

TRUST POLICY FOR INFECTION PREVENTION & CONTROL

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Contact for Review	Helen Forrest. Head of Infection Prevention and Control
Executive Lead Signature	Chief Nurse, Director of Patient Experience, Infection Prevention and Control & Facilities Management

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INFECTION PREVENTION & CONTROL POLICY

1. Introduction

Patients in hospital are more susceptible to infection than their counterparts in the community. This is often related to pre-existing disease, invasive procedures or immunosuppressive treatment.

Acquisition of infection as a result of hospital or other healthcare treatment has important implications both for patients affected and the organisation concerned. Healthcare associated infections (HCAs) are seen as an important quality indicator and as such their prevention is key to ensuring that services provided by the NHS are of a high quality. There is also growing concern about the emergence of antimicrobial resistance in a range of human pathogens.

Infection prevention and control (IPC) has a key role in the Clinical Governance, patient safety and quality frameworks, both in terms of identifying areas where quality of care can be improved and in ensuring that appropriate procedures to prevent and control infection are in place.

The aim of the Infection Prevention & Control policy is to ensure that the Trust provides an environment and system of care which minimises the risk of infection to patients, staff and the public

The Health and Social Care Act (2008) and the Code of Practice (2015) require all Trusts to have clear arrangements for the effective prevention, detection and control of healthcare associated infections.

Care homes, primary care services and the wider public are supported with IPC requirements to identify, manage and follow up identified infections by the community IPC team integrating with the acute team in April 2020.

2. Purpose and Outcomes

The purpose of the policy is to ensure that the Trust provides an environment and systems of care which minimise the risk of infection to patients, staff and visitors. The policy will:

- 2.1 Describe the management arrangements for the prevention and control of hospital infection within University Hospitals of Derby and Burton (UHDB) including the infrastructure and framework
- 2.2 Define the duties and responsibilities of members of the Infection Prevention and Control Team (IPCT), The Infection Prevention and Control Committee (IPCC), Infection Prevention and Control Operational Group (ICOG) and other key individuals. Responsibility for infection prevention and control is embedded at all levels throughout the organisation.
- 2.3 Describe the role of the Director of Infection Prevention and Control (DIPaC).

- 2.4 Describe the process and structure in place for policy production, surveillance, education, training and audit.
- 2.5 Ensure that all healthcare staff working within the scope of this policy are aware of their responsibilities to maintain high standards of IPC at all times.

The policy applies to all individuals employed by UHDB on a temporary or permanent contractual basis and to students attending the organisation for learning purposes; this is inclusive of duties carried on behalf of the Trust both in and outside of Trust premises.

3. **Definitions Used**

Structured judgement review (SJR)	A methodology to review episodes of care to identify good practice, learning and lapses in care. This approach requires a multidisciplinary review to make safety and quality judgements
Healthcare Associated Infection (HCAI)	Any infection that develops as a result of healthcare treatment from which the patient was not suffering or incubating at the time of admission/treatment, regardless of the setting
Data Capture System	The Public Health England system where the C.diff, MRSA, MSSA and Gram negative bacteraemia cases and risk factors are recorded
Surveillance	A systematic and continuous method of monitoring infections within the population in order to analyse and disseminate the information to improve practice.

4. **Key Responsibilities/Duties**

4.1 **The Trust Board**

The Trust Board is responsible for monitoring the effectiveness of infection prevention and control policies in order to gain overall assurance that the organisation has in place the necessary processes and controls to manage infection prevention and control.

From the assurances received the Board declares its statement on internal control in the Trusts Annual report. In order to make such a statement of assurance the Board requires robust evidence that the UHDB IPC policy is being implemented, that systems and processes are being reviewed and that where deficiencies are identified, developments and improvement mechanisms are being put into place.

The Board will receive the annual infection prevention and control report, which will include a formal statement of IPC activity during the previous year and will highlight key issues.

4.2 **The Chief Executive**

The Chief Executive has overall responsibility for ensuring that there are effective arrangements for IPC within the Trust and will:

- Ensure there are effective and adequately resourced arrangements for infection prevention and control within the organisation.
- Identify a board level lead for infection prevention and control.

- Ensure that the role and functions of the Director of Infection Prevention and Control (DIPaC) are fulfilled by appropriate and competent persons as defined by the Department of Health.
- Ensure that appropriate systems are in place for:
 - Reviewing reports and statistics on the incidence of alert organisms (e.g. MRSA, Clostridium difficile) and conditions, outbreaks and SI's.
 - ensuring that clinical responsibility for infection prevention and control is effectively devolved to:
 - all professional clinical groups in UHDB
 - Divisions, business units, clinical specialities and support services

4.3 Director of Infection Prevention and Control

The Executive Chief Nurse is the nominated Director of Infection Prevention and Control, (DIPaC). The DIPaC has the strategic responsibility for IPC within UHDB.

The DIPaC will:

- Report directly to the Chief Executive and the Board and not through any other officer.
- Oversee IPC policies and their implementation.
- Be responsible for the IPCT within UHDB, providing clinical leadership and strategic direction.
- Challenge inappropriate clinical hygiene practice, and supported by the Medical Director and the infection prevention & control committee, antibiotic prescribing decisions.
- Assess the impact of all existing policies and plans on Infection Prevention & Control (IPC) and make recommendations for change.
- Produce and release publicly an annual report on the state of healthcare associated infections in the Trust.
- Lead on Trust response to outbreak management.

4.4 Infection Prevention and Control Committee (IPCC)

The role of the Infection Prevention and Control committee is to provide the Trust Board, via the Trust Governance framework, with assurance that appropriate systems are in place to reduce infection risks to patients, staff and the public.

The committee, chaired by the Director of Nursing (Operations), meets monthly and is responsible for:

- Discussing, approving and monitoring the IPC annual work plan and incorporated Key Performance indicators
- Receiving, approving and contributing to the IPC annual report
- Setting and monitoring local priorities related to IPC
- Ensuring compliance with national standards by development and implementation of robust monitoring systems
- Evaluating the impact of infection on service delivery
- Directing and supporting the IPC team
- Identifying organisational learning and development
- Ensuring the effective implementation of the infection prevention & control agenda
- Receiving and reviewing reports from IPC projects

- Reviewing trend analysis from IPC surveillance to ensure appropriate action and learning is disseminated Trust wide
- Receiving and reviewing reports on adverse incidents, including recommendations on change in practice
- Monitoring and advising on the Trust cleaning specification to ensure high standards of cleanliness across the organisation
- Monitoring progress of the annual IPC work plan
- Receive reports from Divisional Nurse Directors and Director of Midwifery to include:
 - Ward / Department audit data and trends analysis for their Division and Business Units
 - Progress towards meeting objectives set out in agreed infection prevention and control indicators for Divisions
 - Compliance with all other duties which form evaluating Part of the Health and Social care Act 2008: Code of Practice on the prevention and control of infections and related guidance
- Receive escalation reports from the Infection Prevention & Control Operational group
- Receive quarterly assurance reports from the Trust Decontamination group
- Receive quarterly assurance reports from the Trust Water Safety group
- Review and agree the terms of reference for this and associated groups e.g. ICOG
- Advising on and approving all infection prevention and control policies and review their implementation
- Provides advice regarding the most effective use of resources available for infection prevention and control and for contingency requirements.

4.5 Infection Control Operational Group (ICOG)

ICOG oversees the operational delivery of Infection Prevention & Control across the Trust. ICOG advises on Infection Prevention & Control policy, procedures and guidance and provides advice and support on the implementation of local and national requirements and best practice.

The ICOG meets monthly and is chaired by the Head of Infection Prevention and Control. ICOG is a sub-group of the IPCC. The group:

- Will discuss and review any concerns identified from individual structured judgement reviews and to identify broader organisational learning.
- Will receive and review Business Unit compliance with the IPC metrics and associated action plans, identifying elements for escalation and additional learning points.
- Receive and discuss any operational issues / challenges identified by Divisions.
- Support the delivery and monitor the compliance with Infection Prevention and Control Mandatory Training.
- Report to IPCC on a monthly basis, escalating any areas of concern / recommendations for action.

4.6 Healthcare Associated Infections (HCAI) Review Group

The HCAI Group is a sub-group of the IPCC and will discuss the investigations carried out by the Divisions of hospital attributed MRSA and

MSSA bloodstream infections, Gram negative blood stream infections and *Clostridium difficile* infections, if required, following a structured judgement review (SJR).

The HCAI Group is chaired by the Medical Director Quality and Safety and the Director of Nursing (Operations). The group will:

- To provide robust discussion from the multidisciplinary professionals on each case.
- To discuss if there was correct use of the Antibiotic Policy and if any deviations from the policy had a clinically appropriate rationale
- To decide if NICE and Department of Health guidance has been followed
- To discuss the impact of human behaviours and factors in relation to each case
- To decide if there were any lapses in care related to the acquisition of C.diff or the on-going management of patients
- To support the dissemination of good practice and learning throughout the clinical areas.

4.7 The Infection Prevention and Control Team (IPCT)

The IPCT consists of:

- Director of Infection Prevention and Control
- Director of Nursing (Operations)
- Head of Infection Prevention & Control
- Infection Control Doctors
- Lead Nurse IPC (Acute and Community)
- Antimicrobial Pharmacists
- IPC Nurse Specialists
- IPC Nurses
- IPC Support workers
- IPC administration

The IPCT will seek additional specialist advice from

- Consultant Microbiologists
- Consultant Virologists
- Decontamination and Sterile Service Managers
- Facilities Management
- Operations Team

The key role of the IPCT is to:

- Provide specialist advice and support to clinical teams and non-clinical staff
- Provide education for staff in relation to IPC procedures
- Link in with external partners, such as the Clinical Commissioning group (CCG), Local Authority, Public Health England (PHE) to ensure a system wide approach
- Advise UHDB on the measures required for the prevention and management of healthcare associated infections, including new builds and re-development of UHDB estate, decontamination of medical devices, water safety, waste and linen management and environmental and equipment cleaning.

- Take responsibility for leading and developing the strategic direction of IPC throughout UHDB.
- Advice of procurement of products
- Prepare, review and update evidence based policies and guidelines in line with National and local guidelines.
- Formulate a programme of work, including surveillance, audit and education.
- Identify and control outbreaks in collaboration with PHE as appropriate.
- Audit infection prevention & control practices, supporting clinical areas to make improvements where required.
- Providing information to patients and visitors so that they are aware of their role in the prevention of HCAI.
- Develop and lead the IPC link professionals and PPE champion network
- Ensure mandatory reporting to Public Health England

4.8 Divisional Nurse Directors

Divisional Head Nurses are accountable to the Executive Chief Nurse. They are the Divisional leads for IPC 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.
- Support the outbreak management process.

4.9 Divisions / Business Units

- Will provide clinical leadership which instils a culture of zero tolerance on avoidable HCAI across the organisation.
- Ensure that there are designated nursing and medical infection prevention & control leads.
- Ensure that infection prevention and control is a standard agenda item for Divisional / Business unit Risk and / or Governance meetings. As a minimum the following should be included:
 - compliance with monthly infection control audits, by exception
 - compliance with infection control mandatory training, by exception
 - outbreak reports and action plans
 - SI reports and action plans
 - surveillance reports and action plans
- Ensure each clinical area has an infection prevention and control link professional and that this person has the allocated time to undertake this role.

4.10 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.

- Support the Trust and their clinical areas to manage and investigate outbreaks.

4.11 Senior Sisters / Department Managers

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

- Allocate sufficient resources to deliver monthly auditing in line with the Trust audit programme
- 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
- Report potential outbreak to the IPCT
- Manage and investigate outbreaks in their clinical areas with support from the IPCT

4.12 Facilities Management

- Maintain a clean environment that facilitates the prevention and control of infections.
- Will ensure facilities are “fit for purpose”, maintained and cleaned.
- Will oversee effective implementation of guidance relating to cleaning, decontamination, laundry and waste disposal.
- Will ensure that the IPCT are involved and engaged with any new infrastructure or build.
- Support the Trust outbreak management process

4.13 Decontamination Lead / Sterile Services Manager

Will support the infection prevention and control team and clinical teams by providing expert advice and guidance on decontamination issues concerning medical device decontamination and decontamination processes throughout the Trust ensuring that national guidance that national guidance and recommendations for implemented.

4.14 Water Safety Group

The Trust’s Water Safety Group meets on a monthly basis to monitor water systems including monthly Legionella and Pseudomonas Aeruginosa sample results, with good attendance from key stakeholders including Facilities Management, Estates, Capital Projects and Infection Prevention and Control. The group reports to the Infection Prevention and Control committee on a quarterly basis.

4.15 Occupational Health

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/needle stick 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
- Support the delivery of immunisation and vaccination services
- Support the Trust outbreak management process, including staff swabbing and vaccination as indicated

4.16 Infection Prevention & Control Link Professionals / PPE Champions

- Will act as a resource and role model for Divisional colleagues, under the supervision of the Infection Prevention & Control team.
- Provide information to assist in the early detection of outbreaks of infection to the infection prevention and control team.

4.17 All Healthcare Workers

All Hospital staff, including contractors have a responsibility to prevent harm to patients. They have a responsibility to abide by all IPC 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.

5. Managing the Policy and Procedures for Infection Prevention and Control

5.1 Infection Prevention and Control Assurance / Governance Framework

The Trust's assurance / governance framework for the provision of Infection Prevention and Control is designed to build upon the systems and structures that already exist to maintain best practice and ensure high standards of IPC. This framework provides the Trust with necessary monitoring and reporting systems to enable the standards to be maintained.

5.2. Mandatory Reporting

NHS organisations are required to report all Meticillin Resistant *Staphylococcus Aureus* (MRSA) blood stream infections, Clostridium difficile infections, Meticillin Sensitive *Staphylococcus Aureus* (MSSA), *Klebsiella*, *Pseudomonas Aeruginosa*, and *Escherichia coli* (*E. coli*) blood stream infections to Public Health England, via the data capture system. The Infection Prevention & Control Team (IPCT) report all positive results on behalf of the Trust.

All mandatory reported infections identified as hospital onset will be reported via the Datix system by the clinical teams. The IPCT will refer all relevant infections not attributed to UHDB to the relevant CCG / community infection prevention and control team for investigation.

A structured judgement review (SJR) will be undertaken by a multi-disciplinary team and the infection prevention and control team. The SJR will decide if there were any lapses in the patients care, identify good practice and learning. The HCAI Investigations process is detailed in appendix Four.

The IPCT and Division will jointly complete the SJR document at the review meeting.

Action plans will be developed by the Business unit / Division following the SJR. Progress against the action plan will be reported to and monitored by the Trust Infection Prevention and Control Committee.

A trend and themes summary report will be presented to the UHDB IPCC by the IPCT.

A sample of cases will be reviewed with the CCG.

The IPCT will co-ordinate the SJR requests and meetings.

Outcome data will be collected by the IPCT relating to relapses in the condition and death with 30 days of diagnosis.

5.3 Surgical Site Infections Surveillance Service (SSISS) for Elective Orthopaedic Surgery

Surgical site infection surveillance following elective Orthopaedic surgery is included in national mandatory surveillance for healthcare associated infections. Mandatory surveillance collects data over a three month period, on an annual basis, using active prospective surveillance methods.

The Infection Prevention and Control Team will lead, with the support of the Division of Surgical Services on the mandatory orthopaedic surgical site surveillance and report surveillance data and findings to the Division and to Infection Control Committee. If required action plans will be developed by the Division, in conjunction with Infection Prevention and Control. These will be monitored at Infection Control Committee.

5.4 Voluntary Targeted Surveillance

The need for intermittent targeted surveillance of infection or sub groups of patients will be determined by the Infection Prevention and Control team (IPCT), in conjunction with Divisional leads, clinical teams, in response to local need and will be detailed in the annual infection prevention

5.5 MRSA Screening

The Trust follows the Department of Health risk based approach for MRSA screening for planned and unplanned admissions. Compliance with this is monitored at Infection Prevention & Control committee.

5.6 Ward Closure due to infection Outbreak

Outbreaks of infection, identified by the IPCT or clinical teams, will be investigated in line with the Trust Outbreak Policy. Identified learning and good practice is reported to IPCC.

5.7 Training and Development

- Training relevant to infection prevention and control is undertaken according to the UHDB Training Needs Analysis. All staff working within the Trust, including contactors must be trained in infection prevention and control procedures.
- All staff will receive infection prevention and control training on induction to the Trust

- All clinical staff and non-clinical staff working in clinical areas will receive two yearly mandatory training in infection prevention and control. This can either be by face to face learning or via e-learning.
- All clinical staff and non-clinical staff working in clinical areas will have a two yearly observed hand hygiene assessment
- Staff involved in prescribing or administering antimicrobials will receive additional training
- Attendance at training is monitored by Divisions and reported, by exception, to the infection control operational group and infection prevention and control committee.

5.8 Infection Prevention and Control Policies

All infection prevention and control policies are available electronically within the policies pages of the UHDB intranet. All policies are in line with current national and professional guidelines and are evidence based. Where there is national guidance available the Trust will use this to guide practice.

Antimicrobial prescribing guidelines are available electronically via the guidelines pages of the UHDB intranet and via the UHDB prescribing smart phone apps.

5.9 Public Engagement

A fundamental part of engagement is communicating in an appropriate and timely manner with patients, public and the staff.

UHDB will use a number of key media styles, including the internet, intranet, patient information leaflets, social media and general information campaigns to promote effective infection prevention and control measures. We will seek feedback from staff and service users as policies, procedures and practice develops.

UHDB will collaborate with colleagues from the Staffordshire and Derbyshire Health Economy to ensure that key infection prevention and health promotion messages are shared and promoted.

The UHDB internet site contains information for the public which includes advice on MRSA, *Clostridium difficile*, cleanliness standards, infection rates and what visitors and patients can do in order to assist in preventing infection.

The UHDB internet site also has the Infection Prevention and Control Annual Report available for the public.

6. Monitoring Compliance and Effectiveness

The key requirements will be monitored in a composite report presented on the Trusts Monitoring Report Template:

Monitoring Requirement :	<ul style="list-style-type: none"> • The Trust will undertake a structured judgement review of all relevant infections identified as hospital onset in order to determine possible whether there has been a lapse in care, good practice and learning, to prevent further occurrences.
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	<ul style="list-style-type: none"> • Audit and surveillance programmes to identify any non-compliance with IPC policies
Monitoring Method:	<ul style="list-style-type: none"> • Annual programme of IPC audits. These unannounced audits are undertaken by members of the infection prevention & control team and their purpose is to monitor adherence to clinical care protocols. • Clinical areas undertake a suite of infection prevention and control audits monthly. Compliance with these will be reported by exception and reviewed on a monthly basis to ICOG • Divisional Compliance with IPC mandatory training will be reported, by exception, and reviewed at ICOG on a monthly basis • Non-compliance with IPC policies will be reported using the Trust Incident reporting process
Report Prepared by:	<ul style="list-style-type: none"> • A report on annual IPC audits will be prepared by Head of IPC or deputy • The reports on compliance with infection prevention & control audits and mandatory training will be prepared by the relevant business unit / divisional Lead • Report on non-compliance with IPC policies will be prepared by the relevant divisional IPC lead or Lead Nurse IPC
Monitoring Report presented to:	Infection Control Operational Group – items escalated to infection control operational group as necessary
Frequency of Report	Monthly

7. References

Public Health England. (2021). COVID-19: infection prevention and control guidance.

Public Health England. (2021). Thirty day all cause fatality subsequent to MRSA, MSSA and E.coli bacteraemia and C.difficile infection

Public Health England (2020). Acute trust toolkit for the early detection, management and control of carbapenemase-producing Enterobacteriaceae

Budd E et al; Adaptation of the WHO Essential Medicines List for national antibiotic stewardship policy in England: being AWaRe J Antimicrob Chemother 2019; 74: 3384–3389 doi:10.1093/jac/dkz321 Advance Access publication 30 July 2019

NHS Improvement (2019). Clostridium difficile infection objectives for NHS organisations in 2019/20 and guidance on the intention to review financial sanctions and sampling rates from 2020/21

NHS Improvement, 2019. Reducing Gram-negative blood stream infections: examples of practice.

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Department of Health, (2015). The Health and Social Care Act 2008 Code of practice on the prevention and control of infections and related guidance

NICE NG 15 (2015) Antimicrobial stewardship: systems and processes for effective antimicrobial medicine use

Public Health England (2015) Start Smart – Then Focus. Antimicrobial Stewardship Toolkit for English Hospitals

British Society for Antimicrobial Chemotherapy - Practical guide to antimicrobial stewardship in hospitals

Department of Health, (2014). Implementation of modified admission MRSA screening guidance for NHS.

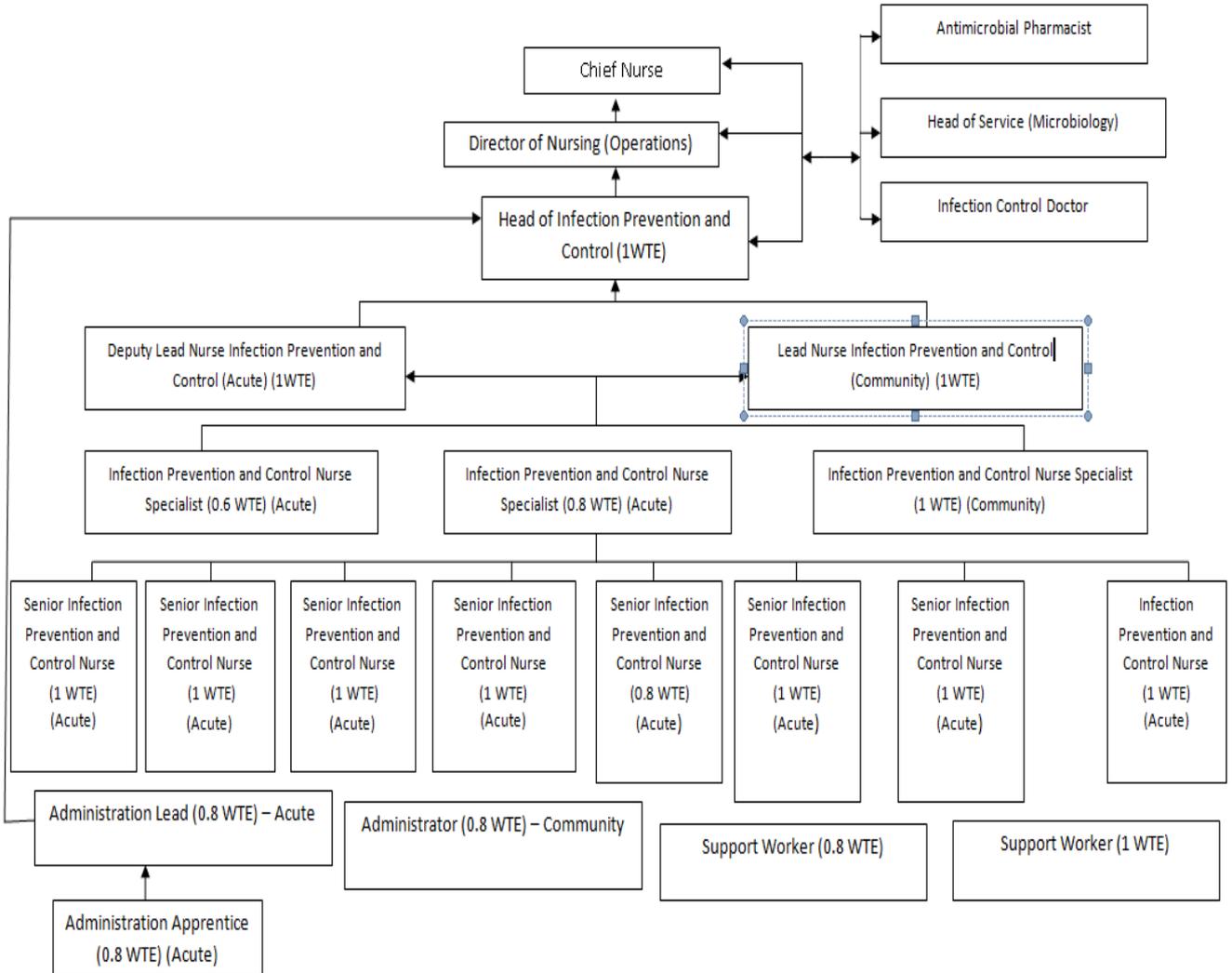
Health Protection Agency (HPA) and Department of Health. (2009). *Clostridium Difficile infection: How to deal with the problem*. London: Department of Health.

8. Appendices

Appendix One

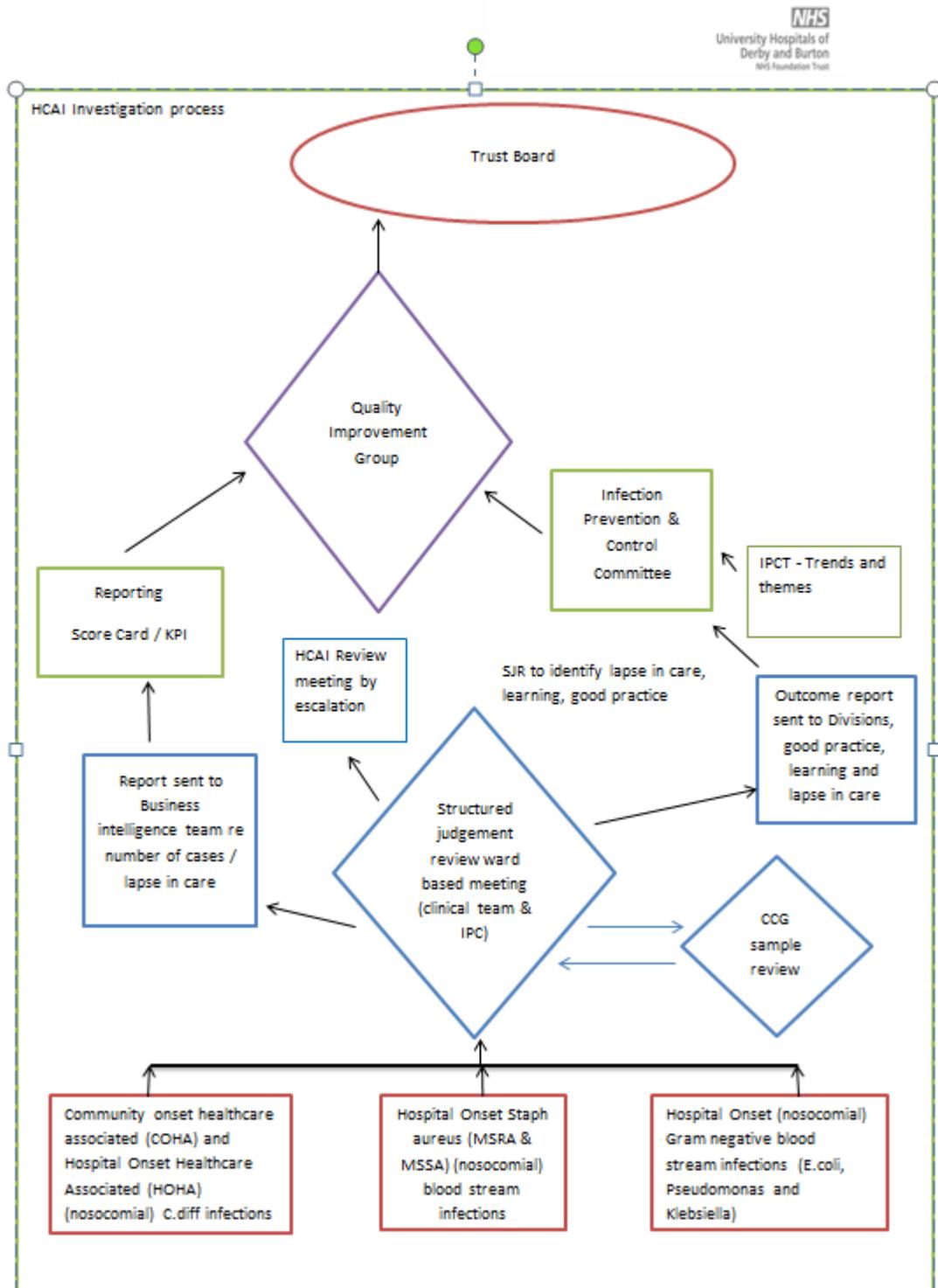


Infection Prevention and Control Team Structure



March 2021

IPC PSIFR / PSII Process



Appendix Three

IPC Guidance / Policies to support the Infection Prevention & Control Policy

Animals in hospital

Cleaning Policy

Clostridium difficile

Transmissible spongiform encephalopathy (creutzfeldt-jakob disease)

Closure of Wards

Decontamination

Dress Code Policy

Group A Streptococcus

Hand Hygiene and PPE

Influenza

Isolation

Middle east respiratory syndrome coronavirus (mers-cov)

MRSA

Multi Resistant Organisms

Norovirus

Outbreak Management Policy

Panton Valentine Leukocidin (PVL)

Pneumocystis Jirovecii (PJ) Infection / Colonisation

Tuberculosis

Viral Haemorrhagic Fever