

# Standard Infection Prevention and Control Precautions Policy

**Author:** Shila Patel, Nurse Consultant Infection Prevention and Control

**Executive**

**Lead:** Andrea Lewis, Chief Nurse

**Status:** Approval date: April 2022

Ratified by: Control of Infection Committee

Review date: April 2025

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## History

Issue	Date Issued	Brief Summary of Change	Written by
1	May 2016	New policy	Prodine Kubalalika
2	Aug 2016	New policy format	Ann Birler
3	Apr 2022	Complete review and new policy format	Shila Patel

For more information on the status of this document, please contact:	
Policy Author	Shila Patel
Department/Directorate	Infection Prevention and Control
Date of issue	May 2022
Review due	April 2025
Ratified by	Control of Infection Committee
Audience	All staff

## Executive summary

This policy adopts the standards detailed in the National Infection Prevention and Control (IPC) Manual for England, issued 14<sup>th</sup> April 2022 by NHS England / NHS Improvement. It sets the Trust standards for the use of standard infection prevention and control precautions, which are to be used for all patients and at all times, in order to minimise the risk of healthcare associated infections to patients, staff and visitors.

Standard infection prevention and control precautions comprise:

1. Patient placement
2. Hand hygiene
3. Respiratory and cough hygiene
4. Personal protective equipment
5. Safe management of the care environment
6. Safe management of healthcare linen
7. Safe management of blood and body fluids
8. Safe disposal of waste (including sharps)
9. Safe management of care equipment
10. Occupational safety / managing prevention of exposure (including sharps)

The National IPC Manual provides the standards for each standard infection prevention and control precaution and can be accessed:

[C1244 National-infection-prevention-and-control-manual-for-England April-2022.pdf](#)

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## 1. Introduction

1.1 This policy sets out the Trust standards for the use of Standard Infection Prevention and Control (IPC) Manual for England, issued 14<sup>th</sup> April 2022 by NHS England / NHS Improvement. Adoption of the National IPC Manual will help to standardise infection prevention and control practice within Ashford and St Peter's NHS Foundation Trust and across the NHS more widely, safeguarding patients, staff and visitors from the risk of healthcare associated infections and improving equity of care.

### 1.2 What are Standard Infection Control Precautions (SICPs)?

Standard Infection Control Precautions (SICPs) are the basic infection prevention and control measures necessary to reduce the risk of transmission of infectious agents from both recognised and unrecognised sources of infection. They are to be **used by all staff, in all care settings, at all times, and for all patients regardless of whether infection risk is known to be present or not** to ensure the safety of all patients, staff and visitors in the care environment.

Sources of potential infection include contact with blood and other body fluids, secretions or excretions (excluding sweat), non-intact skin or mucous membranes and any equipment or items in the care environment that could have become contaminated.

The application of SICPs during care delivery is determined by an assessment of risk to and from individuals and includes an assessment of:

- the task
- level of interaction
- and/or the anticipated level of exposure to blood and/or other body fluids.

SICPs must be used correctly and consistently by all staff to protect against infection risks, in particular vulnerable patients who are at increased risk. This is particularly important for achieving the Trust's North Star objective of zero avoidable healthcare associated infections and to demonstrate compliance with maintaining the safety of patients, staff and visitors to ASPH, as required by our care regulator, the Care Quality Commission.

#### **Standard infection control precautions comprise:**

1. Patient placement
2. Hand hygiene
3. Respiratory and cough hygiene
4. Personal protective equipment
5. Safe management of the care environment
6. Safe management of healthcare linen
7. Safe management of blood and body fluids
8. Safe disposal of waste (including sharps)
9. Safe management of care equipment
10. Occupational safety / managing prevention of exposure (including sharps)

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## 2. Scope

- 2.1 This policy applies to all Trust staff working in patient wards and departments, including Trust employees, temporary staff (agency, bank, locums, students, and contractors), as well as visitors and carers.

## 3. Purpose

- 3.1 The purpose of this policy is to set the Trust standards for the use of Standard Infection Control Precautions, for use by all staff, at all times, and with all patients, to minimise the risk of cross-infection from one person to another and safeguard patients, staff and visitors from healthcare associated infections.

## 4. Duties and responsibilities

### 4.1 Chief Executive

- Has overall responsibility for infection prevention and control across the Trust. This includes implementation of this policy
- Has responsibility for ensuring that appropriate actions are taken to protect patients, staff and others who may be at risk of acquiring healthcare-associated infections
- Has responsibility for ensuring adequate resources are available for infection prevention and control
- Is legally responsible for identifying, assessing, and controlling the risk of infection in the workplace but may delegate operational responsibilities.

### 4.2 Chief Nurse / Deputy Chief Nurse

- Has responsibility for the implementation of this policy within Nursing and Midwifery
- Has responsibility for ensuring high standards of patient care are maintained, including adherence to infection prevention and control, as detailed within this policy
- Has responsibility for ensuring wards / departments are adequately staffed (nursing), to implement infection prevention and control to a high standard.

### 4.3 Director for Infection Prevention and Control (DIPC)

- Is accountable for the implementation of the Health and Social Care Act (2008), which includes overseeing implementation of Trust infection prevention and control policies and guidelines, including this policy
- Has responsibility for reporting directly to the Board about all matters relating to infection prevention and control.

### 4.4 Divisional Chief Nurses / Divisional Directors

- Has responsibility for ensuring adequate dissemination and implementation of this policy within each Division
- Has responsibility for ensuring all staff are aware of their respective roles and responsibilities in relation to infection control, including this policy
- Are accountable for ensuring that appropriate/agreed actions are carried out where areas of concern or deficiencies are identified, so concerns/deficiencies are resolved

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- Has responsibility for monitoring compliance with this policy within each Division and for reporting compliance and remedial actions taken to the Trust Control of Infection Committee.

#### 4.5 **Matrons / Ward Managers / Department Managers**

- Are responsible for implementing and monitoring compliance with this policy in their wards / departments
- Are responsible for challenging poor compliance / practice as necessary
- Are responsible for supporting staff in following this policy by releasing staff to attend infection prevention and control training

#### 4.6 **Control of Infection Committee (COIC)**

- Has responsibility for monitoring and reviewing all issues relevant to infection prevention and control within the Trust, including hand hygiene compliance, training attendance and adherence to infection prevention and control policies, including this policy.

#### 4.7 **Associate Director IPC / Nurse Consultant IPC / Lead Doctor IPC / IPC Team**

- Are responsible for setting the Trust standards for infection prevention and control in line with national guidance, current best practice and any changes in legislation
- Are responsible for ongoing surveillance of healthcare associated infections, for early identification and control of clusters / outbreaks, in line with national guidance, and advising the Trust as appropriate to prevent further spread
- Are responsible for monitoring patients with known cross-infection risks, to advise on the use of appropriate infection prevention and control precautions and to support staff where needed, challenging non-compliance with this policy / poor practice as necessary
- Advice on / reinforce the use of standard infection prevention and control precautions as detailed within this policy
- Provide training about standard infection prevention and control precautions.

#### 4.8 **Clinical Practice Educators / Training Department**

- Are responsible for adhering to the standards detailed within this policy when providing education and training (and must not educate/train to other standards).

#### 4.9 **Laboratories**

- Are responsible for processing microbiology and virology samples and to provide quality results, ensuring accuracy and in a timely manner, to aid appropriate patient care.

#### 4.10 **Housekeeping Manager / Team**

- Are responsible for high standards of environmental cleaning in all areas of the Trust, in line with the national standards of cleanliness for the NHS
- Are responsible for ensuring adequate resources (staff and cleaning equipment) are available to facilitate thorough cleaning of the environment.

#### 4.11 **All Staff Working in Wards / Departments**

- Are responsible for adhering to the standards detailed within this policy and are accountable for their own practice

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- Where the standards cannot be implemented for a good reason, staff are responsible for escalating this to the manager in charge.

## 5. Policy – National Infection Prevention and Control Manual for England

The National Infection Prevention and Control Manual for England provides extensive details about use of standard infection prevention and control precautions and are to be implemented with the Trust. The National IPC Manual can be accessed:

[C1244 National-infection-prevention-and-control-manual-for-England April-2022.pdf](#)

Further advice can be sought by contacting the Trust Infection Prevention and Control Team.

## 6. Training

- Training about the use of Standard Infection Prevention and Control Precautions is included in induction training and mandatory update training for all staff. Training compliance is monitored by the Learning and Development Department.

## 7. Stakeholder Engagement and Communication

- This policy has been circulated to all relevant stakeholders via the Control of Infection Committee (COIC), which includes representation from all directorates and other relevant departments, such as Housekeeping and Estates. The COIC members have been asked to comment on the Policy, so relevant feedback can be incorporated into the policy standards.

## 8. Approval and Ratification

- This policy has been approved / ratified by the Control of Infection Committee.

## 9. Dissemination and Implementation

- The policy is available to all staff on the Trust intranet and disseminated for implementation via ward managers / matrons.

## 10. Review and Revision Arrangements

- The policy will be reviewed every 3 years, or sooner, if new national guidance is issued / becomes available.

## 11. Monitoring compliance with this Policy

Measurable Policy	Monitoring/ Audit	Frequency of	Responsibility for performing	Monitoring reported to
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Objective	method	monitoring	the monitoring	which groups/ committees, inc responsibility for reviewing action plans
Assess / check adherence to SICP during delivery of clinical care	Hand hygiene audits	Monthly	Clinical areas	COIC, QoCC
	Ward IPC audits	Monthly	Clinical areas	COIC, QoCC
		Annual	IPC Team	COIC, QoCC
	IPC ward rounds	Daily / ongoing	IPC Team	Feedback given to relevant ward managers where there are concerns and escalated to relevant matron / divisional chief nurse as appropriate

## 12. Supporting References / Evidence Base

NHS England / NHS Improvement (2022) National infection prevention and control manual for England. Accessed: [C1244 National-infection-prevention-and-control-manual-for-England\\_April-2022.pdf](#)

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## APPENDIX 1: EQUALITY IMPACT ASSESSMENT

### Equality Impact Assessment Summary

**Name and title:** Shila Patel, Nurse Consultant Infection Prevention and Control

**Policy:** Standard infection prevention and control precautions

<b>Background</b> <ul style="list-style-type: none"><li>The Equality Impact Assessment has been undertaken by Shila Patel, Nurse Consultant Infection Prevention and Control.</li></ul>
<b>Methodology</b> <ul style="list-style-type: none"><li>The impact of this policy has been assessed for all patients being admitted, readmitted or transferred into the Trust.</li></ul>
<b>Key Findings</b> <ul style="list-style-type: none"><li>This policy is applied equally to all patients admitted, readmitted or transferred into the Trust and does not adversely impact patients based on their race, ethnic origin, disability, gender, culture, religion or belief, sexual orientation or age.</li></ul>
<b>Conclusion</b> <ul style="list-style-type: none"><li>This policy does not adversely impact patients based on their race, ethnic origin, disability, gender, culture, religion or belief, sexual orientation or age.</li></ul>
<b>Recommendations</b> <ul style="list-style-type: none"><li>Following the equality impact assessment there are no changes required to the policy.</li><li>The equality impact assessment will be reviewed / re-evaluated when the policy is reviewed.</li></ul>

## **APPENDIX 2: CHECKLIST FOR THE REVIEW AND APPROVAL OF DOCUMENTS**

To be completed (electronically) and attached to any document which guides practice when submitted to the appropriate committee for approval or ratification.

**Title of the document:** Standard Infection Prevention and Control Policy

**Policy (document) Author:** Shila Patel, Nurse consultant infection prevention and control

**Executive Director:** Andrea Lewis, Chief Nurse

		<b>Yes/No/ Unsure/ NA</b>	<b><u>Comments</u></b>
<b>1.</b>	<b>Title</b>		
	Is the title clear and unambiguous?	Yes	
	Is it clear whether the document is a guideline, policy, protocol or standard?	Yes	
<b>2.</b>	<b>Scope/Purpose</b>		
	Is the target population clear and unambiguous?	Yes	
	Is the purpose of the document clear?	Yes	
	Are the intended outcomes described?	Yes	
	Are the statements clear and unambiguous?	Yes	
<b>3.</b>	<b>Development Process</b>		
	Is there evidence of engagement with stakeholders and users?	Yes	
	Who was engaged in a review of the document (list committees/ individuals)?	Yes	Control of infection committee members
	Has the policy template been followed (i.e. is the format correct)?	Yes	
<b>4.</b>	<b>Evidence Base</b>		
	Is the type of evidence to support the document identified explicitly?	Yes	
	Are local/organisational supporting documents referenced?	Yes	
<b>5.</b>	<b>Approval</b>		
	Does the document identify which committee/group will approve/ratify it?	Yes	Control of Infection Committee
	If appropriate, have the joint human resources/staff side committee (or equivalent) approved the document?	N/A	
<b>6.</b>	<b>Dissemination and Implementation</b>		
	Is there an outline/plan to identify how this will be done?	Yes	Via the Control of Infection Committee, to be made available on TrustNet, all staff messaging to go out to inform staff about the

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		Yes/No/ Unsure/ NA	<u>Comments</u>
			updated policy
	Does the plan include the necessary training/support to ensure compliance?	Yes	Via Trust induction and Mandatory IPC update training
<b>7.</b>	<b>Process for Monitoring Compliance</b>		
	Are there measurable standards or KPIs to support monitoring compliance of the document?	Yes	
<b>8.</b>	<b>Review Date</b>		
	Is the review date identified and is this acceptable?	Yes	
<b>9.</b>	<b>Overall Responsibility for the Document</b>		
	Is it clear who will be responsible for coordinating the dissemination, implementation and review of the documentation?	Yes	The IPC Team
<b>10.</b>	<b>Equality Impact Assessment (EIA)</b>		
	Has a suitable EIA been completed?	Yes	

**Committee Approval (insert name of Committee)**

If the committee is happy to approve this document, please complete the section below, date it and return it to the Policy (document) Owner

<b>Name of Chair</b>	Amanda Walker Associate Director Infection Prevention and Control	<b>Date</b>	27 <sup>th</sup> April 2022
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**Ratification by Management Executive (if appropriate)**

If the Management Executive is happy to ratify this document, please complete the date of ratification below and advise the Policy (document) Owner

**Date:** n/a