Infection Control

Worcestershire Health and Care NHS
NHS Trust

Infection Prevention Overview Guidelines

This guideline is set to provide information on general information on the key role infection prevention and control plays in the consistent provision of clean, safe care and the priority that this has within healthcare provision. Further advice is available from the Infection Prevention and Control Team on 01386 502552 or out of hours the on call medical microbiologist via switchboard at either Worcestershire Royal Hospital or the Alexandra Hospital Redditch.

Guidelines must be used in conjunction with current Primary Care and Community IV Antimicrobial Prescribing Guidance, available at www.worcestershirehealth.nhs.uk.

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NHS Trust

INFECTION PREVENTION GUIDELINES OVERVIEW

Document Type	Infection Prevention and Control Guidelines
Document Purpose	To provide general information on the key role infection prevention and control plays in the consistent provision of clean, safe care and the priority that this has within healthcare provision.
Document Author	Infection Prevention and Control Team
Target Audience	All staff working within healthcare settings
Responsible Group	Infection Prevention and Control Committee
Date Ratified	First Issue: 2000. Updates: April 2004; April 2008; November 2010; December 2013; December 2016.
Expiry Date	December 2019

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Learning and Development

Worcestershire Health and Care NHS Trust recognises the importance of ensuring that its workforce has every opportunity to access relevant training. The Trust is committed to the provision of training and development opportunities that are in support of service needs and meet responsibilities for the provision of mandatory and statutory training.

All staff employed by the Trust are required to attend the mandatory and statutory training that is relevant to their role and to ensure they meet their own continuous professional development.

FOREWORD

Infection Prevention and Control is of prime importance within all healthcare settings. It is however recognised that not all infections or healthcare associated infections (HCAIs) are avoidable but in relation to HCAIs evidence suggests that a significant number of infections can be prevented by taking action against lapses in care.

The Health and Social Care Act 2008 Code of Practice of the prevention and control of infections and related guidance (July 2015) (DH 2015) often referred to as the '**Hygiene Code**' states that effective prevention and control of HCAIs or indeed any infection has to be embedded into everyday practice and applied consistently by everyone all of the time.

The Code of Practice (Hygiene Code) lists ten criteria that are used to judge whether an NHS Trust is compliant with the government regulations regarding HCAIs. These criteria are designed to ensure that patients are cared for in a clean environment, where the risks of HCAIs are kept as low as possible.

Infection prevention and control is a key requirement of the Care Quality Commission Assessments (CQC 2008-date) and is recognised as an essential component of clean, safe care, clinical governance and clinical risk structures within the Worcestershire Health Economy.

The Health Economy is committed to helping healthcare workers reduce infection rates by promoting better application of existing knowledge and adherence to best practice to improve patient safety and minimise the risk of infection. Ensuring staff know what to do to minimise risks of infection and actually do this every time are both crucial components in the delivery of clean, safe care.

The practices and procedures documented within this guidance are clear: Infection prevention and control and cleanliness are everyone's business; everyone can contribute to infection prevention and control which is essential for the safety of our patients/service users, their families, carers and ourselves.

If there are any aspects of these guidelines which are not clear please contact a member of the Infection Prevention and Control Team on 01386 502552.

INFECTION PREVENTION AND CONTROL OVERVIEW GUIDELINES

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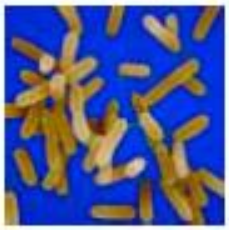
INTRODUCTION

It is important that the general population is reassured that any care or treatment they receive is delivered in a safe manner (Fraise et al 2009). All staff working within the Trust in either hospital or community settings must ensure a high standard of infection prevention and control practices.

These guidelines are for use within Worcestershire Health and Care Trust and can also be referred to by General Practices and Nursing Homes within Worcestershire. Within the Trust, they apply to all staff working in community, clinic and hospital settings. As the health service evolves, care is being provided in a greater variety of settings and more acute care is provided closer to home, this can present challenges to the application of infection prevention and control principles in clinical practice.

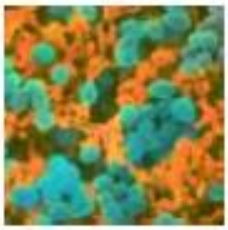
Infection as a result of healthcare interventions in hospitals or community settings is largely preventable. Healthcare Associated Infections (nosocomial infection) can be defined as infection that is acquired through the care or treatment that is being given by a healthcare professional. The results of the Fourth National Prevalence Survey (2011) demonstrated that 6.4% of adult patients in acute hospitals had a healthcare-associated infection. These findings are further supported by the National Audit Office report (2009) and the Socio-Economic Burden of Hospital Acquired Infection (Plowman et al 1999) and continue to demonstrate a reduction in the number of infections.

Rates of Top 5 Healthcare Associated Infections as a % of all Healthcare Associated Infections (NAO 2009)



Blood Infections Bacteraemias 7%

Infections following Surgery 14%



Urinary Tract Infections 20%

Lower Respiratory Infections 20%

Skin and Soft Tissue Infection 10%

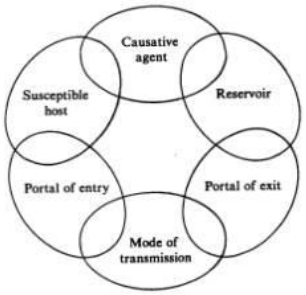
The sections of these guidelines provide a basis for audit and assurance reviews as promoted by DH (2015) and also Infection Prevention Society Improvement Toolkits (www.ips.uk.net). These tools and subsequent information should be regarded as a guide to best practice but cannot cover all eventualities and may need to be modified in certain circumstances. The Care Quality Commission (2012) and Health and Social Care Act (2008) (DH 2015) in addition to NHSLA requirements all discuss the key components of infection prevention and control guidelines and their implementation. All Practitioners are urged to seek further advice from the Trust's Infection Control Team as and when necessary. **(See Local Contacts page 15 - A).**

KEY POINTS

- There are over 300,000 healthcare associated infections each year.
- Healthcare Associated Infections are estimated to cost the NHS in excess of £1 billion a year.
- Infections can result in an additional 11 day stay in hospital, on average stays are 2.5 times as long if infection is present.
- The elderly, young and those who are immuno-compromised, either due to medication or illness, are the most vulnerable to infection.
- The two strongest risk factors for infection are the degree of underlying illnesses and also the presence of medical devices.
- It is vital that the control of infection within healthcare premises is practised effectively and that policies and procedures are available for staff.

WHAT IS INFECTION?

The Chain of Infection



In order to control/prevent infection it is essential to understand that transmission resulting in colonisation or infection requires six links.

- Causative Agent
- Reservoir
- Portal of Entry
- Portal of Exit
- Mode of Spread
- Susceptible host

Each link must be present for infection or colonisation to occur but breaking any one link can prevent infection and is the main aim of infection prevention and control practices.

Causative Agent The causative agent for infection is any micro-organism capable of producing disease. Examples of micro-organisms responsible for infectious diseases include bacteria, viruses, fungi, protozoa, ectoparasites and prion proteins.

Reservoir This is the environment or object in or on which a micro-organism can survive and may multiply. Inanimate objects, human beings and animals can all serve as reservoirs, providing the essential requirements for a micro-organism to survive at specific stages in its life cycle.

Portal of Exit This is the path by which an infectious agent leaves its reservoir. Usually, this is where the micro-organism grows. Common portals of exit associated with human reservoirs include the respiratory, genitourinary and gastrointestinal tracts, the skin and mucous membranes and the placenta (transmission from mother to baby).

Portal of Entry This is the path by which a micro-organism can invade a susceptible host. Usually, this path is the same as the portal of exit. For example, the portal of entry and exit for tuberculosis is through the respiratory tract. In addition, each invasive device, e.g. an intravenous line creates an additional portal of entry and increases the chance of developing an infection.

Mode of Spread Micro-organisms can be acquired by inhalation (e.g. through respiratory tract), ingestion (e.g. through gastrointestinal tract), inoculation (e.g. through accidental sharps injury or bites), contact (e.g. direct from one person to another or indirectly via contaminated surfaces or equipment) and transplacental transmission (via placenta from mother to baby). It must be noted that some micro-organisms can spread in a number of different ways. Of the six links in the chain of infection, this is the easiest link to break and is key to controlling infection within healthcare settings.

The Susceptible Host The human body has many defence mechanisms for resisting entry and multiplication of micro-organisms/infections. When these mechanisms work normally infection does not usually occur. However, in immuno-compromised people this is weakened and infections are more likely to occur. In addition, the very young and very old are at a higher risk of infection. The immune system does not fully develop until about age 6 months, making the very young susceptible while elderly people will have a declining immune system. Chronic diseases as well as medical interventions including invasive devices can all increase an individual's susceptibility to infection.

DEFINITIONS

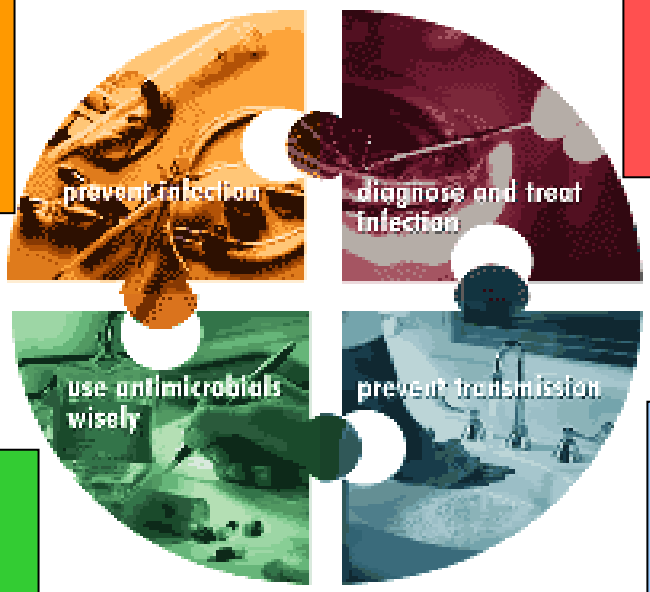
- **COLONISATION** A microbe which establishes itself in a particular environment such as on skin and survives/lives there without producing any symptoms.
- **INFECTION** Entry of a harmful microbe into the body and its multiplication in the tissue.
- **HEALTHCARE ASSOCIATED INFECTIONS (HCAIs)** Any infection to which an individual may be exposed or made susceptible, or more susceptible to, where the risk of exposure or susceptibility is directly or indirectly attributable to the provision of healthcare. The term healthcare includes any services provided for, or in connection with the prevention, diagnosis or treatment of illness, and the promotion and protection of public health. It must be noted that the individual who may be at risk of infection does not have to be the individual receiving the healthcare, but could be a healthcare worker acting in the course of their duties.

CLINICAL STRATEGIES TO MINIMISE INFECTIONS

These Infection Prevention and Control Guidelines focus on four main strategies to minimise risks from infection: prevent infection, diagnose and treat infection effectively, use antimicrobials wisely and prevent transmission (CDC 2004)

Prevent Infection
Preventing infections and their complications reduces antimicrobial use. Consider vaccination programmes and ensure invasive devices are used/managed appropriately.

Diagnose and Treat Infection Effectively
Appropriate antimicrobial therapy saves lives. Always consider the potential for a diagnosis of infection.



Use Antimicrobials Wisely
Refer to Antimicrobial Prescribing Guidance for local prescribing information.

Prevent Transmission
Staff can prevent the spread of infection by adopting standard infection control precautions.

ORGANISATIONAL STRATEGIES TO MINIMISE INFECTIONS

The Health and Social Care Act (2008) (DH 2015) sets out from an organisational perspective to promote a safe, well managed environment which minimises the risk of infection by following the ten criteria below. Further information can be found in the infection prevention and control framework for the Trust or by reviewing appendices of the Act for a specific healthcare service.

1	Systems to manage and monitor the prevention and control of infection. These systems use risk assessments and consider the susceptibility of service users and any risks that their environment and other users may pose to them.
2	Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections.
3	Ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance.
4	Provide suitable accurate information on infections to service users, their visitors and any person concerned with providing further support or nursing/medical care in a timely fashion.
5	Ensure prompt identification of people who have or are at risk of developing an infection so that they receive timely and appropriate treatment to reduce the risk of transmitting infection to others.
6	Systems to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection.
7	Provide or secure adequate isolation facilities.
8	Secure adequate access to laboratory support as appropriate.
9	Have and adhere to policies, designed for the individual's care and provider organisations that will help to prevent and control infections.
10	Providers have a system in place to manage the occupational health needs and obligations of staff in relation to infection.

BASIC PRACTICAL PRINCIPLES OF INFECTION PREVENTION AND CONTROL

Infection prevention and control is based on the use of practices and procedures that prevent, or reduce, the risk of infection being transmitted from a source of infection (e.g. a person, contaminated body fluids, equipment) to a susceptible individual. These can be termed standard precautions, safe working practices or universal precautions.

As it is not always possible to identify people who are infectious to others from those who are not, **basic infection control principles and procedures must be adopted for each and every individual.** The aim of these 'universal precautions' is to protect both healthcare staff and every individual in their care from the transmission of infection during hazardous procedures whether the risk is known or unknown (CDC 1988).

The following principles form the basis of these guidelines. They are adapted from the United Kingdom Health Department's (1998) guidance for clinical workers and supported by Loveday et al (2014) EPIC 3 Guidance and NICE (2012) Healthcare-associated infections: prevention and control in primary and community care (CG139). Principles of infection prevention and control must be followed at all times.

- Apply good basic hygiene practices with regular hand hygiene including hand washing in accordance with the five moments for hand hygiene (WHO 2009).
- Cover existing wounds or skin lesions with waterproof dressings.
- Avoid invasive procedures if suffering from chronic skin lesions on hands.
- Avoid contamination of person by appropriate use of personal protective equipment (PPE) and undertake hand hygiene following removal.
- Protect mucous membrane of eye, nose and mouth from blood splashes.
- Prevent puncture wounds, cuts and abrasions in the presence of blood.
- Avoid sharps usage where possible and consider safer sharps options where appropriate which are supported by training.
- Institute approved procedures for decontamination of equipment, instruments and the environment (including cleaning, disinfection and sterilisation).
- Clear up spillage of blood and other body fluids promptly.
- Institute a safe procedure for the safe disposal of contaminated waste with appropriate waste streams and segregation.
- Ensure all staff are aware of, understand and adhere to infection prevention and control guidance.

Standard infection control precautions need to be applied by all healthcare practitioners when caring for any patient i.e. adults, children and babies. They should be used in all healthcare settings all of the time. In certain areas such as Theatres or during outbreaks it may be necessary for additional precautions to be put in place. These precautions ensure maximum protection without the need to divulge information that may be confidential.

As can be seen from the points detailed above, the recommendations are divided into four distinct interventions:

1. Hand Hygiene;
2. Decontamination of Equipment and the Environment;
3. Use of Personal Protective Equipment;
4. Safe Disposal of Waste (including Use of Sharps).

INFECTION PREVENTION AND CONTROL RISK ASSESSMENT

All patients/service users should, as part of a clinical process, be assessed for suspected or confirmed infection. Risk factors as detailed below must always be considered.

Respiratory Tract Risks: Send sputum sample if productive and infection is suspected, arrange for AAFBs if Tb is indicated.

- Suspect Tb if:
  - Productive cough with weight loss in last 6 months, with or without fever and night sweats?
  - Homeless, prison or family Tb contacts?
  - Previous history of Tb and/or incomplete treatment with risk of drug resistance?
- Consider other risk factors linked to recent foreign travel, exposure to others with communicable respiratory infections and sample based on risks e.g. influenza (throat swabs).

Skin Risks: Send swab if clinically appropriate and infection is suspected.

- Evidence of weeping vesicles e.g. chicken pox or shingles.
- Skin shedding e.g. eczema or psoriasis.
- Suspected/confirmed scabies or lice.
- Itchy rash or skin lesions.

Elimination Risks: Send stool sample if infection is suspected.

- Diarrhoea and/or vomiting currently or in the past 72 hours.
- If presenting with diarrhoea and/or vomiting consider food history over the last 7 days.
- History of antibiotics in the past 8 weeks or recent admission to a healthcare setting.
- Suspected, confirmed or previous *Clostridium difficile* associated diarrhoea.

Urinary Tract Risks: Send either CSU or MSU if infection is suspected.

- Suspected/confirmed urinary tract infection (UTI).
- Recurrent UTI with risks for multi–resistant bacteria (consider history of antimicrobial agents).
- Urinary catheter currently in situ or inserted in past 6 weeks.

Wound Infection Risks: Collect wound swabs if infection is suspected.

- Suspected/confirmed wound infections from lacerations, boils and carbuncles, IV drug line lesions, venous or pressure ulcer wounds or other wounds that are slow to heal or exudating.

Blood-Borne Virus (BBV) Risks: Counsel and test as appropriate and immunise those at risk of Hepatitis B.

- Suspected/confirmed Blood Borne Viruses e.g. Hep B, Hep C or HIV, or if IV drug use/other substance misuse is suspected.

Other Infection Risks:

- Fever of unknown origin, confused/disorientated or symptoms with or without above risk factors.
- Transfer from another healthcare setting within the past 6 weeks.
- History of foreign travel in the past 6 months.
- Previous infections have been identified within this period of care or related care.

Always Consider:

- What immediate precautions and actions will need to be taken?
- Does this person require isolation or advice on who to minimise contact with?
- Are appropriate referrals made and is treatment commenced promptly?
- Is the suspected/confirmed infection notifiable under the Public Health Control of Diseases Act?

WHEN SHOULD YOU CONTACT THE INFECTION PREVENTION AND CONTROL TEAM?

The Infection Prevention and Control Team can provide advice and guidance on a wide range of issues relating to the management and minimisation of infection. In addition to this they can provide information on local epidemiology and incidence/prevalence of infection, undertake surveillance and audits and also provide educational sessions. The guidance below relating to contacting of the team should be seen as a minimum contact level.

1. When you know or suspect that any patients or staff have:

- Chickenpox or shingles.
- Diarrhoea and/or vomiting **that cannot be explained by the patient's known condition.**
- A notifiable disease is suspected or confirmed.
- Scabies or other human parasites.
- Symptoms of unexplained infection and a history of foreign travel.
- Any other actual or suspected infection, which you believe affects patient care or requires additional guidance for appropriate management.
- If you have had close contact with any of the above.
- A patient is diagnosed with or has a differential diagnosis of transmissible spongiform encephalopathies (TSE) or Creutzfeldt Jakob disease (CJD).

2. Also, when:

- Any increase in the numbers of infections is noted or suspected.
- You suspect that infections or symptoms may be connected.
- Anyone is admitted/transferred to your area of work from another health care provider with an infection-related problem.
- Purchasing new equipment with infection prevention and control implications.
- Refurbishment or re-building work is planned.

3. If you have any other queries relating to the prevention and control of infection, then contact the:

Infection Prevention and Control Nurses during office hours on 01386 502552.

For urgent out of hours advice contact the:
on-call Consultant Medical Microbiologist via switchboard at either Worcestershire Royal Hospital or the Alexandra Hospital, Redditch.

For more information on the roles of the Infection Prevention and Control Team please refer to the framework section or page 9A – 14A. This will correspond with Loveday et al (2014) and WHO (2016) where core components of the standards that are promoted for use within healthcare settings are detailed alongside the necessary outcomes.

INFECTION PREVENTION AND CONTROL TEAM (IPCT)

The Infection Prevention and Control Team (IPCT) has the primary responsibility for, and reports to the Director with Responsibility for Infection Prevention and Control or Chief Executive on all aspects of surveillance, prevention and control of infection within the Trust. (DOH/PHLS 1995)

The Infection Prevention and Control Team comprises:

NAME	JOB TITLE	ADDRESS & CONTACT NUMBERS
Carole Clive	Nurse Consultant Infection Prevention and Control	
Karen Hall	Lead Infection Prevention and Control Nurse	Evesham Community Hospital, Waterside, Evesham, WORCESTERSHIRE WR11 1JT.
Becky Davies Siân Edwards Cindy Jones	Infection Prevention and Control Nurses	☎ 01386 502552 (ext 32552) Mobile 07798 608171
Louise Hough	Infection Prevention and Control Administrator	
Dr C Catchpole Dr M Ashcroft Dr T Gee Dr H Morton Dr E Yates Dr E Yiannakis	Infection Control Doctors/Consultant Microbiologists	Worcestershire Acute Hospitals NHS Trust, Worcester Royal Hospital, Microbiology Department, Charles Hastings Way, Worcester. ☎ 01905 763333 ext. 30661 or 30658

The IPCT have direct access to any healthcare worker and likewise are accessible by all healthcare workers. The responsibilities of the IPCT include:-

- Provision of advice on the prevention and management of infection (this may be condition/patient specific, relate to decontamination of the equipment or environment, or implementation of evidence based practices to prevent and control infection within healthcare).
- Monitoring, identifying, investigating and acting in respect of outbreaks or incidents.
- Advising on isolation and on correcting hazardous or ineffective procedures.
- Preparing policies and procedures for prevention and control of infection.
- Providing information on control, assessing risk and advising on the resources required to reduce risk of infection within the Trust.
- Conducting a programme of infection prevention and control audits.
- Undertaking surveillance for ALERT micro-organisms and also targeted surveillance following specific procedures e.g. surgical site surveillance.
- Education of all grades of staff on infection prevention and control principles and practice.
- Involvement in research to improve infection prevention and control practice.
- Liaison with staff involved in purchasing and planning to ensure infection control issues are given a high priority in their activities.
- Liaison with other departments to provide infection prevention and control input e.g. Occupational Health, Facilities.

The IPCT will need to be expanded to form an action group if a major problem is identified.

DIRECTOR WITH RESPONSIBILITY FOR INFECTION PREVENTION AND CONTROL (DIPC)

The DIPC plays a crucial role in HCAI reduction as a key leader in enabling improvements to infection and prevention control practices throughout the organisation. They are responsible for providing assurance to the board and demonstrating that legislation and the HCAI agenda is being enacted.

A Director of Infection Prevention and Control is designated within each NHS Trust. The role of this individual includes:

- overseeing local control of infection policies and their implementation;
- being responsible for the Infection Control Team within the healthcare organisation;
- reporting directly to the Chief Executive and the Board and not through any other officer;
- having the authority to challenge inappropriate clinical hygiene practice as well as antibiotic prescribing decisions;
- assessing the impact of all existing and new policies and plans on infection and make recommendations for change;
- being an integral member of the organisation's clinical governance and patient safety teams and structures;
- producing an annual report on the state of healthcare associated infection for the Trust.

Generally the role of the Director of Infection Prevention and Control will be an extension of the job description of an individual who is already in post. It is the responsibility of the employing Trust to ensure the post holder is able to undertake this role effectively as they will have an overall responsibility for creating a culture of effective hygiene practice i.e. to ensure that infection prevention and control is everyone's business.

ANTIMICROBIAL STEWARDSHIP AND PRESCRIBER RESPONSIBILITIES

Antibiotic resistance poses a significant threat to public health, particularly because antibiotics underpin routine medical practice in both primary and secondary care. To help prevent the development of current and future bacterial resistance all prescribers within the Trust are aware of the need to prescribe antibiotics according to the principles of antimicrobial stewardship, such as prescribing antibiotics only when they are needed (and not for self-limiting mild infections such as colds and most coughs, sinusitis, earache and sore throats) and reviewing the continued need for them. These principles are set out in the Primary Care Antimicrobial Prescribing Guidelines and Community IV Antibiotic Guidelines. These antibiotic formularies indicate a range of antibiotics for managing common infections and permit use of other antibiotics only on the advice of the Consultant Microbiologist or medic responsible for the control of infectious diseases.
The concept of NICHE (BSAC 2013) offering all prescribers “5 moments to make a difference and prevent antibiotic resistance”. It promotes the need for all prescribers to consider and record:
Need (for antibiotic)
Investigation (cultures for prescribing)
Choice (spectrum of antibiotic)
How Long (is your prescription for)
Evaluate (your patient and prescription)

INFECTION PREVENTION AND CONTROL LINK STAFF (IPCLS)

Infection Prevention and Control Link Staff (IPCLS) are a resource and role model for colleagues in their area regarding infection prevention and control. Their main responsibility is to liaise with the Infection Prevention and Control Team. (DOH/PHLS 1995)

The aim and the responsibilities of the link role are set out below. It is essential that the person who is allocated the role is motivated, has an interest in infection prevention and control and is committed to acting as a role model for colleagues.

AIM:

- To help create and maintain an environment in which risks of infection to patients, relatives and staff are minimised.

RESPONSIBILITIES:

- To liaise between the clinical area and the Infection Prevention and Control Nurse/Team.
- To liaise with the clinical area manager and the Infection Prevention and Control Nurse/Team with regard to the implementation of any infection prevention and control practices.
- To act as a role model for colleagues in order to increase their awareness and motivation.
- To undertake relevant infection prevention and control training programme with regular attendance at link staff update sessions and a main study day.
- To identify any infection prevention and control training needs within the workplace and highlight them to the Infection Prevention and Control Team.
- To inform the Infection Prevention and Control Nurses when patients/service users are immuno-compromised and/or present with ALERT infections (see Section F) that have the potential to spread in healthcare settings or require specific management/precautions.
- To liaise with the Infection Prevention and Control Team and the Infection Prevention and Control Doctors if the need arises.
- To be responsible for the ongoing day-to-day infection control practices e.g. regarding sharps, waste, safe working practices, etc.
- To be knowledgeable regarding the purchase/introduction and use of equipment in their healthcare setting with regard to infection hazards, decontamination requirements and storage.

In conjunction with the Infection Prevention and Control Nurse/Team:

- Act as a resource for colleagues regarding infection prevention and control related issues and disseminate information as appropriate.
- Assist in the education of new staff in the principles and practices of infection prevention and control.
- Undertake infection prevention and control audit with appropriate follow up.

The objective is to have Infection Prevention and Control Link staff present within each ward/department and each clinical speciality.

Any staff interested in becoming a link for Infection Prevention and Control should contact the Infection Prevention and Control Nurses on 01386 502552 for further advice and information.

INFECTION PREVENTION AND CONTROL COMMITTEE (IPCC)

The IPCC is responsible for providing an overview of infection prevention and control activity and assurance across the Trust on all issues involving infection prevention and control.

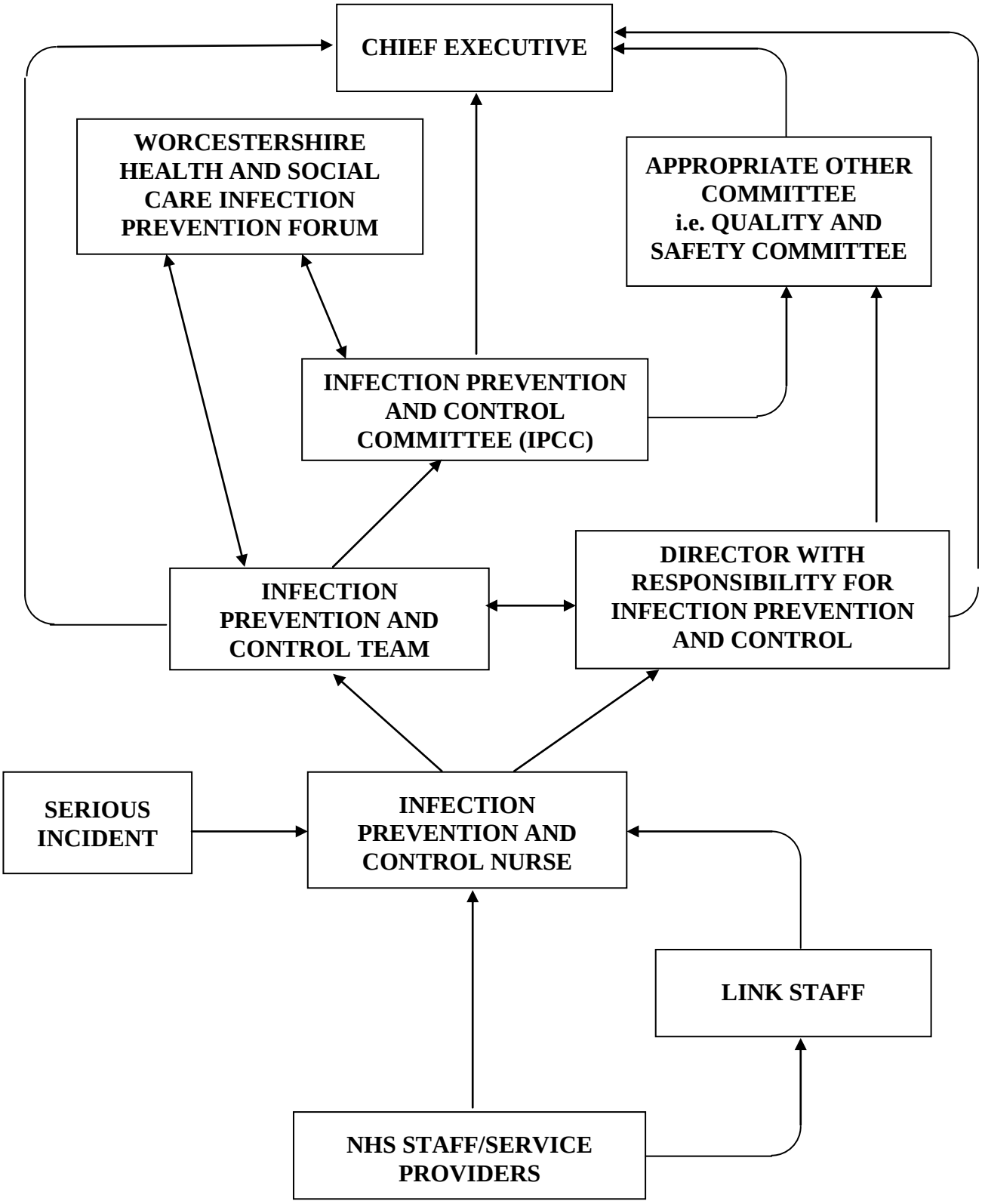
Membership of the committee in accordance with DOH/PHLS (1995) and HSC 1999/123 includes:-

TITLE	ROLE
Director with Responsibility for Infection Prevention and Control, (WH&CT)	Trust Executive Representative (Chair)
Consultant Microbiologist(s) (Worcestershire Acute Hospitals Trust)	Infection Control Doctor
Nurse Consultant Infection Prevention and Control	Service Clinical Lead
Infection Control Nurse(s)	Infection Control Nurse
Representatives from the following service delivery units (SDU) or key services including Community Care; Adult Mental Health; Learning Disabilities; Children, Young People and Families; Specialist Primary Care (Dental/Sexual Health)	Representation of SDU to ensure that information is disseminated appropriately
Representation from Medical Directorate	Overview for Trust linked to Medical Staff
Patient/Carer	Provision of assurance
Estates/Facilities Representation	Links to water safety; Facilities services, Estates issues and refurbishment/new developments
Occupational Health Nurse (as required)	Occupational Health Lead(s)

FUNCTIONS

- Advise and support the Infection Prevention and Control Team ensuring that programmes for infection prevention and control activities are in place and monitored.
- Draw to the attention of Chief Executive (directly if necessary), any serious clinical problem or hazard relating to Infection Prevention and Control.
- Advise on and approve infection prevention and control policies/guidelines and review their implementation.
- Consider reports on prevalence of infections and clinical infection prevention and control issues.
- Promote the delivery of national infection prevention and control targets.
- Approve audit programme and review all audit results making recommendations.
- Approve and monitor any surveillance projects ensuring the provision of appropriate information to Trust and multi agency staff.
- Identify key standards for infection prevention and control as part of the Trust's quality, safety and governance programme.
- Advise on the most effective use of resources available for the implementation of infection control programmes and for contingency requirements.
- Facilitate communication among the different disciplines involved, including representative members from the SDUs to ensure that information is appropriately cascaded through their service delivery unit.
- Promote and facilitate the education of all levels of staff in infection prevention and control.
- Discuss and endorse the annual infection prevention and control programme, review progress made and assist in its effective implementation.
- Discuss, endorse and monitor implementation of outbreak/pandemic plans.
- Note receipt of information pertaining to infection prevention and control and ensure that national guidance and best practice in infection prevention and control is implemented within the Trust.

INFECTION PREVENTION AND CONTROL ORGANISATION CHART/REPORTING ARRANGEMENTS



PEOPLE TO CONTACT FOR FURTHER ADVICE AND ASSISTANCE

JOB TITLE	ADDRESS	CONTACT NUMBER
Consultant for Communicable Disease Control	Public Health England, Health Protection Team, 2nd Floor Kidderminster Library, Market Street, Kidderminster, Worcestershire DY10 1AB	0344 225 3560 Option 2 Option 3
Nurse Consultant for Communicable Disease and Health Protection		
Infection Prevention and Control Nurse (Worcester)	Worcestershire Acute Hospitals NHS Trust, Worcestershire Royal Hospital, Kings Court Charles Hastings Way, Worcester	01905 763333
Infection Prevention and Control Nurse (Redditch)	Worcestershire Acute Hospitals NHS Trust, Alexandra Hospital, Woodrow Drive, Redditch B98 7UB	01527 503030 ext 44744
Occupational Health	Working Well Centre, Newtown Road, Worcester	01905 760693 or 01905 760694

Other sources of information include your relevant:-

Microbiology Laboratories
Central Sterile Supplies Departments
Pharmacy Departments
Health and Safety Advisors

🕮··REFERENCES AND BIBLIOGRAPHY

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