

Priory

**Infection Prevention & Control
Annual Report**

2022/23.

Like many health and social care organisations our work in Infection Prevention and Control (IPC) is absolutely essential to ensuring that we provide a safe environment for those within our care and for our colleagues. Although COVID-19 pandemic led to further understanding on the importance of basic IPC measures, we have continued maintaining the highest of standards and acknowledged that we can improve further to embed and sustain excellence.

This annual report sets out our Infection Prevention and Control position and activity over the last year, and can be used by our registered managers in line with their obligations under the various national legislations. The report is outlined against the 10 key standards that are set out within the [Code of Practice on the Prevention and Control of Infections by Health Service Providers](#).



A handwritten signature in black ink, appearing to read 'Colin Quick', written over a light grey rectangular background.

Colin Quick, Chief Quality Officer
Chief Nurse and Director of Infection Prevention and Control

Introduction

Priory provides care and treatment to some of the most vulnerable people in our society and in conjunction with our colleagues across the Europe are striving to become the leading European provider of high-quality mental health and medical rehabilitative services. During this reporting period our services were organised into two operational divisions:

- (a) Healthcare
- (b) Adult Care

In the UK, all health and social care organisations are subject to laws and regulations and other controls in order to protect service users, residents, pupils and colleagues. Priory is no different and each site is licensed and inspected by a regulatory body. There are seven regulatory bodies in total that cover the Priory, depending on the service and in which country the site is located. There are a number of other legal and regulatory and statutory requirements (such as Health & Safety legislation) with which we also need to comply.

Accordingly, we have a comprehensive set of policies which reflect the relevant requirements and clearly explain the procedures and guidelines that colleagues need to follow in any particular circumstances. Some of these policies directly relate to day-to-day service delivery and some relate to ancillary services such as catering and maintenance. Failure to comply with the Priory policy invariably means our service users do not receive the standard of service to which they are entitled, but can also carry serious legal, professional and regulatory consequences, not just for Priory, but for individuals as well.

The Priory approach has been led by the maxim of Do the Basics Brilliantly, which consequently allows every improvement not only to be introduced, yet sustained as an everyday activity.

As a result, the outlined Infection Prevention and Control (IPC) approach takes into account current legislation from all four UK countries and is set out against.

- The Health and Social care Act 2008: Code of Practice on the prevention and control of infections and related guidance (Department of Health and Social Care, 2022);
- Code of Practice for the Prevention and Control of Healthcare Associated Infections (Welsh Government, 2015);
- Healthcare Improvement Scotland Infection Prevention and Control Standards 2022 (Healthcare Improvement Scotland, 2022)
- The Northern Ireland Infection Prevention and Control Manual (Public Health Agency, 2015)

This annual report is structured around the ten criteria of the Code of Practice relevant to England, Wales and Northern Ireland, and includes cross references to Healthcare Improvement Scotland Healthcare Associated Infection Standards. Compliance with the national code of practice is monitored at each Cross-Divisional IPC Committee meeting and the annual work programme is based on these criteria (see Appendix 1). Furthermore, all four Infection Prevention and Control Manuals are followed to ensure all Priory policies and standard operating procedures are in line with the best practice.

1. Systems to manage and monitor the prevention and control of infection

The IPC framework outlines the collective responsibility of all staff for minimising the risks of infection and how this process is to be achieved ([IPC01 Infection Prevention and Control Arrangements](#)). This follows evidence-based practice and prevents service users and colleagues from being harmed by avoidable healthcare-associated infections.

1.1 Arrangements for the management of IPC

The Cross-Divisional IPC Committee is dedicated to reduce the risks of healthcare associated infection through a pro-active action plan and continual development of best practice initiatives. The Committee is accountable and reports to the Quality Assurance Committee, which in turn reports to the UK Board (Appendix 2). The Action plan and the associated tracker are cascaded to each division and monitored via Cross-Divisional IPC Committee meetings.

Training, regular information cascade and suitable supervision are in place to ensure that colleagues, contractors and any persons directly or indirectly concerned with service users' care minimise the risk of infection.

Established IPC audit tools, including cleanliness, hand hygiene and mattress care audits have been in place to ensure IPC principles are monitored and any required action taken. The audit calendar will be placed on the Annual Schedule to ensure clear communication and expectation and the process will be monitored via the Cross-Divisional IPC Committee.

1.2 IPC Team, their roles and responsibilities

Full details of the roles and responsibilities of all colleagues in prevention and control of infections are outlined in the Priory policies.

The Chief Quality Officer is the responsible officer for IPC and chairs the Cross-Divisional IPC Committee.

Individual sites have the nominated IPC Leads who are responsible for maintaining IPC standards across the service.

The Infection Prevention and Control Nurse Adviser continues maintaining structured reporting lines, good communication and IPC standards across both divisions, as well as providing best care to all people we care and are responsible for (service users and colleagues).

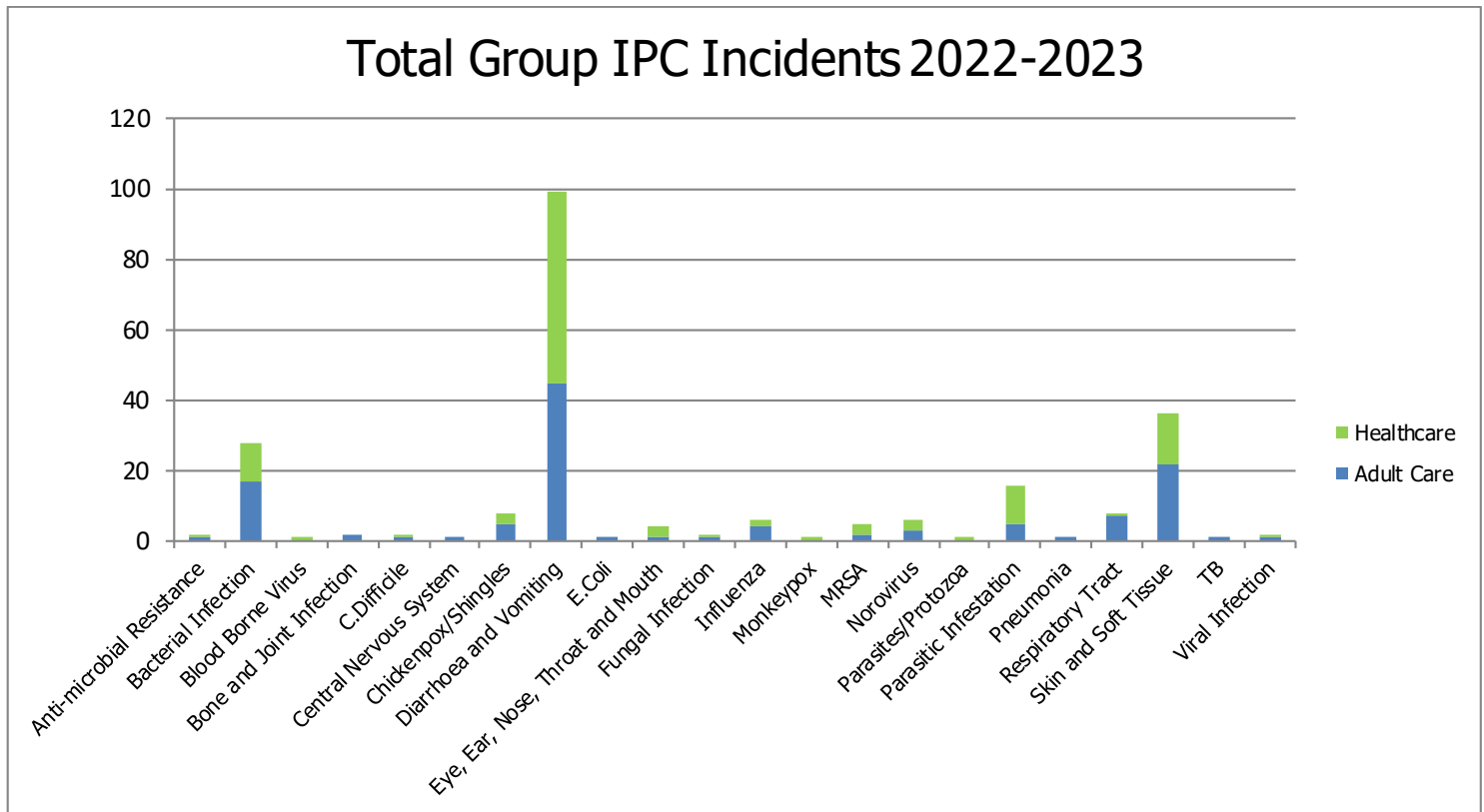
1.3 Risk assessment

The risk assessments tools are in place and completed prior to, on admission and throughout the service user stay to identify the risk of infections. Further works have been identified, to ensure robust admission process is put in place, to ensure appropriate placement and care is offered according to the IPC risks.

A robust reporting system is in place (Datix) to allow any IPC incidents being captured, reviewed and lessons learnt shared via divisional cascade reports. The overview, common trends and improvement plans are escalated to the IPC Committee and add to the action plan tracker.

To ensure understanding of risks associated with exposure to body fluids or cleanliness additional areas have been identified within the reporting system and will continue to be emerged over 2023/24.

The Chart below indicates the number of Non-COVID-19 IPC Incidents



2 Provide and maintain a clean and appropriate environment

Dedicated colleagues are responsible for maintaining cleanliness and good physical repair and condition of the facilities. Clear responsibilities are set according to their roles and compliance with the agreed standards. The National Standards of Healthcare Cleanliness have been reviewed and any gaps within the policies or procedures amended accordingly. Monitoring tools, such as IPC audit (Adult Care Division) Cleanliness Audits for patient and non-patient facing areas and the monthly Quality Walk Rounds are put in place to monitor appropriate standards.

Although there are suitable alcohol hand rub gels within individual sites to accommodate appropriate hand hygiene in line with WHO Five Moments, the hand washing facilities are reviewed and prioritised when deemed necessary and the IPC checklist document have been put in place to support risk assessment when hand washing basin cannot be fitted.

Increased cleaning schedules during outbreaks have been successfully put in place and discussed at the daily safety meetings at the individual sites.

Patient-led assessment of the clinical environment (PLACE) approach has been included in the new cleaning standards and their monitoring/auditing schedules.

Waste management policy allows appropriate waste segregation according to the national standards.

Dress code policies, across both divisions, support the requirement of the national standards and compliance to bare below the elbows procedures.

3 Ensure appropriate antimicrobial use and stewardship

Antimicrobial usage is reviewed and audited when required and deemed necessary by the local pharmacist, as usage of antibiotics is minimal within the Priory. Antimicrobial Stewardship audit has been introduced and initial data has been used as a baseline to understand and shape better practice, further work continues, including e-prescribing review.

4 Provide suitable and accurate information to service users and visitors.

All notifiable micro-organisms/conditions are reported according to the national guidance from all four countries. The information is also included in the service users' medical records and communicated where and when appropriate.

An outbreak management plan is in place and when declared it is recorded on the reporting system (Datix), escalated to the appropriate directors and to the local IPC Teams. Information is widely available, service users and visitors are informed and appropriate signage displayed.

Numerous information leaflets are available on the Priory intranet. The Priory has adopted skills and knowledge of their colleagues to ensure the information leaflets are available in various formats, to accommodate specific service users' needs (pictograms, large print or face-to-face sessions to educate on hand hygiene)

5 Ensure prompt identification of people who have or are at risk of developing infection.

Risk assessments are undertaken prior admission to the service to ensure prompt treatment and appropriate infection prevention and control precautions are initiated where required to prevent transmission of infections to others.

6 Systems to ensure that all colleagues are aware of and discharge their responsibilities in the process of preventing and controlling infection.

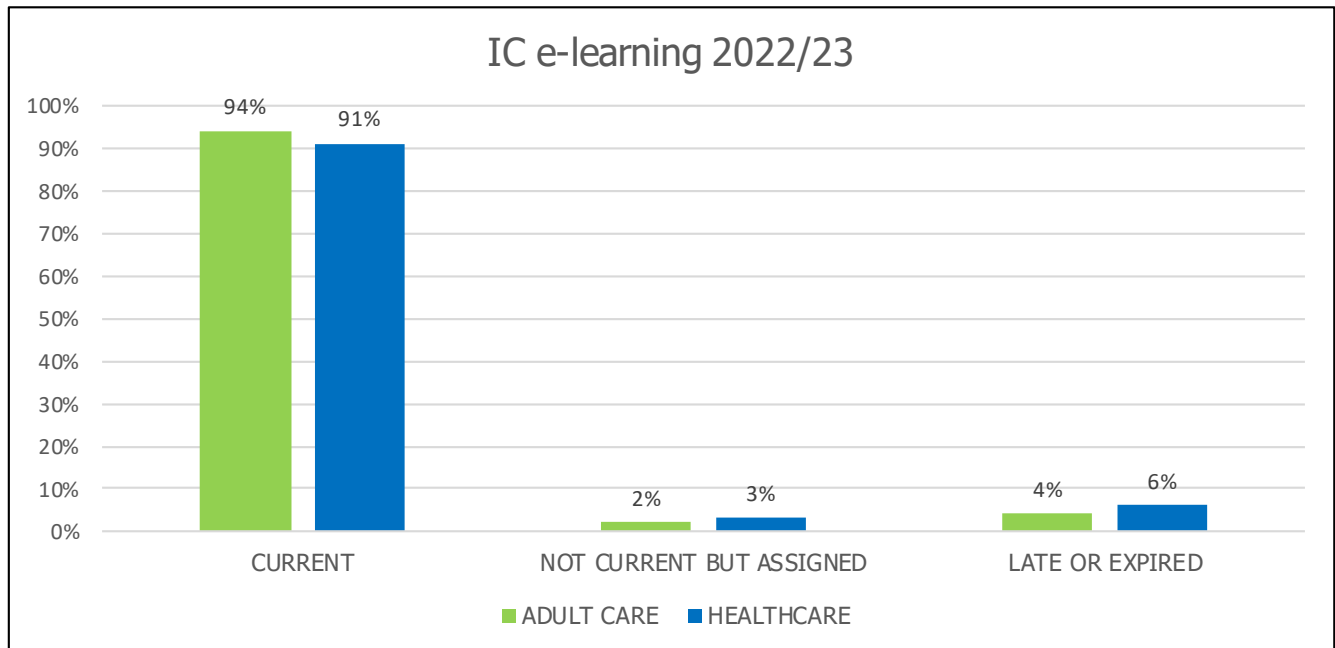
6.1 Roles and responsibilities

The IPC01 Infection Prevention & Control Arrangements policy clearly outline the roles and responsibilities of all staff in the prevention and control of healthcare associated infections (Appendix 3)

6.2 Training

The Priory has IPC programmes in place for all colleagues, including e-learning and face-to-face sessions. Training programmes are identified and assigned according to the role and responsibilities. Compliance with mandatory IPC training are reported through key performance indicators and discussed with line managers at one-to-one meeting at annual appraisals. Furthermore, the Priory has secured advanced level IPC training for the IPC Leads at individual sites and recent work led to introducing additional training session from Health Education England Electronic Learning for Health portal.

To ensure compliance with the Infection Prevention and Control Education Framework and Standards, gap analysis was undertaken in March 2023 and additional actions have been identified and scheduled to be completed in 2023/24.



7. Provision or ability to secure adequate isolation facilities.

The Priory consist of multiple facilities, which provide appropriate isolation accommodations when necessary. Some buildings will have single occupancy en-suite rooms, other are shared accommodation, with communal bathrooms and toilets. Those it requires locally agreed risk assessment in the event of known infectious service users and understanding transmission-based precautions, which are clearly identify in the Cross-Divisional policies.

During COVID-19 pandemic zoning and partial containment of shared accommodations has been successfully utilised and awareness of the standard and transmission-based precautions greatly appreciated among the colleagues and service users.

Deep cleaning procedures are in place and allocated to suitably trained personnel.

8. Secure adequate access to laboratory support as appropriate

The Priory has an established relationship with local GPs and laboratories (NHS and private providers) to allow appropriate specimen collection, analysis and treatment plans when and if required.

9. Have and adhere to the policies

All existing policies across the Priory are available on the Priory Intranet. The IPC Committee is responsible for reviews and updates of these documents based on the new evidence. The policies have been aligned with the National IPC Manuals (all four countries).

Any changes, updates to the policies are communicated to the site levels.

The local standard operating procedures will refer to the Cross-Divisional policies and will be reviewed regularly at the local committees meetings to ensure they are in date and accurate. Please see appendix 4.

10. Providers have a system in place to manage the occupational health needs and obligations of colleagues in relation to infection

The Priory offers occupational health services via Medigold Health Consultancy. The appropriate screening and immunisation programme is undertaken as part of the enrolment process. The service also provides ongoing screening for communicable diseases where indicated.

The Priory is working towards reducing occupational exposure to the blood borne viruses and therefore appropriate procedures are in place, flow chart widely available to ensure safe and immediate actions are undertaken in the unfortunate event.

Part of the improvement programme due to the ongoing COVID-19 pandemic was the introduction of regular lateral flow testing for all colleagues to maintain their own and service users' safety.

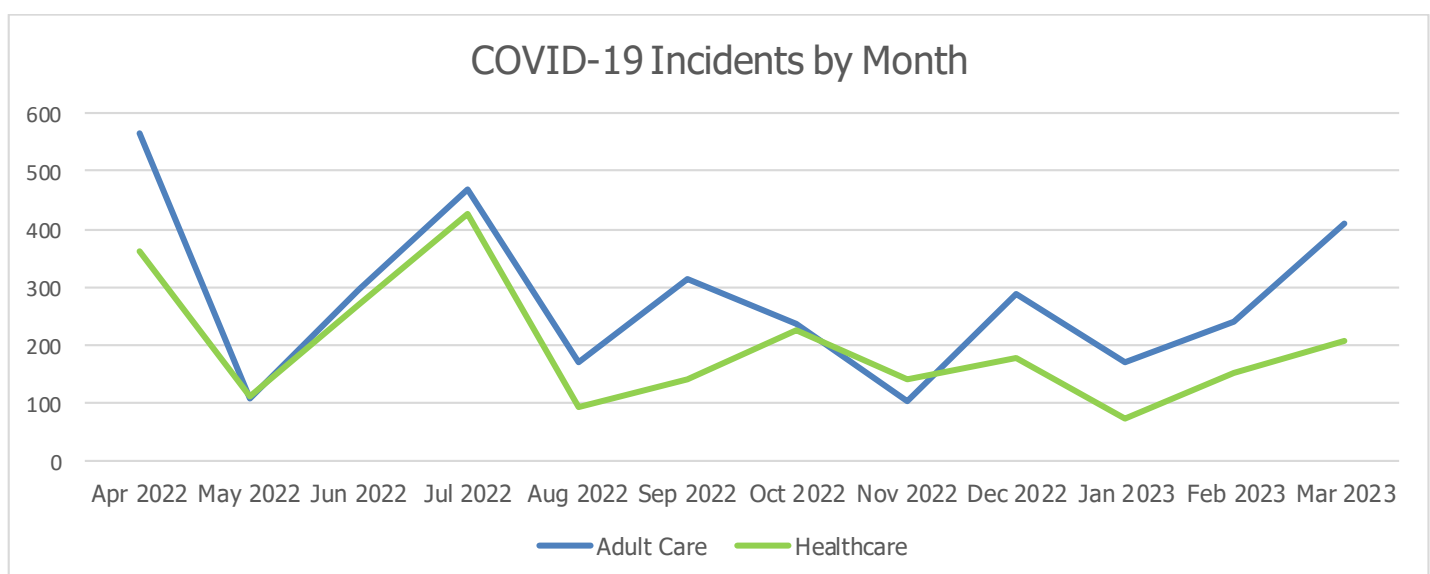
The Priory has had good COVID-19 vaccine uptake and continues to support boosters to be undertaken.

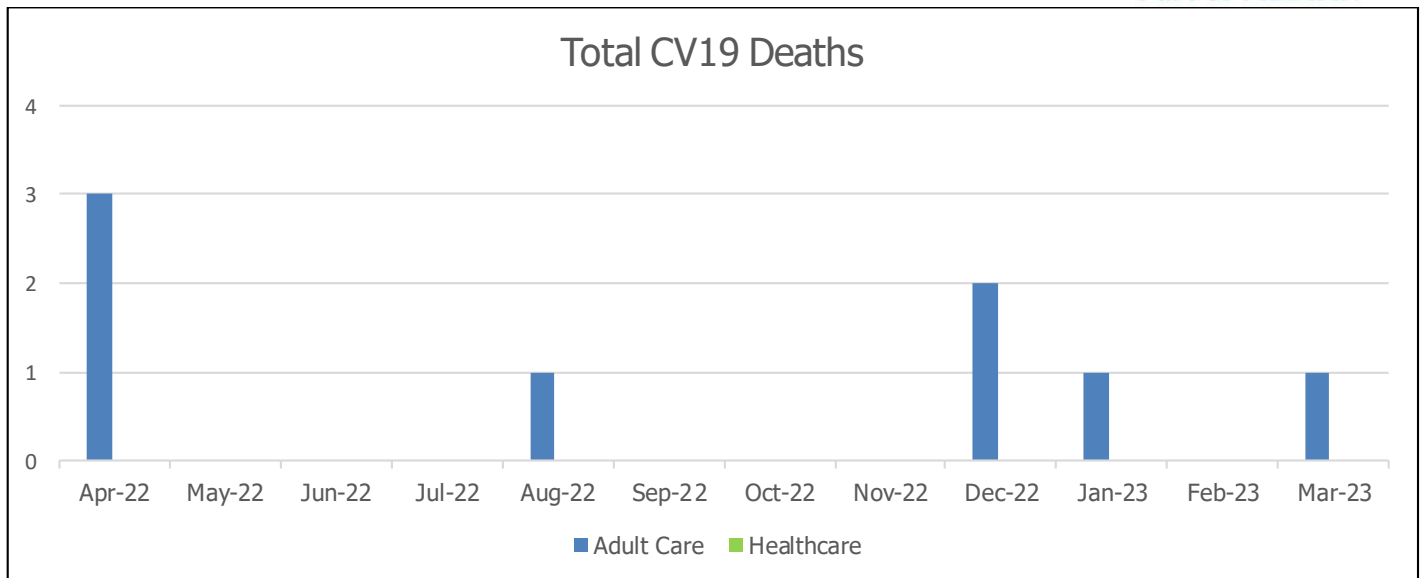
It has been identified that to promote and further support flu immunisation programme peer vaccination clinics will be beneficial. Further work will continue to ensure training, competencies and all legal requirements are met by the flu season 2023/24.

11. COVID-19

Further changes across all four nations have been adopted to ensure the Priory recognises risks of COVID-19 and other respiratory infection. Multiple policies and procedures were put in place and are review according to national guidance. Universal masking being paused and changes to testing requirement have influenced changes to reported COVID-19 infections.

The below figures represent cumulative COVID-19 cases across all Priory services 2022/23.





Outbreak management

Although reduction of COVID-19 outbreaks could be observed in 2022/23, the understanding of managing such incidents was much greater and supported introduction of the Outbreak Management Standard Operating Procedure was introduced.

It allows services to manage outbreaks according to the national guidance, act immediately and in structured way. It improved standards and often led to containment.

Future Plans 2023/24

For the reporting year we will be aiming to enhance the IPC work within the organisation by undertaking the following;

- Review of admission screening to ensure appropriate measures, if such are deemed needed, are put in place to prevent transmission of infections
- Improved Cleanliness audit schedule and tools to promote clean and safe environment
- Reporting system updates to ensure we can learn from incidents, which often are not captured as a primary IPC event, however posing risk on individuals by either exposure to bodily fluids or inappropriate cleaning standards
- Introduction of Peer Flu Vaccination Clinics
- Robust data collection for antimicrobial usage
- Additional training needs to be reviewed and to ensure IPC sessions are aligned with the national frameworks and standards

Conclusion

2022/23 had continued to be a challenging year, however, as many Health and Social Care organization, the Priory learnt and improved on IPC measures and how basics can help to provide safe care to all our service users. Relationships with local IPC Teams and local authorities has greatly improved and the Priory is taking all effort to sustain these connections.

The IPC Nurse Adviser supported improved lines of reporting, communication channels, including regional IPC Leads meeting and monthly/quarterly IPC updates messages.

Cleanliness audits and updated IPC audit have been well embedded and provided services with understanding of further works needed to ensure clean and safe environment is maintained.

IPC checklist document have been put in place to support risk assessment when hand washing basin cannot be fitted and to ensure when refurbishment is to be undertaken all IPC guidance are reviewed and met on completion.

Service users involvement in maintaining IPC measures has been very beneficial. The Priory has number of IPC champions nominated among the service user groups, who take an active part in reviewing facilities standards, their cleanliness and safety.

Antimicrobial Stewardship audit has been introduced and although initial had been used as a baseline to understand and shape better practice, further work continues, including e-prescribing review.

Appendix 1: Infection Prevention and Control Compliance Criteria

Criteria		Scottish Standards	Monitored by
1	Systems to manage and monitor the prevention and control of infection. These systems use risk assessments and consider how susceptible service users are and any risks that their environment and other users may pose to them.	Standard 1: Leadership and governance Standard 4: Assurance and monitoring systems	<ul style="list-style-type: none"> Risk assessments Infection Prevention and Control incidents reported on Datix Audits
2	Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections.	Standard 8: The built environment	<ul style="list-style-type: none"> Cleanliness audits IPC audits Patient satisfaction Environmental audits
3	Ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance.	Standard 5: Optimising antimicrobial use	<ul style="list-style-type: none"> GP, Dentist and District Hospital led prescription services Ashtons audit of antibiotic use Appropriate storage and control measures for use of antibiotics at local levels
4	Provide suitable accurate information on infections to service users, their visitors and any person concerned with providing further support or nursing/ medical care in a timely fashion.	Standard 3: Communication	<ul style="list-style-type: none"> Infection Prevention and Control Committee oversees IPC surveillance reports and makes them available where appropriate Multidisciplinary root cause analysis meetings for outbreaks and notifiable organisms/conditions Patient Information leaflets
5	Ensure prompt identification of people that have or are at risk of developing an infection so that they receive timely and appropriate treatment to reduce the risk of transmitting infection to other people.	Standard 1: Leadership and governance Standard 3: Communication	<ul style="list-style-type: none"> Surveillance of all alert organisms/conditions
6	Systems to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection.	Standard 2: Education and training Standard 7: Clean and safe care equipment	<ul style="list-style-type: none"> IPC mandatory training included in induction and refresher training IPC e-learning package available on the Priory Academy platform IPC Site Leads training
7	Provide or secure adequate isolation facilities.	Standard 1: Leadership and governance Standard 6: Infection prevention and control policies, procedures and guidance	<ul style="list-style-type: none"> IPC involvement in new builds and refurbishments Isolation policy in place with regular audit and feedback
8	Secure adequate access to laboratory support as appropriate.	Standard 1: Leadership and governance Standard 6: Infection prevention and control policies, procedures and guidance	<ul style="list-style-type: none"> Local agreements with laboratory in place and utilised when necessary
9	Have and adhere to policies, designed for the individual's care and provider organisations that will help to prevent and control infections.	Standard 6: Infection prevention and control policies, procedures and guidance Standard 9: Acquisition and provision of equipment	<ul style="list-style-type: none"> Policies and procedures reviewed and updated as required All policies/procedures available via the Collaboration site Compliance monitored through audits
10	Providers have a system in place to manage the occupational health needs and obligations of staff in relation to infection.	Standard 1: Leadership and governance	<ul style="list-style-type: none"> Occupational Health monitoring of staff well-being Provision of vaccination to staff as appropriate with feedback of uptake Sharps injuries monitored

Appendix 2

Infection Prevention and Control Committee Terms of Reference

Purpose	
<p>The role of the Infection Prevention and Control Committee is to:</p> <ul style="list-style-type: none"> • Ensure that systems and processes are in place to prevent and control the risk of infection to service users, staff and visitors and to support The Priory in demonstrating assurance of compliance with: <ul style="list-style-type: none"> ○ Health and Social care Act 2008: Code of Practice on the prevention and control of infections and related guidance (Department of Health, 2015); ○ Code of Practice for the Prevention and Control of Healthcare Associated Infections (Welsh Government, 2015); ○ Healthcare Associated Infection (HAI) Standards (Healthcare Improvement Scotland, 2015) ○ The Northern Ireland Infection Prevention and Control Manual (Public Health Agency, 2015) • The Committee plays a key role in terms of influencing the development of cultures which demonstrate best evidence-based practice and ownership of the key message that infection control is everyone's responsibility within The Priory 	
Definitions	
"the Committee"	The Infection Prevention and Control Committee
"the Priory"	All Divisions of the Priory Group
"the Members"	Officers appointed by the Chair of the Committee
Duties	
<p>The Infection Prevention and Control Committee has been established to have effective oversight of infection prevention and control matters for The Priory. The Committee should carry out the duties below as appropriate:</p> <ul style="list-style-type: none"> • To share and develop good practices for infection prevention and control across the Priory Group to provide consistency and maintain high standards • To ensure systems, processes and behaviours are in place in order to foster a safe culture in relation to infection prevention and control • To review each division in relation to key infection control risks including any notifications to the UK Health Security Agency and track themes and trends from infection control incidents and take appropriate mitigating action • To scrutinise serious incidents that meet the criteria for incident notification reporting to the Executive Team and ensure due process has been followed • To share learning in relation to infection control incidents across the whole Priory Group • To have oversight of infection control training across the Priory Group and ensure consistency of training • To have overview of compliance issues with external regulators relating to infection control across The Priory. • To receive and approve infection control policies and procedures and ensure they are implemented at site level • To receive results of infection control audits and ensure that action plans are implemented by Divisions • To ensure that Site Infection Prevention and Control Leads are competent to fulfil their role and ensure the list of Infection Prevention and Control Leads is updated quarterly • To provide appropriate advice, guidance and support on matters pertaining to infection control and prevention within The Priory. 	

- To ensure compliance to the Health & Social Care Act (2008) - Code of Practice for the prevention and control of Infections and related guidance (DH 2014) and any other pertinent national legislation.
- To agree and monitor the annual infection prevention and control work programme
- Ensure appropriate links with other relevant organisations such as the UK Health Security Agency are maintained
- To agree the annual Infection Prevention and Control report

Membership

Chief Quality Officer (Committee Chair and Nominated Director of Infection Prevention and Control)
 Director of Quality (Adult Care)
 Director of Risk Management
 Associate Directors of Nursing and Quality (Healthcare) Head of Purchasing
 Policy Manager
 Health and Safety Manager
 IPC Nurse Advisor

Quorum

The quorum necessary for this meeting shall be **four members** to include the Committee Chair or nominated deputy.

Frequency

Under normal circumstances, the committee will **meet every three months, with a minimum of 4 meetings per calendar year.**

Committee meetings will be scheduled at appropriate times in the reporting and audit cycle.

Reporting responsibilities

The Committee will report to the Quality Assurance Committee on a quarterly basis, promptly submitting relevant minutes, as appropriate.

The Committee shall establish task and finish sub groups as necessary who will report to the Committee on a quarterly basis.

The Committee shall be responsible for producing an Annual Report to the UK Operating Board.

Appendix 3

ROLES and RESPONSIBILITIES

The role of the **Site IPC Lead/Home Manager** should include:

1. Undertaking training and updates to the level specified
2. Monitoring training of colleagues on site and ensuring it is of good quality, up to date and meets the requirements of the regulators and Priory policy
3. Supporting new colleagues during the induction period, to ensure basic understanding of IPC procedures is maintained at all times
4. Being involved in the development of local IPC procedures and the implementation of IPC policies
5. Communicating changes to procedures/documentation to colleagues
6. Ensuring that their own knowledge of infection control legislation, regulation and guidance is up to date
7. Ensuring site colleagues are informed on specific and seasonal IPC topics
8. Assisting/advising other colleagues on infection prevention and control issues
9. Ensuring that clear and accurate records of IPC related incidents are kept, follow-up in timely and thorough and sharing learning with local management and colleagues
10. Taking the lead on arranging local IPC audits, analysing the results and sharing with management and colleagues and action plans
11. Advising local management, Regional/Divisional IPC leads and governance meetings on infection control issues and on the effectiveness of policies and procedures
12. Providing the link for IPC issues with external agencies, Regional/Divisional IPC leads and other Site IPC leads

The role of the **Regional/ Divisional IPC Lead**

1. Attending Regional IPC meetings and sharing information with IPC site leads
2. Supporting site IPC Leads with any training and refresher training challenges
3. Offering evidence and policy based advice and support to site IPC leads and other colleagues
4. Analysing the results of the IPC audits of practice and identifying any actions necessary to be feedback to the Region/Division and monitor their progress. Include an analysis of disincentives to report, sharing of best practice and lessons learnt through regular contact (at least quarterly) during Regional/Divisional IPC and/or Governance meetings, as well as to provide overall report to the Priory IPC Committee
5. Ensuring that there are open avenues of communication between the division and the Chief Quality Officer, either directly or via the Priory IPC Committee Meeting on issues arising.

The role of the **IPC Nurse Adviser** should include:

1. Highly expert advice on infection prevention and control measures across the Priory
2. To provide expert advice on the management of patients with a known or suspected infection and to ensure effective collaboration addressing the specialist aspects of infection prevention and control in relation to complex management issues.
3. To advise and work closely with sites on the provision of a safe environment and maintaining high standards of cleanliness, decontamination and facilities.
4. To ensure compliance with mandatory reporting requirements for HCAI's.
5. To be responsible for the compilation of all Infection Prevention and Control Policies, utilising national evidence based Code of Practice, guidelines or best practice as appropriate.
6. To assist in the implementation and monitoring of Infection Prevention and Control Policies, working closely with Regional/Divisional IPC Leads and site IPC Leads to ensure that policies are understood and adhered to, in order to improve care.

The role of the **Director of Infection and Prevention**

1. To provide oversight and assurance on infection prevention to the Board
2. To lead and support the Priory IPC Team
3. To oversee the IPC policies and procedures and their implementation. Assess the impact of all existing and new policies on IPC and recommend any changes required

4. To be a full member of multiple Priory's committees to ensure IPC and cleanliness are discussed as an agenda item at every level
5. To produce the Annual IPC Report
6. DIPC has the right to discharge their responsibility to the IPC Nurse Adviser, Regional or Divisional IPC Leads when deemed necessary

Reference

[Health and Social Care Act 2008: code of practice on the prevention and control of infections - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/code-of-practice-on-the-prevention-and-control-of-infections)

[Healthcare associated infections: code of practice | GOV.WALES](https://www.gov.wales/government/publications/code-of-practice-on-the-prevention-and-control-of-infections)

[PHA Infection Control | \(niinfectioncontrolmanual.net\)](https://www.niinfectioncontrolmanual.net/)

[Infection prevention and control standards \(healthcareimprovementscotland.org\)](https://www.healthcareimprovementscotland.org/)

National IPC standards

National Infection Prevention and Control Manual for

England National Infection Prevention and Control Manual for

Scotland

National Infection Prevention and Control Manual for Wales

The Northern Ireland Regional Infection Prevention and Control Manual

Appendix 4

IPC Policies and SOPs

Policy Number	Policy Title
IPC01	Infection Prevention and Control Arrangements
IPC02	Universal Precautions (incl. Blood Borne Viruses, Prophylaxis and Handling Specimens)
IPC03	Hand Hygiene
IPC04	Management and Notification of Infectious Disease
IPC06	Aseptic Non-touch (ANTT) and Socially Clean Techniques
IPC07	Decontamination of Medical Devices and Other Equipment
IPC08	Laundry
IPC09	Isolation Nursing
IPC10	Infection Control Issues to Consider Following Death
IPC11	Prevention and Management of Needlestick, Sharps, Bite and Splash Injuries
IPC12	Antimicrobial Medications
IPC13	Infection Control Measures for Visitors
IPC14	Hepatitis
IPC15	Tuberculosis
IPC16	Methicillin-Resistant Staphylococcus Aureus (MRSA)
IPC17	Gastrointestinal Infections (Diarrhoea and Vomiting)
IPC18	Vancomycin Resistant Enterococci (VRE)
IPC19	Escherichia Coli 0157 (E Coli)
IPC20	Clostridium Difficile (C Diff)
IPC21	Chickenpox and Shingles
IPC22	Measles, Mumps and Rubella

IPC23	Scabies
IPC24	Head Lice
IPC25	Mattress Care
IPC27	Vaccinations

IPC-SOP Number	SOP Title
IPC-SOP01	Identifying Gaps and Improving Cleanliness Standards
IPC-SOP02	Outbreak Management
IPC-SOP03	COVID-19 Testing for Service Users and Colleagues