

INFECTION PREVENTION AND CONTROL POLICY AND PROCEDURES Sussex Partnership NHS Foundation Trust (The Trust)

IPC6

ESTATES AND FACILITIES MANAGEMENT

Increases in incidences of Healthcare Associated Infections, and rising public concern, have highlighted the importance of appropriate management of healthcare environments and non-clinical services.

Research has consistently shown that the environment can be a secondary reservoir for organisms with the potential for infecting service users. Good standards of basic hygiene, cleaning and regular planned maintenance can assist in preventing healthcare associated infections. This is more easily achieved if the built environment supports best practice.

The Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance (DH, 2015) requires organisations delivering care to *“provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections”*. Criterion 2 guidance states:-

“Premises and facilities should be provided in accordance with best practice guidance’ and ‘The development of local policies should take account of infection prevention and control advice given by relevant expert or advisory bodies or by the ICT, and this should include provision for liaison between the members of any Infection Control Team or specialist advisor and the persons with overall responsibility for the management of the service user’s environment. Policies should address but not be restricted to:-

- Cleaning services
- Building and refurbishment, including air handling system
- Waste management
- Laundry arrangements for used and infected linen
- Planned preventative maintenance
- Pest control
- Management of drinkable and non-drinkable water supplies
- Minimising the risk of Legionella by adhering to national guidance

- Food services, including food hygiene and food brought into the care setting by service users, staff and visitors.”

Information and guidance is provided in sections of this Manual on some of these issues. This section offers guidance on the built environment (build and refurbishment works), planned preventative maintenance and Water Safety. Food hygiene should be subject to local and/or corporate policies.

Local and corporate policies concerning waste management, food hygiene, cleaning and other facilities matters must include the requirement for liaison with Infection Prevention & Control specialists when service arrangements are made or changed.

BUILDING & REFURBISHMENT WORKS

Guidance is produced by the Department of Health for healthcare building projects covering a range of care provision. These include Health Building Notes (HBN) and Health Technical Memoranda (HTM). The HTMs give comprehensive advice and guidance on the design, installation and operation of specialised building and engineering technology used in the delivery of healthcare.

Guidance relating to Mental Health premises clearly states that patient areas should be domestic in nature. Other guidance however is very specific about the requirements for a clinical area which may conflict with the needs for a ‘homely’ environment. Additionally there may be conflicts between infection prevention and control (IPC) requirements and other aspects of Mental Health risk management; for example ligature risks and alcohol gel ingestion. Health Building Note (HBN) 03-01: Best Practice design and planning: Adult Acute Mental Health Units (2013) provides up to date guidance.

When planning builds or refurbishment of Mental Health facilities the appropriate guidance must be consulted and IPC advice sought. It may then be appropriate to undertake a risk assessment where requirements conflict with mental health needs.

One example of this might be the standard requirement for clinical areas to have intact, impervious washable wall surfaces. An older adults or Learning Disability facility may require textured surfaces for therapeutic benefit. On occasions when undertaking building work, formal derogation processes may be required if HBN/HTMs are not followed precisely.

Areas or rooms where clinical activities are to be undertaken (e.g. wound dressings, insertion of urinary catheters), should incorporate IPC requirements. Where new in-patient facilities are to be built, planning should consider the type of service users who will be admitted and the type of clinical procedures that will or may be undertaken. If the disposal of bodily waste will be needed then a dirty utility facility, with a bed pan washer-disinfector or macerator should be installed. Admission and bed management policies should ensure patients are admitted to environments suitable for their physical needs. All in-patient facilities will require a suitable area for the testing and disposal of urine samples.

Services may be provided in sites managed by other organisations. In such situations the organisation must assure itself that the environment is appropriate to the care being delivered and is managed in accordance with the principles outlined in this policy.

WATER SAFETY

Legionella sp. which causes Legionnaires' disease is found naturally in water supplies. If appropriate control measures are not in place, the bacterium may multiply to a pathogenic level and outbreaks may follow. HTM 04-01 and the Health & Safety Commission Approved Code of Practice (L8) give detail on the required management arrangements to reduce this risk. Processes should include routine, and repeated, risk assessment and the adoption of advice from suitably qualified specialists. There should be local/corporate policies detailing this.

Legionella risks increase where water outlets are used infrequently, allowing the organism to multiply. Estates staff should monitor the use of water outlets, staff should report low used outlets, and this should be documented. Identified low use outlets should be subject to regular (usually weekly) flushing regimes. These should also be documented.

PLANNED PREVENTATIVE MAINTENANCE

Most equipment used in healthcare carries PPM requirements as recommended by manufacturers. Good equipment management can prolong the life of the equipment, prevent costly breakdown, and ensure the equipment is fit for purpose. Failure of some equipment in healthcare may pose IPC risks. This would include, but is not limited to:-

- Bed Pan Washers/macerators
- Laundry equipment
- Dishwashers
- Vaccine/Specimen Fridges
- Catering equipment

Policies or processes should be in place to ensure this equipment is maintained in line with manufacturer's instructions and this maintenance should be documented.