

**Reference Number: PHW 27** 

**Version Number: 3** 

**Date of Next review: May** 

**2026** 

# **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.
- <u>National Standards for Cleaning in NHS Wales (2009)</u> (currently being reviewed)

In order to ensure that all healthcare staff within the organisation have access to consistent, current and standardised polices 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**

All corporate policies and procedures are available on the Public Health Wales website

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 <u>National Infection Prevention & Control Manual</u>, which is an electronic resource which ensures all healthcare organisations in Wales have access to consistent, current and standardised polices to support practice.

- Department for Environmental Food & Rural Affairs and Department of Health & Social Care (2022) <u>Addendum to the UK 5-year action plan for</u> 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)
  <a href="https://www.legislation.gov.uk/ukpga/1974/37">https://www.legislation.gov.uk/ukpga/1974/37</a>
- Management of Health and Safety at Work Regulations (1999) <a href="http://www.legislation.gov.uk/uksi/1999/3242/contents/made">http://www.legislation.gov.uk/uksi/1999/3242/contents/made</a>.
- Control of Substances Hazardous to Health (COSHH) Regulations (2002) <a href="http://www.hse.gov.uk/coshh/">http://www.hse.gov.uk/coshh/</a>
- Personal Protective Equipment (PPE) at Work Regulations (2002) <a href="http://www.hse.gov.uk/toolbox/ppe.htm">http://www.hse.gov.uk/toolbox/ppe.htm</a>
- Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 <a href="http://www.hse.gov.uk/pubns/hsis7.htm">http://www.hse.gov.uk/pubns/hsis7.htm</a>
- 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 Equality, Welsh Language and Health Impact Assessment has been completed and can be viewed on the policy webpages.	
Approved by	Quality, Safety and Improvement Committee	
Approval Date	16 May 2023	
Review Date	16 May 2026	
Date of Publication:	25 May 2023	
Group with authority to approve supporting procedures	Leadership Team / 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 <a href="Corporate Governance">Corporate Governance</a>.

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	16 May 2023	25 May 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 'COSSH' 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 <u>Health and Social Care (Quality and Engagement) (Wales) Act 2020</u>, 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.