Infection Prevention and Control Policy

Target Group: Whole organisation	Version: 6	Original Issue Date: July 2013
Approved by: The Leadership Team	Date Last Approved/Reviewed: May 2025	Effective Date: May 2025 – May 2027

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Version

Infection Prevention & Control Policy
Compassionate care - Respect - Integrity - Safety - Team – Excellence

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1. Introduction

Good infection prevention is essential to ensure that people who use organisation's services receive safe and effective care. Effective prevention and control of infection must be part of everyday practice and be applied consistently by everyone.

Good management and organisational processes are crucial to make sure that high standards of infection prevention are developed and maintained.

2. Purpose

The purpose of this policy is to ensure the promotion of infection prevention and control at Holy Cross Hospital through the implementation of informed practices, effective communication, and education. By prioritising these aspects, the Hospital Leadership Team is committed to providing the necessary resources to maintain high standards of infection prevention, ultimately ensuring the safety and well-being of all patients and caregivers.

3. Objectives of this policy

The objective of this policy is to safeguard patients and staff. Hospital-acquired infections can have serious consequences, and having a robust policy helps in maintaining a safe environment. Compliance with standards ensures caregivers engage in high-quality care practice.

The aims of the policy include:

1. Delivering evidence based infection prevention and control standards across all levels of the organisation.

2. Ensure that all staff are informed, educated, and trained in best practices for infection prevention.

3. Maintain compliance with relevant standards and regulations, including those set by the Care Quality Commission (CQC).

4. Implement effective communication strategies to keep all stakeholders informed about infection prevention measures.

5. Provide the necessary resources to support ongoing infection prevention and control efforts.

By adhering to this policy, we strive to safeguard the health and well-being of everyone who enters Holy Cross Hospital.

4. Policy Statement

At Holy Cross Hospital, we are committed to providing a safe and hygienic environment for all patients, Caregivers, and visitors. We recognise the importance of effective infection prevention and control practices in delivering high-quality healthcare services. This policy aims to ensure that all necessary measures are implemented to prevent and control infections within our facility.

5. Scope

This policy applies to all employed by Holy Cross Hospital, as well as any visiting healthcare professionals, contractors and visitors.

The infection prevention and control manual sets out the guidelines and protocols aimed at minimising the risk of cross infection and reducing the prevalence of healthcare-associated infections (HCAIs) within Holy Cross Hospital. The manual addresses key areas in infection prevention and control, including:

- Standard precautions to be adhered to by all caregivers and visitors.

- Guidance on the management of specific conditions and infections.

- Protocols for outbreak control and response measures.

- Regular audits and assessments to ensure compliance with infection control standards.

6. Responsibilities

Director of Infection Prevention and Control (DIPC) Responsibilities:

The Director of Patient Services will hold the DIPC role.

1. **Report infection rates:** Monitor and report infection incidences with potential causes and trends to leadership team, advisory committee and at clinical governance meetings.
2. **Provide leadership:** Support and advise on infection prevention control policy and guidelines, ensuring leadership team and heads of departments are familiar with content.
3. **Ensure compliance with legislation:** Uphold and role model infection control standards and guidelines. Ensure organisational guidelines are compliant with national standards.
4. **Support education and development:** Ensure the learning and development of the organisation encompasses mandatory infection, prevention and control training. Support the IPC lead to incorporate any updates of national standards within organisational training.
5. **Manage outbreaks:** Ensure there are sufficient medical supplies to manage outbreaks safely and effectively. Support the IPC lead to report any outbreaks to UKHSA and follow guidance provided.

Infection Prevention and Control Lead Responsibilities:

1. **Monitor Infections:** Track and analyse infection incidence, prevalence, types, sites, and treatments.
2. **Audit Effectiveness:** Evaluate and audit guidelines and protocols, recommending improvements to minimise infection risks.
3. **Training Provision:** Provide initial and annual infection prevention and control training to all caregivers.
4. **Procedure Assessment:** Ensure practicality of procedures to support caregivers compliance.
5. **Product Evaluation:** Evaluate products related to infection control.

6. **Liaison:** Work closely with the Consultant Microbiologist on infection prevention and control matters.
7. **Special Interest Group Coordination:** Lead activities and meetings of special interest groups.
8. **Review Legislation and Guidance:** With special interest group support, review new legislation, guidance, research, and risks.
9. **Information Dissemination:** Share infection control information with caregivers, patients, visitors, volunteers, and contractors.
10. **Infection Rate Reporting:** Provide regular reports on infection rates.
11. **Annual Report Preparation:** Prepare an annual infection prevention and control report for review by the Clinical Governance Group and presentation to the Leadership Team and Advisory Committee.

Members of the Infection Prevention and Control Special Interest Group:

1. **Research and Development**: Engage in research to identify best practices and develop local guidelines and protocols.
2. **Adherence to Guidelines**: Ensure guidelines and protocols are followed, offering on-the-spot advice as necessary.
3. **Product Evaluation**: Assess and evaluate products relevant to IPC.
4. **Hand Hygiene Initiatives**: Promote and implement hand hygiene practices.
5. **Cleanliness**: Monitor hospital and equipment cleanliness.
6. **Audit and Recommendations**: Participate in audits and act on the recommendations.
7. **Conferences and Sharing**: Attend the annual IPC conference and share information with staff.
8. **Training and Mentoring**: Get involved in caregiver induction training and mentoring to enhance IPC practices

Senior Clinical Team (nursing & therapies):

1. **Clinical Equipment Management:** Ensure that patients have access to the necessary clinical equipment.
2. **Good Practice Implementation:** Maintain and monitor high standards of practice.
3. **Policy Adherence Monitoring:** Oversee caregiver compliance with policies and best practice guidelines on a day-to-day basis.
4. **Caregiver Training Needs Identification:** Recognise training requirements for caregiver and provide feedback to the IPC Lead.
5. **Liaison and Communication:** Act as a bridge between clinical caregiver and the IPC Special Interest Group to ensure effective dialogue and information sharing.

Facilities and Housekeeping Lead:

1. **Leadership and Environment Maintenance:** Lead the housekeeping team in providing and maintaining a clean and appropriate environment in the hospital to prevent and control infections.
2. **Representation and Participation:** Nominate a representative to participate in infection prevention and control team meetings, contributing towards best practices.

3. **Integration into Regulations:** Integrate infection prevention and control practices into health and safety regulations.
   Audit and Action Plan Implementation: Ensure the annual Patient-Led Assessment of the Care Environment (PLACE) audit is conducted effectively, implementing action plans based on recommendations.

7. **Definitions**

- **Infection:** A microorganism, such as bacteria, fungi, or a virus, enters a person's body and causes harm.
- **Healthcare associated infections (HCAI):** Infections that develop either as a direct result of healthcare interventions such as medical or surgical treatment, or from being in contact with a healthcare setting.
- **Outbreak:** Two or more cases of the same infection which can be linked together.
- **Pandemic:** Outbreak of an infectious disease that is widely spread and of high prevalence.
- **United Kingdom Health Security Agency (UKHSA):** National agency which prevents, prepares for and responds to infectious diseases, and environmental hazards.
- **Leadership Team:** Executive and Senior leaders within the organisation, both clinical and non-clinical.
- **Special interest group (SIG):** A group of staff with an enhanced set of skills or particular interest in one clinical domain. Supports the organisation in practice development and upholding national standards.

8. **Policy Implementation**

Learning and Development

All staff will receive IPC training during induction and annual mandatory updates. The IPC lead is responsible for sourcing and reviewing IPC training content.

Outbreak Management and Control

If an outbreak is suspected, the Head of department must inform the Infection Prevention and Control Lead, Leadership Team, medical staff, UK Health Security Agency (UKHSA), and chief microbiologist immediately. The Chief Executive will inform the Care Quality Commission. Actions are determined by the Infection Control Team in consultation with UKHSA and microbiology. The urgency depends on the virulence of the organism and the patients' vulnerability.

Pandemic Management and Control

In the event of a global pandemic, the Chief Executive will appoint the DIPC to take responsibility in the management of infection prevention control precautions. The DIPC will work closely with the IPC lead and follow guidance from UKHSA.

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9. Regulatory Requirements/ References

CQC regulations: 12 & 15- safe care and treatment, premises and equipment.

National Standards of Healthcare Cleanliness 2021: These guidelines specify the recommended cleaning and decontamination processes and frequencies across all areas of healthcare.

National Infection Prevention and Control Manual England 2023: An evidence-based practice manual for use by all those involved in care provision in England. It should be adopted as mandatory guidance in NHS settings or settings where NHS services are delivered, and the principles should be applied in all care settings.

Health and Social Care Act 2008: code of practice on the prevention and control of infections and related guidance: This document sets out the code of practice (the code) on the prevention and control of infections under the Health and Social Care Act 2008 (H&SCA 2008). This act sets out the overall framework for the regulation of health and adult social care activities by the Care Quality Commission (CQC). It applies to registered providers of all health and adult social care in England.

UK Health Security Agency (UKHSA)Notifiable diseases and how to report them 2024: This document provides guidance on which diseases are required to notified to UKHSA and the methods required to do so.

UKHSA data dashboard: Is a live national document updated to reflect infection prevalence across the UK.

10. Evaluation Measures

Audits

- Quarterly audits of departments will align with the domains within the National Infection Prevention Manual 2023.

- Audits will cover:

    o Hand hygiene

    o Handling blood and bodily fluid spillages

    o Safe management and disposal of sharps

    o Cleanliness and decontamination of clinical equipment

    o Specimen handling

    o Clinical waste management

    o Clinical PPE

    o Cleanliness of ward kitchens

- A quarterly audit report with recommendations will be produced and disseminated to all staff.

- Facilities and housekeeping teams will also conduct relevant audits covering:

  - o Environmental cleanliness

  - o Equipment maintenance

Infection Surveillance

- Suspected infections will be communicated to the IPC lead immediately.

- Samples should be sent to the lab for confirmation of infection and antibiotic sensitivity.

- Infections will be recorded only if:

  1. The patient is symptomatic.

  2. Lab results confirm infection.

  3. Active treatment is required.

- A monthly infection rate will be calculated as a percentage of patients with an infection (based on bed occupancy).

- An infection rate report will be prepared by the IPC lead/DIPC for the leadership team and advisory committee.

11. Related Documents

Infection Prevention Manual

Dangerous substances Policy: Provides guidelines for the safe handling, storage and use of hazardous substances, including cleaning chemicals.

Waste management policy: Outlines guidance for the safe and efficient disposal of waste and the maintenance of a clean and tidy environment.

Laundry policy: Describes the extent of the service to be provided by the Laundry, records the main operating risks and the measures to be taken to manage those risks for the benefit of patients, staff, visitors and contractors.

Housekeeping policy: Describes the arrangements for the cleaning of all buildings on the site to ensure that at all times the premises are fit for their purpose and properly managed to ensure the health, safety and welfare of all users.

PPE Policy – Maintenance: Describes the arrangements made for the health and safety of persons at Holy Cross Hospital to provide personal protective equipment.

Clinical Operational standards: Set of guidelines and procedures that define the expected level of performance, quality, and consistency within clinical practice.

Housekeeping Operational standards: Set of guidelines, policies, and procedures that define the expected level of performance, quality, and consistency within housekeeping services.

Clinical manual and clinical competencies: Serves as a comprehensive guide for healthcare professionals, providing standardized procedures, protocols, and guidelines to ensure consistent and high-quality patient care. Clinical competency refers to the ability of healthcare professionals to effectively apply their knowledge, skills, and judgment in clinical settings to provide safe and high-quality patient care.

Catering policy: Ensures the provision of high-quality, safe, and consistent food services

Health & safety policy: Outlines the overall approach to health & safety within the hospital ensuring a safe environment for patients, staff and visitors.

Uniform Policy: Assists in maintaining a high standard of care, safety, and professionalism, ensuring that patients receive the best possible service.

Anti-microbial stewardship policy: Designed to combat antimicrobial resistance (AMR) and ensure the effective use of antimicrobial agents, such as antibiotics, antivirals, antifungals, and anti-parasitics.

Medical device management policy: A medical device management policy ensures the safe, effective, and efficient use of medical devices within healthcare settings.

12. Appendices

APPENDIX 1 – Equality impact Assessment (EIA) Tool

To be considered and where judged appropriate, completed and attached to any policy

document when submitted to the appropriate committee for consideration and approval.

Policy Title	Infection Prevention and Control

		Yes/No	Comments
	Does the policy/guidance affect one group less or more favourably than another on the basis of:		
	Race	No	
	Gender reassignment	No	
	Marriage & civil partnership	No	
	Pregnancy & maternity	No	
	Ethnic origins (including gypsies and travelers)	No	
	Nationality	No	
	Sex	No	
	Culture	No	
	Religion or belief	No	
	Sexual orientation	No	
	Age	No	
	Disability- both mental and physical impairments	No	
2.	Is there any evidence that some groups are affected differently?	No	
3.	Is the impact of the policy/guidance likely to be negative?	No	
4.	If so can the impact be avoided?	N/A	

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5.	What alternatives are there to achieving the policy/guidance without the impact?	N/A	
6.	Can we reduce the impact by taking different action? >--	N/A	
7.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	N/A	