Locala
Community
Partnerships CIC

NHS

Infection Prevention & Control Management Arrangements Policy

Version:	3
Ratified by (Committee):	Policy Ratification Group
Date ratified:	March 2018
Name of originator/author:	Senior Infection Prevention & Control Nurse
Review date:	March 2021
Name of responsible committee/individual for reviewing:	Senior Infection Prevention & Control Nurse

Review and Amendment Log
(To be completed only when changes are made to this version following ratification, any change will need to be approved by PRG)

Version No	Type of Change	Date	Description of Change
3.1	Information update	May 2019	Details of new Occupational Health provider and contact details for Public Health updated.
3.2	Update to section 12	July'19	CJD & Clinical Record Keeping policy added to associated policy documentation & 2013 Communications policy removed.
3.3	Section 5.1 Information update for sickness. Section 5.8 Information update Section 5.9 Information update	18 November 2019	Remain off work for at least 48 hours following episodes of diarrhoea and/or vomiting. Represent IPC and contribute to the weekly Quality Safety Huddles. Added details of the Deputy DIPC Will provide a regular IPC update to Kirklees

	Section 5.10 Information update *Section 5.11 Information update* *Section 5.12 Change section number* *Section 5.13 Change section number* *Section 5.14 Change section number* *Section 6.3 Information update* *Section 6.4 Information update* *Section 6.9 Information update* *Section 9.2 Information update* *Section 12 Associated policy section* *Information update*		*Health Protection Board (last bullet point)* *Change Head of Quality to Deputy DIPC* *Add, Patient Safety & Quality Standards Group* *Quality Committee* *Chief Executive* *The Board* *Add abbreviation* *Add Kirklees* *Remove premises variation form and replace with Locala Accommodation Change Request Form* *Add abbreviation* *Remove Locala CIC. (2013) Communications Policy as no longer in use* *Replace Locala waste guidelines with Waste Management Policy*

Contents

		Page
1.	Introduction	3
2.	Purpose	3
3.	Target population	3
4.	Explanation of terms	3
5.	Duties	4
	5.1 Individual colleagues responsibilities	4/5
	5.2 Management responsibilities	5
	5.3 Head of Facilities	6
	5.4 Medicines Optimisation Team	6
	5.5 Occupational Health	6/7
	5.6 Infection Prevention and Control facilitators	7
	5.7 Infection Prevention & Control Team	7/8
	5.8 Senior Infection Prevention & Control Nurse	8/9
	5.9 Director of Nursing and Quality and Director of Infection Prevention and Control (DIPC)	9/10
	5.10 Infection prevention and Control Group	10/11
	5.11 Patient Safety and Quality Standards Group	11
	5.12 Quality Committee	11
	5.13 Chief Executive	11
	5.14 The Board	11
	5.15 Clinical commissioning groups (CCG's)	12
6.	Infection Prevention & Control Management Arrangements	12
	6.1 Making Contact with Infection Prevention Control Nurse	13
	6.2 Notification of Infectious Diseases	13/14
	6.3 Surveillance & Reporting of HCAIs	14
	6.4 Outbreak Management	14
	6.5 Reporting Incidents	14/15
7.	Equality Impact Assessment	15
8.	Consultation process	15
9.	Dissemination and implementation	15
	9.1 Dissemination	16
	9.2 Training	16
10.	Monitoring compliance with the document	16
	10.1 Process for monitoring compliance	16
	10.2 Key performance indicators	16/17
11.	References	17
12.	Associated policy documentation	18
Appendix A	List of notifiable diseases	19
Appendix B	Template for Notification of Infectious Diseases in Kirklees	20/21
Appendix C	Template for Notification of Infectious Diseases in Calderdale	22/23
Appendix D	Template for Notification of Infectious Diseases Bradford Integrated Sexual Health Service (BISH)	24/25
Appendix E	Bradford Integrated Sexual Health Notification of Hepatitis A, B & C	26

Appendix F	Equality Impact Assessment	27
Appendix G	Consultation process	28/29
Appendix H	Checklist for the Review and Ratification of Procedural Documents	30/31

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 Community Partnerships (LCP) to enable ownership at all levels, from LCP board to individual clinicians.
- Ensure that the organisation is compliant with the Health Act: Code of Practice Care Quality Commissions 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 LCP employees and colleagues on temporary contracts as well as Bank colleagues, 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
- **CDI:** Clostridium Difficile is a spore forming bacteria that can cause foul smelling water diarrhoea
- **HCAI**: Health Care Associated Infection
- **HPA**: Health Protection Agency

- **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 Clinical Quality Group
- **IPCT**: Infection Prevention and Control Team
- **LCP**: Locala Community Partnerships
- **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
- **PLACE**: Patient-Lead Assessments of the Care Environment
- **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.
- **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.

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 and procedures and ensuring they are effectively implemented in their area of work.
- Attending specific infection prevention and control training sessions as identified for their role.
- Ensure 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 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 form. Refer to Appendix B, C, D or E.
- Remain off work for at least 48 hours following episodes of diarrhoea and/or vomiting

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.

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.

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, this will be monitored through 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.

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 Department

Occupational Health (currently provided by Heales) for LCP 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;
- 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.

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/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.
- 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.
- 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 and individual teams as required for their service.
- 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, *Clostridium 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
- Visit all patients in bed bases with CDI, MRSA and Gram negative infections to ensure any infection risks are minimised. Consult with patients and their visitors to understand any associated risks from the infection and distribute MRSA and CDI cards for patients identified with infections.
- Advise on the procurement of new equipment in relation to infection prevention and control issues.

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 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.
- 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.
- Ensures 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.
- Reviews and improves infection prevention and control arrangements where necessary.
- Develops, implements and monitors infection prevention policies and procedures.
- Works 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.
- Works with stakeholders to ensure the risk of HCAIs are identified assessed and managed appropriately.
- Lead on outbreaks and monitor incidents of infection.

- Providing IPC input to LCP Workforce learning and development programme in relation to staff induction and continuing professional development.
- Support and co-ordinating the activities of named infection prevention and control facilitators to establish an effective “two-way” communication.
- Represent IPC and contribute to the weekly Quality Safety Huddles

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.
- Be a full member of the infection prevention team and antimicrobial stewardship committee and regularly attend its infection prevention meetings.
- 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.

5.10 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 Stand Up Thursday (SUT) and escalate any risks or outstanding actions to Quality Committee.

5.11 Patient Safety and Quality Standards Group (PS&QS)

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.

5.12 Quality Committee

Quality Committee is chaired by a Non-executive Director and receives the KORS from Infection Prevention and Control Group and Patient Safety and Quality Standards Group. It is a sub-committee of the board.

5.13 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.

5.14 The Board

The Board will support the control and reduction of HCAIs 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 HCAIs, 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.

5.15 Clinical Commissioning Groups (CCG's)

The Head of Health Protection or the Lead Infection Prevention and Control team for Kirklees Council on behalf of NHS North Kirklees and Greater Huddersfield CCG's 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's attended by the SIPCN.

5.16 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 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 Making contact with the Infection Prevention & Control Team

In normal office hours (Monday-Friday 08.00 -16.30) advice can be sought by contacting a member of the IPCT via ipcteam@locala.org.uk or Skype.

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, Locala 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 appropriate notification form in **Appendix B, C or D** . A list of Notifiable Diseases can be found on **Appendix A.**

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. Such a situation must 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 (Oakmoor and Westmoor) 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.

Following an outbreak in the bed bases Kirklees and Locala IPCT will undertake a post outbreak review audit within 24 - 48 hours.

6.5 Reporting of Incidents

All incidents of MRSA, MSSA and Gram-negative Bacteremia'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 SIPCN 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, SIPCN 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 undertook 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 G.

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 & 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 though 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

LCP 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's.
- The SIPCN 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 Stand up Thursday 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

Department of Health (2015) The Health and Social Care Act 2008. Code of Practice for the NHS on the prevention and control of healthcare associated infections and related guidance, Department of Health, London. Available at: https://www.gov.uk/government/publications/the-health-and-social-care-act-2008-code-of-practice-on-the-prevention-and-control-of-infections-and-related-guidance

Department of Health (March 2013). Infection Control in the Built Environment. Health Building note 00–09. Available at: Department of Health (March 2013). Infection Control in the Built Environment. Health Building note 00–09.

Health Protection Agency (2005). *Investigations into multi-drug resistant ESBL producing Escherichia coli strains causing infections in England.* London: Health Protection Agency. Available at: http://www.hpa.org.uk/Publications/InfectiousDiseases/AntimicrobialAndHealthcareAssociatedInfections/0511MultidrugresistantESBL/

Guidance on the reporting and monitoring arrangements and Post Infection Review Process for MRSA bloodstream infections from April 2014 Version 2. NHS England. Available from: https://improvement.nhs.uk/uploads/documents/post-infection-guidance.pdf

Health and Safety Executive (2013) *Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. Guidance for employers and employees.* Available at *http://www.hse.gov.uk/pubns/hsis7.htm*.

NHS Commissioning Board (2014) Guidance on the reporting and monitoring arrangements and post infection review process for MRSA bloodstream infections from April 2014. https://www.england.nhs.uk/patientsafety/wp-content/uploads/sites/32/2014/02/post-inf-guidance2.pdf

NICE Quality Standard 113 (2016) Healthcare-associated infections *https://www.nice.org.uk/guidance/qs113*

NICE (2014) Infection Prevention and Control NICE Guidance QS61
https://www.nice.org.uk/guidance/qs61/resources

12 Associated Policy Documentation

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

Outbreak policy (2017)

Isolation policy (2017)

Management of Human infestation (2017)

Use of Disinfectants and Antiseptics (2017)

Viral Haemorrhagic Fever Policy (2017)

Standard Precaution policy

Waste Management Policy

Multi Resistant Organism policy

Standard Operating Procedures for Cleaning & Decontamination of Patient Care Equipment

Clostridium Difficile Management SOP

MRSA SOP

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

Latex allergy SOP

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

Appendix B – Template for Notification of Infectious Diseases in Kirklees

Notification of Infectious Diseases

REGISTERED MEDICAL PRACTITIONER NOTIFICATION FORM

Health Protection (Notification) Regulations 2010: Notification to the Proper Officer of the local authority		
Index case details		
Forename (s):	Surname:	NHS Number:
Date of Birth:	Ethnicity:	Gender: M / F
Home Address & Postcode:	Telephone Number: (H): Telephone Number: (M): E mail address of case (if available):	
Current location if not Home Address:	Where Index case is a child please provide name & contact details for parent:	
Notifiable Disease/Contamination		
Disease, infection or contamination:	Date of onset:	
Date of diagnosis:	Hospitalised during episode: Yes / No / Not Known	
Sample taken: Yes / No Date: Sample type:	Date of death (if patient died):	
Risk Factors		
Occupation if relevant e.g. works with Food / Health Care:	Work / education / Nursery address & postcode (if relevant):	
Details of other special factors surrounding the case – including overseas travel (destination and dates), medical conditions, immunisation history:		
GP Details or Notifier		
GP Practice/ GP Stamp Tel No:		
Notifier's Name:	Signature:	
Date form completed:		

Send back to: Public Health England Yorkshire and the Humber, Blenheim House, West One, Dunscombe Street, Leeds, LS1 4PL. Tel: 0113 386 0300 Fax: 0113 386 0306

Notification duties of Registered Medical Practitioners (RMPs)

RMPs attending a patient **must** notify the local authority or the Public Health England Centre in which the patient resides when they have "reasonable grounds for suspecting" that the patient:

- has a Notifiable disease as listed in Schedule 1 (see below) of the Notification Regulations; **or**
- has an infection ***not*** included in Schedule 1 which in the view of the RMP presents, or could present, significant harm to human health e.g. emerging or new infections; **or**
- is contaminated, such as with chemicals or radiation, in a manner which, in the view of the RMP presents, or could present, significant harm to human health; **or**
- has died with, but not necessarily because of, a Notifiable disease, or other infectious disease or contamination that presents or could present, or that presented or could have presented significant harm to human health.

Notification of cases of infection not included in Schedule 1 and of contamination are expected to be exceptional occurrences.

Note: RMPs should ***not*** wait for laboratory confirmation or results of other investigations in order to notify a case.

Schedule 1 Diseases

Acute encephalitis
Acute meningitis *
Acute poliomyelitis *
Acute infectious hepatitis *
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 * and scarlet fever
Yellow fever
Malaria

Measles *
Meningococcal septicaemia *
Mumps
Plague
Rabies *
Rubella
SARs *
Smallpox *
Tetanus
Tuberculosis
Typhus
Viral haemorrhagic fever (VHF) *
Whooping cough
Legionnaires' Disease*
Leprosy

N.B. Diseases marked with an asterisks (*) should be notified urgently. Urgent notification should be telephoned to the Proper Officer within 24 hours – please refer to Department of Health Protection Legislation (England) Guidance 2010 (www.dh.gov.uk).

Appendix C – Template for Notification of Infectious Diseases in Calderdale Council

Notification of Diseases

REGISTERED MEDICAL PRACTITIONER NOTIFICATION FORM

Health Protection (Notification) Regulations 2010: Notification to the Proper Officer of the local authority		
Index case details		
Forename (s):	Surname:	NHS Number:
Date of Birth:	Ethnicity:	Gender: M / F
Home Address & Postcode:	Telephone Number: (H): Telephone Number: (M): E mail address of case (if available):	
Current location if not Home Address:	Where Index case is a child please provide name & contact details for parent:	
Notifiable Disease/Contamination		
Disease, infection or contamination:	Date of onset:	
Date of diagnosis:	Hospitalised during episode: Yes / No / Not Known	
Sample taken: Yes / No Date: Sample type:	Date of death (if patient died):	
Risk Factors		
Occupation if relevant e.g. works with Food / Health Care:	Work / education / Nursery address & postcode (if relevant):	
Details of other special factors surrounding the case – including overseas travel (destination and dates), medical conditions, immunisation history:		
GP Details or Notifier		
GP Practice/ GP Stamp Tel No:		
Notifier's Name:	Signature:	
Date form completed:		

Send back to: The Proper Officer, Environmental Health Services, Economy & Environment, Northgate House, Northgate, Halifax, HX1 1UN, Tel: 01422 392379 Fax: 01422 392399

Notification duties of Registered Medical Practitioners (RMPs)

RMPs attending a patient **must** notify the local authority in which the patient resides when they have "reasonable grounds for suspecting" that the patient:

- has a Notifiable disease as listed in Schedule 1 (see below) of the Notification Regulations; **or**
- has an infection ***not*** included in Schedule 1 which in the view of the RMP presents, or could present, significant harm to human health e.g. emerging or new infections; **or**
- is contaminated, such as with chemicals or radiation, in a manner which, in the view of the RMP presents, or could present, significant harm to human health; **or**
- has died with, but not necessarily because of, a Notifiable disease, or other infectious disease or contamination that presents or could present, or that presented or could have presented significant harm to human health.

Notification of cases of infection not included in Schedule 1 and of contamination are expected to be exceptional occurrences.

Note: RMPs should ***not*** wait for laboratory confirmation or results of other investigations in order to notify a case.

Schedule 1 Diseases

Acute encephalitis
Acute meningitis *
Acute poliomyelitis *
Acute infectious hepatitis *
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 * and scarlet fever
Yellow fever
Malaria
Measles *
Meningococcal septicaemia *
Mumps
Plague
Rabies *
Rubella
SARs *
Smallpox *
Tetanus
Tuberculosis
Typhus
Viral haemorrhagic fever (VHF) *
Whooping cough
Legionnaires' Disease*
Leprosy

N.B. Diseases marked with an asterisks (*) should be notified urgently. Urgent notification should be telephoned to the Proper Officer within 24 hours – please refer to Department of Health Protection Legislation (England) Guidance 2010 (www.dh.gov.uk)

Appendix D – Template for Notification of Infectious Diseases Bradford Integrated Sexual Health

City of Bradford Metropolitan District Council

www.bradford.gov.uk

Notification of Diseases

REGISTERED MEDICAL PRACTITIONER NOTIFICATION FORM

Health Protection (Notification) Regulations 2010: Notification to the Proper Officer of the local authority		
Index case details		
Forename (s):	Surname:	NHS Number:
Date of Birth:	Ethnicity:	Gender: M / F
Home Address & Postcode:	Telephone Number: (H): Telephone Number: (M): E mail address of case (if available):	
Current location if not Home Address:	Where Index case is a child please provide name & contact details for parent:	
Notifiable Disease/Contamination		
Disease, infection or contamination:	Date of onset:	
Date of diagnosis:	Hospitalised during episode: Yes / No / Not Known	
Sample taken: Yes / No Date: Sample type:	Date of death (if patient died):	
Risk Factors		
Occupation if relevant e.g. works with Food / Health Care:	Work / education / Nursery address & postcode (if relevant):	
Details of other special factors surrounding the case – including overseas travel (destination and dates), medical conditions, immunisation history:		
GP Details or Notifier		
GP Practice/ GP Stamp Tel No:		
Notifier's Name:	Signature:	
Date form completed:		

Send back to: West Yorkshire Health Protect Team Public Health England, Blenheim House, Duncombe Street, Leeds LS1 4PL. Tel: 0113 386 0300 Fax: 0113 386 0306

Notification duties of Registered Medical Practitioners (RMPs)

RMPs attending a patient **must** notify the local authority in which the patient resides when they have "reasonable grounds for suspecting" that the patient:

- has a Notifiable disease as listed in Schedule 1 (see below) of the Notification Regulations; **or**
- has an infection ***not*** included in Schedule 1 which in the view of the RMP presents, or could present, significant harm to human health e.g. emerging or new infections; **or**
- is contaminated, such as with chemicals or radiation, in a manner which, in the view of the RMP presents, or could present, significant harm to human health; **or**
- has died with, but not necessarily because of, a Notifiable disease, or other infectious disease or contamination that presents or could present, or that presented or could have presented significant harm to human health.

Notification of cases of infection not included in Schedule 1 and of contamination are expected to be exceptional occurrences.

Note: RMPs should ***not*** wait for laboratory confirmation or results of other investigations in order to notify case.

Schedule 1 Diseases

Acute encephalitis
Acute meningitis *
Acute poliomyelitis *
Acute infectious hepatitis *
Anthrax *
Botulism *
Brucellosis
Cholera*
Diphtheria*
Enteric fever (typhoid or paratyphoid fever)*
Food poisoning
Hemolytic Uraemic Syndrome (HUS) *
Infectious bloody diarrhea
Invasive group A streptococcal disease * and scarlet fever
Yellow fever
Malaria
Measles *
Meningococcal Septicemia *
Mumps
Plague
Rabies *
Rubella
SARs *
Smallpox *
Tetanus
Tuberculosis
Typhus
Viral Haemorrhagic Fever (VHF) *
Whooping cough
Legionnaires' Disease*
Leprosy

N.B. Diseases marked with an asterisks (*) should be notified urgently. Urgent notification should be telephoned to the Proper Officer within 24 hours – please refer to Department of Health Protection Legislation (England) Guidance 2010 (www.dh.gov.uk)

Appendix E – 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:___________ Postode:______________
GUM Clinic:_____________ DOB/Age:_______________Sex: Male ☐ Female ☐ Ethnicity:____________

Laboratory Details:
Source Lab:_____________ Date of Specimen:_______________

Results:	**anti-HAV IgG**	**anti-HAV IgM**	**anti HCV**	**HCV RNA**	**HBsAg**	**anti-HBc IgM**	**HBeAg**
Positive	☐	☐	☐	☐	☐	☐	☐
Negative	☐	☐	☐	☐	☐	☐	☐

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 ☐	No ☐	Don't know ☐
If yes, to be traced by:	GUM ☐	PHE HPT ☐	GP ☐
Any other household/family contacts?	Yes ☐	No ☐	Don't know ☐
If yes to be traced by:	GUM ☐	PHE HPT ☐	GP ☐
Any blood/injection contacts?	YES ☐	No ☐	Don't know ☐
If yes to be traced by:	GUM ☐	PHE HPT ☐	GP ☐

Other comments ____

Completed by: Name and contacted details ______________________ Date: __

Appendix F - Equality Impact Assessment

		Yes/No	Comments
1.	**Does the document/guidance affect one group less or more favourably than another on the basis of:**	No	
	• Race	No	
	• Ethnic origins (including gypsies and travellers)	No	
	• Nationality	No	
	• Gender (including gender reassignment)	No	
	• Culture	No	
	• Religion or belief	No	
	• Sexual orientation	No	
	• Age	No	
	• Disability - learning disabilities, physical disability, sensory impairment and mental health problems	No	
2.	**Is there any evidence that some groups are affected differently?**	No	
3.	**If you have identified potential discrimination, are there any valid exceptions, legal and/or justifiable?**	N/A	
4.	**Is the impact of the document/guidance likely to be negative?**	No	
5.	**If so, can the impact be avoided?**	N/A	
6.	**What alternative is there to achieving the document/guidance without the impact?**	N/A	
7.	**Can we reduce the impact by taking different action?**	N/A	

Appendix G – Consultation Process with Key Stakeholders

For stakeholder comments please contact the Clinical Policy Overview Group Chair or Administrator.