

Title: Infection Control Operating Policy

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Directorate: Infection Control

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Responsible for review: Natalie Trigg

[Document Control](#)

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Applicability: All Staff

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1. Purpose

- I. Torbay and Southern Devon Health and Care NHS Trust provide a range of high quality health and social care for the local community of Torbay.
- II. Torbay and Southern Devon Health and Care NHS Care Trust has developed this overarching policy underneath which will be infection control procedures, policies and guidelines which will be reviewed at least every three years or as nationally agreed guidance dictates. It is the policy of Torbay Care Trust to ensure that all policies, guidelines and procedures are available on the intranet and accessible to all staff.
- III. Torbay and Southern Devon Health and Care NHS Care Trust has an Infection Prevention and Control Specialist Nurse Advisor and her team who have the responsibility to advise on all aspects of surveillance information, prevention and control of infection across the operational zones and independent contractors.
- IV. Torbay and Southern Devon Health and Care NHS Care Trust, as part of the South Devon Health Community is supported by South Devon Health Care Trust with surveillance and out of hour's advice ([See appendix 2](#)). In addition pharmacy support to our provider unit is provided via an SLA with the Pharmacy Department at SDHCFT.
- V. To work effectively the Infection control team needs the collaboration and active support of all Care Trust staff. The Infection Control joint Committee (ICC) represents the main forum for regular consultation between the Acute and community Director of Infection Prevention and Controls (DIPC), the Acute and community Lead IPCC Nurses and the local Health Protection Unit. This process generates the Annual Infection Control joint work Programme for both the Trusts. The committee reports Quarterly to the Care Quality Group. Policies and procedures will reflect current evidence based practices in all situations.

2. Introduction

- I. Torbay and Southern Devon Health and Care NHS Care Trust has a duty to have in place appropriate management systems for infection prevention and control.
- II. In particular, these arrangements include:
 - III. A Board level agreement outlining its collective responsibility for minimising the risks of infection and the general means by which it prevents and controls such risk. (This policy).
 - IV. The designation of an individual as Director of Infection Prevention and Control (DIPC) accountable directly to the Board.
 - V. The mechanisms by which the Board ensures that adequate resources are available to secure effective prevention and control of HCAI. These include implementing an appropriate assurance framework, infection control programme and infection control infrastructure.
 - VI. Ensuring that relevant staff, contractors and other persons whose normal duties are directly or indirectly concerned with patient service user care receive suitable and sufficient training, information and supervision on the measures required to prevent and control risks of infection.
 - VII. A yearly programme of audit to ensure that key policies and practices are being implemented appropriately.
 - VIII. Policy addressing, where relevant, admission, transfer, discharge and movement of patients between departments, and within and between health care facilities.
 - IX. Ensuring that locally agreed antibiotic guidelines are available. This is achieved via the South Devon Joint Formulary.

3. Torbay and Southern Devon Health and Care NHS Trust has a duty to assess the risk of acquiring HCAI and to take action to reduce or control such risks:

- I. To ensure a suitable and sufficient assessment of the risks to patients in receipt of health care with respect to HCAI.
- II. To identify the steps that need to be taken to reduce or control those risks.
- III. To record its findings in relation to items (a) and (b).
- IV. To implement the steps identified.
- V. To ensure that appropriate methods are 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.
- VI. To ensure there are appropriate antimicrobial prescribing guidelines in place.

4. Torbay and Southern Devon Health and Care NHS Care Trust has a duty to provide and maintain a clean and appropriate environment for health care.

- I. Definition: "The Health environment" means the totality of a patient's surroundings when in Care Trust premises. This includes the fabric of the building and related fixtures, fittings and services such as air and water supplies.
- II. Torbay and Southern Devon Health and Care NHS Care Trust will, with a view to minimising the risk of HCAI, ensure that:
- III. Our Estates our managed by South Devon Health Care Foundation Trust. There are processes in place for liaison between members of the infection control team and the person with overall responsibility for facilities management. There are policies in place on the environment covering pest control, planned preventative & Reactive Maintenance, Building and Refurbishment and Aspergillosis.
- IV. It designates lead managers (may delegate to responsible others, see delegation policy) to be responsible for the cleaning and decontamination of equipment used for the treatment (a single individual may be designated for both areas) All parts of the premises in which it provides care are suitable for the purpose, are kept clean and are maintained in good physical repair and condition.
- V. 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.
- VI. There is adequate provision of suitable hand wash facilities and antibacterial hand rubs.
- VII. The supply and provision of linen and laundry supplies reflects Health Service Guidance HSG (95) 18, *Hospital Laundry Arrangements for used and infected linen*, as revised when updates occur.
- VIII. Clothing worn by staff when carrying out their duties (including uniforms) is clean and fit for purpose. (See uniform policy).

5. Torbay and Southern Devon Health and Care NHS Care Trust has a duty to provide information on HCAI to patients and the public.

- I. Torbay Care Trust will ensure that it makes suitable and sufficient information available: in the form of leaflets.
- II. To patients and the public about the organisation's general systems and arrangements for preventing and controlling HCAI.
- III. To each patient concerning:
- IV. Any particular considerations regarding the risks and nature of any HCAI that are relevant to their care.
- V. Any preventative measures relating to HCAI that a patient/service user ought to take after discharge.

6. Torbay and Southern Devon Health and Care NHS Care Trust has a duty to provide information when a patient moves from the care of one health care body to another.

- I. Torbay Care Trust will ensure that it provides suitable and sufficient information on each patient's infection status whenever it arranges for a patient/service user to be moved from the care of one organisation to another so that any risks to the patient and others from infection may be minimised.

7. Torbay and Southern Devon Health Care NHS has a duty to ensure co-operation.

- I. Torbay Care Trust so far as reasonably practicable will ensure its staff, contractors and other involved in the provision of health care co-operate with it, and with each other, so far as necessary to enable the body to meet its obligations under this Code.

8. Torbay and Southern Devon Health and Care NHS Care Trust has a duty to provide adequate isolation facilities

- I. Torbay Care Trust will endeavour to provide or secure the provision of adequate isolation facilities for patients sufficient to prevent or minimise the spread of HCAI. If a side ward is unavailable the infection control team will assess and make a decision about where the patient should be placed.

9. Torbay and Southern Devon Health and Care NHS Care Trust has a duty to ensure adequate laboratory support

- I. Torbay Care Trust has a Service Level Agreement with South Devon Healthcare Foundation Trust to be provided with microbiology laboratory services in connection with the arrangements it makes for infection prevention and control, the laboratory has in place appropriate protocols and that it operates according to the standards from time to time required for accreditation by Clinical Pathology Accreditation (UK) Ltd.

10. Torbay and Southern Devon Health and Care NHS Care Trust has a duty to comply with relevant standards, including Standards for Better Health and C.S.C.I Standard in Residential and Nursing Homes.

11. Torbay and Southern Devon Health and Care NHS Care Trust has a duty to ensure that antibiotic guidelines are available for all prescribers to promote appropriate use of antibiotics. This is achieved through the South Devon Joint Formulary.

12. Roles and Responsibilities

I. Director of Infection Prevention and Control (DIPC)

- To oversee local control of infection control policies
- To report directly to the Chief Executive and the Board
- To have the authority to challenge inappropriate clinical hygiene practice as well as inappropriate antibiotic prescribing decisions
- To assess the impact of all existing policies on Healthcare Associated Infection and make recommendations for change
- To be an integral member of the organisations clinical governance and patient safety teams and structures
- To produce an annual report on the state of HCAI in the organisation for which she is responsible and release it publicly
- To be responsible for the Lead Infection Control Specialist Nurse
- To report MRSA bacteraemia to the Local Commissioning Board

II. Infection Prevention and Control Specialist Nurse

- To guide, support and develop the infection control team
- To develop in conjunction with the DIPC and the ICC the joint strategy for infection control monitoring and reporting of HCAI as required by national guidelines.
- To Identify and lead control of outbreaks.
- To facilitate education across the Care Trust, including independent Contractors.
- To prepare IC policy documents in collaboration with the ICC.
- To provide an annual report to the Trust Board (after approval by the IGC).
- To liaise with the Occupational Health Department on relevant staff or patient health issues.
- To develop local IC standards as agreed by the ICC and agree on an appropriate audit cycle.
- To promote good hygiene within the Care Trust and help develop the audit of hygiene standards within the trust.

- To provide advice to the Care Trust on purchases or procurement to ensure infection control issues are considered.
- To be involved at an early stage and throughout in re-development/building projects within the Trust.
- To be involved at an early stage and throughout with contracts for support services.
- To advise and support the safe handling of sharps and clinical waste in compliance with local policies.
- To develop the necessary tools and processes for surveillance and audit of HAI particular to IT development.

13. Joint Infection Control Committee

- ICC members to have clear lines of responsibility and accountability within their areas of practice to implement the Care trusts annual infection control programme.
- To ensure effective training programme in place to meet identified needs.
- To receive an Outbreak Report at each meeting.
- ICC members will feedback to the ICC on progress within their area of practice.
- To formulate and monitor the annual infection control programme.
- To ensure the Care Trust is aware of and response to the external 'drivers' of infection control e.g. DoH, National Clinical Standards, Clinical Negligence Scheme for Trusts (CNST), The epic Project: Developing National Evidence-based Guidelines for Preventing Healthcare Associated Infections, Mandatory Surveillance, "Getting ahead of the Curve" and "Winning Ways" Saving Lives , The Health Act 2006.
- Monitor root cause analysis reports and action plans.

14. Terms of reference for Infection Control Committee (See [Appendix 3](#)).

15. Infection control programme

- The infection control programme will:
- Set objectives
- Identify priorities for action
- Provide evidence that relevant policies have been implemented to reduce HCAI

16. All Staff

- All staff have a responsibility to comply with all infection control policies, guidelines and procedures.
- General practitioners/GPSP who are contracted to provide medical support/cover/treatment in community hospitals must abide by all Care Trust IC policies and guidelines.

17. Patients/clients/service users/visitors

- The Care trusts staff will support and educate so that compliance with infection control standards can be maintained, and incidence of HCAI can be reduced.

18. Assurance framework

- This demonstrates that infection control is an integral part of clinical and corporate governance:
- Regular presentations from the DIPC to the Board
- Review of statistics on incidence of alert organisms (MRSA, clostridium difficile)
- Evidence of root cause analysis and appropriate actions taken to deal with infection occurrences
- An audit programme to ensure that policies have been implemented

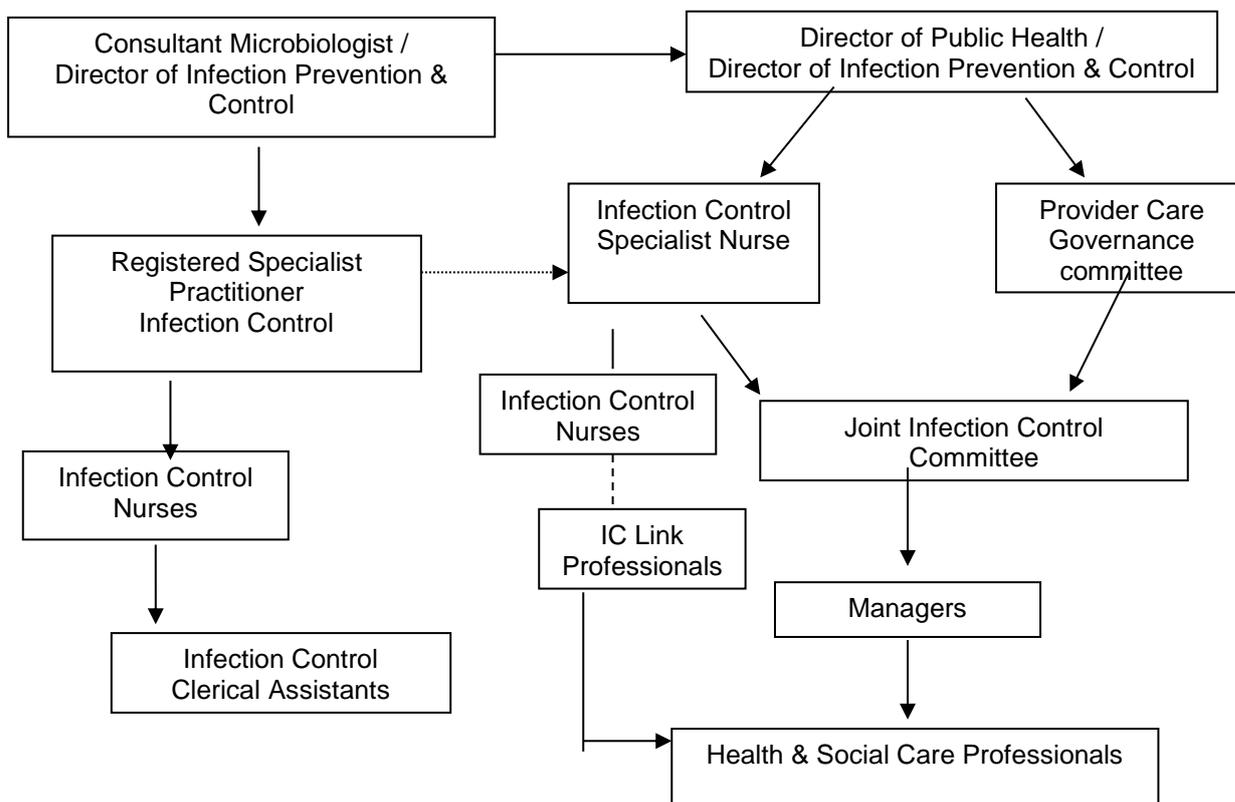
19. Incidents of HCAI

- Will be reported through the risk management system using incident reporting forms. This reporting will be in addition to local and national reporting requirements as set by the SHA and DoH.

20. Organisational Chart

South Devon Healthcare Foundation Trust

Torbay & Southern Devon Health and Care NHS Care



South Devon Joint Formulary - provides cross community antibiotic guidelines to support this process

21. Reporting Systems

- I. Joint Infection Control Committee member's agenda, minutes and meeting dates will be posted on the Care Trust intranet with access for executive directors, senior managers and all consultants. This will enable them to share the information with all managers/heads of departments who in turn will cascade the information at appropriate local meeting.
- II. Annual report from ICT to go Trust Board.
- III. Surveillance reports on MRSA/C-diff will be presented to the Care Quality and Safety Group and Commissioning and Integrated Governance Committee by the Infection Control Lead and DIPC.
- IV. Reporting of outbreaks /adverse incidents through Datix incidents reporting system
- V. Compliance with MRSA Bacteraemia reporting as directed by STEIS.
- VI. Root cause analysis on all MRSA Bacteraemia and C-diff.

22. Training

- I. The education and training of staff is vital to the prevention and control of infection within clinical practice and other care environments. This should involve all levels and grades of staff, and where appropriate, visitors and the general public. Communication, education, training and audit is essential, to promote excellence in infection control.
- II. The training of Infection Control Link Professionals will be given priority, so that they can provide, support and facilitate education to their areas of practice. This will require full commitment and support from all their Managers.
- III. **Domestic services.** This group will be given a high priority for infection control training and will be expected to follow revised cleaning standards.
- IV. **Unregistered staff:** On-going participation in NVQ 3 teaching of infection prevention and control.
- V. **Infection Control Link Professionals:** 6 monthly meetings to update and inform all infection control link professionals across care Trust. Torbay and Southern Devon Health and Care NHS Care Trust is committed to giving them protected time to monitor standards and take part in auditing their area of work. They will feed back to their colleagues at their department meetings.
- VI. **Intravenous catheter, cannulation, venepuncture and aseptic technique training** is provided for professionals in the community by a community Clinical Skills Facilitator.
- VII. **Prescribers** The medicines management team will continue to support Hospital Doctors and General Practitioners with advice on cost effective prescribing of antibiotics, using the South Devon Joint Formulary.
- VIII. **Ongoing mandatory training for all staff:** Policy and guideline updates, hand washing, update on government initiatives. Certificates will be made available for staff who attend updates in training. These sessions are applicable to all health, social Care staff and independent contractors.

23. Monitoring and Auditing

Monitoring of standards or audits undertaken to monitor compliance

24. References

25. Equality and Diversity

- I. This document complies with the South Devon Healthcare Foundation Trust and Torbay and Southern Devon Health and Care NHS Trust Equality and Diversity statements.

26. Further Information

- I. Links to policies.
- II. Best Practice Information.
- III. Forms/Recording Documentation

- 27. **Appendices**
- 28. [Document Control Information](#)
- 29. [Mental Capacity Act and Infection Control Statement](#)
- 30. [Quality Impact Assessment \(QIA\)](#)

31. Document Control Information

This is a controlled document and should not be altered in any way without the express permission of the author or their representative.

Please note this document is only valid from the date approved below, and checks should be made that it is the most up to date version available.

If printed, this document is only valid for the day of printing.

Ref No:			
Document title:	Infection Control Policy		
Purpose of document:	Torbay and Southern Devon Health and Care NHS Trust provide a range of high quality health and social care for the local community of Torbay.		
Date of issue:	March 2010	Next review date:	January 2017
Version:	2.0	Last review date:	January 2015
Directorate:	Infection Control		
Equality Impact:	The guidance contained in this document is intended to be inclusive for all patients within the clinical group specified, regardless of age, disability, gender, gender identity, sexual orientation, race and ethnicity & religion or belief		
Committee(s) approving the document:	Care and Clinical Policy Sub Group Torbay and South Devon Health and Care NHS Trust		
Date approved:			
Links or overlaps with other policies:	All SDHCFT Trust Strategies, policies and procedure documents		

	<i>Please select</i>	
	Yes	No
Does this document have training implications? <i>If yes please state:</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Does this document have financial implications? <i>If yes please state:</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Is this document a direct replacement for another? <i>If yes please state which documents are being replaced:</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Document Amendment History

Date	Version no.	Amendment summary	Ratified by:
2007	1	Creation of document	Care and Clinical Policies Sub-Group
2012	2	Revised	Care and Clinical Policies Sub-Group
2014	3	Revised	Care and Clinical Policies Sub-Group

32. The Mental Capacity Act 2005

The Mental Capacity Act provides a statutory framework for people who lack capacity to make decisions for themselves, or who have capacity and want to make preparations for a time when they lack capacity in the future. It sets out who can take decisions, in which situations, and how they should go about this. It covers a wide range of decision making from health and welfare decisions to finance and property decisions

Enshrined in the Mental Capacity Act is the principle that people must be assumed to have capacity unless it is established that they do not. This is an important aspect of law that all health and social care practitioners must implement when proposing to undertake any act in connection with care and treatment that requires consent. In circumstances where there is an element of doubt about a person's ability to make a decision due to 'an impairment of or disturbance in the functioning of the mind or brain' the practitioner must implement the Mental Capacity Act.

The legal framework provided by the Mental Capacity Act 2005 is supported by a Code of Practice, which provides guidance and information about how the Act works in practice. The Code of Practice has statutory force which means that health and social care practitioners have a legal duty to have regard to it when working with or caring for adults who may lack capacity to make decisions for themselves.

“The Act is intended to assist and support people who may lack capacity and to discourage anyone who is involved in caring for someone who lacks capacity from being overly restrictive or controlling. It aims to balance an individual's right to make decisions for themselves with their right to be protected from harm if they lack the capacity to make decisions to protect themselves”. (3)

All Trust workers can access the Code of Practice, Mental Capacity Act 2005 Policy, Mental Capacity Act 2005 Practice Guidance, information booklets and all assessment, checklists and Independent Mental Capacity Advocate referral forms on iCare

http://icare/Operations/mental_capacity_act/Pages/default.aspx

Infection Control

All staff will have access to Infection Control Policies and comply with the standards within them in the work place. All staff will attend Infection Control Training annually as part of their mandatory training programme.

33. Quality Impact Assessment (QIA)

Who may be affected by this document?	Please select			
	Patient / Service Users	<input checked="" type="checkbox"/>	Visitors / Relatives	<input type="checkbox"/>
General Public	<input checked="" type="checkbox"/>	Voluntary / Community Groups	<input type="checkbox"/>	
Trade Unions	<input type="checkbox"/>	GPs	<input type="checkbox"/>	
NHS Organisations	<input checked="" type="checkbox"/>	Police	<input type="checkbox"/>	
Councils	<input type="checkbox"/>	Carers	<input type="checkbox"/>	
Staff	<input checked="" type="checkbox"/>	Other Statutory Agencies	<input type="checkbox"/>	
Others (please state):				

Does this document require a service redesign, or substantial amendments to an existing process?	<input type="checkbox"/>
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If you answer yes to this question, please complete a full Quality Impact Assessment.

Are there concerns that the document could adversely impact on people and aspects of the Trust under one of the nine strands of diversity?	Age	<input type="checkbox"/>	Disability	<input type="checkbox"/>
	Gender re-assignment	<input type="checkbox"/>	Marriage and Civil Partnership	<input type="checkbox"/>
	Pregnancy and maternity	<input type="checkbox"/>	Race, including nationality and ethnicity	<input type="checkbox"/>
	Religion or Belief	<input type="checkbox"/>	Sex	<input type="checkbox"/>
	Sexual orientation	<input type="checkbox"/>		

If you answer yes to any of these strands, please complete a full Quality Impact Assessment.

If applicable, what action has been taken to mitigate any concerns?	
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Who have you consulted with in the creation of this document? <i>Note - It may not be sufficient to just speak to other health & social care professionals.</i>	Please select			
	Patients / Service Users	<input type="checkbox"/>	Visitors / Relatives	<input type="checkbox"/>
General Public	<input type="checkbox"/>	Voluntary / Community Groups	<input type="checkbox"/>	
Trade Unions	<input type="checkbox"/>	GPs	<input type="checkbox"/>	
NHS Organisations	<input type="checkbox"/>	Police	<input type="checkbox"/>	
Councils	<input type="checkbox"/>	Carers	<input type="checkbox"/>	
Staff	<input type="checkbox"/>	Other Statutory Agencies	<input type="checkbox"/>	
Details (please state):				

34. Appendix 1

South Devon Healthcare NHS Foundation Trust and Torbay and Southern Devon Health and Care NHS Trust Joint Infection Prevention and Control Committee

Constitution and Terms of Reference

1. Title

The Committee shall be known as the Joint Infection Prevention and Control Committee (IPCC).

2. Strategy

To drive delivery of a South Devon Healthcare and Torbay and Southern Devon Health and Care Joint Infection Prevention and Control programme.

Obtain Assurances from the Divisions in SDHFT and Directorates/Zones in TSDHCT that this is performed.

3. Function

- a. Review annual reports and agree annual plans
- b. Monitor progress against annual plans and escalate significant risks to appropriate board(s)
- c. Review national guidance and statutory changes, and take appropriate actions
- d. To roll out and monitor trust wide / community-wide projects in infection control
- e. To develop, implement and monitor policies and procedures, taking the opportunity when due for review, to develop one policy across the health community
- f. To receive infection control reports and take / recommend appropriate actions. This includes;
- g. Surveillance
- h. Audit
- i. Incident reports
- j. Root cause analyses
- k. Training
- l. CQC Reporting
- m. Ensure there is a current Major Outbreak Plan as part of the health community contingency planning

3. Membership

The membership of the Infection Prevention and Control should include:-

- a) Director of Infection Control and Prevention / Executive Lead for both organisations;
- b) Lead Infection Control Nurses for both organisations;
- c) Non-Executive Director (either Trust);
- d) CCDC Public Health England or representative;
- e) Occupational Health Physician or Nurse;

- f) Representative of Medical Staff Committee;
- g) Patient Safety Lead or representative
- h) Representative Governor (service user);
- i) Antimicrobial Lead Pharmacists;
- j) Director of Estates and Facilities or representative(s);
- k) Care Home Representative
- l) Information / Performance analyst (either Trust)
- m) Quality and Safety Team for the CCG or representative

When required the following people will be invited

- a) Decontamination Lead;
- b) Clinical Specialties;
- c) Care Quality Commission Lead (on board of both organisations);
- d) AHP Representative;
- e) Others as appropriate;

4. Frequency of Meeting

The meeting will be bi-monthly commencing in March 2012.

For the committee to be quorate 60%, as a must including either a Director of Infection Prevention and Control / Executive Lead.

5. Distribution of minutes

Minutes will be distributed to members.

35. Appendix 2

IC Joint Infection Control Policies:

Anti- microbial Prescribing Policy

Blood Borne Viruses – (Hepatitis B, C, and HIV) and Staff: (Ref 0739)

CJD/TSE – Creutzfeldt-Jakob Disease (CJD) or any other Transmissible Spongiform Encephalopathy (TSE) - (Ref: 0673)

Cleaning policy

Clostridium Difficile – (0914)

Ebola: Viral Haemorrhagic Fever – (Ref: 1336)

Extended Spectrum Beta-Lactamase (ESBL) & Carbapenemase (0916)

Hand Decontamination – (Ref: 0239)

Infection Control Outbreak Action Plan for Clinical Areas (diarrhoea and/or vomiting) – (Ref: 0653)

Isolation of Patients with Infectious Diseases

Isolation Policy – General Principles of an Isolation Policy – (Ref: 0394)

Laundry Procedures

Legionella – Control of Legionellosis - (Ref: 0754)

Medical Devices Prior to Repair, Service or Investigation - (Ref: 0753)

MRSA - (Ref: 0396)

Needlestick & Contamination injuries to Healthcare workers – (0324)

Notification of Infectious Disease or Food Poisoning - (Ref: 0444)

Outbreak Action Plan - (Ref: 0761)

Outbreaks of Viral diarrhoea and/or vomiting managing of – (G0653)

Pest Control Policy

Safe Working Practice (including Personal Protective Clothing and use of Latex Gloves) - (Ref: 0514)

SARS - Severe Acute Respiratory Syndrome (Interim Guidance for the management of suspected or probable cases) - (Ref: 0688)

Transportation of Specimens - (Ref: 0589)

Tuberculosis - (Ref: 0395)

Water Coolers - (Ref: 0755)