

Changes made to this version:

Section	Details of each change made
1	Section updated (DHSC)
1.3.2/ 1.3.3	Removed as section repeated further down in the document.
3.3.1	Defined as per section 2 added.
3.4.1.	Ward removed replaced with service
4.1.2.1	Director of nursing replaced -The head of clinical service development and pathways is the executive lead for IPC (Director of infection prevention and control (DIPC) / leadership team added / medical lead replaced with associate director of clinical professionals.
5	Leaflet removed
6.2	RCA root cause analysis removed replaced with PIR post infection review
7	Annually removed every 3 years added
8	References updated with links added
9	Policy document updated and added
10	Page numbers added



Infection Prevention and Control Policy

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1 Policy Statement

The aim of the Infection Prevention and Control Policy is to ensure that the Leeds GP Confederation provides an environment and system of care which minimises the risk of infection to patients, staff and visitors in line with the Department of Health and Social Care (DHSC) requirements and the Health and Social Care Act 2008: code of practice on the prevention and control of infections and related guidance (2022).

The Leeds GP Confederation (the Confederation) is accountable for Infection Prevention and Control (IPC) within the services it provides. This includes the provision of an Infection Prevention and Control Policy and associated procedural documents, staff training and surveillance programmes. Effective prevention of infection must be part of everyday practice and be applied consistently by everyone. It is also a component of good antimicrobial stewardship as preventing infections helps to reduce the need for antimicrobials. Prevention and control of healthcare associated infection (HCAI's) is a significant part of the overall clinical governance and risk management strategy within a healthcare setting (DHSC, 2022).

Within the Confederation, all staff have a responsibility for infection prevention and control. Specialist advice and support is also provided by the IPC Lead Nurse.

1.1 The key objectives of this policy are:

- To set out the principles and framework for the prevention and control of infection within the Confederation.
- To ensure that all staff understand their roles and responsibilities in connection with the prevention and control of infection within the Confederation.
- To ensure that all staff understand the importance of correct processes in connection with the prevention and control of infection within Confederation services.
- To ensure compliance with national and local policy and guidance related to infection prevention and control.

2 Scope

The policy applies to all individuals employed by the Confederation and working in confederation services including independent contractors, students, locum and agency staff and staff employed on honorary contracts who are involved in Confederation business on or off Confederation premises. In addition, where appropriate it applies to patients and visitors.

3 Framework

- 3.1.1 The Confederation shall implement policies and procedures for the prevention and control of infection, which will include those items described in section 9 (below). Compliance with all such procedures is mandatory. Failure by any member of staff to comply with this policy or any of its associated procedures may result in disciplinary action.
- 3.1.2 This policy and all associated procedural documents, audit tools and information will be continually reviewed and updated to reflect evolving clinical practice, up to date legislation and guidance relevant to infection control and decontamination. The IPC Lead Nurse shall approve all procedural documents associated with this policy, and any amendments to such documents, and is responsible for ensuring that such documents are compliant with this policy.

3.2 Prevention: The Operations Team will:

- 3.2.1 Ensure the provision of timely information, advice and support to all Confederation employees, patients and visitors on matters relating to Infection Prevention and Control; (as defined in section 2).
- 3.2.2 Support local investigation and management of incidents relating to infection prevention and control to enable clinical teams to prevent further incidence through learning and service improvement.

3.3 Control

- 3.3.1 When an incident occurs, the patient's care will be managed in accordance with the Confederation's relevant infection prevention and control procedures.
- 3.3.2 Staff with infections or who are at risk of infection through exposure or inoculation injury will be managed in accordance with occupational health and safety procedures related to the prevention of transmission of infection.
- 3.3.3 The Confederation will use key performance indicators to demonstrate the performance and effectiveness of infection control and risk management process within each service or department.

3.4 Being Open

- 3.4.1 The organisation supports the principles of being open and honest. Where an infection occurs, patients and their carers will be given information about infection prevention and control. Discussions with patients and/or their carers must be documented in the patient's notes. Staff must follow the procedures set out in the Confederation Being Open Policy.

4 Duties

4.1 Executive

- 4.1.1 The executive and or board will ensure that effective systems are in place for Infection Prevention and Control and will:
- 4.1.2 Ensure that there is an executive lead for Infection Prevention and Control – The head of clinical service development and pathways is the executive lead for IPC (Director of Infection Prevention and Control (DIPC).
- 4.1.3 Ensure that an Infection Prevention and Control Program is in place.
- 4.1.4 Receive reports relating to Infection Prevention and Control performance, the executive delegates the oversight and assurance of IPC to the Quality Committee.

4.2 Chief Executive

The Chief Executive (CEO) is responsible for ensuring that there are effective arrangements in place for Infection Prevention and Control and that appropriate resources are made available to manage the risks of infection. The CEO will ensure the prevention and control of healthcare associated infection as a core part of the organisation's clinical governance arrangements.

4.3 Director of Infection Prevention and Control (DIPC)

The Director of Infection Prevention and Control (DIPC) is a member of the leadership team, Quality Committee and Board. The DIPC reports directly to the Chief Executive and the Board. The DIPC has the executive authority and responsibility for ensuring strategies are implemented to prevent avoidable HCAs and duties include providing Board assurance and to provide leadership, information, and guidance at all levels of the organization.

4.4 IPC Lead Nurse

- 4.4.1 The IPC Lead Nurse will oversee local control of Infection Prevention and Control procedural documents and their implementation and be responsible to the Quality Committee for the Infection Prevention and Control within the Confederation. The post holder will report directly to the DIPC.
- 4.4.2 The IPC Lead Nurse will assess the impact of all existing and new Infection Prevention and Control procedural documents and plans on infection and make recommendations for change.

4.4.3 The IPC Lead Nurse shall:

- make recommendations to the Quality Committee regarding procedural documents associated with this policy and any amendments to such documents.
- be responsible for ensuring that such documents are compliant with this policy.
- undertake a specific role in nursing leadership, service improvement and oversee the implementation of the Confederation Infection Prevention and Control annual plan.
- provide clinical nursing expertise to the team to ensure that the policy and associated procedural documents are appropriate and applicable.
- support the development of monthly, quarterly, and annual reports as required for the Board of Directors.

4.5 Associate Director of Clinical Professionals for Confederation Services

- 4.5.1 The associate director of clinical professionals for Confederation Services is responsible for supporting the management of IPC and reports managerially to the Medical Director.
- 4.5.2 The associate director of clinical professionals supports the IPC Lead Nurse in developing the Infection Prevention and Control policy, provides clinical expertise in ensuring that the policy and associated procedural documents are appropriate and applicable.
- 4.5.3 The associate director of clinical professionals also supports the development of monthly, quarterly, and annual reports as required for the Board of Directors.

4.6 Directors/Managers of Other Staff Groups

- 4.6.1 Are accountable for implementing and monitoring any identified infection prevention and control measures within their designated areas and scope of responsibility.
- 4.6.2 In situations where significant risks have been identified and where local control measures are potentially inadequate, managers are responsible for bringing these risks to the attention of the IPC lead nurse if local resolution has not been satisfactory achieved.
- 4.6.3 Individual management teams are responsible for ensuring that staff adhere to the confederation infection prevention and control policy and associated procedures. Managers should ensure that appropriate information and training is provided to staff without access to the intranet.

4.7 All Employees

Employees are required to have up to date knowledge of principles and practices of Infection Prevention and Control and decontamination for their area of work and must undertake annual mandatory Infection Prevention and Control training. The Infection Prevention and Control and Decontamination guidelines and policies are available on the Confederation Document store. The Confederation promotes a culture where all members of the healthcare team share the responsibility for infection prevention and control. They must comply with the Confederation Infection Prevention and Control policies and all associated procedures.

5 Implementation

Appropriate training for all staff, including those employed by support services and those with temporary or honorary contracts (as defined in section 2) will be provided annually and defined elements of this shall be mandatory in accordance with the Policy on Mandatory Training. Mandatory training will be delivered via a range of approaches including face-to-face and e-learning.

6 Monitoring

- 6.1.1 The progress of Infection Prevention and Control is monitored through the Quality Committee which is chaired by the Medical Director and is accountable to the Executive.
- 6.1.2 A program of audits agreed by the Quality Committee will be conducted to establish the effectiveness, implementation of, and the extent of compliance with this policy and its associated procedures to provide independent assurance that an appropriate and effective system of managing infection control is in place. This includes the clinical dashboards and the process of post infection review (PIR) where appropriate incorporated into Quarterly IPC reports alongside any risk escalation as required.

7 Governance

This policy will be reviewed every three years by the Quality Committee

8 References

7.1 Department (2008) of Health	Clean, Safe, Care reducing infections and saving lives
7.2 The Health and Social Care Act 2008 (revised 11 th January 2008, 2022)	Health and Social Care Act 2008: code of practice on the prevention and control of infections and related guidance (2022).
7.3 National Institute for Health and Care Excellence (2017)	National institute for health and Care Excellence (2017)
7.4 <u>NHS England (2023)</u>	NHS England » National infection prevention and control manual (NIPCM) for England

9 Associated Policy and Procedural Documentation

The Infection Prevention and Control overarching policy should be used in conjunction with the following policy and procedural documents as below.

UHB Policy or Procedure	Ref
Introduction	
Antimicrobial Stewardship	GP-01
Aseptic Technique	GP-02
Blood Borne Viruses	GP-03
Clostridium Difficile	GP-04
Creutzfeldt Jakob Disease	GP-05
Hand Hygiene	GP-06
Invasive devices	GP-07
MRGNB, including CPE (Multidrug-resistant Gram- Negative bacteria including carbapenemase - producing Enterobacterales)	GP-08
MRSA (Methicillin resistant Staphylococcus aureus)	GP-09
Notifiable Diseases	GP-10
Outbreaks of Communicable Disease	GP-11
Patient Placement and Assessment for infection Risk	GP-12
PPE (personal protective equipment)	GP-13
PVL- SA (Panton-Valentine Luekocidin staphylococcus aureus)	GP-14
Respiratory and cough hygiene	GP-15
Respiratory Illness	GP-16
Safe disposal of waste, including sharps management	GP-17

Safe management of blood and bodily fluid spillages	GP-18
Safe management of care equipment	GP-19
Safe management of linen, including uniforms and workwear	GP-20
Safe management of sharps management and inoculation Injuries	GP 21
Safe management of the care of the environment	GP-22
Scabies	GP-23
SICPs and TBPs (Standard infection control precautions and Transmission based precautions)	GP-24
Specimen Collection	GP-25
Venipuncture	GP-26
Viral Gastroenteritis/ Norovirus	GP-27

Further procedural documents may be produced and added, as necessary.