

UNIQUE IDENTIFIER NO: C-64-2014

Review Date: December 2018

Review Lead: Lead Infection Prevention & Control Nurse



Section A - Infection Prevention and Control Arrangements

Version 9

Important: This document can only be considered valid when viewed on the Trust's Intranet. If this document has been printed or saved to another location, you must check that the version number on your copy matches that of the document online.

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| All members of Infection Prevention and Control Committee | | |

Does this document map to other Regulator requirements?

| | |
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| <i>Regulator details</i> | <i>Regulator standards/numbers etc</i> |
| | |

| Document Version Control | |
|---------------------------------|---|
| <i>Version 9</i> | This policy has been reviewed. The IC Performance Board meeting has been removed and IPCT staff updated. |
| <i>Version 8</i> | The policy has been updated with the roles and responsibilities of staff in the Trust and the standard procedure for observed non-compliance with IC policies has been added as an appendix. |
| <i>Version 7</i> | Updated references and new training strategy added |
| <i>Version 6</i> | <p>The document has been redesigned to ensure that all new and revised procedural documents are set out to a Trust wide format and the content of which includes a minimum set of criteria which include:</p> <ul style="list-style-type: none"> ▪ The training requirements for implementation ▪ Monitoring arrangements for the document ▪ Equality Impact of the document <p>In addition, the monitoring arrangements for this document have been included.</p> |

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1. Introduction

Guidelines produced by the Department of Health (DH) ‘Winning Ways’ (DH, 2003), and the National Institute for Health and Clinical Excellence (NICE) guidelines for the ‘Prevention and control of healthcare-associated infections’ (NICE, 2011) recommend that all Trusts have clear arrangements for the effective prevention, detection and control of infection. This is reflected in Government Policy ‘The Health & Social Care Act (2008)’ Code of Practice for the NHS on the prevention and control of Healthcare Associated Infections and related guidance (DH, 2009) and the NHS Operating Framework (DH, 2011).

CHFT recognises that it has a duty of care to protect patients, staff, contractors and visitors from infection and supports the need for effective systematic arrangements for surveillance, prevention and control. It is committed to reducing the incidence of HCAs and more importantly, maintaining that reduction.

2. Purpose

The purpose of this policy is to explain the principles of infection prevention and control and to define the responsibility and accountability of each member of staff in ensuring that those principles are adhered to, so that the Trust can be assured that our prevention and control measures are robust.

3. Definitions

Infection Prevention and Control (IPC): Processes to prevent and reduce to an acceptable minimum the risk of the acquisition of an infection amongst patients, health care workers and any others in the health care setting.

Healthcare Associated Infection (HCAI): Any infection that arises as a result of healthcare, regardless of the setting. It includes hospital, primary and community care acquired infections.

IPCD - Infection Prevention and Control Doctor

DIPC – Director of Infection Prevention and Control

IPCN/IPCP – Infection Prevention and Control Nurse/Practitioner

ICC – Infection Control Committee

ICPT – Infection Control & Prevention Team

LIPCP – Link Infection Prevention & Control Practitioner

MRSA - Methicillin-resistant *Staphylococcus aureus*

C.diff - *Clostridium difficile*

4. Scope

This Policy applies to all staff, both clinical and non clinical, employed by CHFT, and also to all visiting staff including lecturers/tutors, students, agency/locum staff and contractors.

In the event of an infection outbreak, flu pandemic or major incident, the Trust recognises that it may not be possible to adhere to all aspects of this document. In such circumstances staff should take advice from their manager and all possible action must be taken to maintain ongoing patient and staff safety.

5. Duties (Roles and responsibilities)

Board of Directors

The Board of Directors has overall responsibility for ensuring there are effective strategic, corporate and operational arrangements in place to maintain an effective Infection Prevention & Control Programme and that appropriate financial resources are in place to support that programme. To support this responsibility, the Trust Board receives a monthly report provided by the DIPC.

Chief Executive

The Chief Executive is responsible for ensuring that there are effective Infection Control arrangements in the Trust.

Director of Infection Prevention and Control (DIPC)

The specific role and responsibility of the DIPC is to:

- Oversee local control of infection policies and their implementation
- Be responsible for the Infection Prevention and Control Team within the healthcare organisation
- Report directly to the Chief Executive and the Board and not through any other officer
- Have the authority to challenge inappropriate clinical hygiene practice as well as antibiotic prescribing decisions
- Assess the impact of all existing and new policies and plans on infection and make recommendations for change
- Be an integral member of the organisation's clinical governance structures
- Produce an annual report on the state of healthcare associated infection in the organisation and release it publicly via the Calderdale and Huddersfield NHS Foundation trust website.

Infection Prevention & Control Team (IPCT)

The IPCT has a primary responsibility for, and reports to the Chief Executive (CE) through the DIPC, all aspects of surveillance, prevention and control of infection within the Trust.

The DIPC, IPCD and IPCNs liaise on a regular basis. The role of the IPCT is to implement the IPCT Annual Programme and Policies and to make medical and nursing decisions on a 24 hour basis, about the prevention and control of infection providing advice to all grades of staff on the management of infected patients and other infection prevention and control problems (IPCT - Appendix 1).

Functions of the Team

- Providing expert reactive and proactive information and advice to all staff, patients, relatives and carers in respect of infections including HCAs and the prevention and control of those infections
- Providing a comprehensive IP&C education programme incorporating induction training, refresher training and education tailored to the needs of the Trust
- Constantly reviewing the IP&C education programme to ensure it remains in line with the best practice and legislation
- Ensuring all policies and guidelines are in line with best practice and legislation
- Contributing to the Annual IP&C Plan, in consultation with the IC Performance Board and key stakeholders
- Contributing to the production of the Annual Report and IP&C Action Plan
- Collating and reporting MRSA and *Clostridium Difficile* data to the Trust Executive Board, ICC and to each Division in accordance with national and local requirements
- Collating and reporting MSSA and *EColi* data to the Trust Executive Board, ICC and to each Division in accordance with national and local requirements
- Provide expert management of infection outbreaks/incidents
- Advising on the procurement of new equipment in relation to infection prevention and control issues
- Advising on aspects of decontamination, including levels of equipment decontamination and cleaning
- Advising on infection prevention and control issues prior to commissioning of new buildings, upgrading Trust premises and in the contracting of services which affect the prevention and control of infection e.g. domestic services
- Auditing IP&C practices and from the result of the audit develop priorities for targeted surveillance at local level

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- Review in collaboration with others the status of the environment and the effectiveness of facilities management services, including cleaning in order to provide a safe and clean environment for patient care
- Working in collaboration with and liaising with the Public Health England, Environmental Health Department, Clinical Commissioning Group and GP's, social services and other local agencies
- Facilitate identified group of link staff ensuring they work within defined roles and are empowered to continually raise the standards of infection prevention and control
- Review and respond appropriately to adverse incidents/near misses related to IP&C
- Ensuring the provision of information to patients, relatives and visitors so that they are aware of their role in the prevention of HCAs

The IPCT are permanent members of the following Trust Committee/Groups:

- ICC
- Divisional Management Boards
- HCAI Ops Group
- Sisters Meetings
- Calderdale and Greater Huddersfield Health & Social Care IPC Group
- Directorate Board Meetings
- Water Management and Air Quality Group
- Patient Safety Group

Matrons

Are responsible for:

- Ensuring the patient environment is well maintained, clean and safe
- Maintaining a cleanliness culture
- Ensuring IPC Policies and guidance are distributed and communicated to the staff in their area
- Ensure procedures pertinent to the speciality are in place, in liaison with IPCT
- Ensure staff co-operate with regular audits of compliance with the policy, procedures and guidance
- Report occupationally acquired diseases to comply with RIDDOR Regulations, in co-operation with the Occupational Health Department
- Ensure advice is sought from the IPCT prior to purchase of equipment regarding the risk presented to patients
- Ensure that staff are aware of COSHH assessments and that defined operational procedures are followed

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Senior Sisters/Line Managers

Are responsible for:

- Ensuring dissemination and supporting implementation of IPC Policies in their department / ward
- Ensuring staff are released for IPC training
- Integrating IPC into appraisals for all staff
- Taking appropriate action following receipt of results of hand hygiene and other IPC related audits
- Driving a culture of cleanliness
- Supporting LIPCPs by ensuring dedicated time for them to undertake their role in the prevention and control of infection
- Ensure staff are aware of the Decontamination Policy and clean equipment accordingly
- Ensuring equipment decontamination is performed in line with local, national and manufacturers guidance

Link Infection Prevention Control Practitioners (LIPCP)

Are responsible for:

- Ensuring they undertake all appropriate training
- Attending four half day workshops delivered by the IPCT
- Continually raising the standards of IP&C including hand hygiene
- Providing IPC training to colleagues on an ad-hoc basis and at regular ward meetings
- Ensuring monthly IP&C audits are undertaken
- Ensuring results are fed back to the ward staff
- Developing action plans in conjunction with the IPCT, Senior Sisters/ Departmental Managers and Matrons to rectify any issues

All Staff

All staff are responsible for:

- Ensuring they have received appropriate IPC training in the last 12 months as per the training needs analysis
- Never knowingly place a patient, member of staff or Trust visitor at risk from an infection
- Working to the IPC standards set out in the Trust's IC guidelines and policies
- Challenging poor IP&C practices and seek support from the IPCT as required

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- Report any adverse incident in accordance with Trust Policy
- Report any infection outbreaks to the IPCT
- Communicate proactively and reactively to the IPCT
- Obtain advice from Occupational Health if they are concerned over their own risks

Patient Advice and Liaison Service

The service is responsible for supporting and advising the public on the Trust's policies and procedures for infection prevention and control.

Learning & Development Team

The Team is responsible for:

- Monitoring attendance at IPC training including Trust Induction

6. Process

To ensure there is a robust framework in place for infection prevention and control, the Trust has adopted a number of key approaches:

Twelve core clinical policies for infection prevention and control to apply to all staff whenever patients are seen, these include:

- Standard Precautions
- Aseptic Technique
- Isolation of Patients
- Safe Handling of Sharps
- Disinfection Policy
- Multi Resistant Organism Policy
- Major Outbreak/Incident Policy
- Prevention of occupational exposure to BBV
- Management of occupational exposure to BBV
- Closure of wards / departments to new admissions – Outbreak Policy.
- Antimicrobial Prescribing Policy.
- Reporting of HAI to the HPA as directed by the Department of Health – Outbreak Policy
- Control of Infections with specific alert organism (Multi Resistant Organism Policy)

In collaboration with the IPCT the internal auditors periodically verifies that a suitable and effective system of internal control exists with respect to the infection prevention and control service and outcome of HCAs within the Trust.

Reports are presented to the Audit Committee and the audit includes compliance with the Assurance Standards for Infection Control.

7. Information available to patients

Patients and visitors play an important part in the control and prevention of infection within hospital. To enable them to do so, they must be supplied with the appropriate information and support.

The Trust utilises a number of methods for this, including:

- Information available on the internet
- Reducing the risk of infection
- Information leaflets: *C.difficile*, MRSA, Hand Hygiene, Viral Gastroenteritis

The IPCT:

- Distributes leaflets on: *C.difficile*, MRSA, Viral Gastroenteritis and Hand Hygiene to all wards when required
- Visits all in patients with known *C.difficile* and MRSA when required in order to discuss how this may effect them and their families and to explain treatments
- Distribute MRSA and *C difficile* cards for patients with known MRSA or *C difficile*

All patients, visitors and other members of the public are aware, as advised in entrances to wards/departments that they should (as a minimum):

- Decontaminate their hands using alcohol gel
- Report any concerns or problems they see or experience that may lead to transmission of infection
- Adhere to all pre-admission advice on how to keep themselves safe from infection

Other:

- Hand gel dispensers in the main entrances
- Life size cardboard cut outs of Doctors promoting hand hygiene and bare below the elbow
- Handwash Roadshow: Members of the IPCT attend ward/department and main entrance offering advice on how to clean their hands effectively and why it is important
- IPC displays in the main entrance

8. Infection Prevention & Control Policies

All staff both clinical and non clinical in all areas of the Trust will adhere to the policies and guidelines pertaining to IP&C procedures which are accessible via the hospital intranet.

All policies, procedures and guidelines for IP&C are reviewed in line with the Trust's Policy of Policies and are ratified at the ICC and approved at Executive Board. The ICC will monitor the need for the development of new guidance and the review of existing policies. These will be included in the Trust HCAI Annual Programme, which will set priorities and timescales for implementation. The Trust's HCAI Annual Programme outlines the audit programme to assure compliance with the policies.

Infection Control Committee (ICC)

The Committee is chaired by the IPCD, the function is as follows:

The multi disciplinary body meets on a quarterly basis to discuss problems of infection in the Calderdale and Huddersfield NHS Foundation Trust and to formulate local policies to control infection in all Trust premises.

9. Training and Implementation

- IPC forms part of the Trust's core essential skills and training requirements as identified by the training need analysis <http://www.cht.nhs.uk/divisions/diagnostic-and-therapeutic/infection-prevention-control-news/training>
- IPC forms part of Mandatory Trust Induction.
- All staff are required to undergo yearly Mandatory Risk Management Training and IPC is included as an update on the DVD
- In addition to this clinical staff are required to have a 2 yearly classroom update
- Ad-hoc IPC training is provided and is recorded and monitored by the IPCT
- 4 workshops per year will be provided for the LIPCPs, evaluation and attendance records are maintained by the IPCT.
- Ward and Line Managers are responsible for ensuring that any staff members who do not attend mandatory training are followed up on an individual basis
- The requirement for IPC is also integrated into each job description and monitored through staff appraisals
- In addition, awareness is raised through:
 - National Infection Control Week

- Annual Hand Wash Roadshow
- Trust News
- Intranet

10. Monitoring Compliance

Monitoring compliance with, and the effectiveness of, procedural documents.

The organisation has key indicators to monitor IP&C that will be included in the assurance framework:

Audits

- Hand hygiene audits are undertaken in each ward/department as a minimum set of 80 observations and reported on the IC dashboard
- Monthly saving lives high impact interventions audits
- Anti microbial prescribing audits are undertaken by the Pharmacy Team
- Annual environmental quality improvement audits

Monitoring

- A HCAI Dashboard including hand hygiene audits is reported at Divisional IC Performance Board and Executive Board
- The IPCT provides monthly information to the Trust Board on the incidence of MRSA bacteraemia and *C.difficile* cases over 48 hours after admission
- The results of audits and trends are reviewed at ICC on a quarterly basis and monthly at the IC Performance Board
- Divisional Management/Quality Board review
- The DIPC will produce an annual report on the state of healthcare associated infection in the organisation and release it publicly via the Calderdale and Huddersfield NHS Foundation Trust website

Learning

- The results of audits are feedback to the Matron through divisional structures
- The Ward / Department Managers in conjunction with the IPCT, Matrons and LIPCPs, develop and implement action plans to rectify any deficiencies highlighted by audits
- Any changes to practice are fed back to the ICC for inclusion in the Annual Report
- Post Infection Review (PIR) investigations are performed on all cases of MRSA bacteraemia and *Clostridium difficile* and Root Cause Analysis

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(RCA) investigations of *Clostridium difficile* and the learning is shared through the Divisional structures and the HCAI Health Economy meetings

11. Reporting Structures

Infection Prevention and Control is included as one essential part of the Patient Safety Group and as such key indicators are reported via the Patient Safety Dashboard and the ICC minutes are included. A quarterly Quality report is compiled to include the IPC key performance and reports quarterly to the Board of Directors.

12. Trust Equalities Statement

Calderdale and Huddersfield NHS Foundation Trust aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. We therefore aim to ensure that in both employment and services no individual is discriminated against by reason of their gender, race, disability, age, sexual orientation, religion or religious/philosophical belief or marital status.

13. References

Department of Health (DH). (2011). *The Operating framework for the NHS in England*. DH. London

DH (2011). *The Health and Social Care Act 2008 Code of practice on the prevention and control of infections and related guidance*. DH. London.

Department of Health (DH). (2003). *Winning Ways*. DH. London

National Institute for Health and Clinical Excellence (NICE). (2011). *Prevention and control of healthcare-associated infections*. NICE. London

NICE (2014) Quality Standards 61 – Infection Prevention and Control

Appendix 1

Infection Prevention & Control Team

The following officers have responsibility for infection prevention and control within Calderdale and Huddersfield (NHS) Foundation Trust.

Consultant Microbiologist, Director of Infection Prevention and Control of Infection (DIPC)

Dr David Birkenhead, Department of Pathology, Huddersfield Royal Infirmary, Ext. 5413

Consultant Microbiologist, Hospital Infection Prevention and Control Doctor (HIPCD)/Chairman of the Infection Control Committee

Dr Gavin Boyd, Department of Pathology, Huddersfield Royal Infirmary, Ext. 53678, CRH Ext. 2304

Consultant Microbiologists

Dr Anu Rajgopal, Department of Microbiology, Calderdale Royal Hospital, HRI Ext. 5366, CRH Ext. 2305

Dr Sahar Musaad, Department of Microbiology, Huddersfield Royal Infirmary, HRI Ext. 5362

Infection Control Nurses

Jean Robinson
Lead Nurse Infection Prevention and Control
Infection Prevention and Control Department
Ext. 5258 HRI

Karen Tomlinson
Senior Infection Prevention and Control Nurse
Infection Prevention and Control Department
Ext. 2096 CRH/ 5304 HRI

Amanda Holmes
Infection Prevention and Control Nurse
Infection Prevention and Control Department
Ext. 3846 CRH/2447 HRI

Christine Bishop
Senior Infection Prevention and Control Nurse
Infection Prevention and Control Department
Ext. 5304 HRI/2096 CRH

Belinda Russell
Infection Prevention and Control Nurse
Infection Prevention and Control Department
Ext. 2447 HRI/3846 CRH

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Sandra Mogford
Infection Prevention and Control
Nurse
Infection Prevention and Control
Department
Ext. 5259 CRH/ 5259 HRI

Susan Cotterill
Infection Prevention and Control
Nurse
Infection Prevention and Control
Department
Ext. 5259 HRI/2376 CRH

Peter Stelfox
Infection Prevention and Control
Nurse
Infection Prevention and Control
Department
Ext. 3846 CRH/ 7358 HRI

Out of hours and Weekend Cover

The Infection Prevention and Control Team provide a 24 hour/seven day a week service. The on-call rotas with contact details are held by the Switchboards at Huddersfield Royal Infirmary and Calderdale Royal Hospital.

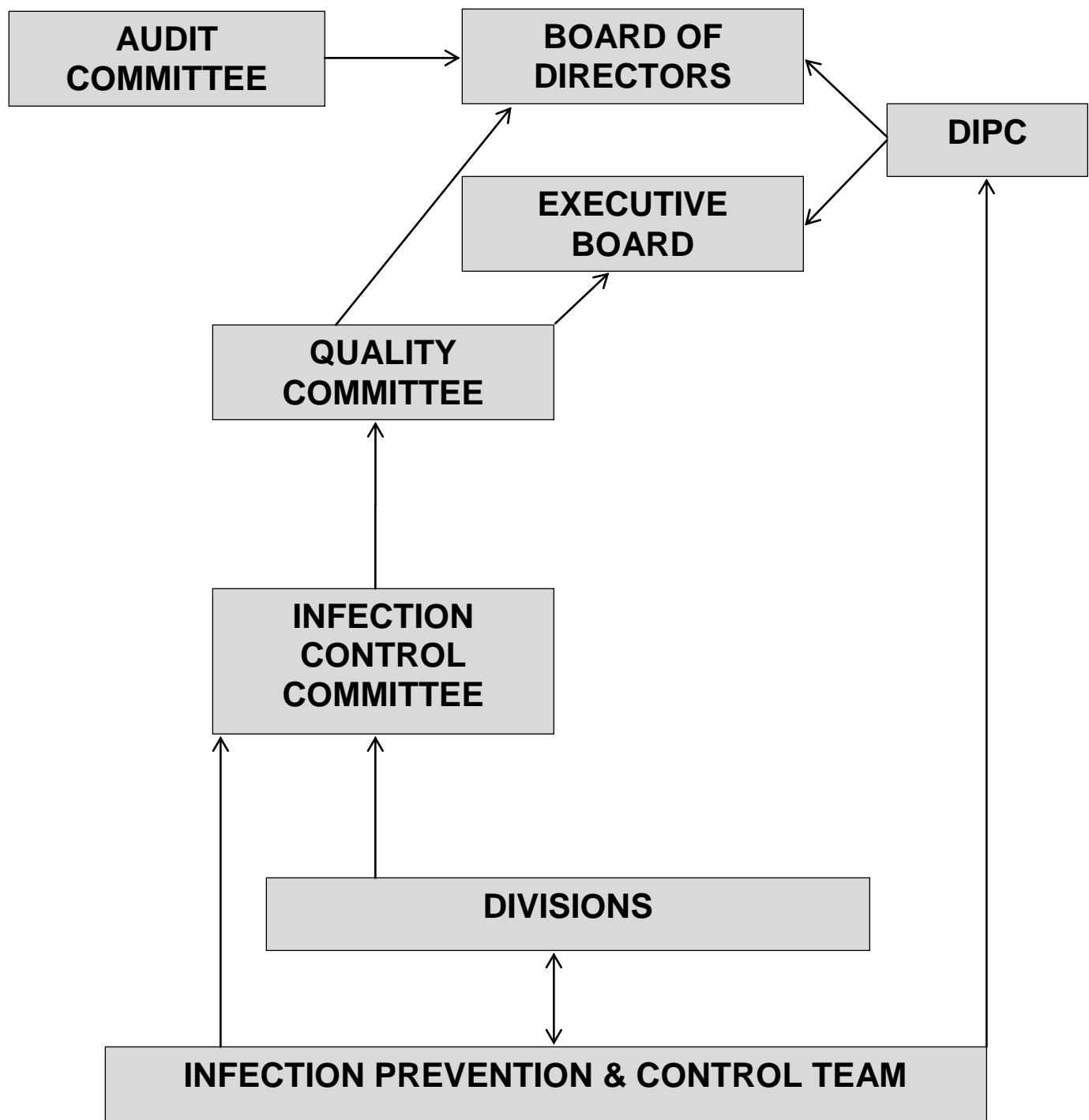
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Appendix 2

INFECTION PREVENTION & CONTROL GOVERNANCE ARRANGEMENTS



**Standard procedure for observed non-compliance with Infection Prevention and Control (IP&C) policies and procedures****Background**

Caring for people in a safe environment and protecting them from avoidable harm is prioritised by the Trust with year on year reduction in healthcare associated infections as one of the three Strategic Quality Improvement Goals.

A number of interventions and improvements in infection prevention and control practice has led to a significant reduction in healthcare associated infections over the last five years. In 2007, a clear statement regarding the adherence to infection prevention and control was added to all job descriptions. However, on occasions, it has been noted that non-compliance of basic infection prevention standards such as hand hygiene and the correct use of apron and gloves has occurred despite training, policies and awareness campaigns being provided. To prevent further avoidable infections the Trust must take action with staff that continue to be non-compliant with infection prevention and control policies.

Purpose

The action taken with individual staff who do not comply with standard infection prevention and control policies and practice must be standardized to ensure all staff are managed using the same process and that this process fits with existing Personnel policies and practices.

Action following observation of non-compliance

All staff observing non-compliance of infection prevention and control policies should have the confidence to highlight their concerns, ideally with the person concerned at the time of observation and know that they will be supported. A standard process has been mapped (flow chart – page 3). It is expected that in the majority of cases, the staff member that is prompted to comply with infection prevention and control will realise the mistake and amend their practice.

Staff that are non-compliant who show little understanding or are reluctant to comply should be referred to their line manager. In instances where a junior staff member doesn't know who someone's line manager is, particularly with staff from outside their immediate area, they should report the incident to their line manager for further escalation.

A standard letter (page 4) has been drafted for consistent use in the Trust. The letter should be issued following a meeting between the line manager and employee and should not be issued in isolation. The letter sets out the requirements with Trust infection prevention and control procedures. In the letter, managers should include a brief description of the incident to ensure clarity. All incidents of non-compliance should be reported using the risk management incident recording process to enable trends and serial offenders to be noted and managed.

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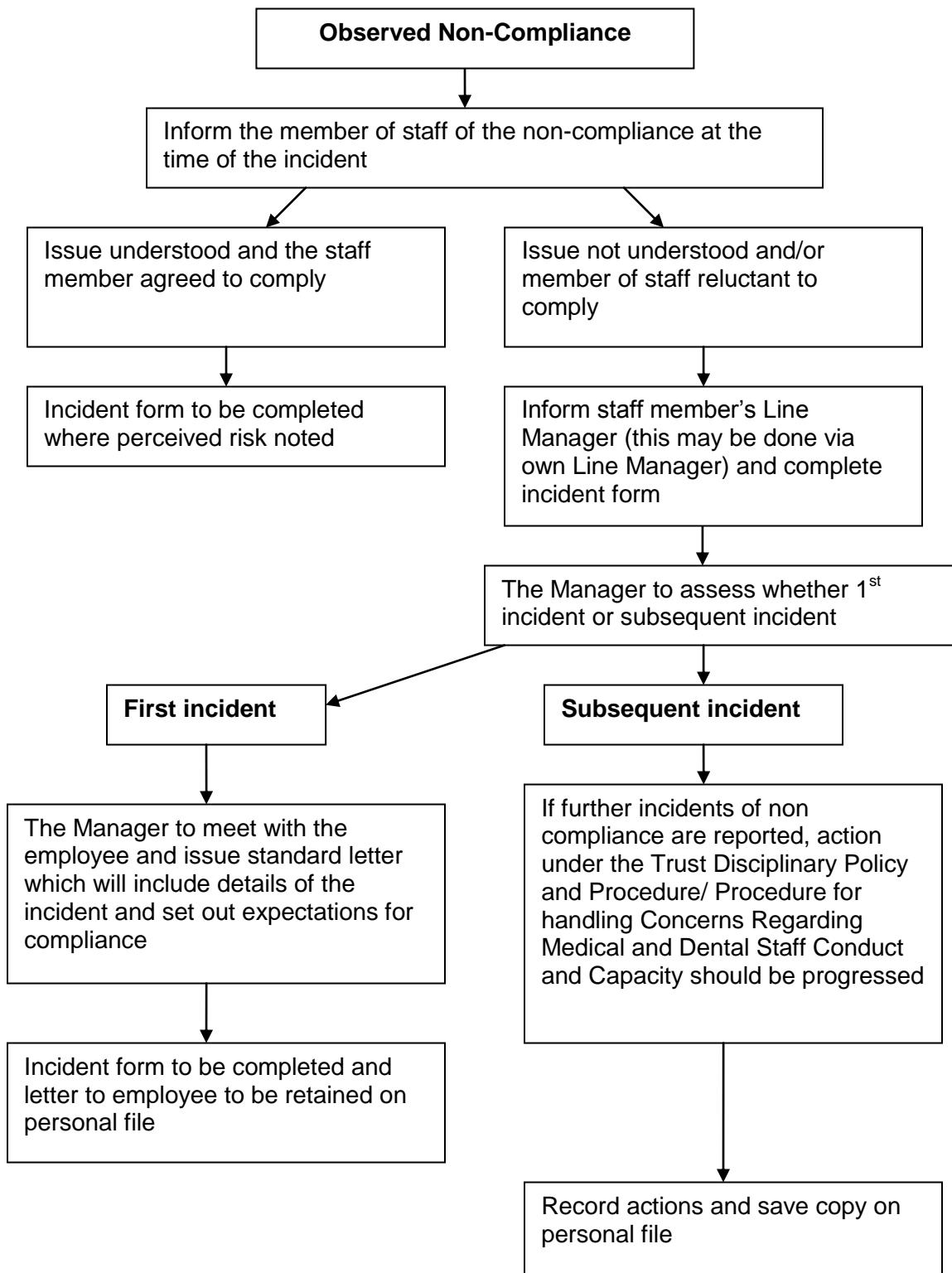
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If further incidents of non-compliance are reported, following issue of the letter, action under the Trust Disciplinary Policy and Procedure/ Procedure for handling Concerns Regarding Medical and Dental Staff Conduct and Capability should be progressed.

Carole Hallam
Assistant Director of Infection Prevention and Control

September 2012



Dear

INFECTION PREVENTION AND CONTROL COMPLIANCE

Further to our meeting held on ** I write to set out the requirements placed on your practice in your employment with the Trust with regard to compliance with infection prevention and control policies and procedures.

The purpose of our meeting was ** (describe the issue/event/incident that gave rise to the need for the discussion including date and location when it happened).

Your practice on this occasion was not acceptable and you failed to comply with the required standards.

Healthcare workers have an overriding duty of care to patients and are expected to comply fully with best practice standards. You have a responsibility to comply with Trust policies for personal and patient safety and for prevention of healthcare-associated infection (HCAI). This includes a requirement for rigorous and consistent compliance with Trust policies for hand hygiene including the 'naked below the elbow' approach, use of personal protective equipment and safe disposal of sharps.

For the avoidance of doubt, you must adhere to policies and procedures governing infection prevention and control in your practice at all times whilst at work. The rules are explicit and unambiguous and do not allow for individual interpretation or application.

You should ensure that you are compliant with the rules the Trust has implemented. To assist you, policies and procedures are available on the Trust's intranet and you should take the opportunity to re-familiarise yourself with the content of the policies identified below:-

- Hand Hygiene Policy
- Standard Precautions Policy
- Aseptic Technique Policy
- Uniform Policy

You have been advised that continued failure on your part to comply with infection prevention and control measures will be considered as a conduct issue and will be managed in accordance with the Trust's Disciplinary Policy and Procedure. This may lead to disciplinary action being taken against you. I trust that your practice will change and that the Trust does not have recourse to initiating formal procedures.

This letter has been retained on your personal file as part of your employment record.

Please find enclosed a second copy of this letter. I should be grateful if you could confirm that you have read the content of the letter, the policies referred to above and that you understand and

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accept the matters set out in the letter by completing the acknowledgment slip below. The completed letter should be returned to me by **. You should retain the second copy for your own records.

Should you have any queries about this matter please do not hesitate to raise them with me.

Yours sincerely

**

**

enc

DECLARATION

I have read the content of this letter and confirm my understanding and acceptance of the matters referred to in it.

I have read the policy documents identified in the letter.

I understand that the Trust may invoke formal disciplinary proceedings if there is a continued failure to comply with infection prevention and control measures.

Name: _____

Signed: _____

Date: _____