



Infection Prevention and Control

Director of Infection Prevention & Control Annual Report 2015/16

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Director of Infection Prevention & Control Annual Report

1.0 INTRODUCTION

1.1 Organisation of BMI Healthcare IPC Programme.

BMI Healthcare is committed to reducing the risks of healthcare associated infection through a pro-active strategy and continual development of best practice initiatives.

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

The strategy is outlined in a separate document and takes into account current legislation from all 3 UK countries and is set out against the framework (DH 2010) used by the England regulator: The Care Quality Commission, to measure compliance of Infection Prevention and Control (Regulation 12 of the Health and Social Care Act 2008 (Registration Requirement) Regulations 2009).^{1,2,3}

The strategy is based on the criteria contained within *The Health and Social Care Act 2008* and the *Code of Practice for health and adult social care on the prevention and control of infections and related guidance* (DH 16 Dec 2009)¹ as well as Healthcare Associated Infection (HAI) standards (HIS February 2015)⁸ and draws on previous and current advice from the Department of Health including:

- *Getting Ahead of the Curve*²
- *Winning Ways: working together to reduce healthcare associated infection in England*³
- *Towards Cleaner Hospitals and Lower Rates of Infection: a summary of action*⁴
- *Saving Lives: a delivery programme to reduce healthcare associated infection including MRSA*⁵
- *Essential Steps to Safe Clean Care: Reducing Healthcare Associated Infection*⁶.
- Care Quality Commission Essential Standards.⁷

The day-to-day business in BMI Healthcare facilities of infection prevention and control is carried out by all staff and it is their responsibility to ensure Infection Prevention and Control policies and procedures are followed. Leading Infection Prevention and Control at the local level is an Infection Prevention and Control Lead (IPCL).

The IPCL implements a comprehensive annual programme of work covering all the main areas of risk. The content of the annual programme is based on the standards set in the *Saving Lives*, supported by corporate and local assessments of risk based on surveillance and audit activity.

The main business of the IPCL is to produce and implement the infection prevention and control annual priorities and audit programme and to resolve current infection prevention and control issues by appropriate action or advice. The IPCL is also responsible for reviewing and implementing the national HCAI strategy and DH policy and initiatives.

The annual report is structured around the ten criteria of the Code of Practice and includes the cross references to the Scottish Healthcare Associated Infection Standards (February 2015).⁸

Criteria		Scottish Standards
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.	<p>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.</p> <p>Standard 6: Infection prevention and control policies, procedures and guidance The organisation demonstrates implementation of evidence-based infection prevention and control measures.</p>
2	Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections.	<p>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.</p>
3	Ensure the relevant antimicrobial use to maximise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance.	<p>Standard 5: Antimicrobial Stewardship The organisation demonstrates effective antimicrobial stewardship.</p>
4	Provide suitable accurate information on infections to any person concerned with providing further support or nursing/ medical care in a timely fashion.	<p>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.</p>
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.	<p>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.</p>
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.	<p>Standard 6: Infection prevention and control policies, procedures and guidance The organisation demonstrates implementation of evidence-based infection prevention and control measures.</p>
7	Provide or secure adequate isolation facilities.	<p>Standard 6: Infection prevention and control policies, procedures and guidance The organisation demonstrates implementation of evidence-based</p>

		infection prevention and control measures.
8	Secure adequate access to laboratory support as appropriate.	Standard 4: HAI surveillance The organisation has a surveillance system to ensure a rapid response to HAI.
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 The organisation demonstrates implementation of evidence-based infection prevention and control measures.
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.	Standard 6: Infection prevention and control policies, procedures and guidance 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 The BMI self-assessment against the Code of Practice is not required in Scotland, instead the Scottish BMI hospitals should carry out a self-assessment against the Healthcare Associated Infection (HAI) Standards (HIS 2015).

Blackheath Hospital compliance.

Criterion	Compliance %	Comment
1	95%	Insufficient quality improvement tools completed annually, trend has improved and continues to improve.
2	100%	Compliant
3	100%	Compliant
4	100%	Compliant
5	100%	Compliant
6	100%	Compliant
7	90%	Insufficient compliant clinical hand wash basins, & carpets in some clinical areas- risk assessment in place, on risk

		register and programme of planned replacement in place
8	100%	Compliant
9	100%	Compliant
10	95%	ANTT competencies completed for 86% of clinical staff

3.0 CRITERION 1:

3.1 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.

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”.

The Blackheath Hospital 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 and the Board at Corporate level with devolved responsibilities to the Head of Infection Prevention and Control. A director of infection prevention and control (DIPC) accountable to the Executive Director and the Board at local level.
- A designated Hospital Infection Prevention and Control Lead
- Mechanisms in place by which the Board ensures sufficient resources are available to secure effective prevention and control of HCAI.
- Measures to ensure that relevant 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 HCAI.
- A programme of audit that are completed monthly and quarterly to ensure key policies and practices are being implemented appropriately.
- Policies and procedures that address Infection Prevention and Control risks and how to manage those risks are updated on QIT system annually.
- A designated decontamination lead.
- A designated microbiologist for Blackheath hospital including 24 hour cover by three consultant microbiologists from the Princess Royal Hospital in Farnborough.
- A designated antibiotic pharmacist and a microbiologist who can advise on appropriate antimicrobial stewardship and an antimicrobial stewardship programme, ensuring that antimicrobial audits are completed.

3.2 Risk Assessment

Blackheath Hospital has in place suitable and sufficient assessment of risks to patients receiving healthcare with respect of healthcare associated infection. Risk assessments are carried out at pre-assessment, admission and throughout the patient pathway. The IPCL monitors risks of infection through data collection, audit and review of clinical incident reporting. These findings and a review of current risk assessments are reported to the IPC Committee and the findings are used to inform future actions.

Blackheath hospital 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/ E.coli bacteraemia, Clostridium difficile infection and some surgical site infections are subject to a root cause analysis (RCA) and are reported via the incident reporting system and discussed at the Infection Prevention and Control Committee. Action plans are put in place and monitored to improve areas of poor practice.

3.3 Infection control management, including the role of the DIPC

The Director of Clinical Services is the DIPC for Blackheath hospital and is responsible for leading the Infection Prevention and Control service and reports directly to the Executive Director and the Board. The Infection Prevention and Control Lead carries out the daily duties including audit, surveillance, training, patient risk assessment and advice and support with support from Link Practitioners.

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

4.0 CRITERION 2:

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

This criterion links with Outcome 10, Regulation 15 safety and suitability of premises contained in CQC guidance about compliance 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, at Blackheath hospital in collaboration with the Estates, Facilities Team and designated managers monitors standards of cleanliness and promotes best practice by ensuring.

- That the cleaning arrangements detail the standards of cleanliness required in each area. Weekly housekeeping audits are undertaken to ensure that all parts of the premises are kept clean and maintained in good physical repair and condition. Records of cleanliness are kept centrally as well as shared with Heads of departments for assurance.

- The IPCL works closely with the teams to observe and audit practice. At Blackheath hospital practical training as well as a pictorial laminated guide has been provided as a reference for each of the house-keeping staff to optimise the cleaning standard. Flushing of water outlets is also undertaken in compliance towards the Water Safety and Quality Programme
- Isolation rooms for infectious cases are subjected to daily disinfection, and at the point of terminal cleaning, the rooms are disinfected and steam cleaned for maximum effectiveness
- All curtains (disposable) are changed 6-monthly, or as necessary within that period when required, and recorded.
- A programme for cleaning and disinfecting shower heads has been put in place.
- The clinical staffs ensure cleanliness of re-usable medical devices by the use of appropriate disinfectant wipes and labelling accordingly.

4.1 Staffs are suitably trained and hold adequate competencies for their roles.

4.3 Lead nurses are included in all aspects of cleaning services, including contract negotiations and service delivery at ward level.

4.5 Patient-led assessments of the Clinical Environment (PLACE) audits are conducted annually. In April 2016, BMI The Blackheath Hospital achieved a score of 95.38% for cleanliness, compared to the national average of 98.06%.

4.7 The provision of suitable hand washing facilities throughout the hospital has been risk assessed, several new compliant sinks have been installed and a programme of implementation has been devised for the remaining sinks towards compliance. This has been documented in the CQC Action plan and a replacement programme initiated through to 2016-2017.

- Where appropriate alcohol gels have been re-sited to optimise compliance with the 5 moments of Hand Hygiene.
- Replacement programme of carpets is on-going. Most patient/public areas now have hard flooring, and replacement of carpets in patient rooms is on-going.

4.8 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.

4.9 Advising on waste disposal. There is a robust waste management policy and appropriate segregation of waste in line with the policy. There are waste officers for each site. Following an audit of waste streaming at The Blackheath Hospital appropriate waste bins and segregation have been implemented using the colour-coded approach: orange for infectious waste, and yellow/black stripes (tiger bags) for non-infectious offensive waste. The rest of the waste streaming has been compliant and has not required any intervention. The changes have been communicated to Heads of departments and incorporated into the IPC face-to-face training.

- 4.10 There is a programme of planned, preventive maintenance, including pest control and the management of potable and non-potable water supplies
- 4.11 There is a Safe Water group to ensure safe delivery of potable and non-potable water supplies. A programme has been devised and implemented to provide assurance on water safety and quality: six monthly testing for *Pseudomonas species* in augmented care units, and regular testing for *Legionella species* in strategic places throughout the hospital, including the reservoir and the holding tanks. Engineering controls are also in place and checked monthly by the engineers.
- 4.12 There is a uniform policy in line with the DH policy and compliance with bare below the elbows is reinforced.
- 4.13 Ensuring the supply and provision of linen and laundry including uniforms which reflects health service guidance HSG(95)18 hospital laundry arrangements for used and infected linen
- 4.14 Ensuring there are effective arrangements for the appropriate decontamination of instruments and other reusable medical equipment in line with the Choice Framework 01-01⁹ (England); HTM2010, HTM2030 and HTM2031 (Wales), SHTM2030 and SHTM2031 (Scotland) and has registration under Article 12 - Council Directive 93/42/EEC¹⁰, Annex V, Section 3.2.(Sterility aspects only) or registered with CQC

BMIHD hubs 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.

- There is a designated decontamination lead 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 are fit for purpose and meet required standards:
 - risk assessment
 - weekly water testing and feedback of results (Endoscopy)
 - machine checks
 - maintenance with available records
- A leak test machine has been purchased to enable leak-testing of OPD nasendoscopes. All staffs have completed training. Mitigating steps have been put in place by subjecting these scopes through an off-site decontamination unit after sessional activities.
- Monitoring system is in place to ensure safe and adequate equipment cleaning in line with High Impact Intervention No. 8 Decontamination of Equipment.

5.0 CRITERION 3:

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

This criterion links with Outcome 1, Regulation 17 Reporting and involving services users contained in CQC guidance about compliance and with Scottish HAI Standard 5: Antimicrobial Stewardship The organisation demonstrates effective antimicrobial stewardship. This section should describe the 'who' not the how.

The Blackheath Hospital has implemented the corporate antimicrobial prescribing policy in conjunction with our local antibiotic prescribing policy. Audits are undertaken by the Antimicrobial Pharmacist and IPC Lead relating to Antimicrobial Stewardship.

Overall prescribing practice is good; however we have highlighted the need for review of the corporate prescribing (Medicine) chart to provide direction to prescribers for compliance.

The Consultant Microbiologist provides advice as required, including when antimicrobials are necessarily considered outside of the agreed policy on a case-by-case basis.

There is an annual antibiotic prescribing audit that is completed quarterly this is reported to the IPC Committee.

Hospitals have access to information which contains information about antimicrobial therapy explaining any precautions required both in the hospital and in the community post discharge. Information is also available for visitors. The prescribers also receive training on the use of antimicrobial resistance and stewardship.

6.0 CRITERION 4:

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

This criterion links with Outcome 6, Regulation 14 cooperating with other providers contained in CQC guidance about compliance.

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 Department of Health, high impact intervention (care bundles).

Transfer documentation communicates the patient's infection status to the receiving team or NHS provider organisations.

A local hospital database and surveillance on all multi-drug resistance organisms is maintained by the IPC Lead. This is utilised for trend analysis, communications between departments in the patient's journey and for sharing at hospital committees. To date, there has not been any evidence of any cross-transmissions between patients.

The up-to-date surveillance data are discussed at Governance meeting, IPC Committee and Clinical Governance meetings.

7.0 CRITERION 5:

7.1 **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.**

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. During 2016 mandatory training compliance for IPC has been 86%.

BMI Healthcare MRSA screening policy includes all high risk patients in line with recommendations from the Independent Healthcare Advisory Service and Health Protection Scotland outlined in Protocol for CRA MRSA Screening National Rollout in Scotland Jan 2013 v1.7 11 and includes;

- All NHS patients admitted under contract (excluding endoscopy, ophthalmic day cases, dental and dermatology minor procedures, in line with DH guidance)
- 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 a medical or in patient surgery event within the last three months.
- Any patient about to undergo surgery that requires:
 - Insertion of one or more prostheses or grafts (excluding day case cataract surgery)
 - Requiring planned level 2/3 critical care management.
- Oncology and chemotherapy inpatient.

Systems are in place in all BMI healthcare sites for timely laboratory results to be identified to staff to ensure prompt treatment of the patient and appropriate infection prevention and control precautions to be initiated.

8.0 CRITERION 6:

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

8.2 As far as is reasonably practicable, Blackheath hospital 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 Blackheath hospital 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.

Blackheath hospital has a policy in place for outbreak management. There have been no outbreaks of infection during this year.

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.

Face-to-face training has provided opportunities for clarifying IPC practical measures. Practical hand hygiene and aseptic non-touch technique (ANTT) sessions have provided opportunities to enhance and consolidate prior learning for safe practice.

9.0 CRITERION 7:

9.1 Provide or secure adequate isolation facilities

Most of the patient rooms in Blackheath hospital are single on-suite rooms, which are ideally placed to isolate patients on suspicion of infection from the outset until screening / investigative results are known. The isolation door signage has been customised to cater for the needs of isolation practice.

All surfaces are disinfected daily. On terminal cleaning, the rooms are also subjected to steam cleaning, and HPV disinfection in cases of CRE/CPE.

There are some instances where patients are in shared accommodation however risk assessments will highlight the need for transmission based precautions and single room accommodation.

There is also a 2 bed High Dependency Unit which has two ICE pods. When patients are known to have an infection, the appropriate precautions are instigated.

To assist staff BMI Healthcare has an isolation policy and organism-specific policies detailing the need for isolation. Staff are also assisted in their decision-making through the provision of a risk assessment tool for prioritisation of patients who require isolation

10.0 CRITERION 8:

10.1 Secure adequate access to laboratory support as appropriate

The Blackheath hospital has access to laboratory support via The Doctor's Laboratory (TDL) there is also a Service Level Agreement for 24 hour access to a microbiologist / Infection Control Doctor at the Princess Royal Hospital in Orpington.

The DIPC and IPCL participate in local Pathology User Group meetings with TDL to review any problems which have arisen and identify issues for improvement.

11.0 CLINICAL CARE PRODUCTS CRITERION 9:

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

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 Collaboration site.

In the event of a failure of the electronic library a master copy of all infection prevention and control policies and procedures is 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.

12.0 HEALTH CARE WORKERS CRITERION 10:

12.1 **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.**

This criterion links with:

- Outcome 12, Regulation 21 requirements relating to workers
- Outcome 11, Regulation 16 safety, availability and suitability of equipment
- Outcome 10, Regulation 15 safety and suitability of premises
- Outcome 6, Regulation 14 cooperating with other providers contained in CQC guidance about compliance.

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.

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 staffs have access to occupational health advice and out of hour's access to medical advice in the event of exposure to a blood borne virus or an alert organism.

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 purchase of safer sharps products where available.

8.1.1 Induction, training programmes and ongoing education

All clinical staff including bank nursing staffs who are employed by Blackheath hospital are required to participate in induction and mandatory annual infection prevention and control training currently provided by the IPC lead and infection control link nurses. This includes hand hygiene, Aseptic Non Touch Technique and Care Bundles (High Impact Interventions) This training occurs monthly as a planned programme.

BMI Healthcare has implemented an infection prevention and control e-learning programme to support the mandatory training programme already in place.

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

RMOs are required to undergo infection prevention and control induction.

13.0 MONITORING COMPLIANCES WITH AND THE EFFECTIVENESS OF THIS STRATEGY

13.1 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"> • Risk assessments • Infection Prevention and Control incidents reported on Sentinel • Audits & spot checks • Surveillance reports
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"> • Local Cleanliness audits • Annual PLACE audits • Patient satisfaction • Environmental audits
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"> • Prescription policy in place for pharmacy and infection control doctors. • Infection Prevention Control Committee IPC conducts annual audits. • IPC & Antimicrobial Pharmacist conducts audits x 4 / year.
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"> • Infection Prevention and Control Committee oversees IPC surveillance reports and makes them available where appropriate • Multidisciplinary root cause analysis meetings for MRSA, MSSA, E.coli, CPE bacteraemias, <i>C.difficile</i>, and Surgical Site Infections
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"> • Surveillance of all alert organisms including MRSA, MSSA, E.coli, CPE bacteraemia, <i>Clostridium difficile</i>, <i>CPE colonisation</i> • Surveillance of orthopaedic surgical site infections (hips and knees)
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"> • IPC mandatory training included in induction and refresher training • IPC e-learning package available on BMI learn

		<ul style="list-style-type: none"> • RMO induction package.
7	Provide or secure adequate isolation facilities.	<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.	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 organisations that will help to prevent and control infections.	<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 (IPS QIT and Care Bundles)
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"> • Occupational Health monitoring of staff well-being • Provision of vaccination to staff as appropriate with feedback of uptake • Sharps injuries monitored

14.0 REFERENCES

- 14.1 The Health and Social Care Act 2008: Code of Practice for health and adult social care on the prevention and control of infections and related guidance. (Dec. 2009)
- 14.2 Department of Health (2001). Getting Ahead of the Curve. A strategy for combatting infectious diseases including other aspects of health protection.
- 14.3 Department of Health (2003) Winning Ways Working together to reduce Healthcare Associated Infection in England. Report from the Chief Medical Officer.
- 14.4 Department of Health, (2004) Towards Cleaner Hospitals and Lower Rates of Infection.
- 14.5 Department of Health (2005) Saving Lives: a delivery programme to reduce healthcare associated infection including MRSA
- 14.6 Department of Health (2006) Essential Steps to Safe Clean Care: Reducing Healthcare Associated Infection
- 14.7 Care Quality Commission Essential standards. <http://www.cqc.org.uk/organisations-we-regulate/registering-first-time/essential-standards> (accessed 26 July 2013)
- 14.8 Healthcare Associated Infection (HAI) Standards (February 2015) Healthcare Improvement Scotland.
- 14.9 Department of Health (2013) Management and Decontamination of surgical instruments used in acute care. CFPP 01-01 / Part A-E
- 14.10 European Council Directive 93/42/EEC (1993) concerning medical devices

(MDD93/42/EEC)

14.11 Protocol for CRA MRSA Screening National Rollout in Scotland, Health Protection Scotland 31 January 2013 Version: 1.7