NHS
Shetland

Shetland NHS Board

Communicable Disease Control Policy

Version	Version 4
Completion date	May 2015
Review date	May 2017
Approved by	Control of Infection Committee
	Clinical Governance Committee

NHS SHETLAND DOCUMENT DEVELOPMENT COVERSHEET*

Name of document	Communicable Disease Control Policy
Registration Reference Number	**New** ☐ **Review** /☐
Author	Dr Sarah Taylor, DPH
Executive Lead	Director of Public Health

Proposed groups to present document to:	
Infection Control Team (ICT)	
Control of Infection Committee (CoIC)	
Clinical Governance Committee (CGC)	

Date	Version	Group	Reason	Outcome
05.06.12	2	ICT	For comment PI / PO	Agreed
11.06.12	2	CoIC	For agreement PRO	Agreed
10.04.13	3	ICT	For comment PI / PO	Agreed
01.05.13	3	CoIC	For agreement PRO	Agreed
30.04.13	3	CGC	For agreement PRO	Agreed
29.07.14	4	CGC	For agreement PRO	
01.05.14	4	ICT	For agreement PRO	Agreed
07.05.14	4	COIC	For agreement - changes only to Annex, no need to refer on to CGC	Agreed
20.05.15	4	ICT	For agreement PO	Agreed

Examples of reasons for presenting to the group	Examples of outcomes following meeting
• Professional input required re: content (PI)	• Significant changes to content required – refer to Executive Lead for guidance (SC)
• Professional opinion on content (PO)	• To amend content & re-submit to group (AC&R)
• General comments/suggestions (C/S)	• For minor revisions (e.g. format/layout) – no need to re-submit to group (MR)
• For information only (FIO)	• Recommend proceeding to next stage (PRO)

*To be attached to the document under development/review and presented to the group

Please record details of any changes made to the document on the back of this form

DATE	CHANGES MADE TO DOCUMENT
04.06.12	Updated from previous version (2011 updated from 2008) re roles and responsibilities, organizational changes and national policy context.
11.06.12	Abbreviations list corrected
13.06.12	Document development coversheet finalised
02.04.13	Updated from previous version to take account of National Infection Prevention and Control Manual and updated Standard Operating Procedures, and changes in local roles – ICM and ICD.
24.04.13	Updated Facilities Manager to Hotel Services Manager
12.04.14	Update from previous version to take account of National Infection Prevention and Control Manual and updated Transmission Based Precautions (Chapter 2) and changes in hospital Structure
20.05.15	Updated Infection Control Nurse and Public Health Team roles and responsibilities in Annexe. Approved at CoIC, no need to re-approve at CGC.

Introduction

This policy is written to govern the control of communicable disease threats to Shetland.

Communicable disease or infection control covers a wide spectrum of activities. These range from preventing patients picking up infections when they come into hospital or into contact with health services ('healthcare associated infections' or HAI), to controlling outbreaks of infectious diseases, such as food poisoning, in the community. A number of people have key and specific responsibilities in Shetland, and these are laid out in this policy with more detail included in Annexe 1.   Overall management of the work programme is co-ordinated by the Infection Control Team (ICT) reporting to the Control of Infection Committee. Surveillance and incident / outbreak control is led by the Director of Public Health (DPH). The Director of Nursing and Acute Services acts as HAI Executive Lead with overall responsibility for HAI related infection control and prevention. The Decontamination and Infection Control Manager co-ordinates the HAI agenda in conjunction with the Infection Control Team. The DPH (and in her absence the Consultant in Public Health Medicine) acts as the Board's Infection Control Doctor, with advice from NHS Grampian Microbiologists as appropriate. Many others are involved in infection control activities, including NHS clinical staff, cleaning staff and the Estates Department, and the Shetland Islands Council's Environmental Health Department.

The detailed procedures of control, as set out in published best practice and in compliance with national legislation and guidance in the form of the National Infection Control Manual, are collated in the Board's Infection Control Manual, of which this policy forms the first chapter. The contents of the Manual including the list of local procedures and related plans can be found on page 4.

National policy

Policy and practice on communicable disease control within Shetland NHS Board is governed by national Scottish Government legislation and policy; and the professional guidance and specialist expertise of Health Protection Scotland (HPS) - a division of NHS National Services Scotland.
Relevant national policy and guidance includes but is not limited to:
- Health Improvement Scotland (HIS) standards on Healthcare Associated Infection (HAI);
- the work of the Scottish Government's Healthcare Associated Infection Taskforce (HAI) and guidance on the prevention and control of Healthcare Associated Infections;
- HPS National Infection Control Manual which consists of practical procedures governing Standard Infection Control Precautions;
- Infection Control: Organisational Issues Guidance HDL(2005)8 which provided guidance on organisational aspects in relation to infection control within the NHS in Scotland, including spelling out the responsibilities of Chief Executives and introducing the role of Infection Control Manager;
- Elements of the Scottish Patient Safety Programme (SPSP) which takes service improvement methodology into different areas of healthcare and includes a workstream on the prevention and management of sepsis;
- Guidance on the role of the DPH, and on the roles and responsibilities of Incident Control Teams in the management of incidents presenting actual or potential risks to the public health;

- key legislative responsibilities, including statutory notification of Infectious Diseases and Port Health duties;
- Guidance on the control and management of specific diseases including tuberculosis (TB), legionnaires disease, MRSA and Clostridium difficile.

This policy will be updated every three years, or sooner in line with national guidance and developing best practice.
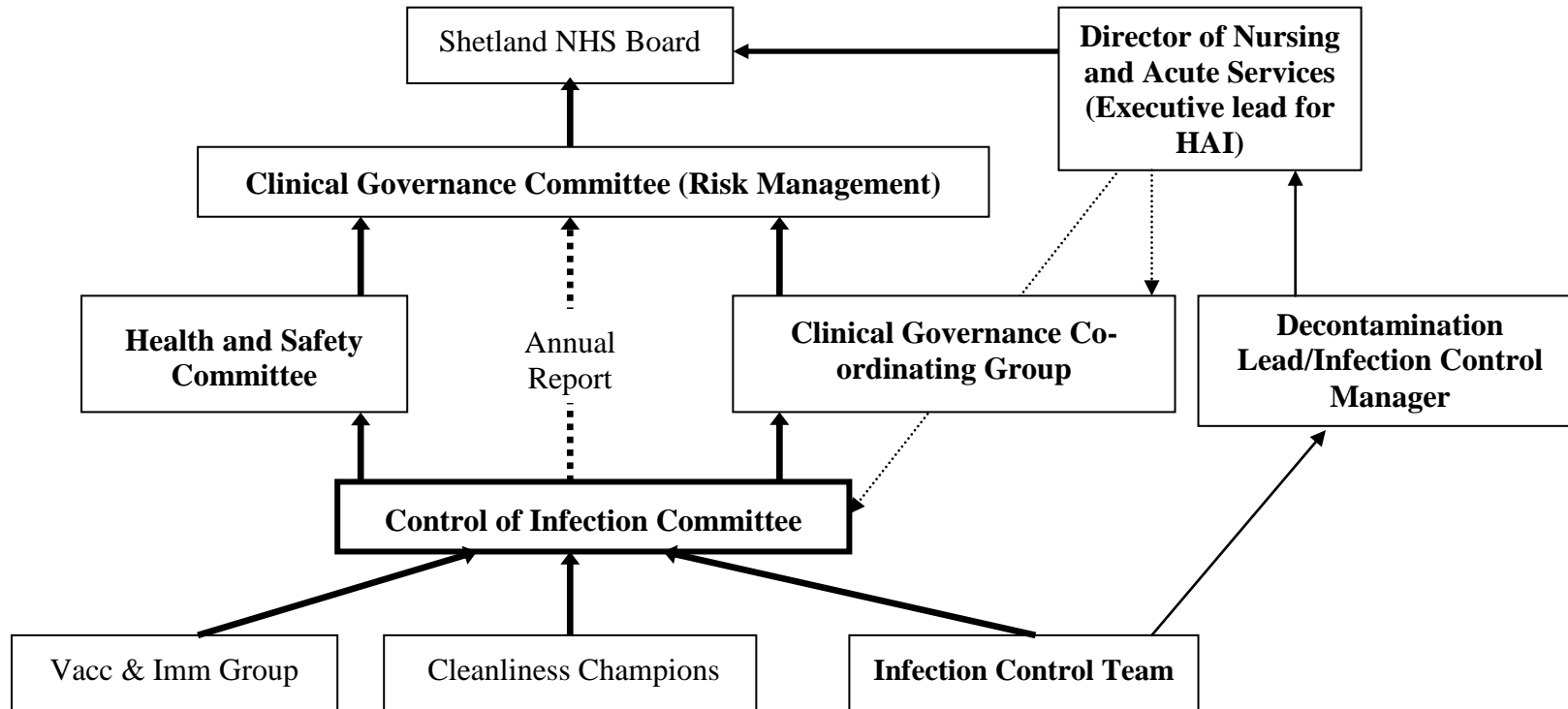
Communicable Disease Control Governance and Accountability

The Control of Infection Committee (CoIC) acts as the central committee to oversee all infection control issues within Shetland NHS Board.

The remit of the committee is:
- To review and provide advice on Shetland wide infection control strategies and policies within the service
- To facilitate collaboration and co-ordination between different health service sectors, Shetland Islands Council and other agencies and to liaise with neighbouring NHS Board Control of Infection Committees
- To provide advice and support to the ICT and to assist the HAI Executive Lead and Infection Control Manager, and the Director of Public Health in providing advice to hospital and community services
- To endorse the annual infection control programme prepared by the ICT
- To prepare an annual report for the Board, presented through risk management and clinical governance channels to the Clinical Governance Committee

The Control of Infection Committee reports regularly (and also in the event of a significant incident or outbreak) via the Clinical Governance Coordinating Group and Health and Safety Committee to the Clinical Governance Committee. The Clinical Governance Committee is the Board appointed Committee for health and safety and clinical governance matters in NHS Shetland. The Control of Infection Committee receives reports from the Control of Infection Team, and also a direct report in the event of a significant incident relating to infection control, or outbreak.

Shetland NHS Board		**Director of Nursing and Acute Services (Executive lead for HAI)**

Clinical Governance Committee (Risk Management)

Health and Safety Committee	Annual Report	**Clinical Governance Co-ordinating Group**	**Decontamination Lead/Infection Control Manager**

Control of Infection Committee

Vacc & Imm Group	Cleanliness Champions	**Infection Control Team**

The Committee's membership is detailed in its Annual Report
http://www.shb.scot.nhs.uk/healthcare/shetlandwide/publichealth/infectioncontrol.asp, as is
its work programme which includes activities on:

- surveillance
- training
- policy and procedure development
- prevention of healthcare associated infection
- audit

Roles and Responsibilities

Director of Public Health (DPH)
The Director of Public Health has responsibility for the public health function which includes
lead responsibility for health protection: the surveillance of and response to incidents and
outbreaks of communicable diseases in Shetland. The DPH is supported by the Department
of Public Health, and by the Infection Control Team, and as Infection Control Doctor, works
closely with the HAI Executive Lead and Infection Control Manager on HAI related issues
and infection control in the hospital setting. The Department provides professional support
and advice on the range of health protection matters including on-call arrangements for 24
hour cover. Surge capacity arrangements for sustained response to major incidents are in
place via a Memorandum of Agreement with neighbouring Boards within the North of
Scotland. The DPH will also be responsible for, in collaboration with other members of the
team, instituting major incident or outbreak procedures in line with Shetland's Major
Emergency Procedures and Emergency Plan if necessary.

Infection Control Team (ICT)
The Infection Control Team is a multi-disciplinary group with representation from public
health, infection control, occupational health, and microbiology. It is responsible for:

- infection control measures;
- surveillance;
- professional advice, training and support;
- incident and outbreak identification and management.

HAI Executive Lead
The HAI Executive Lead is the Director of Nursing and Acute Services and has overall
responsibility for healthcare associated infection control and prevention within NHS
Shetland. This includes reporting on HAI performance to the Board, and responsibility for
ensuring that systems are in place and monitored to support good infection control
practices.

Decontamination Lead/Infection Control Manager (ICM)
 The Infection Control Manager, as the specifically appointed senior manager with
responsibility for co-ordinating the HAI agenda in conjunction with the Infection Control
Team, as well as day to day operational management of infection control in the healthcare
setting with a particular focus on hand hygiene, decontamination, cleaning standards and

antimicrobial prescribing.   The ICM is also responsible for development, review and monitoring of compliance with HAI related policies and procedures; and organisational HAI risk assessment.

Infection Control Nurse
The Infection Control Nurse is responsible for policy and procedure development and monitoring including regular audit work, for delivering training and education, and for infection control advice for individual patient management.

Medical Director
The Board's Medical Director acts as lead clinician for antimicrobial management across hospital and community services.

Cleanliness Champions
The Board trains Cleanliness Champions who undertake infection control activities within their area of work including raising awareness, ensuring compliance with infection control procedures, training and promoting best practice.

 A number of other staff hold specific and specialist roles in infection control including other members of the Infection Control Team whose responsibilities are set out in Annex 1 along with the remit of the Infection Control Team.

Vaccination and Immunisation

The Board will deliver programmes of vaccination and immunisation for protection against specific infections in line with national guidance. A local Vaccination and Immunisation Group, chaired by the Board's Immunisation Co-ordinator (the Consultant in Public Health Medicine), will co-ordinate the programmes, reporting to the Control of Infection Committee.

Incidents, Outbreaks and Major Emergencies

The control of incidents, outbreaks and major emergencies arising from communicable diseases will be managed in line with local plans written to conform with national guidance such as the Foodborne Disease Outbreak Plan, the Pandemic Flu Plan, the Water Incident Plan and the Hospital Emergency Plan.

Communication and Participation

Board policy and procedures in relation to communicable disease control will be publicised via the Board's web-site, and in materials made available to the public, patients and staff in appropriate formats in line with the Board's Communications Policy. They will be developed, revised and implemented with the involvement of the public in line with the Board's strategy on Patient and Public Participation.

Key terms and abbreviations

Communicable Disease Control (CDC)
Control of Infection Committee (CoIC)
Director of Public Health (DPH)
Healthcare Associated Infection (HAI)

Health Protection Scotland (HPS)
Infection Control Manager (ICM)
Infection Control Team (ICT)
Health Improvement Scotland (HIS)
Tuberculosis (TB)

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INFECTION CONTROL TEAM

REMIT

The Infection Control Team (ICT) will be operationally responsible for:

- Infection control measures,

- Surveillance,

- Professional advice, training and support,

- Incident and outbreak identification and management.

RESPONSIBILITIES

The Infection Control Team has the following specific responsibilities:

- To prepare an annual infection control work plan, endorsed by the Control of Infection Committee.

- To co-ordinate surveillance of healthcare associated infection including MRSA and MSSA bactereamias, clostridium difficile and surgical site infections.

- To provide advice on infection control issues in the hospital and community.

- To manage outbreaks and other infection control incidents under the leadership of the DPH.

- To advise the service on the development of policies, procedures and guidelines relating to the control of infection, including engineering and building services, and the purchase of medical devices / equipment.

- To advise directly provided services, and the contracting process for contracted out services, on all aspects of infection control including cleaning, laundry, clinical waste, catering.

- To support Cleanliness Champions to undertake infection control activities within their clinical areas.

MEMBERSHIP

- Director of Public Health, acting as Consultant in Public Health Medicine: Communicable Disease and Environmental Health -   CPHM (CD&EH),

- Public Health Nurse

- Infection Control Nurse

- Executive Lead for HAI (Director of Nursing and Acute Services)

- Decontamination/Infection Control Manager

- Laboratory Representative

- Head of Estates

- Chief Nurse (Acute and Specialist Services)

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- Hospital Manager

- Chief Nurse (Community Health and Social Care Directorate)

- Dental Nurse

- Consultant in Public Health Medicine (CPHM)

- Occupational Health Nurse

Secretarial support will be provided by Shetland NHS Board.

Other members will be co-opted as necessary, for example:

- Senior charge nurses / other senior nurses

- Other medical staff

- Consultant Microbiologist (link from NHS Grampian as necessary)

- Other occupational health staff,

- Colleagues from SIC environmental services.

The team will seek the appropriate advice and support to fulfil its functions, including for example the services of the local environmental health service, occupational health service, and Health Protection Scotland (HPS).

ACCOUNTABILITY

The Control of Infection Team will report regularly, and also in the event of a significant incident or outbreak, to the Control of Infection Committee (CoIC), and via the appropriate risk management routes through the Health and Safety Committee and Clinical Governance Coordinating Group, to the Clinical Governance Committee. The Clinical Governance Committee is the Board appointed Committee for health and safety and clinical governance matters in NHS Shetland.

The DPH, Infection Control Manager, Infection Control Nurse, CPHM and Public Health Nurse will all have specific reference to infection control responsibilities in their job descriptions. All members of the ICT will have reference to their infection control responsibilities included in their Personal Development Plans.

MEETINGS

The Infection Control Team will meet regularly on a six weekly basis.

The ICT will also meet as necessary to manage specific issues, including outbreaks of infectious diseases. The nature of the meeting will depend on the situation and could range from a telephone discussion through to a formal Incident / Outbreak Management Team.

MANAGEMENT OF INCIDENTS / OUTBREAKS

In the event of an incident / outbreak, the team will be chaired by the CPHM or DPH, who will be responsible for designating an outbreak or significant incident. The CPHM or DPH

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will also be responsible for, in collaboration with other members of the team, instituting major incident or outbreak procedures in line with Shetland's Major Emergency Procedures and Emergency Plan if necessary.

The ICM will deputise for the CPHM or DPH in their absence.

Senior management support in addition to the core team will be made available as necessary, including out of hours in an emergency via the Senior Manager on-call rota.

Other appropriate senior staff will be co-opted onto the team depending on the nature of the incident (for example, the Assistant Director of Nursing (Hospital) would be involved if there was an outbreak in the hospital).

Appropriate IT and audit support will be made available when necessary.

OUT OF HOURS / 24 HOUR SERVICE

The first point of contact for out of hours advice is the on-call Consultant in Public Health Medicine via Gilbert Bain Hospital switchboard. Public Health cover is available 24 hours a day, 365 days per year via this route.

ANNUAL INFECTION CONTROL PROGRAMME (CoIC Work Programme)

The annual infection control programme will include:

- The provision of appropriate training, professional development and support (in collaboration with the Boards training and professional development staff) for all parts of the service in relation to control of infection.

- Appropriate training and professional development for members of the ICT.

- Development and regular review of appropriate policies, procedures and guidelines on infection control.

- Planning and implementation of local and national infection control initiatives and programmes.

- Regular audit of the infection control function, and specifically compliance with selected infection control policies, procedures and guidelines.

The programme will be regularly reviewed by the ICT, and via regular reports to the CoIC. Priorities from the programme will be incorporated into the Board's Corporate Action Plan and Local Delivery Plan using the strategic planning process via the Clinical Governance Coordinating Group.

CLEANLINESS CHAMPIONS

Staff who have completed the Cleanliness Champions' Training programme will be supported by members of the ICT to undertake infection control activities within their own areas. Their responsibilities will include (within their own clinical areas):

- Awareness raising of infection control issues

- Dissemination of information from Infection Control team and CoIC

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- Promotion of good practice in infection control
- Liaison with Infection Control Team as necessary

A Cleanliness Champions Group will meet regularly and will be represented on the Control of Infection Committee.

INFECTION CONTROL TEAM: ROLES & RESPONSIBILITIES

HAI Executive (Director of Nursing and Acute Services).
- Overall executive lead for healthcare associated infection control and prevention
- Reporting on HAI performance to Board
- HAI Education Lead

Decontamination Lead/Infection Control Manager
- Responsible for ensuring that systems are in place and monitored, which support good infection control practices across NHS Shetland, in conjunction with Public Health team
- Responsible for ensuring that the local HAI agenda is aligned with national priorities and action is taken against national policy including CNOPPP and CMO instructions
- Co-ordinating the HAI agenda, in conjunction with the infection control team
- Day to day operational management of infection control in the healthcare setting, with a particular focus on: Hand Hygiene, Decontamination, Cleaning Standards, Antimicrobial Prescribing
- Monitoring compliance with HAI policies and procedures
- Ensuring that systems are in place to provide appropriate education, training and staff development in relation to HAI
- Organisational and Hospital-wide HAI Risk Assessment
- HAI Risk Assessment at departmental level and maintenance of Infection Control Risk Register
- Co-ordinating internal and external scrutiny of HAI compliance with the infection control team (e.g. internal audit testing local systems and external inspections e.g. HIS)

Medical Director
- Lead clinician for antimicrobial management across hospital and community services

Infection Control Nurse
- Policy and procedure development and updating with the infection control team
- Delivering education and training

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- Undertaking audits
- Infection control advice for individual patient management
- Cleaning of healthcare equipment
- Patient information leaflets
- MRSA Screening project management
- CPE Screening project management
- LHBC – Hand Hygiene
- Cleanliness Champions

DPH / CPHM acting as CD&EH and as the Board's Infection Control Doctor, with advice from NHS Grampian Microbiologists as appropriate

- Providing specialist advice on infection control matters, in relation to core role as a Consultant Microbiologist
- Senior clinician providing specialist advice regarding antimicrobial management across hospital and community services

Public Health Team (DPH, CPHM and Public Health Nurse)

- Communicable disease surveillance
- Outbreak management
- Infection control advice and support for wider community settings
- Communicable disease surveillance, control and management in wider community
- Delivering education and training
- Out of hours infection control advice

Senior Occupational Health Nurse

- Staff screening and advice
- Occupational health management of individual staff issues
- Education and training
- Surveillance and management of infection control risks to staff (e.g. sharps injuries)

Head of Estates

- SCART-HAI
- Estates & Facilities contribution to HEI
- Capital programme including IC risks

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- Maintenance including Legionella policy
- Cleaning audits
- Facilities contributions to IC procedures – specifically Linen and Waste management

Anti-microbial pharmacist

- Anti-microbial work programme including monitoring / audit
- Communication with ICT on prescribing matters

Chief Nurse (Acute and Specialist Services)

- Communication and leadership / support for implementation of infection control and HAI matters within NHS Shetland hospitals
- Education Delivery

Chief Nurse (Community and Social Care Directorate)

- Communication and leadership / support for implementation of infection control and HAI matters within NHS Shetland community nursing services
- Liaison with CHCP
- Education Delivery

Senior Dental Nurse - Infection Control and Decontamination

- Communication and leadership/support for implementation of infection control within Montfield dental Clinic, Whalsay Dental Clinic and the Dental Clinics located in Gilbert Bain Hospital.
- Communication and leadership/support for Decontamination issues within Montfield dental Clinic, Whalsay Dental Clinic and the Dental Clinics located in Gilbert Bain Hospital.
- To monitor local and national guidance and guidelines regarding decontamination and infection control procedures within the Dental Sector
- Education and Training with in the Dental Department

All members of the ICT will cover general infection control responsibilities in the absence of colleagues, within their professional capabilities e.g. the Public Health Team provide infection Control advice for patient management and prevention in the healthcare setting in the absence of the ICN / ICM.

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HAI AREAS AND RESPONSIBLE MANAGERS

AREA	RESPONSIBLE MANAGER
A & E Relatives Room	A&E SCN
Sanctuary & Relatives Room	Hotel Services Manager
Basement Storage Area	Head of Estates
Basement Corridor	Chief Nurse (Acute and Specialist Services)
Other Corridors, Stairwells and Landings	Hospital Manager
Dental Waiting Area	Dental Director
Public Toilets (All buildings)	Chief Nurse (Acute and Specialist Services)
Changing Rooms	Chief Nurse (Acute and Specialist Services)
Laundry	Chief Nurse (Acute and Specialist Services)
Outside Areas (GBH Campus)	Chief Nurse (Acute and Specialist Services)
Mortuary and cold store	Chief Nurse (Acute and Specialist Services)
Medical Records Corridor	Chief Nurse (Acute and Specialist Services)
Mental Health/PCCS	Mental Health Manager
Stores	Supplies Manager
Lerwick Health Centre	Practice Manager

Responsibility is to:
- Be a point of contact for HAI issues (spillages, flood)
- Alert support teams as necessary to manage issues (e.g. Estates, Health & Safety, ICT)
- Act as accountable officer for ensuring HAI policy is applied to these areas and governance structures are used if wider decisions need to be made (e.g. budget for repairs and cross cutting issues)

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- Agree a process with Service Heads for ensuring access to key areas (e.g. locked buildings/departments) so that service continuity plans can be put in place for emergency access requirements.

1. Rapid Impact Checklist Shetland NHS Board Communicable Disease Control Policy

Which groups of the population do you think will be affected by this proposal? • **minority ethnic people** (incl. gypsy/travellers, refugees & asylum seekers) • women and men • people in religious/faith groups • disabled people • older people, children and young people • lesbian, gay, bisexual and transgender people • **people of low income** • people with mental health problems • homeless people • people involved in criminal justice system • **staff**	Other groups: May have differential impact on people coming from or travelling to countries or regions with significant communicable disease risks.
N.B. The word proposal is used below as shorthand for any policy, procedure, strategy or proposal that might be assessed.	What positive and negative impacts do you think there may be? Which groups will be affected by these impacts?
What impact will the proposal have on lifestyles? For example, will the changes affect: • Diet and nutrition? • Exercise and physical activity? • Substance use: tobacco, alcohol or drugs? • Risk taking behaviour? • Education and learning, or skills?	**Positive** should reduce risk taking behaviour amongst staff working with infectious diseases, and amongst patients and the public at risk of infection.
Will the proposal have any impact on the social environment? Things that might be affected include • Social status • Employment (paid or unpaid) • Social/family support • Stress • Income	Public health legislation has the potential to impact on individuals in terms of isolation or exclusion from work of infected employees in high risk occupations in terms of infection control measures, in order to protect the health of the public.
Will the proposal have any impact on • Discrimination? • Equality of opportunity? • Relations between groups?	No
Will the proposal have an impact on the physical environment? For example, will there be impacts on: • Living conditions? • Working conditions? • Pollution or climate change? • Accidental injuries or public safety? • Transmission of infectious disease?	**Positive** – should improve public safety in relation to the environmental aspects of infection control.
Will the proposal affect access to and experience of services? For example, • Health care • Transport • Social services • Housing services • Education	**Positive** – should promote best practice in relation to health care services for the prevention and treatment of infections.

Rapid Impact Checklist: Summary Sheet	
Positive Impacts (Note the groups affected)	**Negative Impacts (Note the groups affected)**
Staff, patients and public in terms of effective prevention and treatment of infections.	The interests of the individual may at times be balanced by the interests of the wider public, for instance in the isolation or exclusion from work of affected individuals.

Additional Information and Evidence Required

None

Recommendations

The policy stands unaltered.

From the outcome of the RIC, have negative impacts been identified for race or other equality groups? Has a full EQIA process been recommended? If not, why not?

No - no negative impacts identified for specific groups in terms of race, though some specific measures may be taken to protect or treat groups with specific risks which may include groups identified by country or region of origin.

Manager's Signature: **Date: 2nd April 2013**