractors), staff providing decontamination services, such as the sterile services unit and clinical engineering, and the operational (bed) management teams. In addition, the terms of reference for the Hospital Infection Control Committee, reviewed and updated in January 2008, are also included in the updated Policy.

The Governance Committee has endorsed the attached Policy and recommends its submission to the Trust Board.

Financial, legal and risk impact

It is important that all staff deliver on their responsibilities for the management of healthcare acquired infections. The Infection Control Policy needs to state clearly both those individual responsibilities and to make sure that collaborative arrangements are in place between all services and areas of activity within the Trust. The updated policy clarifies these arrangements.

Infection Control Policy

Title:	Infection Control Policy
Category:	Infection Control/Patient Safety
Summary:	Policy for the organisational structure and definition of roles within the infection control service
Date of Review:	January 2009
Approval Date/ Via:	Update to Governance Committee March 2008 Executive Board April 2008 Trust Board May 2008
Distribution:	via Infection Control to: <ul style="list-style-type: none">• Divisional Directors and Directorate Managers• Infection Control Website
Related Documents:	Health Act 2006 Code of Practice (Hygiene Code)
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This Document replaces:	Infection Control Policy 2006/7

Contents

	Page
Infection Control everyone's business	4
Policy statement	4
Statement by the Chief Executive	4
Responsibilities	5
Trust Board	5
Governance Committee	5
Hospital Infection Control Committee and Terms of reference	5
Individual responsibilities	7
Chief Executive	7
Director of Infection Prevention and Control	7
Infection Control Doctor	7
Infection Control Manager	7
Infection Control Team	8
Infection Control Nurse	8
Director of Estates and Divisional Director of Operations B	8
Antimicrobial Pharmacist	8
Antimicrobial audit assistant	8
Epidemiologist	9
Infection Control Administrator	9
Clinical Leads and all managers	9
All other staff	9
The role of Occupational Health	9
Procedures	10
Ratification and review of Infection Control Policies	10
Annual Infection control programme	10
Education and training	10
Performance review	11
Referrals to ICT	11
Success indicators	11
Policy approved by	12

Infection control policy

Infection Control – everyone’s business

1. All healthcare workers have an ethical responsibility to minimise the risk of patients and staff acquiring infection whilst in hospital. The administrative arrangements for Infection control in hospitals are set out in the *Health Act 2006*, code of practice for the Prevention and Control of Health Care Associated Infections.
2. Infection control is everyone's responsibility. All staff, both clinical and non clinical, are required to adhere to the Trust’s infection prevention and control policies and procedures and to make every effort to maintain high standards of infection control at all times thereby reducing the burden of Healthcare Associated Infections including MRSA.

Policy Statement

3. The prevention and control of infection in the Oxford Radcliffe Hospitals NHS Trust (ORH) is a key priority and forms an important part of the Trust’s governance and patient safety strategy. This is monitored by the adherence to standards set out in the Core Standards for Infection Control, the Health Act 2006 and the NHS Litigation Authority (NHSLA) standards for acute Trusts.
4. This policy sets out the commitment of the Trust Board in the prevention and control of infection, the position of infection control in the organisational structure and systems to ensure infection control is communicated within the Trust.

Statement by the Chief Executive

Healthcare associated infection should not be something that concerns only the infection prevention and control team or indeed only clinical staff. Everyone in our hospitals has an important role to play. Healthcare associated infections mean additional distress, pain and discomfort for our patients, and longer hospital stays. In the worst cases, infections can cause significant harm to patients. They also increase the financial burden on the Trust.

Prevention is an integral part of the Trust’s governance, quality and risk framework and management of patient safety. As an organisation, we embrace the principles of the Health Act 2006, the saving lives programme, and the clean your hands campaign.

It is your personal responsibility to ensure that you are familiar with their requirements and with this policy.

Trevor Campbell Davis
Chief Executive

RESPONSIBILITIES

Committee Responsibilities

Trust Board

5. The Trust Board is responsible for the approval of the annual infection control programme and the formal review of arrangements for the control of infection within the organisation. It will receive and review an annual report on the infection control programme, and will consider and prioritise its recommendations. Progress reports on the implementation of the annual programme and performance targets are monitored quarterly through both the Hospital Infection Control Committee HICC and Governance Committee.
6. In order to ensure that the Board and its members are kept fully informed on all aspects of infection control and the management of healthcare acquired infections, the Trust Board has asked that the Finance and Performance Committee (F&PC) chaired by the Trust's Chairman, reviews HCAI at each meeting. All non-executive directors can attend this meeting.
7. Reports prepared by the DIPC are considered in depth at the meetings and appropriate actions taken. The Infection Control Manager and the Control of Infection Doctor have also attended meetings.

Governance Committee

8. The Governance Committee has a responsibility to receive and review at least quarterly reports from the Infection Control Team on areas of infection control risk. This will include consideration of the items for inclusion on the risk register or guidance on the reduction of the risk. In addition, the Divisions' quarterly Quality and Risk reports include updates on all aspects of infection control.

Hospital Infection Control Committee

9. The aim of the Hospital Infection Control Committee is to ensure that safe and appropriate arrangements and processes are in place to enable the delivery of high quality infection control services to the trust. The committee will be responsible for ensuring the liaison and collaborative working between all corporate and divisional staff, particularly ensuring working with estates and facilities and operational (bed) management. The committee will ensure that effective monitoring arrangements are in place to support compliance with any national initiatives, e.g. the Clean Your Hands Campaign (2007), Saving Lives (2005) and national requirements including the 2006 Health Act Code of Practice for the Prevention and Control of Healthcare Associated Infection (the Hygiene Code) and the requirements of the Annual Health Check (core standards, new and existing targets)

Terms of Reference for Hospital Infection Control Committee

10. The Committee will:
 - 10.1. To develop a framework for hospital infection control, which ensures the integration of practice through the corporate & divisional structures and

- ensure liaison with and collaboration between infection control, estates and facilities, third party contractors and other necessary parties.
- 10.2. To support the Director of Infection & Prevention Control with the introduction of national initiatives such as Saving Lives and national imperatives including the Hygiene Code. To support and advise the work of the Infection Control Team.
 - 10.3. To ensure that any serious problems or hazards relating to infection control are brought to the attention of the Chief Executive through the Director of Infection & Prevention Control and the Director of Nursing and Clinical Leadership.
 - 10.4. Ensure arrangements are in place to support compliance with Standards for Better Health (particularly C4a and C21) and to ensure compliance with all 11 duties within the 2006 Code of Practice. To support the collection and collation of evidence (including audits) to assure compliance throughout the year.
 - 10.5. To consider reports on specific incidents and complaints relating to infection and infection control problems and to ensure that appropriate actions are taken. To review all appropriate infection control associated incidents/complaints and monitor trends.
 - 10.6. To ensure plans are in place to manage the outbreaks of infection and to monitor their implementation and impact. To ensure that work on such plans is done in collaboration with senior colleagues in estates and facilities, operational (bed) management and the divisions and directorates.
 - 10.7. To review and endorse a plan for the hospital response to major outbreaks in the community and major incident (outbreak plan) and monitor its implementation.
 - 10.8. To work collaboratively with staff from the PCT, SHA and the National Patient Safety Agency in all areas impacting on the management of healthcare acquired infections.
 - 10.9. To review and endorse an annual infection control plan and review progress and to advise on the most effective use of resources for implementation and contingency requirements.
 - 10.10. To advise and approve infection control policies, ensuring that these have been discussed within the organisation and that any factors impacting on, for example, facilities and cleaning services and decontamination services.
 - 10.11. To promote and support the education of all grades of staff in infection control procedures.
 - 10.12. To be responsible for ensuring that the infection control plans supports the implementation of Clean Your Hands, Saving Lives and the Health Act Code of Practice Prevention and Control of Healthcare Associated Infection.

- 10.13. To support the continued development and implementation of Hand Hygiene and ensure monitoring arrangements are in place for supply, use and costs of the necessary materials.
- 10.14. To ensure that education and training arrangements are established for all staff and where possible patients and visitors. To develop and promote effective communication and information for patients and staff.

Individual Responsibilities

Chief Executive

11. The Chief Executive is accountable for ensuring that effective arrangements for the management of infection control are in place within the ORH.

Director of Infection Prevention and Control (DIPC)

12. As set out in the Chief Medical Officer's document 'Winning Ways', the DIPC will liaise between the team and the Trust Board. He/she will liaise directly with the Trust Board and present updates to the Trust Board, the Executive Board and to any other committee as agreed. In particular, the DIPC:
 - 12.1. Is responsible for infection control within the organisation;
 - 12.2. Oversees local infection control policies and their implementation, ensuring close liaison between the infection control team and estates and facilities, decontamination and sterile services, operational/bed management and the clinical and corporate staff;
 - 12.3. Reports directly to the Chief Executive and the Board;
 - 12.4. Has the authority to challenge inappropriate clinical hygiene practice as well as inappropriate antibiotic prescribing decisions, providing support to colleagues in the management of staff compliance;
 - 12.5. Assesses the impact of all existing and new policies on HCAI and make recommendations for change;
 - 12.6. Is an integral member of the organisation's governance, quality, risk and patient safety team and structures;
 - 12.7. Produce an annual report on the state of HCAI in the organisation for which he or she is responsible and release it publicly.

Infection Control Doctor

13. The Infection Control Doctor (ICD) will lead the ICT in the implementation of surveillance, prevention, investigation and clinical management of infections. The ICD is responsible for providing advice in terms of microbiology and infection control matters to the Trust. The ICD will have direct access to the DIPC and Chief Executive.

Infection Control Manager

14. In conjunction with the ICD, the Infection Control Manager will co-ordinate and oversee the implementation of the annual infection control programme of work.

He/she has responsibility for advising staff on issues relating to infection control and the investigation of incidents (in liaison with the ICD). He/she will regularly liaise with the ICD and DIPC in relation to infection control activity within the Trust and assist in providing regular reports to the Governance Committee, Strategic Health Authority, Department of Health and the National Patient Safety Agency. The Infection Control Manager directly manages the Infection Control Nurses within the team and is managerially accountable to the DIPC and professionally accountable to the Director of Nursing and Clinical Leadership.

Infection Control Team (ICT)

15. The Infection Control Team consists of the Director of Infection Prevention and Control, Infection Control Doctor, Infection Control manager, Infection Control Nurses, antimicrobial pharmacist, epidemiologist, antimicrobial data clerk and administrator. The Team has primary responsibility for and reports to the Hospital Infection Control Committee on all aspects of surveillance, prevention and control of infection within the Trust.

Infection Control Nurse

16. The Infection Control Nurse works under the guidance of the Senior Infection Control Nurse as a specialist practitioner and is responsible for designated aspects of the infection control programme. He/she will facilitate the prevention, surveillance, investigation and control of infection within the ORH Trust and has day-to-day responsibility for advising staff on issues relating to infection control and the investigation of incidents under the supervision of the Senior Infection Control Nurse.
17. One of the Infection Control nurses should have responsibility for liaison with key staff involved in clinical decontamination issues within the Trust.

Director of Estates and Divisional Director of Operations, B

18. The overall lead for decontamination is the Director of Estates and Facilities with the Director of Operations (Division B) taking responsibility for specific areas, including sterile supplies. However, day-to-day issues of decontamination in clinical areas and investigation of decontamination issues relating to infection control are covered by one of the Infection Control nurses.

Antimicrobial Pharmacist

19. To produce, update, implement and monitor antimicrobial prescribing policies across the Trust. To plan, co-ordinate and feed-back the results from projects and audits, including monitoring Trust antimicrobial usage. To participate in the antimicrobial education programme for prescribers.

Antimicrobial Audit Assistant

20. To work with the Antimicrobial Pharmacist in supporting and carry out projects and audits. They include the review of prescribing policies and surveillance of antimicrobial use in the Trust. To collate the results from saving lives, hand hygiene

and isolation audits. To input all positive cases of Clostridium Difficile into the MESS database.

Epidemiologist

21. To develop infection control data analysis, surveillance and feedback. Advise on study design and conduct for Health Service Research in HCAI. Develop and participate in a teaching programme.

Infection Control Administrator

22. To provide, on a daily basis, secretarial support to the Infection Control Manager and administration and clerical support to the infection control service.

Clinical leads and all managers

23. Clinical leads and all managers are responsible for overseeing infection control activities within the areas of their responsibility at a local level and ensuring these areas work together to comply with all aspects of the Trust's infection control policies and procedures.

All other staff

24. All staff across the Trust has a responsibility to ensure they comply with local Infection Control policies and procedures. They also have a duty to report all incidents including near misses according to the Trust's Incident Management Policy and inform a member of the Infection Control Team as soon as possible after the incident.
25. All staff employed by the ORH have the following key responsibilities:
 - 25.1. Staff must wash their hands or use alcohol gel on entry and exit from all clinical areas and/or between each patient contact.
 - 25.2. Staff members have a duty to attend mandatory infection control training provided for them by the Trust.

The role of Occupational Health

26. Occasionally infections in staff members may pose a risk to patients or staff members may acquire infections from patients. These issues are the concern of the Occupational Health Department which arranges pre-employment screening to ensure that new employees are not suffering from any infection which might be transmissible to patients. This screening also ensures that, where appropriate, new staff can show immunity to Hepatitis B, and are given protective vaccination if required. Any significant injury or infection acquired at work must be reported to the Occupational Health Department and reported according to the Trust's incident reporting procedure. Sharps and splash injuries must also be reported to the Occupational Health Department to ensure a risk assessment for the transmission of blood-borne pathogens is made, and appropriate treatment and follow up is instigated. If a member of staff has been exposed to a patient with an infectious disease or any other infectious hazard which could spread to staff, they should also

report to the Occupational Health Department so an appropriate risk assessment can be performed and follow up arranged if necessary.

Procedures

Ratification and Review of Infection Control Policies

27. The Governance Committee must approve the Infection Control Policy prior to submission to the Trust Board for final ratification. The Hospital Infection Control Committee must ratify all Infection Control Policies.
28. All Infection Control Policies must be reviewed on an annual basis or sooner as evidence/guidance dictates. Policies, which require revision, or are new, will follow the route below:
 - 28.1. Draft or redraft of policy by, or in liaison with, the Infection Control Team
 - 28.2. Circulation and appraisal/addition of comments by the Infection Control Committee, Clinical Leads, Health and Safety, Patient Representative and other parties with a specific interest in that policy
 - 28.3. Amendments as necessary.
29. As soon as final ratification has been achieved the policy will be published on the Trust Intranet site. Departmental managers and Infection Control Link Staff will be responsible for ensuring an up to date hard copy is available in the department's Infection Control Policy folder and that their staff read and understand the document.

Annual Infection Control Programme

30. The infection control programme contains the following:
 - 30.1. Set objectives for infection control within the ORH and identifies priorities for action;
 - 30.2. Provides evidence that relevant policies have been implemented to reduce HCAI;
 - 30.3. Reports on progress against the programme in the DIPC's annual report;
 - 30.4. Reports on recommendations from audits performed by the Infection Control Team, DoH audits and audits relating to Infection Control carried out within the Trust; local, regional or national surveillance and clinical indicators;
 - 30.5. New/revised Department of Health directives/guidance
 - 30.6. Provides up to date information leaflets for patients and their visitors
 - 30.7. Publishes infection control statistics on the Trust Internet along with presenting regular reports to the patient and public forum and other interested groups.

Education and Training

31. The Infection Control Team will ensure provision of training to relevant managers, supervisors and staff, to enable them to carry out their duties and responsibilities, relating to infection control.
32. Induction training will be provided for all new staff on the key principles of infection, their responsibilities and the infection control arrangements within the Trust. Annual training will be provided for all clinical and non clinical staff
33. All clinical areas will have at least one hand hygiene teaching session provided each year. Feedback on key issues and audit will be done by use of the Trust Intranet, displays or awareness campaigns. Full reports of infection control training and education will be included in the annual report.

Performance Review

34. The Infection Control Committee will monitor the Trust's infection control programme by the following mechanisms:
 - 34.1. Monitoring the progress of the Infection Control Annual Programme
 - 34.2. Identification and monitoring infection control key performance indicators to ensure the activities of infection control are effective across the Trust.
35. The Trust's infection control programme will be monitored by the Executive Board, the Governance Committee, the Finance and Performance Committee and the Trust Board by way of:
 - 35.1. Receipt of an Infection Control Annual Report,
 - 35.2. Assurance in support of a declaration of compliance against relevant Core Standard as part of the Annual Health Check, (to include a declaration of compliance against the 11 duties of the Hygiene Code)
 - 35.3. Compliance with infection control aspects of other national accreditation standards (NHS Litigation Authority (NHSLA) standards for acute Trusts,
 - 35.4. Results of independent reviews (e.g. Internal Audit).

Referrals to the ICT

36. A referral to any single member of the ICT is a referral to the ICT as a whole and the most appropriate member will be designated responsibility. Strategic infection control issues should be referred in the first instance to the DIPC and/or the ICD. Infection control issues relating to the environment, the management of patients (not their clinical treatment) or infections should be referred to the ICNs.

Success indicators

37. It is the responsibility of relevant line managers, Clinical Directors/Leads and Divisional Directors to monitor compliance with procedures and guidelines within their area, and to ensure actions are taken to address non-compliance issues.
38. Compliance with this policy is to be monitored annually through audit of standards relating to this policy and the Annual Infection Control Audit Programme.

Policy approved by

.....Chief Executive

.....*Director of Infection Prevention and Control*

Date

April 2008