

APPENDIX 1

Health and Social Care Act 2008  
Evidence for compliance: Full compliance declared

<b>1</b>	<b>Have in place and operate effective management systems for the prevention and control of HCAI which are informed by risk assessments and analysis of infection incidents.</b>		
<b>1a</b>	A board level agreement outlining the board's collective responsibility for minimising the risks of infection and the general means by which it prevents and controls such risks	<b>Evidence</b>	<b>Outstanding Evidence</b>
		Annual report presented to the board 10/08/09 CQC registration March 2009 Quarterly Monitor compliance framework	
<b>1b</b>	The designation of an individual as Director of Infection Prevention and Control (DIPC), to be accountable directly to the chief executive and the board (but not necessarily be a member of the board .	<b>Evidence</b>	<b>Outstanding Evidence</b>
		Annual report 2009 The Director of Quality and Performance has the DIPC role in her job description	Formal Service Level Agreement with GHNHSFT required (lead VT/PM)
<b>1c</b>	The mechanisms by which the board intends to ensure that sufficient resources are available to secure the effective prevention and control of HCAI. These should include implementing an appropriate assurance framework, infection control programme and infection control infrastructure and information systems.	<b>Evidence</b>	<b>Outstanding Evidence</b>
		Annual report 2009 IPC work plan 2009-10	
<b>1d</b>	Ensuring that relevant staff, contractors and other persons whose normal duties are directly or indirectly concerned with patient care receive suitable and sufficient information on, and training and supervision in, the measures required to prevent and control risks of infection.	<b>Evidence</b>	<b>Outstanding Evidence</b>
		Annual report 2009 Education programme 2009-10 Estates induction pack	Evidence of compliance with contractors (staffing agencies, estates and facilities contractors)

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<b>1e</b>	A programme of audit to ensure that key policies and practices are being implemented appropriately.	<b>Evidence</b>	<b>Outstanding Evidence</b>
		IPC work programme 2009-10 and Audit programme. Essential Steps audit planning Hand hygiene audit results	
<b>1f</b>	A policy of addressing, where relevant, the admission, transfer, discharge and movement of patients between departments, within and between healthcare facilities.	<b>Evidence</b>	<b>Outstanding Evidence</b>
		2gether Hospital transfer Policy	Formal adoption of NHS Gloucestershire transfer policy that operates across all trusts in the county
<b>1g</b>	Designation of a decontamination lead	<b>Evidence</b>	<b>Outstanding Evidence</b>
		The Director of Quality and Performance will be the designated decontamination lead.	Confirmation of person designated as Decontamination Lead
<b>1 ii</b>	<b>Risk assessment</b> A provider should ensure that it has: made a suitable and sufficient assessment of the risks to patients receiving healthcare with respect to HCAI; identified the steps that need to be taken to reduce or control those risks; recorded its findings in relation to the first two points; implemented the steps identified; and put appropriate methods in place to monitor the risks of infection such that it is able to determine whether further steps need to be taken to reduce or control HCAI.	<b>Evidence</b>	<b>Outstanding Evidence</b>
		<ul style="list-style-type: none"> <li>• Policy for Reporting Incidents (including the management of SUIs)</li> <li>• Policy &amp; Procedure for investigating Complaints &amp; Claims</li> <li>• IR1 forms</li> <li>• Purchase of Datix Information System to ensure consistency reporting to the RLS</li> <li>• Development of Risk Dashboard</li> <li>• Incident reports used to inform the development of Risk Register</li> <li>• NHSLA Inspection gave positive assurance</li> <li>• Quarterly and annual patient safety report to Practice Standards Committee</li> <li>• H&amp;S quarterly and annual incident reports to Governance Committee</li> <li>• Minutes of Board meetings</li> <li>• Supporting evidence includes major incident response</li> <li>• Root cause analysis of HCAI including cases of C. difficile</li> <li>• Minutes relating to implementation of Legionella controls: Infection Control committee, Governance and Board minutes, NALCO records</li> </ul>	

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1 iii	<b>Directors of Infection Prevention and Control</b>	<b>Evidence</b>	<b>Outstanding Evidence</b>
	<p>The role of the DIPC is to be responsible for the organisation's Infection Control Team (ICT) (sometimes referred to as the Infection Prevention and Control Team (IP&amp;CT)); oversee local control of infection policies and their implementation; be a full member of the ICT and to attend regularly its infection control meetings; report directly to the chief executive or equivalent (not through any other officer) and the board or other senior management committee; have the authority to challenge inappropriate clinical hygiene practice and inappropriate antibiotic prescribing decisions; assess the impact of all existing and new policies on HCAI and make recommendations for change; be an integral member of the organisation's clinical governance and patient safety teams and structures; and produce an annual report on the state of HCAI in the organisation for which he or she is responsible and release it publicly.</p>	<p>DIPC Annual report                      Infection Control committee minutes                      Infection Control Focus Group minutes                      Infection Control team meetings minutes                      NALCO meetings minutes                      Antibiotic policy</p>	<p>Formal Service Level Agreement with GHNHSFT required (as noted previously)</p>
1 iv	<b>Assurance framework</b>	<b>Evidence</b>	<b>Outstanding Evidence</b>
	<p>Activities to demonstrate that infection control is an integral part of clinical and corporate governance should include regular presentations from the DIPC and/or the ICT to the board. These will include trend analysis for infections and compliance with audit programmes; quarterly reporting to the board by clinical directors and matrons; review of statistics on incidence of alert organisms (for example, MRSA, <i>Clostridium difficile</i>) and conditions, outbreaks and serious untoward incidents; evidence of appropriate action taken to deal with occurrences of infection, including where applicable, root cause analysis; and an audit programme to ensure that policies have been implemented.</p>	<p>Board minutes                      Annual DIPC reports                      DIPC presentation to Board                      Assurance framework??</p>	

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1 v	<b>Infection control programme</b>	<b>Evidence</b>	<b>Outstanding Evidence</b>
1 vi	<b>Infection control infrastructure</b> An infection control infrastructure should encompass: [non acute trusts] an infection control nurse or another designated person who is responsible for infection control matters and has access to specialist expertise as necessary; and 24-hour access to a nominated qualified infection control doctor (ICD).	<b>Evidence</b> Described in DIPC annual reports	<b>Outstanding Evidence</b>
1 vii	<b>Movement of patients</b> There should be evidence of joint working between the ICT, bed managers and domestic services in planning patient admissions, transfers, discharges and movements between departments and other healthcare facilities. Where necessary, ambulance trusts may need to be involved in such planning. A provider should ensure that it provides suitable and sufficient information on a patient's infection status whenever it arranges for that patient to be moved from the care of one organisation to another, to minimise any risks to the patient and others from infection.	<b>Evidence</b> 2gether Hospital transfer Policy	<b>Outstanding Evidence</b> Formal adoption of NHS Gloucestershire transfer policy that operates across all trusts in the county

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<b>2</b>	<b>Provide and maintain a clean and appropriate environment which facilitates the prevention and control of HCAI.</b>		
<b>a</b>	It has policies for the environment that make provision for liaison between the members of the ICT and the persons with overall responsibility for facilities management;	<b>Evidence</b>	<b>Outstanding Evidence</b>
		Infection Control committee minutes Infection Control Focus Group minutes NALCO meetings minutes	
<b>b</b>	It designates lead managers for cleaning and decontamination of equipment used in treatment (a single individual may be designated for both areas	<b>Evidence</b>	<b>Outstanding Evidence</b>
		Hotel Services arrangements Infection Control committee minutes Infection Control Focus Group minutes Results ATP swabbing	
<b>c</b>	Lead managers involve directors of nursing, matrons and ICT in all aspects of cleaning services from contract negotiation and service planning to delivery at ward level.	<b>Evidence</b>	<b>Outstanding Evidence</b>
		Infection Control Focus Group minutes Matron manager meetings minutes Cleaning schedules publically available and displayed on wards	
	Matrons have personal responsibility and accountability for delivering a safe and clean care environment and that the nurse in charge of any patient area has direct responsibility for ensuring that cleanliness standards are maintained throughout that shift.	<b>Evidence</b>	<b>Outstanding Evidence</b>
		Infection Control committee minutes Infection Control Focus Group minutes Minutes Matron Manager meetings	
<b>e</b>	all parts of the premises in which it provides healthcare are suitable for the purpose, kept clean and maintained in good physical repair and condition	<b>Evidence</b>	<b>Outstanding Evidence</b>
		Infection Control committee minutes Infection Control Focus Group minutes ATP swabbing results PEAT inspection results Infection Control audit results and action plans	

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<b>f</b>	The cleaning arrangements detail the standards of cleanliness required in each part of its premises and that a schedule of cleaning frequencies is publicly available.	<b>Evidence</b>	<b>Outstanding Evidence</b>
		Cleaning schedules; ATP swabbing results Infection Control committee minutes Infection Control Focus Group minutes Cleaning schedules on <sup>2</sup> gether website	
<b>g</b>	There is adequate provision of suitable hand-washing facilities and antibacterial hand-rubs.	<b>Evidence</b>	<b>Outstanding Evidence</b>
		Infection Control committee minutes Infection Control Focus Group minutes Infection Control audit results and action plans	
<b>h</b>	There are effective arrangements for the appropriate decontamination of instruments and other equipment – these should be incorporated within the appropriate disinfection and decontamination policies.	<b>Evidence</b>	<b>Outstanding Evidence</b>
		Infection Control committee minutes Infection Control Focus Group minutes A 2 Z of decontamination (equipment cleaning policy)	
<b>i</b>	The supply and provision of linen and laundry supplies reflect Health Service Guidance (HSG) (95) 18, <i>Hospital laundry arrangements for used and infected linen</i> , as revised from time to time; and	<b>Evidence</b>	<b>Outstanding Evidence</b>
		Policy: Linen and Laundry Policy	
<b>j</b>	Uniform and work-wear policies ensure that clothing worn by staff when carrying out their duties is clean and fit for purpose	<b>Evidence</b>	<b>Outstanding Evidence</b>
		Uniform policy	
<b>3</b>	<b>Provide suitable and sufficient information on HCAI to the patient, the public and other service providers when patients move to the care of another healthcare or social care providers. Areas relevant to the provision of such information should include</b>		

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<b>a</b>	General principles pertaining to the prevention and control of HCAI and key aspects of the provider's policy on infection prevention and control	<b>Evidence</b>	<b>Outstanding Evidence</b>
		2gether Hospital transfer Policy Patient information leaflets - MRSA, C-Diff, Diarrhoea and vomiting, visitors charter leaflet	Formal adoption of NHS Gloucestershire transfer policy that operates across all trusts in the county (as previously noted)
<b>b</b>	The role and responsibilities of individuals in the prevention and control of HCAI, to support them when visiting patients	<b>Evidence</b>	<b>Outstanding Evidence</b>
		Patient information leaflets - MRSA, C-Diff, Diarrhoea and vomiting, Visitors charter leaflet	
<b>c</b>	Supporting vigilance in patients	<b>Evidence</b>	<b>Outstanding Evidence</b>
		NPSA Cleanyourhands campaign implemented	
<b>d</b>	The importance of compliance by visitors with hand hygiene and visiting restrictions	<b>Evidence</b>	<b>Outstanding Evidence</b>
		NPSA cleanyourhands campaign posters Patient information leaflets - MRSA, C-Diff, Diarrhoea and vomiting, Visitors charter leaflet	
<b>e</b>	Reporting breaches of hygiene and cleanliness	<b>Evidence</b>	<b>Outstanding Evidence</b>
		Infection Control committee minutes Infection Control Focus Group minutes Matron/Managers meetings minutes Risk register	
<b>f</b>	Explanation of incident/outbreak management	<b>Evidence</b>	<b>Outstanding Evidence</b>
		Emails of outbreaks Holly House 0808, Leckhampton ward 0209, Priory ward 0709 Final summary reports of outbreaks Holly House 0808, Leckhampton ward 0209, Priory ward 0709 Outbreak of infection pack Patient information leaflets - MRSA, C-Diff, Diarrhoea and vomiting, Visitors charter leaflet	
<b>g</b>	Feedback that is focused on the patient pathway; and	<b>Evidence</b>	<b>Outstanding Evidence</b>
		Infection Control committee minutes Infection Control Focus Group minutes	

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<b>h</b>	Provision across organisational boundaries, such as pre-admission screening and post-operative care	<p style="text-align: center;"><b>Evidence</b></p> 2gether Hospital transfer Policy	<p style="text-align: center;"><b>Outstanding Evidence</b></p> Formal adoption of NHS Gloucestershire transfer policy that operates across all trusts in the county
<b>4</b>	<b>Ensure that patients presenting with an infection or who acquire an infection during care are identified promptly and receive appropriate management and treatment to reduce the risk of transmission.</b>		
<b>a</b>	Arrangement to prevent and control HCAI should be such as to demonstrate that responsibility for infection prevention and control is effectively devolved to all professional groups in a provider; and	<p style="text-align: center;"><b>Evidence</b></p> Policies: Infection Control policy, Viral Gastroenteritis, C. difficile, MRSA, Pandemic flu, TB, Meningococcal, and Isolation policies, Outbreak of Infection pack, Job descriptions Infection Control committee minutes Infection Control Focus Group minutes Microbiology reporting policy Use of Encore, PAS and ICNet Outbreak management emails and final outbreak reports Holly House 0808, Leckhampton ward 0209, Priory ward 0709	<p style="text-align: center;"><b>Outstanding Evidence</b></p>
<b>b</b>	Clinical specialities and directorates and, where appropriate, support directorates or other similar units	<p style="text-align: center;"><b>Evidence</b></p> Final outbreak reports: Holly House 0808, Leckhampton ward 0209, Priory ward 0709. Infection Control committee minutes Infection Control Focus Group minutes	<p style="text-align: center;"><b>Outstanding Evidence</b></p>
<b>Gain the cooperation of staff, contractors and others involved in the provision of healthcare in preventing and controlling infection</b>			
<b>a</b>	A provider should, so far as is reasonably practicable, ensure that its staff, contractors and others involved in the provision of healthcare cooperate with it, and with each other, so far as is necessary to enable the body to meet its obligations under this Code	<p style="text-align: center;"><b>Evidence</b></p> Induction and Education programmes and slide sets Mandatory training records Infection Control Study Days	<p style="text-align: center;"><b>Outstanding Evidence</b></p> Evidence that information is provided to locum medical staff

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		<p>Link Nurse study days</p> <p>IC link network with named individuals (on intranet)</p> <p>Water management policy</p> <p>Water flushing records</p> <p>Infection Control committee minutes</p> <p>Infection Control Focus Group minutes</p> <p>NALCO meetings minutes</p> <p>NALCO records of contractor induction</p> <p>Estates induction pack</p> <p>Bank nurses cover IC on their mandatory training</p> <p>New bank nurses attend corporate induction</p> <p>Human Resources policy</p> <p>NPSA cleanyourhands campaign</p> <p>Infection Control audit programme and audit results</p>	
6	<b>Provide or secure adequate isolation facilities</b>		
a	<p>A provider delivering in-patient care should ensure that it is able to make available, or secure the provision of, adequate isolation precautions and facilities, as appropriate for patients, sufficient to prevent or minimise the spread of HCAI. This may include facilities for day care.</p>	<b>Evidence</b>	<b>Outstanding Evidence</b>
		<p>Isolation policy;</p> <p>Buildings have single room accommodation - OPS will have single room accommodation with CLc opening</p> <p>Infection Control committee minutes</p> <p>Infection Control Focus Group minutes</p>	
b	<p>Policies should be in place concerning the allocation of patients to isolation facilities, based on local risk assessment. The risk assessment should include consideration of the need for special ventilated isolation facilities. Sufficient staff should be available to care for patients safely.</p>	<b>Evidence</b>	<b>Outstanding Evidence</b>
		<p>Policies: Infection Control policy, Viral Gastroenteritis, C. difficile, MRSA, Pandemic flu, TB, Meningococcal, and Isolation policies, Outbreak of Infection pack,</p>	
7	<b>Secure adequate access to laboratory support</b>		

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a	A provider should ensure that laboratories used to provide a microbiology service in connection with arrangements for infection prevention and control have in place appropriate protocols and that they operate according to the standards required for accreditation by Clinical Pathology Accreditation (UK) Ltd. Protocols should include:	Evidence	Outstanding Evidence
		CPA accreditation listed on website	Formal documentation of a Service Agreement required (lead PM)
b	A microbiology laboratory policy for investigation and surveillance of HCAI; and	Evidence	Outstanding Evidence
		Microbiology Standard Operating Procedures CPA accreditation	
c	Standard operating procedures for the examination of specimens	Evidence	Outstanding Evidence
		Microbiology Standard Operating Procedures CPA accreditation	
8	<p><b>Have and adhere to appropriate policies and protocols for the prevention and control of HCAI. The appropriate core policies are:-</b></p> <ul style="list-style-type: none"> <li>• <b>In the case of any other healthcare body to which the Annexe applies, the policies specified in the Annex (all except 8I – mandatory reporting to the SHA)</b></li> </ul> <p><b>A provider should, in relation to preventing, reducing and controlling the risks of HCAI, have in place the appropriate core policies concerning the matters mentioned in (a) to (m) below</b></p>		
a	Standard (universal) infection control precautions	Evidence	Outstanding Evidence
	<ul style="list-style-type: none"> <li>• The policy should be based on evidence based guidelines, including those on hand hygiene and the use of personal protective equipment</li> <li>• The policy should be easily accessible to all groups of staff, patients and the public</li> <li>• Compliance with the policy should be audited</li> <li>• Information on the policy should be included in induction programmes for all staff groups</li> </ul>	Policies: Hand Hygiene, Standard precautions, Infection Control policy Available on the intranet Patient information leaflets: MRSA, C-Diff, Diarrhoea and vomiting, visitors charter leaflet Education and Induction programmes, slide sets Infection Control audit programme and audit results Infection Control committee minutes Infection Control Focus Group minutes	

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b	Aseptic Technique	Evidence	Outstanding Evidence
c	<p>Outbreaks of communicable infection</p> <ul style="list-style-type: none"> <li>The degree of detail in the policy should reflect local circumstances to take into account at-risk patients and clinical specialities</li> <li>Policies for major outbreaks of communicable infection should include initial assessment, communication, management and organisation and investigation and control.</li> <li>The contact details of those likely to be involved in outbreak management should be reviewed at least annually</li> <li>Significant outbreaks should be reported as serious untoward incidents</li> <li>Formal arrangements should be in place to fund the cost of dealing with outbreaks</li> </ul>	<p style="text-align: center;"><b>Evidence</b></p> <p>Policies: Infection Control policy, Viral Gastroenteritis, C. difficile, MRSA, Pandemic flu, TB, Meningococcal, and Isolation policies, Outbreak of Infection pack, DIPC annual report</p> <p>Infection Control committee minutes</p> <p>Infection Control Focus Group minutes</p> <p>Email updates of outbreaks</p> <p>Final outbreak reports: Holly House 0808, Leckhampton ward 0209, Priory ward 0709</p> <p>No SUI reports as no SUIs</p> <p>Infection Prevention and Control team establishment</p> <p>Outbreaks are rare and funded from within ward budgets</p>	<p style="text-align: center;"><b>Outstanding Evidence</b></p>
d	<p>Isolation of patients</p> <ul style="list-style-type: none"> <li>The isolation policy should be evidence based and reflect local risk assessment of in-patients</li> <li>Indications for isolation should be included in</li> </ul>	<p style="text-align: center;"><b>Evidence</b></p> <p>Policies: Infection Control policy, Viral Gastroenteritis, C. difficile, MRSA, Pandemic flu, TB, Meningococcal, and</p>	<p style="text-align: center;"><b>Outstanding Evidence</b></p>

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	<p>the policy, as should procedures for the infection control management of patients in isolation</p> <ul style="list-style-type: none"> <li>Information on isolation should be easily accessible to all staff groups, patients and the public.</li> </ul>	<p>Isolation policies, Outbreak of Infection pack, Policies available on intranet</p> <p>P Patient information leaflets - Diarrhoea and vomiting, Visitors charter leaflet, MRSA; C-difficile</p>	
e	<p>Safe handling and disposal of sharps</p> <p>Relevant considerations include:</p> <ul style="list-style-type: none"> <li>Risk management and training in prevention and management of needlestick injuries</li> <li>Provision of medical devices that incorporate sharps protection mechanisms where there are clear indications that they will provide safe systems of working for healthcare workers;</li> <li>Policy that is easily accessible to all groups of staff</li> <li>Auditing of policy compliance</li> <li>Inclusion of information on the policy in induction programmes for all groups of staff</li> </ul>	<p style="text-align: center;"><b>Evidence</b></p> <p>Standard precautions policy Rapid reference policy: Sharps Induction programme and slides Education programme, mandatory update slides</p> <p>Policies on intranet and printed</p> <p>Infection Control audit and action plans Induction programme</p>	<p style="text-align: center;"><b>Outstanding Evidence</b></p>
f	<p>Prevention of occupational exposure to blood-borne viruses, including prevention of sharps injuries</p> <p>Measures to avoid exposure to blood-borne viruses should include:</p> <ul style="list-style-type: none"> <li>Immunisation against Hepatitis B</li> <li>The wearing of gloves and other protective clothing</li> </ul>	<p style="text-align: center;"><b>Evidence</b></p> <p>Standard precautions policy Rapid reference policy: Sharps Induction programme and slides Education programme, mandatory update slides Policies on intranet and printed</p>	<p style="text-align: center;"><b>Outstanding Evidence</b></p>



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	environmental decontamination prior to re-opening		
i	<p>Environmental disinfection policy</p> <ul style="list-style-type: none"> <li>The use of disinfectants is a local decision, and there should be local policies on the disinfectant use which focus on specific infection risks</li> <li>If appropriate the role of high-level disinfectants to kill bacteria, viruses and spores should be considered</li> </ul>	<b>Evidence</b>	<b>Outstanding Evidence</b>
		<p>A 2 Z of Decontamination Policy</p> <p>Infection Control policy</p> <p>Infection Control committee minutes</p> <p>Infection Control Focus Group minutes</p> <p>ATP swabbing results</p> <p>PEAT inspection results</p> <p>Laundry audit results</p>	
j	<p>Decontamination of reusable medical devices</p> <ul style="list-style-type: none"> <li>Effective decontamination of reusable medical devices is essential. There should be a system to protect patients and staff that minimises the risk of transmission of infection from medical devices and other equipment that comes into contact with patients or their body fluids</li> <li>Decontamination is the combination of processes, including cleaning, disinfection and sterilisation, used to render a reusable item safe for further use on patients and handling by staff</li> <li>Reusable medical devices and other devices should be decontaminated in accordance with manufacturers' instructions and current guidelines</li> <li>Systems should ensure adequate supplies of reusable medical devices and should allow reusable medical devices to be tracked through the decontamination processes in order to ensure that the processes have been carried</li> </ul>	<b>Evidence</b>	<b>Outstanding Evidence</b>
		<p>A 2 Z of Decontamination policy</p> <ul style="list-style-type: none"> <li>No use of re-usable devices-</li> <li>Equipment Policy</li> <li>Audit of equipment, and Action Plan as a result of audit (Higher risks have been managed)</li> <li>Report to Professional Standards Committee and NPAG , March 09</li> <li>Medical Engineering has disposal notices</li> <li>Moving &amp; handling training policy</li> <li>Local induction</li> <li>Generally low risk activity</li> <li>ECTAS accreditation in date</li> <li>Maintenance contract</li> <li>Medical engineering schedule</li> <li>Full Trust audit with action plan which came out of it</li> <li>Louise Forrester in place as Infection Prevention and Control lead within 2gether</li> </ul>	

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	<p>out effectively</p> <ul style="list-style-type: none"> <li>Systems should be in place to enable the identification of patients on whom the medical devices have been used.</li> </ul>		
k	<p>Antimicrobial prescribing</p> <p>Local prescribing should, where appropriate, be harmonised with that in the <i>British National Formulary (BNF)</i>.</p> <ul style="list-style-type: none"> <li>All local guidelines should include information on the regimen and duration of particular drugs</li> <li>Procedures should be in place to ensure prudent prescribing and antimicrobial stewardship</li> </ul>	<b>Evidence</b>	<b>Outstanding Evidence</b>
		<p>Antibiotic guidelines</p> <p>Antibiotic compliance audit programme (in planning stages)</p>	
m	<p>Control of outbreaks and infections associated with specific alert organisms</p> <ul style="list-style-type: none"> <li>This should take account of local epidemiology and risk assessment. These infections must include, as a minimum, MRSA, <i>C-difficile</i> infection and transmissible spongiform encephalopathies</li> </ul>	Evidence	Outstanding Evidence
		<p>Policies: Clostridium Difficile associated diarrhoea; Isolation policy; management of viral gastroenteritis; MRSA, Pandemic flu policy, Management of water policy</p>	
9	<p><b>Ensure, so far as is reasonably practicable, that healthcare workers are free of and are protected from exposure to communicable infections during the course of their work, and that all staff are suitably educated in the prevention and control of HCAI.</b></p> <p>A healthcare worker is any person whose normal duties concern the provision of treatment, accommodation or related services to patients and who has access to patients in the normal course of their work. This term includes not only front-line clinical and paraclinical staff, but also some staff employed in estates and facilities management, such as cleaning staff and engineers.</p>		
a	<p>Providers should ensure that policies and procedures are in place in relation to the prevention and control of HCAI such that:</p> <ul style="list-style-type: none"> <li>all staff can access relevant occupational health</li> </ul>	Evidence	Outstanding Evidence
		<p>Occupational Health policies</p> <p>Staff immunisation policy</p>	

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	<p>services</p> <ul style="list-style-type: none"> <li>• occupational health policies on the prevention and management of communicable diseases in healthcare workers, including immunisation, are in place</li> <li>• prevention and control of infection is included in induction programmes for new staff, and in training programmes for all staff</li> <li>• there is a programme of ongoing education for existing staff (including support staff, agency/locum staff and staff employed by contractors)</li> <li>• there is a record of relevant immunisations;</li> <li>• there is a record of training and updates for all staff</li> </ul> <p>the responsibilities of each member of staff for the prevention and control of infection is reflected in their job description and in any personal development plan or appraisal</p>	<p>Human Resources policy                  Pandemic flu policy                  Job descriptions                  Mandatory training records                  Induction and Education programmes, slide sets                  Corporate Induction for new staff, agency and locum staff                  Infection Control study days                  Infection Control link nurse study days                  Infection Control link network                  Estates induction slides                  NALCO records</p>	
b	<p><b>Occupational health services should include:</b></p> <ul style="list-style-type: none"> <li>• pre-employment and ongoing health screening for communicable diseases;</li> <li>• management of exposure to HCAI, which should include provision for emergency treatment out of hours</li> <li>• relevant immunisations</li> <li>• having arrangements in place for regularly reviewing the immunisation status of healthcare workers and providing vaccinations to staff as necessary in line with <i>Immunisation Against Infectious Diseases</i> and other Department of Health guidance.</li> </ul> <p><b>Occupational health services, in respect of blood-borne viruses, should include:</b>                  arrangements for health clearance of new healthcare workers and for identifying and</p>	<p style="text-align: center;">Evidence</p> <p>Occupational Health policies                  BBV policy on intranet                  Physical health check for new admissions</p> <p>Staff immunisation policy                  Human Resources policy</p>	<p style="text-align: center;">Outstanding Evidence</p>

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	managing healthcare workers infected with hepatitis B, HIV or hepatitis C and restricting their practice as necessary in line with Department of Health guidance; and liaising with the UK Advisory Panel for Healthcare Workers Infected with Blood-borne Viruses when advice is needed on procedures that may be carried out by blood-borne virus-infected healthcare workers, and when patient tracing, notification and offer of blood-borne virus testing may be needed.		
c	<p><b>Induction, training programmes and ongoing education</b></p> <p>Induction and training programmes for new staff and ongoing education for existing staff should all incorporate the principles and practice of infection prevention and control. These include: ensuring that policies are up to date; feedback of audit results; examples of good practice; and action needed to correct deficiencies.</p>	<p align="center">Evidence</p> <p>Education policy Minutes Infection Control committee Mandatory training records Induction and Education programmes, slide sets</p>	<p align="center">Outstanding Evidence</p>
10	<p><b>Safe handling and disposal of healthcare waste</b></p> <p>The risks from healthcare waste should be properly controlled. In practice, this involves healthcare waste from healthcare premises. Control should include: assessing risk; developing appropriate policies; putting arrangements into place to manage risks; monitoring the way arrangements work; and being aware of legislative change. Precautions in connection with handling healthcare waste should include: training and information; personal hygiene; segregation of wastes; the use of appropriate personal protective equipment; immunisation; appropriate procedures for handling such waste; appropriate packaging and labelling; suitable transport on-site and off-site; clear</p>	<p align="center">Evidence</p> <p>Waste policy Induction and education programmes Mandatory training records Standard precautions policy IR1 forms and Datix software</p>	<p align="center">Outstanding Evidence</p>

	<p>procedures for dealing with accidents, incidents and spillages; appropriate treatment and disposal of such waste.</p> <p>Systems should be in place to ensure that the risks to patients from exposure to infections caused by healthcare waste present in the environment are properly managed, and that duties under environmental law are discharged. The most important of these are:</p> <ul style="list-style-type: none"> <li>• duty of care in the management of waste;</li> <li>• duty to control polluting emissions to the air;</li> <li>• duty to control discharges to sewers;</li> <li>• obligations of waste managers.</li> </ul>		
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