

 <p>Iechyd Cyhoeddus Cymru Public Health Wales</p>	<p>Policy / Procedure Approval Report</p> <p>Name of Meeting Quality, Safety and Improvement Committee</p> <p>Date of Meeting 16 May 2023</p> <p>Agenda: 5.1</p>
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Section 1 - Policy / Procedure Information

Policy / Procedure Title	Infection Prevention and Control Policy
Policy Lead	Jennie Leleux, Lead Nurse Infection Prevention and Control, Quality Nursing and Allied Healthcare Professionals.
Lead Executive	Rhiannon Beaumont-Wood, Executive Director Quality, Nursing and Allied Healthcare Professionals.
PHW / All Wales?	PHW
Date of last Review	2018
Is the current policy / procedure within review date?	No
Approving Body /Group	QSIC
Version Number	2
Recommendation	
<p>That the Quality, Safety and Improvement Committee:</p> <ul style="list-style-type: none"> Note that the Leadership Team has endorsed the Infection Prevention and Control Policy Approve the Infection Prevention and Control Policy 	

Section 3 – Details of the Review:	
Background:	
Reason for review	The Infection Prevention & Control Policy expired in April 2022 and therefore needed reviewing, updating and republishing.
Description/Assessment	Public Health Wales recognises its duty to comply with recommended standards and guidance on infection prevention and control and decontamination. Public Health Wales staff, irrespective of their role, must be fully engaged with good infection prevention and control practices. This policy sets out the key documents that PHW IPC practice is built on, and the roles and responsibilities of relevant staff groups and organisational meetings. It describes the IPC audit programme and how compliance will be monitored.
Consultation	
Has this Policy / Procedure been through the appropriate 28 day consultation process?	Yes. It was posted on the consultation database between 31 st January and 28 th February.
Date range of consultation:	31.01.23 – 28.02.23
Please provide details of any feedback received and outline what changes if any were made to the document as a result:	Comments received from the Head of Nursing, Screening Division. An addition has been made to section 3.7, stating that an IPC Link Practitioners Programme will be rolled out during 2023 as it is not currently in place.
Had this policy / procedure been considered by any other groups?	Yes. It has been viewed by key members of the IPC Group and Facilities/Health & Safety, including: <ul style="list-style-type: none"> • Head of Nursing, Screening Division • Lead Nurse for Health Protection • Head of Estates and Health and Safety/ General Manager Operations and Finance • Consultant Nurse HCAI, HARP • Network H&S Manager, Microbiology Division

	<ul style="list-style-type: none"> • Risk Health and Safety and Clinical Governance Manager, Screening Division • Professional Lead Nursing, Midwifery and Standards Manager • Assistant Director of Quality, Nursing and Allied Health Professionals
If so, please provide detail of any comments / feedback or amendments made to the documents as a result of this	As above – comments received from the Head of Nursing, Screening Division. Other comments led to minor changes in sentence structure or links to documents.
Impact Assessments	
Equality and Health Impact Assessment	
Welsh Language Impact	The Policy / Procedure will be translated to Welsh and available on the internet bilingually.
Risk and Assurance	This procedure does not relate to any corporate or Strategic Risks
Health and Care Standards	This supports and/or takes into account the <u>Health and Care Standards for NHS Wales Quality Themes</u>
	Theme 1 - Staying Healthy
	Theme 2 - Safe Care
	Theme 7 - Staff and Resources
Financial implications	No additional implications.
People implications	No additional implications.
Socio Economic Duty	No socio economic duty implications.

5 - Implementation

Implementation plan (with timescales)		
Next steps	Timescale	Responsible officer(s)
Request Leadership Team Endorsement	On 19 th April	Reanne Reffell
Once endorsed, request QSIC approval	16 May	Reanne Reffell / Jennie Leleux
Translation into Welsh	within 3 weeks	Jennie Leleux

Disseminate to staff	Within 1 week of approval.	Jennie Leleux

6. Dissemination

The primary source for dissemination of this document, 'Infection Prevention and Control Policy,' within the organisation will be via the intranet site.

Infection Prevention and Control Policy

Policy Statement

Public Health Wales recognises its duty to comply with recommended standards and guidance on infection prevention and control and decontamination. The organisation adopts an explicit policy of zero tolerance to preventable Healthcare Associated Infections (HCAIs), seeks to constantly improve service delivery, and places a priority on quality. Public Health Wales staff, irrespective of their role, must be fully engaged with good infection prevention and control practices. In order to promote best practice for those staff providing services to the public, the organisation is committed to embedding the standards stated within the three key Welsh Government documents:

- [The Code of Practice for the Prevention and Control of Healthcare Associated Infections 2014](#), hereby referred to as The Code (currently being reviewed)
- [Health and Social Care \(Quality and Engagement\) \(Wales\) Act 2020](#), (coming into force on 1 April 2023), incorporating the Duty of Quality.
- [National Standards for Cleaning in NHS Wales \(2009\)](#) (currently being reviewed)

In order to ensure that all healthcare staff within the organisation have access to consistent, current and standardised policies to support practice, Public Health Wales is hosting and utilising the NHS Scotland electronic resource, the [National Infection Prevention and Control Manual \(NIPCM\)](#)

This manual replaces the Public Health Wales Infection Prevention and Control Procedure document. Although responsibilities of individuals and staff groups are outlined in the NIPCM, additional detail, specific to Public Health Wales staff is provided in this policy, and local procedures.

Policy commitment

The Code (2014) defines HCAIs as “infections that occur as a result of contact with the healthcare system in its widest sense – from care provided in the home; to general practice; nursing home care and care in the acute hospitals; or is acquired by a healthcare worker in the course of their NHS Wales duties”. This document builds on the previous strategy published in 2011 (Welsh Government; *Commitment to Purpose - Eliminating preventable healthcare associated infections - A framework of Actions for healthcare organisations in Wales*).

The Code identifies nine standards relating to Infection Prevention and Control (IPC) standards, to be met across the range of healthcare services provided by all NHS organisations, where applicable. Public Health Wales (PHW) is committed to ensuring these requirements are adopted into practice within the organisation by all staff irrespective of roles or responsibilities. In addition, The Code adds that these standards must be specified clearly within contracts or services commissioned by the organisation. Compliance with these standards should be evident to service users, visitors, and staff and to the Welsh Government (WG) including Healthcare Inspectorate Wales (HIW).

In order to deliver the recommended standards of environmental cleanliness described within the ‘National Standards for Cleaning in NHS Wales’ (NHS Wales, 2009). the Estates and Facilities department, responsible for the commissioning of cleaning services to all Public Health Wales premises, will use this document when stipulating standards and arranging contracts for cleaning services. This will be of particular importance for clinical areas such as Breast Test Wales centres. These contracts also require the inclusion of compliance monitoring in respect of service specifications, standards and auditing of services delivered. Routine clinical audits undertaken by Public Health Wales staff will also measure standards of cleanliness using evidence-based infection prevention and control audit tools.

Supporting Procedures and Written Control Documents

This policy will be supported by a suite of national documents & local procedures which will set out the expected practice and behaviours to meet IPC standards, including:

- The [National Infection Prevention & Control Manual](#), which is an electronic resource which ensures all healthcare organisations in Wales have access to consistent, current and standardised policies to support practice.
- Department for Environmental Food & Rural Affairs and Department of Health & Social Care (2022) [Addendum to the UK 5-year action plan for antimicrobial resistance 2019 to 2024.](#)

- ANTT ® Aseptic Non-Touch Technique Policy & Procedure
- Decontamination Policy & Procedure
- Environmental Cleaning Procedure
- Exposure Injury Policy (including needle stick injury) & Safe Use of Sharps Policy & Procedure
- Health & Safety Policies & Procedures
- Incident Reporting Policy & Procedure
- Medical Devices and Equipment Management Policy
- Outbreak Management Procedure
- Waste Management Procedure

National documents on which these local policies & procedures are based are listed within the specific procedure document.

Divisions and departments will have further local Standard Operating Procedures for specific functions within their service.

Applicable Legislation

- Health and Safety at Work Act etc (1974)
<https://www.legislation.gov.uk/ukpga/1974/37>
- Management of Health and Safety at Work Regulations (1999)
<http://www.legislation.gov.uk/uksi/1999/3242/contents/made> .
- Control of Substances Hazardous to Health (COSHH) Regulations (2002) <http://www.hse.gov.uk/coshh/>
- Personal Protective Equipment (PPE) at Work Regulations (2002)
<http://www.hse.gov.uk/toolbox/ppe.htm>
- Health and Safety (Sharp Instruments in Healthcare) Regulations 2013
<http://www.hse.gov.uk/pubns/hsis7.htm>
- Human Tissue Act, 2004. GMC.
<https://www.legislation.gov.uk/ukpga/2004/30/contents>
- Health and Social Care (Quality and Engagement) (Wales) Act 2020, (coming into force on 1 April 2023), incorporating the Duty of Quality.
- [The Health and Social Care \(Quality and Engagement\) \(Wales\) Act: summary \[HTML\] | GOV.WALES](#)

Scope

The policy is applicable to all staff employed (or contracted) by Public Health Wales.

Equality and Health Impact Assessment

An EHIA has been undertaken

Approved by

Quality, Safety and Improvement Committee

Approval Date	
Review Date	
Date of Publication:	
Group with authority to approve supporting procedures	Infection Prevention and Control Group
Accountable Executive Director/Director	Executive Director for Quality, Nursing and Allied Health Professionals.
Author	Jennie Leleux, Lead Nurse for Infection Prevention and Control

Disclaimer

If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or the [Corporate Governance](#).

Summary of reviews/amendments				
Version number	Date of Review	Date of Approval	Date published	Summary of Amendments
1	Oct 2015	31 Jan 2013	31 Jan 2013	Original document was approved by Quality and Safety Committee 2013
2	2018	16 April 2019	01 May 2019	Policy document reviewed and updated. The National Infection Prevention and Control Manual will be used as the reference resource for IPC procedures.
3	Jan 2023			Policy document reviewed and links updated.

Definitions:

Abbreviation	Full term	Description
ANTT®	Aseptic Non-Touch Technique	A specific type of aseptic technique with a unique theory and practice framework
EHIA	Equality and Health Impact Assessment	An evidence-based approach designed to help ensure that policies, practices, and decision-making processes are fair, do not present barriers to participation and do not disadvantage any protected groups from participation.
HCAIs	Healthcare-associated infections	Are those that arise during any contact with healthcare, either in hospital or in the community setting, whether in patients themselves or in the health or social care worker undertaking intervention
HIW	Healthcare Inspectorate Wales	The independent inspectorate and regulator of healthcare in Wales.

IPC	Infection Prevention & Control	The prevention and management of infection through the application of research-based knowledge to practices that include standard precautions, decontamination, waste management, surveillance and audit
NIPCM	National Infection Prevention & Control Manual	An e-manual that will contribute to standardised practice for infection prevention
PHW	Public Health Wales	The organisation that this policy belongs to.
QNAHPS	Quality, Nursing and Allied Health Professionals	The directorate under which Infection Prevention & Control sits.
QSIC	Quality, Safety and Improvement Committee	Advises the Board about the quality and safety of public health services and programmes delivered to improve population health outcomes.
WG	Welsh Government	The devolved government of Wales.

1.0 Roles and responsibilities

1.1 Chief Executive

Chief Executive must ensure that:

- A robust governance structure for Infection Prevention and Control (IPC) is in place and reporting mechanisms allow for escalation of concerns
- Systems and resources are in place to facilitate implementation and compliance monitoring of infection prevention and control amongst all staff, including all agency or external contractors.
- Systems and resources are in place to monitor adherence to standards of Environmental Cleanliness specified within the National Standards for Cleaning in NHS Wales

- There is delegated responsibility to a lead Executive for corporate arrangements for IPC

1.2 Executive Director of Quality, Nursing and Allied Health Professionals (QNAHPS)

The Executive Director of Quality Nursing and Allied Health Professionals (APHS) has delegated responsibility from the Chief Executive to ensure arrangements are in place in the organisation for IPC. This includes the governance and reporting arrangements for the annual IPC report and report on progress of the annual work and improvement plan, to the Business Executive Team or delegated to the Leadership Team, and to the Quality, Safety and Improvement Committee for scrutiny and assurance.

The Executive Director of QNAPHS will chair the organisational wide Infection Prevention and Control Group.

1.3 The Infection Prevention and Control Group

An Infection Prevention and Control group is a mandatory requirement, set out in Standard One of The Code. It is a key forum in providing assurance that the PHW has in place structures and arrangements to meet all statutory requirements for IPC and its reporting.

The purpose of the IPC Group is to monitor standards and the implementation of the annual work and improvement plan and provide updates on progress from relevant areas. Progress or any matters requiring escalation will reported to the Business Executive Team and the Chair also will appraise the Chief Executive as necessary, assurance on how the organisation is meeting standards and managing IPC risks, will be reported to the Quality, Safety and Improvement Committee (QSIC). This is set out in the Terms of Reference.

PHW has policies, procedures and guidelines in place for the diagnosis, prevention, surveillance and control of infection. IPC policies and procedures are developed, maintained and monitored for the organisation by the IPC Group.

1.4 Managers

Managers of all services must ensure:

- They are aware of their responsibilities under the Health & Safety at work act.
- Staff are aware of and have access to infection prevention and control policies and resources, both written and on online

- Appropriate mandatory training for infection prevention and control is undertaken by staff
- Cleanliness within the physical environment particularly within clinical settings is monitored and addressed if inadequate
- Staff are aware of and adhere to exclusion advice in case of illness
- All audit requirements relating to infection prevention and control, are undertaken, results are analysed and action plans undertaken to resolve continuing issues.
- To support any infection prevention and control initiatives undertaken such as Hand Hygiene Week and the annual influenza staff campaign
- Appropriate referral of staff to Occupational Health service for vaccination provision
- Adequate equipment resources, for example, Personal Protective Equipment, waste management equipment, cleaning equipment.
- That chemicals and medicines are stored correctly under the 'COSHH' regulations, 2002.

1.5 Staff

Staff must ensure that they:

- Understand and apply the principles of infection prevention and control specified in the NIPCM and related policies
- Escalate any infection prevention and control concerns via the appropriate governance process
- Undertake mandatory training and any additional training required to ensure care is delivered in line with current National requirements such as Aseptic Non-Touch Technique (ANTT®)
- Contribute to the audit process by undertaking audits, assist with analysis and be actively involved in implementation of planned service improvements
- Are up to date with occupational vaccinations
- Only practice within their agreed or assessed competency
- Be aware of their responsibilities under the Health & Safety at Work Act, 1974, and adhere to 'COSHH' and other requirements to ensure safety in the workplace.

1.6 Lead nurse for Infection Prevention and Control

The Lead nurse for Infection Prevention and Control must:

- Maintain an overview of audits undertaken within screening programmes and escalate concerns or risks to Executive Board
- Ensure clarity of local governance reporting mechanisms to provide assurance to Board
- Provide appropriate education and training for staff that is commensurate with their role and responsibilities. This will include

access to the e-learning resource (level 1 or 2) and provision of bespoke face to face sessions in order to discuss specific infection prevention and control issues.

- Review and update policies/procedure documents
- Provide assurance to Executive Nurse and the Board in relation to IPC compliance
- Promote and assist with the delivery of the annual influenza staff campaign
- Participate in National infection prevention and control /Decontamination forums to ensure Public Health Wales is represented in decision-making processes and is aware of National direction and strategy.
- Attend and contribute to internal infection prevention and control meetings to ensure it is prioritised when discussing service delivery and patient/public/staff safety
- Engagement with stakeholder partners such as Shared services and Health Boards/Trusts involved in the delivery of Public Health Wales services to ensure maintenance of infection prevention and control standards and identify any concerns.
- Provide expert advice to PHW teams
- Maintain and update competence in IPC (via training and education) to provide expert advice
- Surveillance of infection prevention and control incidents entered on Datix
- Promote and support teams to implement infection prevention and control quality improvement initiatives

1.7 Infection Prevention and Control Link Practitioners

The Infection Prevention and Control Link Practitioner (IPCLP) acts as a facilitator of good IPC practice within their area of work and will act as a link between the IPC Lead Nurse and their colleagues.

The IPCLP will:

- Attend regular meetings and feedback the information gained to colleagues, managers and other health care professionals
- Act as a resource for colleagues, Service users and the public
- Participate in IPC clinical audits
- Participate in IPC promotions and campaigns

An IPCLP programme will be rolled out across PHW Screening Services in 2023.

2 Audit, and Monitoring Compliance

2.1 Audit

Those Screening services responsible for providing direct care to service users within Public Health Wales have a responsibility to undertake regular infection prevention and control audits as part of an IPC audit programme, utilising evidence-based Infection Prevention and Control audit tools. Audits will include environmental standards, hand hygiene compliance and cleaning standards. Results will be reported to the Infection Control Group and validation of audits will be performed by the Lead Nurse for IPC.

Regular audits contribute to the system-wide process of continuous improvement, as set out in the Duty of Quality, part of the [Health and Social Care \(Quality and Engagement\) \(Wales\) Act 2020](#), which comes into force on 1 April 2023.

2.2 Monitoring Compliance

Untoward IPC incidents reports, nationally reportable incidents reports, sharps incidents and HCAI surveillance and associated activity will be investigated and then discussed by the local Infection Control Groups which meet as a minimum quarterly and also at the PHW Infection Control Group which meets quarterly. Health & Safety-related issues will be discussed at the quarterly Health & Safety local and PHW-wide meetings. Key themes will be presented to QSIC.

Screening IPC Leads are to report quarterly to the Screening Infection Prevention & Control Group.

Lessons learned from incidents and good practice will be shared via the appropriate channels including the IPC Groups, local team meetings and shared with the health system as relevant. Infection Prevention and Control audits of clinical areas will be undertaken. The audit plan is reviewed annually and updated accordingly. Action plans will be developed as necessary and reviewed by the Divisional IPC Groups.

2.3 Training

PHW is committed to make available resources to support the training requirements of all employees in IPC. The training needs of individual members of staff will be identified as part of the recruitment process and then through the ongoing My Contribution Performance Appraisal and Development process.

Non-clinical staff are expected to complete the Level One electronic learning module on ESR every three years.

Training in IPC will be delivered face to face to all relevant clinical staff as a minimum every three years, with an IPC electronic learning package available in the interim years for all staff to undertake.

Compliance of the mandatory training requirements will be monitored by the Lead Nurse for IPC, and discussed at Divisional and Organisation-wide IPC Groups.

2.4 Dissemination of information

IPC alerts and updates to practice will be cascaded through the usual organisational Alert process where relevant and through a variety of additional routes by the Lead Nurse for IPC, including the IPC Leads and Link Practitioner network and through the formal IPC divisional and organisation-wide IPC Groups.

Template Equality & Health Impact Assessment for Infection Prevention and Control Policy

Part 1

Please answer all questions:-

1.	For service change, provide the title of the Project Outline Document or Business Case and Reference Number	There is no significant change in service provision. This is a review of current guidance for staff within Public Health Wales
2.	Name of Clinical Board / Corporate Directorate and title of lead member of staff, including contact details	Quality, Nursing and Allied Health Professional Directorate Jennie Leleux Email jennie.leleux2@wales.nhs.uk , Tel: 07824 553 496
3.	Objectives of strategy/ policy/ plan/ procedure/ service	To outline Public Health Wales's policy of implementation of and adherence to, current Infection Prevention and Control best practice for all staff within the organization irrespective of role or engagement with service users.
4.	Evidence and background information considered. For example <ul style="list-style-type: none"> • population data • staff and service users data, as applicable • needs assessment • engagement and involvement findings • research • good practice guidelines • participant knowledge 	The Code of Practice for the Prevention and Control of Healthcare Associated Infections 2014 , hereby referred to as The Code (currently being reviewed) Health and Social Care (Quality and Engagement) (Wales) Act 2020 , (coming into force on 1 April 2023), incorporating the Duty of Quality. Health and Care Standards, Welsh Government 2015

	<ul style="list-style-type: none"> • list of stakeholders and how stakeholders have engaged in the development stages • comments from those involved in the designing and development stages <p>Population pyramids are available from Public Health Wales Observatory and the 'Shaping Our Future Wellbeing' Strategy provides an overview of health need.</p>	<p>National Standards for Cleaning in NHS Wales (2009) National Standards for Cleaning in NHS Wales 2009</p> <p>National Infection Prevention and Control Manual https://phw.nhs.wales/services-and-teams/harp/infection-prevention-and-control/nipcm/</p> <p>The updated version of the policy has had input from the Assistant Director of Quality, Nursing and Allied Health Professionals, the Head of Estates and Health and Safety and the Head of Nursing Screening Division, and will be posted onto the Consultation Database as per policy.</p>
5.	<p>Who will be affected by the strategy/ policy/ plan/ procedure/ service</p> <p>Consider staff as well as the population that the project/change may affect to different degrees.</p>	<p>The policy is for all staff employed or contracted by Public Health Wales.</p>

Part 2- Equality and Welsh language

6. EQIA / How will the strategy, policy, plan, procedure and/or service impact on people?

Questions in this section relate to the impact on people on the basis of their 'protected characteristics'.

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts (unintended consequences) Opportunities or gaps	Action taken by Directorate. Make reference to where the mitigation is included in the document, as appropriate This column is to be updated in future reviews	Recommendations for improvement/ mitigation/ identified gaps or opportunities
6.1 Age For most purposes, the main categories are: <ul style="list-style-type: none"> • under 18; • between 18 and 65; and • over 65 	As this policy reinforces adherence to good infection prevention and control practice and service delivery by all Public Health Wales staff it should have a positive impact on all service users	Nil	N/A
6.2 Persons with a disability as defined in the Equality Act 2010 Those with physical impairments, learning disability, sensory loss or impairment, mental health conditions, long-term	Those staff with visual impairments would be able to access the policies electronically in larger text. There would be no further impact on persons with a disability.	Nil	N/A

medical conditions such as diabetes			
<p>6.3 People of different genders: Consider men, women, people undergoing gender reassignment</p> <p>NB Gender-reassignment is anyone who proposes to, starts, is going through or who has completed a process to change his or her gender with or without going through any medical procedures. Sometimes referred to as Trans or Transgender</p>	The Infection Prevention and Control Policy will not discriminate against any groups in society based on the characteristics of those defined under the Equality Act as outlined at 6.3.	Nil	N/A
<p>6.4 People who are married or who have a civil partner.</p>	The Infection Prevention and Control Policy will not discriminate against any groups in society based on the characteristics of those defined under the Equality Act as outlined at 6.4.	Nil	N/A
<p>6.5 Women who are expecting a baby, who are on a break from work after having a baby, or who are breastfeeding.</p>	If, as a result of pregnancy any staff member felt uncertain or concerned about the stated Infection Prevention & Control recommendations they	Nil	N/A

	should contact Occupational Health. All chemicals (used for cleaning/disinfection) would be COSHH assessed and alternatives could be used.		
6.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers	The Infection Prevention and Control Policy will not discriminate against any groups in society based on the characteristics of those defined under the Equality Act as outlined at 6.6.	Nil	N/A
6.7 People with a religion or belief or with no religion or belief. The term 'religion' includes a religious or philosophical belief	The Infection Prevention and Control Policy will not discriminate against any groups in society based on the characteristics of those defined under the Equality Act as outlined at 6.7.	Nil	N/A
6.8 People who are attracted to other people of: <ul style="list-style-type: none"> • the opposite sex (heterosexual); • the same sex (lesbian or gay); • both sexes (bisexual) 	The Infection Prevention and Control Policy will not discriminate against any groups in society based on the characteristics of those defined under the Equality Act as outlined at 6.8.	Nil	N/A

<p>6.9 People according to their income related group: Consider people on low income, economically inactive, unemployed/workless, people who are unable to work due to ill-health</p>	<p>The Infection Prevention and Control Policy will not discriminate against any groups in society based on the characteristics of those defined under the Equality Act as outlined at 6.9.</p>	<p>Nil</p>	<p>N/A</p>
<p>6.10 People according to where they live: Consider people living in areas known to exhibit poor economic and/or health indicators, people unable to access services and facilities</p>	<p>The Infection Prevention and Control Policy will not discriminate against any groups in society based on the characteristics of those defined under the Equality Act as outlined at 6.10.</p>	<p>Nil</p>	<p>N/A</p>
<p>6.11 Consider any other groups and risk factors relevant to this strategy, policy, plan, procedure and/or service</p>	<p>No other groups or risk factors identified.</p>	<p>Nil</p>	<p>N/A</p>
<p>6.12 Welsh Language</p>			
<p>There are 2 key considerations to be made during the development of a policy, project, programme, service to ensure there are no adverse effects and/or a positive or increased positive effect on: (please note these will continue to be reviewed to ensure Public Health Wales fulfils their duties to comply with one or more standards outlined within the Welsh Language Standards (No 7) Regulations 2018)</p>			

<p>Opportunities for persons to use the Welsh language</p>	<p>The Infection Prevention and Control Policy will be produced in both English and Welsh and therefore will not discriminate against any person who wishes to communicate in Welsh. However, there may be a delay in the availability of copies in both languages due to translation service timescales.</p> <p>Infection Prevention & Control contains specialised language. If verbal communication is required in Welsh, a specialised translation service may be required.</p>	<p>Require Translation services to convert the document into Welsh for publication.</p> <p>If communication is required in Welsh then access to translation services will be required.</p>	<p>To translate document as per PHW policy.</p>
<p>Treating the Welsh language no less favourably than the English language</p>	<p>The Infection Prevention and Control Policy will be produced in both English and Welsh.</p>	<p>Require Translation services to convert the document into Welsh for publication.</p>	<p>To translate document as per PHW policy.</p>

Part 3 – Health

Questions in this section relate to the impact on the health and wellbeing outcomes of the population **and** specific population groups who could be more impacted than others by a policy/project/proposal.

The part of the assessment identifies;

- which specific groups in the population could be impacted more (inequalities)
- what those potential impacts could be across the wider determinants of health framework?
- Potential gaps, opportunities to maximise positive H&WB outcomes
- Recommendations/mitigation to be considered by the decision makers

7. Identification of specific population groups

Use the WHIASU Population Groups checklist as a reference to identify the population groups who could be more impacted than others by a policy/project/proposal. The check list can be found on the PHW Integrated EqHIA guidance pages (requires link to PHW Intranet pages for additional information and resources)

The groups listed have been identified as more susceptible to poorer health and wellbeing outcomes (health inequalities) and therefore it is important to consider them in a HIA assessment. In a HIA, the groups identified, as more sensitive to potential impacts will depend on the characteristics of the local population, the context, and the nature of the proposal itself.

7.1 Groups identified	Rational/explanation
No groups are identified as being negatively impacted by this policy.	Adherence to this policy by staff members will improve the standards of care provided to all service users using PHW services, and will protect the health of both staff and service users.

Assessment

Complete the wider determinants framework table below providing rational/evidence where appropriate:

1. Consider how the proposal could impact on the population and specific population groups identified above (positive/negative) for each of the wider determinants (the bullets under each determinant are there as a guide)

2. Record any unintended consequences (negative impacts) and/or gaps identified
3. Record any positive impacts or missed opportunities to maximise positive health and wellbeing outcomes
4. identify and record mitigation/recommendations where appropriate

Please note you may find that not all determinants are relevant to the project/plan however recording N/A is not acceptable a rationale or evidence should be explained/referenced

Wider determinant for consideration	Positive impacts or additional opportunities	Unintended consequences or gaps	Population groups affected	Mitigation/recommendations
<p>7.2 Lifestyles</p> <ul style="list-style-type: none"> • Diet/nutrition/breastfeeding • Physical activity • Use of alcohol, cigarettes, e-cigarettes • Use of substances, non-prescribed drugs, abuse of prescription medication • Social media use • Sexual activity • Risk-taking activity i.e. gambling, addictive behaviour 	<p>Adherence to this policy by staff members will improve the standards of care provided to all service users using PHW services, and will protect the health of both staff and service users.</p>	<p>No unintended consequences identified.</p>	<p>-</p>	<p>-</p>
<p>7.3 Social and community influences on health</p> <ul style="list-style-type: none"> • Adverse childhood experiences • Citizen power and influence • Community cohesion, identity, local pride • Community resilience • Domestic violence • Family relationships • Language, cultural and spirituality • Neighbourliness • Social exclusion i.e. homelessness • Parenting and infant attachment • Peer pressure • Racism 	<p>Adherence to this policy by staff members will improve the standards of care provided to all service users using PHW services, and will protect the health of both staff and service users.</p>	<p>No unintended consequences identified.</p>	<p>-</p>	<p>-</p>

<ul style="list-style-type: none"> • Sense of belonging • Social isolation/loneliness • Social capital/support/networks • Third sector & volunteering 				
<p>7.4 Mental Wellbeing</p> <ul style="list-style-type: none"> • Does this proposal support sense of control? • Does it enable participation in community and economic life? • Does it impact on emotional wellbeing and resilience? 	<p>This policy will help staff to know how to better work towards preventing and controlling infection in the workplace and beyond and therefore will give them a better sense of control and resilience. Through all staff working within the same IPC framework a sense of cohesion will be developed.</p>	<p>No unintended consequences identified.</p>	<p>-</p>	<p>-</p>
<p>7.5 Living/ environmental conditions affecting health</p> <ul style="list-style-type: none"> • Air quality • Attractiveness/access/availability/quality of area, green and blue space, natural space. • Health & safety, community, individual, public/private space • Housing, quality/tenure/indoor environment • Light/noise/odours, pollution • Quality & safety of play areas (formal/informal) • Road safety • Urban/rural built & natural environment • Waste and recycling • Water quality 	<p>Through the Waste Management Procedure that falls under this umbrella policy, clinical waste will be appropriately managed, leading to best use of financial resources and a positive environmental impact.</p> <p>The Decontamination and Cleaning</p>	<p>No unintended consequences identified.</p>	<p>-</p>	<p>-</p>

	Procedures will ensure that cleaning products are used in the correct way and not disposed of incorrectly, protecting water courses and wildlife.			
7.6 Economic conditions affecting health <ul style="list-style-type: none"> • Unemployment • Income, poverty (incl. food and fuel) • Economic inactivity • Personal and household debt • Type of employment i.e. permanent/temp, full/part time • Workplace conditions i.e. environment culture, H&S 	Adherence to this policy by staff members will improve the standards of care provided to all service users using PHW services, and will protect the health of both staff and service users.	No unintended consequences identified.	-	-
7.7 Access and quality of services <ul style="list-style-type: none"> • Careers advice • Education and training • Information technology, internet access, digital services • Leisure services • Medical and health services • Other caring services i.e. social care; Third Sector, youth services, child care • Public amenities i.e. village halls, libraries, community hub • Shops and commercial services • Transport including parking, public transport, active travel 	Adherence to this policy by staff members will improve the standards of care provided to all service users using PHW services, and will protect the health of both staff and service users.	No unintended consequences identified.	-	-

<p>7.8 Macro-economic, environmental and sustainability factors</p> <ul style="list-style-type: none"> • Biodiversity • Climate change/carbon reduction/flooding/heatwave • Cost of living i.e. food, rent, transport and house prices • Economic development including trade • Government policies i.e. Sustainable Development principle (integration; collaboration; involvement; long term thinking; and prevention) • Gross Domestic Product • Regeneration 	<p>Through the Waste Management Procedure that falls under this umbrella policy, clinical waste will be appropriately managed, leading to best use of financial resources and a positive environmental impact.</p> <p>The Decontamination and Cleaning Procedures will ensure that cleaning products are used in the correct way and not disposed of incorrectly, protecting water courses and wildlife.</p>	<p>No unintended consequences identified.</p>	<p>-</p>	<p>-</p>
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Stage 3

Summary of key findings and actions Please answer question 8.1 following the completion of the EHIA and complete the action plan

<p>Key findings: Impacts/gaps/opportunities</p>	<p>Actions (what is needed and who needs to do) to address the identified mitigation and recommendations</p>	<p>Lead</p>		
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<p>Through the Waste Management Procedure that falls under this umbrella policy, clinical waste will be appropriately managed, leading to best use of financial resources and a positive environmental impact. The Decontamination and Cleaning Procedures will ensure that cleaning products are used in the correct way and not disposed of incorrectly, protecting water courses and wildlife.</p> <p>Adherence to this policy by staff members will improve the standards of care provided to all service users using PHW services, and will protect the health of both staff and service users.</p>	<p>The suite of policies and procedures sitting underneath this policy will be updated to reflect the most recent, evidence-based guidance.</p> <p>Information contained in the suite of policies will be cascaded to staff following the framework stated in the IPC Policy.</p> <p>Audits will be performed to monitor the implementation of the policies and procedures.</p>	<p>Jennie Leleux, Lead Nurse for Infection Prevention & Control.</p>		
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Alternatively, if appropriate, please explain the steps taken to consult with and consider the differential impact of the changes on the various protected characteristic groups (part 2) or any specific identified population groups (part 3).