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**

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<tr>
<th>Approved by and date</th>
<th>Board Infection Control Committee on 20th April 2021</th>
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<td>Date of Publication</td>
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<td>Infection Prevention and Control Policy/SOP Sub-Group</td>
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<td>Related Documents</td>
<td>NHSGGC Policy Development Framework</td>
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<td>Lead Manager</td>
<td>Board Infection Control Manager</td>
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<td>Responsible Director</td>
<td>Board Medical Director</td>
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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.
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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<th>Procedure for the Development and Approval of Infection Prevention Control Policies, SOPs and Patient Information in NHSGGC</th>
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<td><strong>Review Date</strong></td>
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<td><strong>Version</strong></td>
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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.
Procedure for the Development and Approval of Infection Prevention Control Policies, SOPs and Patient Information in NHSGGC

Appendix 1

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

1. HPS National Infection Prevention and Control (Chapter) issued Policy sent to:
   - AICC
     - Comments returned to
   - PICSG
     - Comments returned to

2. IPC Policy/SOP Sub-Group
   - Accept National Policy
   - Revise/Adapt Policy, including any recommendations for revisions/amendments

3. Policy submitted to BICC
   - BICC accept Policy
     - Policy uploaded to IPC Website
   - Further Recommendations/amendments suggested
     - IPC Policy Sub-Group (prepare addendum)
       - BICC accept addendum
         - Policy 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 for review
2. Identify key author/reviewer
3. Draft policy submitted to the IPC Policy Sub-Group for review (Sub-Group of BICC)
4. If required, Policy is sent to key reviewers for comment/amendment (normally clinicians / clinical experts/ patients’ panel)
5. SOPs approved by Decontamination Sub-group
6. Policy sent for wide consultation
7. AICC
8. PICSG
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

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