

WIRRAL PRIMARY CARE TRUST INFECTION PREVENTION AND CONTROL

STRATEGY 2008 – 2011

First Issued by/date	Issue Version	Purpose of Issue/Description of Change	Planned Review Date
Wirral PCT	1	This Strategy replaces the Infection Control Management Policy for Bebington & West Wirral PCT and Birkenhead & Wallasey PCT.	April 2011
Named Responsible Officer:-		Approved by	Date
Director of Infection Prevention and Control		Infection Control Committee	18 June 2008
		PCT Board	8 July 2008
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Key Performance Indicator

1. Compliance with the Health Act 2006: Code of Practice for the Prevention and Control of Healthcare Associated Infection.
2. Compliance with the relevant Core Standards for Better Health.

Infection Prevention and Control Strategy 2008 – 2011

Background

Over the past two decades, health care associated infections (HCAI) have been identified as a significant risk to patient safety. This has a financial cost to the NHS and a physical, social, psychological and often financial cost to both patients and relatives. Awareness of the risk of healthcare interventions and the potential for acquiring an infection, in addition to the primary health care need, has increased both in the secondary and primary care environments.

In response to this increasing risk, the Department of Health (DH) has produced a range of guidance to support organisations in primary and secondary care to manage these risks:

- Getting ahead of the Curve – a strategy for combating infectious diseases (DH 2002)
- Winning Ways: working together to reduce HCAI in England (DH 2003)
- The National Programme for Decontamination – National Standards – Local Delivery (DH 2003)
- Saving lives: a delivery programme to reduce HCAI (Secondary Care) (DH 2005)
- The Code of Practice for the Prevention and Control of HCAI (DH 2006)
- Essential Steps to Safe Clean Care: Reducing HCAI (2006)
- Core Standards for Better Health (Healthcare Commission 2006)
- The Safe Management of Healthcare Waste (2006) Environment and Sustainability Technical Memorandum 07 – 01
- Clean, safe care: Reducing infections and saving lives (DH 2008)
- Going Further Faster II: applying the learning to reduce HCAI and improve cleanliness (DH 2008)

From October 2006, the Health Act was amended to include the Code of Practice for the Prevention and Control of Healthcare Associated Infections, (frequently referred to as the Hygiene Code) to ensure that the prevention of healthcare associated infections is embedded in all healthcare provided in the health economy. This legislation now forms the spine of all standards, assessments, policy and guidance issued to healthcare organisations.

The Healthcare Commission (HCC) is tasked with monitoring all NHS organisations in relation to core standards which incorporates the Code of Practice. The HCC will undertake announced and unannounced inspections as part of the monitoring process to assess compliance.

Purpose and Scope of the Strategy

The purpose of this strategy is to ensure that the PCT demonstrates its commitment to patient safety and compliance with the Health Act 2006. This strategy will help to ensure that effective infection prevention and control is embedded into the everyday practice of all provider, contracted and commissioned services and is applied consistently across the organisation. The strategy will establish ownership of infection prevention and control at all levels of the organisation from the Trust Board to individual clinicians providing healthcare. All staff have a duty to comply with best practice in infection prevention and as part of their job descriptions within PCT salaried staff.

To support the PCT, the Infection Prevention and Control Service will remain within the Provider Service arm but will have a dual function to support and monitor PCT provider and contractor services and also to provide specialist advice and support to the PCT Commissioning team.

This Strategy replaces the Infection Control Management Policy for Bebington and West Wirral PCT and Birkenhead and Wallasey PCT to reflect the wider responsibilities of the PCT through provider and commissioning functions.

Provider Services

The strategy will enable the delivery of infection control standards and ensure that safe practice is embedded in the culture of services and clinical teams, through robust performance management and development processes.

Ownership of infection prevention and control practice will be at both management and clinical levels. Compliance with the Code will be included in the Provider Service contract in 2008. Service Level Agreements will also include a requirement to comply with the Health Act 2006. MRSA bacteraemia rates will be monitored on a monthly basis by Commissioning; monitoring will be increased if there is an ongoing variance over the agreed trajectory. Compliance with the duties outlined in the Code of Practice will be monitored annually.

Commissioned and Contracted Services

The principles of this strategy will be included in services that are commissioned and contracted.

Wirral PCT is the Lead commissioner for:

- Wirral University Teaching Hospital NHS Foundation Trust (WUTH)
- Clatterbridge Centre for Oncology NHS Foundation Trust (CCO)
- Cheshire and Wirral Partnership NHS Foundation Trust (CWP)

The PCT will ensure arrangements are in place through the Service Level Agreements (SLAs) for rigorous performance management of levels of HCAI.

The PCT expects the Lead commissioning PCT for other Trusts with which it commissions care to monitor standards on Wirral PCT's behalf.

Independent contractors - the appropriate standards of the Code of Practice will be introduced into the appropriate quality standards via the GMS/PMS contracting process as new legislation is introduced. Self-assessments against the standards will be expected within GP practices. To ensure consistency, the assessment tool within Essential Steps to Safe Clean Care will be the expected process. Other Independent Contractors will use best practice guidance developed for these services. All services will also be required to meet any professional guidance and advice relating to HCAs as issued by their professional organisations.

Compliance with the principles of the Health Act will be included within accreditation standards contract for locally enhanced services, new NHS and non NHS services.

Secondary care services commissioned by the PCT have a duty to comply with the Health Act. The PCT will monitor performance by the contracting process and formal partnerships. These providers will be expected to have in place a programme or action plans to demonstrate progress towards meeting the standards and targets i.e. MRSA bacteraemias and Clostridium difficile cases in-patients over 2 years of age; agreed against key indicators and these will be monitored on a monthly basis.

The PCT will be notified of any reviews undertaken by the Healthcare Commission and of the findings of such reviews and will closely monitor subsequent action plans.

Partnership Working

This strategy sets out the arrangements, responsibilities and a plan for infection prevention and control within Wirral PCT for 2008 – 2011. This will include close communication and partnership working with:

- Wirral University Teaching Hospital NHS Foundation Trust (WUTH)
- Clatterbridge Centre for Oncology NHS Foundation Trust (CCO)
- Health Protection Agency (HPA) Cheshire & Merseyside Health Protection Unit
- Cheshire and Wirral Partnership NHS Foundation Trust (CWP)

Public Health

The PCT Health Protection Strategy (which will feed into the Health and Social Care Strategy) is currently under development. This will provide current and future direction of Health Protection for the Wirral Health Economy. The Infection Prevention and Control service are responsible for management and

control of communicable diseases (other than Tuberculosis) through contact tracing and outbreak management. However, as the overarching responsibility for communicable disease prevention and management lies with Public Health Directorate there will be ongoing partnership working to prevent duplication or omission between the three strategies. This Strategy will be reviewed and updated as required to ensure a seamless service.

Health Protection Agency (HPA) - Cheshire & Merseyside Health Protection Unit

Full clarity of the HPA's functions and responsibilities will be provided by a new framework specification "Forward thinking, Future Working". This document will identify local and regional HPA service provision for 2007 – 2010. Publication is expected spring 2008.

The HPA currently:

- Supports the commissioning role of PCT's
- Ensures that all parts of the country are served by resilient, skilled and nationally quality-assured health protection teams and have access to microbiology and environmental hazards services that meet the needs of the PCT as a local stakeholder.
- Ensures that Health Protection Specialist/Consultant response and support is available to the PCT twenty four hours a day, seven days a week.

Strategy for Infection Prevention and Control

Key Actions to be implemented during 2008 – 2011. Progress with these actions will be monitored by the Board.

Strategic responsibilities:

Wirral PCT is required to assure itself that all commissioned services are achieving:

- Compliance with the Health Act 2006.
- Compliance with the appropriate Core Standards for Better Health and NHSLA risk management standards.
- Appropriate governance arrangement and lines of accountability and reporting mechanisms for infection prevention and control at strategic and operational level.
- Compliance by WUTH to ensure that Department of Health requirements are met; which currently include trajectory figures for the reduction of MRSA Bacteraemia and Clostridium difficile, as per agreed local Targets.
- Root Cause Analysis for all MRSA bacteraemias identified from primary and secondary care.

- Provision of cleaning services for all PCT premises which work to the appropriate National Cleaning Standards
- Inclusion of compliance with the Code of Practice in all provider SLAs.
- Inclusion of infection prevention and control in all job descriptions at all levels of the organisation.

Provider services responsibilities:

- Implementation of 'Essential Steps to Safe Clean Care' into clinical practice
- Implementation of Community Clean Your Hands campaign
- Work with key infection prevention and control staff in the completion of a Root Cause Analysis for a pre 48 hour MRSA bacteraemia associated with their service.
- To report pre 48hour MRSA bacteraemias as serious and untoward events.
- Maintain close working relationships with the Infection Prevention and Control Team for the development and management of all existing and new facilities, builds and services.
- To advise and work with the decontamination lead to ensure that the risks associated with reusable equipment are minimised.
- Work closely with infection control, health and safety, governance and risk management teams to ensure that service and practice HCAI risks are assessed, recorded and minimised.
- Reporting of HCAI related clinical incidents through appropriate channels.
- Work closely with infection control in the audit of policies and practice with a potential for HCAI, and the development of remedial treatment plans where required.
- Participate actively in the Infection Control Committee and the development of service action plans to address the code of practice.
- Provision of timely reports to relevant groups and the Director of Infection Prevention and Control as required.
- Ensure all staff involved in patient care or treatment receives appropriate training in infection prevention policies and practice on commencement with the PCT and every 2 years following this.
- Inclusion of infection prevention and control in all personal development reviews.

Policy Development and Implementation

- Key policies and procedures should be reviewed and implemented on a set timescale and in light of new and relevant research.
- Policies for PCT Services and General Practice to be combined to ensure consistent standards and information.

Audit

- Development of a rolling programme of audit of compliance with Infection control policy and practice.
- Monitoring of audit programme through governance structure.
- Primary care providers i.e. General Dental Providers and General Practice are currently consulting on an appropriate audit process for practices which will be in line with their governance structures.

Risk Assessment and Management

Patients have a right to clean safe treatment wherever and whenever they are treated by the NHS (DoH Clean Safe Care: Reducing Infections and Saving Lives, January 2008). Whilst people are most likely to acquire a HCAI during treatment in a secondary care hospital, they can also occur in primary care, anywhere that people are receiving clinical procedures; clinics, surgeries, patients own home or care home. Patients are discharged from secondary care faster and interventions are increasing in complexity and diversity, risk to the patient is increasing. Staff are also at risk of HCAs as more invasive procedures are performed in primary care.

Ensuring the risk of healthcare associated infection (HCAI) is conducted and recorded at all levels of the PCT, with risk reduction strategies identified where required. This will be achieved by:

- Risk Management Strategy
- Risk Assessment for the Prevention and Control of HCAI Guidance
- Inclusion in the corporate risk register
- Risk assessment of all clinical provider services (Appendix A)
- Training on local HCAI risk assessment process given in training.
- Procedure assessment for clinic based care
- Patient risk assessment for home care
- The development of the risk assessment process throughout General Practice and General Dental Practice.
- Monitoring of infection control risks reported through incident reporting system
- Monitoring of community associated MRSA bacteraemias through governance as an untoward incident.

Antibiotic Prescribing Management

Antibiotic prescribing management steps are taken to engage prescribers in the rational and cost-effective use of antibiotics by primary care prescribers. The overall aim is to reduce the emergence of antibiotic resistance and reduce the risk of inappropriate prescribing precipitating health care associated infections, such as *Clostridium difficile*. The Medicines Management Team monitors prescribing and provides a range of support:-

- provision and annual update of primary care anti-microbial guidelines
- educational strategies supported by the Microbiology Department at WUTH
- audit and prescribing analysis to promote adherence to the primary care guidelines
- provision of patient information materials to utilise during consultations
- participation in public campaigns to influence patient expectation and increase awareness of the risks of unnecessary antibiotic prescribing

Education and Training

An essential step in protecting patients and staff from HCAI means that all healthcare staff undertake procedures correctly every time for every patient, in every healthcare setting. The PCT has a responsibility:

- To ensure infection prevention and control is part of the organisation's mandatory training and induction programme.
- To ensure there is a system in place to provide training to new starters in contracted services and mandatory updating.

Patient and Public Information and Education

- To ensure information is available to patients and the public on the PCT's commitment to health care associated infection prevention, outlining the methods by which this will be achieved.
- To ensure information is available to patients and the public on common infections including health care associated infections e.g. MRSA, Clostridium difficile.
- To ensure information is available through different communication mediums e.g., paper based, internet, person to person.

PCT Structures

Governance Arrangements:

- The PCT will ensure that there are robust governance arrangements in place with delegated responsibility and accountability to ensure that the strategy is implemented.
- Prevention of HCAI infections will be identified in all PCT key documents, plans and agreements e.g. PCT Operational Plan, Provider Service Level Agreements.

Director of Infection Prevention and Control (DIPC):

This is a Senior Clinician, currently the Medical Director for Salaried Services.

- Duties of the PCT DIPC are clearly identified in the Job Description
- The PCT DIPC reports directly to the Chief Executive and has direct access to the Board
- Is responsible for the Infection Prevention and Control Team within the PCT
- Is an integral member of the PCT's governance and patient safety structure
- Oversees the implementation of infection prevention and control action plans and policies.
- Has authority to challenge behaviour which is not consistent with the provision of safe clean care within the PCT.
- Produces an annual report which is available to the public on the PCT's progress towards compliance with national standards and targets; annually presenting this to the Board for ratification.
- Oversees HCAI prevention and control in commissioned and contracted services.

Infection Prevention and Control Team:

A nurse led service consisting of 3 WTE Infection Prevention and Control Specialists. Duties include:

- The monitoring of infection, prevention and control practices across PCT provider services and contracted services.
- Acting as specialist advisors to PCT provider services, commissioned services and other health and social care providers in the Wirral health economy.
- Lead the root cause analysis process for all pre 48hour MRSA bacteraemias within the Wirral health economy and ensure results are reported through the appropriate governance system.
- Provide the specialist knowledge for induction and training across the health economy where appropriate.
- To co-ordinate outbreak management to PCT providers, contracted services and other health and social care providers.
- To co-ordinate communicable disease control in conjunction with the HPA.
- Overseeing the audit rolling programme, ensuring adequate and timely feedback to services where appropriate.

Infection Prevention Champions PCT Provider Services:

Duties include:

- Representation of service at the Infection Control Committee.
- Responsible for ensuring completion of service and procedure risk assessments.
- Report any outstanding service/procedure HCAI risk assessment issues.
- Responsible for ensuring service action plan is completed to achieve compliance with Code of Practice.

Infection Control Committee:

- Oversee the implementation of the strategy and Code of Practice and all overarching infection control business for provider and contractor services.
- Make decisions on all infection control issues and adverse incidents.
- Provide advice to the infection control team, DIPC and the PCT Board.
- Report anonymous audit findings, adverse incidents and quarterly updates to the Integrated Governance Committee, Corporate Directors Group (CDG) and the Board.
- Ratifies PCT Infection Prevention and Control Policies and Guidance.
- Reports to the Patient Safety and Learning from Experience Group.

Lead Manager for Cleaning:

- Oversee the SLA for cleaning services to the PCT.
- Ensure contracted service work to the National Patient Safety Association (NPSA) Specifications for Cleanliness in the NHS for community services when published (Summer 2008).
- Update the Infection Control Committee of results of standards monitoring.
- Ensuring patients and public are aware of cleaning standards and frequencies in PCT clinical areas.

Lead Manager for Decontamination

- Oversee the completion of the Decontamination Strategy.
- Provide quarterly updates to the Infection Control Committee.

Delivery of the Strategy

This will be through:

- **The Infection Control Programme**

The PCT Board will evaluate the effectiveness of Infection Control Systems annually through the Infection Control Annual Report and the Action Plan.

- **PCT Business Planning Processes**

Successful delivery of this strategy requires strong and effective communication at all levels of the organisation ensuring all staff are aware of their responsibility within this strategy.

- **Essential Steps to Safe Clean Care Programme**

- **Training and Education**

Ensuring staff have an informed level of knowledge to prevent and manage HCAI and ensuring that practical skills are assessed and not assumed. These processes will increase workforce risk awareness and infection prevention practice. This will ensure the PCT has a highly skilled workforce providing safe, clean care.

- **Risk Assessment**

Ongoing assessment of HCAI risk assessment conducted by all clinical provider services for current and new healthcare demonstrating risk reduction strategies where possible.

- **Infection Control Team**

The Infection Control Team is integral to the successful communication, delivery and review of the strategy and will be responsible for providing support and guidance to assist with compliance, identifying and reporting areas of non-compliance and identifying and alerting the PCT to changing priorities if and when necessary.

- **Provider and Contracted Services**

Inclusion and ownership of this strategy within provider services is essential for successful outcome.

- **Antibiotic prescribing management and monitoring**

The Medicines Management Team has a key role in providing ongoing monitoring and provision of educational support to promote rational antibiotic use and reduce risk of healthcare associated infections.

- **Ongoing PCT performance monitoring**

Monitoring of MRSA and Clostridium difficile rates and associated action plans for the PCT and WUTH as directed by the Department of Health, PCT provider and contractor services training attendance. Satisfactory external performance monitoring reports e.g. NHSLA, Health Care Commission.

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Appendix A

Risk Assessment for the Prevention and Control of Healthcare Associated Infections (HCAI) Guidance.

Introduction

Any infectious agent acquired by a patient through health care treatment or by a healthcare worker through their healthcare duties is a healthcare associated infection. Effective prevention and control of infectious agents must be embedded into everyday practice and applied consistently. Crucial to this is the identification of risk in healthcare practice and the adoption of measures to remove or control such risks. As with any risk assessment process these risks must be recorded, acted on and monitored to ensure high standards of infection prevention in practice.

Guidance Aim

The aim of this guidance is to assist PCT services in the risk assessment process for PCT healthcare services, healthcare environments and specific procedures for health care associated Infections (HCAI).

Independent contractors are responsible for the management of risks within their practice. To support them in this duty this guidance is available as an example of best practice.

Guidance outcome

All PCT services will conduct risk assessments of their service. Risk assessments of clinical care environments and specific procedures will be performed according to the risks identified in the service risk assessment.

Target group

All PCT clinical services

Shared as best practice with Independent General Practices and General Dental Practices.

Cross reference related PCT policies

- HS9 Risk Assessment Policy
- GP5 Risk Management Strategy
- GP26 Wirral PCT Infection Prevention and Control Strategy (in draft)

Background

The PCT has a legal requirement through the Health Act 2006 to assess the risks of patients acquiring health care associated infections and to take action to reduce or control such risks. The PCT has a duty to ensure that it has:

- a. made suitable and sufficient assessment of the risks to patients in receipt of healthcare with respect to HCAs;
- b. identified the steps that need to be taken to reduce or control those risks;
- c. recorded its findings in relation to (a) and (b);
- d. implemented the steps identified; and
- e. have 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 HCAs.

Duty 3, Health Act 2006.

Compliance with this duty will be through Healthcare Standards Assessment and monitoring by the Healthcare Commission.

HCAI Risk Management Processes

HCAI risk can be managed through the following systems:

- Risk Management Strategy
- Risk registers

The risk of healthcare associated infection to the organisation as a provider of healthcare services can be assessed through:

- Corporate risk register
- Service risk register for those services providing or supporting clinical care

These must be completed by the Service Lead and reviewed on a regular basis.

- Service assessment

All services must perform an overall risk assessment for the potential of healthcare associated infection occurring and determine generalised risk reduction strategies following standard infection control practice identified in the Infection Control Policies.

Service risk assessment can be conducted using the documentation and process in HS9 Risk Assessment Policy. The following examples may aid completion.

Hazards:

Procedures/treatments performed in a service where cross infection to patients, staff, contractors, visitors etc could occur i.e. direct patient contact, contact, invasive procedures, use of sharps, production of hazardous waste, multi use of equipment etc.

Risks:

What risks could occur if the hazards above were not addressed i.e. healthcare associated infection.

People at risk:

This might be Community Nurse, Physiotherapy assistant, Decontamination Operative, Patient, General Public, Domestic etc.

Current control measures:

This might be use of policies and/or procedures, attendance at training, provision of hand wash facilities, competency training in aseptic technique, competency training in hand decontamination technique, use of sterile single use equipment, decontamination of equipment between patients etc.

- Clinic/Procedure assessment

Health care provided in a primary care environment is conducted in a variety of individual clinic settings.

Where a service provides an individual procedure on a large scale these procedures must be individually assessed for HCAI practice i.e. leg ulcer treatment, continence assessment clinics, coil fitting, removal of toenails, etc

Staff working in these environments must risk assess their working environment and practice using the generic risk assessment form in HS9.

Appendix A is a risk assessment tool for HCAI which may assist completion for these environments.

Appendix B is a summary sheet of the actions identified in the proforma for any procedures or treatment areas with moderate to high risks, use of this form is optional.

- Individual patient assessment/procedure assessment in a non clinic environment

Risk assessment for HCAI must be conducted on the first patient contact following the documentation in HS9 Risk Assessment Policy for care provided in the home environment.

Suggested risk reduction methods that can be used to minimise the risk of health care associated infections.

- All staff providing clinical care should be educated about standard principles and trained in hand decontamination, the use of protective clothing and the safe disposal of sharps.
- Hands must be decontaminated immediately before each and every episode of direct patient care and after any activity or contact that could potentially result in hands being decontaminated.
- If hands are visibly soiled use liquid soap and water, if not alcohol-based handrub may be used.
- Use of an effective handwashing technique, involving three stages: washing, rinsing, drying.
- Bare below the elbow and removal of hand and wrist jewellery when performing clinical duties (wedding band may remain).
- Cover cuts and abrasions with waterproof dressings.
- Keep fingernails short and free from false nails and nail polish.
- Use of gloves for invasive procedures, contact with sterile sites and non intact skin, exposure to blood and body fluids, secretions or to contaminated instruments.
- Use of protective plastic aprons when there is a risk that clothing may be exposed to blood, body fluids, secretions or excretions (with the exception of sweat).
- Plastic aprons and gloves should be worn as single use items.
- Decontamination of equipment and medical devices by a method appropriate to the contamination risk between each use.

New or redesigned service provision and/or premises

Risk assessment for HCAI must be completed for all new or redesigned services or premises as part of the planning process. Guidance for the healthcare environment can be found in NHS Estate Technical Memorandums and guidance.

Governance arrangements

Progress with HCAI risk assessments and any action plans developed from these will be monitored by the Infection Control Committee.

Any high risk practices which cannot adequately be managed should be reported for consideration by the infection control committee.

If risks cannot be minimised they should be recorded in the PCT Service risk register.

Training

Training in risk assessment is identified in the PCT Training Manual.

Audit

Risk assessments will be monitored as part of the Infection Control rolling programme of audit.

Specific responsibilities

Service managers are responsible for ensuring that HCAI is included in their risk register and that appropriate risk assessments for HCAs are completed and reviewed annually or earlier if there are changes to a service or premise.

It is the responsibility of the healthcare worker to identify to the service manager any unidentified HCAI hazards or practices for risk assessment and management.

References

Department of Health (2006) the Health Act 2006: Code of Practice for the Prevention and Control of Healthcare Associated Infections. London. DH Crown Copyright.

NHS Estates (2002) Infection Control in the Built Environment – design and planning. The Stationary Office.

Glossary of terms

HCAI - Any infection to which an individual may be exposed or made susceptible to, or more susceptible to, where the risk of exposure or susceptibility is directly or indirectly attributable to the provision of the health care. The individual who may be at risk may be the individual receiving care or the healthcare worker.

List of those consulted in drafting process

Risk Management

Infection Control Committee

Appendix A: Proforma 1: Risk assessment of infection prevention and control practice in a clinic environment – care is given in a manner which will reduce the potential for healthcare associated infections

Clinical area:		Service:	Procedure:	
Date of first assessment:			Date of second assessment:	
High risk practice Tick where high risk practice is found	√	Suggested risk reduction method	Comments/revised score Tick if high- risk practice remains unchanged	√
Lack of adherence to clinical dress code by staff i.e. wearing jewellery, nail polish, watches, forearms covered when performing a clinical procedure.		Provide copy of PCT Dress Code Guidance		
Healthcare grade liquid soap, paper towels and alcohol handrub not available		Ensure supplies are provided by an appropriate route		
Hand decontamination not performed before and after each episode of patient contact or activity which could result in hand contamination		Reinforce and audit policy		
Effective hand decontamination technique not followed		Arrange training with clinical facilitators. Ensure posters on appropriate technique are visible for staff		
Protective clothing not changed between patients		Reinforce and audit policy		

Clinical area:		Service:	Procedure:	
Date of first assessment:			Date of second assessment:	
High risk practice Tick where high risk practice is found	√	Suggested risk reduction method	Comments/revised score Tick if high- risk practice remains unchanged	√
Aseptic technique not followed		Arrange training with clinical facilitators		
Sharp items not disposed of immediately after use into the correct container		Reinforce and audit policy		
Use of individual patient prescribed products between patients		Treatments for prescribed patient only		
Single use equipment reused		Reinforce and audit policy		
Equipment/medical devices not decontaminated between patients		Review appropriate decontamination procedures for equipment are known and followed		
Total number of high-risk practices identified in baseline assessment			Total number of high-risk practices remaining after risk reduction initiatives	

Appendix B: Proforma 2: Risk assessment summary for high risk procedures/clinics

Provider Service:								Date:	
Risk Factors									
Clinic/procedure	Dress code	Hand decontamination	Protective clothing	Aseptic technique	Sharps	Multi use products	Decontamination	Risk reduction method(s)	Revised score
Risk assessment undertaken by:									