

Director of Infection Prevention & Control Annual Report 2015-2016

Contents

		Page
	Equality Impact Assessment	
1.0	Introduction	1
2.0	Self-Assessment Against the Code of Practice/ Scottish HAI Standard	2-4
3.0	Criterion 1	5
4.0	Criterion 2	6-9
5.0	Criterion 3	10
6.0	Criterion 4	10
7.0	Criterion 5	11-12
8.0	Criterion 6	13
9.0	Criterion 7	14
10.0	Criterion 8	14
11.0	Clinical Products Criterion 9	14
12.0	Health Care Workers Criterion 10	15
13.0	Monitoring Compliance With and The Effectiveness of This Strategy	16-17
14.0	References	18

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</p> <p>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</p> <p>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</p> <p>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</p> <p>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.	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).

Percentage Compliance to the Code of Practice for Kings Oak & Cavell Hospitals 2015-2016

1	2	3	4	5	6	7	8	9	10
100%	100%		100%	100%	50%	50%	100%	100%	100%
100%	100%	100%	100%	80%	0%	N/A	100%	100%	G
100%	75%	100%		100%	99		75%		50%
A	100%	100%							75%
99%	100%	80%							100%
50%	100%								
G	100%								
100%	100%								
100%	75%								
93%	94%	96%	100%	93%	50%	50%	92%	100%	81%

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”.

(Kings Oak & Cavell 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 cleanliness throughout the hospitals.
- 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
- A designated antibiotic pharmacist and a microbiologist who can advise on appropriate antimicrobial stewardship and an antimicrobial stewardship programme.

3.2 Risk Assessment

Kings Oak & Cavell 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.

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.

In December 2016 The BMI incident reporting system changed from the “Sentinel” System to “Riskman”

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 present is the Director of Clinical Services

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

BMI does not currently provide a standard Corporate audit tool for this purpose however the expectation is that we adapt the tools currently used in the NHS and which are aligned to the Revised Healthcare Cleaning Manual. However there is currently no routine pathway for ensuring housekeeping audits are undertaken by senior clinical staff or departmental HOD's

- Ad hoc checks are therefore performed by the HIPC using an adapted NPSA cleaning audit tool.
- These have not been performed regularly enough to produce any meaningful data however an example of the adapted tool is embedded below



Trent Theatre NPSA
TheatreCleaning Audit



Trent Ward NPSA
Cleaning Audit.xls

-

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

As of 08/12/16 compliance to mandatory training by Staff is:-

Kings Oak 83.53%
Cavell 92.67%

Housekeepers are required to complete their Mandatory training modules but no other training has been undertaken by housekeepers at either site during 2016.

BMI does not offer any practical training to housekeepers and they hold no other qualifications in respect of hospital cleaning. New starters are instructed by existing team members at present.

At the last IPC Leads meeting (September 2016) all IPCL Lead nurses expressed their concerns over cleaning standards universally and the current substandard audit process. We await further advice and action regarding this from Corporate level.

The recent CQC inspection at Kings Oak & Cavell Hospital also picked up on building fabric not complying with HBN standards which creates difficulties for the housekeepers e.g. carpets in patient

rooms

Housekeeping audits need to be put in place. HOD's should be in control of housekeeping standards in their own departments

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

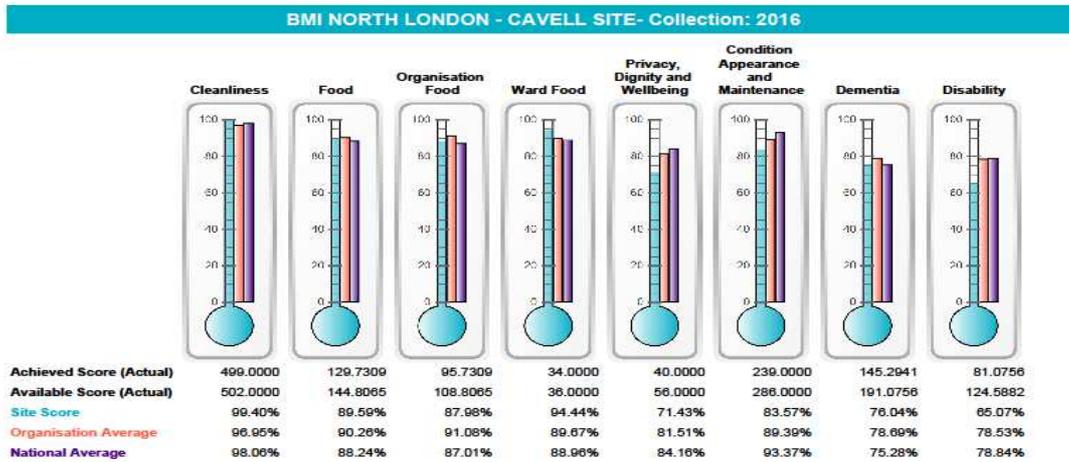
As of November 2016 compliance to mandatory training is:-

Kings Oak 81.00%
 Cavell **76.92%**

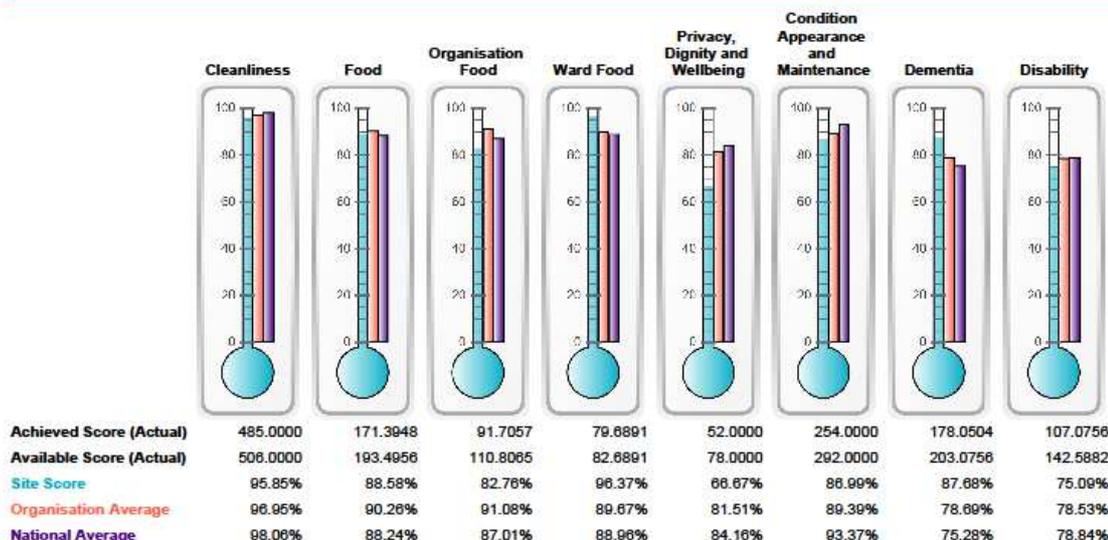
4.3 Lead nurses are included in all aspects of cleaning services, including contract negotiations and service delivery at ward level

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



BMI KINGS OAK HOSPITAL- Collection: 2016



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After submission of the PLACE data it was recognised that there was an error with the submission data for Kings Oak Hospital re the Privacy & dignity element. This was questioned by the CQC inspectors during their visit in October but this error was clarified using the hard copy of the audit which the CQC inspectors found to be satisfactory

4.6 The cleaning arrangements detail the standards of cleanliness required in each area and Audits of cleaning are conducted by housekeeping supervisors using the Q&A Audit tool that accompanies the daily Cleaning Checklists as per cleaning standards. An example is embedded below. There is no electronic version as the housekeeping supervisors complete these in hard copy.



Example Q&A for DIPC report.xlsx

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.

During 2016 both Kings Oak & Cavell hospitals have had the benefit of having all non-compliant handwash basins replaced to that of a BMI specification which conforms to HBN standard 00-09.

During 2017 it is hoped that a programme of installation of hand hygiene sinks in patient bedrooms will be carried out although a programme for these works is yet to be proposed

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.

Catering services at Kings Oak & Cavell hospital are provided by Compass. All Contracted Catering staff have either a Food Hygiene basic or level 2

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.



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

Kings Oak & Cavell Hospital have contracted their water safety arrangements to an external supplier - Aquasoft. This company has responsibility for legionella water sampling and remedial works to bring water management to an acceptable standard.

4.12 There is a uniform policy in line with the DH policy and compliance with bare below the elbows is reinforced. However, bare below the elbows is not part of the hand hygiene policy rather it is implied in the general document and uniform policy expecting this to be common practice amongst healthcare professionals

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

The hospital contacts this service to “Synergy”

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. The decontamination lead for BMI |Kings Oak & Cavell is the Theatre Manager
- 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
 - machine checks
 - maintenance with available records

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.

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

An audit of antimicrobial prescribing has not been possible at this time as the policy is under review and it is impossible to audit against the current policy guidelines as they are not adequate. A review of this policy between the consultant microbiologist and the Pharmacy manager is due to take place shortly.

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.

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



CAV SSI figures for
DIPC Report 2016.xlsx



KOH SSI Figures for
DIPC Report 2016.xlsx

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

The pharmacy also conduct a bi-annual audit of antimicrobial prescribing



cavell ward July
2016.doc



kings oak ward
August 2016.doc

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 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 Healthcare has an active enhanced recovery programme (ERP) to improve patient outcomes. The enhanced recovery programme is about improving patient outcomes and speeding up a patient's recovery after surgery. It results in benefits to both patients and staff. The programme focuses on making sure that patients are active participants in their own recovery process. It also aims to ensure that patients always receive evidence based care at the right time.

There are four elements to the Enhanced Recovery Programme:

- Pre-operative assessment, planning and preparation before admission.
- Reducing the physical stress of the operation.
- A structured approach to immediate post-operative and peri-operative management including pain relief
- Early mobilisation

Outcomes of the enhanced recovery programme are:

- Better outcomes and reduced length of stay
- increased numbers of patients being treated (if there is demand) or reduced level of resources necessary

7.0 CRITERION 5:

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

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 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 inpatients.

Year Cavell

2016	Month	No. Screens	No. Positives
	January	234	0
	February	208	1
	March	189	0
	April	217	1
	May	213	1
	June	256 inc 15 PCR	0
	July	177 inc 7 PCR	0
	August	128 inc 5 PCR	0
	September	258 + 17 PCR	5
	October	240 + 13 PCR	1
	November	238 + 12 PCR	2
	December		

Year Kings Oak

2016	Month	No. Screens	No. Positives
	January	255	0
	February	225	1
	March	255	0
	April	261	2
	May	229	3
	June	217 inc 13 PCR	3
	July	191 inc 14 PCR	1
	August	200 inc 12 PCR	0
	September	216 + 16 PCR	0
	October	175 + 15 PCR	3
	November	224 + 18 PCR	1
	December		

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

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, Kings Oak & Cavell 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.

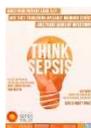
Most of the accommodation in BMI sites is single room accommodation and where patients are known to have an infection, the appropriate precautions are instigated. The decision to classify the incidence of any infectious disease as an outbreak is taken by the Infection Control Lead in consultation with the Head of Infection Prevention and Control and local infection control doctor or microbiologist.

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.

Add your compliance for IPC training here and any local initiatives you have taken during the year.

As part of the local Safetember initiative we focused on the Sepsis Six guidelines.



We put up posters with explanations of the Sepsis Six guidelines



All clinical staffs were issued with symptom pocket cards with the sepsis six.

We also obtained Sepsis Six boxes from Rociale that have all the equipment and algorithm, required



for prompt treatment of symptoms.

For National Infection Prevention & Control week the departmental link nurses ran a “bug hunt” to help ensure environmental cleanliness with prizes given for the departmental winners

9.0 CRITERION 7:

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.

Most of the accommodations in BMI facilities are single rooms. 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.

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

All patients at Kings Oak and Cavell Hospital are nursed in private single rooms with their own en-suite bathroom facility

At the Cavell Hospital, Trent Ward has the benefit of two dedicated isolation rooms which are configured for nursing patients requiring isolation. This facility has been used twice this year according to patient needs following risk assessment.

The CQC inspection at Cavell flagged up that the Oncology rooms were not dedicated for that purpose but were also used by patients on the ward this was seen as a risk given the sometimes fragile health of Oncology patients. The hospital Management team are looking at the use of these rooms in general

At Kings Oak Hospital patient rooms with laminate flooring are designated for isolation use when the need arises and appropriate signage and isolation PPE provided. Oncology patients at Kings Oak are only seen in the outpatient setting.

CRITERION 8:

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.

Kings Oak & Cavell Hospital use TDL as their main laboratory or local hospital)

Each BMI Healthcare facility has access to laboratory support either via The Doctor's Laboratory (TDL) service or local NHS trust.

Each BMI Healthcare facility has a Service Level Agreement for 24 hour access to a microbiologist / Infection Control Doctor

CRITERION 9: Clinical Care Products

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.

All BMI policies are available on the BMI Intranet. In addition hard copies of all policies including Infection Prevention & Control are available on the ward at either Kings Oak or Cavell Hospital and are updated according to information received via the BMI corporate bulletin and reviewed at Clinical Governance and Infection Prevention & Control Committee Meetings

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 will be located in the Infection Prevention and Control office.

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

CRITERION 10: Health Care Workers

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, cedures and guidance. The organisation demonstrates implementation of evidence-based infection vention 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

At Kings Oak & Cavell Hospital 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.

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

MONITORING COMPLIANCES WITH AND THE EFFECTIVENESS OF THIS STRATEGY

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

	Criterion	Monitored by
1	Systems to manage and monitor the prevention and control of infection. These systems use risk assessments and consider how susceptible service users are and any risks that their environment and other users may pose to them.	<ul style="list-style-type: none"> • Risk assessments • Infection Prevention and Control incidents reported on the reporting system known as Sentinel and from December 2016 the new Incident reporting system "Riskman" • Audits
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 using a modified NPSA Audit • Annual PLACE audits • Patient satisfaction scores • 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 reviews annual audit carried out by pharmacy
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"> • SSI data is reported monthly to Clinical Governance & Infection Prevention and Control Committee Quarterly • Monthly SSI figures are reported to Corporate Office via a specially designed form and dedicated e-mail address • 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) • All Arthroplasty patients are monitored in the first instance at hospital level by completion of the PHE surveillance data sheet. Secondly all arthroplasty patients

		<p>have a post discharge questionnaire sent to them and when this information is returned it is collated by HIPCL and data entered into the PHE website.</p> <ul style="list-style-type: none"> All clinical staff are required to send to the HIPCL the Definitions of surgical site infections checklist published by the CDC 1992 when suspecting a wound infection within 30 days of surgery or 90 days for arthroplasty patients to inform robust surveillance of SSI
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.	<p>Laboratory is registered with CPA, and there is access to 24 hour service'</p> <p>Kings oak & Cavell hospital use TDL laboratory service</p>
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 Seasonal flu vaccination available to staff 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)

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- 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