

Infection Prevention & Control Management Arrangements Policy

Version:	4.0	
Summary:	Ensure Infection Prevention and Control is embedded into the culture of Locala Community Partnerships (LCP) to enable ownership at all levels, from LCP board to individual clinicians	
Ratified by	Policy Ratification Group	Date: July 2021
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Name of originator/author:	Senior Infection Prevention and Control Nurse	
Executive Director	Director of Nursing, AHP and Quality	
Name of responsible committee / group:	Infection Prevention and Control Group	
Target audience:	All LCP employees and colleagues on temporary contracts as well as Bank colleagues, students and volunteers	
Date issued:	2 nd September 2021	
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Review and Amendment Log

Version No	Type of Change	Date	Description of Change
4.0	Full Scheduled Review	March 2021	<p>Contents page, 5.10 IPC Operational Group. Remove appendix B C and D as now a generic link for Notification of Infectious Diseases</p> <p>4; Replace the term Clostridium to Clostridioides and add Coronavirus, LFT and PCR.</p> <p>4; Add explanation of DIPC</p> <p>5.1; Add changes to Notifications of Infectious Diseases via e mail, remove appendix B, C, D, E, Add COVID-19 information for Isolation, PCR/LFD testing, Correct use of PPE and need for</p>

		<p><i>Flu/COVID-19 vaccine, COVID risk assessment prior to face to face</i></p> <p><i>5.1; Within Bradford sexual health service, the microbiology lab will notify the dept of any new Hepatitis C and B patients and check if the patient is receiving treatment. Appendix B must be completed for any new Hepatitis B cases as Public Health England need to be informed.</i></p> <p><i>5.2; Add chair Command and Control meetings and manage COVID-19 inbox</i></p> <p><i>5.3; Add waste management responsibility</i></p> <p><i>5.5; Remove Department Add Long COVID</i></p> <p><i>5.6; Replace staff with colleagues</i></p> <p><i>5.7; Add IPC BAF, clinical induction, Safety Summit, COVID-19 register, Quality check PPE. Replace Clostridium with Clostridioides. Remove Kirklees IPCT undertaking a post infection review during COVID-19</i></p> <p><i>5.8; Add command and control and reporting of faulty PPE to MHRA</i></p> <p><i>5.9; Add Gold command and control and DIPC to chair IPC Group. Remove DIPC being a full member of IPC team & Antimicrobial Stewardship Committee,</i></p> <p><i>5.10; Add IPC Operational Group and Duties. Remove share best practice around antimicrobial prescribing and stewardship and replace with gain assurance from EBM around antimicrobial prescribing stewardship. Add Director of Infection Prevention and control and Patient Safety. Remove fundamental, remove interrogate and replace with analyse</i></p> <p><i>5.11; Add review IPC policies</i></p> <p><i>5.13; Add PSQSG</i></p> <p><i>6; Add IPC COVID BAF</i></p> <p><i>6.2; Add link for Notification of infectious diseases and remove link to appendix A, C, D</i></p>
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			<i>10.2; Add SMG</i> <i>11; Add updated references</i> <i>12; Update Waste policy</i> <i>Appendices; Remove Appendix CD,</i> <i>replace with E, F, G</i>
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1 Introduction

The Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance (DH 2015), requires all registered providers of health and social care to have in place appropriate policies in relation to preventing, reducing and controlling the risks of infection.

All Locala community partnerships (LCP) colleagues have a responsibility to maintain and improve infection control standards to ensure patient, public and colleague safety at all times.

2 Purpose

The purpose of this policy is to:

- Ensure Infection Prevention and Control is embedded into the culture of Locala to enable ownership at all levels, from Locala board to individual clinicians.
- Ensure that the organisation is compliant with the Health Act: Code of Practice and Care Quality Commissions regulatory standards.
- Ensure there are clear monitoring and reporting arrangements for all commissioned services.
- Ensure there are robust governance reporting arrangements and lines of accountability for Infection Prevention and Control.
- Ensure that Infection Prevention & Control processes are supported by adequate resources to meet the needs of the infection prevention and control annual plan.

3 Target Population

This policy must be followed by all Locala colleagues and those on temporary contracts, including bank, students and volunteers.

The policy must be considered and included in all services which are contracted and commissioned.

4 Explanation of Terms

- **ANTT: Aseptic Non-Touch Technique** - preventing the contamination of key parts to reduce any risk of infection to patients
- **CCGs: Clinical Commissioning Groups** are Clinically led statutory NHS bodies who are responsible for the planning and commissioning of health services in the local area.
- **Coronavirus:** Coronaviruses are a type of virus. There are many different kinds, and some cause disease. A newly identified **coronavirus**, SARS-CoV-2, has caused a worldwide pandemic of respiratory illness, called COVID-19
- **CDI: Clostridioides Difficile** (formerly Clostridium difficile) is a spore forming bacteria that can cause foul smelling water diarrhoea

- **DIPC:** Director of Infection Prevention and Control has delegated responsibility from the Chief Executive to provide assurance to the Board in regard to Infection Prevention and Control.
- **HCAI:** Health Care Associated Infection are infections resulting from medical care or treatments
- **IPC:** Infection Prevention and Control. The process to prevent and reduce to an acceptable minimum the risk of the acquisition of an infection amongst patients, healthcare workers and others in the healthcare setting
- **IPCG:** Infection prevention and control group who oversee the IPC Annual Plan and report directly to the Quality Committee
- **IPCT:** Infection Prevention and Control Team advises on the prevention, surveillance, investigation and control of infection.
- **LCP:** Locala Community Partnerships is a social enterprise providing NHS community healthcare
- **MRSA:** Meticillin-resistant Staphylococcus aureus is a bacterium that causes Infections and is often difficult to treat compared to other strains of Staphylococcus aureus due to it being resistant to some commonly used Antibiotics.
- **NICE:** National Institute for Clinical Excellence, produce evidence based guidance and advice for healthcare organisations
- **PCR:** Polymase Chain reaction. PCR tests detect the RNA (ribonucleic acid, the genetic material) of a virus and are the most reliable COVID-19 tests
- **PIR:** Post Infection Review is a requirement to undertake an investigation to review all cases of MRSA bloodstream infection to identify how a case occurred and to identify actions that will prevent it reoccurring.
- **PPE:** Personal Protective Equipment, garments or equipment designed to protect the wearer's body from injury or infection.
- **LFT:** Lateral Flow tests are used to detect proteins in the coronavirus. This may also be known as a lateral flow device. They are quick easy tests used in people who do not have symptoms of COVID-19. They should not be used when someone has COVID-19 symptoms
- **RCA:** Root Cause Analysis an investigation to determine the factors that led /caused an infection incident and put measures in place to avoid a recurrence. Any learning is shared throughout the organisation.
- **SIPCN:** Senior Infection prevention and Control Nurse is responsible for managing the infection prevention and control team and Infection control annual plan.
- **SMG:** Scrutiny Management Group have a role to promote and sustain quality improvements in the organisation to provide safe high-quality care

5 Duties

5.1 Individual colleague's responsibility

All LCP colleagues have a responsibility for infection prevention and control. The hygiene code requires that responsibility for infection

prevention and control is reflected in all job descriptions and objectives for personal development plans.

All colleagues have a responsibility for:

- Undertaking annual mandatory infection prevention and control training.
- Demonstrating compliance with quarterly hand hygiene audits and ANTT as applicable to their role.
- Adhering to all infection prevention and control policies, procedures and national guidance ensuring they are effectively implemented in their area of work, including the correct use of PPE.
- Attending specific infection prevention and control training sessions as identified for their role.
- Ensuring facilities are clean and well maintained to provide a safe environment, any issues must be reported through Locala incident reporting system, Datix.
- Decontaminating all patient equipment before after each use
- Reporting infection prevention and control incidents to their line manager and recorded on Datix.
- Medical Registered Practitioners have a responsibility to report all infectious diseases to Public Health England via the notification e mail address:
<https://surveys.phe.org.uk/TakeSurvey.aspx?SurveyID=m4KJl8mMH#>. Within Bradford sexual health service, the microbiology lab will notify the dept of any new Hepatitis C and B patients and check if the patient is receiving treatment. **Appendix B** must be completed for any new Hepatitis B cases as Public Health England need to be informed.
- Remaining off work for at least 48 hours following episodes of diarrhoea and/or vomiting
- Undertaking a COVID risk assessment prior to face to face visits to ensure they are wearing the correct level of PPE as per guidance
- Isolating in accordance with current PHE guidance if symptomatic or a contact of COVID-19.
- Undertaking Rapid lateral flow tests /PCR as required for their role during the COVID-19 pandemic.
- Being compliant with the correct use of PPE as required for their role
- Keeping up to date with mandated vaccines and encouraged to have the annual influenza /COVID-19 vaccine.

5.2 Manager's responsibility

It is the responsibility of all line managers to ensure that they and the people they manage are conversant with this policy and its contents to:

- Ensure all colleagues receive training and updates in infection prevention and control, including attendance at corporate induction and completion of annual mandatory IPC e-learning if appropriate to their role.
- Ensure that colleagues have the appropriate competencies to undertake clinical procedures including ANTT.
- Actively manage colleagues to ensure they are compliant with quarterly hand hygiene audits and assist in annual environmental audits where applicable.
- Actively manage colleagues to ensure they implement and adhere to infection control policy and procedures. This will include adherence to the dress code where all clinical colleagues must be bare below the elbow.
- Promote good IPC practice and challenge poor practice, particularly if managing staff who have direct contact with service users.
- Ensure resources are available to meet infection control standards/requirements.
- Support Infection Prevention and Control facilitators to attend bi-annual facilitators meetings and allow dedicated time to fulfil any other specific requirements of the role.
- Ensure colleagues report outbreaks / infection incidents in accordance with LCP incident reporting process.
- Ensure decontamination of equipment is performed in line with local, national and manufacturer's guidance. This includes the provision of adequate training, equipment and environmental standards for staff to safely decontaminate equipment.
- Record COVID-19 absence on the COVID-19 risk register

On Call Manager

- In cases of an outbreak /potential outbreak, please refer to section 6.1 if advice is required from Public Health England.
- In cases where there is a suspected outbreak of influenza, the on call manager needs to be familiar with the [Outbreak and Pandemic Influenza Arrangements Policy](#) and follow direction from Public Health England.
- Chair command and control meetings as required during COVID - 19 and manage COVID-19 inbox.

5.3 Head of Estates (Facilities, Health & Safety and Environment)

Will work in partnership with the Infection Prevention and Control team to:

- Ensure FM contractors are aware of their responsibilities in meeting infection prevention and control requirements regarding following national cleaning standards to provide a safe environment. This will

be monitored through Patient Safety and Quality Standards meeting facilities contract monitoring meetings.

- Ensure that the Infection Prevention and Control Team are involved and engaged with any refurbishments or new builds from the planning stages to completion.
- Manage the clinical and domestic waste contract and oversee the completion of Pre-acceptance audits as requested by the waste contractor.
- Provide assurance on the safe management of water in Locala owned and rented premises via the Water Safety Group.

5.4 Medicines Optimisation Team

Support antimicrobial stewardship by developing processes that promote antimicrobial stewardship or by allocating resources, to:

- Review prescribing and resistance data and identify ways of feeding this information back to prescribers in all care settings.
- Promote education for prescribers in all care settings.
- Assist the local formulary decision-making group with recommendations about new [antimicrobials](#).
- Update local formulary and prescribing guidance.
- Work with prescribers to explore the reasons for very high, increasing or very low volumes of antimicrobial prescribing, or use of antimicrobials not recommended in local or national guidelines.
- Provide feedback and advice to prescribers who prescribe antimicrobials outside of local guidelines when it is not justified.

5.5 Occupational Health

Occupational Health (currently provided by Heales) for Locala colleagues should include:

- Risk-based screening for communicable diseases and assessment of immunity to infection after a conditional offer of employment and ongoing health surveillance;
- The offer of relevant immunisations.
- Arrangements for regularly reviewing the immunisation status of care workers and providing vaccinations to staff as necessary in line with *Immunisation Against Infectious Disease* ('The Green Book') and other guidance from Public Health England.
- Arrangements for identifying and managing healthcare colleagues infected with hepatitis B or C or HIV and advising about fitness for work and monitoring as necessary, in line with Department of Health guidance;
- Liaising with the *UK Advisory Panel for Healthcare Workers Infected with Blood-borne Viruses* when advice is needed on procedures that may be carried out by BBV-infected care workers,

or when advice on patient tracing, notification and offer of BBV testing may be needed;

- A risk assessment and appropriate referral after accidental occupational exposure to blood and body fluids, following the Needlestick injury flowchart and repeated bloods as required.
- Monitoring and support for colleagues with long absence caused by COVID-19.

5.6 Infection Prevention & Control Facilitators

- Attend the Infection Prevention and Control facilitator meetings bi-annually. These will be arranged at different venues within Locala to maximise attendance.
- Be a role model for hand hygiene (bare below the elbow) and assist in monitoring compliance with hand hygiene audits.
- Act as a resource person for staff concerning infection prevention and control issues i.e. cleaning of equipment with support from the IPCT.
- Participate in infection prevention and control audits of their clinical area as appropriate.
- Liaise between their clinical area and the IPCT to ask advice or raise concerns in relation to IPC.
- Raise awareness of any new IPC policies or guidance within their area.
- Participate in teaching patients/colleagues ~~staff~~ appropriate aspects of care relating to infection prevention and control practices.
- Participate in infection prevention and control activities as appropriate.

5.7 Infection Prevention & Control Team (IPCT)

- Will be responsible for contributing to the Infection Prevention and Control annual plan
- Will be responsible for contributing to the Infection Prevention and Control Business Assurance Framework (IPC BAF)
- Are responsible for providing a reactive and proactive service to advice colleagues, patients and visitors on all aspects of infection prevention and control. This will include surveillance, Healthcare associated infections (HCAI), infectious disease, outbreak management and infestation to reduce the transmission risk.
- Provide support to managers, team leaders and colleagues during outbreaks and pandemics.
- Participate in surveillance and undertake investigations on specific infections as agreed with commissioners as mandated locally and nationally. This will include facilitation of all RCA/PIRs completed by the clinical teams within LCP.

- Ensures information on infection prevention and control is available to the public and patients. This will be available via the internet and leaflets.
- Provide IPC training to all colleagues at corporate induction, clinical induction and individual teams as required for their service. To include ANTT
- Advise on infection prevention and control issues for new builds and refurbishments of premises to ensure they meet current IPC standards.
- Work with other stakeholders, to provide a Health Economy approach to reducing HCAI
- Collate and report information on MRSA, *Clostridioides Difficile* and Gram-negative E-coli Blood stream infections (BSI) to IPC Group and Healthcare associated infection (HCAI) Operational Group
- Provide expert management of infection outbreaks/incidents including contact tracing and reporting to PHE and Kirklees council IPC team.
- Undertake visits to bed bases as required to follow up infection risks with Kirklees Council IPCT and the Quality manager from the CCG
- Liaise with colleagues to advise on patients with an infection to ensure any risks are minimised.
- Follow up patients in the bed bases with CDI, MRSA, CPE and Gram-negative infections to ensure they are managed appropriately and provided with a leaflet and alert card. Alert to be recorded on the patients SystemOne record.
- Audit the use of all Infection control care plans
- Attend and contribute to the weekly Quality Safety Huddles
- Advise on the procurement of new equipment in relation to infection prevention and control issues
- Attend and contribute to the monthly Quality Summits
- Follow up all colleagues on the COVID-19 register.
- Attend Command and Control meetings as required
- Quality check all PPE received on the PUSH delivery and from external suppliers
- Oversee and support manager, team leader and affected colleagues during an outbreak.

5.8 Senior Infection Prevention & Control Nurse (SIPCN)

It is the responsibility of the SIPCN to:

- Provide support to the DIPC
- Produce, oversee, coordinate and update the annual infection prevention and control work plan and Infection Prevention and Control Board Assurance Framework (IPC BAF) to ensure it is

implemented throughout the organisation. This will be reported to and monitored by the DIPC and the Infection prevention and control group (IPC group).

- Provide IPC expertise for all new tenders and contracts.
- Attend Kirklees Health Protection Board
- Provide clinical nursing expertise to the organisation in relation to infection prevention and control.
- Take responsibility for leading and developing the strategic direction of IPC throughout the organisation.
- Line manage the infection prevention and control nurse.
- Provide reports to the Infection Prevention and Control Group and provide monthly updates to the board via the Quality report.
- Produce the annual infection prevention and control report.
- Ensure that the organisation is kept up to date with national guidance and evidence around infection prevention and control and oversee any changes in practice as required.
- Review and improve infection prevention and control arrangements where necessary.
- Develop, implement and monitor infection prevention policies and procedures.
- Work with the training and education department to monitor the number of clinical and non-clinical colleagues completing infection prevention mandatory e-learning training. The figures will be shared with the commissioners and DIPC on a quarterly basis.
- Work with stakeholders to ensure the risk of HCAs are identified assessed and managed appropriately.
- Lead on outbreaks and monitor incidents of infection.
- Provide IPC input to LCP Workforce learning and development programme in relation to colleague induction and continuing professional development.
- Support and co-ordinate the activities of named infection prevention and control facilitators to establish an effective “two-way” communication.
- Represent IPC and produce monthly business unit reports
- Attend Command and Control meetings as required.
- Report any faulty PPE to MHRA via the Yellow card system

5.9 Director of Infection Prevention & Control (DIPC)

The Director of Nursing, Allied Health Professionals and Quality is the nominated Director of Infection Prevention and Control (DIPC). The Deputy DIPC (Assistant Director of Nursing and Professional Practice) will have delegated responsibility in the absence of the DIPC. They will:-

- Provide oversight and assurance on infection prevention (including cleanliness) to the LCP board.

- Lead the organisation's infection prevention team.
- Oversee local prevention of infection policies and their implementation.
- Chair Infection Prevention and Control Group
- Have the authority to challenge inappropriate practice and inappropriate antimicrobial prescribing decisions.
- Have the authority to set and challenge standards of cleanliness.
- Assess the impact of all existing and new policies on infections and make recommendations for change.
- Be an integral member of the organisation's clinical governance and patient safety teams and structures and Water Safety Group.
- Produce an annual report and release it publicly. This will be delegated to the Senior Infection Prevention and control Nurse.
- Will be the Decontamination lead and provide advice and guidance on all decontamination issues and processes including medical devices to ensure that national guidance and recommendations for decontamination are implemented.
- Will provide a regular IPC update to Kirklees Health Protection Board.
- Attend Gold Command and Control meetings as required.

5.10 Infection Prevention and Control Operational Group

The Group is chaired by the Deputy Director of Infection Prevention and Control (Head of Quality and Patient Safety) in their absence, which meets on a monthly basis. The key duties are to provide assurance to IPC Group on all relevant matters in relation to Infection, Prevention and Control. The duties of IPC Operational Group are to:

- Approve, monitor and review the IPC Annual plan to ensure compliance with the DH Code of Practice on the prevention and control of infections.
- Receive and review updates on regulatory matters including implementation of, and adherence to, CQC standards and other guidance specific to IPC practice.
- Approve, monitor and review the annual IPC audit plan and progress towards completion.
- Approve, monitor and review IPC Procedural documents.
- Review incident reports relating to any IPC risks and receive assurance that action plans arising from these have been implemented and lessons learned disseminated.
- Receive and review evidence of clinical effectiveness including implementation of, and adherence to, NICE and other guidance specific to IPC.
- Receive and review performance data specific to attributable infections for example, MRSA, CDI, and E.coli.

- Ensure that lessons learned and improvement actions from Post Infection Reviews are monitored and completed.
- Analyse and provide assurance regarding areas of the Board Assurance Framework and Quality Scorecard specific to IPC.
- Receive and review any national patient safety alerts specific to IPC.
- Address any current corporate risk and/or issues related to IPC, advising on actions that need to be taken and any resources required to achieve them.
- In conjunction with Health and Safety colleagues provide assurance on the safety of healthcare facilities.
- Gain assurance from Evidence Based Medicines Group (EBM) around antimicrobial prescribing and stewardship.
- Produce an annual report in line with the requirements of the DH Code of Practice on the prevention and control of infections
- Provide a forum for sharing information, best practice and learning in relation to all IPC activities.

5.11 Infection Prevention & Control Group

The Group is chaired by the DIPC (Deputy DIPC in their absence) and meets on a quarterly basis. The key duties are for the DIPC to provide assurance to the board on all relevant matters in relation to Infection, Prevention and Control. The duties of IPC Group are to:

- Approve, monitor and review all IPC activity in the IPC Annual plan to achieve compliance with the Code of Practice and will include audit activity.
- Advise on implementing national policy and guidelines (to include DH and NICE).
- Report on infection related incidents including exposure incidents.
- Sign off PIR/RCA investigations and disseminate any learning throughout the business units.
- Assurance in the safety and cleanliness of healthcare facilities.
- Address any current corporate risk and/or issues, advice on actions that need to be taken and any resources required to achieve them
- Identify and record any Key Opportunities, Risks and Successes (KORS) for each business unit at Scrutiny Management Group (SMG) and escalate any risks or outstanding actions to Quality Committee.
- Review Infection prevention and control policies prior to submission to Clinical Policy Overview Group

5.12 Patient Safety and Quality Standards Group (PSQSG)

The Patient Safety and Quality Standards Group has delegated authority from Quality Committee to review, discuss and make recommendations regarding the management of patient safety and

clinical quality standards within Locala Community Partnerships, including infection prevention & control.

The group will have an annual work programme based on strategic objectives and will be accountable for delivering its tasks and responsibilities, providing assurance to Quality Committee.

5.13 Quality Committee

Quality Committee receives a quarterly report from the DIPC that provides assurance to board from the Infection Prevention and Control Group and Patient Safety and Quality Standards Group. It is chaired by a Non - executive Director

5.14 Chief Executive

The Chief Executive is ultimately accountable of the implementation of these organisation-wide processes. The responsibility for infection prevention and control is delegated to the Director of Nursing and Quality.

5.15 The Board

The Board will support the control and reduction of HCAs to comply with its statutory duty under the Health & Social Care Act. This will:

- Ensure there are effective management systems for the prevention and control of HCAs, informed by risk assessments and analysis of infections.
- Scrutinise, challenge and recommend any improvements for the infection prevention and control arrangements where necessary.
- Ensure appropriate resources are available to support infection prevention and control.
- Ensure there are appropriate systems in place for the surveillance of communicable disease and infections that meet local, regional and national needs.
- Ensure and receive assurance that the organisation has in place, policies and guidelines for the prevention, control and management of infection across the organisation.
- Ensure that the organisation provides and maintains a clean and appropriate environment and that premises are fit for purpose.

5.16 Clinical Commissioning Groups (CCG's)

The Head of Health Protection or the Lead Infection Prevention and Control nurse for Kirklees Council on behalf of NHS Kirklees CCG attend LCP IPC Group each quarter, where they hold LCP to account for delivery against HCAI objectives and actions. They also chair the Kirklees and Wakefield HCAI operational coordination on behalf of the CCG attended by the SIPCN.

5.17 Responsible committee

It is the responsibility of the Infection Prevention & Control Group to monitor this policy and the Policy Ratification Group to ratify clinical policies.

6 Infection Prevention & Control Management Arrangements

LCP will deliver a safe, effective and efficient Infection Prevention and Control service that is fit for purpose and is able to discharge its duties in accordance with the Health & Social Care Act. The Quality assurance process framework for infection prevention and control is a live document in the format of an IPC action plan. The annual plan is monitored and reviewed by the IPC Group at quarterly meeting and includes:

- Approving, monitoring and reviewing all IPC activity in the IPC Annual plan and IPC COVID BAF to achieve compliance with the Code of Practice. This will include audit activity as outlined in the audit program.
- Monitoring compliance with Hand hygiene for clinical colleagues.
- Monitoring compliance with annual mandatory IPC training for all clinical and non- clinical colleagues.
- IPC training - to include Corporate induction, catheterisation training and other training as required within the business units.
- Monthly reporting to Board to update on the progress with HCAI infections to include MRSA, and Gram- negative bloodstream infections and cases of CDI. This will include the presentation of all PIR/RCA investigations and organisational learning.
- Incident reporting and any associated infection risks and shared learning.
- Update on any new Infection Prevention and Control policies to reflect national current guidance and legislation and meet the criteria in the Code of Practice.
- Compliance with antimicrobial prescribing.
- Assurance in the safety and cleanliness of healthcare facilities through contract monitoring meetings.
- Advise on implementing national policy and guidelines (to include DH and NICE).
- Address any current corporate risk and/or issues, advice on actions that need to be taken and any resources required to achieve them. Escalate KORS to Clinical Quality Group.
- Infection prevention and control policies to reflect national current guidance and legislation and meet the criteria in the Code of Practice.
- Outbreaks of infection and any closures to bed bases affecting patients and colleagues.
- Other significant IPC incidents.
- Assurance from key meetings e.g. Medical Devices, Patient Environment, Facilities contract monitoring meetings and Water Safety Group.

- Public engagement with patients and visitors, about infection or how to manage infection. This information can be provided in the form of leaflets, web based information, media messages interaction as local events.

LCP will be supported by consultant microbiologists at Mid Yorkshire Hospital Trust and Calderdale and Huddersfield Foundation Trust to provide advice when required.

6.1 How to make contact with the Infection Prevention & Control Team

In normal office hours (Monday-Friday 08.00 -1700) advice can be sought by contacting a member of the IPCT via ipcteam@locala.org.uk

Out of office hours any infection risks must be discussed with the LCP manager on call who can be contacted via the hospital switchboard:
Calderdale & Huddersfield Foundation Trusts - 01484 342000.

The manager will risk assess the situation and advise accordingly.

For advice on outbreak management they should Public Health England (PHE) duty desk on 0114 304 9843.

In regard to bed base admissions, the on call manager would be made aware at the beginning of the admission by identifying what beds are available. If a patient is admitted when Locala colleagues are not on site and there are infection control issues, Local authority care staff would follow Local Authority infection prevention guidance. Locala do not hold any responsibility whilst not on site. A handover is seen by the Local Authority before the admission to ensure needs can be met, this includes any infection risk.

6.2 Notification of Infectious Diseases

It is the responsibility and legal requirement of the Medical Doctor or Advanced Nurse Practitioner (in the absence of a medical Doctor) looking after a patient to promptly notify Public Health England (PHE) of any patient diagnosed as having a notifiable disease by completing the online Notification of Diseases Form via the following link:

<https://surveys.phe.org.uk/TakeSurvey.aspx?SurveyID=m4KJI8mMH#>

6.3 Surveillance & Reporting of HCAIs

Surveillance activities are undertaken by the IPCT. This includes the monitoring of all alert organisms, including MRSA, Clostridium Difficile, Gram negative bloodstream infections and other organisms identified as a risk such as Carbapenemase-producing Enterobacteriaceae (CPE).

This surveillance allows rapid detection of incidents of infection and can prevent any potential outbreaks of infection. It also allows the timely prescribing of suppression treatment for MRSA and early prescribing of

appropriate antibiotics for Clostridium Difficile Toxin infection if necessary.

6.4 Outbreak Management

Effective control of any outbreak depends on early recognition and timely intervention. This in turn depends upon active surveillance of infection in both the hospital and community. Infections which need to be recognised and reported promptly includes:

- Notifiable disease (See Appendix A for list of notifiable diseases)
- Any infection which carries a significant risk of cross infection

In the event of an outbreak/incident the IPCT will inform colleagues within LCP supported by PHE colleagues as required. This would be viewed as a priority and colleagues therefore need to understand the importance of working with the IPCT, as an incident group may need to be formed which will assess if any resources are required. The LCP outbreak policy identifies steps to be taken in response to an outbreak, see [Outbreak policy](#).

An outbreak in a Social Care bed base (Ings Grove or Moorlands Grange) or private nursing home (spot purchase beds) will be led by the care home manager in conjunction with the Infection Prevention and Control Team from Kirklees Council Monday - Friday. The care home manager is responsible for informing Public Health England and initiating and updating the outbreak pathway. Kirklees Infection Prevention and Control team will liaise with Locala IPCT Monday-Friday during the outbreak.

6.5 Reporting of Incidents

All incidents of MRSA, MSSA and Gram-negative Bacteraemia's and Clostridium Difficile Toxin positive infections and all potential or actual infection prevention risks and sharps incidents should be reported via the Datix system. [This is in accordance with Locala incident reporting and investigation Policy](#). The incidents are then reported monthly to each business unit via the Quality and Safety report and attendance at Business Unit meetings.

The IPC Nurse will inform PHE and the Head of Health Protection for Kirklees Council of or any serious incidents in regard to infections.

6.6 Infection Prevention & Control Policies

All clinical and non-clinical colleagues will adhere to the policies, standard operating procedures and guidelines pertaining to IPC procedures which are accessible via SharePoint. All policies, procedures and guidelines for IPC are reviewed at the Clinical Policy Overview Group and signed off at the Policy Ratification Group.

6.7 Infection Control Standards in the Built Environment

High standards of environmental hygiene and clinical practice in healthcare facilities have been identified as being important in minimising the risk of the transmission of infection (DH, 2013). Failure to assess these risks properly can lead to unnecessary clinical risks and / or expensive redesign later and potentially expose the patient and healthcare worker to infection hazards. Furthermore, The Health and Social Care Act 2008 Code of Practice (DH, 2015) sets out the criteria for compliance for health care providers to ensure that service users are cared for in a clean, well-managed environment that minimises the risk of HCAI.

To address this all new builds/ refurbishment /change of room use require the completion of a Locala Accommodation Change Request Form ([Appendix 1 of the Locala Management of Space Policy](#)) to be completed by the Operational manager for the service requiring the work. This will then be assessed and signed off by Head of Estates, Finance manager, SIPCEN and Resolution Manager before sign off at Director level.

7 Equality Impact Assessment

Locala Community Partnerships aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. The Equality Impact Assessment Tool (Appendix A) provides evidence of analysis undertaken to establish whether its policies and practices would further, or had furthered, the aims set out in the section 149 (1) of the [Equality Act 2010].

8 Consultation Process

See Appendix D.

9 Dissemination and Implementation

9.1 Dissemination

The Quality Team will place the ratified document in the Clinical Policy section of the colleague SharePoint. Any previous versions will be archived.

9.2 Training

All clinical and non-clinical colleagues must undertake annual mandatory Infection Prevention and Control e-Learning. This is monitored each month at Scrutiny Management Group (SMG) when each business unit presents information via the dashboard. It is also monitored through a monthly training report from Workforce, included in

the monthly board report and forms part of colleague's objectives which are monitored during PDRs.

Specific Infection Prevention and Control training is provided to colleagues as required as well as attendance at corporate inductions.

10 Monitoring Compliance with the Document.

10.1 Process for Monitoring Compliance

Compliance will be monitored through the quarterly Infection Prevention and Control quality report to the Board.

10.2 Key Performance Indicators

Locala have Key Indicators to monitor Infection Prevention and Control to provide assurance to the Board and Commissioning Organisations:

- Mandatory surveillance of key Alert Organisms, including MRSA and Gram-negative Bacteraemia and Clostridium Difficile Toxin incidents will be reported on a monthly basis to Performance, Business units and to Board via the DIPC.
- PIR/RCA investigations will be undertaken in accordance with Locala policy and actions/learning reported to via the monthly Quality report to board, Quality and Safety report to the business units and at HCAI operational group chaired by the Head of Health Protection for Kirklees Council on behalf of the Commissioning CCG.
- The IPCT will monitor infection incidents via the incident reporting system. Actions and learning will be shared with the business units via the Quality and Safety report and attendance at monthly Business unit meetings.
- Line Managers will actively manage colleagues through the annual appraisal process to ensure they have completed their mandatory training. This will be recorded on ESR and monitored through Workforce.
- Quarterly compliance of Hand Hygiene assessments and mandatory IPC training monitored at SMG, PSQSG and IPC Group.
- ANTT e-learning completion via monthly reports to each business unit.
- Environmental audit scores to ensure the provision of clean and safe environment for service users and colleagues.

11 References / Bibliography

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<https://www.nice.org.uk/guidance/qs61/resources>

12 Associated Policy Documentation

Cleaning & Decontamination of Patient Care Equipment Policy

Clostridium Difficile Policy

Community Satellite Testing Centre COVID-19 Standard Operating Procedure

COVID-19nOutbreak or Cluster Policy

Infestation policy

Isolation Policy

Latex allergy SOP

Management of clinical sharps injuries and exposure to blood and body fluids

Management of Human infestation

MRSA SOP

Multi Resistant Organism policy

Standard Precaution policy

Use of Disinfectants and Antiseptics Policy

Viral Haemorrhagic Fever Policy

Waste Management Policy (clinical and non-clinical)

Whilst the following national policies must also be followed:

Department for Constitutional Affairs (2005) Mental Capacity Act 2005. Code of Practice. Mental Capacity Act Code of Practice

Department of Health (2009) Reference Guide to Consent for Examination or Treatment. Second Edition. DH Consent to Treatment

Appendix A – List of Notifiable Diseases to Public Health England

Diseases notifiable to local authority proper officers under the Health Protection (Notification) Regulations 2010:

- Acute encephalitis
- Acute infectious hepatitis
- Acute meningitis
- Acute poliomyelitis
- Anthrax
- Botulism
- Brucellosis
- Cholera
- Diphtheria
- Enteric fever (typhoid or paratyphoid fever)
- Food poisoning
- Haemolytic uraemic syndrome (HUS)
- Infectious bloody diarrhoea
- Invasive group A streptococcal disease
- Legionnaires' disease
- Leprosy
- Malaria
- Measles
- Meningococcal septicaemia
- Mumps
- Plague
- Rabies
- Rubella
- Severe Acute Respiratory Syndrome (SARS)
- Scarlet fever
- Smallpox
- Tetanus
- Tuberculosis
- Typhus
- Viral haemorrhagic fever (VHF)
- Whooping cough
- Yellow fever

Notification of Diseases Form to be accessed by the electronic link:

<https://surveys.phe.org.uk/TakeSurvey.aspx?SurveyID=m4KJI8mMH#>

Appendix B – Bradford Integrated Sexual Health Notification of Hepatitis A, B & C



Public Health
England

REPORTS OF NEWLY IDENTIFIED INDIVIDUAL WITH HEPATITIS A, B and C

CONFIDENTIAL

Acute Hepatitis A: Anti-HAV IgM positive **and** abnormal liver function tests with a pattern consistent with acute HAV.
Acute Hepatitis B: HBsAg positive **and** anti-HBc IgM positive with abnormal liver function tests consistent with acute viral hepatitis or
Chronic Hepatitis B: HBsAg positive 6 months apart OR HBsAg positive **and** anti HBc IgM negative **and** anti- HBc positive
Acute Hepatitis C: HCV RNA or antigen positive **and** anti-HCV negative or equivocal in otherwise immunocompetent individual **OR** Anti-HCV positive, anti-HAV IgM negative, and anti-HBc IgM negative **and** abnormal liver function tests with a pattern consistent with acute viral hepatitis.

Patient

Details:

Case Soundex Number (F/M): _____ NHS Number: _____ Postcode: _____

GUM Clinic: _____ DOB/Age: _____ Sex: Male Female Ethnicity: _____

Laboratory Details:

Source Lab: _____ Date of Specimen: _____

Results:	anti-HAV IgG	anti-HAV IgM	anti HCV	RNA	HBsAg	anti-HBc IgM	HBeAg
Positive	<input type="checkbox"/>						
Negative	<input type="checkbox"/>						

Type of case: acute chronic not sure unknown

Have they previously tested positive for hepatitis, if so which? HAV HBV HCV

Clinical Symptoms:

Jaundice Malaise Poor Appetite Dark Urine Other _____

Please tick all possible transmission routes:

Sex between men Sex between men and women Mother to child
 Injection drug use (including steroids) Blood transfusion*/blood products
 Occupational (including HCW) Surgical Dental Tattoo Household
 Other _____ No information

Was the infection acquired abroad? Yes No NK Country: _____

Reason for test (please tick): Blood donor Healthcare Worker Antenatal Liver disease
 Tattoo GUM Clinic attendance Jaundice Custodial Sentence Not known
 Other _____

Public Health Action:

Any sexual contacts at risk?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>
If yes, to be traced by:	GUM <input type="checkbox"/>	PHE HPT <input type="checkbox"/>	GP <input type="checkbox"/>
Any other household/family contacts?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>
If yes to be traced by:	GUM <input type="checkbox"/>	PHE HPT <input type="checkbox"/>	GP <input type="checkbox"/>
Any blood/injection contacts?	YES <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>
If yes to be traced by:	GUM <input type="checkbox"/>	PHE HPT <input type="checkbox"/>	GP <input type="checkbox"/>

Other comments _____

Completed by: Name and contacted details _____ Date: _____