

# Infection Control Procedure

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| Lead Director:    | Medical Director                                |
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# Infection Control Procedure

## 1 Introduction

All NHS providers must comply with 'The Health and Social Care Act 2008: Code of Practice for the NHS on the prevention and control of healthcare associated infections and related guidance' (Department of Health 2009), and the EU directive on protecting health care workers from sharps injuries that was introduced in May 2013 (see references) This policy and procedure sets out how the Trust will meet the requirements of this legislation. This policy forms part of the Trust's Risk Management Strategy.

As a specialist mental health trust administering mainly psychological therapies which are not physically invasive and providing only out-patient and day patient facilities, the level of infection risks encountered in, for example, in-patient settings is not present. The frequency of physical contact with patients for any reason is extremely low, due to the nature of the services that we offer as is the possibility of injuries by inoculation (via needle stick, bites, aerosol or contact with bodily fluids).

Despite the low risk the Trust recognises the need to have a policy to manage the risk and it is committed to ensuring that staff who have contact with patients are informed of the arrangements. To support assurance of compliance with this policy the Trust has an Assurance Framework in operation and this is shown at Appendix A.

## 2 Purpose

The purpose of this policy and procedures is to set out the arrangements in place within the Trust to manage the risks associated with viral and bacterial infection including blood borne infection.

## 3 Scope

This policy and procedures applies to all staff in the working for the Trust. All Trust staff are required to adhere to this policy and related policies and codes of practice.

## 4 Duties and responsibilities

#### **4.1 Chief Executive**

The Chief Executive is ultimately responsible for this policy. He has delegated the lead responsibility for infection control to the Medical Director.

#### **4.2 Medical Director**

The Medical Director will act as Director for Infection Prevention and Control (DIPC). In this role the DIPC has the strategic responsibility for infection prevention and control within the Trust, the DIPC will be supported in this role by the Associate Director of Quality and Governance.

The DIPC will:

- oversee the implementation of this policy
- report directly to the Chief Executive and the Board on matters relating to infection control
- have the authority to challenge inappropriate hygiene practices
- assess the impact of new policies and plans for service development with respect to infection control.
- ensure that training on infection control, contamination injuries and hand washing are included in Trust Induction and INSET training days for all staff

In addition the DIPC will also be responsible for leading on and meeting any requirements from the Care Quality Commission (CQC) or other external agencies for evidence relating to infection control policy, practice or related audit or surveillance data.

#### **4.3 Operational Estates and Facilities Manager**

The Operational Estates and Facilities Manager is responsible for managing the cleaning and catering arrangements within the Trust and in this regard is responsible for ensuring high standards of infection control in the delivery of these services.

They will also be responsible for ensuring Support Services are regularly cleaning hard toys and keeping records of cleaning schedules.

#### **4.4 Health and Safety Manager**

The Health and Safety Manager is responsible for monitoring any infection control incident that is reported via the Trust's incident reporting policy and to provide advice, by referral to specialists if required. The Health and Safety Manager will:

- promote good hygiene practices to staff, patients and visitors by displaying promotional materials provided by the national “Clean your Hands” campaign and from other Department of Health (DoH) infection control initiatives.
- ensure that the DIPC is made aware of any Central Alert Broadcasts relating to infection control that are relevant to our services and will act as Trust liaison with NHS England (London) for the management of high level planning and monitoring e.g. Pandemic flu.
- Ensure that occupational exposure to HIV, HBV or HCV are notified to the Health and Safety Executive under the Reporting of Injuries, Diseases and Dangerous Occurrences (RIDDOR) 1995.
- Provide advice to staff visiting patients/families in the community where there are queries about infectious diseases.
- Refer to the Medical Director as DIPC as necessary.

#### **4.5 Occupational Health Service**

The Trust accesses Occupational Health services via a contract with the Royal Free Hospital NHS Foundation Trust. This service will provide expert advice to the Trust on staff related infection control issues, and will provide a referral service for management of any staff who suffer a needle stick injury. The Hospital also provides a service for delivering annual flu vaccinations to trust staff.

#### **4.6 All Clinical Staff**

All clinical staff are responsible for adhering to this policy and associated procedures in respect of reducing infection risk and adhering to the procedure set out in this document in the event of a needle stick or other penetrating injury e.g. a bite.

Those who see children and provide toys will be provided with antibacterial wipes to ensure toy are cleaned in between uses as needed. See Section 5.8.

The nature of the treatment offered to patients at the Trust is non-invasive out-patient, without direct patient contact; this results in the risk of transmission of infection being very low. Despite this low risk staff in contact with patients are required to adhere to the following procedures in order that the infection risk in the Trust is minimised.

## **5 Procedures**

## 5.1 Prevention and management of risk of infection by contamination

### EMERGENCY ACTION IN CASE OF CONTAMINATION

In the event that any member of staff suffers a contamination injury involving body fluids (blood, saliva, urine, or sputum) then they must report to the Occupational Health department (within hours) or the Accident and Emergency department (out of hours) of the Royal Free Hospital or the local A&E for outreach services. The RFH is contracted to provide Occupational Health services (including post exposure prophylaxis) for staff of this Trust. Full support and follow up of any infection incidents will be provided by the Occupational Health department at the Royal Free Hospital

### 5.1 Hand Washing

Effective hand washing is the single most important factor in preventing infection. All staff should use the soap provided in the toilets and kitchen areas, wash all areas of the hands, rinse thoroughly and dry with paper towels or the hand dryer after visiting the toilet and at all times when they have any direct contact with patients. Notices in the toilet areas will be used to promote high standards of hand hygiene to staff, patients and visitors to the Trust.

### 5.2 Cuts and Abrasions

To protect staff and patients and other member of staff all cuts and abrasions are to be covered with a waterproof dressing. Registered first aiders can supply these to staff on request. When a member of staff suffers a cut, abrasion or other skin break during the working day an incident form should be completed.

### 5.3 Spillage of Blood or Bodily Fluids

In the event of spillage of blood or bodily fluids, surface contamination is to be controlled by containment and disinfection using the following method:

*Hazardous Material clean up kits are kept with Support Services; Wear a plastic apron and disposable gloves. Either use the absorbent granules provided in the kit or wash the area with hot soapy water using paper towels to clear area. Dry the area using paper towels. Bag towels, gloves and apron. Tie disposal bag and place in the appropriate safe place for collection.*

The Tavistock Centre (Support Services), Gloucester House Day Unit, and the and CYAF reception, all have hazardous waste cleanup kits.

### 5.4 Safe Handling and Disposal of Sharps

Any staff using or handling sharps has a duty under the Health and Safety at Work Act 1974 to work safely and dispose of sharps items correctly into the sharps boxes provided.

Every department that may handle sharps items including broken, or blood-stained crockery and glass must request the provision of sharps boxes and adhere to the following practices when handling sharps of any sort:

- place all disposable sharps into sharps containers immediately after use
- discard blood-stained broken crockery/glass and razor blades etc., into a sharps container
- never fill a sharps containers - must not exceed two thirds full
- when two thirds full secure the lid of the sharps container, complete the label with the area, Trust and the date of disposal and place for collection and disposal by support services staff
- the Trust will ensure that all sharps containers are disposed of by incineration in accordance with current regulations.
- Sharps containers are available the Medical room at the Tavistock Centre. Other staff requiring sharps containers should put in a request to the Health and Safety Manager

## **5.5 Venepuncture**

Venepuncture is not carried out at the Trust.

## **5.6 Management of Accidental Exposure to Blood or Body Fluids**

Accidental exposure is identified as:

- percutaneous injury - from needles, instruments, crockery etc. which are contaminated with blood or body fluids
- exposure of broken skin - abrasions, cuts, eczema etc. which has come into contact with blood or body fluids
- exposure of mucous membranes - eyes, mouth to blood or body fluids
- bites - puncture wounds inflicted by an individual known or suspected to have a blood borne virus.

These last two modes of contamination are those most possible at the Trust.

### **5.6.1 Management of Sharps, Bites and Scratches**

- encourage the wound to bleed - do not suck or scrub the wound
- wash the wound with soap and water
- apply a waterproof dressing
- report the incident to the manager and complete an incident report form
- seek medical attention as soon as possible, by attending Occupational Health or the Accident and Emergency department of Royal Free NHS Trust.

### **5.6.2 Management of Contamination of Mucous Membranes (Eyes)**

- rinse thoroughly with water or saline
- report the incident to the manager and complete an incident report form
- seek medical attention as soon as possible, by attending the accident and emergency department of Royal Free NHS Trust.

### **5.7 Contamination Injuries Involving Staff**

If a member of staff gains an injury where there is a risk of contamination by blood or body fluids of patient or other person then the following steps should be taken:

**Follow the advice above for sharps, bites and scratches.**

- In working hours the member of staff should present themselves to the Occupational Health Department at The Royal Free Hospital, where this Trust has an arrangement for Occupational Health Services. The member of staff will then be managed directly by The Royal Free Hospital under their arrangements for management of needle stick and other injuries.
- If the injury happens out of hours then the member of staff should present themselves to The Royal Free Hospital or the local Accident and Emergency Department and advise the A&E Department that they are a member of staff at The Tavistock Hospital.

**In all cases of potential contamination injuries, an incident form should be completed and submitted to the Health and Safety Manager.**

### **5.8 Infection risk to patients and visitors in clinical areas.**

Patients visiting the Trust are generally physically healthy and therefore no special precautions are taken to reduce risk of infection other than those of general standards of cleaning. Clinical staff are asked to take common sense precautions in respect of equipment (e.g. toys) that may be used as part of therapy. Hard toys can be cleaned, soft toys that become contaminated for any reason will be disposed of. Hard toys will be effectively cleaned with hot water and detergent by Support Services. Clinical Staff will be provided with antibacterial wipes for cleaning personal hard toys or discarded if they cannot be safely cleaned.

A box of relevant toys from the service store cupboard may be made available for the sole use of a child for the duration of their therapy. Following completion of therapy these toys are cleaned as above, or disposed of if this is not possible. A record should be kept by support services staff.

Toys in the two children's' waiting areas (Tavistock Centre and Portman Clinic) should be regularly cleaned as above and a record kept by Support Services.

### **5.9 Other Infection Risks**



**MRSA and CDifficile;**

As antibiotics are not prescribed at the Trust the risks of MRSA or of Clostridium Difficile are no higher than those in any public place therefore the Trust does not have specific arrangements in place to reduce the risk of these infections occurring

**Flu Pandemic;**

The Trust has an Influenza Pandemic Contingency Plan

**Staff with infectious diseases;**

Staff exhibiting signs of any potential infection e.g. vomiting and / or diarrhoea, should remain at home until recovered, and seek medical advice if symptoms are severe. If an infection is confirmed, medical advice should be sought about the appropriate time to return to work (this may depend on have laboratory evidence of resolution of the infection)

**Patients with infectious diseases;**

Staff visiting patients in the community should attempt to make contact in advance of a visit to check on the wellbeing of these in the household before visiting. If there are any concerns they should contact the Health and Safety Manager for advice.

**Waste Management;**

The main Trust building does not process any contaminated waste (other than feminine hygiene bins which are managed under specialist contract). Details of waste management procedures are found in the office of the Estates and Facilities Manager.

Drug testing kits used by FDAC Coram have their own Hazardous Waste collection procedures and contract.

All staff should report any infection control incident using the Trust's incident reporting system, to enable the Trust to log and track any issues that require addressing.

Occupational exposure to HIV or HBV or HCV is notifiable to the Health and Safety Executive under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 1995. It will therefore be necessary to inform your manager that this incident has occurred.

Cases of occupationally acquired HIV or HBV or HCV resulting from exposure in the health care setting are also reportable as diseases within the meaning of RIDDOR.

## **6 Training Requirements**

The Trust has conducted a training analysis and has concluded that all members of staff, both clinical and non-clinical, require the principles within this policy to be brought to their attention. This will be done as part of the induction process

(both clinical and non clinical induction sessions will include details of infection control, management of contamination/ inoculation injuries, injuries with a skin break and hand washing) and reference to infection control is included as one of the core components of the INSET training day which is mandatory for all staff to complete every two years. .

Arrangements for the delivery of training through induction and INSET and follow up of non-attenders are detailed in the Staff Training Policy

In addition the Trust will seek to update all staff and users of facilities in respect to the importance of hand washing by the use of notices in all toilets throughout the building (toilets in the building are used by both staff and patients). Hand washing training (theory) will be included in each INSET session which forms part of the mandatory training programme for all staff. For further details refer to the Staff Training Policy.

## **7 Process for monitoring compliance with this Procedure**

The Board will receive assurance of compliance with the Trust's infection control policy via the Assurance Framework which is detailed at Appendix A. The Clinical Quality, Safety, and Governance Committee will monitor the assurance in the following ways:

- receive an annual report on infection control
- receive information and details of analysis on infection control incidents when they are reported, via the Patients Safety Clinical Risk (PSCR) work stream and compliance with CQC Safety Domain
- receive information on compliance with any external CAS alert or similar that is relevant to the Trust's practice, when they are reported via the Patient's Safety Clinical Risk (PSCR) work stream

The Staff Training Committee will monitor compliance with mandatory training related to infection control as set out in the Staff Training Policy and will report any exceptions in the quarterly HR and OD Board Report. This will also be received by the Corporate Governance and Risk Work stream.

The Medical Director in his role as Infection Prevention and Control Lead will, advise the Trust of risks that need to be added to the Trust's risk register and advise the Trust of any infection control risks that need to be added to the register

## **8 References**

References - Legislation

*The Health and Social Care Act 2008: Code of Practice for the NHS on the prevention and control of healthcare associated infections and related guidance.* London: Department of Health. Available at: [www.dh.gov.uk](http://www.dh.gov.uk)

Department of Health. (2003). *Winning Ways: Working Together to Reduce Healthcare Associated Infection in England.* London: Department of Health. Available at: [www.dh.gov.uk](http://www.dh.gov.uk)

Department of Health. 'Delivering clean and safe care'. *DH website page.* London: Department of Health. Available at: [www.dh.gov.uk](http://www.dh.gov.uk)

Department of Health. (2007). *Mental Health Policy Implementation Guide: A Learning and Development Toolkit for the whole of the mental health workforce across both health and social care.* London: Department of Health. Available at: [www.dh.gov.uk](http://www.dh.gov.uk)

National Patient Safety Agency (NPSA). (2008). *Patient Safety Alert 2008/02. Clean Hands Save Lives (2<sup>nd</sup> edition).* NPSA. Available at: [www.npsa.nhs.uk](http://www.npsa.nhs.uk)

[http://www.nhsemployers.org/HealthyWorkplaces/Keeping-staff-well/HealthAndSafety/Pages/NewEUregulationstoprotecthealthcareworkersfromsharpinjuries.aspx?utm\\_source=http%3a%2f%2fnhs-employers.org%2foi\\_nhsconfedlz%2f&utm\\_medium=email&utm\\_campaign=LM\\_B\\_16052013&utm\\_term=NHS+Line+Managers+Bulletin+issue+12&utm\\_content=43226](http://www.nhsemployers.org/HealthyWorkplaces/Keeping-staff-well/HealthAndSafety/Pages/NewEUregulationstoprotecthealthcareworkersfromsharpinjuries.aspx?utm_source=http%3a%2f%2fnhs-employers.org%2foi_nhsconfedlz%2f&utm_medium=email&utm_campaign=LM_B_16052013&utm_term=NHS+Line+Managers+Bulletin+issue+12&utm_content=43226)

Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 1995.

## 9 Associated documents<sup>1</sup>

Flu Pandemic Plan  
Incident Reporting Procedure  
Health and Safety Policy  
Staff training procedure  
Royal Free NHS Trust Policy for Reducing Risk of Blood Borne Viruses (HIV, Hepatitis B and C).  
FDAC Coram, local Waste Management Procedures 2015

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<sup>1</sup> For the current version of Trust procedures, please refer to the intranet.

## Appendix A: Equality Impact Assessment

|                     |                                  |
|---------------------|----------------------------------|
| <b>Completed by</b> | <b>Lisa J Tucker</b>             |
| <b>Position</b>     | <b>Health and Safety Manager</b> |
| <b>Date</b>         | <b>01/06/2016</b>                |

| <b>The following questions determine whether analysis is needed</b>  | <b>Yes</b> | <b>No</b> |
|--|------------|-----------|
| Is it likely to affect people with particular protected characteristics differently?   |            | X         |
| Is it a major policy, significantly affecting how Trust services are delivered?  |            | X         |
| Will the policy have a significant effect on how partner organisations operate in terms of equality?   |            | X         |
| Does the policy relate to functions that have been identified through engagement as being important to people with particular protected characteristics? |            | X         |
| Does the policy relate to an area with known inequalities?   |            | X         |
| Does the policy relate to any equality objectives that have been set by the Trust?   |            | X         |
| Other?   |            | X         |

If the answer to *all* of these questions was no, then the assessment is complete.

If the answer to *any* of the questions was yes, then undertake the following analysis:

|  | <b>Yes</b> | <b>No</b> | <b>Comment</b> |
|--|------------|-----------|----------------|
| Do policy outcomes and service take-up differ between people with different protected characteristics? |            |           |                |
| What are the key findings of any engagement you have undertaken?                                       |            |           |                |
| If there is a greater effect on one group, is that   |            |           |                |

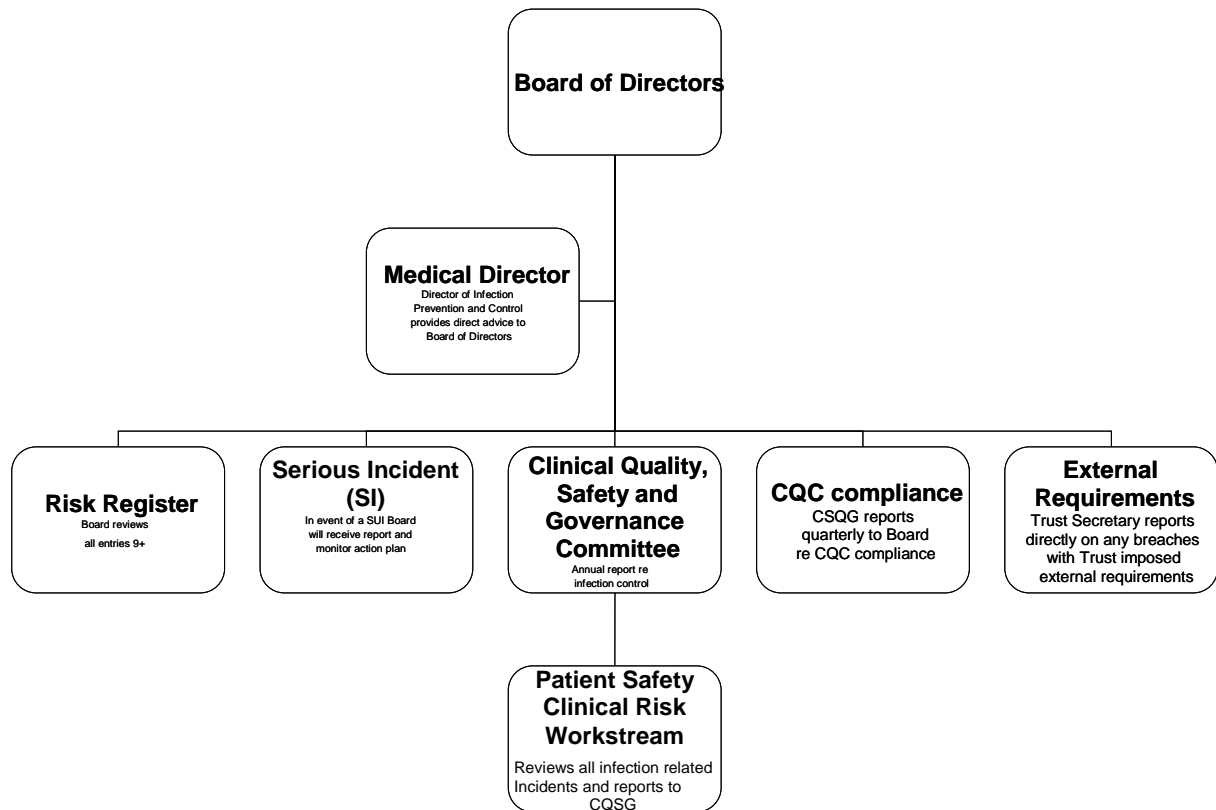
|   |  |  |  |
|---|--|--|--|
| consistent with the policy aims?  |  |  |  |
| If the policy has negative effects on people sharing particular characteristics, what steps can be taken to mitigate these effects? |  |  |  |
| Will the policy deliver practical benefits for certain groups?  |  |  |  |
| Does the policy miss opportunities to advance equality of opportunity and foster good relations?                                    |  |  |  |
| Do other policies need to change to enable this policy to be effective?   |  |  |  |
| Additional comments   |  |  |  |

If one or more answers are yes, then the policy may unlawful under the Equality Act 2010 – seek advice from Human Resources (for staff related policies) or the Trust’s Equalities Lead (for all other policies).

## Appendix B: Assurance framework for infection control

The Trust's Assurance Framework for Infection Control provides the Board with assurance from a range of different sources as shown in the diagram below.

### Assurance Framework



The details of the components for this framework are as follows:

### **Risk Register**

The Trust maintains both a strategic and operational risk register. The strategic register forms that core assurance for the management of risks that threaten the Trust's core objectives as set out in the Annual Plan, (they are viewed over the long term (3 years) and the operational risk register monitors the management of identified risks within year which are either Directorate or of Trust wide significance. Any identified infection control risks that cannot be mitigated to an acceptable level will be added to the Trust's operational risk register.

### **Meeting externally defined standards as set by the CQC**

The CQSG receives assurance of performance against the CQC standards for infection control in the form of quarterly compliance reports from the PSCR Workstream to show ongoing compliance (and any variance) with the Safety Domain (as part of the Quality Report).

The Board receives assurance of compliance with mandatory training (which includes training in infection control, hand washing and management of inoculation injuries) via quarterly and annual reports from HR to the CGR Work stream.

### **Investigation of Incidents**

The Trust will investigate any infection related incident and report findings via the Patient Safety and Clinical Risk work stream which reports to the Clinical Quality, Safety and Governance Committee. This committee will assure the Board of effectiveness of infection control procedures as part of an Annual Report to the Board.

In the event of a Serious Incident (SI), when infection is part of the incident, the Board will receive the SI investigation report. The Executive Management Team is responsible for the implementation of action plans and the CQSG Committee will monitor progress on the implementation agreeing closure of the SI and providing assurance to the Board.

### **Responding to other External Requirements in relation to Infection Control**

The Board of Directors will receive reports and assurances of any external requirements placed on the Trust via the Procedure for Responding to External Recommendations Procedure.