

Infection Prevention & Control Problems

Who Do You Contact?

Subject:	IPC Team Contacts
Policy Number	IPC/Micro 44
Ratified By:	Clinical Guidelines Committee
Date Ratified:	
Version:	2
Policy Executive Owner:	Dr Michael Kelsey Dr Julie Andrews Patricia Folan
Designation of Author:	Consultant Microbiologist DIPC and Consultant Microbiologist Lead Nurse, Infection Prevention & Control
Name of Assurance Committee:	Infection Prevention & Control Committee
Date Issued:	
Review Date:	February 2019
Target Audience:	All Staff

Version Control Sheet

Version	Date	Author	Status	Comment
1	November 2015	Dr Michael Kelsey Dr Julie Andrews Patricia Folan	In-active	First version. Superseded by version 2.
2	February 2016	Dr Michael Kelsey Dr Julie Andrews Patricia Folan	Active	Reviewed. Minor amendments made. Transferred on to new Trust template.

Accident & Emergency Department (Reception)	Ext. 5704/5216
Nurses Station	Ext. 5705/5100/5723

➤ **Decontamination of Medical Equipment**

Decontamination Advisor	Ext. 5454
Medical Device Manager	Ext. 3758/5425
Electronics Workshop (Senior Engineer)	Ext. 5428

➤ **Pest Control**

The Housekeeping/Domestic Managers will arrange for pest control services to deal with any infestation. Cleaning will be carried out by the domestic staff.

Whittington Portering & Domestic Services

Manager	Ext. 5011
Senior Team Manager	Ext. 3692
Domestic Team Leader	Ext. 5585 Bleep 2644/2651/3009
Evening Domestic Team Leader	Ext. 5585 Bleep 2786/2789
Portering Team Leader	Ext. 4448 Bleep 2702
Night Domestic	Bleep 2611

➤ **Drug Information (Pharmacy)**

Pharmacy Office	Ext. 5399
Pharmacy Stores	Ext. 5777
Drug Information	Ext. 5021

➤ **Miscellaneous Contacts**

Facilities Helpdesk	Ext. 3600
Health & Safety Officer	Ext. 5006/5495
Waste Minimisation Officer	Ext. 3256

➤ **Infection Prevention & Control Committee (IPCC)**

Committee Secretary

Ext. 3894

➤ **Notifiable Disease and Communicable Disease Control (Community)**

We are covered by the North East and North Central Health Protection Unit for our public health needs. The HPU comprises of public health doctors, nurses and administration staff.

Working Hours:

North East and North Central HPU

020 3837 7084

Out of Hours:

Contact the duty Public Health Practitioner for Communicable Disease Control who is on call via the Whittington Health switchboard or phone out of hours 020 7191 1860.

To be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval

		Yes/No	Comments
1.	Does the procedural document affect one group less or more favourably than another on the basis of:		
	• Race	No	
	• Ethnic origins (including gypsies and travellers)	No	
	• Nationality	No	
	• Gender	No	
	• Culture	No	
	• Religion or belief	No	
	• Sexual orientation including lesbian, gay and bisexual people	No	
	• Age	No	
	• Disability - learning disabilities, physical disability, sensory impairment and mental health problems	No	
2.	Is there any evidence that some groups are affected differently?	No	
3.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	No	
4.	Is the impact of the procedural document likely to be negative?	No	
5.	If so can the impact be avoided?	N/A	
6.	What alternatives are there to achieving the procedural document without the impact?	N/A	
7.	Can we reduce the impact by taking different action?	N/A	

If you have identified a potential discriminatory impact of this procedural document, please refer it to the Director of Human Resources, together with any suggestions as to the action required to avoid/reduce this impact.

For advice in respect of answering the above questions, please contact the Director of Human Resources.

Checklist for the Review and Approval of Procedural Document

To be completed and attached to any procedural document when submitted to the relevant committee for consideration and approval.

	Title of document being reviewed:	Yes/No	Comments
1.	Title		
	Is the title clear and unambiguous?	Yes	
	Is it clear whether the document is a guideline, policy, protocol or standard?	Yes	
2.	Rationale		
	Are reasons for development of the document stated?	Yes	
3.	Development Process		
	Is it clear that the relevant people/groups have been involved in the development of the document?	Yes	
	Are people involved in the development?	Yes	
	Is there evidence of consultation with stakeholders and users?	Yes	
4.	Content		
	Is the objective of the document clear?	Yes	
	Is the target population clear and unambiguous?	Yes	
	Are the intended outcomes described?	Yes	
5.	Evidence Base		
	Are key references cited in full?	N/A	
	Are supporting documents referenced?	N/A	
6.	Approval		
	Does the document identify which committee/group will approve it?	Yes	
7.	Dissemination and Implementation		
	Is there an outline/plan to identify how this will be done?	Yes	
8.	Document Control		
	Does the document identify where it will be held?	Yes	
9.	Process to Monitor Compliance and Effectiveness		

	Title of document being reviewed:	Yes/No	Comments
	Are there measurable standards or KPIs to support the monitoring of compliance with and effectiveness of the document?	Yes	
	Is there a plan to review or audit compliance with the document?	Yes	
10.	Review Date		
	Is the review date identified?	Yes	
	Is the frequency of review identified? If so is it acceptable?	Yes	
11.	Overall Responsibility for the Document		
	Is it clear who will be responsible for co-ordinating the dissemination, implementation and review of the document?	Yes	

Executive Sponsor Approval			
If you approve the document, please sign and date it and forward to the author. Procedural documents will not be forwarded for ratification without Executive Sponsor Approval			
Name		Date	
Signature			
Relevant Committee Approval			
The Director of Nursing and Patient Experience's signature below confirms that this procedural document was ratified by the appropriate Governance Committee.			
Name		Date	
Signature			
Responsible Committee Approval – only applies to reviewed procedural documents with minor changes			
The Committee Chair's signature below confirms that this procedural document was ratified by the responsible Committee			
Name		Date	
Name of Committee		Name & role of Committee Chair	
Signature			

Tool to Develop Monitoring Arrangements for Policies and guidelines

What key element(s) need(s) monitoring as per local approved policy or guidance?	Who will lead on this aspect of monitoring? Name the lead and what is the role of the multidisciplinary team or others if any.	What tool will be used to monitor/check/observe/Assess/inspect/ authenticate that everything is working according to this key element from the approved policy?	How often is the need to monitor each element? How often is the need complete a report? How often is the need to share the report?	What committee will the completed report go to?
Element to be monitored	Lead	Tool	Frequency	Reporting arrangements
Can the Infection prevention and control team be easily contacted?	ICNs	Questionnaire for the staff at Whittington Health switchboard. DATIX reports	Annually	IPCC