Infection Prevention and Control Policy

Document Author: Head of Safety

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4.1	September 2012	Chris Hays, Infection Prevention Nurse	A	Document reviewed and approved at SMG
4.2	August 2013	Clare Ashby, Head of Safety	D	Amalgamation Standard Precautions and A-Z of infectious organisms
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5.1	March 2015	Clare Ashby, Head of Safety	A	Updated – 'Bare below the Elbows'
5.2	December 2015	Clare Ashby Head of Safety	D	Updated Ebola CAT 4 and CPE information
5.3	January 2016	Louise Hodgson Sign up to Safety Programme Lead	D	Updated Ebola page 33 to include FFP3 mask and TB page 29 FFP3 Mask for Multi drug resistant TB
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6.1	February 2018	Clare Ashby Head of Safety	D	Review, streamlined and re-formatted
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7.1	Sept 2020	Risk Team	D	Extension to December 2020 approved by TMG
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7.3	December 2020	Iffa Settle, Head of Safety	D	Full review: National Health Service Litigation replaced with National Health Service Resolution, addition of BBE for Ancillary & AVP staff, Category 4 replaced with HCID, COVID-19 added as notifiable disease. References updated, Head of Safety role/responsibility updated to include working with PHE & OH provider, COVID-19 added to notifiable diseases list, level

				of PPE Requirements for Suspected or Confirmed Infectious Agents added, list of AGP's added, associated documentation updated. Addition of contact/call centre IPC practice
8.0	February 2021	Risk Team	A	Approved at TMG

A = Approved   D = Draft

Document Author = Iffa Settle, Head of Safety & IPC Lead

Associated Documentation: Hand Hygiene policy, Occupational Exposure policy, Waste management procedure, Managing Medical Devices Policy, High Consequence Infectious Diseases Guidance (HCID), Dress Code and Uniform Policy, SOP Respiratory Protective Equipment.

Staff Summary

Healthcare associated infections can cause harm and suffering to the patients we care for
Reducing the spread of infection is the role of everyone working within the Trust
Effective hand hygiene is the single most important procedure in reducing the spread of infections
Understand and follow standard precautions for every patient contact
All operational staff should be bare below the elbows when providing direct patient care
Wearing appropriate personal protective equipment can help to protect you from infections
Safe handling and disposal of sharps can prevent unnecessary inoculation incidents
Blood and bodily fluids spills should be cleaned up using appropriate spill kits
Correct handling of used linen and disposal of waste can help prevent the spread of infection
Additional guidance about common infections can be found on the IPC section of the clinical APP, alternatively call Clinical Hub, PTS Communications or ROC for more specific advice

1.0 Introduction

1.1 The Health and Social Care Act (2008): Code of Practice on the prevention and control of infections and related guidance (Department of Health updated July 2015),and the Department of Health Ambulance Guidelines: Reducing infection through effective practice in the pre-hospital environment (2008) support the National Health Service (NHS) bodies (including Ambulance Trusts) to plan and implement the prevention and control of healthcare associated infections (HCAI). These documents provide the criteria to ensure patients are cared for in a clean environment, with the risk of HCAI kept to a minimum. Failure of Yorkshire Ambulance Service (YAS) to comply with the criteria can result in the Care Quality Commission (CQC) stating non-compliance and issuing improvement notices.

1.2 About 9% of patients suffer from a Health Care Associated Infection (HCAI) at any one time, equivalent to at least 100,000 infections a year. The effects on the patient vary from discomfort to prolonged or permanent disability and even death. Extrapolations from US data suggest that 5000 deaths occur annually in England as a direct consequence of these infections. Infection is thought to be a contributing factor in a further 15,000 deaths per year (Griffiths et al, 2009)

1.3 Preventing HCAI has become a global patient safety challenge as concern over the growing proportion of resistant organisms has risen. The UK has delivered a number of high profile campaigns, reviewed and refreshed relevant guidelines and generally changed its approach to the issue. The World Health Organisation (WHO) with campaigns; 'SAVE LIVES-Clean Your Hands and 'Clean care for all-It's in your hands have been instrumental in leading this change. Some evidence now exists to suggest reductions in the rates of resistant organisms. However, despite recent progress, the issue remains a significant one. Leadership, management and organisational factors in relation to HCAI are still under scrutiny across the UK.

2.0 Purpose/Scope

2.1 The purpose of this policy is to ensure;

- Infection Prevention and Control is embedded within the Yorkshire Ambulance Service (YAS) Trust by ensuring all staff have the knowledge and skills to practice in a way that prevents the spread of infection
- The Trust is compliant with external regulatory bodies, such as Care Quality Commission (CQC) and National Health Service Resolution
- There are robust governance arrangements and accountability at all levels
- This policy is relevant to all staff, including bank staff, sub-contracted staff working within YAS and visitors

2.1.1 This policy outlines the measures that must be taken by all Trust staff in order to prevent onward transmission of infectious organisms, either to themselves or others. It outlines the process that allows the Trust Board to be assured that these measures are being undertaken each time we deliver care to our patients.

3.0 Process

3.1 It must be assumed that every person could be carrying potentially harmful microorganisms that might be transmitted and cause harm to others. Therefore, precautions to prevent exposure to healthcare associated infections (HCAIs) and subsequent harm in others receiving or providing care must be taken as standard, these '*standard precautions*' are:

- Effective hand hygiene
- Bare below the elbows
- Use of appropriate personal protective equipment (PPE)
- Safe handling of sharps and injuries
- Disposal of waste including body fluid spillages
- Cleaning of contaminated items
- Handling of linen and laundry

3.1.1 Effective hand hygiene

Effective hand hygiene remains the most important factor in preventing the spread of infections, protecting both the patient and the healthcare worker. The WHO has defined the times at which healthcare workers should perform hand hygiene as – "your 5 moments for hand hygiene"

- Before contact with a patient
- Before performing a clean or aseptic procedure
- After contact with blood or bodily fluids
- After patient contact
- After contact with the patient surroundings

Please also refer to the Hand Hygiene policy

3.1.2 Bare below the elbows (BBE)

Effective hand hygiene cannot be achieved if staff are not suitably bare below the elbows before they undertake the hand hygiene procedure. Harmful bacteria can harbour in wristwatches, wrist jewellery, rings and in long, false or painted nails. Staff

who provide direct patient care and Ancillary/AVP staff must adhere to the following guidance.

- Long sleeves must be rolled up for hand hygiene and during direct patient care
- Watches or bracelets must not be worn
- Nails must be kept natural, clean and short
- One plain band ring (no stones) is acceptable

3.1.3 Personal protective equipment (PPE)

The use of Personal Protective Equipment (PPE) is essential for health and safety. Selection of PPE must be based on an assessment of the risk of transmission of microorganisms to the patient or clinician and the risk of contamination of the clinicians clothing and/or skin by the patient's body fluids. Staff should continually perform a dynamic risk assessment which should include information provided prior to arrival at scene. Where the risk assessments indicate a requirement for PPE, crews should don the appropriate level of PPE prior to contact with the patient, where possible..

PPE includes:

- Aprons: must be worn where there is a risk of coming into contact with bodily fluids.
- Fluid repellant coveralls: worn when there is a risk of extensive splashing of blood or bodily fluids and must be used when undertaking aerosol generating procedures.
- Masks: must be worn when contamination from blood/other body fluids might occur for example from splashing.
- Eye protection: Goggles/glasses/visor must be worn when contamination from blood/other body fluids might occur for example from splashing.
- Gloves: These must be changed between patients/clients and procedures. They are not a substitute for effective hand hygiene which should be performed each time gloves are removed.
- Respiratory Protective Equipment (RPE)/FFP3: to be used for all Aerosol Generating Procedures (AGP's) refer to the RPE SOP.

  Appendix F List of AGP's

3.1.4 Safe handling of sharps and injuries

- Ensure your occupational immunisations/clearance checks are up to date, e.g. Hepatitis B vaccination programme.
- Only use the safety cannula issued by YAS.
- Never remove a cannula as an intact item after a failed cannulation attempt. Always remove so that the safety device activates and begin again with a new cannula.
- All sharps containers must be assembled following manufacturer's instructions.
- Locate sharps containers near to where the procedure is being completed.
- Dispose of sharps immediately after use. Do not pass to others to dispose.
- Never re-sheath a needle or cannula.
- Never attempt to separate a needle from a syringe before disposal.
- Never place your fingers into a sharps container.

- Do not overfill sharps containers and ensure they are in the closed position between uses.
- Never perform invasive procedures in a moving vehicle.
- Open glass vials using the correct tool.
- Dispose of sharps containers correctly once ¾ full.

Following an inoculation incident from sharps object or significant blood or bodily fluids exposure, follow the Post Occupational Exposure Policy

3.1.5 Correct handling of used dirty/linen

A&E

- Dirty/used linen place directly into dirty linen baskets at ED
- Soiled/infected linen place in a red alginate bag, seal and place into the dirty linen basket at ED
- Clean linen is available at the ED from the clean linen trolley

PTS

- Dirty/used linen place in laundry bags if not available place in clear plastic bags available at station
- Clean linen is available at station

AVP/Ancillary

- Always use appropriate gloves and wash your hands following glove removal
- Dirty/used linen place in laundry bags if not available place in clear plastic bags available on station
- Soiled/infected linen place in a red alginate bag, seal and place into the laundry bags on station
- Clean linen is available on vehicle (A&E) or on station (PTS)

3.1.6 Disposal of waste including body fluid spillages

- All healthcare waste should be considered as infectious and therefore PPE should be worn when handling it.
- Use puncture resistant, leak-proof containers that are clearly identified as healthcare waste.
- Waste should be brought back to YAS, never left in a vehicle, other premises or any intermediate location or collection at a later time.
- Never mix healthcare and domestic waste.
- Always wash your hands after dealing with any waste.

Please read and follow the Waste management procedure.

3.1.7 Cleaning of contaminated items

- Cleaning is a process that physically removes micro-organisms. Disinfection is a process that reduces the number of micro-organisms by killing them. Both can and must be used to ensure your working environment is safe to deliver patient care.

- A clean environment will reduce the risk of transmission of infection and give confidence to the patient being cared for.
- Please follow the national cleaning colour coding scheme for the ambulance service.

Please read and follow the Managing Medical Devices policy and vehicles procedures.

3.2   IPC Resources

While standard precautions are applied for all patients when there is a known or suspected infection identified to staff they should be aware of any specific precautions that are required.

- The YAS Clinical Application has an IPC A-Z included should you require further information about a specific organism.

- Patient Transport Services (PTS) and Clinical Hub have access to further supporting Standard Operating Procedures and IPC information that can be used locally to support decision making about specific organisms.

- Other information can be found on: The Public Health England Website, A to Z list of diseases www.hpa.org.uk/topics/infectiousDiseases/InfectionsAZ

- The NHS Choices website, where there is further guidance www.nhs.uk/conditions/Pages/hub.aspx

3.3   Notifiable diseases

A registered medical practitioner (RMP), which includes those employed by YAS, BASICS doctors and RMPs working with Yorkshire Air Ambulance, must notify the receiving healthcare provider and the proper officer of the relevant local authority where there is reasonable grounds for suspecting that a patient being attended to, whether alive or deceased, (by the RMP):

- has a notifiable disease
- has an infection which may present or could present significant harm to human health; or
- is contaminated in a manner which may present or could present significant harm to human health.

Use the agreed list and reporting format found in Appendix C & D

YAS use external laboratories; therefore, the operator of the diagnostic laboratory must notify the Health Protection Agency in accordance with this regulation where the diagnostic laboratory identifies a causative agent. This part of the guidance does not apply to YAS employees/ Occupational Health and Wellbeing Services.

3.4   Hazard Level 3 Diseases (Health and Safety Executive)

Hazard 3 diseases are caused by organisms that may cause severe human disease and present a serious hazard to laboratory workers and may spread to the community. However, there is usually effective prophylaxis or treatment available. An example of a hazard 3 disease is Tuberculosis (TB)

These patients can be carried on a normal Ambulance, utilizing the relevant Personal Protective Equipment and standard precautions – see table in Appendix E for specific information about PPE requirements.

3.5   Hazard Level 4 Diseases (Health and Safety Executive)

Hazard 4 diseases are caused by an organism that causes severe human disease, presents a serious hazard to laboratory workers and may present a high risk of spread in the community, but there is usually no effective prophylaxis or treatment available. Examples of the High Consequence Infectious Diseases (HCID) are Viral Haemorrhagic fevers including Lassa, Marburg and Ebola.

Hazard 4 diseases can be transported by Yorkshire Ambulance Service vehicles or staff and the HCID guidance should be used to ensure this is done in a safe manner. Certain cases, depending on their condition, may need HART support for transfer. Please liaise with the MTCTC desk for further advice should you suspect a Hazard 4 case.

High Consequence Infectious Diseases (HCID) guidance

Further guidance is found on the Health and Safety Executive website - Health and Safety Executive, Advisory Committee on Dangerous Pathogens: www.hse.gov.uk/pubns/misc208.pdf

3.6   Contact/Call Centre's

Effective hand hygiene is the single most important procedure in reducing the spread of infections but there are additional measures which will support infection, prevention and control:

- Clear desk policy is adopted and desk kept clean
- Rubbish is placed in bins provided.
- Chairs are pushed back under the desk.
- Ensure that your equipment is clean and in a good state of repair
- Sneeze or cough into the crock of your arm or a tissue. Dispose of the tissue in the bin. Clean your hands with soap and water or hand gel.
- Keyboard, phone and desk are wiped down using antibacterial wipes, before and after your shift.
- Ensure communal areas are kept clean e.g. kitchen areas.

4.0   Training expectations for staff

4.1   Training is delivered as specified within the Trust Training Needs Analysis (TNA).

5.0   Implementation Plan

5.1   The latest ratified version of this Policy will be posted on the Trust Intranet site for all members of staff to view. New members of staff will be signposted to how to find and access this guidance during Trust Induction.

6.0   Monitoring compliance with this Policy

6.1   Monthly hand hygiene, vehicle hygiene and premises hygiene audits are completed within each clinical business unit for A&E ops and PTS services. These are reported via the integrated performance review (IPR). The Quality and Safety team also

undertake quarterly validation audits, using the same process to confirm reported compliance.

Infection prevention and control is reported on a quarterly basis to YAS Clinical Governance Group. The annual work plan and subsequent actions are agreed at CGG. Mid-year and end of year performance reports are presented at YAS Quality Committee and Board meetings.

7.0   References

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8.0 Appendices

Appendix A: Definitions

Term	Definition
Acute illness	lasting a short time
Aerosol Generating Procedures (AGPs)	AGPs generate tiny particles, small enough to remain in the air for extended periods, travel long distances and may be inhaled.
Antibiotics	a substance produced by or a semisynthetic substance derived from a microorganism and able in dilute solution to inhibit or kill another microorganism
Antibody	any of a large number of proteins of high molecular weight that are produced normally by specialized B cells after stimulation by an antigen and act specifically against the antigen in an immune response
Antigen	any substance foreign to the body that evokes an immune response
Antiviral	acting, effective, or directed against viruses
Blood Borne Virus	a virus that is carried in the blood such as hepatitis B, hepatitis C and HIV
Booster	a substance that increases the effectiveness of a medicament
Chronic illness	suffering from a disease or ailment of long duration or frequent recurrence
Contagious	communicable by contact
Contamination	the presence of extraneous, especially infectious, material that renders a substance or preparation impure or harmful.
Conveyance	the action or process of transporting or carrying someone or something from one place to another
Causative agent	the micro-organism that has caused the infection
Decontamination	use of physical or chemical means to remove, inactivate, or destroy blood borne or other pathogens on a surface or item, to the point where they are no longer capable of transmitting infectious particles
Dermatitis	inflammation of the skin
Endemic	restricted or peculiar to a locality or region
Excretion	to separate and eliminate or discharge (waste) from the blood or tissues
Exposure Prone Procedure	Procedures where there is a risk that injury to the worker may result in exposure of the patient's open tissues to the blood of the worker
Febrile	marked or caused by fever
Fob Watch	a watch pinned to clothes as opposed to a watch worn on the wrist
FP10	are prescriptions that whilst written by Trust doctors, are taken to any community pharmacy for dispensing.
Gastroenteritis	an illness that is caused by a number of different viruses, some of the symptoms are nausea, vomiting and diarrhoea

Term	Definition
Hand Hygiene	the act of cleansing the hands for the purpose of removing soil, dirt or microorganisms
Health Professions Council (HPC)	a regulator, set up to protect the public
Healthcare Associated Infections	Infections that are acquired (by patients or staff) following admission to hospital or as a result of healthcare interventions in other healthcare facilities.
Immunisation	the creation of immunity usually against a particular disease
Immunity	condition of being able to resist a particular disease especially through preventing development of a pathogenic microorganism or by counteracting the effects of its products
Immunocompromised	having the immune system impaired or weakened
Immunosuppress	to suppress the natural immune response
Infection	the establishment of a pathogen in its host after invasion
Microorganism	an organism of microscopic or ultramicroscopic size
Mucous Membranes	linings which are involved in absorption and secretions i.e. skin, nostrils, mouth, eyelids and ears
Occupational Exposure Incident	contact of diseased or non-intact skin with blood or blood stained body fluids. Splashes to the eye, mouth or nose of blood or blood stained body fluids. A bite which breaks the skin of the bitten person
Pathogenic	causing or capable of causing disease
Personal Protective Equipment	refers to protective clothing designed to protect the wearer's body from infection
Portable Appliance Test	is a process by which electrical appliances are routinely checked for safety
Post Exposure Prophylaxis	treatment started immediately after exposure to a pathogen (such as a disease-causing virus), in order to prevent infection by the pathogen and the development of disease.
Proliferation	rapid and repeated production of new parts or of offspring (as in a mass of cells by a rapid succession of cell divisions
Respiratory Protective Equipment	Non-powered respirators – relying on the wearer's breathing to draw air through the filter; or powered respirators – using a motor to pass air through the filter to give a supply of clean air.
Secretion	To form and give off
Seroconversion	the production of antibodies in response to an antigen
Vaccination	the introduction into humans or domestic animals of microorganisms that have previously been treated to make them harmless for the purpose of inducing the development of immunity

Appendix B: Roles & Responsibilities

Trust Management Group (TMG)

The TMG has responsibility for approving all Infection Prevention and Control procedural documents.

Clinical Governance Group (CGG)

The CGG is the expert level group for YAS relating to Infection Prevention and Control (IP&C) and as such approves relevant procedural documents relating to this specialist area of work. This committee approves specialist documents of this type in line with its policy development role and agrees the annual infection prevention and control work plan. An expert patient is included on this group.

The Terms of Reference (TOR) for the Clinical Governance Group are reviewed annually.

Appropriate personnel meet to consider all aspects of IP&C affecting the Trust and its employees, including volunteers and partners where applicable.

The CGG receives reports, according to the work plan, which relate to investigations, considers changes to work procedures, and/or the introduction of new technology, carries out and receives the findings from risk assessments, monitors and audits the IP&C top issues/risks.

The CGG is established in partnership with Staff Side Worker Representatives who have agreed to also represent the interests of non-union affiliated employees within the Trust.

Director of Infection Prevention and Control (DIPC) defined by DH 2008

The DIPC will have the executive authority and responsibility for ensuring the implementation of strategies to prevent avoidable healthcare associated infections (HCAIs) at all levels in the organisation.

The DIPC will be a highly visible, senior, authoritative individual who will provide assurance to the Board that the systems are in place and the correct policies and procedures are adhered to across the organisation to ensure safe and effective healthcare and to comply with the Health and Social Care Act (2008).

The DIPC will be an effective leader who will enable the organisation to continuously improve its performance in relation to HCAIs.

The DIPC will be the public face of infection prevention and control and will be responsible for the Annual Report which should provide details of all aspects of the organisation's infection prevention and control programme and should include publication of HCAI data for the Trust.

Although not generally a unique, full-time appointment, the DIPC must have designated time to deliver the requirements of the role. Each NHS organisation should define and agree the time required to fulfil the role of DIPC within their own organisation.

Primary Duties

- Have corporate responsibility for infection, prevention and control throughout the Trust as delegated by the Chief Executive.

- Report directly to the Chief Executive and assure the Trust Board on the organisation's performance in relation to infection prevention and control, providing regular reports including an Annual Report.

- Be responsible for the development of strategies on infection, prevention and control and oversee implementation.

- Act on legislation, national policies and guidance ensuring effective policies are in place and audited.

- Provide assurance to the Board that policies are fit for purpose.

- Attend Board meetings to report on infection prevention and control issues and to ensure infection prevention and control consideration in other operational and developmental decisions of the Board.

- Provide leadership to the infection, prevention and control programme in order to ensure a high profile for infection prevention and control across the organisation.

- Ensure that the requirements of decontamination guidance are in place and adhered to through implementation of appropriate policies.

- Ensure public and patient involvement in infection, prevention and control that includes education and awareness

Management and Leadership

- Challenge professional and organisational barriers, where appropriate, in the interest of the public, staff and patients to reduce HCAIs.

- Influence the allocation of resources required to minimise the risk of HCAIs.

- Ensure infection prevention and control is included in all job descriptions and job plans, is a mandatory component of CPD and is included in the appraisal of all clinical staff.

Learning and Development

- Influence the development and provision of education and training in relation to infection, prevention and control and oversee the audit of its uptake by staff.

- Encourage and oversee participation in relevant appropriate research opportunities.

Clinical Governance/Audit/Research

- Be a Member of Clinical Governance Group (CGG) or equivalent.

- Develop a robust performance management framework for infection, prevention and control that minimises healthcare associated infections.

- Ensure effective surveillance systems are in place with timely feedback to clinical services.

Communication

- Utilise a range of strategies to support effective communication within the organisation and across the wider health and social care economy in relation to infection prevention and control.

- Provide effective communication of the Trust's infection prevention and control activities and HCAI records to the general population and the local press/media.

Infection Prevention Nurse (Head of Safety)

The Head of Safety will provide advice and practical assistance in all matters relating to infection prevention and control. In particular their responsibilities will be;

- Ensuring audit arrangements are adequate and completed, to consider compliance with current year requirements and shape the future direction of infection prevention and control
- Maintaining suitable recording arrangements for infection prevention and control purposes
- Ensuring the promotion of infection prevention and control in a pro-active manner
- Supplying appropriate information in a timely manner
- Encouraging reporting and monitoring of all infection prevention and control incidents and injuries to staff or other affected parties
- Co-operating with staff side worker representatives
- Developing infection prevention induction training, training and updates for staff (in conjunction with Education and Development Department when appropriate) and providing training as necessary
- Working collaboratively with Public Health and Occupational health

Occupational Health Service

The Occupational Health Service will lead by example and adopt good practice at all times in order to ensure the implementation of effective infection prevention and control across the Trust.

The Occupational Health and Wellbeing Service will provide advice and practical assistance in appropriate matters relating to infection prevention and control. In particular their responsibilities will be:

- To monitor the health of employees relating to occupational exposure incidents, skin care and infections acquired whilst working for YAS.
- To provide staff support and counselling services following an incident where a member of staff was at risk of acquiring an infection.
- To advise managers upon the requirements of the Equality Act so that adjustments are made, where reasonably practicable, to support individuals

to start, or continue to work within their current role in relation to an occupational exposure.

- To work with the Head of Safety to provide health promotion and education for Trust staff, on both a one-to-one basis, and for all staff, through the design and implementation of Trust wide health promotion and education initiatives relating to infection prevention and control.

Educational and Training Departments

Educational material is agreed with the Head of Safety in consultation with CGG and delivered via eLearning.

Managers

Ensure that all employees have had instruction/education on the principles of Infection Prevention and Control through one of the following educational processes:

- Induction training
- Statutory and Mandatory Workbook completion
- Attendance within training school with an Infection Prevention and Control element
- eLearning

Managers will lead by example and adopt good practice at all times in order to ensure the implementation of effective infection prevention and control across the Trust.

In particular, they are responsible for:

- Ensuring that the infection prevention and control policy is adhered to within their area of responsibility, including staff being bare below the elbows during direct care delivery.
- Ensuring infection prevention and control risks are assessed and reduced so far as reasonably practicable for activities under their control
- Facilitating and recording the required infection prevention and control training and updates of staff under their supervision to enable them to carry out their roles safely and promote the YAS IP&C eLearning modules
- Coordinating and monitoring all aspects of infection prevention and control and reporting matters of concern to the appropriate responsible person or their line manager
- communicating infection prevention and control messages to staff on a regular basis particularly relating to actions taken post incident reports or as part of lessons learned
- Ensuring staff members' responsibilities for infection prevention and control are reflected in their job descriptions, personal development plan or appraisal
- Promoting the reporting of IP&C related incidents in line with current YAS procedures

All employees

Every employee has a personal responsibility for infection prevention and control and has a duty to:

- Demonstrate good infection prevention and control and hygiene practice, including being bare below the elbows during direct care delivery.
- Undertake appropriate IP&C training and e-learning as identified in their Personal Development Review
- Adopt standard precautions to minimize the transmission of infection including blood-borne viruses
- Ensure that if any additional infection prevention and control precautions are necessary, these are documented in patient's records
- Correctly use Personal Protective Equipment provided by the Trust
- Not to misuse equipment or items provided in the interest of infection prevention and control
- Co-operate with management in reviewing policies and procedures regarding infection prevention and control and for making them effective
- Ensure responsibilities for infection prevention and control are reflected in their job descriptions, personal development plans or appraisal
- Report all infection prevention and control incidents, near misses, hazards, work related illnesses or injuries, however minor, to their supervisor and ensure that these are documented properly

Appendix C: **Notifiable Diseases**

Acute encephalitis	**Food poisoning**	**Rabies**
Acute infectious hepatitis	**Haemolytic uraemic syndrome (HUS)**	**Rubella**
Acute meningitis	**Infectious bloody diarrhoea**	**Severe Acute Respiratory Syndrome (SARS)**
Acute poliomyelitis	**Invasive group A streptococcal disease**	**Scarlet fever**
Anthrax	**Legionnaires' Disease**	**Smallpox**
Botulism	**Leprosy**	**Tetanus**
Brucellosis	**Malaria**	**Tuberculosis**
Cholera	**Measles**	**Typhus**
COVID-19	**Meningococcal septicaemia**	**Viral haemorrhagic fever (VHF)**
Diphtheria	**Mumps**	**Whooping cough**
Enteric fever (typhoid or paratyphoid fever)	**Plague**	**Yellow fever**

Appendix D: Registered Medical Practitioner Notification Form Template

Health Protection (Notification) Regulations 2010: notification to the proper officer of the local authority	
Registered Medical Practitioner reporting the case	
Name	
Address	
Post code	
Contact number	
Date of notification	
Notifiable disease	
Disease, infection or contamination	
Date of onset of symptoms	
Date of diagnosis	
Date of death (if patient died)	
Index case details	
First name	
Surname	
Gender (M/F)	
DOB	
Ethnicity	
NHS number	
Home address	
Post code	
Current residence if not home address	
Post code	
Contact number	
Occupation (if relevant)	
Work/ education address (if relevant)	
Post code	
Contact number	
Overseas travel, if relevant (destination & dates)	

Please send completed forms to the proper officer of the local authority or to the local Health Protection Unit.

Appendix E: Level of PPE Requirements for Suspected or Confirmed Infectious Agents

Level	Recommended PPE	Example infectious agent/clinical scenario
Level 1 **Standard Infection Control Precautions (SICPs)**	**Standard Infection Control Precautions (SICPs)** • Disposable apron • Disposable gloves Consider (if risk of spraying or splashing): • Eye & face protection (fluid-resistant Type IIR surgical face mask & full face visor, glasses or goggles)	No suspected or known infectious agent Anticipated exposure to blood and/or other body fluids
Level 2 **CONTACT**	**DIRECT/INDIRECT CONTACT PRECAUTIONS** • Disposable apron • Disposable gloves	Suspected or confirmed infectious agent spread by DIRECT/INDIRECT CONTACT Examples: C. difficile, Hepatitis C, MRSA, Norovirus, Salmonella Anticipated exposure to blood and/or other body fluids
Level 2 **DROPLET**	**DROPLET (RESPIRATORY) PRECAUTIONS** • Disposable apron • Disposable gloves • Fluid-resistant Type IIR surgical face mask and full face visor, glasses or goggles	Suspected or confirmed infectious agent spread by the DROPLET route Examples: Whooping cough, Influenza, COVID-19
Level 2 **AIRBORNE**	**AIRBORNE (RESPIRATORY) PRECAUTIONS** • Disposable apron • Disposable gloves • A powered hood respirator or a filtering face piece (FFP3) respirator and full face visor, glasses or goggles	Suspected or confirmed infectious agent spread by the AIRBORNE route Examples: Chickenpox, Pulmonary TB, Measles
FOR ALL AEROSOL-GENERATING PROCEDURES: A powered hood or FFP3 respirator (and eye protection required)		
Level 3	• Powered hood respirator or FFP3 respirator full face visor, glasses or goggles • Disposable gloves • Fluid Resistant coverall/gown	Suspected or confirmed infectious agent spread by the AIRBORNE route or where AGPs have been undertaken on patient with droplet risk Example: COVID-19
Level 3 **ENHANCED** **(HART ONLY)**	**ENHANCED PRECAUTIONS** • Reinforced fluid-resistant long-sleeved coverall • Theatre Scrubs (worn under coverall) • Full length disposable plastic apron • FFP3 face fitted mask Disposable full face visor • Nitrile gloves plus outer gauntlet style gloves • Surgical wellington boots • Bouffant style theatre cap	For suspected or confirmed Infectious Diseases of High Consequence Infectious Diseases (HCID) Spread by DIRECT/INDIRECT CONTACT Examples: Ebola, Lassa, Marburg Spread by the AIRBORNE route Examples: SARS, MERS-CoV, Avian Influenza

Appendix F: List of Aerosol Generating Procedures (AGP)

An Aerosol Generating Procedure (AGP) is a medical procedure that can result in the release of airborne particles (aerosols) from the respiratory tract when treating someone who is suspected or known to be suffering from an infectious agent transmitted wholly or partly by the airborne or droplet route.

This is the list of medical procedures for COVID-19 that have been reported to be aerosol generating and are associated with an increased risk of respiratory transmission.

- Respiratory tract suctioning*

- Upper ENT airway procedures that involve respiratory suctioning*

- Manual ventilation

- Tracheal intubation and extubation

- Tracheotomy or tracheostomy procedures (insertion or removal)

- Bronchoscopy

- Dental procedures (using high speed devices e.g. ultrasonic scalers/high speed drills

- Non-invasive ventilation (NIV); Bi-level Positive Airway Pressure Ventilation (BiPAP) and Continuous Positive Airway Pressure Ventilation (CPAP)

- High Flow Nasal Oxygen (HFNO)

- High Frequency Oscillatory Ventilation (HFOV)

- Induction of sputum using nebulised saline

- Upper gastro-intestinal endoscopy where open suction of the upper respiratory tract occurs

- High speed cutting in surgery/post-mortem procedures if respiratory tract/paranasal sinuses involved

The following are not considered as an AGP:

- Chest compressions

- Defibrillation

- Medication administration via nebulisation e.g. nebulised salbutamol

- Oral/pharyngeal suctioning*

- Insertion of basic airway adjuncts e.g. nasopharyngeal/ oropharyngeal airways

Certain other procedures or equipment may generate an aerosol from material other than patient secretions but are not considered to represent a significant infectious risk. Procedures in this category include administration of humidified oxygen, Entonox or medication via nebulisation.

The New and Emerging Respiratory Viral Threat Assessment Group (NERVTAG) advised that during nebulisation, the aerosol derives from a non-patient source (the fluid in the nebuliser chamber) and does not carry patient-derived viral particles. If a particle in the aerosol coalesces with a contaminated mucous membrane, it will cease to be airborne and therefore will not be part of an aerosol. Staff should use appropriate hand hygiene when helping patients to remove nebulisers and oxygen masks. In addition, the current expert consensus from NERVTAG is that chest compressions are not considered to be procedures that pose a higher risk for respiratory infections including COVID-19.

* The available evidence relating to Respiratory Tract Suctioning is associated with ventilation. In line with a precautionary approach open suctioning of the respiratory tract regardless of association with ventilation has been incorporated into the current (COVID-19) AGP list.