



Policy Group: Infection Prevention & Control

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Approved by: Infection Prevention and Control Group, Policy Oversight Group

Infection Prevention and Control Policy

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1. **Policy Summary / Statement**

This is an overarching policy to outline strategic arrangements for the Infection Prevention and Control of infection within St Andrew's Healthcare. This policy applies to all St Andrew's Healthcare employees; it extends to volunteers, bureau, agency and temporary staff.

The aim of this policy is to ensure that the charity continues to maintain effective arrangements for Infection Prevention and Control, recognising the role of the Infection Control Monitoring Group and the Infection Control Link Nurses across the charity, with good management and organisational processes which are crucial to make sure that high standards of infection prevention including cleanliness are set up, maintained and monitored with evidence of audit to ensure the environments and staffs clinical practices minimises the risk of any harm to our patients of acquiring a healthcare associated infection (HCAI). Failure by any member of staff to comply with this policy or any of its associated procedures may result in disciplinary action.

This policy confirms the charity's commitment to the prevention and control of infection. This is to be achieved through implementation of policies/procedures with the promotion of training and education and a robust audit programme supporting and monitoring and thus providing the charity with quality & compliance assurance reports for board inclusion.

All registered providers must have adequate systems for infection prevention and control, including cleanliness to be compliant with The Health and Social Care Act 2008 Code of Practice on the Prevention and Control of Infections and related guidance (updated 2015). The code contains statutory guidance about compliance with the registration requirement relating to infection prevention regulation 12 (2) (h) and 21 (b) of the Health & Social Care Act 2008. Regulation 15 is also relevant.

2. **Links to Procedures**

The Charity have adopted the NHSE IPC manual [C1691 National-infection-prevention-control-manual-for-england-V-2.3.pdf](#) which incorporates Chapter 1: standard infection control precautions (SICPs) and Chapter 2: transmission based precautions (TBPs)

The charity will continue to adopt further chapters in the manual as they are published. Currently the Charity will continue to follow the additional procedures as below.

Other linked procedures:

- Aseptic Procedure
- HCAI Risk Assessment
- MRSA Procedure
- Outbreak Procedure
- Isolation & A-Z of Infectious Diseases Procedure
- Tuberculosis (TB) Procedure
- Clostridium Difficile Procedure
- Blood Borne Virus (BBV's) Contamination Risk
- Cleaning & Decontamination Procedure
- Dental Decontamination & Sterilisation Procedure

Policies and procedures available via the Policy A-Z:
[Policies - Policies - A-Z \(sharepoint.com\)](#)

Should you have any questions please contact the infection control team via email on infectioncontrol@stah.org

3. **Scope**

All Staff. This policy applies to all staff, contractors and visitors (professional and social) to the Charity.

4. **Background**

The Care Quality Commission (CQC) is responsible for monitoring and judging compliance with the registration requirements set out in the above Health & Social Care Act 2008 regulations. It states that the code must be taken into account by the CQC when it makes decisions about registration against the infection prevention & control requirements 12 (h) and 21 (b). The regulations also say that providers must have regard to the Code when deciding how they will comply with registration requirements and ability to stay registered.

Commissioning organisations may also wish to assure themselves that the services that they commission are meeting expected requirements and this may involve contract monitoring of the service that the Charity provides.

SAH need to have adequate systems for infection prevention (including cleanliness) as stated in the Code if they are to comply with the law, but because of the wide range of services provided by all registered providers, the Code will be applied in a proportionate way.

The CQC may use its enforcement powers or take other action where it decides that a registered provider is not meeting its legal obligations as set out in the regulations. It will reach this decision by looking at whether a registered provider is doing what is set out in the Code. If a registered provider is not following the Code, then the CQC will want to consider whether that is because it is not appropriate to the type of service being provided. If it is appropriate, the CQC will want to consider whether a registered provider is still protecting people from the risk of infection in another, equally effective way.

CQC have the power to bring a prosecution against the provider who fails to meet regulation 12 (2) (h), where this failure leads to avoidable harm, or the significant risk of such harm.

5. **Definitions**

Prophylactic medication – Medication including vaccines used to prevent illness.

Communicable diseases. Communicable diseases, also known as infectious diseases or transmissible diseases, are illnesses that result from the infection, presence and growth of pathogenic (capable of causing disease) biologic agents in an individual human or other animal host.

6. Roles and Responsibilities

| Role | Responsibility |
|--|--|
| Director of Infection Prevention (DIPC) and Control/Chief Nurse | Responsible for the Charity's Infection Control Service, and will oversee local control of infection prevention and control procedural documents and their implementation and be responsible to the Board of Directors for the infection prevention and control within the Charity. They will assess the impact of all existing and new infection prevention and control procedural documents and plans on infection and make recommendations for change. This post holder will report directly to the Chief Executive and the Board of Directors. |
| Deputy Director of Infection Prevention and Control (DDIPC) /Head of Infection Control Lead and IPC Practitioners | Responsible for developing policies and procedures. Provides expert advice, training and monitoring the compliance of the policy. Responsible for producing quarterly reports for the Quality and Compliance Board. Annual report with regards to compliance with good practice on infection prevention & control. Provide advice regarding infection prevention and control aspects of new builds/refurbishments. Support local investigation and management of incidents relating to infectious diseases and alert organisms to enable clinical teams to prevent further incidence through learning and service improvement. |
| Infection Prevention Control Group | Endorses the Charities annual infection prevention & control programme, together with all infection control policies, procedures and guidelines. The group representative takes responsibility and makes decisions with support from the Infection Control Lead on behalf of their service. |
| Infection Control Link Nurse | Act as a link between their clinical area and the Infection Control Lead. Their role is to increase awareness of infection control issues in their wards and motivate staff to improve practices. Complete clinical audits and KPI's on their wards to enable their Nurse Manager and Infection Control Lead to monitor and advise on any further training requirements. They provide information to assist in the early detection of outbreaks of infection. |
| The General Practitioner (GP), Responsible Clinician (RC) Head of Physical Healthcare Advanced Nurse Practitioner Physical Healthcare Nurses, Nurses & all Medics. | Responsible for the diagnosis and treatment of infectious diseases as they occur for the patients in their care. There is also an ethical responsibility to consider the implications of such a diagnosis for others. To inform and liaise with the Infection Control Lead is imperative in ensuring specific infectious disease control measures are put into place. |

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| Occupational Health Provider | <p>Responsible for ensuring adequate immunisation programme for all Healthcare Workers is in place and that the appropriate vaccinations are given in a timely manner.</p> <p>To advise recruitment on the appropriate fitness of the individual for the role to be undertaken.</p> <p>To provide prophylactic medication, treatment or vaccination programme in the event of exposure to communicable diseases.</p> <p>To advise Healthcare Workers and Managers on individuals return to work after a period of sickness to ensure the safety of others is not comprised.</p> <p>Occupational Health provider to inform the Infection Control Lead of any concerns or practices which may have further implications for patients or staff. Staff with infections or who are at risk of infection through exposure or inoculation injury, will be managed in accordance with occupational health and safety procedures related to the prevention of transmission of infection.</p> |
| The Consultant in Communicable Disease Control (CCDC) | <p>The Consultant in Communicable Disease Control (CCDC) is employed by Public Health England and has the executive responsibility for the control of infectious disease within the community.</p> <p>The Consultant in Communicable Disease Control also advises during outbreak of infection and has statutory duties and powers relating to communicable disease control.</p> |
| UK Health Security Agency (UKHSA) | <p>UKHSA is an executive agency incorporated in the Department Health and has been appointed to provide advice in collaboration with the Consultant in Communicable Disease Control, on communicable disease and infection control within the community.</p> |
| Environmental Health Practitioners | <p>Environmental Health Practitioners work for local authorities as environmental health officers (EHO's) who advise on the management of food safety, including on hygiene and kitchen design, pest control and waste disposal. Their duties include the inspection of food premises as well as enforcing the provisions of UK laws and EU food hygiene legislation applied throughout the UK. The EHO's also investigate complaints about food and collaborate with the CCDC in the investigation of outbreaks, particularly of food or water-borne illnesses.</p> |
| Staff | <p>Responsible for following the policy and associated procedures.</p> |

7. Monitoring and Oversight

The responsibility of ensuring all the criteria's from the Health & Social Care Act 2008 (updated 2015) are met lies with The Chief Executive Officer, Director of Infection Prevention and Control, Clinical Directors, Operational Leads, Clinical Leads, Heads of Nursing, Nurse Managers, The Infection Prevention & Control Group, Infection Control Lead, Clinical Nurse Leaders.

The progress of Infection Prevention and Control is monitored through the Infection Prevention & Control Group, which is chaired by the Chief Nurse who undertakes the DIPC role and is accountable to the Chief Executive and Board of Directors.

The Infection Prevention & Control Group (IPCG) are responsible for monitoring progress against KPI and escalating risks as required.

The IPCG meets at least Quarterly, Minutes of the meeting are circulated and all data is reported to the Board of Directors.

A programme of audits agreed by the Infection Prevention & Control Group (IPCG), under direction of the DDIPC will be carried out to establish the effectiveness, implementation of, and the extent of compliance with this policy and its associated procedures to provide independent assurance that an appropriate and effective system of managing infection control is in place. This includes clinical dashboards and key performance indicators and audits.

This policy is also accounted for within the Charity's Risk Management Framework, incorporating appropriate controls and mitigations and as such there will be periodic reviews over the accuracy and effectiveness of any policy/procedure related controls. For further information, go to the Risk Management Hub page.

8. **Diversity and Inclusion**

St Andrew's Healthcare is committed to *Inclusive Healthcare*. This means providing patient outcomes and employment opportunities that embrace diversity and promote equality of opportunity, and not tolerating discrimination for any reason.

Our goal is to ensure that *Inclusive Healthcare* is reinforced by our values, and is embedded in our day-to-day working practices. All of our policies and procedures are supplemented with an Equality Impact Assessment. If you have any questions on inclusion and diversity please email the inclusion team at DiversityAndInclusion@stah.org.

9. **Training**

There is a programme of ongoing education to support The Standard Infection Control Precaution Practices across the charity, enabling staff to be competent and confident in their responsibilities in the process of preventing and controlling infection. Attendance/completion is reported and monitored.

- Infection prevention & control is covered in induction for all new staff. Non-clinical have hand hygiene. Clinical staff have standard precautions and hand hygiene.
- Mandatory annual e-learning programme for all staff members, clinical and non-clinical.
- Informal education sessions available as requested.
- Training identified following audit.
- Training days for Link Nurses.
- Link Nurse quarterly meetings educational focussed.

10. References to Legislation and Best Practice

Raising standards of infection prevention and control in the NHS (2018).

<http://researchbriefings.files.parliament.uk/documents/CDP-2018-0116/CDP-2018-0116.pdf>

Antimicrobial Resistance (2017) www.parliament.uk

<https://researchbriefings.parliament.uk/ResearchBriefing/Summary/CBP-8141>

National Institute for Health and Care Excellence (2014) Healthcare-associated infections: prevention and control in primary and community care NICE Quality Standard (CG139), QS61, QS49.

<https://www.nice.org.uk/guidance/cg139/chapter/introduction>

Department of Health (2015) The Health & Social Care Act 2008. *Code of Practice* on the Prevention and Control of Infections and Related Guidance. London.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/449049/Code_of_practice_280715_acc.pdf

World Health Organisation

http://www.who.int/topics/infection_control/en/

Department of Health (2013) DH Health building notes

<https://www.gov.uk/government/collections/health-building-notes-core-elements>

National Evidence-Based Guidelines for Preventing Healthcare-Associated Infections in NHS Hospitals in England epic3 (2014) Journal of Hospital Infection

https://www.his.org.uk/files/3113/8693/4808/epic3_National_Evidence-Based_Guidelines_for_Preventing_HCAI_in_NHSE.pdf

Infection Prevention Society (IPS) <http://www.ips.uk.net/>

NHS England [C1691 National-infection-prevention-control-manual-for-england-V-2.3.pdf](https://www.nhs.uk/clinical-governance/quality-improvement/2016/03/23/c1691-national-infection-prevention-control-manual-for-england-v-2.3.pdf)

NHS England <https://www.england.nhs.uk/patientsafety/associated-infections/>

Royal Collage of Nursing & Infection Prevention Society (2015) Infection Prevention and Control Commissioning Toolkit

<https://www.rcn.org.uk/professional-development/publications/pub-005375>

Department of Health (2013) Health Building Note 00-09 Infection Control in the Built Environment

Progress report on the UK 5-year Antimicrobial resistance strategy (2016)

<https://www.gov.uk/government/publications/progress-report-on-the-uk-5-year-amr-strategy-2016>

11. How to request a change or exception to this policy

Please refer to either the [Policy and Procedure Update Application Link](#)

Or the exception process [Policy and Procedure Exception Application Link](#)

12. Key changes

| Version Number | Date | Revisions from previous issue |
|----------------|--------------|--|
| 8 | October 2019 | Updated to new template. Replaces IC 01 v5 |
| 8.1 | May 2020 | Update to email contact details for infection control. updated references from Chief Nurse to Head of Physical Healthcare |
| 8.2 | June 2020 | Updated review date and authorising ref |
| 8.3 | Sept 2022 | Full review and updated in line with current guidance. Updated to new policy template. |
| 8.4 | Nov 2024 | Added a new statement within the monitoring section to highlight this policy has an associated risk as recorded within the risk register |