



Infection Prevention and Control

# Director of Infection Prevention & Control Annual Report 2016/17

BMI Huddersfield



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## Director of Infection Prevention & Control Annual Report

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## 1.0 INTRODUCTION

### 1.1 Organisation of BMI Healthcare IPC Programme.

BMI Healthcare is committed to reducing the risks of Healthcare Associated Infection (HAI) through a pro-active strategy and continual development and implementation of best practice initiatives.

The Infection Prevention and Control (IPC) Programme outlines the core components of service provided throughout all BMI Healthcare facilities and underpins the foundations of patient safety.

The programme, which is reviewed annually, takes into account current legislation from all three UK countries. For England and Wales, it is set against the Health and Social Care Act 2008: Code of Practice for the Prevention and Control of Infections and related guidance (DH 2015). This Code of Practice is used by the England healthcare regulator, The Care Quality Commission (CQC), to measure compliance of healthcare providers in relation to Regulations 12 and 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3).

Similarly, in Scotland the programme follows the criteria set out within the Healthcare Associated Infection (HAI) Standards (HIS February 2015).

In addition to regulatory requirements, the programme also focuses on and is directed by the following national directives and initiatives:

- Implementation of modified MRSA screening guidance (DH 2014)
- High Impact Interventions Care processes to prevent infection. Saving Lives 4<sup>th</sup> Edition (IPS NHS Improvement 2017)
- NICE Quality Standard 61: Infection Prevention and Control (2014)
- Acute Trust toolkit for the early detection, management and control of carbapenemase-producing Enterobacteriaceae (PHE 2013)
- Guidance for the laboratory investigation, management and infection prevention and control for cases of *Candida auris* (PHE 2017)
- UK 5 Year Antimicrobial Resistance (AMR) Strategy 2013 – 2018
- Scottish Management of Antimicrobial Resistance Action Plan 2014 - 2018
- Start Smart-Then Focus. Antimicrobial Stewardship Toolkit for English Hospitals (PHE 2015)

All staff working in BMI Healthcare hospitals take responsibility for infection prevention and control and there are specific evidence based policies and procedures in place to guide staff in their practice and maintain high a high level of patient safety.

This report is structured around the ten criteria of the Health and Social Care Act (2008) Code of Practice for Infection Prevention and Control and Related Guidance (2015) and also cross references to the Scottish Healthcare Associated Infection Standards (2015) against which BMI hospitals in Scotland are measured. The report describes how BMI Huddersfield assures compliance to these regulatory standards and reports on the effectiveness of the IPC work programme in the prevention of HAI at the hospital in the BMI Healthcare Financial Year from October 1<sup>st</sup> 2016 to September 30<sup>th</sup> 2017.

The following table explains the requirements for providers of healthcare in relation to IPC in England and Wales with reference to the equivalent standards for Scotland.

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Criteria		Scottish Standards
1	Systems [are in place] 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.	<b>Standard 1: : Leadership in the prevention and control of infection</b> The organisation demonstrates leadership and commitment to infection prevention and control to ensure a culture of continuous quality improvement throughout the organisation. <b>Standard 6: Infection prevention and control policies, procedures and guidance</b> The organisation demonstrates implementation of evidence-based infection prevention and control measures.
2	Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections.	<b>Standard 8: Decontamination</b> The environment and equipment (including reusable medical devices used) are clean, maintained and safe for use. Infection risks associated with the built environment are minimised.
3	Ensure the relevant antimicrobial use to maximise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance.	<b>Standard 5: Antimicrobial Stewardship</b> The organisation demonstrates effective antimicrobial stewardship.
4	Provide suitable accurate information on infections to any person concerned with providing further support or nursing/ medical care in a timely fashion.	<b>Standard 3: Communication between organisations and with the patient or their representative</b> The organisation has effective communication systems and processes in place to enable continuity of care and infection prevention and control throughout the patient's journey.
5	Ensure that people who have or develop an infection are identified promptly and receive the appropriate treatment and care to reduce the risk of passing on the infection to other people.	<b>Standard 1: Leadership in the prevention and control of infection</b> The organisation demonstrates leadership and commitment to infection prevention and control to ensure a culture of continuous quality improvement throughout the organisation.
6	Ensure that all staff and those employed to provide care in all settings are fully involved in the process of preventing and controlling infection.	<b>Standard 6: Infection prevention and control policies, procedures and guidance</b> The organisation demonstrates implementation of evidence-based infection prevention and control measures.
7	Provide or secure adequate isolation facilities.	<b>Standard 6: Infection prevention and control policies, procedures and guidance</b> The organisation demonstrates implementation of evidence-based infection prevention and control

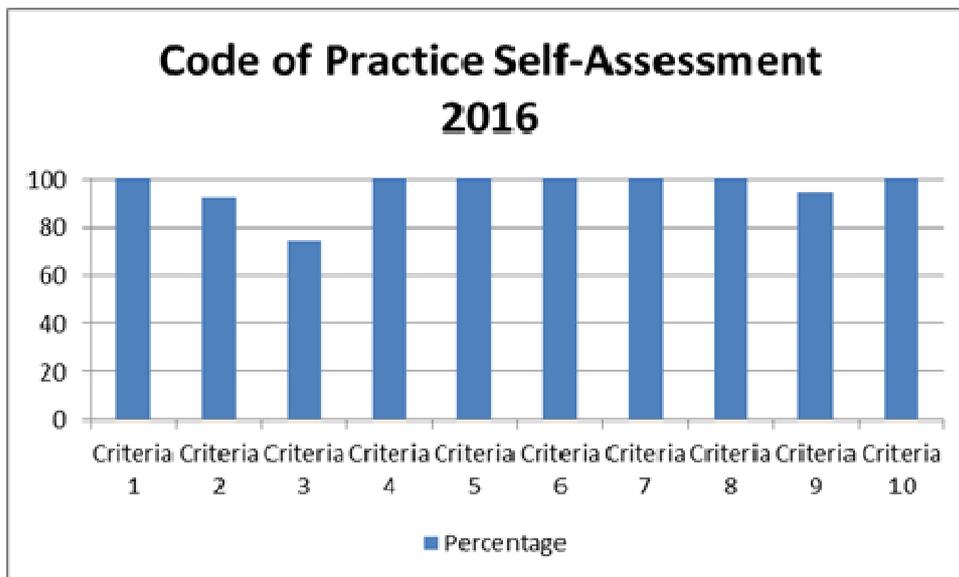
		measures.
<b>8</b>	Secure adequate access to laboratory support as appropriate.	<b>Standard 4: HAI surveillance</b> The organisation has a surveillance system to ensure a rapid response to HAI.
<b>9</b>	Have and adhere to policies, designed for the individual's care and provider organisations that will help to prevent and control infections.	<b>Standard 6: Infection prevention and control policies, procedures and guidance</b> The organisation demonstrates implementation of evidence-based infection prevention and control measures.
<b>10</b>	Ensure, so far as is reasonably practicable, that care workers are free of and are protected from exposure to infections that can be caught at work and that all staff are suitably educated in the prevention and control of infection associated with the provision of health and social care.	<b>Standard 6: Infection prevention and control policies, procedures and guidance</b> The organisation demonstrates implementation of evidence-based infection prevention and control measures.

## 2.0 SELF-ASSESSMENT AGAINST THE CODE OF PRACTICE / SCOTTISH HAI STANDARD.

2.1 All BMI hospitals in England and Wales conduct an annual self-assessment to measure local compliance to the Code of Practice for Infection Prevention and Control and related guidance (DH 2015).

Scottish BMI hospitals assess compliance against the Healthcare Associated Infection (HAI) Standards (HIS 2015).

The following graph demonstrates the % compliance for BMI Huddersfield Hospital against the 10 criteria in code of practice. Of the 10 criteria, 100% compliance has been achieved across 8 criteria. Criteria 2 scores 93% and this relates to endoscopy decontamination facilities. Criteria 3 and criteria 9 scoring relate to the lack of a local antimicrobial auditing which is currently underway. Areas of non-compliance have action plans in place to address them. Progress on action is monitored via the Infection prevention and Control Committee on a quarterly basis.



### 3.0 **CRITERION 1: Systems [are in place] to manage and monitor the prevention and control of infection**

3.1 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.

This criterion links with Regulation 12 of the Health and Social Care Act (2008): Safe care and Treatment. In Scotland this equates to HAI Standard 1: Leadership in the prevention and control of infection; “the organisation demonstrates leadership and commitment to infection prevention and control to ensure a culture of continuous quality”.

BMI Huddersfield has in place:

- An Assurance Framework outlining collective responsibility of all staff from the Board to the local level for minimising risks of infection and how this is to be achieved.
- A corporate Director of Infection Prevention and Control (DIPC) accountable to the Chief Executive Officer and the Board at Corporate level with devolved responsibilities to the Head of Infection Prevention and Control. Locally, there is a DIPC who is accountable to the Executive Director of the hospital in ensuring that the annual IPC work programme is delivered and a high level of infection prevention and control and cleanliness in the hospital is maintained.
- Mechanisms by which the hospital ensures sufficient resources are available to secure the effective prevention and control of HAI.
- Measures to ensure that all hospital staff, contractors and other persons directly or indirectly concerned with patient care receives suitable and sufficient information, training and supervision in measures required to prevent or minimise HAI. .
- Evidence based policies and procedures that address the management of risk from HAI which are backed up by local Standard Operating Procedures as appropriate.
- A programme of audit that is completed monthly and quarterly to ensure key IPC policies and practices are being implemented appropriately and that national evidence based guidelines for IPC are embedded locally.
- A functional Hospital Infection Prevention and Control Committee (HIPCC) which meets quarterly and is linked to the Hospital Clinical Governance Committee. The IPCC oversees and directs the IPC Annual Work Programme.
- A service level agreement with Dr David Birkenhead to provide microbiology and infection control doctor support.
- An experienced and qualified Infection Control Specialist Nurse who works fulltime across

a group of 3 hospitals.

- A designated local infection prevention and control committee which meets quarterly.
- Active surveillance of orthopaedic implant – hip and knee replacement surgery in line with the Public Health England surgical site surveillance programme. This has been extended during 2016 to include active post discharge surveillance of patients.
- Active surveillance and monitoring of positive microbiology results and local surgical site surveillance of all other procedures.
- Robust systems to screen for MRSA and CPE prior to admission and transfer from another hospital/facility in line with corporate policy.

### 3.2 Risk Assessment

BMI Huddersfield has in place suitable and sufficient assessment of risks to patients with respect to HAI. Directed evidence based risk assessments are carried out at Pre-Assessment, upon admission to hospital and throughout the patient pathway. The IPCL monitors infection risks through a process of surveillance, using data drawn from risk assessments, audit and clinical incident reports as well as microbiology test results. These findings and a review of current risk assessments are reported to the IPC Committee and the findings are used to inform future actions.

BMI Healthcare has a robust incident reporting system through which staff can report adverse incidents such as deviation from a clinical guideline or poor practice that may be detrimental to patient care.

Each MRSA, MSSA or *E.coli* blood stream infection (BSI) is subjected to a Root Cause Analysis (RCA). Additionally, RCA is used for *Clostridium difficile* infection that is determined to be healthcare associated. Some surgical site infections are also subject to investigation so as to better understand how the infection occurred in order to learn lessons for preventing future infections. All IPC incidents are reported using an electronic incident reporting and management system, from which reports are generated for discussion at the IPCC and Clinical Governance Committee.

### 3.3 Infection control management, including the role of the DIPC

The DIPC is responsible for directing the IPC service locally and is accountable to the hospital's Executive Director. In BMI hospitals, the role of DIPC is assigned to the Director of Clinical Services (DCS) as an integral aspect of that role. As the post of DCS has recently become vacant the role is undertaken by Liz Oke, Executive Director of BMI Huddersfield (who is an RGN and has an IPC qualification).

In each hospital IPC is co-ordinated and led by an Infection Prevention and Control Lead (IPCL). The IPCL is a registered practitioner who is responsible for implementing the IPC annual work programme which has been agreed by the IPCC locally. This programme seeks to address all areas of risk in relation to IPC that have been identified through the processes of self-assessment, peer review and external audit against regulatory requirements, evidence-based national guidelines as well as national BMI policy. It is the responsibility also of the IPCL to provide support and guidance in IPC for all hospital staff in addition to acting as a link with external agencies. The IPCL is directly accountable to the DIPC.

The IPCL is also responsible for the day-to-day business of IPC including audit, surveillance, patient risk assessment, training and advising and updating staff on IPC issues. The IPCL is supported by IPC Link Practitioners who work in each department and who provide an additional

resource at clinical level.

At BMI Huddersfield Hospital the infection prevention link team is as follows:

IPC Site Link Nurses:

- Elaine Mason (Senior Theatre Practitioner)
- Alison Haydock (Registered Nurse, Wards)
- Deborah Currie (Clinical Services Manager, Outpatients)
- Sally Hirst (Physiotherapy Assistant)
- Christine Lockwood (Clinical Services Manager, Imaging)
- Elizabeth Utley (Housekeeping Supervisor)
- Jason Booth (Senior Engineer)
- David Williams (Operations Manager/Waste Manager)

There is an Infection Control Doctor (ICD) engaged through a Service Level Agreement with DR David Birkenhead. The ICD is a member of the IPCC and provides specialist IPC and microbiology advice to the hospital. In the event of an outbreak, the ICD will lead the Outbreak Management Team as convened under policy.

Full details of the roles and responsibilities of all staff in the prevention and control of infections are outlined in the BMI Infection Prevention and Control Assurance Framework Policy document.

#### 4.0 CRITERION 2:

##### **Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections**

4.1 This criterion links with Regulation 15 of The Health and Social Care Act 2008: Premises and Equipment and Scottish HAI Standard 8: Decontamination “The environment and equipment (including reusable medical devices used) are clean, maintained and safe for use. Infection risks associated with the built environment are minimised”.

The IPCL, in collaboration with the Estates and Facilities Team, Housekeeping and Departmental Leads, monitors standards of cleanliness and promotes best practice by ensuring:

4.2 Housekeeping staff are suitably trained and hold adequate competencies for their roles. 100% of housekeeping staff have undertaken bespoke training with the IPCL nurse. Training has also been undertaken by Vileda in use of the microfiber cleaning system.

4.3 There are designated managers for the cleaning of the environment and the cleaning and decontamination of equipment.

4.4 Department managers are responsible for ensuring their departments are clean and fit for purpose on a day to day basis. Escalating any concerns as necessary to initiate remedial actions.

4.5 Ensuring through audit and ward visits that all parts of the premises are suitable for the purpose, kept clean and maintained in good physical repair and condition

4.6 Patient-led Assessments of the Clinical Environment (PLACE) audits are conducted annually. The assessments are undertaken via a team of public representatives visiting the hospital to assess how the environment supports patient’s privacy and dignity, food, cleanliness and general building maintenance. This audit focuses entirely on the care environment and does not cover clinical care provision or how well staff are doing their job. The assessments take place every year, and results

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are reported publicly to help drive improvements in the care environment. Areas of non-compliance are monitored via an action plan which is presented at the Infection prevention and Control Committee quarterly.

Table 1 - Place Audit Results BMI Huddersfield May 2017.

Element Audited	2016 Score	2017 Score
Cleanliness	93.14	<b>79.85</b>
Condition, Appearance and Maintenance of facilities	81.13	92.64

4.7 Hospital Cleaning Schedules detail the standards of cleanliness required in each area and audits of cleanliness are conducted as per cleaning standards by the housekeeping supervisor.

4.8 There is adequate provision of antibacterial hand rubs in line with WHO five moments of hand hygiene and risk assessments have been conducted for alcohol hand gel placement and use. Hand decontamination at the point of care has been demonstrated by WHO to have a significant reductions on health care acquired infections.

Hand washing facilities in the majority of clinical areas are not compliant with current standards and are not available at a sufficient bed/basin ratio to meet current guidelines. This has been subject to a risk assessment and a plan to install hand hygiene basins to the required standard has been implemented as areas are being refurbished. High risk areas such as the ward sluice and treatment rooms have been prioritised to be refurbished to current standards.

4.9 Correct procedures are in place for the delivery of food services, including food hygiene and food brought into the organisation by patients, staff and visitors.

4.10 Advising on waste disposal. There is a robust waste management policy and appropriate segregation of waste in line with the policy. David Williams, Operations Manager is the waste officer for this site and is supported by the IPCL Nurse. The waste officer and IPCL have undertaken extended training in waste management. Their role is to provide support to staff, liaise with the designated waste contractors and conduct a waste audit annually to measure compliance toward current legislation. During 2017 the offensive waste stream was successfully rolled out across the site. In June representatives from BMI Huddersfield undertook a duty of care audit at the SRCL plant to gain assurance of waste disposal following waste leaving BMI Huddersfield.

4.11 There is a programme of planned, preventive maintenance, including pest control and the management of potable and non-potable water supplies. Ecolab provide onsite pest control visits as routine and visit for specific issues in between these times.

4.12 There is a Water Safety Committee to ensure safe delivery of potable and non-potable water supplies by overseeing the testing schedules of water systems and outlets throughout the hospital and reviewing the results of these tests together with microbial sampling results as necessary. The Water Safety Committee reports to Clinical Governance through the IPCC of which it is an integral part. Veolia conducted a Water Hygiene Quality Risk Assessment on: Domestic Hot and Cold Services and Legionella Control in Accordance with BS 8580:2010 and ACOP L8 at BMI Huddersfield in August 2017. An action plan has been devised as a result of this assessment . Progress on this is reported at the local Health and Safety meeting as well as the Water Safety Meeting which is held as part of the Infection Control Committee Meeting and attended by the

Infection Control Doctor.

In line with BMI policy BMI Huddersfield undertakes yearly testing for legionella. Tests carried out last in May 2017 identified Legionella in one outlet. This area was immediately closed to patients and remedial action was taken. Following this action the outlet was tested and was found to be negative.

- 4.13 There is a uniform policy in line with the Department of Health policy. Compliance with 'Bare Below The Elbows' is enforced in all interactions with the clinical environment.
- 4.14 Ensuring the management of linen and laundry, including uniforms, complies with Health Service Guidance HSG(95)18: Hospital Laundry Arrangements for Used and Infected Linen - Berensden Laundry in Lancaster provide this service. A yearly compliance visit is undertaken which gives assurance laundry facilities and processes there are complaint with current regulations.
- 4.15 Ensuring there are effective arrangements for the appropriate decontamination of instruments and other reusable medical equipment in line with the Health Technical Memorandum (HTM) 01-01 (England); HTM2010, HTM2030 and HTM2031 (Wales), SHTM2030 and SHTM2031 (Scotland) and has registration under Article 12 - Council Directive 93/42/EEC, Annex V, Section 3.2.(Sterility aspects only) or registered with CQC.

BMI Huddersfield uses off site processing of surgical instruments through the Nuffield hub at Wetherby. They operate a Quality Management System which complies with the requirements of ISO 9001:2008 and ISO 13485:2003 for the following scope.

'The provision of a service of decontamination and moist heat sterilisation of procedure packs and supplementary items'

The BMI Decontamination hub is used for reprocessing of endoscopes however due to capacity issues some local reprocessing is still underway.

- The IPCL Nurse and Theatre Manager are the designated decontamination leads, with responsibility for ensuring that the decontamination policy is implemented in relation to the organisation and takes account of national guidance.
- Appropriate procedures are followed for acquisition and maintenance of decontamination equipment.
- A monitoring system is in place to ensure decontamination processes in relation to endoscopy are fit for purpose and meet required standards:
  - A risk assessment and interim process for manual decontamination of flexible scopes prior to automated disinfection and removal of scopes from the washer are in place.
  - Weekly water testing for microbiological counts is undertaken. Results are reviewed by Senior staff in Theatres and the IPCL nurse, non-compliant results are actioned immediately following corporate guidance and advice from the microbiologists where necessary. These results are reported to the Infection Control Committee Quarterly.
  - Weekly protein residue testing provides assurance that scopes are undergoing an adequate decontamination procedure.
  - Machine checks daily, weekly and monthly are in place.
  - Quarterly and yearly maintenance with available records, which are reviewed by the authorised person AVM Services yearly.
- It is accepted the current environment with regard to endoscope decontamination does not meet current guidance and decontamination of scopes is moving off site to a central JAG accredited BMI decontamination hub.

## 5.0 CRITERION 3:

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## Ensure appropriate antimicrobial is used to increase patient outcome and reduce the risk of adverse events and antimicrobial resistance.

- 5.1 This criterion links with Scottish HAI Standard 5: Antimicrobial Stewardship 'The organisation demonstrates effective antimicrobial stewardship'
- BMI Healthcare has an antimicrobial prescribing policy this is supported by the Pharmacists and the Infection Control Doctor/Consultant Microbiologists locally.
- All post-operative antibiotic prescriptions are also monitored by the IPCL Nurse and anomalies followed up with individual prescribers.
- All patients receiving antibiotics are counselled by the pharmacy team and receive a leaflet on How to take your antibiotics.

The IPCL Nurse have developed an antimicrobial stewardship plan. This has identified 3 work streams where the prescribing of antibiotics can be improved –

- 1 – Appropriate surgical prophylaxis.
- 2 – Not treating asymptomatic pre-operative bacterurea.
- 3 – Management of suspected wound infections.

Monitoring of this plan will be undertaken through the Clinical Governance and ICC Meetings.

The pharmacy staff and IPCL Nurse have been actively involved with promoting the world antibiotic awareness week in November 2017 to both the public and BMI staff. This has been achieved by a leaflet campaign, quiz, updates at communication cells and poster displays. The public antibiotic guardianship campaign will continue throughout the winter months.

Antibiotic prescribing audits are currently underway to benchmark prescribing against formulary.

## 6.0 CRITERION 4:

### Provide suitable accurate information on infections to any person concerned with providing further support or nursing/medical care in a timely fashion.

- 6.1 This criterion links with Scottish HAI Standard 3: Communication between organisations and with the patient or their representative.

The organisation has effective communication systems and processes in place to enable continuity of care and infection prevention and control throughout the patient's journey.

BMI Healthcare has an active enhanced recovery programme (ERP) to improve patient outcomes. There is on-going Infection Prevention and Control input into patient pathways that include risk assessments and integrated care bundles for invasive device management in addition to prevention of surgical site infections. These care bundles are evidence based and subject to regular audit.

Where transfer of a patient's care becomes necessary, the documentation communicates the patient's infection status to the receiving team or NHS provider organisations.

Patients experiencing HCAI caused by MRSA or *Clostridium difficile* organisms receive an information leaflet which contains information about the organism and explains any precautions required both in the hospital and in the community post discharge. Information is also available for visitors. There is also a hand hygiene information leaflet for patients and relatives. The IPCL Nurse is also available to speak either face to face or via the telephone with any patients who have a health care acquired infection or surgical site infection.

## 7.0 CRITERION 5:

**Ensure that people who have or develop an infection are identified promptly and receive the appropriate treatment and care to reduce the risk of passing on the infection to other people.**

7.1 This criterion links with Scottish HAI Standard 1: Leadership in the prevention and control of infection. The organisation demonstrates leadership and commitment to infection prevention and control to ensure a culture of continuous quality improvement throughout the organisation.

The BMI IPC Assurance Framework outlines the roles and responsibilities of all staff in the prevention and control of healthcare associated infections.

Compliance with mandatory training and completion of appraisal are reported through key performance indicators and discussed with line managers at one to one meetings and annual appraisals.

7.2 BMI Healthcare MRSA screening policy is in line with recommendations by the Department of Health Implementation of Modified Admission MRSA Screening Guidance for NHS (2014) and Health Protection Scotland Protocol for CRA MRSA Screening National Rollout in Scotland Jan 2013 v1.7 11. As such, the following categories receive automatic screening:

- All patients undergoing 'high risk' procedures such as joint replacement surgery
- All patients being admitted to a Critical Care Facility
- Any patient transferring directly from another hospital in the UK or abroad.
- Any patient admitted from a residential or nursing home.
- Any patient known to have been discharged from any hospital (including BMI) following an inpatient event (surgical or medical) within the last 18 months.
- Any patient with a history of previous MRSA infection or colonisation.
- Oncology and chemotherapy inpatients

Data is collected on the number of patients screened which is collated and reviewed at IPC Meetings. In the period 2016/17 100% of patients were screened and decolonised where appropriate for MRSA. Decolonisation in line with national guidance to complete a 5 day course of Octenisan body wash and nasal ointment the fifth day being that of surgery

7.3 There are systems in place at BMI Huddersfield for timely laboratory results to be reported to staff to ensure prompt treatment of the patient and appropriate infection prevention and control precautions to be initiated. Additionally, the hospital engages in both active and passive surveillance of HAI and reports to Public Health England (PHE) on all detected MRSA, MSSA and *E. coli* bloodstream infections and *C. difficile* infections. BMI Huddersfield also participates in surveillance of surgical site infections and submits data on hip and knee replacement surgery to the PHE Surgical Site Infection Surveillance Service as a part of a national surveillance programme.

Through surveillance of surgical site infections and alert organisms BMI Huddersfield can demonstrate low rates of healthcare re acquired infections.

In 2013 BMI Huddersfield Hospital joined the Public Health England (PHE) Surgical Site Infection Surveillance System, actively collecting data on all patients receiving hip and knee replacements and submitting rates of infection to the PHE. The following table shows the number of patients who had a hip or knee replacement at BMI Huddersfield during the period October 2016 – end September 2017 and the number that went on to develop a surgical site infection (SSI).

Operation	Total Number of Procedures	Number of surgical site infections	% of SSI
Hip Replacements	142	1	0.70
Knee Replacements	286	2	0.69

3 patients had superficial infections which healed with a course of oral antibiotics as an outpatient. 1 of these was certainly a secondary infection as identified by the type of microorganism. As numbers of this operation are statistically low at 428 per annum for the period examined this skews the percentage infection rate overall to 0.7% against a national average of 0.6%. The cases of infection identified were examined by the IPCL Nurse and no lapses in care were identified.

The following table demonstrates the low incidence of health care acquired infections reported to PHE during the period September 2016 – 2017 for BMI Huddersfield.

	Infection	Hospital Acquired Infection
<b>MRSA bacteraemia</b>	0	0
<b>MSSA bacteraemia</b>	0	0
<b>E.Coli bacteraemia</b>	0	0
<b>C. difficile toxin</b>	0	0
<b>Carbapenemase Producing Isolate</b>	0	0

Across all procedures there have been 10 surgical site infections reported, against a total number of procedures 4060 carried out this represents a 0.24% occurrence of SSI overall. All incidences of SSI are reviewed by the IPCL Nurse and any areas of non-compliance with national policy are addressed via the ICC.

## 8.0 CRITERION 6:

**Ensure that all staff and those employed to provide care in all settings are fully involved in the process of preventing and controlling infection**

8.1 This criteria links with the Scottish HAI Standard 6: Infection prevention and control policies, procedures and guidance the organisation demonstrates implementation of evidence-based infection prevention and control measures.

8.2 As far as is reasonably practicable, BMI Healthcare ensures that its staff and contractors and others involved in the provision of healthcare cooperate so far as is necessary to enable the healthcare services to meet their obligations under the code of practice for the prevention and control of healthcare associated infections.

Most of the accommodation in BMI sites (and sat BMI Huddersfield) is single room accommodation and where patients are known to have an infection, the appropriate precautions

are instigated. The decision to classify the incidence of any infectious disease as an outbreak is taken by the Infection Control Lead in consultation with the Head of Infection Prevention and Control and local infection control doctor or microbiologist.

BMI Healthcare has a policy in place for outbreak management.

BMI Healthcare has in place infection prevention and control training programmes for all staff including e-learning and face to face training sessions. Training programmes are identified through the use of infection control training needs analysis which is mandatory for all staff on BMI Learn. All staff who have patient contact undertake an assessment of competence with regard to hand hygiene and aseptic non touch technique where this is relevant to their role.

The IPCL has run quarterly link person development days throughout 2017 to develop the skills and knowledge of our IPC link personnel. Role specific training for porters, housekeepers, catering staff and engineers has also been facilitated by the IPCL Nurse in response to training needs.

A display with regard to infection prevention and control is put up on the staff notice board and changed every 4 weeks. Seasonal campaigns have been organised throughout the year covering topics such as flu prevention, hand hygiene, antibiotic stewardship, new policies and products.

## 9.0 CRITERION 7:

### Provide or secure adequate isolation facilities

9.1 This criterion also links with the Scottish HAI Standard 6: Infection prevention and control policies, procedures and guidance the organisation demonstrates implementation of evidence-based infection prevention and control measures.

Most of the accommodation at BMI Huddersfield are single rooms. There are some instances where patients are in shared accommodation ie short stay day case lists however risk assessments will highlight the need for transmission based precautions and single room accommodation.

To assist staff BMI Healthcare has an isolation policy and microorganism-specific policies detailing the required precautions including the need for isolation where appropriate. Staff are also assisted in their decision-making through the provision of a risk assessment tool for prioritisation of patients who require isolation and are supported by the IPCL and ICD.

## 10.0 CRITERION 8:

### Secure adequate access to laboratory support as appropriate

10.1 This criteria links with Scottish HAI Standard 4: HAI surveillance The organisation has a surveillance system to ensure a rapid response to HAI.

BMI Huddersfield has access to laboratory support via The Doctor's Laboratory (TDL) service who are CQC accredited. There are well developed communication links between TDL, the site, pathology managers and the local clinical teams.

The Pathology Managers form part of the Corporate and local Infection Prevention & Control groups and meet regularly to ensure excellent communications and continues service improvement.

Consultant Microbiology support is provided via 2 mechanisms – via TDL, plus there is a separate Service Level Agreement with Dr D Birkenhead who provides microbiology support.

The Consultant Microbiologist consult on individual cases of infection as required; they are involved in RCA as required and assist in up-dating policies and procedures both locally and at corporate level. UKOMS also provide specialist orthopaedic microbiology services for processing of tissue samples in cases of suspected infection.

## 11.0 CRITERION 9:

**Have and adhere to policies, designed for the individual's care and provider organisations that will help to prevent and control infections.**

11.1 This criteria links with Scottish HAI standard 6: Infection prevention and control policies, procedures and guidance the organisation demonstrates implementation of evidence-based infection prevention and control measures.

BMI Healthcare publishes comprehensive infection prevention and control policies corporately which are modified for local level in the form of standard operating procedures and are available on the BMI Intranet

In the event of a failure of the electronic library a master copy of all infection prevention and control policies and procedures will be located in the Infection Prevention and Control office.

The Head of Infection Prevention and Control is responsible for updating and maintaining corporate IPC policies. The local IPCL is responsible for the maintenance and updating of local standard operating procedures and guidance documents

The following local policies have been developed and ratified by the ICC and Clinical Governance Committees –

1. Decontamination of naso endoscope in outpatients. 2. Decontamination of trans vaginal/rectal probes in radiology.

3. Manual decontamination of endoscopes.

4. Management of a patient with diarrhoea. 5. Use and cleaning of ice machine for therapy.

The above policies are updated yearly in line with any new guidance. Adherence to these policies is monitored by IPC audit.

Adherence to policy is assured by a robust system of audit. Monthly audits of hand hygiene practice are undertaken in all areas by link personnel. Audit of high impact interventions is undertaken in the following areas –

Ward

1. Insertion and ongoing care of peripheral cannula.

2. Insertion and care of urinary catheters.

Theatre

1. Insertion of peripheral cannula.

2. Insertion and care of urinary catheters.

3. Prevention of surgical site infections.

Results of audits are shared with teams. They are also discussed at the Infection Control Committee (ICC) meetings.

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## 12.0 CRITERION 10:

**Ensure, so far as is reasonably practicable, that Care Workers are free of and are protected from exposure to infections that can be caught at work and that all staff are suitably educated in the prevention and control of infection associated with the provision of health and social care.**

12.1 This criterion links with Regulation 12: Safe care and treatment. It also links with the Scottish HAI Standard 6: Infection prevention and control policies, procedures and guidance. The organisation demonstrates implementation of evidence-based infection prevention and control measures.

12.2 Staff are protected from the risk of infection through a comprehensive portfolio of policies addressing:

- Induction training of new staff
- Annual training of existing staff
- Occupational Health measures

All staff have access to Occupational Health advice and out of hours access to medical advice in the event of exposure to a blood borne virus or an alert organism. All sharps/mucutaneous splashes are dealt with using the local sharps safety pack, ensuring a systematic and comprehensive method of dealing with an incident is followed. Any incidents are reported at the IPCC meetings and Health & Safety meetings following investigation by the Occupational Health Nurse and IPCL Nurse. Recommendations for practice can be made and monitored by though these channels.

There is an external independent annual sharps audit completed by Daniel's Healthcare. The report and action plans from this are cascaded to all relevant groups of staff.

12.3 There is a screening and immunisation programme which is in accordance with national guidance, specifically 'immunisation against infectious diseases'; including pre-employment screening and ongoing health screening for communicable diseases where indicated.

BMI Healthcare is working towards reducing occupational exposure to blood borne viruses including the prevention of sharps injuries by the introduction and use of needle free and sharps protective devices.

There is effective communication between the IPCL Nurse and Occupational Health (OH) locally. The Occupational Health nurse is a member of the Hospital's Infection Control Committee and is eligible to attend the local Clinical Governance committee meetings if required

### **Induction, training programmes and ongoing education**

12.4 All staff, including bank staff, who are employed by BMI Healthcare are required to participate in induction and mandatory annual infection prevention and control training updates. To achieve this BMI Healthcare has implemented an IPC e-learning programme through Skills for Health and this is complemented by face to face training provided by the IPC Lead and IPC Link Practitioners. This includes Hand Hygiene, Aseptic Non Touch Technique (ANTT) and the application of care bundles in practice which are based on the DH High Impact Interventions.

All new clinical and support staff receive the principles of infection prevention and control training including hand hygiene as part of the induction process.

Resident Medical Officers are required to undergo infection prevention and control induction.

## **13.0 MONITORING COMPLIANCES WITH AND THE EFFECTIVENESS OF THIS STRATEGY**

Compliance with the strategy and the national code of practice is monitored at each Infection Prevention and Control Committee meeting as the annual work programme is based on these criteria.

	Criterion	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.	<ul style="list-style-type: none"> <li>• Risk assessments</li> <li>• Infection Prevention and Control incidents reported on Risk Man</li> <li>• Audits</li> <li>• Surveillance reports</li> <li>• Annual IPC work plan</li> </ul>
2	Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections	<ul style="list-style-type: none"> <li>• Local Cleanliness audits</li> <li>• Annual PLACE audits</li> <li>• Patient satisfaction</li> <li>• Environmental audits</li> </ul>
3	Ensure the relevant antimicrobial use to maximise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance.	<ul style="list-style-type: none"> <li>• Prescription policy in place for pharmacy and infection control doctors.</li> <li>• Infection Prevention Control Committee IPC conducts annual audits.</li> <li>• Antimicrobial stewardship plan</li> </ul>
4	Provide suitable accurate information on infections to any person concerned with providing further support or nursing/ medical care in a timely fashion.	<ul style="list-style-type: none"> <li>• Infection Prevention and Control Committee oversees IPC surveillance reports and makes them available where appropriate</li> <li>• Multidisciplinary root cause analysis meetings for MRSA, MSSA, E.coli bacteraemias, <i>C.difficile</i>, and Surgical Site Infections</li> </ul>
5	Ensure that people who have or develop an infection are identified promptly and receive the appropriate treatment and care to reduce the risk of passing on the infection to other people.	<ul style="list-style-type: none"> <li>• Surveillance of all alert organisms including MRSA, MSSA, E.coli bacteraemia, <i>Clostridium difficile</i></li> <li>• Surveillance of orthopaedic surgical site infections (hips and knees)</li> </ul>
6	Ensure that all staff and those employed to provide care in all settings are fully involved in the process of preventing and controlling infection.	<ul style="list-style-type: none"> <li>• IPC mandatory training included in induction and refresher training</li> <li>• IPC e-learning package available on BMI learn</li> <li>• RMO induction package.</li> <li>• Link personnel study days</li> <li>• Role specific training</li> <li>• Seasonal campaigns</li> </ul>
7	Provide or secure adequate isolation facilities.	<ul style="list-style-type: none"> <li>• IPC involvement in new builds and refurbishments</li> <li>• Isolation policy in place with regular audit and feedback</li> </ul>
8	Secure adequate access to laboratory support as appropriate.	Laboratory is registered with CPA, and there is access to 24 hour service'
9	Have and adhere to policies, designed for the individual's care and provider	<ul style="list-style-type: none"> <li>• Policies and procedures reviewed and</li> </ul>

	organisations that will help to prevent and control infections.	<p>updated as required</p> <ul style="list-style-type: none"> <li>All policies/procedures available via the Collaboration site</li> <li>Compliance monitored through audits (IPS QIT and Care Bundles)</li> </ul>
10	Ensure, so far as is reasonably practicable, that care workers are free of and are protected from exposure to infections that can be caught at work and that all staff are suitably educated in the prevention and control of infection associated with the provision of health and social care.	<ul style="list-style-type: none"> <li>Occupational Health monitoring of staff well-being</li> <li>Provision of vaccination to staff as appropriate with feedback of uptake</li> <li>Sharps injuries monitored and investigated</li> <li>Annual sharps audit</li> </ul>

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