

PART A

MANAGEMENT ISSUES

A1.0 Introduction ^{1,2,3,4,5,6,129, 130, 145, 153}

Healthcare Trusts are now required to comply with the *Standards for Better Health* and *The Health Act 2006* to have “systems to ensure that the risk of health care acquired infection to patients is reduced, with particular emphasis on high standards of hygiene and cleanliness, achieving year-on-year reductions in MRSA”. The Healthcare Commission will monitor compliance with these standards and the Code of Practice.

Other standards relating to the care of patients, clients and children, such as the National Minimum Standards for Care Homes for Older People and Boarding Schools etc, incorporate infection control issues. The Commission for Social Care Inspection is responsible for monitored compliance with these standards and the Care Homes Regulations 2001. Control of infection also comes under the auspices of the Health and Safety at Work Act and various other Acts and Regulations. Tools to support infection prevention and control have been published: *Saving Lives* and *Essential Steps to Clean, Safe Care*.

Managers and staff in all sectors of health and social care, whether statutory or voluntary, must be aware of their local infection control arrangements and whom they can contact for advice, guidance or in the event of an incident. It may be that they employ their own infection control specialist or team, or may have a contract or informal arrangements with the local hospital team and/or Health Protection Unit.

Many infection control problems and outbreaks can be curtailed quickly if action is taken at the earliest opportunity. So timely communication with the appropriate specialists is essential. Ensuring that the principles of infection control are incorporated into all service or building developments can help to ensure the best possible environment for the prevention and control of infection. Accessible policies will inform staff and managers of infection control precautions and actions to be taken in the event of an incident such as a needle-stick or inoculation injury. This will also be underpinned by training in infection control.

Infection knows no boundaries and draws no distinction between patient, staff, professional group, institution. By ensuring we all practice a good standard of infection control at all times we will all play our part in reducing infection in the community. Managers have a responsibility to ensure all the elements of an infection control programme are in place in their own organisation.

New guidance, legislation and regulations that have implications for control of infection are published and updated frequently. So these current guidelines will never be able to incorporate all current publications. Information can be found on many websites including:

Health Protection Agency: www.hpa.org.uk
Department of Health: www.dh.gov.uk
Medicines & Healthcare Products Regulatory Agency:
www.medical-devices.gov.uk/
Health and Safety Executive: www.hse.gov.uk
National Resource for Infection Control:
http://topcat2.soi.city.ac.uk/IntegratedCRD.nsf/NRIC_Home?OpenPage

Care is increasingly being delivered in a wide range of settings and the control of infection is an important and integral part of health and social care. Infection control policies and procedures already exist for hospital settings, however they are often inappropriate for carers in community settings.

This document is intended for those giving care in community establishments as well as those giving care in clients' homes. It will be relevant to district nurses, school nurses, health visitors, practice nurses, community therapists, nursery nurses, podiatrists, pharmacists, home loans services, care agencies, social care staff and those working in general and dental practice. The principles of infection control apply across all boundaries.

Where possible the practices outlined in this document are evidence-based or in line with current national guidelines, legislation or regulations. References have been included in every section and these can also be used for further reading.

The document is presented in 8 Parts. These can be read separately, but are cross-referenced if further detail is needed.

Part One	PC Policies and Guidelines
Part A	Management issues
Part B	Standard infection control procedures
Part C	Infectious diseases
Part D	Clinical procedures
Part E	Audit tools
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A1.1 Key contacts

Health Protection Unit	
Health Protection Unit For public health emergencies outside of normal working hours ring the on-call public health doctor via	0117 – 9002574 Fax: 0117 – 9002385 01454 - 455433
Community Infection Control Team	
Liz McLoughlin South Glos PCT Prevention & Control of Infection Lead Nurse	Direct Line 01454 418039 Switchboard: 01454 – 412636 (this is via switchboard at Thornbury Hospital which is manned 0800-1600 Mon-Fri) Mobile: 07979802527 Email: liz.mcloughlin@sglos-pct.nhs.uk
Hospital infection Control Team	
Frenchay Hospital Southmead Hospital	0117 – 9701212 Ext 2799, 2844 0117 – 9505050 Ext 3654
District General Hospitals	
Frenchay Hospital Southmead Hospital Bristol Royal Infirmary	0117 – 9701212 0117 – 9505050 0117 - 9230000
Local Authorities (Environmental Health Departments)	
South Gloucestershire Bristol City	01454 – 863557 0117 - 9222000
Community Child Health Services	
Frenchay Area Southmead Area Tyndall's Park Children Centre Maria Hennessy Children & Family Health Services Clinical Lead Manager Clinical Co-ordinators (HV) - Anne Bamber Severnvale Area - Jane Body Yate Area - Angie Paige-Connors Kingswood Area Cindy Chesterman – Lead Manager for Safeguarding Children	0117 – 9573206 0117 - 9595355 0117 – 9285753 0117 - 3300215 07768 798913 07768 807330 07748 981320 0117 - 3302406
For Clinical/Medical Waste Collections	
South Gloucestershire PCT	01454 - 863594 Streetcare helpdesk 01454 868000 – contact with details and it gets logged onto system to arrange collection
Commission for Social Care Inspection	
	0117 9307110
Other local contact details	

A1.2 Organisation and management arrangements^{1,2,3,4,5,6,7,140,153}

All staff must have access to a written infection control policy and receive training in infection control. In clinical settings a programme of audit of infection control practice and surveillance of infection should also be identified in the Annual Infection Control Programme, which is developed through the Trust Infection Control Committee.

Managers of care homes and other services should also ensure that infection control policy, procedures, training and audit are in place.

A1.2.1 Responsibilities of key personnel

The Health Protection Teams/Units (HPUs) are part of the Health Protection Agency and the Health Protection Team is often based with a local Primary Care Trust (PCT). The HPUs are responsible for the control of infectious disease and environmental hazards within a county. The HPUs are comprised of **Consultants in Communicable Disease Control (CCDC) and Health Protection Nurses (HPNs)/Infection Control Nurses (ICNs)** and other supporting staff.

CCDCs are responsible for ensuring there are effective infection control programmes within the local community. The **HPNs** have expertise in communicable disease control, some are also specialists in infection control and can provide advice on infection control in the community. The team is a valuable source of practical advice and guidance.

Community Infection Control Nurses (CICNs) are specialists in infection control and provide an infection control service for a local community such as a PCT. They may be employed by one or more PCTs, or the HPU or even hospital Infection Control Team depending upon local arrangements. Some PCTs obtain infection control advice from a combination of sources.

Hospital Infection Control Teams provide an infection control service for the hospitals, often this includes the community hospitals that are part of the PCTs. The hospital infection control teams are comprised of **Infection Control Doctors**, who is usually a consultant microbiologist, and **Infection Control Nurses**. A Director of Infection Prevention and Control is accountable to the Board.

Infection Control Link Person is an employee working in a surgery, care home, ward etc and who has received some additional training in infection control and is appointed by their manager to act as a link between the Infection Control Nurse or Health Protection Nurse and the workplace. A role profile is available is **Part F, Appendix 7**.

Environmental Health Officers (EHOs) work for local authorities. They advise on food safety and kitchen design, pest control and waste disposal. They are also responsible for the control of pollution and other nuisances. Their duties include the inspection of food premises to enforce the requirements of the Food Safety Act 1990. They also investigate complaints about food and collaborate with the HPU in the investigation of outbreaks, particularly of food or water-borne illness. They will co-ordinate the collection of samples and delivery to the laboratory during an outbreak to speed up results.

Commission for Social Care Inspection (CSCI) Residential and nursing homes are expected to meet the requirements laid down in the Care Standards Act 2000² and associated regulations, as they apply in specific situations (e.g. the Controlled Waste Regulations 1992)⁷.

Informal carers look after their partners, spouses, relatives, friends, and neighbours on an informal basis. They often have no formal training in care, but need to be informed and trained about any clinical procedures they will undertake, such as managing a urinary catheter.

A1.3 Training in infection control

Managers must ensure that all newly employed staff are introduced to the Infection Control Policy on induction by the end of their first week. Staff must also be updated on an annual basis and / or when new matters arise.

Managers should also periodically undertake an assessment of the infection risks in their workplace and ensure that everything necessary is in place to manage those risks. An Infection Control Link Person should be identified to act as a link between the infection control/health protection team and the place of work (**Part F, Appendix 7**).

Infection control training can be obtained from a varied or sources, access may vary and a variety of charges apply. Examples of potential sources of infection control training:

- PCT Prevention & Control of Infection Lead Nurse
- BTEC courses
- Distance learning packages
- Health Protection Units
- Hospital Infection Control Teams
- Local colleges/universities
- NHS University
- NVQ courses
- Open college

- NHS Core Learning Programmes Unit Infection Control elearning training programme is available on-line. Further information and a link to the program can be found at: http://www.dh.gov.uk/PublicationsAndStatistics/PressReleases/PressReleasesNotices/fs/en?CONTENT_ID=4120290&chk=sKX1V8

A1.4 Occupational health^{3,4,6,8,9,10,11,12,13,14, 153}

There must be arrangements in place for occupational health support and advice, together with appropriate policies for the protection of staff from infection through immunisation, the avoidance and management of incidents, training and compliance with health and safety legislation. Such policies should apply to all agency and locum staff, and to those on short-term contracts. Each new member of staff should complete a pre-employment health questionnaire and provide information about previous immunisation against relevant infections.

PCT staff are covered through the Avon Partnership Occupational Health Service accessing either Frenchay or Southmead departments and needlestick hotlines depending on location.

Clients and other staff also need to be protected from staff infected with a communicable disease. Occupational Health policies should clearly set out the responsibilities of staff members to report episodes of illness, such as vomiting and / or diarrhoea to their manager.

A1.4.1 Exclusion from work

When necessary, staff may need to be excluded from work until they have recovered or results of specimens are available. Staff with vomiting and / or diarrhoea should be advised to remain off work until at least 48 hours have elapsed since their symptoms ceased^{9,10}. Further details of recommended exclusion periods can be found in **C 31.0** and **32.0**.

A1.4.2 Inoculation (sharps) injuries and bites

There should also be a clear policy regarding action to be taken in the event of a blood contamination incident (e.g. needle-stick, sharps, inoculation injury or bite). Where possible this should be provided in a poster format see appendix 9, as well as written policy, so an injured party can take action promptly. An example of inoculation injury procedures can be found in **B 13.0**

For PCT staff each base should clearly display the Avon Partnership Occupational Health Service 'Needlestick / Contamination 24 hour hotline poster' which gives details of actions to follow.

A1.5 New, or upgraded, buildings and service developments¹⁵

Department of Health guidelines have emphasised the role of the environment as a potential source of infection for patients. Therefore it is important that infection control principles and issues are considered whenever planning new or upgraded buildings. Designers, engineers, architects, facilities managers and planners must collaborate with the infection control team to ensure that infection risks are reduced to a minimum.

The infection control team should be consulted during the planning process in order to identify and minimise infection risks. This principle also applies when planning service developments.

Key considerations include:

- Size of rooms and space between beds

- Availability of isolation rooms or single rooms and need for special ventilation
- Availability and design of clinical hand wash basins
- Design and features of ancillary areas
- Engineering services
- Storage facilities
- Finishes and walls, floors, ceilings, doors, windows, interior design, fixtures and fittings
- Decontamination facilities
- Laundry and linen services
- Catering and food hygiene
- Waste – segregation, storage and disposal
- Changing facilities
- Service lifts / pneumatic delivery systems
- Construction and the role of cleaning

Further information on all these aspects may be found in the publication: Infection Control in the Built Environment: Design and Planning. HFN 30.