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DIVISION/DIRECTORATE	CORPORATE
LINKS TO OTHER POLICIES/PROCEDURES	See Appendix 4
CONSULTED WITH	INFECTION PREVENTION AND CONTROL COMMITTEE MEMBERS

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MANAGER RESPONSIBLE FOR REVIEW	Infection Prevention and Control Doctor/ Deputy Director of Infection Prevention and Control (DIPC)/Assistant DIPC																				

AT ALL TIMES, STAFF MUST TREAT PATIENTS WITH RESPECT AND UPHOLD THEIR RIGHT TO PRIVACY AND DIGNITY.

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1. INTRODUCTION

This policy details the provision of Infection Prevention and Control services within the Trust.

2. POLICY STATEMENT AND KEY PRINCIPLES

- 2.1 Wrightington, Wigan and Leigh NHS Foundation Trust provides a range of high quality health care for the local community, in which the Executive Trust Board endorse a zero tolerance towards Healthcare Associated Infections (HCAI). This policy is in line with the Duties of Care set out in the Healthcare Act 2006 and the Health and Social Care Act 2008 Code of Practice of the Prevention and Control of Infections and Related guidance (updated July 2015).
- 2.2 Wrightington, Wigan and Leigh NHS Foundation Trust has developed this over arching policy underneath which will be Infection Prevention and Control procedures, policies and Standard Operating Procedures (SOPs) which will be reviewed at least every two years or as nationally agreed guidance dictates. It is the policy of Wrightington, Wigan and Leigh NHS Foundation Trust to ensure that all policies, SOPs and procedures are available on the intranet and accessible to all staff.
- 2.3 To work effectively the Infection Prevention and Control Team needs the collaboration and active support of all Trust staff. The Infection Prevention and Control Committee (IPCC) represents the main forum for regular consultation between the Infection Prevention and Control Team, the Trust Directorates and local Health Protection Units. This process generates the Annual Infection Prevention and Control Programme for the Trust. The Infection Prevention and Control Committee meets bi-monthly and is responsible for approval of policies/guidance and monitoring of progress against the Trust's Annual Infection Prevention and Control Programme. The committee reports to the Quality and Safety Committee. Policies and procedures will reflect current evidence based practice.

3. ROLES AND RESPONSIBILITIES

3.1 Trust Board:

3.1.1 The Trust Board has overall responsibility for ensuring there are effective strategic, corporate and operational arrangements in place to maintain an effective Infection Prevention and Control programme and that appropriate financial resources are place to support that programme. The Trust board ensures that appropriate arrangements are in place to identify, prevent and control where necessary any healthcare associated infections that may occur within the environment (building/clinical) or services.

3.2 Director of Infection Prevention and Control (DIPC):

- 3.2.1 To oversee local control of Infection Prevention and Control policies and procedures.
- 3.2.2 To report directly to the Chief Executive and the Board.
- 3.2.3 To have the authority to challenge inappropriate clinical hygiene practice as well as inappropriate antibiotic prescribing decisions.
- 3.2.4 To assess the impact of all existing policies on Healthcare Associated Infection (HCAI) and make recommendations for change.
- 3.2.5 To be an integral member of the organisations clinical governance and patient safety teams and structures.
- 3.2.6 To produce an annual report on the state of HCAI in the organisation for which he/she is responsible and release it publicly.
- 3.2.7 To be responsible for the IPCC within the organisation.

- 3.3 Deputy/Assistant DIPC:
- 3.3.1 To guide and support clinical staff in preventing and controlling infection.
 - 3.3.2 To develop in conjunction with the DIPC, Infection Prevention and Control Doctor, (IPCD) and IPCC the strategy for Infection Prevention and Control monitoring and reporting of HCAI as required by national guidelines.
 - 3.3.3 To identify and lead control of outbreaks in conjunction with IPCD and the Infection Prevention and Control Team (IPCT).
 - 3.3.4 To facilitate education across the Care Trust, including independent Contractors.
 - 3.3.5 To prepare Infection Prevention and Control (IPC) policy documents in collaboration with the IPCD.
 - 3.3.6 To provide in collaboration with the IPCD, an annual report to the Trust Board (after approval by the IPCC).
 - 3.3.7 To liaise with the Occupational Health Department on relevant staff or patient health issues.
 - 3.3.8 To develop local IPC standards as agreed by the IPCC and agree on an appropriate audit cycle.
 - 3.3.9 To promote good hand hygiene within the Trust.
 - 3.3.10 To provide advice to the Trust on purchases or procurement to ensure Infection Prevention and Control issues are considered.
 - 3.3.11 To be involved at an early stage and throughout in re-development/building projects within the Trust.
 - 3.3.12 To advise and support the safe handling of sharps and clinical waste in compliance with local policies.
- 3.4 Infection Prevention and Control Doctor (IPCD):
- 3.4.1 To guide and support clinical staff in preventing and controlling infection.
 - 3.4.2 To identify and lead on controlling outbreaks in conjunction with the Director of Infection Prevention and Control Nurse (DIPC) Deputy and Assistant Director of Infection Prevention and Control.
 - 3.4.3 To develop in conjunction with the DIPC and IPCC the strategy for Infection Prevention and Control monitoring and reporting of HCAI as required by national guidelines.
 - 3.4.4 To collate, enter and verify monthly data returns required for mandatory *Methicillin resistant Staphylococcus aureus* (MRSA), Methicillin-sensitive *Staphylococcus aureus* (MSSA), *Clostridium difficile* (CDT) and Gram-negative bacteraemia reporting.
 - 3.4.5 To provide education on Infection Prevention and Control issues to medical staff at induction and during training programmes.
 - 3.4.6 To be involved at an early stage and throughout in re-development/building projects within the Trust.
 - 3.4.7 To prepare IPC policies and SOPs in conjunction with the IPCT.
 - 3.4.8 To ensure regular, minuted meetings of the Infection Prevention and Control Team occur.
 - 3.4.9 To liaise with the Occupational Health Department on relevant staff or patient health issues.
- 3.5 Infection Prevention and Control Committee (IPCC):
- 3.5.1 IPCC members to have clear lines of responsibility and accountability within their areas of practice to implement the Trust's annual Infection Prevention and Control programme.
 - 3.5.2 To ensure effective training programme in place to meet identified needs.
 - 3.5.3 To receive a report at each meeting on outbreaks/adverse incidents.
 - 3.5.4 IPCC members will feedback to the IPCC on progress within their area of practice.
 - 3.5.5 To formulate and monitor the annual Infection Prevention and Control programme.

- 3.5.6 To identify to the Trust the necessary resources to implement the annual Infection Prevention and Control programme.
- 3.5.7 To ensure the Trust is aware of and responds to the external 'drivers' of Infection Prevention and Control for example: Department of Health (Department of Health), National Clinical Standards, NHS Resolution, (NICE), The epic Project: Developing National Evidence-based Guidelines for Preventing Healthcare Associated Infections, Public Health England Mandatory Surveillance schemes, "Getting ahead of the Curve" and "Winning Ways", The Health Act 2006 and NHS Improvement.
- 3.5.8 Divisional Infection Prevention and Control Committee members in combination with their General Manager must develop a communication framework within their Division to ensure a two-way transmission of information between the Division and the Infection Prevention and Control Committee. This will ensure compliance with Infection Prevention and Control SOPs, advice and Root Cause Analysis etcetera.
- 3.5.9 The Infection Prevention and Control Committee will ensure that all advice and SOPs are in line with the Health Act 2006 and Infection Prevention and Control best practice or national guidance.

3.6 Infection Prevention and Control Team:
Wrightington, Wigan and Leigh NHS Foundation Trust has an Infection Prevention and Control Team which has the primary responsibility to advise on all aspects of prevention and control of infection across the Trust.

3.7 Managers' Roles and Responsibility:
Divisional Managers, Clinical Directors and Heads of Nursing have a prime responsibility to ensure that the Infection Prevention and Control Committee's findings, Infection Prevention and Control Guidance, audit results and Infection Prevention and Control advice is operationally implemented and documented within their Divisional communication structures.

3.8 All Healthcare Workers:

3.8.1 All healthcare workers have a responsibility to comply with all Infection Prevention and Control policies, SOPs and procedures.

3.8.2 External staff or contractors who are contracted to provide support/cover/treatment in Trust hospitals must abide by all Trust IPC policies and SOPs.

3.9 Patients/Service Users/Visitors:

Patients, service users and visitors will be requested to comply with Trust IPC policies and SOPs to reduce risk of HCAI for themselves and others.

4. WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST DUTIES IN RELATION TO INFECTION PREVENTION AND CONTROL (Under the Health and Social Care Act 2008 Code of Practice on the Prevention and Control of Infections and Related Guidance - Henceforth Referred to as the Code)

4.1 Wrightington, Wigan and Leigh NHS Foundation Trust has a duty to have in place appropriate management systems for Infection Prevention and Control. These arrangements include:

4.1.1 A Board level agreement outlining its collective responsibility for minimising the risks of infection and the general means by which it prevents and controls such risk (this policy).

4.1.2 The designation of an individual as Director of Infection Prevention and Control (DIPC) accountable directly to the Board.

4.1.3 The mechanisms by which the Board ensures that adequate resources are available to secure effective prevention and control of Health Care Associated Infection (HCAI). These include implementing an appropriate assurance framework, Infection

Prevention and Control programme and Infection Prevention and Control infrastructure.

- 4.1.4 Ensuring that relevant staff, contractors and other persons whose normal duties are directly or indirectly concerned with patient care receive suitable and sufficient training, information and supervision on the measures required to prevent and control risks of infection, as identified within the Trust's training needs analysis.
 - 4.1.5 A programme of audit to ensure that key policies and practices are being implemented appropriately.
 - 4.1.6 A document addressing, admission, transfer, discharge and movement of patients between departments, and within and between health care facilities.
 - 4.1.7 Infection Prevention and Control Committee members must ensure that there is an effective programme and communication strategy for Infection Prevention and Control within the sphere of their responsibility, in order to provide a Divisional Assurance Framework.
- 4.2 Wrightington, Wigan and Leigh NHS Foundation Trust has a duty to assess risk of acquiring HCAI and to take action to reduce or control such risks.
- 4.2.1 To ensure a suitable and sufficient assessment of the risks to patients in receipt of health care with respect to HCAI.
 - 4.2.2 To identify the steps that need to be taken to reduce or control those risks.
 - 4.2.3 To record its findings in relation to items (4.2.1) and (4.2.2).
 - 4.2.4 To implement the steps identified.
 - 4.2.5 To ensure that appropriate methods are in place to monitor the risks of infection such that it is able to determine whether further steps need to be taken to reduce or control HCAI.
- 4.3 Wrightington, Wigan and Leigh NHS Foundation Trust has a duty to provide and maintain a clean and appropriate environment for health care.
- 4.3.1 "The environment" means the totality of a patient's surroundings when in Trust premises. This includes the fabric of the building and related fixtures, fittings and services such as air and water supplies.
 - 4.3.2 Wrightington, Wigan and Leigh NHS Foundation Trust will, with a view to minimising the risk of HCAI, ensure that:
 - 4.3.2.1 There are policies for the environment which make provision for liaison between the members of any Infection Prevention and Control Team (IPCT) and the persons with overall responsibility for facilities management.
 - 4.3.2.2 It designates lead managers for cleaning and decontamination of equipment used for treatment.
 - 4.3.2.3 All parts of the premises in which it provides care are suitable for the purpose, are kept clean and are maintained in good physical repair and condition.
 - 4.3.2.4 The cleaning arrangements detail the standards of cleanliness required in each part of its premises and that a schedule of cleaning frequencies is publicly available.
 - 4.3.2.5 There is adequate provision of suitable hand wash facilities and antibacterial hand rubs.
 - 4.3.2.6 There are effective arrangements for the appropriate decontamination of instruments and other equipment.
 - 4.3.2.7 The supply and provision of linen and laundry supplies reflects Health Service Guidance HSG (95) 18, Hospital Laundry Arrangements for used and infected linen.
 - 4.3.2.8 Clothing worn by staff when carrying out their duties (including uniforms) is clean and fit for purpose. (See: TW13-005 Uniform Policy).
 - 4.3.2.9 Divisional Matrons (in conjunction with Domestic Supervisors/Ward

Managers) will ensure effective monitoring arrangements are in place for their areas of responsibility to provide assurance to their Heads of Nursing and Divisional Leads.

- 4.4 Wrightington, Wigan and Leigh NHS Foundation Trust has a duty to ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance.
- 4.4.1 Wrightington, Wigan and Leigh NHS Foundation Trust will, with a view to ensuring appropriate antibiotic use:
- 4.4.1.1 Manage and monitor the use of antimicrobials to minimise inappropriate and harmful use in accordance with the 'Start Smart then Focus' framework.
 - 4.4.1.2 Maintain an Antimicrobial Management Group to develop and monitor antimicrobial stewardship activities.
 - 4.4.1.3 Maintain an antimicrobial stewardship policy.
 - 4.4.1.4 Report antimicrobial sensitivity data and antimicrobial consumption data centrally as required.
 - 4.4.1.5 Train prescribers in prudent antimicrobial use.
 - 4.4.1.6 Provide timely access to microbiology testing and diagnosis. Prescribers will have access at all times to microbiology advice to guide the appropriate choice of antimicrobial therapy.
- 4.5 Wrightington, Wigan and Leigh NHS Foundation Trust has a duty to provide information on HCAI to patients and the public.
- 4.5.1 Wrightington, Wigan and Leigh NHS Foundation Trust will ensure that it makes suitable and sufficient information available to:
- 4.5.1.1 Patients and the public about the organisation's general systems and arrangements for preventing and controlling HCAI.
 - 4.5.1.2 An Annual Director of Infection Prevention and Control Report, consisting of progress and performance against the Infection Prevention and Control Annual Programme, Department of Health's Healthcare Associated Infection (HCAI) Targets, Department of Health's Deep Clean Programme, Outbreaks of Infection and Untoward Adverse Incidents, and Decontamination.
- 4.5.2 To each patient concerning:
- 4.5.2.1 Any particular considerations regarding the risks and nature of any HCAI that are relevant to their care.
 - 4.5.2.2 Any preventative measures relating to HCAI that a patient ought to take after discharge.
- 4.6 Wrightington, Wigan and Leigh NHS Foundation Trust has a duty to ensure prompt identification of people who have, or are at risk of developing infection so they receive timely and appropriate treatment.
- 4.6.1 Wrightington, Wigan and Leigh NHS Foundation Trust will endeavour to ensure prompt identification and treatment of people who have, or are at risk of developing infection to ensure they receive timely and appropriate treatment.
- 4.7 Wrightington, Wigan and Leigh NHS Foundation Trust has a duty to provide information when a patient moves from the care of one health care body to another Wrightington, Wigan and Leigh NHS Foundation Trust will ensure that it provides suitable and sufficient

information on each patient's infection status whenever it arranges for a patient to be move from the care of one organisation to another so that any risks to the patient and others from infection may be minimised.

- 4.8 Wrightington, Wigan and Leigh NHS Foundation Trust has a duty to ensure co-operation Wrightington, Wigan and Leigh NHS Foundation Trust so far as reasonably practicable will ensure its staff, contractors and other involved in the provision of health care co-operate with it, and with each other, so far as necessary to enable the body to meet its obligations under this Code.
- 4.9 Wrightington, Wigan and Leigh NHS Foundation Trust has a duty to provide adequate isolation facilities. Wrightington, Wigan and Leigh NHS Foundation Trust will endeavour to provide or secure the provision of adequate isolation facilities for patients sufficient to prevent or minimise the spread of HCAI.
- 4.10 Wrightington, Wigan and Leigh NHS Foundation Trust has a duty to ensure adequate laboratory support. The Trust Microbiology Laboratory at Salford Royal provides services in relation to Infection Prevention and Control. The Laboratory will have in place appropriate protocols and will be accredited by Clinical Pathology Accreditation (UK) Ltd.
- 4.11 Wrightington, Wigan and Leigh NHS Foundation Trust has a duty to adhere to policies and protocols applicable to Infection Prevention and Control. The core documents are:
- 4.11.1 Standard Infection Prevention and Control precautions.
 - 4.11.2 Aseptic Non-touch technique (ANTT).
 - 4.11.3 Major outbreaks of communicable infection.
 - 4.11.4 Isolation of patients.
 - 4.11.5 Safe handling and disposal of sharps.
 - 4.11.6 Prevention of occupational exposure to blood-borne viruses (BBVs), including prevention of sharps injuries.
 - 4.11.7 Management of occupational exposure to BBVs and post-exposure prophylaxis.
 - 4.11.8 Closure of wards, departments and premises to new admissions.
 - 4.11.9 Disinfection Policy.
 - 4.11.10 Antimicrobial prescribing.
 - 4.11.11 Reporting HCAs to the Public Health England (PHE) as directed by the Department of Health.
 - 4.11.12 Control of infections with specific alert organisms: MRSA, *Clostridium difficile* infection and transmissible spongiform encephalopathies.
 - 4.11.13 Hand washing SOPs.
 - 4.11.14 Inoculation Accident SOPs.
 - 4.11.15 The Trust will ensure that there is a rolling programme of audit, revision and update.
 - 4.11.16 All documents will be clearly marked with a review date.
- 4.12 Wrightington, Wigan and Leigh NHS Foundation Trust has a duty to ensure, so far as is reasonably practicable, that healthcare workers are free of and are protected from exposure to communicable infections during the course of their work, and that all staff are suitably educated in the prevention and control of HCAs. The Trust will ensure that policies and procedures are in place in relation to the prevention and control of HCAs such that:
- 4.12.1 All staff can access relevant Occupational Health services.
 - 4.12.2 Occupational Health policies on the prevention and management of communicable infections in healthcare workers, including immunisation, are in place.
 - 4.12.3 Prevention and control of infection is included in induction programmes for new staff, and in training programmes for all staff.

- 4.12.4 There is a programme of ongoing education for existing staff (including support staff, agency/locum staff and staff employed by contractors).
- 4.12.5 There is a record of training and updates for all staff.
- 4.12.6 The responsibilities of each member of staff for the prevention and control of infection is reflected in their job descriptions and in any personal development plan or appraisal.

5. ASSURANCE FRAMEWORK

This demonstrates that Infection Prevention and Control is an integral part of clinical and corporate governance:

- 5.1 Regular presentations from the DIPC to the Board.
- 5.2 Review of statistics on incidence of alert organisms (MRSA, *Clostridium difficile* MSSA, Gram-negative bacteraemias).
- 5.3 Evidence of appropriate actions taken to deal with infection occurrences.
- 5.4 An audit programme to ensure that policies and SOPs have been implemented.

6. INCIDENTS OF HEALTH CARE ASSOCIATED INFECTION (HCAI)

Incidents of HCAI will be reported through the risk management system Datix, following the TW10-020 Incident Reporting Policy and Procedure. This reporting will be in addition to local and national reporting requirements as set by the Clinical Commissioning Group (CCG) and Department of Health.

7. INTRODUCTION OF NEW INFECTION PREVENTION AND CONTROL STANDARD OPERATING PROCEDURES (SOP)s

Infection Prevention and Control SOPs will be endorsed by the Infection Prevention and Control Committee and adopted by the Trust Board. All Infection Prevention and Control SOPs will be accessible via the Policy Library Intranet site. The launch of new SOPs will be undertaken via means of a global e-mail, roadshows where applicable, via Divisional Quality Executive Committee and Induction and Mandatory Training. Local training will be undertaken in conjunction with Divisional Managers and the Infection Prevention and Control Team.

8. INFECTION PREVENTION AND CONTROL ANNUAL PROGRAMME

- 8.1 The Infection Prevention and Control programme will:
 - 8.1.1 Set objectives.
 - 8.1.2 Identify priorities for action.
 - 8.1.3 Provide evidence that relevant policies have been implemented to reduce HCAI.

9. REPORTING SYSTEMS

- 9.1 IPCC Meeting minutes to be circulated for action to committee members and from them to relevant personnel within their Directorate/Division.
- 9.2 Infection Prevention and Control Annual report from the IPCC to go to Trust Board via the Quality and Safety Committee.
- 9.3 Reporting of outbreaks/adverse incidents.
- 9.4 Outbreak reporting to Greater Manchester PHEC, Health Protection Team.

10. HUMAN RIGHTS ACT

Implications of the Human Rights Act have been taken into account in the formulation of this policy and they have, where appropriate, been fully reflected in its wording.

11. EQUALITY AND DIVERSITY

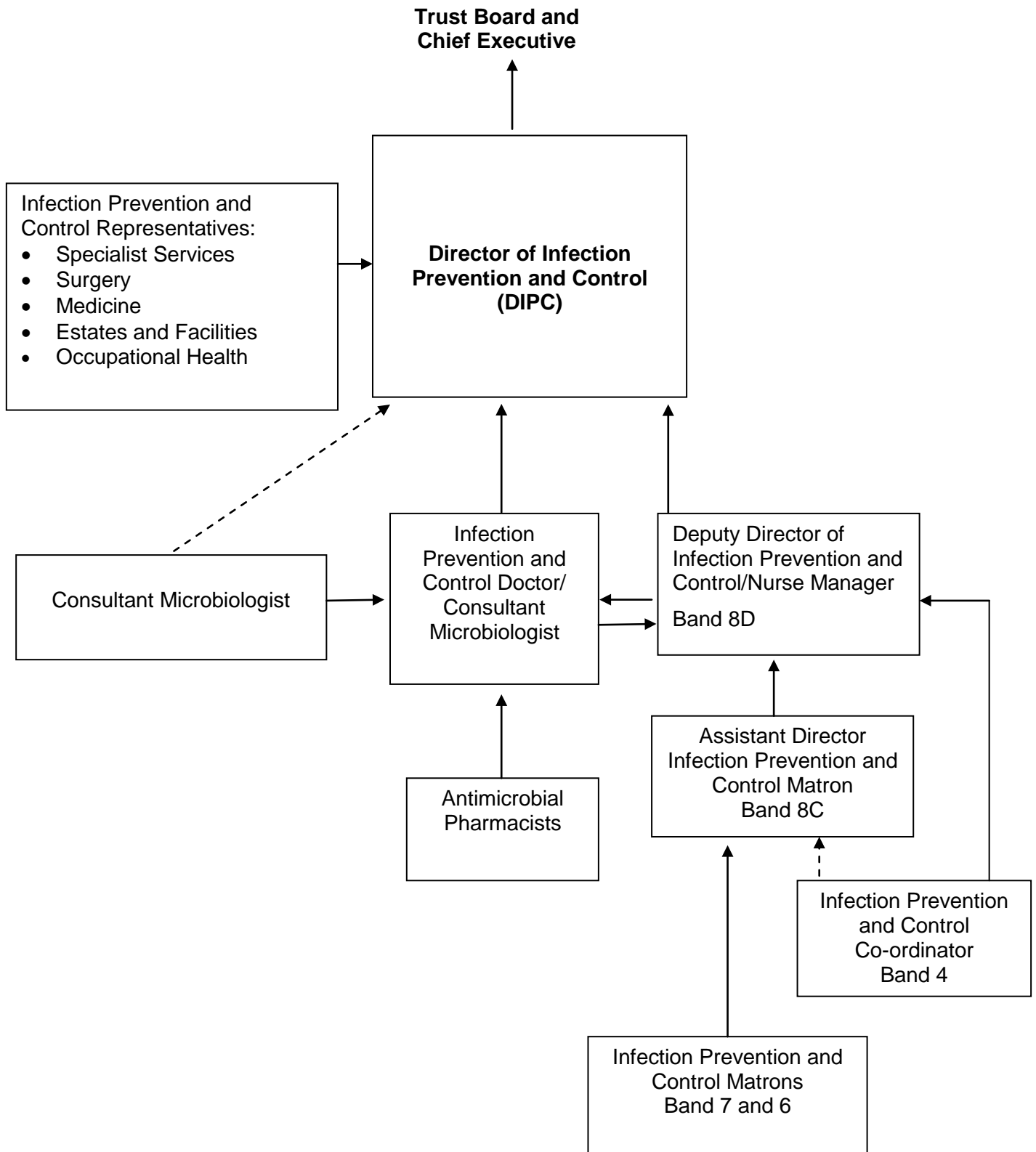
The Policy has been assessed against the Equality Impact Assessment Form from the Trust's Equality Impact Assessment Guidance and as far as we are aware, there is no impact on any Equality Target Groups.

12. MONITORING AND REVIEW

- 12.1 Infection Prevention and Control within Wrightington, Wigan and Leigh NHS Foundation Trust will primarily be audited in compliance with reducing Healthcare Associated Infections, Annual Health Check and Infection Prevention and Control Audit Programme and the results will be actioned and monitored via the Quality and Safety Committee, Infection Prevention and Control Committee and the Trust Board.
- 12.2 Trust Induction / Infection Prevention and Control Mandatory Training as per the Trust Training Needs Analysis (TNA) will be monitored as documented within the Corporate and Local induction policy and the Mandatory Training Policy.
- 12.3 The Infection Prevention and Control Policy and Infection Prevention and Control SOPs will be reviewed every two years or sooner if required and approved by the Infection Prevention and Control Committee.
- 12.4 The Infection Prevention and Control SOPs will be monitored minimum monthly using the internal Care Quality Commission (CQC) audit tool.
- 12.5 Hand Hygiene Guidelines clinical application is assessed by the "WHO" 5 moments audit tool, a minimum of monthly monitoring to the Divisions and bi-monthly by the Prevention Control Committee. Action Plans are completed by the Divisions.
- 12.6 Hand Hygiene Training compliance will be audited in line with the audit and monitoring arrangements contained in the Mandatory Training Policy TW10/010. The results of audits undertaken will be monitored via Divisional Quality Executive Committees and reviewed at the Risk and Environmental Management Committee.
- ## **13. ACCESSIBILITY STATEMENT**
- This document can be made available in a range of alternative formats, for example: large print, Braille and audio cd. For more details please contact the Human Resources Department on 01942 77 (3766) or email equalityanddiversity@wwl.nhs.uk.

APPENDIX 1

INFECTION PREVENTION AND CONTROL ORGANISATIONAL CHART



REFERENCES:

Department of Health. The Health Act 2006: code of practice for the prevention and control of Healthcare Associated Infections January 2008 (accessed at: national archives 27th December 2017).

Department of Health. Winning ways: working together to reduce healthcare associated infection in England. December 2003 (accessed at: national archives 27th December 2017).

Department of Health. Getting ahead of the curve: a strategy for combating infectious diseases. January 2002 (accessed at: national archives 27th December 2017).

Department of Health. Saving Lives: reducing infection, delivering clean and safe care. June 2007 (accessed at: national archives 27th December 2017).

Department of Health (2015). The Health and Social Care Act 2008; Code of Practice for health and social care on the prevention and control of infection and related guidance. London Department of Health (accessed at www.gov.uk on 27th December 2017).

APPENDIX 3

GLOSSARY OF TERMS

CDT: *Clostridium difficile*.

HCAI: Health Care Associated Infection. Infection acquired in hospitals or as a result of other healthcare interventions. Also known as nosocomial infection.

MRSA: Methicillin resistant *Staphylococcus aureus*.

MSSA: Methicillin-sensitive *Staphylococcus aureus*.

APPENDIX 4**STANDARD OPERATING PROCEDURES RELATING TO THE TW10-042 INFECTION PREVENTION AND CONTROL POLICY**

SOP NAME	SOP NUMBER
Inoculation Incident	TW10-042 SOP 1
Post Exposure Prophylaxis for Healthcare Workers Occupationally Exposed to HIV	TW10-042 SOP 2
Prevention and Management of Body Fluid Exposure	TW10-042 SOP 3
Standard Infection Prevention and Control Procedures	TW10-042 SOP 4
Single Use Devices	TW10-042 SOP 5
Varicella and Herpes Zoster	TW10-042 SOP 6
Respiratory Viruses (RSV and Influenza) - Infection Prevention and Control	TW10-042 SOP 7
Viral Haemorrhagic Fever	TW10-042 SOP 8
Spillage of Potentially Infectious Material	TW10-042 SOP 9
Handwashing	TW10-042 SOP 10
Aseptic Non-touch Technique for all Clinical Aseptic Procedures	TW10-042 SOP 11
Control of Outbreaks of an Infectious Conditions	TW10-042 SOP 12
Clostridium difficile Treatment (CDI) for Adults	TW10-042 SOP 13
Decontamination and Disinfection	TW10-042 SOP 14
Diarrhoea (Infectious) Infection Prevention and Control	TW10-042 SOP 15
Funding of Outbreaks of an Infectious Nature	TW10-042 SOP 16
Bed Closure for Infectious Control Purposes	TW10-042 SOP 17
Isolation of Patients with Infectious Conditions	TW10-042 SOP 18
Sharps, Safe Use and Disposal	TW10-042 SOP 19
Surveillance of Communicable Diseases	TW10-042 SOP 20
PVL Toxin Producing Staphylococcus aureus – Infection Prevention and Control Management	TW10-042 SOP 21
Respiratory Protective Equipment (RPE) Training Guidance for Selection and Testing for Infection Prevention and Control Purposes	TW10-042 SOP 22
Tuberculosis - Infection Prevention and Control	TW10-042 SOP 23
Clostridium difficile – Infection Prevention and Control	TW10-042 SOP 24
Scabies – Infection Prevention and Control	TW10-042 SOP 25
Carbapenemase Producing Organism – Infection Prevention and Control	TW10-042 SOP 26
Protection of Healthcare Workers and Patients from Hepatitis B	TW10-042 SOP 27
Protection of Healthcare Workers and Patients from Hepatitis C	TW10-042 SOP 28
Influenza – Infection Prevention and Control (covers seasonal influenza H1N1/"Swine 'flu' Virus")	TW10-042 SOP 29
Neonatal Unit: Screening for Management of Antibiotic Resistant Organisms	TW10-042 SOP 30
Streptococcus Group A: For the Investigation, Control and Prevention of Infection within Trust Premises	TW10-042 SOP 31
Viral Gastroenteritis (Norovirus): Management of Hospital Outbreaks	TW10-042 SOP 32
Admission and Transfer of Infected/Potentially Infected Patients with Transmissible Conditions	TW10-042 SOP 33
Asplenic and Hyposplenic Patients Management	TW10-042 SOP 34
Middle East Respiratory Syndrome (MERS-CoV) Infection Prevention and Control	TW10-042 SOP 35
Animal Visits (excluding guide dogs and other assistance animals) to Trust Premises – Infection Prevention and Control Precautions	TW10-042 SOP 36
Antibiotic Resistant Organisms	TW10-042 SOP 37

SOP NAME	SOP NUMBER
Blood borne Viruses (Hep B, C and HIV)	TW10-042 SOP 38
CJD Transmissible Spongiform Encephalopathy	TW10-042 SOP 39
Glove Selection for Clinical Purposes	TW10-042 SOP 40
Measles Management and Control	TW10-042 SOP 41
Parvovirus B19 Infection	TW10-042 SOP 42
Pertussis Management and Investigation of Suspected Cases	TW10-042 SOP 43
Cadaver Bags – Infectious Conditions Requiring their Use	TW10-042 SOP 45
Pseudomonas Aeruginosa Infection Prevention and Control Areas	TW10-042 SOP 46
Post Exposure Prophylaxis for HIV Following Sexual Exposure or Following Non-Occupational Needle Stick or Bite Injury	TW10-042 SOP 47
Herpes Simplex Oral Infections	TW10-042 SOP 48
Collection, Validation and Submission of Trust Data to Public Health England's Agency HCAI Data Capture System (includes MRSA/MSSA/E. Coli bacteraemia and Clostridium difficile Infection)	TW10-042 SOP 49
Faecal Microbiota Transplantation for Treatment of <i>Clostridium difficile</i> Infection	TW10-042 SOP 50
Meningococcal Infection Prevention and Control and Prophylaxis Procedure	TW10-042 SOP 51
Control and Prevention of Tuberculosis	TW10-042 SOP 52
Immunisation of Healthcare Workers	TW10-042 SOP 54
Candida Auris: Infection Prevention And Control Management	TW10-042 SOP 56
Staphylococcus Aureus - Excluding Methicillin Resistant Staphylococcus Aureus (MRSA) - Bacteraemia: Procedure for Investigation	TW10-042 SOP 57
Plague: Management of Suspected Cases.	TW10-042 SOP 58
ENT Naso-Endoscopes Cleaning and Disinfection	TW10-042 SOP 59

STAGE 1 - INITIAL ASSESSMENT

APPENDIX 5

<p>For each of the protected characteristics listed answer the questions below using Y to indicate Yes and N to indicate No</p>	<p>Sex (male / female / transgender)</p>	<p>Age (18 years+)</p>	<p>Race / Ethnicity</p>	<p>Disability (hearing / visual / physical / learning disability / mental health)</p>	<p>Religion / Belief</p>	<p>Sexual Orientation (Gay/Lesbian/ Bisexual)</p>	<p>Gender Re-Assignment</p>	<p>Marriage / Civil Partnership</p>	<p>Pregnancy & Maternity</p>	<p>Carers</p>	<p>Other Group</p>	<p>List Negative / Positive Impacts Below</p>
<p>Does the policy have the potential to affect individuals or communities differently in a negative way?</p>	n	n	n	n	n	n	n	n	n	n	n	
<p>Is there potential for the policy to promote equality of opportunity for all / promote good relations with different groups – Have a positive impact on individuals and communities.</p>	y	y	y	y	y	y	y	y	y	y	y	
<p>In relation to each protected characteristic, are there any areas where you are unsure about the impact and more information is needed?</p>	n	n	n	n	n	n	n	n	n	n	n	<p>If Yes: Please state how you are going to gather this information.</p>
<p>Job Title</p>	<p>Consultant Microbiologist</p>						<p>Date</p>	<p>February 2019</p>				

IF 'YES an NEGATIVE IMPACT' IS IDENTIFIED - A Full Equality Impact Assessment STAGE 2 Form must be completed. This can be accessed via <http://intranet/Departments/Equality Diversity/Equality Impact Assessment Guidance.asp>

Please note: As a member of Trust staff carrying out a review of an existing or proposal for a new service, policy or function you are required to complete an Equality Impact Assessment. By stating that you have **NOT** identified a negative impact, you are agreeing that the organisation has **NOT** discriminated against any of the protected characteristics. Please ensure that you have the evidence to support this decision as the Trust will be liable for any breaches in Equality Legislation

POLICY MONITORING AND REVIEW ARRANGEMENTS**NAME OF POLICY/SOP or CLINICAL GUIDELINE:**

Para	Audit / Monitoring requirement	Method of Audit / Monitoring	Responsible person	Frequency of Audit	Monitoring committee	Type of Evidence	Location where evidence is held
TW10/042 Infection Prevention and Control Policy	Policy is monitored and reviewed every two years.	Via relevant policy approval processes	Policy author	Two yearly	Infection Prevention and Control Committee / PARC	Minutes of meeting	Microbiology Department RAEI
12.4	Infection Prevention and Control SOPs	CQC Audit Tool	Deputy DIPC	Monthly	ADIPC & Infection Prevention & Control Committee & DQEC	Minutes of Meetings	Infection Prevention Control Office
12.5	Hand Hygiene SOPs training clinical application	WHO 5 moments audit tool	Deputy DIPC	Monthly	Infection Prevention Control Committee & DQEC	Minutes of Meetings	Infection Prevention Control Office
12.6	Hand Hygiene Training compliance	Compulsory Training Compliance Audit Tool	Training Dept	Monthly	DQEC	Minutes of Meetings	Divisional Governance Office