Infection Prevention and Control Policy and Procedure

Document Author: Head of Safety

Approved: April 2024

Document Reference	PO - Infection Prevention and Control – April 2026
Version	V: 10.0
Responsible Director (title)	Executive Director of Quality, Governance and Performance Assurance
Document Author (title)	Head of Safety
Approved By	Clinical Governance Group
Date Approved	April 2024
Review Date	April 2026
Equality Impact Assessed (EIA)	Full
Document Publication	Internal and Public Website

Document Control Information

Version	Date	Author	Status (A/D)	Description of Change
2.0	January 2009	Assistant Director Health Safety and Risk	A	
3.0	January 2012	Chris Hays, Infection Prevention Nurse	A	
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
5.0	February 2014	Clare Ashby, Head of Safety	A	Approved by SMG 12/02/14
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
6.0	February 2016	Clare Ashby, Head of Safety	A	Approved by TMG
6.1	February 2018	Clare Ashby, Head of Safety	D	Review, streamlined and re-formatted
6.2	May 2018	Clare Ashby, Head of Safety	D	Approved at CGG
7.0	June 2018	Clare Ashby, Head of Safety	A	Approved at TMG.
7.1	Sept 2020	Risk Team	D	Extension to December 2020 approved by TMG
7.2	Dec 2020	Risk Team	D	Extension to March 2021 approved by TMG
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
8.1	May 2023	Lisa Donovan, Senior Infection Prevention Control Practitioner	D	Document Review
8.2	November 2023	John Thompson, Head of Safety	D	Updated - current Bare below the elbow guidance for staff.
9.0	November 2023	John Thompson, Head of Safety	A	Approved at CGG
9.1	March 2024	Risk Team	D	Policy placed onto new Trust visual identity
9.2	April 2024	John Thompson, Head of Safety	D	Updated – Aligned with Dress Code Policy
10.0	April 2024	John Thompson, Head of Safety	A	Approved within April Clinical Governance Group
A = Approved D = Draft				
Document Author = John Thompson Head of Safety & Senior IPC Practitioner				
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 National infection prevention and control manual for England 2023				

Section	Contents	Page No.
	Staff Summary	5
1.0	Introduction	5
2.0	Purpose/Scope	6
3.0	Process	7
	3.1 Effective hand hygiene	7
	3.2 IPC Resources	7
	3.3 Notifiable diseases	8
	3.4 Laboratories	8
4.0	Education and Training	8
5.0	Implementation Plan	9
6.0	Monitoring compliance with this Policy	9
7.0	Assurance	10
8.0	References	10
9.0	Appendices	11
	Appendix A – Definitions	12
	Appendix B – Roles & Responsibilities	14
	Appendix C – Notifiable Diseases	19
	Appendix D – Registered Medical Practitioner Notification Form Template	20

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.
Operational Staff Who Have Physical Contact with Patients and/or Vehicles should be bare below the elbows when on duty.
Wearing appropriate personal protective equipment (PPE) 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 December 2022), 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   This guidance is to be used in accordance with the National infection prevention and control manual (NIPCM) for England.

1.3   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.

1.4   Although there has been a reduction in Healthcare Associated Infections (HCAI) there is Nationally still about 9% of patients suffer from a 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. In 2016/2017, there were an estimated 653 000 HCAIs among the 13.8 million adult inpatients in NHS general and teaching hospitals in England, of which 22 800 patients died as a result of their infection. Additionally, there were an estimated 13 900 HCAIs among 810 000 front-line HCPs in the year.

1.5   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 that:

- The Trust is committed to promoting the highest standards of infection, prevention and control to ensure that appropriate measures are in place within the Trust to reduce the risk of acquired infections and therefore increase the safety of our patients, staff and the public. And that all staff have the knowledge and skills to practice in a way that prevents the spread of infection.
- The Trust Board is fully committed to addressing the risks of healthcare associated infection and serious communicable diseases, through a policy aimed at dealing proactively with the outcomes and continually developing safer working practices.
- The Trust recognises that the Health and Social Care Act (2008) Code of Practice on the prevention and control of infections and related guidance (updated 2015) introduced a statutory duty on NHS organisations to observe the provisions of the Code. As a result, the Trust Board regularly reviews its arrangements and assures that it has suitable systems and arrangements in place to ensure that the Code is being observed within the Trust.
- The Trust actively investigates all HCAI reported by other health organisations and an actively engages with the processes for HCAI and Infection Prevention and Control (IPC) as members of IPC health groups across the region. This includes involvement in post infection review and incident control team meetings (for outbreaks).
- The Trust acknowledges that the provision of appropriate training is central to the achievement of this aim.
- This document applies to all employees of the Trust with active lead from managers at all levels to ensure that infection prevention and control is a fundamental part of the total approach to quality, quality improvement and patient safety.
- The Trust is compliant with external regulatory bodies, such as Care Quality Commission (CQC) and National Health Service Resolution

2.2   Although the Trust does not directly contribute to the National HCAI performance and quality monitoring data collection for Methicillin Resistant Staphylococcus Aureus (MRSA) infections, Clostridioides difficile (C.Diff) and gram-negative blood stream infections we are fully committed to reducing all HCAI. All IPC procedures reflect this aim to have a zero tolerance to preventable HCAI. 5-year-action-plan-for-antimicrobial-resistance-2019-to-2024

2.3   This policy will also be shared with external stakeholders, third party providers and volunteers.

3.0   Process

3.1   Effective hand hygiene

3.1.1   It must be assumed that every person could be carrying potentially harmful microorganisms that might be transmitted and cause harm to others. Therefore, the Trust aims to fulfil its duties to YAS employees and those receiving care to prevent exposure to HCAIs by:

- Encouraging and empowering staff, at all levels, to adopt responsibility for their own health, safety and wellbeing and that of others who may be affected by their acts or omissions.
- Ensuring that staff are aware of how infections are transmitted and the steps they, as an individual, must take to adequately prevent and control such risks.
- Ensuring that staff at all levels receive the appropriate training in infection prevention and control, enabling them to be fully conversant with the risk to themselves and to the patients in their care (where applicable).
- Providing staff with clear work procedures and safe systems of work wherever applicable.
- Ensuring that staff have access to personal protective equipment to help reduce the risk of infection and that they are trained in its correct use.
- Ensuring staff are aware of techniques to maintain good personal hygiene.
- Ensuring staff are aware of techniques required to appropriately decontaminate equipment and vehicles, including all levels of decontamination.
- Ensure that the Trust actively promotes an open and just culture and encourages incident reporting and full investigations into IPC incidents so that lessons can be learned, shared and risks reduced.

3.1.2   To reduce the risk of transmissions of potentially harmful microorganisms 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 Hand Hygiene Policy .
- Bare below the elbowsInfection Control Manual (P3&7)
- Use of appropriate personal protective equipment (PPE) Infection Control Manual (P3&7) .and national-ipc-manual-for-england-v2.pdf
- Safe handling of sharps and injuries
- Disposal of waste including body fluid spillages Management of waste policy and associated procedures
- Cleaning of contaminated itemsInfection Control Manual (P6,7) .and national-ipc-manual-for-england-v2.pdf Please read and follow the Managing Medical Devices policy and vehicles procedures.
- Handling of linen and laundry

3.2   IPC Resources

3.2.1   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.

3.2.2   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.

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

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

3.3   Notifiable diseases

3.3.1   Yorkshire Ambulance Service have a statutory duty to report infectious diseases, Under the Public Health (Control of Disease) Act 1984 and Health Protection Regulations. 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) may have an infectious disease to isolate and reduce spread.

- Public Health legislation.gov.uk/ukpga/1984/22

- Health protection.legislation.gov.uk/uksi/2010/659/contents/made

- Further information can be found High Consequence Infectious Diseases (HCID) guidance YAS HCID Guidance v3.7 November 2022 - Live.pdf (sharepoint.com) www.hse.gov.uk/pubns/misc208.pdf

3.4   Laboratories

3.4.1   YAS do not have any internal laboratory capacity and use external laboratories as and when case identification is required. The operator of the diagnostic laboratory must notify the UK Health Security Agency (UKHSA) 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.

4.0   Education and Training

4.1   The NHS Long Term Plan, whose purpose and aim is building on learning and believe it is paramount that staff are supported in education needs now and for the future. Educational material is agreed with the Head of Safety in consultation with CGG and delivered via eLearning.

NHS England Infection prevention and control education framework

4.1.2   The Trust will ensure that all staff, contractors and other persons receive suitable and sufficient training, information and supervision on the measures required to prevent and control risks of infection.

4.1.3   All staff, during their induction process, will receive infection prevention and control awareness training. All staff will receive statutory and mandatory infection prevention and control training and refresher training on a regular basis. This is based on the

frequencies and content as outlined in Core Skills Training Framework and updated to include any specific risks identified in the Trust to ensure lessons learnt are shared.

4.1.4 Infection Prevention and Control Policies and Procedures will be made available to staff in a variety of formats including electronic and web based. They will be shown where to access this information as a follow up reference for use as necessary.

4.1.5 A training needs analysis for all staff will ensure that relevant infection prevention and control training is regularly reviewed and implemented across the Trust, in-line with national guidance.

4.1.6 Local managers will be expected to action where any Non-Compliance is identified as set out in the [PDF] Statutory and Mandatory Training Policy.

4.1.7 Training records of infection prevention and control instruction will be maintained and used as assurance evidence to internal and external agencies (i.e. NHSEi, CQC) that all staff are routinely updated in current infection prevention and control practice.

4.1.8 The IPC team are responsible for developing, updating and reviewing the content for all IPC training delivered by Trust educators.

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

6.1.1 The Chief Executive and the Board are responsible for monitoring the effectiveness of the Infection Prevention and Control Policy. The Board will receive annual infection prevention and control report, which is required to be published on the Trust website. The annual Infection Prevention and Control Report will be included in the Quality Committee Annual Report.

6.1.2 Progress against the annual infection prevention and control programme is reviewed annually through the Board Assurance Framework to reflect the strategic priorities of the Trust.

6.1.3 Demonstrate the effectiveness of the policy through the presentation of audit information and identified improvements in infection prevention and control standards.

6.1.4 Contain a summary of reported incidents reviewed by the infection prevention and control Quarterly IPC Exec Group and resultant changes to practice.

6.1.5 A review of all inoculation incidents

6.1.6 An infection prevention and control programme must be produced annually to maintain the Trusts compliance with local and national infection prevention and control policy and to achieve compliance with the Health and Social care act 2008 Code of practice for the prevention and control of infections and related guidance.

6.1.7 The implementation and progress will be monitored by the infection prevention and control governance structures and against the infection prevention and control programme This policy and associated infection prevention and control procedures will

be monitored for their effectiveness by the Infection Prevention and Control team to ensure that they continue to reflect best practice and remain consistent with the Trusts clinical protocols and other relevant policies.

6.1.8   Infection prevention and control being 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.

6.1.9   The Trust is monitored externally by Care Quality Commission (CQC) In order to achieve compliance the Trust is required to provide relevant and sufficient evidence in meeting these standards.

6.1.10 **Inoculation and Contamination incidents**

- All staff have a duty to report any inoculation and contamination incidents.
- Incidents are monitored by the Infection Prevention and Control Team who report these to the Infection Prevention and Control meetings and cascaded to management teams.
- Any risks are identified, mitigation actioned where appropriate and added to the Risk Register as necessary.

7.0   Assurance

7.1   The Trust has assessed the risks associated with healthcare associated infections and identified significant risks are detailed on the Board Assurance Framework. This framework provides structured assurances about where risks are being managed effectively and objectives are being delivered.

7.2   Sources of assurances include policies and procedures, internal performance management, Infection Prevention indicators, minutes of meetings, audit reports, and training records.

7.3   The Trust are required to sign a declaration to assess itself against core and developmental standards in relation to infection prevention and control, this will be shared with the appropriate regulatory body (CQC)The aim of this declaration is to determine priorities, and implement plans, to achieve any progress necessary to meet these standards on an annual basis.

7.4   The Trust will ensure external reporting to the Health and Safety Executive (HSE) under the Reporting of Injuries, Diseases and Dangerous Occurrences (RIDDOR) Regulations 1995, this includes work related dermatitis cases as well as communicable diseases which meet this threshold.

8.0   References

Department of Health. 'Delivering clean and safe care'. DH website page. London: Department of Health. Available at: www.dh.gov.uk

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

Department of Health. (2008). Ambulance guidelines: Reducing infection through effective practice in the pre-hospital environment. London: Department of Health. Available at:

www.dh.gov.uk

Health Protection Agency (HPA) and Department of Health. (2009). Clostridium Difficile infection: How to deal with the problem. London: Department of Health. Available at: www.hpa.org.uk

Institute of Health and Care Development. (2004). Basic Training Manual. IHCD Publications. Available at: www.edexcel.com

Joint Royal Colleges Ambulance Liaison Committee (JRCALC). (2006). UK Ambulance Service Clinical Practice Guidelines (2006). London: JRCALC. Available at: www.jrcalc.org.uk

National Patient Safety Agency. (2008). Patient Safety Alert 2008/02. Clean Hands Save Lives. (2nd edition). Available at: www.npsa.nhs.uk

Public Health England (2020), Guidance COVID-19: guidance for Ambulance Trusts, https://www.gov.uk/government/publications/COVID-19-guidance-for-ambulance-trusts/COVID-19-guidance-for-ambulance-trusts

The Health and Social Care Act 2008 Code of practice for the prevention and control of infection and related guidance (2015) London: The Stationery Office. Available at: www.opsi.gov.uk

National Health Service National infection prevention and control manual (NIPCM) for England: https://www.england.nhs.uk/publication/national-infection-prevention-and-control/

United Kingdom Health Security Agency: Preventing and controlling infections (Updated 13 February 2023) https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/preventing-and-controlling-infections

United Kingdom Health Security Agency: Notifiable diseases and causative organisms (Updated September 2022): https://www.gov.uk/guidance/notifiable-diseases-and-causative-organisms-how-to-report

9.0   Appendices

9.1   This policy includes the following appendices

Appendix A – Definitions

Appendix B – Roles & Responsibilities

Appendix C – Notifiable Diseases

Appendix D – Registered Medical Practitioner Notification Form Template

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 Lead (Head of Safety) Deputy DIPC.

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

Senior Infection Control Practitioner

To provide expert advice in infection prevention and control. Support the Infection Control Lead to:

- Ensure audit arrangements are adequate and completed, to consider compliance with current year requirements and shape the future direction of infection prevention and control.
- Maintain suitable recording arrangements for infection prevention and control purposes.
- Ensure the promotion of infection prevention and control in a pro-active manner.
- Supply appropriate information in a timely manner.
- Encourage reporting and monitoring of all infection prevention and control incidents and injuries to staff or other affected parties.
- Co-operate with staff side worker representatives.
- Develop infection prevention induction training, training and updates for staff (in conjunction with Education and Development Department when appropriate) and providing training as necessary.
- Work 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.

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.

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 when staff are wearing Trust Uniform during working hours.
- 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
- Conduct regular IPC related audits in order to ensure a high level of compliance with IPC standards in line with legislation. To address identified areas of none compliance immediately after the audit has been completed and report the findings on a regular basis in line with Trust audit programme.
- 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 when wearing Trust uniform.
- 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

https://www.gov.uk/guidance/notifiable-diseases-and-causative-organisms-how-to-report

Acute encephalitis	Food poisoning	Rabies
Acute infectioushepatitis	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)
	Monkey Pox	
Diphtheria	Mumps	Whooping cough
Enteric fever (typhoid or paratyphoid fever)	Plague	Yellow fever

Appendix D: Registered Medical Practitioner Notification Form Template notifiable infectious diseases without patient consent under Regulation 3 of the Health Service (Control of Patient Information) Regulations 2002.

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	
DOB	
Gender (M/F)	
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.