

 <p> GIG CYMRU NHS WALES </p> <p> Iechyd Cyhoeddus Cymru Public Health Wales </p>	<p> Name of Meeting Quality, Safety and Improvement Committee Date of Meeting 04/06/2026 Agenda item: 3.3.1 </p>
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Policy / Procedure Approval Report

Section 1 - Policy / Procedure Information

Policy / Procedure Title	Infection Prevention and Control Policy
Policy Lead	Nicola Lewis, Lead IPC Nurse
Lead Executive	Claire Birchall, Executive Director for Quality, Nursing and Integrated Governance
PHW / All Wales?	PHW
Date of last Review	November 2025
Is the current policy / procedure within review date?	Yes
Approving Body /Group	Quality, Safety and Improvement Committee
Version Number	4

Section 2: Recommendation

That the Quality, Safety and Improvement Committee:

- **Considers** the information contained within the Policy and Equalities Impact Assessment (Appendix 1a)
- **Notes** that the Infection Prevention & Control Group and Leadership Team endorsed the Policy.
- **Approve** the Infection Prevention & Control Policy.



Section 3 – Details of the Review:	
Background:	
Reason for review	Review deadline due
Description/Assessment	<p>The Code of Practice for the Prevention and Control of Healthcare Associated Infections (2014) states that Organisations must have in place appropriate policies and governance structures to promote Infection Prevention and Control Practices.</p> <p>The previous policy issued in 2023 has been revised and links updated to ensure access to relevant supporting documents. The structure of the document has also been amended in order to comply with the policy template layout. Full details of amendments are included within the version control.</p> <p>An updated Code of Practice and Quality Statement are due for publication by Welsh Government by the end of the current financial year, after which time the PHW Infection Prevention and Control Policy will undergo further review to ensure it aligns with the new standards.</p>
Consultation	
Has this Policy / Procedure been through the appropriate 28 day consultation process?	Yes
Date range of consultation:	26/11/2025 – 24/12/2025
Please provide details of any feedback received and outline what changes if any were made to the document as a result:	Terminology change from “IPC Lead Nurse” to “Lead IPC Nurse” to clarify difference between the Head of Nursing for Screening who acts as the “Screening IPC Lead”.
(Add detail)	The Leadership Team considered and endorsed the policy at its meeting on 22 January 2026.
Had this policy / procedure been considered by any other groups?	Yes



If so, please provide detail of any comments / feedback or amendments made to the documents as a result of this	
(Add detail)	Provided to Trust IPC Group for endorsement prior to submitting for approval.

Section 4: Impact Assessments	
Equality and Health Impact Assessment	Equality and Health Impact Assessment reviewed and submitted with policy. No negative impacts identified.
Welsh Language Impact	The Policy / Procedure will be translated to welsh and available on the internet bilingually.
Risk and Assurance	This policy supports the identification and management of IPC risks.
Health and Social Care (Quality and Engagement) (Wales) Act	Infection control practices based on research and national guidance are pivotal to providing a safe, high-quality services to the public. Healthcare associated infections can result in significant harm which must be managed in line with Duty of Candour legislation.
Financial implications	No financial implications have been identified.
People implications	All staff are expected to adhere to this policy.
Socio Economic Duty	No implications identified.

Section5 - Implementation

Implementation plan (with timescales)		
Next steps	Timescale	Responsible officer(s)
Th policy has been reviewed and there are no changes to current practice as a result of the review. Changes relate only to nomenclature and updated links to relevant supporting documents.		
Policy is intended for staff use only and as such, will not require Welsh translation. Will be uploaded to the Trust Policy Intranet page.	Within 1 week of approval	Nicola Lewis



Section 6 – Dissemination

The primary source for dissemination of the Infection Prevention and Control Policy within the organisation is via the Policy page of the intranet site. The link and a notification of publication will also be sent to IPC Group members by email for further cascading.

INFECTION PREVENTION AND CONTROL POLICY

Policy Statement

Public Health Wales recognises its duty to comply with recommended standards and guidance on infection prevention and control and decontamination. The organisation adopts an explicit policy of zero tolerance to preventable Healthcare Associated Infections (HCAIs), seeks to constantly improve service delivery, and places a priority on quality. Public Health Wales staff, irrespective of their role, must be fully engaged with good infection prevention and control practices. In order to promote best practice for those staff providing services to the public, the organisation is committed to embedding the standards stated within the three key Welsh Government documents:

- [The Code of Practice for the Prevention and Control of Healthcare Associated Infections 2014](#), hereby referred to as The Code (currently being reviewed)
- [Health and Social Care \(Quality and Engagement\) \(Wales\) Act 2020](#), incorporating the Duty of Quality.
- [National Standards for Cleaning in NHS Wales \(2009\)](#) (currently being reviewed)

The above listed documents are currently under review, with publication by Welsh Government anticipated during Quarter 1, 2026-27. Following the release of these documents as well as the anticipated IPC Quality Statement, there will be a further review of this policy.

In order to ensure that all healthcare staff within the organisation have access to consistent, current and standardised policies to support practice, Public Health Wales is hosting and utilising the NHS Scotland electronic resource, the [National Infection Prevention and Control Manual \(NIPCM\)](#)

This manual replaces the Public Health Wales Infection Prevention and Control Procedure document. Although responsibilities of individuals and staff groups are outlined in the NIPCM, additional detail, specific to Public

Health Wales staff is provided in [Appendix A](#) of this policy. Arrangements for audit and monitoring of compliance are outlined in [Appendix B](#).

Policy commitment

The Code (2014) defines HCAIs as “infections that occur as a result of contact with the healthcare system in its widest sense – from care provided in the home; to general practice; nursing home care and care in the acute hospitals; or is acquired by a healthcare worker in the course of their NHS Wales duties”. This document builds on the previous strategy published in 2011 (Welsh Government; *Commitment to Purpose - Eliminating preventable healthcare associated infections - A framework of Actions for healthcare organisations in Wales*).

The Code identifies nine standards relating to Infection Prevention and Control (IPC) standards, to be met across the range of healthcare services provided by all NHS organisations, where applicable. Public Health Wales (PHW) is committed to ensuring these requirements are adopted into practice within the organisation by all staff irrespective of roles or responsibilities. In addition, The Code adds that these standards must be specified clearly within contracts or services commissioned by the organisation. Compliance with these standards should be evident to service users, visitors, and staff and to the Welsh Government (WG) including Healthcare Inspectorate Wales (HIW).

In order to deliver the recommended standards of environmental cleanliness described within the ‘National Standards for Cleaning in NHS Wales’ (NHS Wales, 2009). the Estates and Facilities department, responsible for the commissioning of cleaning services to all Public Health Wales premises, will use this document when stipulating standards and arranging contracts for cleaning services. This will be of particular importance for clinical areas such as Breast Test Wales centres. These contracts also require the inclusion of compliance monitoring in respect of service specifications, standards and auditing of services delivered. Routine clinical audits undertaken by Public Health Wales staff will also measure standards of cleanliness using evidence-based infection prevention and control audit tools.

Supporting Procedures and Written Control Documents

This policy is supported by a suite of national and local policies and procedures which set out the expected practice and behaviours to meet IPC standards, including:

- The [National Infection Prevention & Control Manual](#) (adapted from Health Protection Scotland)
- NHS Wales National policy on patient safety incident reporting
- Public Health Wales;

- Aseptic Non-Touch Technique (ANTT) combined policy and procedure (National Model Policy)
- Corporate outbreak management policy
- Decontamination of reusable medical devices and equipment used for service user and patient care Policy & Procedure
- Exposure injury and safe management of sharps policy & procedures
- Health and safety policy and procedure
- Medical devices and equipment management policy and procedure
- Putting things right policy
- Putting things right incident reporting and management procedure
- Waste management policy and procedure
- Water management policy and procedure

All corporate policies and procedures are available on the [Public Health Wales website](#). National documents on which local policies and procedures are based are listed within the specific procedure document. In addition, Divisions and departments may have further local Standard Operating Procedures for specific functions within their service.

The organisation is also committed to meeting the requirements of relevant legislation, including;

- [Health and Safety at Work Act etc \(1974\)](#)
- [Management of Health and Safety at Work Regulations \(1999\)](#)
- [Control of Substances Hazardous to Health \(COSHH\) Regulations \(2002\)](#)
- [Personal Protective Equipment \(PPE\) at Work Regulations \(2022\)](#)
- [Health and Safety \(Sharp Instruments in Healthcare\) Regulations \(2013\)](#)
- [Human Tissue Act \(2004\)](#)
- [Health and Social Care \(Quality and Engagement\) \(Wales\) Act \(2020\)](#)
- [Well-being of future generations \(Wales\) act \(2015\)](#)

Scope

The policy is applicable to all staff employed (or contracted) by Public Health Wales.

Equality and Health Impact Assessment

An Equality, Welsh Language and Health Impact Assessment has been completed and can be viewed on the policy webpages.

Approved by

Quality, Safety and Improvement Committee

Approval Date

Review Date	
Date of Publication:	
Group with authority to approve supporting procedures	Infection Prevention and Control Group
Accountable Executive Director/Director	Executive Director for Nursing, Quality and Integrated Governance
Author	Lead Infection Prevention and Control Nurse

Disclaimer

If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or the [Board Business Unit](#)

Summary of reviews/amendments				
Version number	Date of Review	Date of Approval	Date published	Summary of Amendments
1	Oct 2015	31 Jan 2013	31 Jan 2013	Original document was approved by Quality and Safety Committee 2013
2	2018	16 April 2019	01 May 2019	Policy document reviewed and updated. The National Infection Prevention and Control Manual will be used as the reference resource for IPC procedures.
3	Jan 2023	16 May 2023	25 May 2023	Policy document reviewed and links updated.
4	Nov 2025			Links reviewed and updated throughout.

				<p>Added reference to anticipated publication of documents from Welsh Government which will require further review of this policy during 2026-27.</p> <p>Table of definitions removed as all abbreviations also stated in full.</p> <p>Roles and responsibilities moved to Appendix A, Audit and Compliance moved to Appendix B.</p> <p>Supporting Documents section reviewed and lists updated.</p> <p>Quality, Nursing and Allied Health Professionals (QNAHPs) amended to Nursing, Quality and Integrated Governance (NQIG) throughout to reflect change of directorate name.</p> <p>Lead IPC Nurse responsibilities amended to reference the provision of link practitioner training.</p> <p>Reference to hand hygiene audits amended to application of standard infection prevention and control precautions.</p> <p>Addition of reference to audits being undertaken and recorded using the Audit Management and Tracking (AMaT) system.</p>
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Appendix A: Roles and Responsibilities

Chief Executive

The Trust Chief Executive must ensure that:

- A robust governance structure for Infection Prevention and Control (IPC) is in place and reporting mechanisms allow for escalation of concerns.
- Systems and resources are in place to facilitate implementation and compliance monitoring of infection prevention and control amongst all staff, including all agency or external contractors.
- Systems and resources are in place to monitor adherence to standards of Environmental Cleanliness specified within the National Standards for Cleaning in NHS Wales.
- There is delegated responsibility to a lead Executive for corporate arrangements for IPC.

Executive Director of Nursing, Quality and Integrated Governance (NQIG)

The Executive Director of Nursing, Quality and Integrated Governance has delegated responsibility from the Chief Executive to ensure arrangements are in place in the organisation for IPC. This includes the governance and reporting arrangements for the annual IPC report and report on progress of the annual work and improvement plan, to the Business Executive Team or delegated to the Leadership Team, and to the Quality, Safety and Improvement Committee for scrutiny and assurance.

The Executive Director of NQIG will chair the organisational wide Infection Prevention and Control Group.

The Trust Infection Prevention and Control Group

An Infection Prevention and Control group is a mandatory requirement, set out in Standard One of The Code. It is a key forum in providing assurance that the PHW has in place structures and arrangements to meet all statutory requirements for IPC and its reporting.

The purpose of the Trust IPC Group is to monitor standards and the implementation of the annual work and improvement plan and provide updates on progress from relevant areas. Progress or any matters requiring escalation will reported to the Business Executive Team and the Chair also will appraise the Chief Executive as necessary, assurance on how the organisation is meeting standards and managing IPC risks, will be reported to the Quality, Safety and Improvement Committee (QSIC). This is set out in the Terms of Reference.

PHW has policies, procedures and guidelines in place for the diagnosis, prevention, surveillance and control of infection. IPC policies and procedures

are developed, maintained and monitored for the organisation by the IPC Group.

Managers

Managers of all services must ensure:

- They are aware of their responsibilities under the Health & Safety at work act.
- Staff are aware of and have access to infection prevention and control policies and resources, both written and on online
- Appropriate mandatory training for infection prevention and control is undertaken by staff
- Cleanliness within the physical environment particularly within clinical settings is monitored and addressed if inadequate
- Staff are aware of and adhere to exclusion advice in case of illness
- All audit requirements relating to infection prevention and control, are undertaken, results are analysed and action plans undertaken to resolve continuing issues.
- Infection prevention and control activities are supported and undertaken such as Hand Hygiene Week and the annual influenza staff campaign
- Appropriate referral of staff to Occupational Health service for vaccination provision
- Adequate equipment resources, for example, Personal Protective Equipment, waste management equipment, cleaning equipment.
- That chemicals and medicines are stored correctly under the 'COSHH' regulations, 2002.

Staff

Staff must ensure they:

- Understand and apply the principles of infection prevention and control specified in the NIPCM and related policies
- Escalate any infection prevention and control concerns via the appropriate governance process
- Undertake mandatory training and any additional training required to ensure care is delivered in line with current National requirements such as Aseptic Non-Touch Technique (ANTT®)
- Contribute to the audit process by undertaking audits, assist with analysis and be actively involved in implementation of planned service improvements
- Are up to date with occupational vaccinations
- Only practice within their agreed or assessed competency
- Are aware of their responsibilities under the Health & Safety at Work Act, 1974, and adhere to 'COSHH' and other requirements to ensure safety in the workplace.

Lead Infection Prevention and Control Nurse

The Lead Infection Prevention and Control Nurse will:

- Maintain an overview of audits undertaken within screening programmes and escalate concerns or risks to Executive Board
- Ensure clarity of local governance reporting mechanisms to provide assurance to Board
- Provide appropriate education and training for staff that is commensurate with their role and responsibilities. This will include access to the e-learning resource (level 1 or 2) and provision of link practitioner training.
- Review and update policies/procedure documents
- Provide assurance to Executive Nurse and the Board in relation to IPC compliance
- Advise and support Divisions within Public Health Wales as part of the Healthcare Associated Infection, Antimicrobial Resistance and Prescribing Programme (HARP).
- Promote and assist with the delivery of the annual influenza staff campaign
- Participate in National infection prevention and control /Decontamination forums to ensure Public Health Wales is represented in decision-making processes and is aware of National direction and strategy.
- Attend and contribute to internal infection prevention and control meetings to ensure it is prioritised when discussing service delivery and patient/public/staff safety
- Engage with stakeholder partners such as Shared services and Health Boards/Trusts involved in the delivery of Public Health Wales services to ensure maintenance of infection prevention and control standards and identify any concerns.
- Provide expert advice to PHW teams
- Maintain and update competence in IPC (via training and education) to provide expert advice
- Have oversight of infection prevention and control incidents entered on Datix
- Promote and support teams to implement infection prevention and control quality improvement initiatives

Infection Prevention and Control Link Practitioners

The Infection Prevention and Control Link Practitioner (IPCLP) acts as a role model for good IPC practice within their area of work and act as a link between the Lead IPC Nurse and their colleagues.

The IPCLP will:

- Attend regular meetings and feedback the information gained to colleagues, managers and other health care professionals
- Act as a resource for colleagues, Service users and the public

- Participate in IPC clinical audits
- Participate in IPC promotions and campaigns

Appendix B: Audit and Monitoring Compliance

Audit

Those Screening services responsible for providing direct care to service users within Public Health Wales have a responsibility to undertake regular infection prevention and control audits as part of an IPC audit programme, utilising evidence-based Infection Prevention and Control audit tools. Audits will include environmental standards, application of standard infection prevention and control precautions and cleaning standards. Audits will be undertaken and recorded using the Audit Management and Tracking (AMaT) system. Results will be reported to the Infection Control Group and validation of audits will be performed by the Lead IPC Nurse.

Regular audits contribute to the system-wide process of continuous improvement, as set out in the Duty of Quality, part of the [Health and Social Care \(Quality and Engagement\) \(Wales\) Act 2020](#), which came into force on 1 April 2023.

Monitoring Compliance

Untoward IPC incidents reports, nationally reportable incidents reports, sharps incidents and HCAI surveillance and associated activity will be investigated and then discussed by the local Infection Control Groups which meet as a minimum quarterly and also at the PHW Infection Control Group which meets quarterly. Health & Safety-related issues will be discussed at the quarterly Health & Safety local and PHW-wide meetings. Key themes will be presented to QSIC.

Screening IPC Leads are to report quarterly to the Screening Infection Prevention & Control Group.

Lessons learned from incidents and good practice will be shared via the appropriate channels including the IPC Groups, local team meetings and shared with the health system as relevant. Infection Prevention and Control audits of clinical areas will be undertaken. The audit plan is reviewed annually and updated accordingly. Action plans will be developed as necessary and reviewed by the Divisional IPC Groups.

Training

PHW is committed to make available resources to support the training requirements of all employees in IPC. The training needs of individual members of staff will be identified as part of the recruitment process and then through the ongoing My Contribution Performance Appraisal and Development process.

Non-clinical staff are expected to complete the Level One electronic learning module on ESR every three years.

Training in IPC will be delivered face to face to all relevant clinical staff as a minimum every three years, with an IPC electronic learning package available in the interim years for all staff to undertake.

Compliance of the mandatory training requirements will be monitored by the Lead IPC Nurse and discussed at Divisional and Trust IPC Groups.

Dissemination of information

IPC alerts and updates to practice will be cascaded through the usual organisational Alert process where relevant and through a variety of additional routes by the Lead IPC Nurse, including the IPC Leads and Link Practitioner network and through the formal IPC divisional and organisation-wide IPC Groups.

Equality & Health Impact Assessment for Infection Prevention and Control Policy

Part 1

Please answer all questions:-

1.	For service change, provide the title of the Project Outline Document or Business Case and Reference Number	There is no significant change in service provision. This is a review of current guidance for staff within Public Health Wales
2.	Name of Clinical Board / Corporate Directorate and title of lead member of staff, including contact details	Quality, Safety and Improvement Committee Nursing, Quality and Integrated Governance Directorate Nicola Lewis, Lead Infection Prevention and Control Nurse Email Nicola.lewis21@wales.nhs.uk
3.	Objectives of strategy/ policy/ plan/ procedure/ service	To outline Public Health Wales's policy of implementation of and adherence to, current Infection Prevention and Control best practice for all staff within the organization irrespective of role or engagement with service users.
4.	Evidence and background information considered. For example <ul style="list-style-type: none"> • population data • staff and service users data, as applicable • needs assessment • engagement and involvement findings • research • good practice guidelines • participant knowledge 	The Code of Practice for the Prevention and Control of Healthcare Associated Infections 2014 , hereby referred to as The Code (currently being reviewed) Health and Social Care (Quality and Engagement) (Wales) Act 2020 , incorporating the Duty of Quality. National Standards for Cleaning in NHS Wales 2009 (currently under review) Well-being of future generations (Wales) act (2015)

	<ul style="list-style-type: none"> list of stakeholders and how stakeholders have engaged in the development stages comments from those involved in the designing and development stages <p>Population pyramids are available from Public Health Wales Observatory and the 'Shaping Our Future Wellbeing' Strategy provides an overview of health need.</p>	<p>National Infection Prevention and Control Manual https://phw.nhs.wales/services-and-teams/harp/infection-prevention-and-control/nipcm/</p> <p>The updated version of the policy has had input from the Head of Nursing (HARP), and will be posted onto the Consultation Database as per policy.</p>
5.	<p>Who will be affected by the strategy/ policy/ plan/ procedure/ service</p> <p>Consider staff as well as the population that the project/change may affect to different degrees.</p>	<p>The policy is for all staff employed or contracted by Public Health Wales.</p>

Part 2- Equality and Welsh language

6. EQIA / How will the strategy, policy, plan, procedure and/or service impact on people?

Questions in this section relate to the impact on people on the basis of their 'protected characteristics'.

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts (unintended consequences) Opportunities or gaps	Action taken by Directorate. Make reference to where the mitigation is included in the document, as appropriate This column is to be updated in future reviews	Recommendations for improvement/ mitigation/ identified gaps or opportunities
6.1 Age For most purposes, the main categories are: <ul style="list-style-type: none"> • under 18; • between 18 and 65; and • over 65 	As this policy reinforces adherence to good infection prevention and control practice and service delivery by all Public Health Wales staff it should have a positive impact on all service users	Nil	N/A
6.2 Persons with a disability as defined in the Equality Act 2010 Those with physical impairments, learning disability, sensory loss or impairment, mental health conditions, long-term	Those staff with visual impairments would be able to access the policies electronically in larger text. There would be no further impact on persons with a disability.	Nil	N/A

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts (unintended consequences) Opportunities or gaps	Action taken by Directorate. Make reference to where the mitigation is included in the document, as appropriate This column is to be updated in future reviews	Recommendations for improvement/ mitigation/ identified gaps or opportunities
medical conditions such as diabetes			
6.3 People of different genders: Consider men, women, people undergoing gender reassignment NB Gender-reassignment is anyone who proposes to, starts, is going through or who has completed a process to change his or her gender with or without going through any medical procedures. Sometimes referred to as Trans or Transgender	The Infection Prevention and Control Policy will not discriminate against any groups in society based on the characteristics of those defined under the Equality Act as outlined at 6.3.	Nil	N/A
6.4 People who are married or who have a civil partner.	The Infection Prevention and Control Policy will not discriminate against any groups in society based on	Nil	N/A

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts (unintended consequences) Opportunities or gaps	Action taken by Directorate. Make reference to where the mitigation is included in the document, as appropriate This column is to be updated in future reviews	Recommendations for improvement/ mitigation/ identified gaps or opportunities
	the characteristics of those defined under the Equality Act as outlined at 6.4.		
6.5 Women who are expecting a baby, who are on a break from work after having a baby, or who are breastfeeding.	If, as a result of pregnancy any staff member felt uncertain or concerned about the stated Infection Prevention & Control recommendations they should contact Occupational Health. All chemicals (used for cleaning/disinfection) would be COSHH assessed and alternatives could be used.	Nil	N/A
6.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers	The Infection Prevention and Control Policy will not discriminate against any groups in society based on the characteristics of those defined under the Equality Act as outlined at 6.6.	Nil	N/A

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts (unintended consequences) Opportunities or gaps	Action taken by Directorate. Make reference to where the mitigation is included in the document, as appropriate This column is to be updated in future reviews	Recommendations for improvement/ mitigation/ identified gaps or opportunities
6.7 People with a religion or belief or with no religion or belief. The term 'religion' includes a religious or philosophical belief	The Infection Prevention and Control Policy will not discriminate against any groups in society based on the characteristics of those defined under the Equality Act as outlined at 6.7.	Nil	N/A
6.8 People who are attracted to other people of: <ul style="list-style-type: none"> • the opposite sex (heterosexual); • the same sex (lesbian or gay); • both sexes (bisexual) 	The Infection Prevention and Control Policy will not discriminate against any groups in society based on the characteristics of those defined under the Equality Act as outlined at 6.8.	Nil	N/A
6.9 People according to their income related group: Consider people on low income, economically	The Infection Prevention and Control Policy will not discriminate against any groups in society based on the characteristics of those	Nil	N/A

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts (unintended consequences) Opportunities or gaps	Action taken by Directorate. Make reference to where the mitigation is included in the document, as appropriate This column is to be updated in future reviews	Recommendations for improvement/ mitigation/ identified gaps or opportunities
inactive, unemployed/workless, people who are unable to work due to ill-health	defined under the Equality Act as outlined at 6.9.		
6.10 People according to where they live: Consider people living in areas known to exhibit poor economic and/or health indicators, people unable to access services and facilities	The Infection Prevention and Control Policy will not discriminate against any groups in society based on the characteristics of those defined under the Equality Act as outlined at 6.10.	Nil	N/A
6.11 Consider any other groups and risk factors relevant to this strategy, policy, plan, procedure and/or service	No other groups or risk factors identified.	Nil	N/A
6.12 Welsh Language			
There are 2 key considerations to be made during the development of a policy, project, programme, service to ensure there are no adverse effects and/or a positive or increased positive effect on:			

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts (unintended consequences) Opportunities or gaps	Action taken by Directorate. Make reference to where the mitigation is included in the document, as appropriate This column is to be updated in future reviews	Recommendations for improvement/ mitigation/ identified gaps or opportunities
(please note these will continue to be reviewed to ensure Public Health Wales fulfils their duties to comply with one or more standards outlined within the Welsh Language Standards (No 7) Regulations 2018)			
Opportunities for persons to use the Welsh language	<p>The Infection Prevention and Control Policy will be produced in both English and Welsh and therefore will not discriminate against any person who wishes to communicate in Welsh. However, there may be a delay in the availability of copies in both languages due to translation service timescales.</p> <p>Infection Prevention & Control contains specialised language. If verbal communication is required in Welsh, a</p>	<p>Require Translation services to convert the document into Welsh for publication.</p> <p>If communication is required in Welsh then access to translation services will be required.</p>	<p>To translate document as per PHW policy.</p>

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts (unintended consequences) Opportunities or gaps	Action taken by Directorate. Make reference to where the mitigation is included in the document, as appropriate This column is to be updated in future reviews	Recommendations for improvement/ mitigation/ identified gaps or opportunities
	specialised translation service may be required.		
Treating the Welsh language no less favourably than the English language	The Infection Prevention and Control Policy will be produced in both English and Welsh.	Require Translation services to convert the document into Welsh for publication.	To translate document as per PHW policy.

Part 3 – Health

Questions in this section relate to the impact on the health and wellbeing outcomes of the population **and** specific population groups who could be more impacted than others by a policy/project/proposal.

The part of the assessment identifies;

- which specific groups in the population could be impacted more (inequalities)
- what those potential impacts could be across the wider determinants of health framework?
- Potential gaps, opportunities to maximise positive H&WB outcomes
- Recommendations/mitigation to be considered by the decision makers

7. Identification of specific population groups

Use the WHIASU Population Groups checklist as a reference to identify the population groups who could be more impacted than others by a policy/project/proposal. The check list can be found on the PHW Integrated EqHIA guidance pages (requires link to PHW Intranet pages for additional information and resources)

The groups listed have been identified as more susceptible to poorer health and wellbeing outcomes (health inequalities) and therefore it is important to consider them in a HIA assessment. In a HIA, the groups identified, as more sensitive to potential impacts will depend on the characteristics of the local population, the context, and the nature of the proposal itself.

7.1 Groups identified	Rational/explanation
No groups are identified as being negatively impacted by this policy.	Adherence to this policy by staff members will improve the standards of care provided to all service users using PHW services, and will protect the health of both staff and service users.

Assessment

Complete the wider determinants framework table below providing rational/evidence where appropriate:

1. Consider how the proposal could impact on the population and specific population groups identified above (positive/negative) for each of the wider determinants (the bullets under each determinant are there as a guide)
2. Record any unintended consequences (negative impacts) and/or gaps identified
3. Record any positive impacts or missed opportunities to maximise positive health and wellbeing outcomes
4. identify and record mitigation/recommendations where appropriate

Please note you may find that not all determinants are relevant to the project/plan however recording N/A is not acceptable a rational or evidence should be explained/referenced

Wider determinant for consideration	Positive impacts or additional opportunities	Unintended consequences or gaps	Population groups affected	Mitigation/recommendations
7.2 Lifestyles <ul style="list-style-type: none"> • Diet/nutrition/breastfeeding • Physical activity 	Adherence to this policy by staff members will	No unintended consequences identified.	-	-

<ul style="list-style-type: none"> • Use of alcohol, cigarettes, e-cigarettes • Use of substances, non-prescribed drugs, abuse of prescription medication • Social media use • Sexual activity • Risk-taking activity i.e. gambling, addictive behaviour 	<p>improve the standards of care provided to all service users using PHW services, and will protect the health of both staff and service users.</p>			
<p>7.3 Social and community influences on health</p> <ul style="list-style-type: none"> • Adverse childhood experiences • Citizen power and influence • Community cohesion, identity, local pride • Community resilience • Domestic violence • Family relationships • Language, cultural and spirituality • Neighbourliness • Social exclusion i.e. homelessness • Parenting and infant attachment • Peer pressure • Racism • Sense of belonging • Social isolation/loneliness • Social capital/support/networks • Third sector & volunteering 	<p>Adherence to this policy by staff members will improve the standards of care provided to all service users using PHW services, and will protect the health of both staff and service users.</p>	<p>No unintended consequences identified.</p>	<p>-</p>	<p>-</p>
<p>7.4 Mental Wellbeing</p> <ul style="list-style-type: none"> • Does this proposal support sense of control? • Does it enable participation in community and economic life? • Does it impact on emotional wellbeing and resilience? 	<p>This policy will help staff to know how to better work towards preventing and controlling infection in the workplace and beyond and therefore will give them a better sense of</p>	<p>No unintended consequences identified.</p>	<p>-</p>	<p>-</p>

	control and resilience. Through all staff working within the same IPC framework a sense of cohesion will be developed.			
7.5 Living/ environmental conditions affecting health <ul style="list-style-type: none"> • Air quality • Attractiveness/access/availability/quality of area, green and blue space, natural space. • Health & safety, community, individual, public/private space • Housing, quality/tenure/indoor environment • Light/noise/odours, pollution • Quality & safety of play areas (formal/informal) • Road safety • Urban/rural built & natural environment • Waste and recycling • Water quality 	<p>Through the Waste Management Procedure that falls under this umbrella policy, clinical waste will be appropriately managed, leading to best use of financial resources and a positive environmental impact.</p> <p>The Decontamination and Cleaning Procedures will ensure that cleaning products are used in the correct way and not disposed of incorrectly, protecting water courses and wildlife.</p>	No unintended consequences identified.	-	-
7.6 Economic conditions affecting health <ul style="list-style-type: none"> • Unemployment • Income, poverty (incl. food and fuel) • Economic inactivity • Personal and household debt 	Adherence to this policy by staff members will improve the standards of care	No unintended consequences identified.	-	-

<ul style="list-style-type: none"> • Type of employment i.e. permanent/temp, full/part time • Workplace conditions i.e. environment culture, H&S 	<p>provided to all service users using PHW services, and will protect the health of both staff and service users.</p>			
<p>7.7 Access and quality of services</p> <ul style="list-style-type: none"> • Careers advice • Education and training • Information technology, internet access, digital services • Leisure services • Medical and health services • Other caring services i.e. social care; Third Sector, youth services, child care • Public amenities i.e. village halls, libraries, community hub • Shops and commercial services • Transport including parking, public transport, active travel 	<p>Adherence to this policy by staff members will improve the standards of care provided to all service users using PHW services, and will protect the health of both staff and service users.</p>	<p>No unintended consequences identified.</p>	<p>-</p>	<p>-</p>
<p>7.8 Macro-economic, environmental and sustainability factors</p> <ul style="list-style-type: none"> • Biodiversity • Climate change/carbon reduction/flooding/heatwave • Cost of living i.e. food, rent, transport and house prices • Economic development including trade • Government policies i.e. Sustainable Development principle (integration; collaboration; involvement; long term thinking; and prevention) • Gross Domestic Product • Regeneration 	<p>Through the Waste Management Procedure that falls under this umbrella policy, clinical waste will be appropriately managed, leading to best use of financial resources and a positive environmental impact. The Decontamination and Cleaning Procedures will</p>	<p>No unintended consequences identified.</p>	<p>-</p>	<p>-</p>

	<p>ensure that cleaning products are used in the correct way and not disposed of incorrectly, protecting water courses and wildlife.</p>			
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Stage 3

Summary of key findings and actions Please answer question 8.1 following the completion of the EHIA and complete the action plan

Key findings: Impacts/gaps/opportunities	Actions (what is needed and who needs to do) to address the identified mitigation and recommendations	Lead		
<p>Through the Waste Management Procedure that falls under this umbrella policy, clinical waste will be appropriately managed, leading to best use of financial resources and a positive environmental impact.</p> <p>The Decontamination and Cleaning Procedures will ensure that cleaning products are used in the correct way and not disposed of incorrectly, protecting water courses and wildlife.</p> <p>Adherence to this policy by staff members will improve the standards of care provided to all</p>	<p>The suite of policies and procedures sitting underneath this policy will be updated to reflect the most recent, evidence-based guidance.</p> <p>Information contained in the suite of policies will be cascaded to staff following the framework stated in the IPC Policy.</p> <p>Audits will be performed to monitor the implementation of the policies and procedures.</p>	<p>Nicola Lewis, Lead Nurse for Infection Prevention & Control.</p>		

service users using PHW services, and will protect the health of both staff and service users.				
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Alternatively, if appropriate, please explain the steps taken to consult with and consider the differential impact of the changes on the various protected characteristic groups (part 2) or any specific identified population groups (part 3).