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Health Board

Infection Prevention & Control Protocol

# **Infection Prevention and Control Policy (Version 1)**

Department of Infection Prevention & Control

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# **Swansea Bay University Health Board (SBUHB)**

## **Infection Prevention and Control Policy V1**

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# **Swansea Bay University Health Board (SBUHB)**

## **Infection Prevention and Control Policy V1**

### **1. Introduction**

The impact of healthcare associated infections is significant. Patient may suffer pain, anxiety, longer hospital admissions, a reduced quality of life, loss of earnings and sometimes death. In addition, there is additional cost to the health services from extended admissions, treatments, bed closures and cancelled operations.

Embedding infection prevention and control practices in all health care activities can reduce the risk of acquiring a health care associated infection and improve the quality of care and patient experience.

### **2. Policy Statement**

This policy outlines:

- The Health Board's adoption of the National Infection Prevention & Control Manual (NIPCM);
- The need to use the Health Board's linked, associated and supplementary protocols and infection Quick Guide References (QGR) to support the NIPCM;
- The responsibility of staff to follow the advice outlined in those protocols and procedures in order to minimise the risk of patients, staff and visitors acquiring preventable infections. The responsibilities outlined in this policy apply to staff in relation to the NIPCM and to all other Infection Prevention and Control Protocols and Procedures.

### **3. Scope**

The policy applies to all employees of Swansea Bay University Health Board (SBUHB) including locum, agency staff and external contractors. It should be read in conjunction with:

- [The Code of Practice for the Prevention and Control of Healthcare Associated Infections \(WG, 2014\)](#)
- [Standard 2.4: Infection Prevention and Control \(IPC and Decontamination\). Health and care Standards, April, 2015.](#)

**Where an aspect of this policy cannot be implemented a robust risk assessment must be undertaken and approved through the Health Board's governance processes.**

#### **4. Aims and Objectives**

- Facilitate compliance with the advice of the Welsh Government to adopt the NIPCM so reducing variation in infection control practices and standardising care processes according to reviewed evidence;
- Minimise the risk of patients, staff and visitors acquiring preventable infections through the appropriate application of the NIPCM and SBUHB's supporting protocols and procedures;
- Provide staff with guidance on how to use the NIPCM, related protocols and procedures;
- Outline the responsibilities of staff in relation to Infection Prevention & Control (IP&C) so that staff can understand and comply with their responsibilities;
- Provide guidance on the need for RCAs, SEAs, Incident Reporting and death certification relating to healthcare-associated infections; also, reporting serious incidents to the Welsh Government.

#### **5. Roles and Responsibilities**

##### **5.1. Public Health Wales (PHW) and Health Protection Scotland (HPS)**

**5.1.1.** HPS will ensure that the content of the electronic National Infection Prevention and Control Manual (NIPCM) remains evidence based;

**5.1.2.** PHW will contribute to the consensus committee that approves and ratifies changes to the NIPCN to ensure that it is fit for purpose.

## **5.2. Responsibility for Infection Prevention and Control in the Health Board**

The Chief Executive has ultimate responsibility for Infection Prevention and Control (IPC) in the Health Board. This is delegated to the Executive Director of Nursing who has the Executive Lead for IPC; the Executive Director of Nursing is supported by the Assistant Director of Nursing for IPC.

### **5.3. The Health Board must ensure that:**

- 5.3.1.** There is a managed environment with effective and appropriate arrangements that minimises the risk of infection to patients, staff, visitors and contractors;
- 5.3.2.** There are systems and resources in place to facilitate the implementation and compliance monitoring of infection prevention and control practices (as specified in the NIPCM and other SBUHB supporting Protocols and Procedures) in all care areas and all staff groups (including permanent, locum, agency and external contractors);
- 5.3.3.** There is a culture that promotes incident reporting (including near misses), to enable an improvement in systemic failures and to support the development of safe working practices;
- 5.3.4.** There are effective systems in place to manage the risks associated with incidents and outbreaks of infection;
- 5.3.5.** There is an Infection Control Committee (ICC) which meets bimonthly and functions in accordance with the ICCs Terms and Conditions;
- 5.3.6.** There is an Infection Prevention and Control Team (IPCT) in place;
- 5.3.7.** The IPCT is adequately resourced and has received appropriate education/training.

### **5.4. Delivery Service Unit (SDU) Directors and Managers must ensure that:**

- 5.4.1.** Staff are aware of, have access to, and are familiar with how to use the NIPCM and SBUHB supporting Protocols and Procedures as outlined in Section 7;
- 5.4.2.** Staff apply the principles of Standard Infection Control Precautions (SICPs) as outlined in the NIPCM to the management of all patients, and apply Transmission Based precautions as appropriate according to the NIPCM;

- 5.4.3.** All staff have had instruction/education in relation to infection prevention and control (IPC) in line with the Health Board's Mandatory Training Framework and will include:
- Induction training;
  - SICPs (either by attending a face to face session or by undertaking the e-learning package);
  - Aseptic Non Touch Technique (ANTT) as appropriate:
    - theory and principles (via e-learning module)
    - competency assessed (by Direct Observation of Practice)
    - Mandatory competency re-assessment 3 yearly.
- 5.4.4.** Every ward and department has at least one hand hygiene trainer and that the hand hygiene trainer has received an annual update from the IPCT;
- 5.4.5.** Staff working in clinical areas are "Bare Below the Elbow" as required by the Health Board Policy and support clinical staff in implementing this policy;
- 5.4.6.** Compliance with IPC related education training and competence is monitored and reported;
- 5.4.7.** The requirement to participate in Welsh Government Mandatory Surveillance schemes is met;
- 5.4.8.** Adequate resources and support are in place to allow staff to implement and monitor the infection prevention and control measures recommended in the NIPCM and its supporting protocols and procedures;
- 5.4.9.** Audits are undertaken in line with the Nursing Metrics and ensure that corrective actions is taken when necessary;
- 5.4.10.** Risk assessments are undertaken to optimise patient/client/resident and staff safety, consulting expert specialist guidance if/as required;
- 5.4.11.** There is a system in place to ensure that patients are screened appropriately on admission (according to The Health Board's Integrated Nursing Assessment Tool)) to include risk assessment for CJD and screening for multi-resistant organisms so that patients with potential

risks are identified promptly and that remedial action is taken to reduce potential risk;

- 5.4.12.** Staff check the Patient Administration Systems (where this facility is available) on patient admission to check if the patient requires any Transmission Based precautions (in addition to Standard Precautions). Contact the IPCT, if necessary;
- 5.4.13.** Staff are supported in any corrective action or interventions if an incident occurs that may have resulted in the transmission of infection;
- 5.4.14.** Ward/department staff review the occupancy of single rooms daily to enable the best use of this limited resource and that isolation facilities are prioritised in accordance with the Health Board's "Prioritisation of Single Rooms" guidance so that patients who are the greatest risk to others have priority for single rooms;
- 5.4.15.** Advice is sought from the IPCT on prioritising the use of isolation facilities and other matters relating to IPC as necessary;
- 5.4.16.** The correct level of decontamination according to the Health Board's decontamination protocol is undertaken after the discharge/transfer of a patient. When the correct level of decontamination cannot be achieved immediately following discharge/transfer - ensure that a plan is in place for the correct level of clean to be undertaken as soon as possible;
- 5.4.17.** As part of the local Incident Reporting process, all incidents (including the inability to isolate a patient in a single room) are investigated in line with Health Board procedures, and any learning points shared with staff to help prevent recurrences;
- 5.4.18.** All infection incidents, including cases of healthcare associated multi-drug resistant bacteraemia and health care associated *Clostridium difficile* infection, are reported via the incident reporting system and that a root cause analysis (RCA) is undertaken by the clinical team caring for the patient. In Primary Care, all cases of *Clostridium difficile* infection are investigated by undertaking a Serious Event Analysis;
- 5.4.19.** The outcomes of RCAs are reported to the Infection Control Committee so that lessons learned can be shared and that RCA action plans are discussed at the Delivery Service Unit Quality & Safety or Governance

Committee meetings as part of an infection control standing agenda item;

- 5.4.20.** Staff with known or suspected infections are managed according to Occupational Health policies;
- 5.4.21.** Staff with health concerns, or who have had an occupational exposure, are referred to the relevant agency, e.g. General Practitioner, Occupational Health or Accident and Emergency. Advice may also be sought from Health Protection Teams, Public Health Wales NHS Trust, or Infection Prevention and Control staff;
- 5.4.22.** Staff have undergone the relevant health checks and clearance including those required for undertaking Exposure Prone Procedures (EPP);
- 5.4.23.** Staff are encouraged to have influenza vaccine annually;
- 5.4.24.** There is Flu Champion on every ward/department to promote/advocate influenza vaccination;
- 5.4.25.** Each DSU has an adequate number of peer vaccinators to support the influenza vaccination campaign. Each peer vaccinator should aim to vaccinate 50 colleagues;
- 5.4.26.**
- 5.4.27.** There are two Fit Test trainers on every ward/department who have been trained by an British Safety Industry Federation (BSIF) accredited Fit Test trainer, be updated and have a refresher assessment annually;
- 5.4.28.** Equipment is procured only after the IPCT has been consulted and the required decontamination process has been approved by the Decontamination Sub Group;
- 5.4.29.** The IPCT and Housekeeping staff are informed/consulted with at an early stage in the planning process for all building works including new builds, renovations and refurbishments in clinical areas;
- 5.4.30.** Ward/department staff are aware that they must escalate concerns relating to the environmental cleanliness during building works to the line manager and the relevant Estates/Capital Planning Officer;
- 5.4.31.** Staff who work in areas using specialised ventilation e.g. theatres are aware of their responsibilities in relation to the checks that need to be

undertaken and the actions required in the event of a malfunction/failure;

**5.4.32.** Infection Prevention & Control is included in job descriptions and as an objective in Personal Appraisal Performance Reviews (PADRs);

**5.4.33.** Highlight through management structures any areas of non-compliance with IPC protocols and procedures;

**5.5. All staff (who provide direct care in a health or social care setting) must:**

**5.5.1.** Be familiar with, and know how to effectively use, the National Infection Prevention and Control Manual (NIPCM) and its supporting Protocols and Procedures as outlined in Section 7;

**5.5.2.** Apply the principles of Standard Infection Control Precautions (SICPs) as outlined in the (NIPCM) to the management of **all** patients, and apply additional Transmission Based Precautions (TBPs) as appropriate according to the NIPCM, and ensure all other staff/agencies do likewise;

**5.5.3.** Take reasonable precautions to protect themselves from acquiring infection including following protocols to avoid inoculation injuries;

**5.5.4.** Maintain competence, skills and knowledge in IPC by attending induction, mandatory update training (in line with the Health Board's Mandatory Training Framework):

- Hand hygiene training
- SICPs
- ANTT training
  - Principles and theory via e-learning module and
  - Competence assessment by Direct Observation of Practice
  - Mandatory competency re-assessment 3 yearly
- Undertake update training relevant to clinical areas and skills
- Other relevant IPC education/training as appropriate

**5.5.5.** Report to line managers any deficits in knowledge or other factors (including near misses) in relation to IPC and to the management of patients with infections, including facilities/equipment/resources;

**5.5.6.** Ensure that patients/clients are screened appropriately on admission (according to The Health Board's Integrated Nursing Assessment Tool)

include risk assessment for CJD and screening for multi-resistant organisms - so that patients with potential risks are identified promptly and that remedial action is taken to reduce potential risk. Inform the IPCT;

- 5.5.7.** Check the Patient Administration Systems (where this facility is available) on patient admission to check if the patient requires any Transmission Based precautions (in addition to Standard Precautions). Contact the IPCT, if necessary;
- 5.5.8.** Be “Bare Below the Elbow” as required by the Health Board Policy;
- 5.5.9.** Monitor and report compliance with IPC related education, training and competence;
- 5.5.10.** Undertake audits in line with the Nursing Metrics and ensure that corrective actions is taken when necessary;
- 5.5.11.** Be vigilant for possible cases of infection including, for example, infective diarrhoea/vomiting/influenza and, in such instances, take the appropriate action to reduce the risk of infection to other people and inform the IPCT;
- 5.5.12.** Ensure that **ALL** patients have a Bristol Stool Chart maintained during hospital admissions irrespective of whether or not they have diarrhoea;
- 5.5.13.** Review the occupancy of single rooms daily to enable the best use of this limited resource and prioritise single rooms in accordance with the Health Board’s “Prioritisation of Single Rooms” guidance so that patients who are the greatest risk to others have priority for single rooms;
- 5.5.14.** Seek advice, as necessary, from the IPCT regarding the prioritisation of single rooms and on other matters relating to IPC;
- 5.5.15.** Contact the IPCT if they suspect there is an outbreak of infection on their ward/department;
- 5.5.16.** Give adequate information relating to infections to patients and, where appropriate, to family/visitors;
- 5.5.17.** Confidentially and sensitively communicate required IPC practices for specific infections to colleagues, patients, relatives and visitors;
- 5.5.18.** Ensure that, before use on another patient, **all** equipment, including equipment used for patients with suspected or confirmed transmissible

infections, is effectively decontaminated according to the Health Board's Decontamination protocols;

- 5.5.19.** Ensure that environmental decontamination of patient areas is carried out according to the Health Board's 4D decontamination protocols when a patient is transferred, discharged or dies. Escalate failure to achieve this to the Line Manager and report as an incident using the Datix system; also, work to ensure that the correct level of decontamination is undertaken as soon as possible;
- 5.5.20.** Ensure adequate information on diagnosis/treatment is given to staff in primary care on patient discharge;
- 5.5.21.** Take part in the RCA process for health care associated infections;
- 5.5.22.** Report incidents relating to IPC (including failure to isolate a patient in a single room) using the Datix system;
- 5.5.23.** Report incidents and/or illnesses that may have resulted in, or be a result of, occupational exposure or injury using the Datix system;
- 5.5.24.** Not attend for clinical duty while at risk of potentially transmitting infectious agents to other people (known or suspected infections); Staff must seek appropriate clinical advice/management from their General Practitioner/Occupational Health Department/Health Protection Team (where appropriate) and liaise with their line manager for further guidance;
- 5.5.25.** Be up to date with occupational immunisations and consider the benefits of having the annual influenza vaccination as a means of protecting themselves and other susceptible people;
- 5.5.26.** Let the Line manager and Occupational Health Department know if they have received influenza vaccine from their GP;
- 5.5.27.** Be up to date with health checks/clearance requirements including those required by staff who undertake Exposure Prone Procedures;
- 5.5.28.** If required, be "fit test" trained and assessed by a competent BSIF accredited Fit Test trainer;
- 5.5.29.** Discuss, review and include elements of IPC as an objective in Personal Appraisal Performance Reviews (PADRs) to ensure continuing updating of knowledge and skills;
- 5.5.30.** Advise visitors:

- That they should contact the person in charge before visiting if they are unsure of the infectious status of the person they are visiting within a hospital or care home setting;
  - Of appropriate infection control precautions, including PPE and hand hygiene, to be carried out when visiting patient with a potential/confirmed infection;
  - To wear protective clothing (for all patients) if they are undertaking personal care;
  - Not to visit if they are suffering from an infection such as diarrhoea and vomiting, or flu-like symptoms.
- 5.5.31.** Ensure that all water sources in their ward/department are “run” daily in accordance with the Water Safety Policy. Where a water outlet is no longer used, inform staff in the Estates Department so that the outlet can be isolated;
- 5.5.32.** Ensure that the IPCT and Housekeeping staff are aware of all building works including new builds, renovations and refurbishments in their area;
- 5.5.33.** Ensure that the cleanliness of the environment is not compromised by any building works; escalate any concerns to the line manager and relevant Estates/Capital Planning Officer;
- 5.5.34.** Report to the line manager inadequate cleaning standards including when cleaning frequencies/hours have not been achieved;
- 5.5.35.** Staff who work in areas using specialised ventilation e.g. theatres must be aware of their responsibilities in relation to the checks that need to be undertaken and the actions required in the event of a malfunction/failure;
- 5.5.36.** Report to line managers any areas of non-compliance with IPC protocols and procedures.

## **5.6. All Medical and Non-Medical Prescribers must:**

- 5.6.1.** Prescribe antimicrobials in accordance with the Health Board’s Antimicrobial Policy;
- 5.6.2.** Comply with the principles of Start Smart Then Focus;

- 5.6.3.** Promote prudent acid suppression medication including
  - making an assessment of the requirement for the therapy
    - on admission
    - if a patient is prescribed antimicrobials
  - on discharge giving guidance to staff in primary care on the duration/need for acid suppression medication and prophylactic/long term antimicrobial therapy;
- 5.6.4.** Ensure that, when appropriate, specialist advice on optimising antimicrobial therapy is sought from a Consultant Microbiologist in a timely manner;
- 5.6.5.** Participate in RCAs in Secondary Care;
- 5.6.6.** Participate in Serious Event Analyses in Primary Care and provide information relating to antibiotics prescribed in primary care to assist with RCAs undertaken in secondary care.

## **5.7. Consultant and other Medical staff, including Health Board General**

### **Practitioners in Primary Care must:**

- 5.7.1.** Notify the relevant staff (see CJD protocol) when a patient is newly diagnosed with CJD (including known or suspected cases);
- 5.7.2.** Accurately record HCAI, where appropriate, on death certificates in line with the Welsh Government's "*Putting Things Right*" guidance - a serious incident must be reported for any death where a healthcare associated infection (including *Clostridium difficile* and methicillin resistant *Staphylococcus aureus*) is mentioned on the death certificate as either the underlying cause of death or contributory factor;
- 5.7.3.** Ensure that, when a patient is discharged, adequate information is given to staff in primary care on diagnosis/treatment of patient with, or at risk of, infection;
- 5.7.4.** Ensure that, when a patient is admitted, adequate information is given to staff in secondary care on diagnosis/treatment of patient with, or at risk of, infection;
- 5.7.5.** Notify the Consultant in Communicable Diseases of patients with Notifiable Diseases.

**5.8. Site Management/Bed Management teams must:**

- 5.8.1.** Assist ward staff to identify single room accommodation for patients who require isolation to reduce the risk of potential transmission of infection;
- 5.8.2.** Work with ward/department staff to facilitate the appropriate level of room decontamination after discharge/transfer of patients with infection.

**5.9. Housekeeping teams must:**

- 5.9.1.** Routinely maintain a clean environment to reduce levels of environmental contamination with potentially transmissible organisms;
- 5.9.2.** Provide the appropriate level of cleaning after discharge/transfer of a patient with infection according to the Health Board's 4D decontamination process;
- 5.9.3.** Report deficits/problems with achieving the required level of cleaning to the line manager and ward/unit manager - including the inability to undertake correctly the Health Board's 4D decontamination process after discharge/transfer or death of a patient.

**5.10. Estates and Capital Planning Staff Must:**

- 5.10.1.** Ensure that systems are in place for the delivery of safe water in health Board premises in accordance with the Water Safety Policy and Plan and WHTM 04-01;
- 5.10.2.** Ensure that systems are in place for the delivery of safe air in Health Board premises in accordance with HTM 03-01 Part A & B;
- 5.10.3.** Work with Performance Standards Engineers from NHS Shared Services Partnership Specialist Estates Services to validate specialised ventilation systems and take action, as necessary, to ensure compliance and safety;
- 5.10.4.** Report any failures to comply with the required standards to line managers and to the Infection Control Committee;
- 5.10.5.** Ensure that planned preventative maintenance (PPM) is routinely undertaken according to NHS Estates guidance, Policies and Protocols;

- 5.10.6.** Escalate problems with complying with the requirements for PPM, water safety, safe air and report failures in compliance to the Infection Control Committee;
- 5.10.7.** Ensure that all building work (including new builds, renovations and refurbishments) is managed in a way that reduces the risk of patients, staff and visitors acquiring avoidable infections;
- 5.10.8.** Ensure that all building work (including new builds, renovations and refurbishments) is undertaken in accordance with Welsh Health Building Note (WHBN) 00-09: Infection Control in the Built Environment and other relevant WHBNs, HBNs and Health Technical Memoranda;
- 5.10.9.** Ensure that Infection Prevention and Control Staff and House Keeping staff are informed of, and consulted with, in relation to all building works (early in the planning process);
- 5.10.10.** Ensure that, when any building work is undertaken, that water outlets are tested in accordance with the Water Safety Policy;
- 5.10.11.** Ensure that all requests for water fountains and ice making machines are referred to the Water safety Committee for approval;
- 5.10.12.** All equipment used for decontamination purposes (including washer disinfectors, drying cabinets, autoclaves) are serviced and maintained according to the relevant HTMs.

**5.11. Independent Contractors must:**

Ensure that provision is made for a specialist infection and prevention resource, accessible to all managerial and other staff, for the provision of support, education, guidance and risk assessments relating to the management of CJD cases.

**5.12. Health Board Infection Prevention and Control staff must:**

- 5.12.1.** Support Delivery Unit staff with quality improvement initiatives to develop systems and processes that lead to sustainable improvements in the application of IPC practices and reduced risk of infection;
- 5.12.2.** Act as a resource to provide expert advice, guidance and support in the application of IPC practices including giving advice required on the management of disease specific problems and prioritisation of isolation;

- 5.12.3.** Ensure that they are adequately educated/trained and receive updates to enable them to competently and effectively deliver the IPC service including managing emerging infectious diseases/threats;
- 5.12.4.** Provide education for staff and management on all aspects of infection prevention and control including supporting the implementation of ANTT training and competence assessments;
- 5.12.5.** Provide advice on individual risk assessments for patients/clients with known or suspected infections;
- 5.12.6.** Undertake surveillance on alert organisms and alert conditions to:
  - enable the identification of cases that need investigation;
  - early detection of periods of increased incidence of infections (PIIs) and potential outbreaks of infection;
  - communicate this information to DSU staff;
- 5.12.7.** Undertake audits in accordance with the Infection Prevention and Control Strategy and as necessary e.g. during potential outbreaks of infection, feeding back to clinical staff and managers so that corrective actions may be implemented, as required;
- 5.12.8.** Inform the Health Board's Nurse Bank when there is an outbreak of infection and/or when wards are closed due to infection;
- 5.12.9.** Inform the Health Board's Communications Team when there is an outbreak of infection and/or when wards are closed due to infection;
- 5.12.10.** Participate in the investigation and management of PIIs and outbreaks of infection in accordance with the Health Board's Policy for Infection Outbreak Incident Management in Secondary and Tertiary Referral Centres;
- 5.12.11.** Inform the Health Protection Team of significant cases of infection, PIIs or outbreaks of infection, as necessary;
- 5.12.12.** Provide service delivery units with information to enable them to target problem areas and develop zero tolerance strategies aimed at reducing healthcare associated infection;
- 5.12.13.** Assist clinical teams with undertaking RCA of infection incidents;
- 5.12.14.** Participate, from the outset, in all projects involving building work (new build, renovations and refurbishment) and escalate concerns if the

project work does not conform to the latest standards, WHBNs, HBNs, HTMs or where there may be a risk to other patients from the building work;

**5.12.15.** The Infection Control Doctor (ICD) must lead on outbreak management in hospitals ensuring that suspected outbreaks are reported and managed promptly;

**5.12.16.** The ICD must liaise with the Health Protection Team, the Consultant in Communicable Disease Control, the laboratory and Public Health Wales staff;

**5.12.17.** The ICD must report directly to the Chief Executive, Director of Public Health and the Director of Nursing on matters relating to suspected or confirmed outbreaks/incidents of infection.

**5.13. Occupational Health Staff must:**

**5.13.1.** Manage and treat healthcare staff who are found to have healthcare related carriage/infection/infestation e.g., MRSA, Scabies;

**5.13.2.** Coordinate the screening of staff for infection/colonisation as appropriate, e.g. during an outbreak of MRSA;

**5.13.3.** Ensure that staff have undergone the relevant health checks and clearance including those required for staff undertaking Exposure Prone Procedures;

**5.13.4.** Provide advice and guidance for staff with infection related health issues and queries including the management of inoculation injuries;

**5.13.5.** Provide advice on the requirement for vaccinations/provide those vaccinations;

**5.13.6.** Lead on the annual influenza campaign;

**5.13.7.** Ensure that local policies are in place for the management of staff with known or suspected infections, and that these policies are adhered to;

**5.13.8.** Keep records of staff who have potentially exposed to infection e.g. TB, CJD;

**5.13.9.** Provide a health screening service for staff who use chemical disinfectants.

## 6. EIA Statement

This policy has been screened for relevance to equality. No potential negative impact has been identified; a full equality impact assessment is not required.

## 7. National Infection Prevention and Control Manual

**7.1.** The NHS in Wales has teamed up with NHS Scotland to utilise their electronic National Infection Prevention and Control Manual (NIPCM) developed by Health Protection Scotland. As recommended by the Welsh Government the manual is being adopted across Wales in order to provide consistent, current, standardised evidence based policies across Wales (based on systematic reviews of the literature) in order to support practice. Information and documents specific to Wales, where applicable, is also available.

### **7.2. Use of the NIPC manual & SBUHB supporting protocols and procedures**

**7.2.1.** Clinical staff must be familiar with and practice the **10 “Must Do”** Standard Infection Control Precautions (SICPs) outlined in Chapter 1 of the [NIPCM](#). This must be done **Every Time for Every Patient in Every Care Setting** - whether or not there is a perceived risk of infection;

**7.2.2.** Clinical staff must be familiar with (and adopt as appropriate) the **three Transmission Based Precautions (Contact, Droplet and Airborne)** outlined in Chapter 2 of the [NIPCM](#). These will need to be used for specific infectious agents/diseases where SICPs may not be sufficient to prevent transmission of infection;

**7.2.3.** Clinical Staff will refer to [Appendix 11](#) of the NIPCM which identifies which of the Transmission based (Contact, Droplet or Airborne) precautions that is needed for a specific infection. It also gives guidance on patient placement and the respiratory protective equipment needed (if any) to reduce the risk of transmission of infection;

**7.2.4.** Staff will use the [A-Z section](#) to provide additional information on specific diseases and organisms;

**7.2.5.** SBUHB supplementary protocols are also available where the Health Board requires moderation to the advice given in the NIPCM;

**7.2.6.** The NIPCM and other related IPC protocol, procedures and documents can be accessed on COIN and the infection control web page;

- 7.2.7.** Additional useful information, explanations and supporting evidence is also available by clicking on links in the NIPCM;
- 7.2.8.** Staff must always use the links provided (not print off information) to access information to ensure that the most current guidance is used;
- 7.2.9.** The [Glossary](#) will be helpful;
- 7.2.10.** Health Board staff will **NOT** be using Chapter 3 of the NIPCM (Healthcare Infection Incidents, Outbreaks and Data Exceedance) and will continue to use the [ABMU HB Policy for Infection Outbreak/Incident Management in Secondary Care/Tertiary Referral Centre](#) ('Hospital Outbreak Plan').

## 8. Disease specific addenda to the NIPCM - Standard Operating Protocols (SOPs) and Infection Quick Reference Guides (IQRGs):

| SOPs and Protocols  | Infection Quick Guide References (QGRs)  |
|---|--|
| <a href="#">MRSA Policy</a>   | <a href="#">MRSA QRG</a>   |
| <a href="#">Scabies Policy</a>  | <a href="#">Scabies QRG</a>  |
| <a href="#">Clostridium difficile Protocol</a>  | <a href="#">CDI QRG</a>  |
| <a href="#">Clostridium difficile PII Resource pack</a>   | <a href="#">Measles QRG</a>  |
| <a href="#">CJD Policy (Creutzfeldt-Jacob Disease)</a>  | <a href="#">Traveller's diarrhoea: Enterogenic <i>Escherichia coli</i> (ETEC) QRG</a>  |
| <a href="#">Managing Seasonal Influenza (Public Health Wales October 2018)</a>                              | <a href="#">E.coli 0157: Vero cytotoxin (VTEC) producing <i>Escherichia coli</i> 0157 IIS also known as Shigatoxigenic <i>Escherichia coli</i> 0157 (STEC) QRG</a> |
| <a href="#">Norovirus Outbreak Toolkit</a>  |  |
| <a href="#">Carbapenemase-producing Enterobacteriaceae: Acute Trust toolkit</a> and other related documents | TB   |
| <a href="#">Carbapenemase-producing Enterobacteriaceae: Toolkit for Non- Acute settings</a>                 | CPE  |

|  |                                |
|--|--------------------------------|
| <a href="#">Outbreak Incident Management in Secondary and tertiary Care Policy</a> | Candida auris                  |
| <a href="#">Inoculation Injury Policy</a>  | Chicken pox/Varicella          |
| <a href="#">Inoculation Injury Procedure guidance</a>                              | Flu                            |
| <b>Other guidance</b>  | Rubella                        |
| <a href="#">MERS-CoV</a> : infection control for possible or confirmed cases       | Body Lice, Head Lice Crab Lice |
| Legionella   | Malaria                        |
| MDR  | HIV, Hep B, Hep C              |
| Hep A  | Samonella, Camp, Shig          |
| Cryptosporidium  | Listeriosis                    |
| Giardiasis   | GAS/Invasive GAS               |
| Norovirus/Rotavirus  | Group B Strep                  |
| Bacterial meningitis   | Impetigo                       |
| Mumps  | Hand Foot and Mouth Disease    |
| Group B strep  | Ringworm                       |
| Pertussis  |                                |
|  |                                |

**This list is not exhaustive and may be updated on COIN as new diseases/threats emerge**

## **9. Aseptic Non-Touch Technique (ANTT)**

**9.1.** In 2017, the Welsh Government advised that Health Boards in Wales should adopt Aseptic Non-Touch Technique (ANTT) framework as the standardised approach for raising clinical standards of aseptic technique and achieving asepsis in invasive and non-invasive procedures including surgical procedures, insertion and maintenance of indwelling medical devices and all primary/community based care that requires aseptic practice.

**9.2.** SBUHB has committed to using ANTT for all clinical procedures that require asepsis so that ANTT is embedded into all aseptic practice. All staff who undertake clinical procedures are required to be trained and competence assessed in ANTT as noted in Section 5.

## **10. Decontamination**

- 10.1.** SBUHB will ensure the safest possible care for patients and staff through the identification and application of best practice in the decontamination of reusable medical devices which may be contaminated with microbiological hazards in order that patients and staff do not come to avoidable harm through cross-contamination;
- 10.2.** In SBUHB, all medical devices will be used and decontaminated according to Manufacturer's Instructions for Use (IFUs) and current recommended standards and guidance;
- 10.3.** All staff involved in decontamination processes will be trained appropriately and assessed as competent to do so;
- 10.4.** Single use instruments will not be re-processed;
- 10.5.** Systems are in place to Track and Trace device usage through the decontamination process to which they have been subjected and to the patient on whom they have been used;
- 10.6.** Decontamination will be undertaken in an accredited unit, wherever possible.
- 10.7.** Where decontamination is not undertaken in an accredited unit, SBUHB will demonstrate compliance with the standards detailed in the relevant WHTMs;
- 10.8.** SBUHB is also committed to the adoption and practice of decontamination recommendations specified in the WHC/2015/050.

## **11. Water Safety**

SBUHB recognises that controlling the risk posed by waterborne bacteria, particularly *Legionella* sp. and *Pseudomonas aeruginosa*, is both a legal requirement and of paramount importance to the safety of staff, patients and visitors. The [Water Safety Policy](#) (available on the health Boards Intranet site – General Documents) and Water Safety Plan defines how water systems will be managed to minimise the risks associated with the supply of water and outlines what the Health Board will undertake in accordance with the Approved Code of Practice (L8) to maintain a safe water supply.

## **12. Safe Air**

The link between surgical site infection and theatre air quality is well established. Specialised ventilation systems play a central role in the prevention and control of

healthcare-associated infections. The Health Board will comply with the requirements of WHTM 03-01 Part A: Design & Validation and Part B: Operational Management and Verification of Specialised Ventilations Systems (Conventional and Ultra Clean systems). All ventilation plant should meet a minimum requirement in terms of the control of *Legionella* and safe access for inspection and maintenance. Planned preventative maintenance will be undertaken in accordance with NHS Estates policies and the relevant HTMs. All ventilation plant should be inspected annually and critical ventilation systems including those providing clean air to theatre suites should be verified annually by Performance Standards Engineers from NHS Shared Services Partnership department with corrective action taken as necessary.

### **13. Infection Control in the Built Environment**

- 13.1.** Research and investigation have consistently confirmed that the healthcare environment can be a reservoir for organisms with the potential for causing infection. It is imperative that Infection Prevention and Control (IPC) measures are “designed in” at the outset of the planning and design stages of health care facilities including new builds, renovations and refurbishments. In addition, that IPC input continues up to, into and beyond the final building stage.
- 13.2.** Therefore, in order to promote the provision of physical health care environments that minimise the risk of patients acquiring avoidable health care associated infections and promote satisfactory infection control practice - all building work (including new builds, renovations and refurbishments) will be undertaken in accordance with the most current guidance issued by Welsh Government, Public Health Wales and NHS Shared Services Partnership Specialist Estates Services including Welsh Health Building Notes (principally [Welsh Health Building Note \(WHBN\) 00-09](#)), Health Building Notes and Health Technical Memoranda.
- 13.3.** All work will require a risk assessment to identify appropriate risk reduction measures to minimise the risk of infection to patients, visitors and staff during construction work or renovation/refurbishment of health care facilities. This will include work that is considered minor.

## **14. Incident Reporting (Datix)**

Incidents should be reported in the Datix incident reporting system in line with Datix Codes.

## **15. Requirements to undertake Root Cause Analyses (RCAs) or Serious Event Analyses (SEAs)**

- 15.1.** Root cause analysis (**RCA**) and Serious Event Analysis (**SEA**) are undertaken to help health care staff look at events where patient harm or an undesired outcome has occurred. By identifying the causes of an incident/event action can be taken to prevent similar incidents/events occurring in the future.
- 15.2.** RCAs and SEAs allow staff to identify and learn what went well in the patient's care and what could have been done better leading to prevention of harm, improved patient safety and patient experience.
- 15.3.** Where appropriate, the outcome of RCAs and SEAs must be shared across wards and SDUs and any resulting action plans must be discussed at the SDU's governance/safety meetings.
- 15.4.** The following will require a RCA or SEA:
  - 15.4.1.** Case of Healthcare associated *Clostridium difficile* (use the [CDI Initial Investigation Tool](#))
  - 15.4.2.** Case of Health care associated *Staph. aureus* bacteraemia ([use the Staph. aureus Initial Investigation Tool](#))
  - 15.4.3.** Case of Health care associated gram negative bacteraemia (use the [Gram Negative Initial Investigation Tool](#))
  - 15.4.4.** Other cases or outbreaks of infection as advised by the IPCT.

## **16. Death Certification: Information on Infection**

In line with the Welsh Government's "*Putting Things Right*" guidance clinicians must record and report all deaths involving Health Care Associated Infections (HCAIs). Where the HCAI is recorded on the certificate will be determined by individual circumstances. Where there is any doubt – the certifying medical officer should discuss the case with the Consultant in charge of the case. The See

Appendix 1 for further guidance on (HCAI) death certification. See also Section 17 below on Completion of Serious Incident Form).

## **17. Completion of Serious Incident for Welsh Government (related to IPC)**

**17.1.** In line with the Welsh Government's "*Putting Things Right*" guidance serious incidents must be reported to the Welsh Government (where possible within 24 hours of the incident occurring) using a "Serious Incident" reporting form. Serious Incidents must be investigated and managed in accordance with the Health Board's Serious Incident Management Toolkit.

**17.2.** The following are considered Serious Incidents related to IPC:

**17.2.1.** A HCAI mentioned on a death certificate as either the underlying cause of death or a contributory factor (e.g. due to *Clostridium difficile*, MRSA). This should be investigated using the Serious Incident Investigation and Learning Process outlined in the Serious Incident Management Toolkit.

**17.2.2.** An outbreak of HCAI in a hospital that results in significant disruption e.g. the closure of a ward or bay to admissions. Outbreaks of Healthcare associated infections must be investigated in accordance with the extant [ABMU HB Policy for Infection Outbreak/Incident Management in Secondary Care/Tertiary Referral Centre \('Hospital Outbreak Plan'\)](#) and in conjunction with the Welsh Government's Communicable Disease Outbreak Plan for Wales ('The Wales Outbreak Plan'), April 2014.

**17.2.3.** **Closure of a bay that does not cause significant disruption should not be reported as a Serious Incident and should be reported using a "No Surprises" form.**

## **18. References**

[Standard 2.4: Infection Prevention and Control \(IPC and Decontamination\). Health and care Standards, April, 2015](#), accessed August 2019

[Welsh Government "Putting Things Right": Guidance on Dealing with Concerns about the NHS from January 2011, Version 3 November 2013](#), accessed August 2019

**Guidance on Death Certification for Patients where infection is considered to have contributed to the death of a patient**

(Taken from the (HCAIs) letter from the Chief Medical Officer and Chief Nursing Officer CMO (2013)14 CNO (2013) 5 “Accurate Recording of Deaths from Healthcare Associated Infections (HCAIs) – Annexe A.

It is a matter of clinical judgement to decide whether a condition present at, or just before, death contributed to the patient’s death.

**If a healthcare-associated infection (HCAI) was part of the sequence of events leading to death, it should be recorded in Part 1 of the certificate, and you should include all the conditions in the sequence of events back to the original disease being treated.**

**Example:**

- I a. *Clostridium difficile* pseudomembranous colitis.
- I b. Multiple antibiotic therapy.
- I c. Community-acquired pneumonia with severe sepsis.
- II. Immobility, polymyalgia rheumatica, osteoporosis.

**Example:**

- I a. Bronchopneumonia (hospital acquired Meticillin resistant Staph aureus)
- I b. Multiple myeloma
- I c.
- II. Chronic Obstructive Airways Disease

**If your patient had an HCAI which was not part of the direct sequence, but which you think contributed at all to their death, it should be mentioned in Part II of the certificate.**

**Example:**

- I a. Carcinomatosis and renal failure
- I b. Adenocarcinoma of the prostate
- I c.
- II. Chronic Obstructive Airways Disease and catheter associated Escherichia coli urinary tract infection.

## Useful Contact Details

| Title  | Contact Number  |
|--|---|
| <b>Director of Nursing<br/>Executive Lead for Infection<br/>Prevention &amp; Control</b> | <ul style="list-style-type: none"> <li>• SBUHB Headquarters<br/>Ext. 43308</li> </ul>   |
| <b>Director of Public Health</b>   | <ul style="list-style-type: none"> <li>• SBUHB Headquarters<br/>Ext. 43386</li> </ul>   |
| <b>Assistant Director of Nursing,<br/>Infection Prevention &amp; Control</b>             | <ul style="list-style-type: none"> <li>• SBUHB Headquarters –<br/>Ext. 42217</li> </ul>   |
| <b>Infection Control Doctor<br/>Consultant Microbiologists</b>                           | <ul style="list-style-type: none"> <li>• 01792 285052<br/>Ext. 35052</li> </ul>   |
| <b>Infection Prevention &amp; Control<br/>Nurses</b>                                     | <ul style="list-style-type: none"> <li>• Clinical Triage Nurse - Ext. 33690</li> </ul>  |
| <b>Site/Bed Managers</b>   | <ul style="list-style-type: none"> <li>• Morriston - Ext. 33269/33778</li> <li>• Neath Port Talbot – Ext. 42613/42014</li> <li>• Singleton – Ext. 37691.</li> </ul> |
| <b>Facilities Manager</b>  | <ul style="list-style-type: none"> <li>• Morriston - Ext. 33721;</li> <li>• Neath Port Talbot – Ext. 42486/47789;</li> <li>• Singleton – Ext. 35566.</li> </ul>     |
| <b>Occupational Health</b>   | <ul style="list-style-type: none"> <li>• Morriston - Ext. 33610;</li> <li>• Neath Port Talbot – Ext. 43197</li> <li>• Singleton – Ext. 35393.</li> </ul>            |
| <b>Consultant for Communicable<br/>Disease Control (CCDC)</b>                            | <ul style="list-style-type: none"> <li>• WHTN 1809 3974</li> <li>• 01792 940974</li> </ul>  |