Infection Control Policy for the Surveillance, Prevention and Management of Infections

Target Audience
The policy applies to all staff providing care to all patients under the care of the Trust, whether in a direct or indirect patient care role.
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1. INTRODUCTION

This document represents the agreed policy and procedure of the Rotherham, Doncaster and South Humber NHS Foundation Trust (from here on will be referred as the Trust) and its Commissioners of services as indicated below. At present the Trust provides services within two Strategic Health Authorities namely NHS Yorkshire and the Humber and NHS North West. The services are commissioned by the following – NHS Doncaster, NHS Rotherham, NHS North Lincolnshire, NHS East Lincolnshire and NHS Manchester.

Health Care Associated Infections affect approximately up to one in ten of patients accessing healthcare facilities, with an annual cost to the NHS (England) of £1 billion. Infection control is a complex area, with a remit, which encompasses the whole healthcare community and associated environments. Ultimate responsibility for providing effective Infection Control arrangements lies with the Chief Executive, however this duty of care is discharged through the Director of Nursing acting in their capacity as the Director of Infection Prevention and Control.

In April 2009 the Trust register with the Care Quality Commission (CQC) under the Health and Social Care Act 2010 and, as a legal requirement of their registration must protect patients, workers and others who may be at risk of acquiring an HCAI. The CQC will assess compliance with the requirements using The Hygiene Code 2010.

The Trust Infection Prevention and Control (IPC) arrangements around microbiology require collaboration via service level agreements with specific acute hospital and community Trusts those being:

- Doncaster and Bassetlaw Hospitals NHS Foundation Trust
- The Rotherham NHS Foundation Trust
- North Lincolnshire and Goole Foundation Trust

Whilst Trust Staff follow RDaSH policies they are also expected to adhere to local community and acute hospital Infection Prevention and Control Policies applicable to their location along with relevant Trust wide policies and procedures.

The Trust facilitates access to this policy framework through an established circulation list and through the Trust website. It is a working document that all staff are expected to adhere to at all times.

2. PURPOSE

The purpose of this policy is to describe the Trust’s processes for managing the risks associated with infection prevention and control by demonstrating that:

Infection prevention and control is embedded into the culture of the Trust, and that there is ownership at all levels.

Infection Prevention and Control activity is monitored by the Board of Directors, via the
Trust’s Infection Prevention and Control Assurance Framework.

The Board of Directors will use the Code of Practice, 2010 and its associated documents, to formally review the arrangements for the prevention and control of infection and communicable diseases at least annually, to demonstrate that:

- Those services that facilitate the prevention and control of infection in hospitals and community settings are sufficiently robust and are strengthened through an appropriately constituted and functioning infection control team via service level agreements, which will include adequate support staff and resources to secure effective prevention and control of healthcare associated infection.

- Appropriate health care services for patients with infection are secured.

- Surveillance is carried out in a timely and effective manner, meeting local needs and fulfilling the requirements laid down in the National Surveillance Programme.

- Antibiotic prescribing is controlled, monitored and optimised.

- Compliance with the Care Quality Commission and the Health Act (Hygiene Code) 2008. H

- The Board of Directors will monitor infection episodes, outbreaks and trends as reported by the Infection Prevention and Control committee.

- Core policies are in place and that there is a programme of audit to monitor that these policies and practices are being implemented and adhered to.

3 SCOPE

The policy applies to all staff providing care to all patients under the care of the Trust, whether in a direct or indirect patient care role.

Adherence to this policy is the responsibility of all staff employed by the Trust, including agency, locum and bank staff contracted by the Trust.

This policy should be considered and included in services that are contracted and commissioned by the Trust.

4. RESPONSIBILITIES, ACCOUNTABILITIES AND DUTIES

The Trust acknowledges its’ duties under Health and Social Care Act 2010 and specifically recognises and demonstrates compliance with the following extracts which forms the Code of Practice:
<table>
<thead>
<tr>
<th>Compliance criterion</th>
<th>What the registered provider will need to demonstrate</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Systems to manage and monitor the prevention and control of infection. These systems use risk assessments and consider how susceptible service users are and any risks that their environment and other users may pose to them.</td>
</tr>
<tr>
<td>2</td>
<td>Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections.</td>
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<tr>
<td>3</td>
<td>Provide suitable accurate information on infections to service users and their visitors.</td>
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<tr>
<td>4</td>
<td>Provide suitable accurate information on infections to any person concerned with providing further support or nursing/medical care in a timely fashion.</td>
</tr>
<tr>
<td>5</td>
<td>Ensure that people who have or develop an infection are identified promptly and receive the appropriate treatment and care to reduce the risk of passing on the infection to other people.</td>
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<tr>
<td>6</td>
<td>Ensure that all staff and those employed to provide care in all settings are fully involved in the process of preventing and controlling infection.</td>
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<td>7</td>
<td>Provide or secure adequate isolation facilities.</td>
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<td>8</td>
<td>Secure adequate access to laboratory support as appropriate.</td>
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<tr>
<td>9</td>
<td>Have and adhere to policies, designed for the individual’s care and provider organisations, that will help to prevent and control infections.</td>
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<tr>
<td>10</td>
<td>Ensure, so far as is reasonably practicable, that care workers are free of and are protected from exposure to infections that can be caught at work and that all staff are suitably educated in the prevention and control of infection associated with the provision of health and social care.</td>
</tr>
</tbody>
</table>

4.1 **Board of Directors**

It is the duty of the Board of Directors to monitor assurance that the arrangements, which the Organisation has in place to prevent and control infections, are effective. The Board of Directors delegate authority to the Chief Executive.

4.2 **Chief Executive**

The Chief Executive is responsible for establishing and maintaining infection prevention and control arrangements across the organisation but delegates the responsibility to the
Director of Infection Prevention and Control (Nurse Director).

4.3 **Director of Infection Prevention and Control (DIPC)** (Deputy Chief Executive/Director of Nursing)

The DIPC:

- Reports directly to the Chief Executive and the Board.
- Reports Identified cases of infections/alert organisms & conditions including outbreaks of infection.
- Reports all incidents requiring root cause analysis investigation.
- Reports directly to the Chief Executive and assure the board of directors on the organisation's performance in relation to HCAIs.
- Acts on legislation, national policies and guidance ensuring effective policies are in place and audited in relation to infections/alert organisms & conditions.

4.4 **Infection Prevention and Control Committee**

The main duties of the Infection Prevention and Control Committee are:

- To oversee compliance with national standards/targets in relation to the prevention and control of healthcare associated infections (HCAI), including the Health and Social Care Act 2010. NHS Litigation Authority (NHSLA) the Care Quality Commission.

- To oversee key infection prevention & control issues in regards to
  - Policy development and review
  - Audit
  - Education & training
  - Communication with staff patients and the public
  - Monitor infection control incidents
  - Review root cause analysis reports, identify lessons learnt, develop and monitor action plans
  - To ensure that robust plans for the management of outbreaks of infection are in place and to monitor their effectiveness.
  - To agree the annual infection prevention and control report and work programme prior to its submission to Clinical Governance Committee.

- To inform the Clinical Governance Committee of clinical risk issues relating to the Trust.
- To monitor compliance for infection prevention & control training.
- To oversee the Trust’s compliance with Essential Standards of Quality and Safety (Outcome 8).
- To horizon scan for new guidance and documents relating to infection prevention &
control

- To oversee the Trust’s infection prevention & control work programme.

4.5 **Infection Control Doctors/Microbiologists**

- These are medical microbiologists hosted within the local provider acute Trust whose main duties are to:
  - Be available for 24 hour access, arrangements made through local service level agreements
  - Provide expert microbiology advice for the management and treatment of microorganisms including outbreaks of infection.
  - Advise on antibiotic policy/prescribing and challenge inappropriate practices.

4.6 **Infection Prevention and Control (IPC) Nurse Specialists**

These are employed within RDaSH. Their role is:

- To provide expert professional advice and education on the prevention and control of infection to other professionals, multi-disciplinary groups, patients and carers.
- To lead in the investigation of identified cases of infection/alert organisms & conditions.
- To advise on control measures, delegating responsibility to Trust staff as appropriate.
- To give advice on complex issues relating to infection prevention and control and report findings to the DIPC.

4.7 **Consultant Medical Staff**

The Consultant Medical staff are responsible for the supervision of any Junior Medical staff assigned to work with them, and as part of this supervision they should be satisfied that the Junior staff member:

- Reads and understands the Policy
- Adhere to the policy
- Are aware of and comply with antibiotic prescribing guidance

4.8 **Modern Matrons/Service Managers**

All Service Managers and Modern Matrons are responsible for:

- Membership at the Infection Prevention and Control Committee.
- Ongoing compliance with this policy within their clinical areas and reporting non compliance to the DIPC via the IP&CT
• Reporting all matters relating to infection prevention and control to the Deputy Director of Nursing.

• Facilitating feedback of information related to surveillance data and identified cases of infection/alert organisms & conditions

• Staff must complete part A of the ‘Healthcare Associated Infections Risk Assessment Form’ when admitting a patient and part b on discharge. When relevant, information may need to be transferred to discharge/transfer documentation. (See Appendix 1)

• Report confirmed cases of infection/alert organisms & conditions through the Trust’s IR1 system

4.9 Staff

All staff who are involved with the care of a patient within the inpatient services and community must:

• Comply with this policy and guidance on all identified cases of infection/alert organisms & conditions. It is the responsibility of each individual member of staff to:

• Adhere to the requirements set out within this policy

5 PROCEDURE/IMPLEMENTATION

5.1 Surveillance Prevention and Control

The Trust supports the principle that infections should be prevented wherever possible and that effective systematic arrangements for the surveillance, prevention and control of infection are provided within this policy.

Surveillance is an essential component of the prevention and control of infection. It consists of the routine collection of data on infections among patients or staff, its analysis and the dissemination of the resulting information to those who need to know so that appropriate action can result. Surveillance also forms part of clinical audit and clinical governance; it assists in reducing the frequency of adverse events such as infection or injury.

Surveillance of organisms is required to understand the extent, cost and effects of healthcare associated infection. It is the foundation for good infection control practice and improving patient care. Surveillance forms the basis of infection prevention and control interventions, education and policy development.

5.2 Alert Organisms/Conditions

Alert organisms and alert conditions are those that may cause outbreaks. The IP&CT will provide advice on the control measures and management of cases and will investigate clusters of cases. Specific alert organisms and alert conditions are listed below:
Meticillin Resistant *Staphylococcus aureus*
*Clostridium difficile*
Blood Borne Viruses (Hepatitis B Virus, Hepatitis C Virus and HIV)
Campylobacter
Glycopeptide Resistant Enterococcus (GRE)
Extended Spectrum Beta-lactamase (ESBL) producing organisms
Legionella species
Group A Streptococci
*Salmonella* species
*Shigella* species
Mycobacterium Tuberculosis
Neisseria Meningitis
Cryptosporidium
Rotavirus
Norovirus
*Psuedomonas aeruginosa*
*Stenotrophomonas maltophilia*
Respiratory Syncytial Virus, Influenza etc.
Herpes Zoster
Dysentery
Measles
Mumps
Rubella
Whooping Cough
Scarlet Fever
Meningococcal Septicaemia
Viral Hepatitis
Opthalmia Neonatorum
Paratyphoid Fever
Diphtheria
Polio(myelitis)
Viral Haemorrhagic Fevers
Cholera
Scabies

5.3 **Notifiable Diseases**

In some instances ‘alert’ conditions are classed as notifiable diseases. This a legal term denoting diseases that must, by law, be reported to the ‘proper officer’ e.g. the Consultant for Communicable Disease Control (CCDC), who is based in the Sheffield Health Protection Unit. Notification books must kept on all inpatient areas. It is the responsibility of the physician in charge of each case to make the notification.

Diseases that are notifiable include:

- Acute encephalitis
- Anthrax
- Leprosy
- Leptospirosis
- Malaria
- Rabies
- Relapsing Fever
Smallpox
Tetanus
Typhus
Yellow Fever
Food poisoning
Dysentery
Measles
Rubella
Meningococcal Septicaemia
Viral Hepatitis
Ophthalmia Neonatorum
Paratyphoid Fever
Scarlet Fever
Meningitis
Typhoid Fever
Diphtheria
Poliomyelitis
Viral Haemorrhagic Fevers
Cholera
Plague
Tuberculosis
Mumps
Whooping Cough

The Microbiology department will inform the Infection Prevention and Control Team of any alert organisms, conditions or notifiable diseases that may potentially cause outbreaks of infection and/or are identified as multi drug resistant organisms.

The Infection, Prevention and Control Team will notify the Health Protection Agency of any cases.

Staff have a responsibility to inform the Infection Prevention and Control Team of alert conditions, identified through clinical diagnosis, not laboratory tests that may potentially cause outbreaks of infection and/or are identified as notifiable diseases.

Good communication and the implementation of control measures will minimise the risk of an outbreak. Where outbreaks of infection are identified the Trust Management of Outbreak of Infection Policy will be instigated.

Healthcare associated infections pose particular challenges in both acute and community settings. The Infection Prevention and Control Team undertake surveillance of these organisms working collaboratively with the Consultant Microbiologist, Acute Infection Control Team, Health Protection Agency and Strategic Health Authority.

5.4 Root Cause Analysis

Learning from experience is critical to the Trust in delivering a safe and effective service to patients. Root Cause Analysis (RCA) helps the Trust look at and to understand the underlying causes of patient safety incidents and to formulate a plan for improving safety. RCA is a retrospective review of a patient safety incident undertaken in order to identify what, how and why it happened. The analysis is then used to identify areas for change, recommendations and sustainable solutions to help minimise the re-occurrence
of the incident type in the future.

5.5 Mandatory Surveillance

- All mandatory surveillance data will be reported at the Infection Prevention and Control Committee meetings.
- The Trust complies with all mandatory surveillance requirements in accordance with the requests of the Department of Health:

1. **Meticillin Resistant Staphylococcus aureus bacteraemia (MRSA).**

   MRSA bacteraemia data is collected as part of national mandatory surveillance for healthcare-associated infections. The data is reported to the Health Protection Agency via a national MRSA Enhanced Surveillance System (MESS). This captures many details including: patient demographics, likely source of MRSA bacteraemia and whether the MRSA bacteraemia was hospital or community-acquired.

   The IP&CT undertake surveillance of MRSA positive blood culture isolates and complete root cause analysis (RCA) in collaboration with the clinical team. The RCA should be completed within 5 working days of identification of the bacteraemia.

   Clinicians, nursing staff and allied health care professionals are required to assist with the RCA within the given time frame

   The findings of the RCA and recommendations are reported to Trust Board via the Infection Prevention and Control Committee. Commissioning Boards also receive the information.

   The IPCT also collects other data on patients colonised and/or infected with MRSA that is not a bacteraemia, i.e. wound infections. The IPCT must be informed of all such admissions to enable prevalence to be monitored.

2. **Clostridium difficile associated diarrhoea.**

   Clostridium difficile positive isolates from patients aged 2 years and upwards require mandatory reporting to the Health protection Agency (HPA) via the microbiology laboratory.

   The IP&CT undertake surveillance of clostridium difficile positive specimens and complete root cause analysis (RCA) in collaboration with the clinical team. The RCA should be completed within 5 working days of identification of the organism.

   Clinicians, nursing staff and allied health care professionals are required to assist with the RCA within the given time frame

   The findings of the RCA and recommendations are reported to Trust Board via the Infection Prevention and Control Committee. Commissioning Boards also receive the information.
3. **Meticillin-Sensitive *Staphylococcus aureus* bacteraemia (MSSA).**

MSSA can also cause severe and potentially life-threatening infections such as septicaemia. MSSA bacteraemia is part of the national mandatory surveillance for healthcare-associated infections. The data is collected via an internet-based surveillance system via the Health Protection Agency.

The IP&CT undertake surveillance of MSSA positive blood culture isolates and complete root cause analysis (RCA) in collaboration with the clinical team. The RCA should be completed within 5 working days of identification of the bacteraemia.

Clinicians, nursing staff and allied health care professionals are required to assist with the RCA within the given time frame

The findings of the RCA and recommendations are reported to Trust Board via the Infection Prevention and Control Committee. Commissioning Boards also receive the information.

4. **Escherichia coli bacteraemia (E. coli).**

Existing voluntary surveillance data indicates that *Escherichia coli* (E. coli) infections are rising with numbers being reported to the voluntary surveillance system increasing year on year. Additionally there are concerns about rates of antimicrobial resistance in this organism.

Mandatory surveillance was therefore extended to *Escherichia coli* bloodstream infections from 1 June 2011. The data is collected via an internet-based surveillance system via the Health Protection Agency.

The IP&CT undertake surveillance of E. coli positive blood culture isolates and complete root cause analysis (RCA) in collaboration with the clinical team. The RCA should be completed within 5 working days of identification of the bacteraemia.

Clinicians, nursing staff and allied health care professionals are required to assist with the RCA within the given time frame

The findings of the RCA and recommendations are reported to Trust Board via the Infection Prevention and Control Committee. Commissioning Boards also receive the information.

5.6 **Incidents**

The Trust reports serious incidents associated with infections to the Strategic Health Authority for onward reporting as appropriate. The Trust also communicates with the Regional Health Protection Agency and Consultant in Communicable Disease Control in order that they can provide appropriate advice and support for controlling outbreaks of infection.

The DoH (2003) state that “untoward incidents associated with infection are those that produce, or have the potential to produce, unwanted effects involving the safety of
patients, staff or others.” Reportable incidents are those that:

- that result in significant morbidity or mortality;
- involve highly virulent organisms;
- are readily transmissible;
- require control measures that have an impact on the care of other patients, including limitation of access to healthcare services;

Incidents can include:

- Outbreaks of infection: two or more linked cases in a ward
- Infected healthcare worker or patient incidents necessitating consideration of look back investigations (e.g. TB, v CJD, blood borne infections).
- Significant breakdown of infection control procedures with actual or potential for cross-infection (e.g. release of products from a failed sterilisation cycle, contaminated blood transfusion).

It is the guiding principle of the Trust to encourage every member of staff to participate in the prevention and control of infection and to comply with Health and Safety and relevant legislation. Infection prevention and control information will be part of Trust corporate induction and local orientation. There is an ongoing education programme for all staff on current issues in infection prevention and control, which is detailed in the training, needs analysis in Section 6 of this policy.

5.7 Policies Appropriate To Regulated Activities

All Trust policies and procedures for the control, prevention and management of infection are written in accordance with national guidance and reviewed on an annual basis.

As a provider of Mental Health, Learning Disability services and Community services the Trust has in the development of its policies and procedures for the control, prevention and management of infection, taken into account the guidance within the Health and Social Care Act 2010 Code of Practice and Policies appropriate to regulated activities. A full list of these policies can be found in Section 9 of this policy.

All these core clinical policies can be found on the Trust website.

5.8 Providing Information to Patients and the Public

- The Trusts system and arrangements for prevention and controlling healthcare associated infections are available to patients and public in the following ways:
- Reporting of the audit results from the PEAT Assessment and the Reducing the Risks Standards.
- Publication of the Trusts monthly Integrated Performance and Assurance Reports on the Trust website.
- By the display of hand washing posters for the Clean Your Hands Campaign (NPSA).
- Through information leaflets in clinical areas.

5.9 Local Infection Control Assurance Framework
In its general duty to protect patients, staff and others from HCAI the Trust must ensure that:

- As far as is reasonably practicable, patients, staff and other persons are protected against risks of acquiring HCAI through the provision of appropriate care, in suitable facilities, consistent with good clinical practice.
- Patients who acquire an infection during treatment are identified promptly and managed according to good clinical practice for the purposes of treatment and to reduce the risk of transmission.
- The Trust has an Infection Prevention and Control Committee, which reports key risk areas and assurances to the Performance and Assurance Group, which in turn reports to the Board of Directors, and are the means by which assurance is confirmed in respect of infection prevention and control. For full details of how these will be monitored please refer to Section 7 of this policy.

6 TRAINING IMPLICATIONS

There are no specific training needs in relation to this policy, but all staff will need to be aware of its contents. Staff will be made aware through:

- Line manager
- Team Brief
- Team meetings
- One to one meetings/supervision
- Trust Policy web site

7 MONITORING ARRANGEMENTS

<table>
<thead>
<tr>
<th>Area for monitoring</th>
<th>How</th>
<th>Who by</th>
<th>Reported to</th>
<th>Frequency</th>
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<tbody>
<tr>
<td>Review and updating of appropriate core policies</td>
<td>Policy and Standards Officer work programme</td>
<td>Clinical Effectiveness Lead on behalf of DIPC</td>
<td>Clinical Effectiveness Committee</td>
<td>As per policy review schedule/ changes in requirements</td>
</tr>
<tr>
<td>Peat Assessment Scores for Cleanliness (including monitoring of information available to service users and the public e.g. posters and leaflets)</td>
<td>PEAT assessments (as per NPSA requirements)</td>
<td>Head of Facilities</td>
<td>NPSA Board of Directors</td>
<td>Annually</td>
</tr>
<tr>
<td>Staff training, as identified in the <strong>Training Needs</strong></td>
<td>Report</td>
<td>Head of Learning and Development.</td>
<td>IPC Committee Clinical Effectiveness</td>
<td>Annually</td>
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</table>
### Analysis

<table>
<thead>
<tr>
<th>Reported Healthcare Associated Infections</th>
<th>Root cause analysis of outbreaks. Root cause analysis reports for individual cases of infection i.e MRSA bacteraemia, Clostridium Difficile</th>
<th>DIPC IPC Nurse Specialists</th>
<th>IPC Committee Board of Directors</th>
<th>Monthly reporting to DIPC and Business Assurance Directorate Bi-Monthly into IPC committee</th>
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| Audit programme | A systematic audit process - Annual rolling programme of audit work | IPC Champions Matrons/Service Managers IPC Nurse Specialists | DIPC IPC Committee Board of Directors | Annual rolling programme |

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### 8. EQUALITY IMPACT ASSESSMENT

The completed Equality Impact Assessment for this Policy has been published on the Equality and Diversity webpage of the RDaSH website [click here](#).

#### 8.1 Privacy, Dignity and Respect

The NHS Constitution states that all patients should feel that their privacy and dignity are respected while they are in hospital. High Quality Care for All (2008), Lord Darzi’s review of the NHS, identifies the need to organise care around the individual, ‘not just clinically but in terms of dignity and respect’.

As a consequence the Trust is required to articulate its intent to deliver care with privacy and dignity that treats all service users with respect. Therefore, all procedural documents will be considered, if relevant, to reflect the requirement to treat everyone with privacy, dignity and respect, (when appropriate this should also include how same sex accommodation is provided).

| Indicate how this will be met |
| No issues have been identified in relation to this policy. |
9. **LINKS TO OTHER TRUST PROCEDURAL DOCUMENTS** (The following are all available on the Trust website).

- Trust Cleaning Policy (for Inpatient Units) for Environment, Patient Equipment and Medical Devices
- Laundry Policy
- Decontamination Policy
- Infectious Diseases in Day Care Nurseries
- Policy for Collection of and Handling of Pathology Specimens
- Policy for the Screening and Management of Patients with MRSA
- Policy for the Management of Patients with Glycopeptide Resistant Enterococci
- Standard Precautions Policy
- Isolation Policy – Doncaster, Rotherham and North Lincolnshire Services
- Outbreak Policy – Doncaster, Rotherham and North Lincolnshire Services
- Outbreak Plan – Rotherham Services
- VCJD Minimising the Risks of Transmission
- Hand Hygiene Policy and Procedure
- Caring of the Patient with Open Tuberculosis in Hospital
- Policy for the Safe Use and Disposal of Sharps
- Policy for the Care and Management of Animals in Healthcare Settings
- Policy for Spillage of Blood and Other Body Fluids
- Guidance on Management of Scabies
- Policy for the Management of Chickenpox/Shingles
- Policy for Management of Cases and Contacts of Meningococcal Infections
- Policy for Diarrhoea and/or Vomiting
- Infection Prevention and Control policy for the Management of Patients with Clostridium Difficile Infection
- Aseptic Technique and Aseptic Non Touch Technique
- Waste Management Policy
- Policy for the management of sharps/inoculation injuries and other blood or body fluid exposure incidents

10. **REFERENCES**

- Public Health (Control of Disease) Act 1984 outlines the diseases, which should be considered under the Act and the individuals who have specific responsibilities to ensure compliance with the legislation.
- The Public Health (Infectious Diseases) Regulations 1988 outlines additional diseases that are reportable and outlines management arrangements.
## Healthcare Associated Infections Risk Assessment

### Part A: Admissions assessment (must be completed on day of admission)

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<td>1.</td>
<td>Ward / Area:</td>
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<td>2.</td>
<td>Date:</td>
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<td>3.</td>
<td>Patient Name:</td>
</tr>
<tr>
<td>4.</td>
<td>Patient NHS number:</td>
</tr>
<tr>
<td>5.</td>
<td>Is this patient an infection risk? &lt;br&gt;☐ Yes ☐ No (please tick)</td>
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<tr>
<td>6.</td>
<td>If Yes, name of organism / infection:</td>
</tr>
<tr>
<td>7.</td>
<td>Has the patient been exposed to others with infection e.g. diarrhoea and vomiting? &lt;br&gt;☐ Yes ☐ No (please tick)</td>
</tr>
<tr>
<td>8.</td>
<td>If Yes, name of organism / infection:</td>
</tr>
<tr>
<td>9a.</td>
<td>Does the patient meet the MRSA admission screening criteria? (refer to policy) &lt;br&gt;☐ Yes ☐ No (please tick)</td>
</tr>
<tr>
<td>9b.</td>
<td>If Yes, have MRSA swabs been taken? &lt;br&gt;☐ Yes (please tick)</td>
</tr>
</tbody>
</table>

Signature of person completing assessment: ........................................... Date: ........................................

### Part B: Transfer / Discharge assessment (must be completed prior to transfer / discharge)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>1.</td>
<td>Transfer / Discharge to:</td>
</tr>
<tr>
<td>2.</td>
<td>Date:</td>
</tr>
<tr>
<td>3.</td>
<td>Is this patient an infection risk? &lt;br&gt;☐ Yes ☐ No (please tick)</td>
</tr>
<tr>
<td>4.</td>
<td>If Yes, name of organism / infection:</td>
</tr>
</tbody>
</table>

If yes, ensure information is recorded on discharge / transfer documentation

<p>| | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>5.</td>
<td>Has the patient been exposed to others with infection e.g. diarrhoea and vomiting? &lt;br&gt;☐ Yes ☐ No (please tick)</td>
</tr>
<tr>
<td>6.</td>
<td>If Yes, name of organism / infection:</td>
</tr>
</tbody>
</table>

If yes, ensure information is recorded on discharge / transfer documentation

If answer yes to 3 and 5 above please complete sections below

<p>| | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>7.</td>
<td>Is the patient aware that they may be an infection risk? &lt;br&gt;☐ Yes ☐ No (please tick)</td>
</tr>
<tr>
<td>8.</td>
<td>Is the receiving facility aware of the risk &lt;br&gt;☐ Yes ☐ No (please tick)</td>
</tr>
<tr>
<td>9.</td>
<td>Other relevant information:</td>
</tr>
</tbody>
</table>

Please ensure information is recorded on discharge / transfer documentation

Signature of person completing assessment: ........................................... Date: ........................................

Please refer to Trust Infection Prevention and Control Policies for further guidance on managing patients with infections and reducing the risks of cross infection.