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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

- Minor wording changes

Document Control Summary


Approved by and date	Board Infection Control Committee on 20 th April 2021
Date of Publication	23 rd April 2021
Developed by	Infection Prevention and Control Policy/SOP Sub-Group
Related Documents	NHSGGC Policy Development Framework
Distribution/ Availability	NHSGGC Infection Prevention and Control Web Page www.nhsggc.org.uk/your-health/infection-prevention-and-control
Lead Manager	Board Infection Control Manager
Responsible Director	Board Medical Director

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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. The word 'policy' in this SOP refers to policies, SOPs and patient information leaflets (PIL).

2. Scope and Status


National Infection Prevention and Control Manual

ARHAI National Infection Prevention and Control 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 Board Infection Control Committee (BICC). See [Appendix 1](#).

NHSGGC Infection Prevention and Control Manual

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

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

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Both the National IPC Manual and the NHSGGC IPC Manual are electronically available to all staff within NHSGGC. All IPC policies, apply to all areas within NHSGGC.


3. General Principles

- The most up-to-date version of the documents will be available via the NHSGGC IPC website www.nhsggc.org.uk/your-health/infection-prevention-and-control.
- Updates to the NIPCM and NHS GGC IPC Manual will be summarised on the Updates page on the IPC web site and also notified to members of the AICC, PICSG and BICC.
- Where necessary, working groups will ensure the engagement of appropriate input into the development/ review of IPC policies, 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 ARHAI.


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

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- 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 and Control Teams (IPCTs). It is the responsibility of all 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 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 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 policy outwith the agreed timescale for revision.

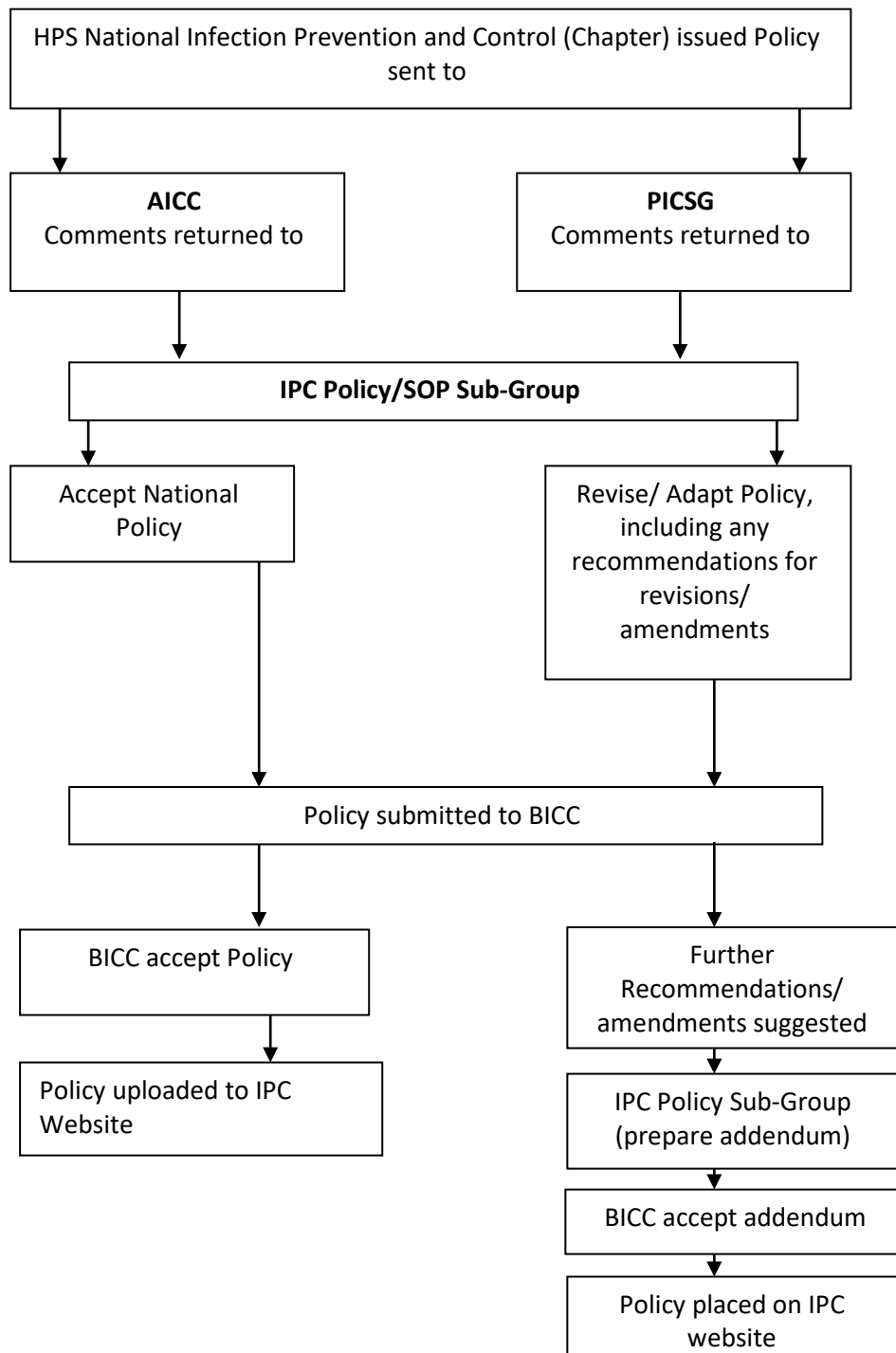
5. Review of Policies


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

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Appendix 1

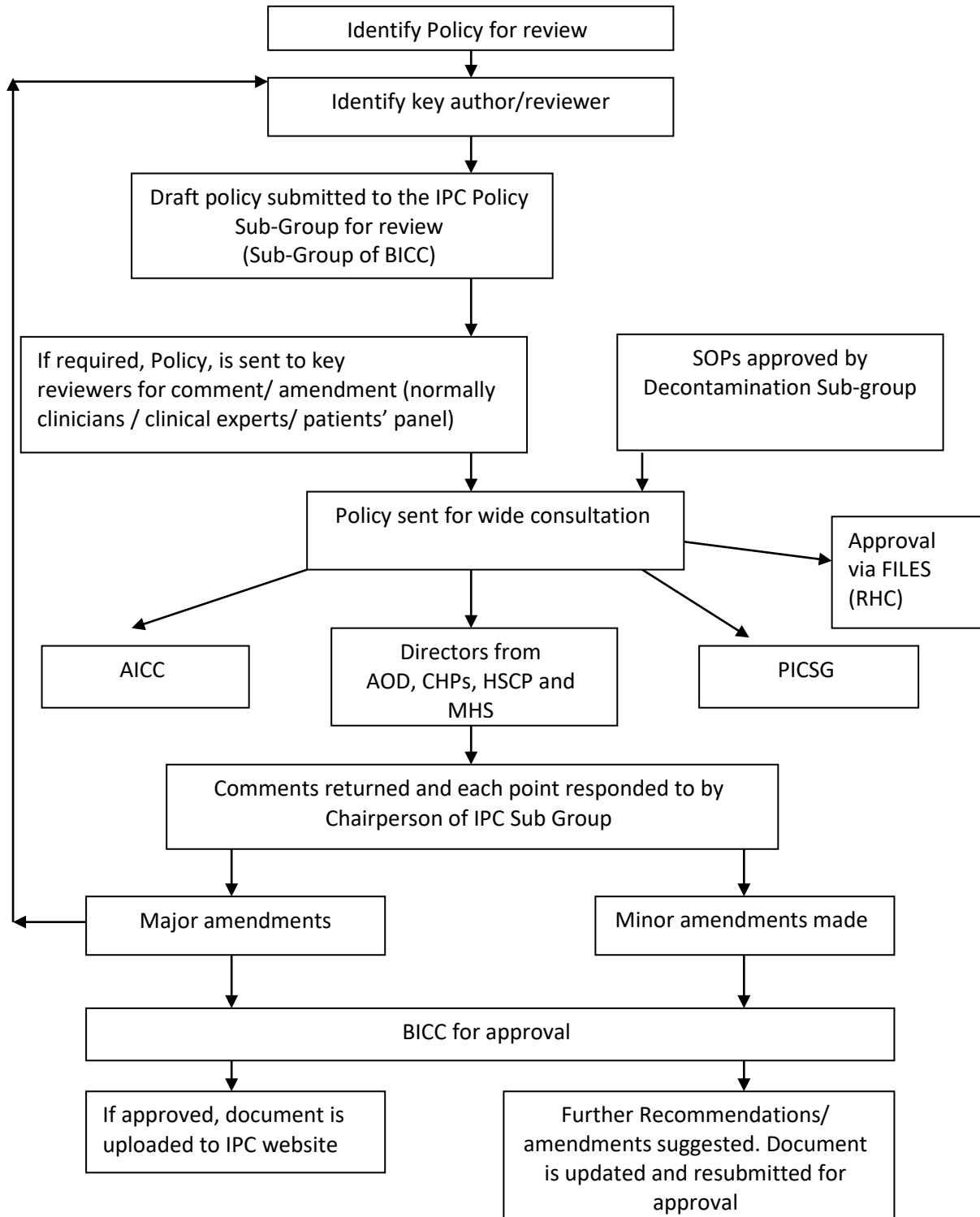
Flowchart for the consultation and ratification of the HPS National Infection Prevention and Control Policies/SOPs:



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Appendix 2

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



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www.nhsggc.org.uk/your-health/infection-prevention-and-control