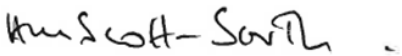
POLICY DOCUMENT

Burton Hospitals
NHS Foundation Trust

INFECTION PREVENTION AND CONTROL POLICY

Approved by:	**Trust Executive Committee**
On:	**26 September 2017**
Review Date:	**September 2020**
Corporate/Directorate	**Corporate**
Clinical/Non Clinical	**Clinical**
Department Responsible for Review:	**Infection Prevention and Control**
Distribution:	**All staff via Infection Prevention and Control pages of Trust Intranet**
• Essential Reading for:	**All Divisional Managers** **All Clinical Directors** **All Matrons** **All Senior Managers and Department Heads**
• Information for:	**All Staff**
Policy Number	**61**
Version Number:	**7**
Signature:	 **Chief Executive**
Date:	**26 September 2017**

BURTON HOSPITALS NHS FOUNDATION TRUST

INFECTION PREVENTION AND CONTROL POLICY

Title:	**Infection Prevention and Control Policy**
Original Issue Date:	**August 2006**
Date of Last Review:	**August 2017**
Reason for amendment:	**Organisational changes** **Routine review**
Responsibility:	**Infection Prevention and Control**
Stored:	**Infection Prevention and Control Intranet Site**
Linked Trust Policies:	**Inoculation Injury Policy** **Infection Prevention and Control Standards as published on the Intranet and listed as an appendix to this policy**
E&D Impact assessed	**EIA 111**
Responsible Committee / Group	**Infection Prevention Board**
Consulted	**Clinical Directors, Chief Nurse, Medical Director, Head of Governance, HPA, Matrons, Associate Directors, Divisional Infection Prevention and Control Leads, PPI, HR, Occupational Health, Clinical Audit, Infection Prevention and Control Team, Facilities including HSSU and Domestic Services**

REVIEW AND AMENDMENT LOG

Version	Type of change	Date	Description of Change
4	Significant	Nov 2010	General review and NHSLA changes
5	Significant	March 2012	Reflects organisational structure changes and IPB changes
6	Significant	Sep 2014	Organisational and IPB changes
7	Significant	Aug 2017	Organisational structure and IPB changes

INFECTION PREVENTION AND CONTROL POLICY

CONTENTS

Burton Hospitals NHS Foundation Trust
INFECTION PREVENTION AND CONTROL POLICY

1. INTRODUCTION

1.1 The target population for this policy includes all Burton NHS Foundation Trust patients (adult and paediatric), visitors and staff (Including agency and bank staff)

1.2 The purpose of this Policy document is to:

- Describe the management arrangements for the prevention and control of hospital infection within Burton Hospitals NHS Foundation Trust including the infrastructure and assurance framework
- To define the duties and responsibilities of members of the Infection Prevention and Control Team, the Infection Prevention Board, and other key individuals
- Describe infection prevention and control training arrangements
- Describe how this Policy will be monitored for effectiveness

2. THE CONTEXT OF HOSPITAL INFECTION PREVENTION AND CONTROL

2.1 Patients in hospital are more susceptible to infection than their counterparts in the community. This is often related to pre-existing disease (e.g. Diabetes), invasive procedures or immunosuppressive treatment. Elderly patients and neonates are especially susceptible to infection. About 6% of patients in acute hospitals at any one time in England will have a healthcare associated infection (HCAI).

2.2 The majority of inpatient Paediatric infections are pre-existing ones (i.e. they were admitted with the infection) they are not hospital acquired infections. The Paediatric Unit has an aim to protect susceptible clients:

- Neonates
- Clients with chronic conditions, especially lung/heart conditions
- Clients undergoing oncology treatment
- Clients who are neutropenic

2.3 The risk of spread of infection in hospitals is increased by the fact that patients admitted with existing infections (about 6% of patients in acute hospitals) are in close contact with susceptible patients. Patient contact with nursing and medical staff gives ample opportunity for spread of infection.

2.4 The high incidence of antibiotic use favours the emergence and spread of resistant bacteria which may be difficult to treat. Infections are costly in terms of prolonged

patient stay, extra drug and operative therapy, and a reduction of beds available for patients on the waiting list. There are also cost implications for the community and for the patient in terms of pain and suffering. There is an ethical duty to minimise risk to patients and preventing hospital-acquired infection must be an integral part of achieving quality care for patients.

2.5 The clinical aspects of prevention of infection are the professional responsibility of the medical, midwifery, nursing and allied healthcare professionals (AHP) staff caring for the patient, with the help of the Infection Prevention and Control Team (IPCT). The Consultant Microbiologist will advise on specific organisms and treatments. All health care practitioners especially those involved in patient care, have a professional responsibility for ensuring that Infection Prevention and Control principles are applied at all times.

2.6 The Director of Infection Prevention and Control (DIPC)/Executive Lead for Infection Prevention and Control reports into the Board of Directors who have overall responsibility for determining the resources provided for the prevention of infection.

3. MANAGEMENT ARRANGEMENTS

The Chief Executive and the Board of Directors of Burton Hospitals NHS Foundation Trust are responsible for maintaining effective hospital Infection Prevention and Control arrangements within the Trust. These arrangements include the Infection Prevention and Control Team, which conduct day-to-day Infection Prevention and Control activities, and the Infection Prevention Board, which meets quarterly to advise the Board of Directors via the Quality Committee, a formal committee of the Trust Board on all aspects of hospital infection prevention and control. The DIPC/Executive Lead for infection prevention and control will present a quarterly report at a meeting of the Quality Committee. Divisions are required to have systems and processes in place assuring that infection prevention and control is discussed, reported and acted upon, including the protection of staff from pathogenic micro-organisms.

4. INFECTION PREVENTION AND CONTROL TEAM

4.1 Composition

- Chief Nurse (Chair) DIPC/Executive Lead
- Consultant Medical Microbiologist
- Infection Prevention and Control Nurses
- Chief Biomedical Scientist, Microbiology
- Infection Prevention and Control Team administrator/secretary

4.2 **Functions**:

- Monitoring, identification and investigation of preventable infection
- Initiating a response to outbreaks or infectious incidents
- Advising on appropriate isolation measures for infected patients and their transfer and discharge
- Advising on how to correct hazardous or ineffective procedures related to risk of infection
- Producing policies and procedures, in consultation with stakeholders, for the prevention of infection and its spread, and monitoring their effectiveness. Ensure that the core clinical care Standards as outlined in the Code of Practice are available for staff. These core standards are to be updated at least every two years or more frequently as required and published on the Infection Prevention and Control Intranet pages
- Compliance with selected key Standards will be audited as part of the Infection Prevention and Control annual plan
- Compliance with hand hygiene policy will be published on a quarterly basis by the Infection Prevention and Control Team
- Hand hygiene will also be audited as part of all high impact interventions in "Saving Lives" which is part of ward self assessment auditing
- Audit of compliance to "bare below the elbows" and publication of those results on a quarterly basis
- Assessing the risk of infection and advising on allocation of resources required to reduce the risk
- Providing readily available information to staff on effective control of infection measures
- Education of all grades of staff on infection risks and control, at induction and annually in compliance with the Code of Practice[2]
- Maintaining an effective "Link Person" group
- Maintain and develop the Ward Commendation Scheme whereby wards self assessment audits are recorded along with assurance audits carried out by the Infection Prevention and Control team and outcome measures in the form of rates of headline healthcare associated infections.
- Provision of advice regarding the necessity of ward closures or partial ward closures due to outbreaks of infection to all relevant Trust staff
- Production of an annual programme for Infection Prevention and Control and updated reports of progress towards objectives set in the programme
- Production of an annual report for the Board of Directors, which is then published on the Trust Public Website
- Provision of a quarterly report to be presented at a meeting of the Quality Committee
- Liaising with the Consultant for Communicable Disease Control (CCDC), Public Health England, Occupational Health and Primary Health Care Services
- Reporting relevant healthcare associated infections to Public Health England (PHE) as directed by the Department of Health (DH)

- Provision of a service in accordance with a service level agreement to St Giles Hospice
- Analysis and provision of data both internally to the Trust and externally to Commissioners and others
- Ensure compliance with all relevant matters within the contract as agreed with Commissioners
- The Director of Infection Prevention and Control and Nurses will liaise as appropriately during weekdays. A medical microbiologist is available on a 24 hour basis

5. MAJOR OUTBREAKS

5.1 In the event of a major outbreak of infection, the Infection Prevention and Control Team will be expanded to become the Outbreak Control Team initiated by the Director of Infection Prevention and Control.

5.2 The CCDC may initiate major outbreak actions where a community outbreak impacts upon the hospital.

6. INFECTION PREVENTION BOARD

6.1 **Membership**

Chief Nurse Executive Lead and Director of Infection Prevention and Control (Chair)
Non-Executive Director
Consultant Microbiologist
Divisional Medical Director representative
Divisional Nurse Director Medicine Division / Delegated Representative
Divisional Nurse Director Surgery Division / Delegated Representative
Director of Midwifery
Head of Allied Health Professionals
Commissioner representative
Lead Nurse Infection Prevention and Control
Infection Prevention and Control Clinical Nurse Specialists
Chief Biomedical Scientist, Microbiology Department
Infection Control Nurse Public Health England
Head of Pharmaceutical Services
Head of Estates
Head of Facilities
Domestic Services Manager
Occupational Health Nurse Advisor
Trust Decontamination Lead

Governor Representative
Health and Safety Manager
Junior Doctor Representative
Student Nurse Representative
Governance Department Representative when required for specific agenda items

In attendance:
Infection Prevention and Control Team Co-ordinator

6.2 Functions

The purpose of the Infection Prevention Board is to ensure that there is a managed environment within the Trust that minimises the risk of infection to patients, staff and visitors. The duties of the Board can be categorised as follows:

- Receive reports from Divisional Nurse Directors and Director of Midwifery to include:
  - Implementation of Saving Lives High Impact Interventions and ward commendation scheme performance within their area.
  - Update on all incomplete action plans whether as a result of a Root Cause Analysis, period of increased incidence (PII) of Clostridium Difficile or other infection prevention and control related reason
  - Progress towards meeting objectives set out in agreed infection prevention and control indicators for Divisions
  - Compliance with all other duties which form Part of the Health and Social care Act 2008: Code of Practice on the prevention and control of infections and related guidance[2]

- Receive an Infection Prevention and Control report from the Infection Prevention and Control Team to include:
  - Outbreaks of infection
  - MRSA and *Clostridium difficile* data
  - Isolation deficits
  - Trust compliance with externally set targets
  - Progress against the rolling infection prevention and control programme

- Receive the minutes of the Operational Infection Prevention Group and to review the Terms of Reference for this group annually.

- Receive reports for Estates and Facilities in relation to legionella prevention and testing.

- Receive, review and endorse the annual infection prevention and control report.

- Discuss, amend and endorse the infection prevention and control programme.

- Consider reports on infections and infection prevention and control challenges.

- Is authorised by the Quality Committee to:

    - Review and endorse Trust policies for the prevention and control of infection and monitor implementation ensuring that such policies reflect legislation and published professional guidance. Infection Prevention and Control policies will be ratified in accordance with Trust protocol.

    - Commission and approve Infection Prevention and Control standards and other information such as quick reference guides to be published and maintained on the Infection Prevention and Control pages of the Trust intranet. A list of such standards and additional information for clinical and other staff is at Appendix 1. These standards and other information may change at very short notice in response to changes in national guidance or local circumstances.

- Ensure that there is an annual programme for the audit of selected policies and guidelines.

- Discuss, amend and endorse plans for the management of outbreaks in Burton Hospitals NHS Foundation Trust.

- Advise on the most effective use of resources and review progress on the annual infection prevention and control programme.

- Disseminate information and advice on prevention and control of infection to Divisions and the Board of Directors as appropriate.

- Promote and facilitate education of all grades and disciplines of staff in procedures for the prevention and control of infection.

7. RESPONSIBILITIES OF KEY INDIVIDUALS

7.1 Chief Executive

The Chief Executive is accountable for ensuring that the Trust has appropriate and robust arrangements in place for Infection Prevention and Control.

7.2 Chief Nurse

As DIPC/Executive Lead and chair of the Infection Prevention Board the Chief Nurse is responsible for the establishment of an effective hospital Infection Prevention and Control organisation, ensuring that effective action is taken, and providing assurance to the Board of Directors. A quarterly report will be presented to the Board of Directors and via the Quality Committee.

7.3 **Director of Infection Prevention and Control**

- As outlined in “Infection Prevention and Control Team”.
- Annual report to the Trust Board of Directors via the Quality Committee.

7.4 **Infection Prevention and Control Clinical Nurse Specialists**

- As outlined in “Infection Prevention and Control Team”.

7.5 **Public Health England and the role of the Consultant in Health Protection / Communicable Disease Control**

The Health Protection (Notification) Regulations 2010 require registered medical practitioners to notify the proper officer of the local authority if they believe a patient they are attending is believed to have a disease listed in Schedule 1 to the regulations or is otherwise infected or contaminated in a way that may cause significant harm to others.

The local authorities have appointed the consultants in health protection/communicable disease control at Public Health England as proper officers for the purpose of the notification regulations and therefore the consultants at the West Midlands North Health Protection Unit (WMNHPU) should be notified.

Diseases which are notified in this way are entered onto Public Health England surveillance systems so that unexpected, unusual and important events and trends may be detected, and any action to necessary to protect and promote health can be taken.

7.5.1 WMNHPU provides advice and support to the Trust on protecting the public from infection, environmental hazards and emergencies. They will report on local issues or incidents which may impact on the Trust.

7.6 **Consultants with patients at risk or affected by hospital infection**

Have the final decision on the patient’s management. The consultant in charge of the patient should reach a balanced consensus with the Infection Prevention and Control Team on the course of action which fulfils the needs of the individual patient and also the requirements of Infection Prevention and Control.

7.7 **Consultants in Charge of Infectious Patients**

Have a responsibility for the health and safety of staff, visitors and other patients. The Infection Prevention and Control Team should inform consultants of infectious hazards arising from their patients as should consultants inform Infection Prevention and Control.

7.8 **Divisional Nurse Directors**

Divisional Head Nurses are accountable to the Chief Nurse. They are the Divisional leads for infection prevention and control specifically in the following domains:

- Standards
- Monitoring and assurance
- Investigating periods of increased incidence, Serious Incidents (SI) and Internal Safety Alerts (ISA)
- Compliance with the Code of practice for health and social care on the prevention and control of infections[2]. (Health and Social Care Act 2008)

7.9 **Matron / Service Managers**

Matrons/service managers are accountable to the Divisional Nurse Directors. They are responsible for leading wards and departments to ensure that standards are met and maintained. They have a specific responsibility in accordance with the Health and Social Care Act 2012 for delivering a safe and clean care environment.

7.10 **Senior Ward Sisters / Department Managers**

Senior Ward Sisters/department managers are accountable to the relevant matron. They are accountable for Infection Prevention and Control practice in their wards or departmental areas on a twenty four hour basis. Additionally they will:

- Allocate sufficient resources to deliver monthly auditing to inform the ward commendation scheme
- Nominate sufficient link persons in infection prevention and control to cover leave, sickness and other absences
- Ensure that their own staff are protected from pathogenic organisms by ensuring that sufficient protective equipment is available and that staff are trained in its use.

7.11 **Heads of Estates and Facilities**

The Heads of Estates and Facilities are responsible for the provision and maintenance of an appropriate environment in managed premises that facilitates the prevention and control of infections. In accordance with the Health and Social care act 2012 “the environment” means the totality of a service user’s surroundings when in care premises.

There will be timely liaison between Estates and Facilities with the infection prevention and control team on any relevant matter regarding the hospital environment.

7.12 **Domestic Services Manager**

The Domestic Services Manager is accountable to the Heads of Estates and Facilities to maintain a clean environment that facilitates the prevention and control of infections. Working closely with the infection prevention and control team to:

- Ensure that as far as is reasonably practical national standards and frequencies of cleaning are met

- Ensure that robust cleaning methods are employed when there are outbreaks of infection

- Ensure that appropriate methods are used when cleaning areas that have housed patients with *Clostridium difficile* or other transmissible infections.

- Provide data to the infection prevention and control team to inform ward commendation dashboards

7.13 **Occupational Health Staff**

The Occupational Health Department is accountable to the Chief Executive via the Head of Human Resources. Key responsibilities in relation to infection prevention and control are to:

- Manage all instances of sharps/needlestick injury
- Give appropriate and timely advice to staff who have acquired an infection at work or elsewhere and may present an infection risk to patients
- Work collaboratively with the infection prevention and control team to ensure as far as is reasonably practical that care workers are free of and are protected from exposure to infections that can be acquired at work

7.14 **Other Hospital Staff**

All Hospital staff have a responsibility to prevent harm to patients. They have a responsibility to abide by all Infection Prevention and Control policies and guidelines which is outlined in their Job Descriptions with accountability to their respective line managers. Infection prevention and control should be included in annual appraisals and personal development plans.

8. EDUCATION AND TRAINING

8.1 Infection Prevention and Control training will be delivered in accordance with the training matrix held by the Learning and Development Department, which sets out the nature of training required dependant on the role of the employee. Training will be progressive with a different focus each year based around prevalent issues. This will always include hand hygiene and audit results. It will additionally include monthly updated Trust and Directorate performance and audit results.

8.2 Training will be delivered at all Trust induction sessions and mandatory update sessions organised by Learning and Development. Additional sessions will be delivered on request should demand require these.

8.3 In addition the following sessions will be delivered and attendance records sent to Learning and Development in order that the training records of staff can be updated.

- Foundation year education for doctors

- Input to first and second year student nurse training
- HCA training (NVQ)
- Staff nurse development programmes
- Critical care updates
- Sessions as requested by individual departments, for example: Portering, Hotel Services, Therapies staff

8.4 All sessions will include an element of hand hygiene update or practical hand hygiene training.

9. ASSURANCE FRAMEWORK

9.1 The Infection Prevention and Control Team will act as a repository of evidence for Divisions as "Saving Lives" is being delivered. They will monitor local audits performed by Divisions and conduct assurance auditing with appropriate feedback. Copies of Divisional meetings where Infection Prevention and Control is an agenda item will be sent to the Infection Prevention and Control Team. The Infection Prevention and Control Team will be represented at such meetings as required.

9.2 The Infection Prevention and Control Team will produce and distribute Infection Prevention and Control data via Statistical Process Control Charts on a monthly basis to the Board of Directors and Divisions, regarding MRSA and *Clostridium difficile* infection. Other reports for different organisms may be added to this as required. Hand hygiene compliance data will be published quarterly. Presentations will be given to the Board of Directors and Divisions regarding this data as requested. Selected data will be published on the Trust intranet site on a monthly basis. Assistance will be given where applicable in root cause analysis and production of local action plans to reduce hospital acquired infection. An annual report will be produced and promulgated via the reporting chain.

9.3 Divisional Infection Prevention and Control leads will present a report to the Infection Prevention Board to provide assurance that performance against an agreed set of metrics is maintained.

10. INFORMATION AVAILABLE TO PATIENTS AND THE PUBLIC

10.1 The following information with be published on the Public Website of the Trust

- Infection Prevention and Control Annual Report
- Infection Prevention and Control Policy
- General Infection Prevention and Control advice/information

10.2 Further information is provided in the patient booklet “Your stay in Hospital”

11. ASSURANCE OF EFFECTIVENESS

11.1 Assurance of effectiveness will be achieved as follows:

- Monitoring data and infection rates and feeding those data back to clinical staff in order that steps can be taken to reduce preventable infections.
- Assurance provided by “Saving Lives” and self audit results quality assured by audits performed by the Infection Prevention and Control staff, matrons and Head Nurses. These being linked to outcome measures as published monthly in the ward commendation scheme.
- Appropriate practice in the early notification of outbreaks by survey of advice given in specific instances and comparison against Trust and national guidelines.
- Numbers attending infection prevention and control updating and induction sessions illustrating compliance with the Code of Practice[2]
- Performance of Divisions against an agreed set of “metrics”
- Serious incident reports and action plans derived from them.
- Root Cause analysis leading to action plans and demonstrating application of learning.
- External visits by Commissioners confirming standards of infection prevention and control practice.
- Public domain data published by the Public Health England indicating that the Trust is delivering objectives set by the Department of Health
- The monitoring compliance matrix is at appendix 2

12. REFERENCES

1. *The Health and Social Care Act 2012*. London: The Stationery Office.

2. Department of Health. (2009). *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.* London: Department of Health.

3. Department of Health. (2003). *Winning Ways: Working Together to Reduce Healthcare Associated Infection in England.* London: Department of Health.

4. Department of Health. (2004). *Towards Cleaner Hospitals and Lower Rates of Infection: A Summary of Action.* London: Department of Health.

5. Department of Health. (2008). *Going Further Faster I: Implementing the Saving Lives delivery programme.* London: Department of Health.

6. Department of Health. (2008). *Going Further Faster II: Applying the learning to reduce HCAI and improve cleanliness.* London: Department of Health.

7. Department of Health. 'Delivering clean and safe care'*. DH website page*. London: Department of Health.

8. Health Protection Agency (HPA) and Department of Health. (2009). *Clostridium Difficile infection: How to deal with the problem*. London: Department of Health.

9. National Audit Office (NAO). (2004)*. Improving Patient Care by Reducing the Risk of Hospital Acquired Infection: A Progress Report.* London: The Stationery Office.

10. National Audit Office (NAO). (2009). *Reducing Healthcare Associated Infections in Hospitals in England.* London: The Stationery Office.

11. National Patient Safety Agency (NPSA). (2008). *Patient Safety Alert 2008/02. Clean Hands Save Lives (2nd edition).* NPSA.

12. NHS Litigation Authority (NHSLA) *Risk Management Standards for Acute Trusts* 2010/11

Appendix 1

Linked Policies, Standards and Quick reference Information

Guideline/Practice Information

Acupuncture
Alcohol Swabs
Alternating Mattress Cleaning & Decontamination Rev
Amoebiasis
Anthrax
Aseptic Technique
A-Z Individual precautions
Bed management
Body Fluid Spillage - January 2008
Brucellosis
Cadaver Comm Form
Campylobacter
Carbapenamase producing enterobacteriacae
Chicken Pox
Chloera
Chloraprep Guidelines
CJD Annex J DH Guidelines
CJD Guidelines
Clinell Wipes
Clostridium difficle
Clostridium difficle - outbreak
Clostridium difficle - Patient Information
Clostridium difficle - PII Guidelines - DRAFT
Clostridium difficle PII SIGHT Guidelines
Commode Cleaning
Commode Visual
Conjunctivitis
Cruetzfeldt-Jakob disease
Cryptosporidium
Curtain Changing Guidelines
Cytomegalorvirus
Decontamination Standard Mattress Cleaning & Decontamination
Decontamination Standard Mattress Cleaning & Decontamination 260110
Diarrhoea - Theatres
Diarrhoea - Viral (and/or vomiting)

Diarrhoeal Outbreaks
Diarrhoeal Outbreaks advice
Disinfection
Ebola: Standard for Managing Suspected/Actual case
E Coli 0157
GAS Colonised HCW
GAS Outbreak
GAS Patient info
GAS single case
Gastroenteritis due to SRSVs
Gastro-enteritis in Children
Gloves
Haemophilus influenzae Type B Disease
Hand Hygiene
Hepatitis A
Herpes Simplex
Infant Hearing Equipment
Influenza - Pandemic Flu - A & E
Influenza - Pandemic Flu - Cohort Wards
Influenza - Pandemic Flu - Dying or Deceased
Influenza - Pandemic Flu - General Information
Influenza - Pandemic Flu - General Management
Influenza - Pandemic Flu - Hand Hygiene
Influenza - Pandemic Flu - Isolation
Influenza - Pandemic Flu - ITU
Influenza - Pandemic Flu - Paediatrics
Influenza - Pandemic Flu - Use of PPE
Influenza - Pandemic Flu - Visitors
Influenza - Pandemic Flu - Waste & Environment
Isolation Procedures
Isolation Step Out
Leptospirosis
Major Outbreaks
Management of risk of infection after death of a patient
Mandatory Training
Measles
Meningitis Meningococcal
Meninigitis Pneumococcal
Meniningitis Viral
MRSA All combined
MRSA Bacteraemia Algorithm 011110

MRSA Introduction
MRSA Isolation and prevention of transmission
MRSA Patient Information
MRSA References
MRSA Screening
MRSA Staff screening
MRSA Theatres
MRSA Treatment and suppression
Multi Resistant Gram Negative Rods
Mumps
Needlestick - Clinical Advice
Needlestick - Hepatitis B Infected health care worker
Needlestick - Hepatitis B Vaccination
Needlestick - Hepatitis C Infected health care worker
Needlestick - HIV Infected health care worker
Needlestick - Immediate Action
Needlestick - Innoculation Known Hepatitis B or C Patient
Needlestick - Innoculation Known HIV Patient
Needlestick - Laboratory Testing
Needlestick - Risk Assessment
Needlestick - Risk of Infection to health care worker
Norovirus Guidelines
Norovirus Outbreak Flowchart
Notifiable Diseases
Opthalmic Neonatorum
Pertussis
Poliomyelitis
Respiratory Syncytial Virus - Infants & Children
Respiratory Tract Infections - Adults
Rotavirus
RSV DRAFT
RSV NNU
Rubella
Salmonella
SARS - Severe Acute Respiratory Syndrome
Scabies
Shigella
Shingles
Single Use Devices
Skin Cleansing Guidelines
Stethoscope Cleaning Guidelines

Streptococcus Group A (Necrotising Facitis)
Syphillus
Taking Blood Cultures
Threadworm
Transport
Tuberculosis
Typhoid & Paratyphoid Fevers
Universal precautions
Urinary Tract Infection (Not consistent design)
Vancomycin Resistant Enterococci
Viral Haemorrhagic Fevers
Waste disposal

Appendix 2

Monitoring Compliance

Minimum policy requirements to be monitored	Process for monitoring	Responsible individuals	Frequency	Responsible for reviewing results	Responsible for developing and action Plan	Action Plan Monitoring
Management arrangements	Review at IPB meetings	IPB	Quarterly	IPB	IPCT	IPB
Performance of the IPCT against the Annual Plan	Review of plan at IPCT meetings	IPB	Quarterly	IPB	IPCT	IPB
Audit	Reports to IPB	IPCT Divisional Leads	Quarterly	IPB	IPCT Divisional Leads	IPB IPCT Operational Group
Education	Reports to IPB	IPCT	Quarterly	IPB	IPCT	IPB
Divisional Performance	Reports to IPB	Divisional Leads	Quarterly	IPB	Divisional Leads	IPB
Outbreak Management	Reports to IPB	IPCT	Quarterly	IPB	IPCT	IPCT
Trajectory Targets	Reports to IPB	IPCT	Quarterly	IPB Quality Committee	IPCT	IPB Quality Committee