BMI Healthcare

Infection Prevention and Control

Director of Infection Prevention & Control Annual Report 2015/16

Fawkham Manor Hospital

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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 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]

BMI	DIPC Annual Report	Version: 1	Issue date: 10/2016	Review date: 09/2018

Page 3 of 16

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.	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. **Standard 6: Infection prevention and control policies, procedures and guidance** 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.	**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.
3	Ensure the relevant antimicrobial use to maximise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance.	**Standard 5: Antimicrobial Stewardship** 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.	**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.
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.	**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.
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.	**Standard 6: Infection prevention and control policies, procedures and guidance** The organisation demonstrates implementation of evidence-based infection prevention and control measures.
7	Provide or secure adequate isolation facilities.	**Standard 6:Infection prevention and control policies, procedures and guidance** The organisation demonstrates implementation of evidence-based

		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 Fawkham Manor Hospital scored 90% on self-assessment and an action plan has been developed to improve the relevant areas of under achievement.

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".

Fawkham Manor 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, ensuring that antimicrobial audits are completed and ensuring cleanliness

throughout the hospital.

- Mechanisms 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 audits that are completed monthly and annually 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.

- A designated microbiologist

- A designated antibiotic pharmacist and a microbiologist who can advise on appropriate antimicrobial stewardship and an antimicrobial stewardship programme.

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.

3.3 Infection control management, including the role of the DIPC

The DIPC at Fawkham Manor Hospital is also the Director of Clinical Services, Angela Vickery, and is responsible for leading the Infection Prevention and Control service. The DIPC 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.

The IPCL, in collaboration with the Estates and Facilities Team and the decontamination lead, monitors standards of cleanliness and promotes best practice by ensuring;-

4.1 Staffs are suitably trained and hold adequate competencies for their roles. All clinical staffs are required to complete a hand hygiene competency document and to attend a workshop for aseptic non-touch technique followed by a competency assessment.

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

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

4.4 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

4.5 Patient-led assessments of the Clinical Environment (PLACE) audits are conducted annually and results are compared to the national average. See below.

Assessment area	Fawkham Hospital score	National average
Cleanliness	99.37%	98.06%
Food	90.77	88.24
Privacy & Dignity	90.48	84.16
Condition & appearance	91.95	93.37

4.6 The cleaning arrangements detail the standards of cleanliness required in each area and audits of cleaning are conducted by the Housekeeping Lead. Housekeeping checklists direct general department cleaning and clinical staff have their own cleaning schedules for departmental equipment.

For the six months April to September 2016 the inpatient questionnaire for all patient groups scored an average of 95.6% excellent or very good for bathroom cleanliness and 96.5% excellent or very good for room cleanliness.

4.7 Fawkham Manor is currently reviewing the provision of suitable clinical handwashing facilities and future plans include the upgrading of sub-optimal clinical basins. There is adequate provision of antibacterial hand rubs in line with the WHO five moments for hand hygiene and for all clinical staff; the use of individual alcohol gels has been implemented. The Hospital promotes the use of alcohol hand rub to support the current limitation in handwashing facilities. A new compliant clinical hand wash basin has been installed on the main ward and all clinical hand wash basins have been upgraded in the OPD consulting rooms. Risk assessments have been conducted for alcohol hand gel placement and use, and staff training includes risk assessing practice in terms of hand

hygiene

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. The catering department have a 5 star rating from the Food Standards Agency and catering staff are all required to undertake E-Learning training on food handling.

4.9 Advising on waste disposal. There is a robust waste management policy and appropriate segregation of waste in line with the policy. The waste officer at Fawkham Manor Hospital completed a waste audit in September 2016 and found "good segregation of waste" and 100% compliance on the day of the audit.

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

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 01-01[9] (England); HTM2010, HTM2030 and HTM2031 (Wales), SHTM2030 and SHTM2031 (Scotland) and has registration under Article 12 - Council Directive 93/42/EEC[10], 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.

- Re-usable surgical instruments are sterilised off-site.

- The decontamination of endoscopes has been moved off-site to the Shirley Oaks decontamination unit and processes are in place for the appropriate packing and transporting of scopes between sites. Shirley Oaks Hospital has systems in place for the monitoring of the decontamination process to ensure decontamination equipment is fit for purpose and meet required standards including:

  - risk assessment

  - weekly water testing and feedback of results

  - machine checks

  - maintenance with available records

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.

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

Surveillance of surgical site infections is reported monthly. Hip and knee replacement surgery details are reported to Public Health England as part of a national programme of audit. Local surveillance reports any identified surgical site infections to the Hospital Infection & Prevention Group Committee meetings on a quarterly basis. The Consultant Microbiology Team is available 24/7 to provide advice and support and to discuss findings if required.

Surgical site infections reported from October 2015 up to Sept 2016

Month	Details
Oct 15	Pseudomonas aeruginosa post laparoscopic cholecystectomy (Main Theatres)
Nov 15	Nil
Dec 15	Nil
Jan 16	Nil
Feb16	Staphylococcus aureus post excision of lesion from leg. (OPD)
March 16	Staphylococcus aureus post excision of lesion from arm (OPD) Staphylococcus aureus post excision of rodent ulcer (Main Theatres)
April 16	Nil
May 16	Staphylococcus aureus post laparoscopy. (Main Theatres)
June 16	Staphylococcus aureus post excision of lesion from back (OPD)
July 16	Nil
Aug 16	Nil
Sept16	Staphylococcus aureus post excision of lesion from arm. (OPD)
TOTAL	**Main Theatres = 3 OPD = 4**

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

Hospitals have access to information about antimicrobial therapy that explains any precautions required both in the hospital and in the community post discharge. Information is also available for patients. The prescribers are supported and advised on antimicrobial usage by the Pharmacist and the Microbiologist.

Fawkham Manor actively supports the annual Antimicrobial Awareness Day and staffs are provided with information on antimicrobial resistance at IP&C workshops.

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.

The hospital has an Enhanced Recovery Programme (ERP) aimed at optimising a patient's pre-operative condition to enable a reduced length of stay. Regular audits monitor the performance and the effectiveness of the ERP systems in place. A shorter stay in hospital reduces the risk of acquiring a healthcare related infection.

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.

At the end of the BMI year 2015/16 Fawkham Manor staff training had exceeded the required 95% compliance rate.

BMI Healthcare MRSA screening policy includes all high risk patients in line with recommendations from the Independent Healthcare Advisory Service 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.

Patients with a previous history of MRSA are identified and managed according to the nature of any planned surgery and with advice from the Consultant Microbiologist Team. This includes any requirements for additional antimicrobial cover.

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**

The hospital requires Wards and Theatres to audit monthly clinical staff practice against evidence based requirements as outlined in the High Impact Interventions. Audits include the monitoring of the management of peripheral cannula and urinary catheters and evidence based practice for the prevention of surgical site infection.

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 Microbiology Team.

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.

9.0   CRITERION 7:

9.1   Provide or secure adequate isolation facilities

Most of the patient accommodation in Fawkham Manor is single rooms. However, there are some instances where patients are in shared accommodation as there are three double occupancy rooms and an ambulatory care area. However risk assessments will highlight the need for transmission based precautions and patients will be accommodated in a single room if a risk is identified.

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

Fawkham Manor Hospital has access to laboratory support via The Doctor's Laboratory (TDL) service. There is a Service Level Agreement for 24 hour access to the Microbiology Team at the Princess Royal University Hospital, Farnborough. The Microbiology Consultants provide support and advice including treatment of infections and antimicrobial use, surveillance, water safety, the clinical environment and many other issues. There is also quarterly attendance at the hospital's Infection Prevention & Control Committee group meetings.

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 manual in the main ward 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.

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 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 where appropriate. 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 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

BMI	**DIPC Annual Report**	**Version: 1**	**Issue date: 10/2016**	**Review date: 09/2018**

Page 13 of 16

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.	- IP&C 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	- Local cleanliness audits - Annual PLACE audits - Patient satisfaction surveys - IPS Environmental audits
3	Ensure the relevant antimicrobial use to maximise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance.	- Local prescribing policy in place for treatment and prophylaxis. - Infection Prevention Control Committee Meetings. - Antimicrobial audits. - Regular ward visits by the Pharmacist to monitor practice.
4	Provide suitable accurate information on infections to any person concerned with providing further support or nursing/ medical care in a timely fashion.	- Infection Prevention and Control Committee oversees IPC surveillance reports and makes them available where appropriate - Root cause analysis for MRSA, MSSA, E.coli bacteraemias, *C.difficile*, and Surgical Site Infections with feedback of findings to staff as relevant. - IP&C Transfer form as appendix to policy. - Patient information leaflets.
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.	- Surveillance of all alert organisms including MRSA, MSSA, E.coli bacteraemia, *Clostridium difficile* - Surveillance of orthopaedic surgical site infections (hips and knees). - Procedure for central reporting of any staff sickness that may be related to hospital working e.g. Norovirus.
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.	- IPC mandatory training included in induction and refresher training - IPC e-learning package available on BMI learn - RMO induction package. - Involvement of staff in clinical audits. - Monthly hand hygiene audits.
7	Provide or secure adequate isolation facilities.	- IPC involvement in new builds and refurbishments - Isolation policy in place with provision of PPE and guidance posters.
8	Secure adequate access to laboratory support as appropriate.	Laboratory is registered with CPA, and there is access to 24 hour service. Easy access to relevant TDL staff to discuss reports and request further information.

9	Have and adhere to policies, designed for the individual's care and provider organisations that will help to prevent and control infections.	• Policies and procedures reviewed and updated as required • All policies/procedures available via the Collaboration site • Hard copy of IP&C policies maintained on Ward. • Compliance monitored through audits (IPS QIT and Care Bundles) • Annual WHO hand hygiene assessment with action plan as required.
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.	• Occupational Health monitoring of staff well-being • Provision of vaccination to staff as appropriate with feedback of uptake • Sharps injuries monitored. • Local arrangements for PEP if assessed as relevant.

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