Overarching Infection Prevention and Control (IPC) Policy

1. Introduction

This policy outlines the framework for infection prevention and control (IPC) at {{practiceName}}, ensuring a safe environment for patients, staff, and visitors. It defines our IPC objectives, legal and regulatory compliance, governance structure, and individual responsibilities. This policy should be read in conjunction with all other policies and Standard Operating Procedures (SOPs) contained within the practice's IPC pack.

2. Objectives

- To minimize the risk of healthcare-associated infections (HCAIs) within the practice.
- To comply with all relevant legislation and national guidance related to IPC.
- To promote a culture of shared responsibility for IPC amongst all staff.
- To ensure all staff receive appropriate training and education on IPC principles and practices.
- To continuously monitor and improve our IPC practices through audit and review.

3. Legal and Regulatory Framework

{{practiceName}} is committed to complying with all relevant UK legislation and guidance, including but not limited to:

- The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 12 – Safe Care and Treatment; Regulation 15 – Premises and Equipment.
- The Health Act 2006: Code of Practice for the Prevention and Control of Healthcare Associated Infections.
- National Standards of Healthcare Cleanliness 2025.
- Health and Safety at Work Act 1974.
- COSHH (Control of Substances Hazardous to Health) Regulations 2002.
- Relevant guidance from NHS England, UK Health Security Agency (UKHSA), and other relevant professional bodies.

4. Governance Structure

{{practiceName}} recognizes the importance of robust governance to support effective IPC.

- **IPC Lead:** {{ipcLead}} is the designated IPC Lead for the practice. The IPC Lead is responsible for:

  - Developing, implementing, and reviewing IPC policies and procedures.
  - Providing expert advice and support to all staff on IPC matters.
  - Ensuring staff receive appropriate IPC training.
  - Monitoring IPC performance through audits and surveillance.
  - Liaising with external agencies, such as the local Health Protection Team, on IPC matters.
  - Reporting IPC performance to the practice leadership.

- **Practice Manager:** The Practice Manager, {{practiceManager}}, is responsible for ensuring that adequate resources are available to support IPC activities, including staffing, equipment, and training.
- **All Staff:** All staff members are responsible for adhering to the practice's IPC policies and procedures and for reporting any potential IPC concerns to the IPC Lead.
- **Significant Event Reporting:** Any infection control breach or significant event must be reported via the practice's significant event reporting system and investigated thoroughly with appropriate action taken to prevent recurrence.

5. Roles and Responsibilities

All staff members have a vital role to play in preventing and controlling infection. Specific responsibilities are outlined below:

- **General Practitioners (GPs):**

  - Prescribing antimicrobials responsibly in accordance with antimicrobial stewardship guidelines.

  - Maintaining awareness of current infection risks and trends.

  - Adhering to all IPC policies and procedures.

- **Nurses:**

  - Providing direct patient care, adhering to standard precautions and transmission-based precautions as appropriate.

  - Administering vaccinations and other preventative measures.

  - Monitoring patients for signs and symptoms of infection.

  - Educating patients and their families on IPC measures.

- **Healthcare Assistants (HCAs):**

  - Assisting nurses with patient care, following standard precautions.

  - Maintaining a clean and safe environment.

  - Reporting any potential IPC concerns.

- **Reception and Administrative Staff:**

  - Maintaining a clean and tidy reception area.

  - Ensuring adequate supplies of hand hygiene products are available.

  - Implementing measures to minimize the risk of infection transmission in the waiting room, such as displaying posters promoting good respiratory hygiene.

- **Cleaning Staff:**

  - Adhering to the practice's cleaning and disinfection policy, using color-coded equipment and appropriate cleaning agents as detailed in the "Cleaning and Disinfection SOP".

  - Ensuring all areas of the practice are cleaned to the required standard and frequency, as outlined in the "Cleaning Schedule".

  - Reporting any cleaning or maintenance issues to the Practice Manager.

6. IPC Policies and Procedures

{{practiceName}} has a comprehensive suite of IPC policies and procedures, as detailed in the IPC policy pack. These policies cover all aspects of IPC, including:

- Standard Precautions
- Hand Hygiene
- Personal Protective Equipment (PPE)
- Cleaning and Disinfection
- Decontamination of Medical Devices & Equipment
- Sharps Management
- Blood and Body Fluid Spillage

- Waste Management
- Laundry and Linen Management
- Isolation/Segregation and Transmission-based Precautions
- Outbreak/Pandemic Preparedness
- Occupational Health and Staff Vaccination
- Antimicrobial Stewardship

7. Training and Education

All staff members receive initial and ongoing training on IPC principles and practices, appropriate to their roles. Training includes:

- Induction training for new staff, covering basic IPC principles and practice-specific procedures.
- Annual refresher training for all staff, including updates on current guidelines and emerging infection risks.
- Specific training on topics such as hand hygiene (including competency assessment), PPE (including donning and doffing techniques), and sharps management (including post-exposure protocols).
- Access to online learning resources and relevant national guidance, signposted by the IPC Lead.
- Training is delivered through a combination of face-to-face sessions, online modules, and practical demonstrations.
- Staff competency is assessed through observation, written tests, and practical exercises, as detailed in the "Training Matrix and Competency Assessment SOP". Competency is maintained through annual refresher training and periodic observation of practice.

Training records are maintained and updated regularly.

8. Auditing and Monitoring

{{practiceName}} conducts regular audits and monitoring to assess the effectiveness of our IPC practices. This includes:

- **Technical Audits:** Regular visual checks of cleanliness outcomes are conducted, in alignment with the National Standards of Healthcare Cleanliness 2025. These audits are conducted monthly in FR3 areas and quarterly in FR4 and FR5 areas, using the "Technical Audit Checklist".
- **Efficacy Audits:** Audits are conducted quarterly to observe cleaning practices, ensuring correct procedures and products are used, as detailed in the "Efficacy Audit SOP".
- **Hand Hygiene Audits:** Staff hand hygiene practices are observed quarterly and feedback provided, using the "Hand Hygiene Audit Tool".
- **PPE Compliance Audits:** Staff use of PPE is observed quarterly to ensure correct selection, donning, and doffing procedures, using the "PPE Compliance Checklist".
- **Surveillance of Infections:** The practice monitors the incidence of common infections within the patient population, reviewing data quarterly to identify trends and potential outbreaks. Data is sourced from patient records, laboratory results, and local Health Protection Team reports. Analysis methods include tracking infection rates over time and comparing them to national averages. Actions taken based on the findings may include implementing targeted infection control measures, reviewing prescribing practices, and providing additional staff training. This process is detailed in the "Infection Surveillance SOP".

Audit findings are reviewed by the IPC Lead and Practice Manager. Action plans are developed and implemented to address any identified deficiencies, with progress tracked and reported to the practice team.

9. Functional Risk Categories

To ensure appropriate cleaning and monitoring frequencies, {{practiceName}} uses functional risk categories as described in the National Standards of Healthcare Cleanliness 2025. The rationale for assigning each area to a specific FR category is documented in the "Functional Risk Assessment Log". The following areas are currently assigned the following risk categories:

- **FR3:** Treatment rooms where invasive procedures do not regularly take place (e.g., minor wound care, vaccinations). This is because these areas have a moderate risk of infection transmission due to the potential for contact with blood and body fluids.
- **FR4:** Waiting areas, consulting rooms, reception area and patient toilets. These areas have a lower risk of infection transmission compared to treatment rooms, but they still require regular cleaning and disinfection due to the high volume of patients and visitors.
- **FR5:** Staff only areas (offices, staff room, storage areas). These areas have the lowest risk of infection transmission as they are primarily used by staff and have limited patient contact.

These assignments are reviewed annually, and when there are significant changes to clinical activity, to ensure they remain appropriate. The "Functional Risk Assessment Log" details the specific criteria used for assigning risk categories, including the type of procedures performed, the frequency of patient contact, and the potential for exposure to blood and body fluids. The log is maintained by the IPC Lead and updated whenever there are changes to the practice environment or clinical services.

10. Blended Area Approach

{{practiceName}} does not currently employ a blended area approach. This decision was made following a detailed risk assessment, documented in the "Blended Area Approach Risk Assessment". This assessment considered the following factors:

- The relatively small size of the practice and the limited number of distinct functional areas.
- The consistent level of activity and patient contact within each assigned FR category.
- The potential for increased complexity and administrative burden associated with implementing and maintaining a blended area approach.
- The availability of resources to support more frequent cleaning and monitoring in higher-risk areas.

The risk assessment concluded that assigning each area to a single FR category provides sufficient flexibility and control to ensure adequate cleaning and monitoring, while minimizing the risk of errors and inconsistencies. This decision is reviewed annually as part of the overall IPC policy review, and the "Blended Area Approach Risk Assessment" is updated to reflect any changes in the practice environment or clinical services.

11. Significant Event Reporting and Investigation

Any infection control breach or significant event (e.g., a needlestick injury, a blood or body fluid spillage, a suspected outbreak) must be reported immediately to the IPC Lead and Practice Manager using the practice's "Significant Event Reporting Form". The IPC Lead will conduct a thorough investigation of the event within **[Specify Timeframe, e.g., 48 hours]**, including:

- Gathering information from all relevant staff members.
- Reviewing relevant policies and procedures.
- Identifying the root cause of the event using a root cause analysis methodology.
- Developing and implementing corrective actions to prevent recurrence, with clearly defined timelines and responsibilities.
- Documenting all findings, corrective actions, and follow-up measures in the "Significant Event Log".

The findings of the investigation and the corrective actions taken will be documented in the "Significant Event Log" and shared with the practice team. The IPC Lead will monitor the effectiveness of the corrective actions and make adjustments as needed. If corrective actions are not effective within **[Specify Timeframe, e.g., 2 weeks]**, the event will be escalated to **[Specify Person/Committee, e.g., the Practice Partnership]** for further review and action.

12. Cleaning and Disinfection Practices

The practice adheres to the "Cleaning and Disinfection SOP" which details the following:

- **Cleaning Schedule:** A detailed cleaning schedule is in place, specifying the frequency and methods for cleaning different areas of the practice. The schedule includes specific tasks for each area, such as wiping down surfaces, mopping floors, and emptying waste bins. Frequencies are determined based on the FR category of the area and the potential for contamination. Compliance with the cleaning schedule is monitored through regular audits and visual inspections.
- **Color-Coding:** A color-coding system is used to prevent cross-contamination, with different colors assigned to different areas (e.g., red for bathrooms, blue for general areas, green for catering areas).
- **Disinfectants:** Only approved disinfectants are used, with appropriate contact times followed. The "Approved Disinfectant List" details the approved disinfectants, their intended uses, and the correct dilution and contact times. The criteria for approval include compliance with relevant EN standards, effectiveness against a range of pathogens, and suitability for use in a healthcare setting. The list is maintained by the IPC Lead and updated whenever new disinfectants become available or when there are changes to national guidelines. Staff are trained on the proper dilution and contact times for each disinfectant, and this competency is assessed during training and through periodic observation of practice.
- **Cleaning Equipment:** Cleaning equipment is properly maintained and stored, and replaced regularly.
- **Spillage Management:** A specific protocol is in place for managing blood and body fluid spillages, as detailed in the "Blood and Body Fluid Spillage Policy".

13. Policy Review

This policy is reviewed annually, or more frequently if required, to ensure it remains up-to-date and reflects current best practices and legislative requirements. The review is conducted by the IPC Lead in consultation with the Practice Manager and other relevant staff members.

Signed:

{{ipcLead}}, IPC Lead

{{practiceManager}}, Practice Manager

Date: [Date]