



Policy / Procedure Information (Policy no CS001)	
Subject	Infection Prevention and Control policy and procedure (This policy is subject to periodic review and will be amended according to service development needs)
Applicable to	This policy applies to all staff, volunteers and contractors who work for or provide care on behalf of Nottinghamshire Hospice
Date issued	Oct 2021
Next review date	Oct 2025
Lead responsible for Policy	Director of Care
Policy Reviewed by	Infection Prevention and Control Team Nottingham CityCare Partnership Care Service Team
Notified to	Quality and Safety Group
Authorised by	Board of Trustees
Links to other Policies	Sickness Absence Policy and Procedures HR0003
Summary	This document aims to provide a clear understanding of the overarching Nottinghamshire Hospice Infection Control Policy.
Target Audience	The policy aimed at all staff, volunteers and contractors who work for or provide care on behalf of Nottinghamshire Hospice.



Version Control		
Status	Approval date	Review date
Original policy RM0001 written by Betsie Van Niekerk, Hospice Physician and Jo Polkey, Hospice at Home Manager	Aug 2014	Aug 2016
Policy reviewed by Jo Polkey, Director of Care Services and Jackie Swann, Trustee	Nov 2017	Jan 2020
Authorised by Board	Jan 2018	
Updated control sheet and published on Policy Doc App	Jan 2018	
Logo updated and published on website	Dec 2020	
Full review by Nottingham CityCare Partnership Infection Control Team	Oct 2021	
Review of policy	Jan 2022	

Index

		Page number
1	Introduction	3
2	Executive Summary	3
3	Policy Statement	3
4	Policy Scope	4
5	Responsibilities	4
6	Audit	6
7	Board Assurance Framework - Code of practice framework for IPC	6
8	Relevant Policies and standard operating procedures (SOP)	7
9	Guidance	8

1.0 INTRODUCTION

In 2008 Infection Prevention and Control (IPC) was embedded for the first time within legislation, the Health and Social Care Act (2008). The legislative framework was developed to protect all those individuals accessing health and social care including staff and visitors from avoidable infection in a care setting. Following the introduction of the Health and Social Care Act (2008) a Code of Practice on the Prevention and Control of Infections was implemented by the Department of Health. The Code of Practice identifies 10 criteria which organisations need to meet to ensure they are adhering to this legislative framework. This document will identify how Nottinghamshire Hospice will meet this legislative framework and prevent and control infection for all individuals, staff and visitors. Infection control covers all aspects of healthcare from cleaning to feeding as well as the delivery of healthcare itself. This policy is a short overarching policy with additional policies and procedures referred to within it.

2.0 EXECUTIVE SUMMARY

Nottinghamshire Hospice is completely committed to delivering high quality care where the risk of IPC issues have been minimised. This policy aims to identify and describe how IPC is organised and managed throughout the Hospice.

All staff must be aware of this policy and the standard operating procedures that support and link to this policy.

3.0 POLICY STATEMENT

This document aims to:

- Identify the hospices legal responsibility to ensure there are effective arrangements in place for the prevention and control of infection.
- Ensure all staff and volunteers are fully involved in the process of preventing and controlling infection.
- Provide guidance on how to reduce or eliminate the risk or spread of infection.
- Ensure that there are clear standard operating procedures / guidelines in relation to IPC.
- Ensure, as far as is reasonably practicable that healthcare workers and volunteers are protected from contracting work related infections.

- Ensure all staff are suitably educated in the prevention and control of infection associated with the provision of health and social care. Corporate IPC induction and 2 yearly IPC training for all staff.
- Provide relevant information on infections to patients and their visitors.
- Encourage staff to report adverse IPC events and near misses in accordance with the Hospice reporting procedures.
- Ensure appropriate learning from adverse events.

4.0 POLICY SCOPE

This policy applies to all healthcare workers at Nottinghamshire Hospice, including bank, agency and volunteers.

The Chief Executive Officer has overall responsibility for Health and Safety for the purposes of infection control this is delegated to the Director of Care to ensure that this policy is implemented

All employees have a responsibility to abide by this policy and associated guidelines and standard operating procedures.

Effective prevention and control of infection must be part of everyday practice and be applied consistently by everyone.

5.0 RESPONSIBILITIES

Nottinghamshire Hospice Ltd is the registered provider of the regulated activities with the Care Quality Commission. The registered provider is responsible under health and safety legislation for maintaining an environment which is safe for patients, visitors and staff alike. Suitable arrangements and procedures for prevention and control of infection would form part of the health and safety requirements.

Quality and Safety Group

On behalf of the Board of Trustees this group is tasked with;

- Monitoring standards in relation to infection prevention and control and providing quality assurance to the Trustee Board.
- Ensuring any issues relating to infection prevention and control have been handled effectively and are appropriately monitored.
- Reviewing trends, analysis and discussing any concerns regarding medication errors.
- Reporting back to the Trustee board

The terms of reference for this group are agreed with the Trustee Board.

Chief Executive Officer

Chief Executive Officer recognises and accepts the overall responsibility for health and safety and will ensure that suitable and sufficient arrangements are in place to satisfy the health and safety regulations and codes of practice that are applicable to the organisation.

Director of Care

The Director of Care is responsible for:

- Ensuring appropriate systems are in place to control and prevent infection
- Produce annual report in relation to IPC activity, incidents, risks and mitigation
- Ensure effective resources are in place for staff to implement recognised IPC standards
- Ensure up to date policies and standard operating procedures are in place.

Link Clinician

The link clinician is responsible for:

- Supporting the staff to implement the correct IPC principles
- Ensuring they are up to date with IPC training
- Supporting the CityCare IPC Team to audit the environment and care delivery and to implement actions identified including training.

All Hospice Staff

- Adhering to all IPC standard operating procedures and identifying and escalating where IPC issues are raised.
- Ensuring they attend mandatory training at induction, as a minimum every 2 years thereafter.
- Attend an annual hand hygiene update.
- Ensuring they adhere to bare below the elbows when delivering clinical care.
- Ensure they adhere to HR policies and are aware of when they should be excluding from work due to sickness
- Undertake and report any staff testing in accordance with HR policies.

Occupational Health

- HR policies are in place to ensure that patients are protected from Healthcare Workers with communicable diseases. Such policies should clearly set out the responsibilities of Healthcare Workers to report episodes of illness to their manager - this is particularly important after travel abroad.
- Should Healthcare Workers need to be excluded from work until they have recovered, this should be in conjunction with HR and their line manager.
- All staff should have access to occupational health advice via the Human Resources Department.

- Nottinghamshire Hospice HR department will ensure that all staff complete a confidential health assessment after a conditional offer of employment and give information about residence overseas, previous and current illness, and immunisation against relevant infections, as well as ongoing health surveillance.

6.0 AUDIT

A key aspect of successful infection control is the way by which actual standards are being achieved and monitored. The hospice has a contracted arrangement with the Nottingham CityCare partnership - Infection Prevention and Control team to provide advice and audit to support the IPC policy.

It is a legal requirement to undertake regular infection control audits. In conjunction with the CityCare IPC team the Director of Care/ Infection control link nurse will undertake an infection control audit based on the 10 criterion as a minimum every 6 months.

Compliance to this policy will be monitored through the incident reporting system and audit. Both reports are presented to the Q&S Group.

7.0 Board Assurance Framework - Code of practice framework for IPC

What registered providers will need to demonstrate	
1	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.
2	Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections.
3	Provide suitable accurate information on infections to service users and their visitors.
4	Provide suitable accurate information on infections to any person concerned with providing further support or nursing/medical care in a timely fashion.
5	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.
6	Ensure that all staff and those employed to provide care in all settings are fully involved in the process of preventing and controlling infection.
7	Provide or secure adequate isolation facilities.
8	Secure adequate access to laboratory support as appropriate.

9	Have and adhere to policies, designed for the individual's care and provider organisations that will help to prevent and control infections.
10	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.

8.0 RELEVANT POLICIES AND STANDARD OPERATING PROCEDURES (SOP)

Aseptic Non-Touch Technique (ANTT) policy	CS024
Clostridium Difficile policy	CS016
Hand Hygiene policy	CS015
Medical Devices and Medical Equipment Policy and procedures (<i>CONSIDER MESU/MDSO</i>)	CS017
MRSA policy for managing and treating patients in primary care	CS018
Panton Valentine Leukocidin (PVL) Staphylococcus Aureus (SA) Management policy	CS019
Personal Protective equipment Policy for Infection Prevention and control	CS020
Safe Sharps and Blood Borne Virus Policy	CS021
Sepsis Recognition Policy	CS022
Waste Management Policy	CS023

SOP – Personal Hygiene and the use of Personal Protective equipment.	SOP 01
SOP – Use of and cleaning a vehicle during the COVID 19 pandemic	SOP 02
SOP – Screening patients and families and identifying those who are symptomatic or confirmed positive for COVID 19.	SOP 03
SOP – Track and Trace during COVID 19	SOP 06
SOP – Patient using aerosol generating procedures and attending the hospice site.	SOP 09
SOP - Blood Body Fluids and Vaccine spillages	SOP011
SOP - Care and Management of a patient with TB	SOP012
SOP -Decontamination of Non-Invasive Medical equipment and the environment	SOP014
SOP -Outbreak Management (Enteric, respiratory and contact)	SOP017
SOP -Group A Streptococcal Infection Treatment and Management	SOP015

SOP -Management of Creutzfeldt-Jakob disease and transmissible Spongiform Encephalopathy	SOP016
SOP - Collection of specimens (Excluding blood)	SOP013

9.0 GUIDANCE

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 12 - Safe Care and Treatment. Regulation 15 - Premises and equipment.

COVID 19: Guidance for maintaining services within health and care settings (2021). Infection prevention and control recommendations. Version 1.2