This SOP applies to all staff employed by NHS Greater Glasgow & Clyde and locum staff on fixed term contracts.

**KEY CHANGES FROM THE PREVIOUS VERSION OF THIS POLICY**
- Updated wording in section 2. Scope and Status
- Change of review timescale in section 5. Review of Policies
- Updated wording in appendix 1 and 2

**Document Control Summary**

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| Related Documents    | NHSGGC Equality Impact Assessment for Frontline Patient Services  
                      | NHSGGC Policy Development Framework |
| Distribution/ Availability | NHSGGC Infection Prevention and Control Web Page  
| Lead Manager         | Board Infection Control Manager |
| Responsible Director | Board Medical Director |

The most up-to-date version of this SOP can be viewed at the following website: [www.nhsggc.org.uk/your-health/infection-prevention-and-control/](http://www.nhsggc.org.uk/your-health/infection-prevention-and-control/)
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1. Introduction/ Purpose

A key priority for NHS Greater Glasgow and Clyde is to ensure high standards of clinical practice and by doing so avoid harm to patients and the public. Healthcare Improvement Scotland (HIS), Clinical Risk Management Standards and Healthcare Associated Infection (HAI) Standards require that a process is created that will support the development of policies and procedures to prevent and reduce the risk of HAI. Local addendums to policies will be developed, taking into account and complying with statutory, organisational and evidence based practice requirements.

2. Scope and Status


Health Protection Scotland (HPS) National Infection Prevention and Control Policy Manual (NIPCM) is the extant guidance for all of NHS Scotland. As issued, all revised and new additions to the chapters of the National Manual will be sent to the Acute Infection Control Committee (AICC) and the Partnership Infection Control Support Group (PICSG) for comment, and approved by the Board Infection Control Committee (BICC). If the revisions or additions cannot be approved in their entirety or require local adaptation, evidence to support this change will be submitted to the NHSGGC Clinical Governance Forum for approval. See Appendix 1.

NHSGGC Infection Prevention and Control Manual

The policy approval process outlined in Appendix 2 shows the process for the development, ratification, approval and dissemination of polices and related procedural documents not contained within the National Manual. This also applies to IPC Decontamination SOPs generated by the NHS GG&C Decontamination Sub-Group.

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3. **General Principles**

- Where necessary, working groups will ensure the engagement of appropriate input into the development/review of IPC Policies, SOPs and PILs, i.e. clinical policies will engage clinical staff, staff screening policies will engage HR and staff side representatives etc.
- Policy implementation will be supported by appropriate communication, education and training.
- Key changes to updated/reviewed policies will be listed on page one of the policy document.

4. **Accountability and Responsibility Framework**

- The accountability for the development and approval of local IPC documents rests with the BICC. The accountability for the development and approval of National Policies lies with HPS.
- It is the responsibility of the IPC Sub-Group on behalf of the BICC to draft/review local IPC documents to fulfil statutory, organisational and evidence based practice requirements. It is also their role to collate the evidence to support any deviation or addendums to the National Policies.
- Compliance will be monitored by Senior Charge Nurses (SCNs), Lead Nurses and Infection Prevention Control Teams (IPCTs). It is the responsibility of all

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NHSGGC employees to comply with policies and if they are unable to do so they
must inform their line manager.

- Following formal approval at the BICC or the Board Clinical Governance Forum,
documents will be posted on the IPC website.
- Directors are responsible for ensuring that necessary training or education
  needs required to implement the SOP / policy are identified and resourced or
  built into the delivery planning process.
- Staff who become aware of changes in practice, changes in statutory
  requirements, revised professional or clinical standards and local/ national
  directives that affect or could potentially affect NHSGGC SOPs /policies should
  advise the Board Infection Control Manager or local IPCT as soon as possible.
  The Board Infection Control Manager will then consider the need to review the
  SOP / Policy outwith the agreed timescale for revision.

5. Review of SOPs/Policies
   The Board Infection Control Manager will ensure that each SOP/policy is reviewed
   in accordance with the timescale specified at the time of approval. No SOP/policy
   will remain operational for a period exceeding two years without a review taking
   place.
Appendix 1

Flowchart for the consultation and ratification of the HPS National Infection Prevention and Control Policies/SOPs:

HPS National Infection Prevention and Control (Chapter) issued
Policy/SOP sent to

AICC
comments returned to

PICS
comments returned to

IPC Policy/SOP Sub-Group

Accept National Policy

Revise/ Adapt Policy, including any recommendations for revisions/amendments

Policy/SOP submitted to BICC

BICC accept Policy/SOP

Policy/SOP uploaded to IPC Website

Further Recommendations/amendments suggested

IPC Policy/SOP Sub-Group (prepare addendum)

BICC accept addendum

Policy/SOP placed on IPC website

The most up-to-date version of this SOP can be viewed at the following website:
www.nhsggc.org.uk/your-health/infection-prevention-and-control/
Appendix 2

Flowchart for the development, consultation and ratification of NHSGGC Infection Prevention and Control Policies, Standard Operating Procedures and Patient Information:

1. Identify Policy, SOP, PIL for review
2. Identify key author/reviewer
3. Draft policy submitted to the IPC Policy/SOP Sub-Group for review (Sub-Group of BICC)
4. If required, Policy, SOP, PIL is sent to key reviewers for comment/amendment (normally clinicians/clinical experts/patients panel)
5. SOPs approved by Decontamination Sub-group
6. Policy, SOP, PIL sent for wide consultation
7. AICC
8. Directors from AOD, CHPs, HSCP and MHS
9. Comments returned and each point responded to by Chairperson of IPC Sub Group
10. Major amendments
11. Minor amendments made
12. BICC for approval
13. If approved, document is uploaded to IPC website
14. Further Recommendations/amendments suggested. Document is updated and resubmitted for approval
15. Approval via FILES (RHC)

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