

## **Project Brief Development of Model Infection Control Policies – Task 14 November 2004**

### **Background to development of model infection control policies**

Following publication of 'Preventing Infections Acquired While Receiving Healthcare, the Scottish Executive's Action Plan to reduce their risk to patients, staff and visitors 2002-2005', the Healthcare Associated Infection (HAI) Task Force set out to develop key identified areas by overseeing existing work in progress and commissioning several new working groups to address the many tasks specified in the Action Plan.

The HAI Task Force has asked Health Protection Scotland (HPS) (formerly Scottish Centre for Infection and Environmental Health) to lead on the development of and to produce Model Infection Control Policies (Task 14) for the HAI Task Force. This task was planned for commencement in August 2004 (Year 2), under the direction of the Infection Control Team (ICT) within the HAI & IC Section at HPS.

### **Definition of a model policy**

A model policy is an example plan for action, written to a high standard, to guide those wishing to develop, refine, or compare their own policies, with a view to encouraging standardisation of policy across Scotland.

### **Introduction to model infection control policies**

Model infection control policies are aimed at achieving greater consistency in practice, thus maintaining and improving standards related to the prevention and control of HAI in particular, which continues to be of concern throughout Scotland.

### **Objectives:**

- Ø To provide a common approach to infection control
- Ø To provide evidence based practice where possible
- Ø To draw on best practice and promote the sharing of current experiences and common issues
- Ø To prevent duplication of effort and, therefore, reduce the effort spent on policy development, in an attempt to divert efforts to other areas i.e. implementation and compliance with policy
- Ø To provide greater certainty, clarity and consistency of advice for all involved in providing care, thus leading to better service provision.

A Steering Group will direct the programme of work.

### **The application of model infection control policies**

It is planned that the programme of work developed will be suitable for use across all settings where care is delivered, e.g. primary care, care homes, acute care.

- Ø Model infection control policies developed should be considered by all disciplines providing care, in order to meet the standards hoped to be achieved in Scotland
- Ø The policies can be used in a variety of ways, as long as the standard set by them is met:
  - They can be used as a 'checklist' to ensure the relevant policies are in place in all areas

- They can be used to examine content of local policies already in place, to ensure these are current and comprehensive
- They can be used in their entirety as they are published to guide those in local areas where policies are not available
- They can be used as a basis to inform local policy development, particularly where more specific, localised information is required to guide those providing care.
- ∅ The authors of model infection control policies must consider the potential implications while developing these.

The following areas have been identified for the development of model infection control policies:

- ∅ Standard Infection Control Precautions (SICPs)
- ∅ Transmission Based (or Expanded) Precautions (TBPs).

Furthermore, meticillin resistant *Staphylococcus aureus* (MRSA) has been identified as a priority area for consideration, however, consultation processes will take place to identify priorities for development of model infection control policies utilising set criteria.

### The process

- ∅ The project and team manager (s) will co-ordinate all and participate in relevant activities including:
  - Meeting dates
  - Development of project plans. Each policy will require an individual project plan
  - Development of stage plans, if required, which will allow review of work progress and quality assurance processes at predetermined intervals, e.g. a plan for each of the nine elements within SICPs
  - Provide, where necessary, highlight reports to report on the progress of work and any amendments to the plans.
- ∅ The Steering Group will provide direction for the programme of work, including approval of plans, stages and final versions of policies:
  - The Steering Group will be established and will consist of representatives from a variety of organisations e.g. SEHD, Acute and Primary Care Operating Divisions, NHS Education Scotland, Care Commission and public representation
  - Communications between the project/team manager and the Steering Group must be clearly defined
  - Tolerance levels will be set by the Steering Group in respect of time for development of the policies
  - Final format and content including version control of documents, will be agreed upon and detailed within project plans
  - Publication, dissemination and implementation of policies will be determined by the HAI Task Force in discussion with the Steering Group and will be detailed within project plans
  - There will be final ratification of completed policies by the HAI Task Force.

### Quality Assurance

- ∅ The project and team manager(s) will:
  - Utilise a standardised method and template for reviewing the literature
  - Provide draft versions of the model policy for peer review
  - Establish an issue log and maintain this to provide the Steering Group with timely updates with regards to issues raised out with set tolerance levels for their consideration (i.e. highlight reports)
  - Use a standard method for document control
  - Consider, during each stage of the project, the need for user (e.g. those who will be utilising the policies), patient and public involvement, as directed by the Steering Group

## Challenges to the project

### Ø Risks:

- The potential for other priorities to supersede this programme is real and if occurs must be discussed with the HAI Task Force and the Steering Group
- Concerns regarding the potential practical implications of these policies from those who will be expected to utilise them may be raised. These should be considered by the Steering Group
- Policies are only one element in the control of HAI and, therefore, there is a risk that their contribution to the HAI agenda may be overemphasised.