Infection Control Procedure

To whom this document applies: **All Trust staff and all visiting staff including tutors, students and agency/bank/locum staff**

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Contributors: Please See Procedural Development, Consultation Proposal Form – page 2

Archiving information held by the secretary of the Procedural Documents Approval Committee
**Procedural Development Consultation Proposal Form**

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**Name of person presenting document:**  
Heather Dakin – Senior Nurse Infection Control/Team Leader

**Reason for document development/review:**  
Bi-annual update including changes in Trust structure and job roles.

**Names of development team (including a representative from all relevant disciplines):**  
Heather Dakin – Senior Nurse Infection Control/Team Leader  
Dr Elston – Consultant Microbiologist/ Director of Infection Prevention and Control

**Who has been consulted?**  
Infection Control Team  
Hospital Infection Control Committee Members  
Director of Nursing  
Matron, Children’s Services  
Health and Safety Sub-Committee

**Does this document require presentation and agreement from Health & Safety Committee or Staff Partnership Forum prior to PDAC approval?**  
Yes ✅  No □

**Specify groups of staff to whom the document relates:**  
All Trust staff and all visiting staff including tutors, students and agency/bank/locum staff.

**Source of supporting evidence (references etc.):**  
See Evidence Base.

**Are there resource implications?**  
Yes □  No ✅

**Does the Procedure/Guideline meet latest NHSLA, Risk Management Standards, Essential Standards of Quality and Safety (CQC)?**  
Yes ✅  No □

**Does this Procedure/Guideline include children, if applicable?**

1. Does this document apply to children?  
   Yes ✅  No □

2. Are there aspects of this document that differ with regard to the treatment of children?  
   Yes □  No ✅

If yes, please state who has been consulted:  
Matron, Children’s Services

A Trust review will occur every two years unless national guidance states otherwise.

**Date:** January 2015
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Introduction
This procedure aims to outline strategic arrangements for the prevention and control of infection within Colchester Hospital University NHS Foundation Trust.

Healthcare-associated infections (HCAIs) are infections that are associated with interventions, devices or procedures carried out in healthcare facilities. It has previously estimated that 300,000 HCAIs occur annually (House of Commons 2005).

Healthcare-associated infections are estimated to cost the NHS approximately £1 billion a year, and £56 million of this is estimated to be incurred after patients are discharged from hospital (NICE 2012). Published evidence suggests that at least 20% of HCAIs are avoidable (Harbarth et al 2003).

Given that some patients are particularly susceptible to infections, not all healthcare associated infections (HCAI) are avoidable. However, a significant proportion can be prevented with better application of existing knowledge and adherence to best practice (Forward of EPIC2 Pratt et al 2007).

Whilst the management of HCAI is complex, the main objective of the Infection Control Team (ICT) is to reduce preventable infection to the lowest level at an acceptable cost.

The Chief Executive of the Trust is responsible for ensuring that effective infection control arrangements are in place and are subject to regular review.

Appendix A details the infection control accountability structure; and Appendix B the management structure within the Trust detailing the links from the Infection Control Team through to the Board of Directors including the Chief Executive.

The key management forum for infection control within the Trust is the Hospital Infection Control Committee (HICC). See Appendix C for the HICC membership Terms of Reference.

The ICT has primary responsibility for all aspects of surveillance, prevention and control of infection at Trust level.

The ICT produces an Annual Report and Annual Programme, which is ratified by the HICC, widely circulated (including via the Trust Intranet) and presented to the Trust Board via the Quality & Patient Safety Assurance Committee.

The ICT collaborates closely with the Consultant in Communicable Disease Control (CCDC), North East Essex Primary Care Trust Director of Public Health and other community infection control colleagues.

This document has been written to provide staff with a clear overview of the infection control provision within the Trust with clear lines of responsibility.

Related Documents
118 – Risk Management Strategy
203 – Planning and Delivering Risk Management Training Procedure
204 – Health and Safety Policy

1. Definition of Terms
ICT – Infection Control Team
HCAI – Healthcare Associated Infection
HICC – Hospital Infection Control Committee
CCDC – Consultant in Communicable Disease Control
PHE – Public Health England
CCG – Clinical Commissioning Group
2. Roles and Responsibilities
The Trust Chief Executive is accountable for establishing and maintaining adequately resourced Infection Prevention and Control arrangements throughout the Trust.

The Director for Infection Prevention and Control (DIPC) will be responsible for the Infection Control Team (ICT). The DIPC reports directly to the Trust Chief Executive.

The DIPC produces an annual report relating to healthcare acquired infection in the Trust, which after Board of Directors approval, is released to the public for their information.

All healthcare workers have a duty to act on and report, at the earliest opportunity, infections that may be deemed infectious to others i.e. communicable/notifiable diseases or resistant organisms.

It is the responsibility of all staff, whether contract or temporary to work within Trust policy and procedures and this is clearly stated within every Trust job description. Failure to do so may invoke the Trust disciplinary procedures.

Additional roles and responsibilities can be found in Appendix A – Infection Control Accountability Structure and Framework for the following staff:
- Director of Nursing (Executive Lead).
- Director for Infection Prevention and Control (DIPC)
- Director for Facilities and Estates.
- Associate Directors of Divisions.
- Service Managers and Service Directors.
- Clinical Leads.
- Associate Directors for Nursing and Allied Healthcare Professionals
- Chief Executive.
- Senior Infection Control Nurse/Team Leader.
- Infection Control Nurse.
- Infection Control Surveillance/Audit Nurse
- Matron.
- Ward Sister/Charge Nurse.

Membership of the Infection Control Team
The team consists of staff with specialist knowledge and skills in hospital infection control.
- Director for Infection Prevention and Control/Consultant Microbiologist/Infection Control Doctor
- Consultant Microbiologist
- Senior Nurse for Infection Control/Team Leader
- Infection Control Nurse
- Associate Infection Control Nurse
- Surveillance/Audit Nurse in infection control
- Secretary and administrative support
- Microbiology Laboratory Manager

All members of the ICT are required to undertake continuing professional development in accordance with professional regulation and Clinical Governance arrangements. An adequately resourced and staffed Microbiology Laboratory supports the Infection Control team. The laboratory is capable of promptly processing and reporting results on specimens sent for investigation.

3. Process

Infection Prevention and Control Assurance Framework
The Trust will ensure that arrangements are in place for infection prevention and control to include procedures; surveillance, training and audit programmes led by an Infection Control Team.
The core procedures/guidelines in place relate to those outlined within the Health and Social Care Act (2008): Code of Practice for the Prevention and Control of Health Care Associated Infection

- Standard infection control precautions.
- Aseptic technique.
- Major outbreaks of communicable infection.
- Isolation of patients.
- Safe handling and disposable of sharps.
- Prevention of occupational exposure to blood-borne viruses (BBVs), including prevention of sharps injuries.
- Management of occupational exposure to BBVs and post exposure prophylaxis.
- Closure of wards, departments and premises to new admissions.
- Disinfection procedure.
- Antimicrobial prescribing.
- Reporting HCAI to the Health Protection Agency (HPA) as directed by the Department of Health.
- The Control of specific alert organisms taking account of local epidemiology and risk assessment. These must include as a minimum MRSA, *Clostridium difficile* and Transmissible Spongiform Encephalopathies.
- The aforementioned procedures are reviewed in light of national guidelines and are audited against within a planned programme, which is agreed by the Trust HICC.

### The Main Components of the Infection Control Programme

- Providing education and training on the prevention and control of HCAI to all staff groups within the Trust including induction.
- Undertaking surveillance of infection.
- Producing, implementing and auditing compliance with infection control procedures and guidelines.
- Liaising, communicating and advising all staff on a day-to-day basis on all matters relating to infection control on a 24-hour basis.
- Ongoing development and support of the Infection Control Link Nurse system.

### Surveillance and Audit

- Surveillance is the key component of an infection control programme. Surveillance consists of the routine collection of data on infections among patients and staff, its analysis and dissemination of results to those who need to know in order that appropriate action can be taken.
- The aim of surveillance is to produce timely information on infection rates and trends, detect outbreaks, inform evaluations of and changes in clinical practice, and assist the targeting of preventative efforts.
- Non compliance relating to infection risks will be incident reported through the Trust electronic incident reporting system (Datix) as detailed in document number 118, Risk Management Strategy.
- Infection Risks will be placed on the Trust Risk Register as trends indicate.

### Types of Surveillance

Alert organism surveillance whereby the ICT are notified of laboratory reports identifying specific organisms with potential for cross-infection.

- Alert condition surveillance in which ward staff have a responsibility to report specific clinical conditions to the ICT.
- Pro-active surveillance, whereby HCAI data is gathered prospectively, e.g. surgical site infection.

### Procedure Development

- All new and updated procedures are approved by the Infection Control Team, ratified by the HICC before referral to the Procedural Development Approval Committee of the Trust.
- Infection control procedures are evidenced based and follow national guidelines.
- Infection control procedures are reviewed at least every two years and in between in the light of significant new evidence and/or in line with local requirements.
Information Available for Patients/Visitors and Members of the Public Relating to Infection Control and Infection Rates

- The results from the mandatory surveillance are published on the DOH website.
- Colchester Hospital University NHS Foundation Trust surveillance results consisting of mandatory reporting of MRSA bacteraemia, Clostridium difficile cases and surgical site surveillance including orthopaedic surgery. These are published in the Infection Control Annual Report which is available to staff and members of the public on the Trust Intranet and Internet website.
- There are patient information leaflets available to all Trust wards/departments relating to infection control issues including:
  - MRSA.
  - *Clostridium difficile*.
  - Isolation.
  - Respiratory Syncytial Virus (RSV).
  - Reducing the risk of infection in hospital.
  - Infection control for volunteers and students.
  - Gastroenteritis in children.

These leaflets are reviewed at least annually and added to as clinical need dictates.

4. **Training**

All staff will undertake Infection Control and Hand Hygiene Awareness training as defined in the Training Needs Analysis (refer to Planning and Delivering Risk Management Training, document number 203).

The hand hygiene competency can be achieved by a practical application or by theoretical session in the form of the Infection Control e-learning.

Infection control training on mandatory Infection Control principles is delivered at:

- Trust Induction.
- Biennial mandatory update sessions for nursing staff.
- Obstetrics and Gynaecology mandatory biennial update.
- Doctors’ Fayre twice yearly.
- Infection control e-learning is available via the Trust intranet for staff and is updated annually in line with local requirements.

The Trust electronic training database holds all information of mandatory updates.

Mandatory Infection Control content will be presented at another teaching session requested by wards and departments over and above those sessions outlined above.

It is each Line Manger or Clinical Directors responsibility to ensure that their teams undertake infection control training and this is recorded. It is also a responsibility of the line manager to ensure any non-attendance is followed up and a place is booked on the next available session; which could include the successful completion of the e-learning programme for infection control.

Training also takes place on an individual/team basis. Please contact the infection control team on extension 4268 for further information.

It is the responsibility of the training provider to ensure that a register of all attending is sent to the Training and Development Department to ensure that the session is recorded on the individual’s training record via the Trust’s electronic database system.

5. **Evidence Base**


Saving Lives: a delivery programme to reduce Healthcare Associated Infection including MRSA DOH. (2007)


6. Monitoring Compliance and Audit
There is an ongoing programme in place with the aim for all clinical areas to ensure that audits against the high impact interventions within ‘Saving Lives’ DOH (2007), which are relevant to their area of practice. The audits should be undertaken monthly within clinical wards/departments with the results fed back to the relevant divisional governance committees.

Audit of implementation of procedures is undertaken as required. Audit of compliance with selected procedures is undertaken, on a planned rolling programme.

This procedure is available on the Trust intranet. All staff are notified via email, of the procedure and any amendments.
An Accountability Framework to deliver the Infection Control Strategy for Colchester Hospital University Foundation NHS Trust

Introduction
The Infection Control Strategy for Colchester Hospital University Foundation NHS Trust (CHUFT) is to deliver in total the Health and Social Care Act 2008 – Code of Practice for health and adult social care on the prevention and control of infections and related guidance (2011). All employees of the CHUFT have a responsibility to comply with Infection Control practices and procedures. This responsibility must be included in the Trust’s Contract of Employment information given to staff. There will also be key individual members of staff as identified in the Infection Control Accountability Framework that will have specific responsibilities for Infection Control. These responsibilities must be added to individual job descriptions and be part of their annual performance review with agreed personal and corporate annual objectives. The aim of the Accountability Framework (Appendix 1) is to embed effective infection prevention and control activities into everyday practice ensuring that all Infection Control practices are applied consistently by everyone.

Infection Control Link Workers
Link workers for Infection Control are presently only identified in nursing and midwifery. This is gradually moving to include areas such as x-ray, physiotherapy, pharmacy, sterile supplies department and all soft services. With this structure the Trust needs to consider the provision of protected time for link workers to undertake agreed Infection Control activities, i.e. cascade training for hand hygiene observations, feedback from link workers meetings, and other activities identified to the Health and Social Care Act 2008 Code of Practice. An estimated time requirement would be 2½ hours per month as a minimum. The Link worker’s role would be supported by the Infection Control Nurse Specialists at Division level and managed overall by the Senior Infection Control Nurse Specialist.

The Infection Control team (ICT) consists of the Director of Infection Prevention & Control (DIPC), Consultant Microbiologist, Senior Infection Control Nurse (ICN), 2.5 WTE ICNs, a Surveillance Nurse 0.64 WTE, a Team Administrator and Data Manager. The ICT (nursing) will be allocated areas of responsibilities, to foster a close working relationship and further the intention to devolve responsibility and accountability for delivering Infection Control at the bedside to the Divisions.

Division Based Infection Control Activities
The Infection Control team will be line managed by the Director of Nursing within the corporate division. Infection Control activities undertaken by the Infection Control team and the Link workers will need to be integrated into a Division and Trust wide governance system that facilitates the following:

- A reporting structure for the Infection Control Nurse Specialists within the Divisions, which provides the opportunity for interactive feedback and Action Planning for current and future Infection Control activities as described (Appendix 1).
- An agreed process of Infection Control clinical activity and accountability within the following Division based roles:

Matrons (Appendix 2)
Risk/Governance Managers as appropriate – activities to be decided by the:
Division
Head of Midwifery
Associate Directors
Service Managers
Service Directors
Clinical Program Directors

The following is a proposed accountability framework that is necessary to ensure deliver of the Code of Practice across the Trust.
1) Director of Nursing (Executive Lead) will:
   - Be held accountable for ensuring all clinical areas deliver on their local agenda for Infection Control.
   - Monitor the achievement of Infection Control activities as specified (Appendix 1 and 2).

2) Director for Facilities and Estates:
   - Facilities Management and Estates staff are accountable to the Trust Board for achieving the Trust’s goal in relation to ensuring the environment is managed, maintained and cleaned to agreed national standards.
   - Ensure close working relationships with Infection Control, Ward Sisters, and Matrons to ensure the environment is managed effectively.
   - Attend and report to the Hospital Infection Control Committee (HICC).

3) Associate Directors of Divisions:
   - Ensure the delivery of the Division’s Infection Control agenda to ensure compliance with the Care Quality Commission Standards.
   - Support Divisional teams in the Delivery of the Trust Infection Control Agenda
   - Attend Hospital Infection Control Committee (HICC) as required.

4) Associate Directors for Nursing and Allied Healthcare Professionals
   - Ensure the delivery of the Division’s Infections Control agenda to ensure compliance with the Care Quality Commission Standards.
   - Attend and report to Hospital Infection Control Committee (HICC).

5) Service Managers and Directors will:
   - Be accountable for ensuring that medical practice complies with agreed protocols and guidelines e.g. antibiotic prescribing and the application of an aseptic technique for all invasive procedures.

6) Clinical Directors will:
   - Identify, agree and develop local key performance indicators for Infection Control – which are clearly linked to the overall Trust Infection Control performance indicators.
   - Have overall accountability for the delivery of all aspects of the Trust’s Annual Infection Control program within their Division. Compliance against this will be monitored at the Division Performance Management/Governance Meetings.
   - Be expected to attend and present their Division compliance with Infection Control to the HICC or send an agreed representative.

7) The DIPC will be performance managed against agreed objectives which will form part of the Trust’s Annual Infection Control Programme and:
   - Be directly accountable to the Chief Executive for delivery of the Trust’s Annual Infection Control Programme.
   - Report to the Patient Committee and the Quality and Patient Safety Committee.
   - Report jointly each week directly to the Executive Lead for Infection Prevention and Control.
   - Work with the Executive Director with responsibility for Infection Control to deliver the Trust’s Annual Infection Control Programme and compliance against the Health and Social care Act 2008 Code of Practice for health and adult social care on the prevention and control of infections and related guidance.

8) Delivering the Code of Practice for the prevention and control of HCAs requires a fully integrated governance structure that will underpin the delivery of Infection Control at all levels of the Trust, ensuring a bottom up and top down approach. Keeping patients safe, including preventing or reducing the risks of healthcare associated infection, should not be viewed as a discreet duty that can be delegated to the DIPC and the ICT (HC, 2007); but one that is fully supported at an Executive level.
9) The Executive Director with delegated responsibility for Infection Control will:
   - Provide support and guidance for the Infection Control team.
   - Work strategically with the DIPC to deliver the Trust’s Infection Control agenda.
   - Ensure the Infection Control team is able to deliver a service that achieves and maintains compliance with the Health Act 2008 (2011) Code of Practice for the prevention and control of healthcare associated infections.

10) The Hospital Infection Control Committee will consist of:
   - DIPC
   - Consultant Microbiologist
   - Chief Executive
   - Director with Executive lead for Infection Control
   - Senior Infection Control Nurse
   - Divisional representatives – Associate Directors for Nursing and Allied Healthcare Professionals
   - CCDC (from PHE)
   - Principle Pharmacist
   - Senior Health and Wellbeing Manager
   - Estates Department Senior Manager (and/or authorised person for water safety control including Legionella control)
   - Co-opting of any other Service Manager as required
   - Patient Representative

11) The Chief Executive has corporate responsibility for the delivery of the NHS Performance Strategy for the Trust and is accountable to the Secretary of State.
Appendix 1

The Areas of Accountability and Allocation of Named Infection Control Nurse Specialists (ICNS) to the Divisions:

**Senior Infection Control Nurse Specialist**

Area of accountability:
- Team Leader for Infection Control Nurses and IC administrative staff
- Planning and Service Development
- Projects and Facilities
- Personnel and Organisational Development
- Governance and Risk Management
- Education, Training and Research
- Quality and complaints, patient experience, Professional Nursing and Midwifery
- Line management of Infection Control Nurses, Surveillance nurse, Team administrators and IC Data Manager; antimicrobial support team including the Antimicrobial support nurse and administrator
- Support ICNS in delivering Infection Control throughout the Divisions
- Collate and forward relevant KPI reports to both internal and external partners as agreed following IG processes are adhered to
- Monthly reports to DIPC, Matrons, Ward Sisters, Associate Directors of Nursing and Allied Healthcare professionals, Performance Management, Risk Management

**Infection Control Nurse**

Area of accountability throughout CHUFT to include and not exclusive to:
- Medicine
- Specialist Medicine – including Renal Unit and Isolation Unit
- Care of the Elderly
- Essex County Hospital
- EAU
- A&E
- Surgery
- Women and Children Services
- Maternity services
- Critical Care
- Elmstead Day Surgery Unit
- Elective Care Centre
- Radiology services

The areas will be split and allocated to the ICNS in order to meet both the service and IC professional developmental needs.

**Service Based ICNS Activities:**
- Notification of positive alert organism results to ward with Infection Control advice where needed
- Daily monitoring of surveillance of HCAI in allocated clinical areas together with the use of the case management system – ICNet to document interventions.
- Discuss and instigate the completion of incident reporting for all Infection Control related deviations from the expected patient outcome, i.e. healthcare associated infection/colonisation or Infection Control related incident.
- A minimum of bi-monthly NPSA inspections of allocated areas with Trust Housekeepers.
- Regular contact with clinical area to assess Infection Control practice and symptomatic state of *C. difficile* patients and monitor documentation of Care pathway.
- Regular visit to clinical area to observe Infection Control practice in general cleanliness, waste removal, and hand hygiene observations.
- Monitoring and documentation on ICNet documentation of Care Pathway for patients with MRSA.
- Ward visits to follow up movement to side rooms of patients as advised by Infection Control.
- Work with clinical teams to complete risk assessment and incident reporting form where patients have failed to be isolated with 12hrs.
- Visit daily to monitor and advise on the care of patients in cohort areas when in use.
- Actively participate and advise on discharge planning of complex Infection Control cases into the community and inter-hospital transfers.
- Investigate potential clusters of infections with support from SICN/DIPC.
- Monitor activity and advise all ward staff on the completion of Saving Lives HII.
- Attend appropriate divisional meetings to support Matrons/clinical teams feedback and aid interpretation of timely and accurate information on Infection Control related incidents, cases and areas of improvement.
- Work with Infection Control Link Nurses, as role models.
- Develop effective lines of communication with ‘Site Team’ for the most efficient use of side rooms in clinical areas.
- Identify learning needs and areas for improvement, change of practice and/or Policy.
- Identify, agree and provide Division specific training needs with Matrons/Associate Directors of Nursing.
- Be available to provide expert advice to patients, relatives and staff on Infection Control.
- Teach and Lead by example – best Infection Control practice.
- Agree Division specific training needs.
- Extend personal knowledge base by attending microbiology rounds or individual patients with Consultant Microbiologist (as appropriate).
- Police antibiotic prescribing at ward and departmental level feedback to Antibiotic Pharmacist/Nurse and/or Consultant Microbiologist, as appropriate.

**Infection Control Surveillance Nurse Responsibilities:**

- Lead ICN for Theatres and Recovery.
- Discuss and instigate the completion of incident reporting for all Infection Control related deviations from the expected patient outcome, i.e. health care associated infection/colonisation or Infection Control related incident.
- Work with Infection Control Link Nurses, as role models and expert Infection Control practitioners to raise awareness of and promote with them best practice in Infection Control.
- Identify learning needs and areas for improvement, change of practice and/or policy.
- Teach by example – best Infection Control practice.
- Three times a week review of all identified surgical site surveillance patients.
- Investigate any wound infections identified.
- Maintain and record accurately all surveillance data in compliance with PHE protocol.
- Complete and maintain database and surveillance documentation records.
- Complete and disseminate reports having analysed data from quarterly reports from the PHE SSISS.
- Develop audit tools for specific targeted IC audits under the direction of the SICN/DIPC.
- Manage completion of audits as directed by the SICN.
- Analysis of audit data and compile reports and disseminate throughout the Trust as required.

**NB** This list is not exhaustive and should be adapted to meet the specific needs of each Division.
**Division Based Infection Control Responsibilities for Matron:**

- Take ownership of Saving Lives High impact interventions.
- 10 observation sets to be completed against each HII per month as per related to speciality e.g. Renal Line management N/A to all.
- Devise Action Plan against Saving Lives audit to report through the Divisional Governance Programme.
- Undertake RCA on any patient identified with an HCAI with Clinical Lead to undertake quality audit on all infection aspects of patient care when nursed in isolation or as part of a cohort.
- Facilitate and monitor the development of action plans in response to the Infection Control audits.
- Facilitate weekly Hand Hygiene audits in a chosen clinical area.
- Take ownership of the standard of cleanliness in their clinical environments identifying areas of risk and monitoring improvements with their Ward Sisters and the Trusts Facilities Team.
- Represent the Division at the HICC as required.
- The Matron will undertake a re-audit of all partial compliance within two weeks to ensure that the deficit has been rectified.
- The Matron and the Ward Manager will meet monthly to review all action plans and provide feedback regarding these and progress to the appropriate Governance meetings.
- There will be performance management evidence to address persistent failure by a Ward or department Manager to address any outstanding Infection Control issues.

**Matrons can expect:**

- Support from the Director and Deputy Directors of Nursing in taking forward issues which compromise Infection Control standards.
- Support from the Infection Control Team including IC Education and audit feedback. Support with IC procedure and policy guidance as required.
Responsibilities for Ward Sister/Charge Nurse:
- The Ward Sister/Charge Nurse is responsible, as the clinical leader, to raise the standards of Infection prevention and control practice within the ward area.
- The Ward Sister/Charge Nurse is responsible for performance managing staff who do not comply with the standard of practice.
- The Ward Sister/Charge Nurse is responsible to ensure that the saving lives audits are completed according to the Trust process.
- The Ward Sister/Charge Nurse is responsible for undertaking a twice daily shift checklist to ensure the ward is safe, clean and has the required professional appearance.
- The Ward Sister/Charge Nurse is responsible to ensure that the link nurse is freed up to undertake a monthly Infection Control audit to raise and maintain ward standards.
- The Ward Sister/Charge Nurse is responsible for communicating Infection Control audit results and the action plan to educate and increase staff ownership.
- The Ward Sister/Charge Nurse is responsible for undertaking a weekly audit with the housekeeper to ensure the ward area is compliant.
- The Ward Sister/Charge Nurse is responsible to ensure that designated staff escalate issues and follow up in action.

Ward Sister/Charge Nurse can expect:
- Support from the Director and Deputy Director of Nursing in taking forward issues which compromise Infection Control standards.
- Matrons to support them as required with performance management issues.
- Spot checks from Senior Managers at regular intervals to ensure that standards for patients are maintained every day.
Hospital Infection Control Committee
Terms of Reference

Constitution
- The Patient Committee hereby resolves to establish a Hospital Infection Control Committee. The Committee has no executive powers, other than those specifically delegated in these Terms of Reference.

- The constitution and Terms of Reference of the Committee will be reviewed annually.

Membership
- The Hospital Infection Control Committee shall consist of:
  - Director of Infection Prevention & Control (Chair)
  - Consultant Medical Microbiologist
  - Senior Infection Control Nurse
  - Infection Control Nurse
  - Chief Executive Officer
  - Director of Nursing and Patient Experience
  - Head of Facilities Manager
  - Health & Wellbeing Manager
  - Chief Pharmacist
  - Antibiotic Pharmacy technician/pharmacist
  - Representatives from each of the four Clinical Divisions to include 1 medical, 1 nursing and 1 managerial / professional
  - Sterile Services will be represented through the Division of Surgery
  - Patient representative
  - Consultant in Communicable Disease Control Essex Health Protection Unit

The Director of Infection Prevention & Control shall be nominated as Chair of the Committee with Deputy-Chair nomination to Consultant Microbiologist. A quorum will comprise attendance by at least 10 members of which at least one should be a Consultant Microbiologist, one an Infection Control Nurse and two a representative from the Divisions.

Attendance at Meetings
- Other officers of the Trust shall also have the right of attendance, subject to invitation by the Chairman, particularly when the Committee is discussing areas of infection control risk or operation that are the responsibility of that service area.
- Attendance at meetings is mandatory, except in exceptional circumstances.
- Failure of each individual to attend 75% of meetings will be reviewed by the Committee.
- Deputies – should a member be unavailable to attend, they may nominate an appropriate deputy to attend in their place.
- The Infection Control Team Secretary or deputy shall be the Secretary to the Committee.

Frequency of Meetings
- The meetings shall be held not less than six times per year; however, meetings may be convened at special notice if required. Items for the agenda will be sent to the Chair of the Committee a minimum of 1 week prior to the meeting. The secretary to the committee will organise the agenda with Chair approval; papers will be circulated 5 working days in advance of the meeting.
Authority

- The Committee is authorised by the Patient Committee to investigate any activity within its Terms of Reference. It is authorised to seek any information it requires from any employee and all employees are directed to cooperate with any request made by the Committee.
- Subject to compliance with Standing Orders and Standing Financial Instructions, the Committee is authorised by the Patient Committee to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary.
- The Committee is authorised to liaise, as necessary, with other sub-committees of the Board of Directors and Chairmen of the formal sub-committees have a responsibility for ensuring that the Board of Directors is advised of any infection control risks or potential conflicts.

Objectives

- To assure the Patient Committee that evidence based, infection prevention and control practice is at the heart of service provision.
- To provide clear leadership in the promotion of a positive culture of infection prevention and control improvement based on best evidence.
- To exemplify, promote and ensure Trust values and a culture of caring, openness and learning that enhances patient safety, management of risk, clinical effectiveness and the patient experience.
- To promote practical and effective learning throughout the Trust; focused upon improving patient care.
- To identify, assess and put in place actions to mitigate risks to the delivery of the Committees’ responsibilities.

Duties
The duties of the Committee shall be to:

- Ensure appropriate action is taken and progress is made in order to meet the Care Quality Commission Essential Standards (March 2010) relating to infection prevention and control.
- To ensure that legal and environmental standards of cleanliness and infection control are met, promote best practice and monitor compliance with the Health Act 2010. *(CQC Essential Standards: Outcome 8)*
- Discuss and endorse the Annual Infection Prevention and Control Programme (Healthcare Associated Infections (HCAI) current Infection Control Program), taking note of all available resources and contingencies plans as required.
- Review the progress of the on-going infection control priorities through Divisional Governance scorecards, these will cover:
  - Hand Hygiene audit results
  - Saving Lives audit results
  - Antibiotic audit results
  - Progress against mandatory annual update and induction training for all staff groups *(Procedure Number 203)*

These reports will identify areas of non-compliance and include relevant actions to be taken.

- Promote and facilitate the education of all grades of hospital staff in infection control procedures.
- Advise on, approve and endorse all policies and procedures within the Trust relating to infection control, as described within the Annual Program or as required.
- Advise and support the Infection Control Team and the Divisions in the development and implementation of the Infection Prevention and Control agenda, identifying areas of risk and formulating plans to mitigate and monitoring progress.
• Receive a report on performance against the National Standards of Cleaning within the Trust.
• Receive a report from the Health & Wellbeing Department on issues relating to infection prevention and control (e.g. Sharps injury).
• To receive a report on the Infection Control Risks on the DatixWeb Risk Register, to discuss and identify areas of concern and monitor that appropriate action is being taken through the Trust’s management system.
• To identify any areas of note and/or concern which require identification at the Patient Committee.
• To receive an update on decontamination, assuring the Committee that systems and processes within the Trust meet regulatory standards, and reporting any adverse decontamination events.
• To receive and approve the Healthcare Associated Infection Annual Report.

**Reporting**

• The Hospital Infection Control Committee is accountable to the Director of Nursing and Patient Experience through the Patient Committee.
• The Minutes of the Hospital Infection Control Committee shall be formally recorded, and submitted to the Patient Committee.
• The Chair of the Hospital Infection Control Committee will provide a monthly report of assurance about the Trust’s compliance with infection control activities and shall draw to the attention of the Patient Committee any issues that require disclosure to the Executive Team Meeting, the Quality & Patient Safety Assurance Committee or Board of Directors or require executive action.
• The Director of Infection Prevention and Control is responsible to the Chief Executive Officer, and as such will provide as required reports on compliance with infection control activities to the Quality & Patient Safety Committee and the Board of Directors.