Portsmouth City **NHS**
Primary Care Trust

Re.f:
Trust Corporate Policy

POLICY FOR THE PREVENTION, CONTROL AND MANAGEMENT OF INFECTION

1. INTRODUCTION

Hospital acquired infection affects approx. 9 % of inpatients at any one time. In 1995 the Hospital Infection Working Group of the Department of Health and the Public Health Laboratory Service believed that 30% of all hospital acquired infection could be avoided by better application of existing knowledge and realistic infection control practices.

2. PURPOSE

This policy identifies mechanisms to ensure that appropriate action is taken in the prevention, control and management of infection

3. SCOPE

This policy provides a framework for all staff working within the Primary Care Trust (hereafter referred to as PCT) who are involved in direct and indirect care. It is supported by the Joint Portsmouth Hospitals and Portsmouth Healthcare Infection Control Guidelines 1998/99 and Practice Standards 1998/1999

4. RESPONSIBILITY

4.1 All staff (involved directly and indirectly in care); have a responsibility to reduce the risk of infection within the health care system and comply with agreed policies and procedures.

4.2 The PCT Board; is responsible for formally reviewing control of infection arrangements at least annually, in accordance with HSC 2000/002.

4.3 Quality & Clinical Governance Committee; is responsible for dissemination of information and training for infection control within the scope of clinical governance.

4.4 Business Assurance Group; is responsible for co-ordination of policies and procedures throughout the PCT and risk management issues.

4.5 The Infection Control Team (of Portsmouth Hospitals Trust); will liase with the PCT to provide staff education, specialist advice and monitoring of practice standards.

4.6 Divisional Managers; are responsible for working in partnership with the Infection Control Team on all new service activity or changes in service delivery and for ensuring all staff practice safely by:-
   a)   implementing the agreed policies and procedures.
   b)   ensuring necessary equipment and resources are available.
   c)   ensuring systems are in place for staff to access appropriate training and updating.

4.7 Service Managers; are responsible for ensuring that staff comply with agreed policies and procedures and attend training.

4.8 Clinical Area Managers/House Managers; are responsible for identifying and reporting any concerns regarding their working environment.

5. REQUIREMENTS

5.1 Frameworks and systems will be established for managing infection control, monitoring effectiveness and staff education.

5.2 All Managers must implement and monitor systems to ensure that staff:

a)   have in place a comprehensive risk assessment and action plan to ensure the safety of all people involved, when dealing with known or suspected infection risks.

b)   who pose a potential or actual infection risk to others are aware of the need to contact Occupational Health as a matter of urgency for advice regarding their fitness to work.

c)   who are nominated as link nurses have appropriate support and education to carry out their role effectively.

d)   have access to, and work in accordance with current polices/protocols/guidelines approved by the PCT.

e)   have sufficient knowledge / information regarding the actual or potential risk of infection posed by patients for them to be able to perform their role both safely and effectively.

f)   receive education (appropriate to their role) on the basic principles of infection control, food handling and waste disposal at induction and on an ongoing basis according to their agreed personal development plan.

g)   work collaboratively with domestic / cleaning staff to ensure clinical areas are subject to regular planned cleaning schedules.

h)   transferring or discharging patients/clients from clinical areas with known or potential infections clearly communicate with the appropriate care agencies both verbally and within the documentation to facilitate ongoing care.

i)   report outbreaks of infection (as per chapter 13 of the infection control guidelines) and any other concerns relating to infection control using the PCT's incident reporting system.

j)   who are temporary, e.g. bank, agency, locum or borrowed are given clear instruction in the use of appropriate equipment and are made aware of any known infection risks.

5.3   Audit/Clinical Governance

The systems in place to support the requirements of the policy should be subject to an annual audit based on the requirements of this policy and should feature in annual clinical governance plans and reports.

6   REVIEW DATE

This policy will be reviewed on a two yearly basis

7   REFERENCES

Infection Control Guidelines Jan 1998/99
Infection Control Standards hospital Dec. 1999 and community Sept. 1998
Health Service Circular - The Management and Control of Hospital Infection Feb. 2000
Report by the Controller and Auditor General.- The Management and Control of Hospital Acquired Infection in Acute NHS Trusts in England

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POLICY PRODUCED;   November 01
APPROVED BY TRUST BOARD;
REVIEW DATE;   November 2003