



Infection Prevention and Control

Director of Infection Prevention & Control Annual Report 2015/16 BMI Coombe Wing

Director of Infection Prevention & Control Annual Report

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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).

BMI Coombe Wing is 100% compliant with the Department of Health 'Code of Practice on the prevention and control of infections and related guidance 2008. BMI Coombe Wing has systems in place to manage and monitor the prevention and control of infection. BMI Coombe Wing provides a clean and appropriate environment that facilitates the prevention and control of infection. Coombe Wing provides information to patients and their families on infection and others within healthcare concerned with their care.

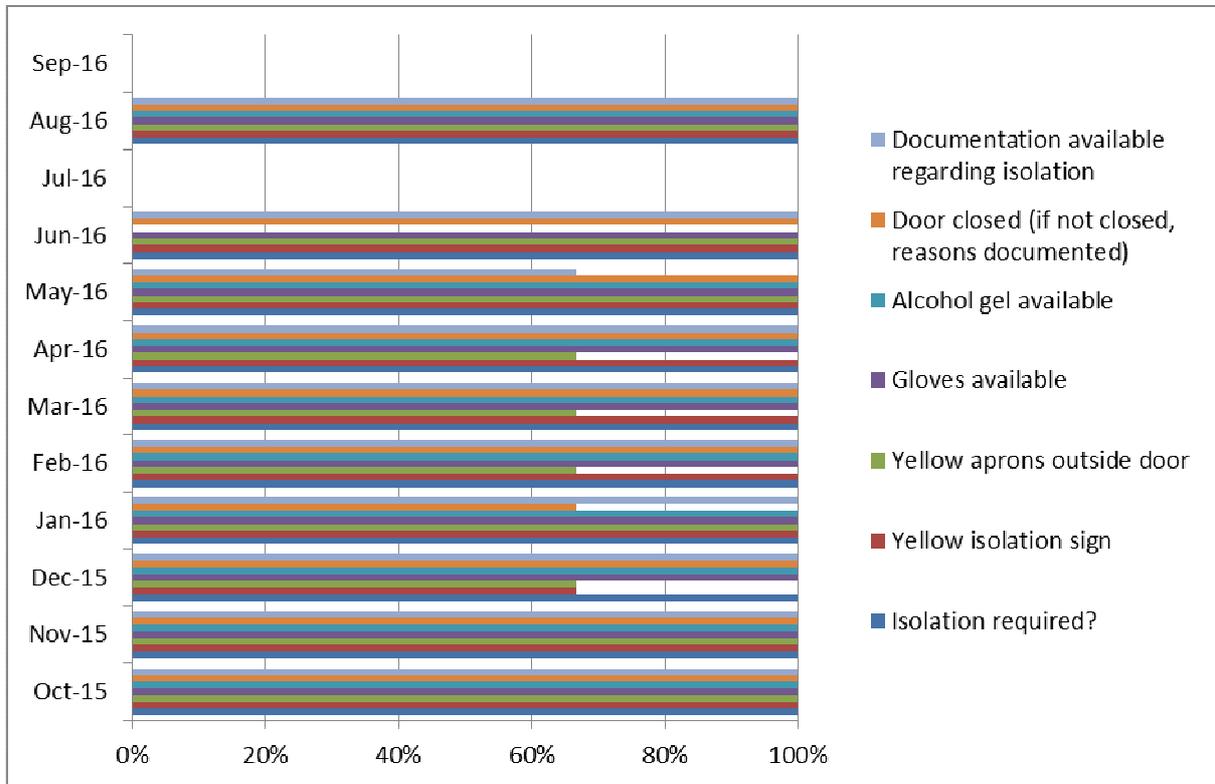
BMI Coombe wing is able to provide adequate isolation facilities and has access to appropriate laboratory support. Coombe Wing adheres to prevention and control of infection policies and ensures, as far as is reasonably practicable, that staff are free of and are protected from exposure to infections, and are suitably educated in the prevention and control of infection associated with the provision of health and social care.

Audit

BMI Coombe Wing undertake monthly audits in accordance with the saving lives programme:

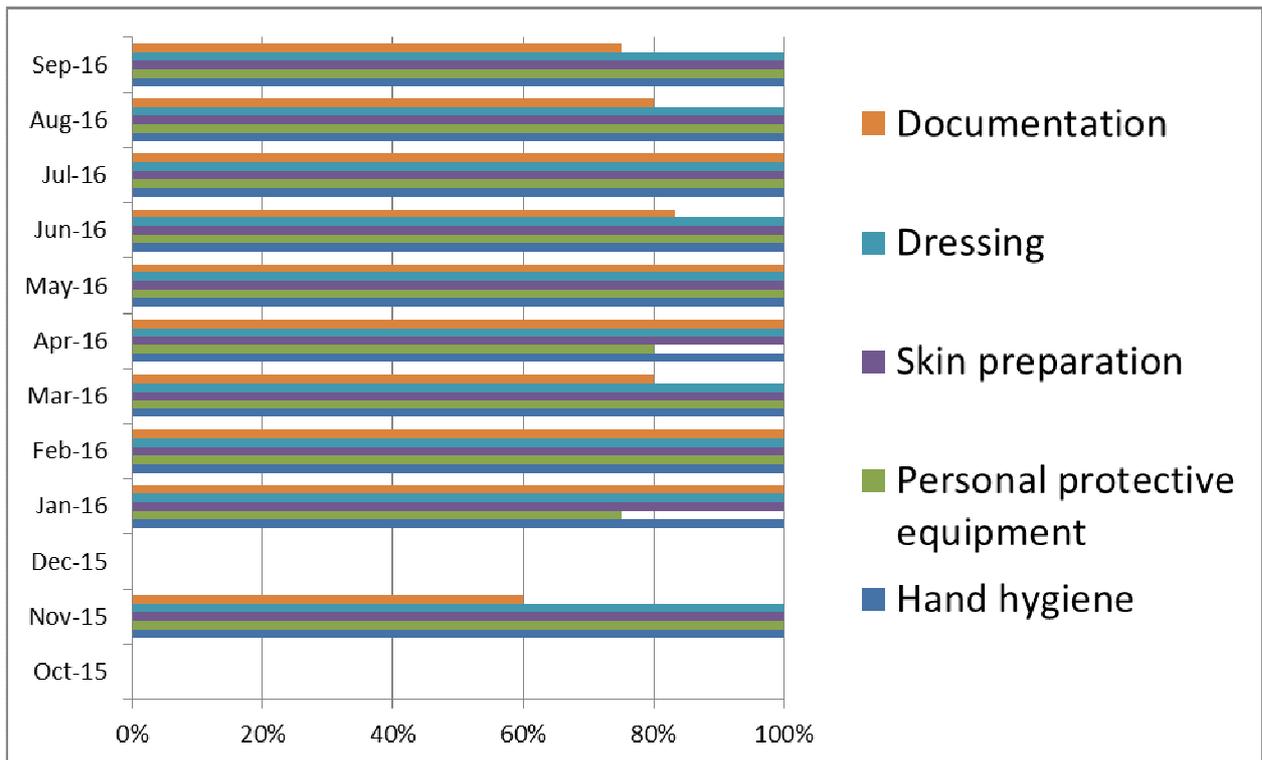
Protective Isolation Audit 2015-16

Protective Isolation Audit by Criteria

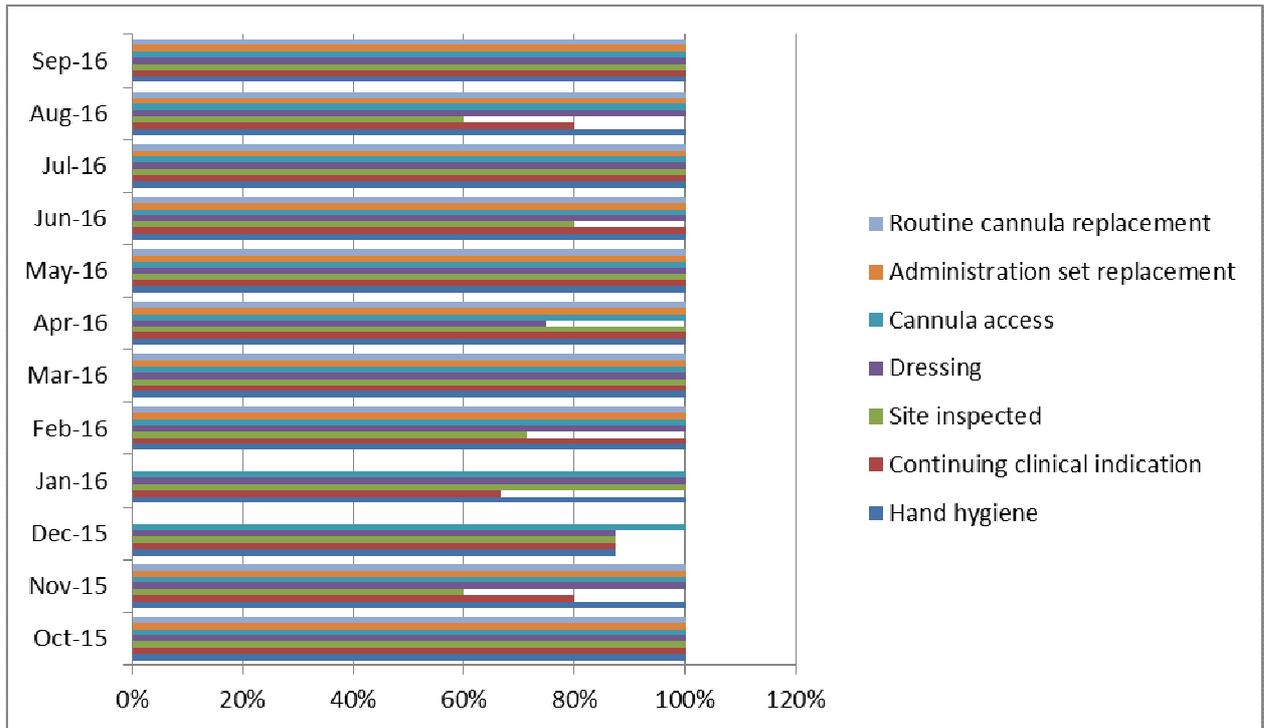


Peripheral Cannula Care Audit 2015-16

Peripheral Cannula Insertion Audit by Criteria

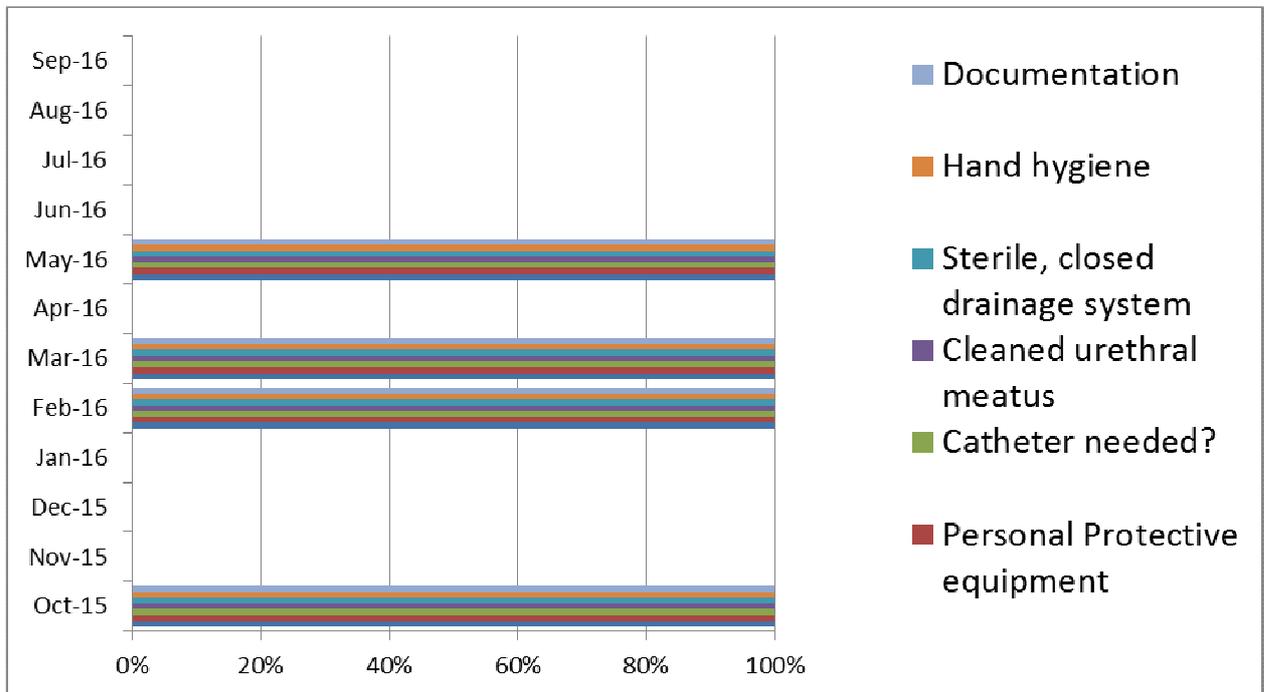


Peripheral Cannula Care Audit by Criteria

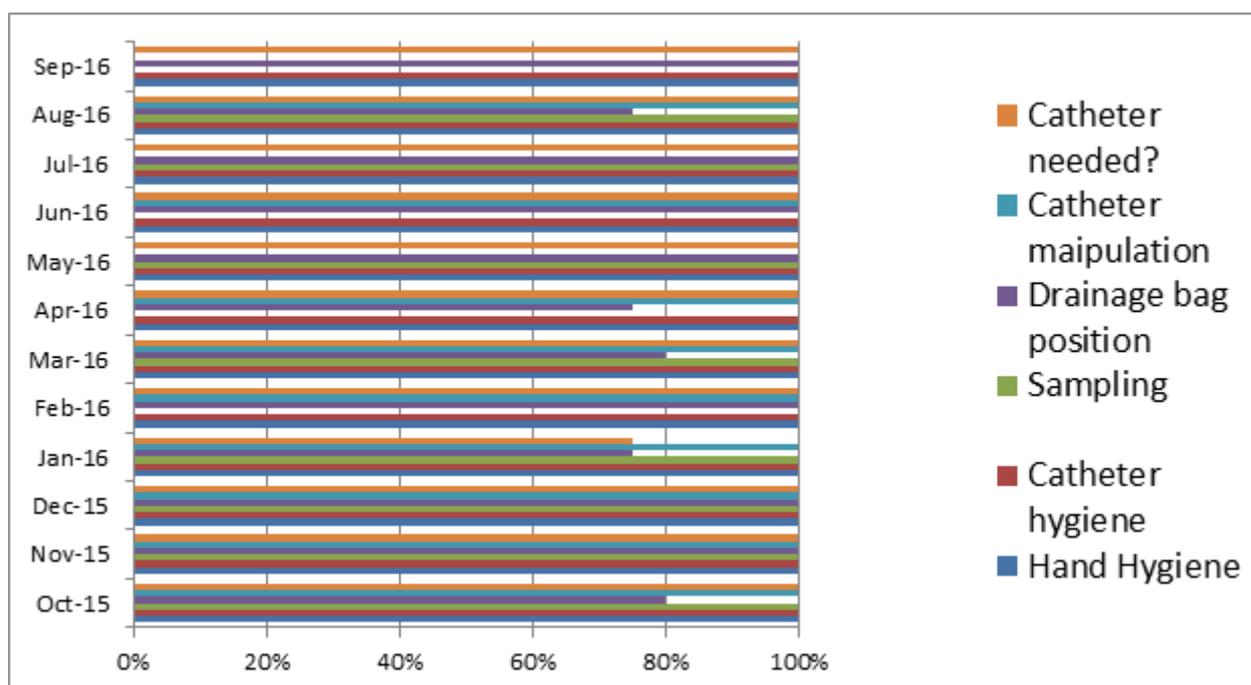


Urinary Catheter Audits 2015-16

Urinary Catheter Insertion Audit by Criteria



Urinary Catheter care audit by criteria



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.

This criterion links with Outcome 6, Regulation 24 cooperating with other providers in the CQC guidance about compliance and 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”.

BMI Coombe Wing 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.

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 receive suitable and sufficient information, training and supervision in measures required to prevent or minimise HCAI.

A programme of audit 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.

- A designated decontamination lead via a Service Level Agreement (SLA) with Kingston Hospital NHS foundation Trust
- A designated microbiology service and telephone advise via an SLA with Kingston Hospital NHS foundation Trust
- Working towards a designated antibiotic pharmacist and a microbiologist who can advise on appropriate antimicrobial stewardship and an antimicrobial stewardship

programme via an SLA with Kingston Hospital NHS foundation Trust

3.2 Risk Assessment

BMI Healthcare 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.

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/ 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 meetings. Any lessons learnt from the RCA are discussed and reported at the Clinical Governance and Clinical Ward meetings then disseminated to the rest of clinical staff.

3.3 Infection control management, including the role of the DIPC

The DIPC at BMI Coombe Wing is the Director of Nursing. She 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 from relevant parties. Our infection prevention and control link nurse works under the guidance of our lead nurse.

Full details of the roles and responsibilities of all staff in prevention and control of infections is 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, in collaboration with a contract with ISS and the decontamination lead, monitors standards of cleanliness and promotes best practice by ensuring:

- 4.1 Staffs are suitably trained and complete mandatory annual updates. Staffs hold adequate competencies for their roles such as hand hygiene and ANTT.
- 4.2 There are designated protocols for the cleaning of the environment and the cleaning and decontamination of equipment.
- 4.3 Nurses are included in all aspects of cleaning services, including contract negotiations and service delivery at ward level
- 4.4 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.

- 4.5 Patient-led assessments of the Clinical Environment (PLACE) audits are conducted annually - BMI Coombe Wing achieved 100% for cleanliness (2016)
- 4.6 The cleaning arrangements detail the standards of cleanliness required in each area and audits of cleaning are conducted as per cleaning standards. ISS conduct regular audits of Coombe.
- 4.7 There is adequate provision of suitable hand washing facilities and 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.
- 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. BMI Coombe Wing has a contract with ISS via Kingston Hospital NHS foundation Trust to provide catering.
- 4.9 BMI Coombe Wing has a contract with ISS via Kingston Hospital NHS foundation Trust to provide waste disposal.
There is a robust Trust waste management policy and appropriate segregation of waste in line with the Trust policy. There is a waste manager in Kingston Hospital.
- 4.10 There is a programme of planned, preventive maintenance, including pest control and the management of potable and non-potable water supplies via Kingston Hospital NHS Foundation Trust.
- 4.11 There is a Safe Water group to ensure safe delivery of potable and non-potable water supplies within Kingston Hospital which the operations manager from Coombe Wing attends.
- 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 via a contract with Berdensen laundry.
- 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 (Scotland and Wales), and has registration under Article 12 - Council Directive 93/42/EEC¹⁰, Annex V, Section 3.2.(Sterility aspects only) or registered with CQC via an SLA with Kingston Hospital.

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.is section should describe the 'who' not the how.

BMI Healthcare has an antimicrobial prescribing policy this is supported by the pharmacists and the infection Control Doctor.

BMI Healthcare participates in reporting surveillance data to Public Health England and these data are published on their website.

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

Monthly surveillance is submitted to public Health England regarding MRSA, Clostridium difficile and other alert organisms.

There is an annual antibiotic prescribing audit that is completed quarterly this 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.

BMI Coombe Wing participated in 'point prevalence survey', the results will be published in the future (the data for Coombe is limited and therefore will affect our statistics)

We participated in the annual world and European antibiotic awareness day with posters, leaflets and quizzes. Patients and relatives were encouraged to participate.

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

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

BMI Coombe Wing follow ERP pathways when appropriate and in agreement with the patient's consultant

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.**

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.

BMI Coombe Wing end of year figures (2016) show 95.4% compliance with mandatory training.

Risk assessments are carried out in ward and outpatient department as well as pre assessment, in order to recognise alert symptoms and diseases. The staffs are fully aware of these requirements and associated actions.

BMI Coombe Wing adheres to Kingston Hospital NHS Foundation Trust MRSA screening policy which includes all high risk patients in accordance with local risk assessment and DH (2014) guidance, the following patients are also screened:

- Patients transferred from ITU/HDU
- All patients admitted from another care provider such as residential or nursing home or hospital
- Patients who have tested positive for MRSA in the past
- Patients who are having orthopaedic surgery
- At the request of the consultant

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.

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**

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.

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.

All of the accommodation at BMI Coombe Wing 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 Coombe wing have an SLA in place with Kingston Hospital NHS foundation Trust to manage an infection outbreak.

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.

BMI Coombe Wing celebrated the World health hand hygiene day with posters, information

leaflets and the use of the 'glow box' to check hand washing compliance.

- 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 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.

Infection prevention and control committee meetings are held quarterly and follow the BMI corporate agenda.

We have increased access to antimicrobial courses for nursing staff to improve awareness and vigilance in the appropriate use of antibiotics and the challenging of prescriptions and over usage of antibiotics. All prescription charts where antibiotics are prescribed are accompanied by a guidance sheet for reference.

There has been an increased focus on Sepsis, both recognition of early warning signs and the importance of prompt initial treatment

BMI Coombe Wing has undergone the installation of four clinical sinks and increased the provision of alcohol gel

We have undergone the removal of carpet in the main ward corridor and replaced the flooring with laminate

There has been an increase in 'walk arounds' and audits, results are shared with the clinical team and during quality handover.

We held regular informal glow box sessions with all staff, including porters, cleaning and administrative staff. We also held 'clinical spotlight' sessions throughout the year on a variety of topics such as sepsis and pre assessment.

BMI Coombe Wing underwent our CQC inspection during October this year and are awaiting the report early January 2017.

9.0 CRITERION 7:

9.1 Provide or secure adequate isolation facilities

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.

All of the accommodation at BMI Coombe Wing is single room accommodation.

To assist staff, BMI Healthcare has an isolation policy and organism-specific policies detailing the need for isolation

10.0 CRITERION 8:

10.1 Secure adequate access to laboratory support as appropriate

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

BMI Coombe Wing has an SLA with Kingston Hospital NHS Foundation Trust with 24 hour access to a microbiologist / Infection Control Doctor.

We have processes in place to receive daily results electronically and also verbal when urgent.

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.**

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 available on the BMI Intranet. BMI Coombe Wing also refers to Kingston Hospital NHS Foundation Trust policies which can be found on the Trust 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 staff room.

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 through Kingston Hospital NHS Foundation Trust and out of hour's access to medical advice in the event of exposure to a blood borne virus or an alert organism via the accident and emergency department in Kingston Hospital NHS Foundation Trust.

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 if required.

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 BMI Healthcare 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)

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 reminded of their professional responsibilities in regard to infection prevention and control at 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 • 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 • Weekly spot checks and walk-rounds by IPC lead and DIPC • 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.

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 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 bacteraemia, <i>Clostridium difficile</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 • 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.	SLA with Kingston Hospital NHS Foundation Trust
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