INFECTION PREVENTION
AND CONTROL STRATEGY

2013 – 2015
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INTRODUCTION

It is the vision with the Northern Health and Social Care Trust (NHSCT) is that patients, staff and the Board will work together to prevent and control infections in order to ensure that no one acquires an avoidable healthcare associated infection whilst receiving care and treatment.

The NHSCT is responsible for the delivery of safe and effective health and social care services to the population of the Northern area.

‘Changing the Culture’ (2010) outlines the Regional Infection Prevention and Control (IPC) Strategic Direction and its two core principles are:

- IPC is an integral part of healthcare.
- IPC is everyone’s business.

This Strategy describes the key themes to support staff and the Trust in meeting the current and future demands for quality standards, by minimising risk and integrating IPC into core business. This Strategy continues to build on the work already achieved and should be read in conjunction with the Regional IPC Manual for Northern Ireland.

The Trust is committed to reducing infections in our hospitals and healthcare settings and will ensure that everyone works together to minimise the occurrence of healthcare associated infections (HCAIs). In addition, the Trust will promote Ward to Board assurance to ensure the continued reduction in MRSA and Clostridium difficile infections.

The Trust will continue to work to reduce HCAI rates, further patient safety and ensure that IPC are at the highest priority within the Trust.

This Strategy describes what the Trust is striving to achieve, who will make it happen and how the Trust will measure progress.

The Director of Nursing is the designated Director of Infection Prevention and Control and has designated responsibility for environmental cleanliness and service user experience.
Theme 1 - PATIENT EXPERIENCE

Within the NHSCT the main focus is on putting patients’ need first and ensuring that each patient has a positive experience. The Trust listens and acts upon patient feedback. The Trust is committed to providing patients with:

1. A clean and safe facility so patients do not worry unduly.
2. Staff who are caring, helpful, respectful and approachable, who listen to patients, involve them in decisions about their care and ensure patients know what to expect.
3. The best clinical care from teams of skilled healthcare professionals who will help to improve and maintain their health.
4. A voice for the communities we serve, and the staff who deliver care so that we can learn collectively. This will help the Trust to improve the delivery of care to patients.
5. Information for patients and their families to support them in understanding their condition.
6. Information for staff to ensure that they can support patients and provide accurate information on their infections.

Patients with an infection can expect relevant information about their infection status to be shared between providers when they are admitted, transferred to, or discharged from healthcare providers to ensure seamless care.

Theme 2 - CLEAN, SAFE, ENVIRONMENT

The NHSCT will ensure high standards of environmental cleanliness are delivered and maintained.

The NHSCT will consider the needs of patients and their infection prevention and control requirements when procuring, commissioning, planning, designing and completing new and refurbished hospital services and facilities.

The NHSCT will provide a clean and safe environment for the treatment and care of patients by ensuring the following are in place:

1. Work schedules which will be located in each ward / department / facility for Domestic staff to follow and which will be updated on a regular basis.
2. Cleaning standards which will be monitored by the Domestic Services Management Team on a daily / monthly / annual basis, in conjunction with Ward / Department managers and the Infection Control Team.

3. Cleaning Standards and the Patient Environment will be monitored on an annual basis in hospitals by the Regulation and Quality Improvement Authority (RQIA).

4. Environment cleanliness audit results will be reported to the Trust’s Senior Management Team (SMT) and Trust Board on a monthly basis.

5. Patients and Clients will be asked for their views in Hospital and Community facilities on an annual basis and actions taken where improvement is required.

6. Each ward and department will be decluttered on a regular basis to allow for effective cleaning.

7. Leadership walkarounds will be undertaken by senior Trust staff to ensure standards expected are in place.

8. Training for Domestic Services staff will be undertaken to the standard of the British Institute of Cleaning Science.

9. Intensive cleaning programmes will be scheduled in hospitals twice a year.

**Theme 3 - COMMUNICATION**

1. The Trust will ensure that patients, clients and visitors have the information they need about infection prevention and control and the opportunity to discuss their concerns with staff.

2. Senior clinicians will ensure that patients are informed of any infections they have; how infections are managed and any treatment given.

3. Staff will ensure that patients receive relevant written information to support their understanding.

4. The Trust will ensure that staff will have access to up-to-date information about infection prevention and control.

5. The Trust will ensure that the wider community are kept informed about increased incidence of infection and the actions they can take to prevent infections.
Theme 4 - CULTURE

The Trust Board, Managers and staff will ensure that infection prevention and control remains the top priority. Everyone in the Trust will understand the role that they play in the prevention of infections and the provision of a clean and safe environment.

The NHSCT will:

1. Support a culture of Zero Tolerance towards preventable infections.
2. Encourage and support patients and staff to challenge non-compliance with IPC practices.
3. Promote compliance with evidence based policies and procedures to prevent or minimise the risk of spreading infections to patients, staff and visitors.
4. Provide monthly updates on the numbers of patients who acquire Clostridium Difficile and MRSA bacteraemias during their hospital stay.

Theme 5 - LEADERSHIP

The Trust promises to promote a culture of continuous quality improvement and in order to minimise risk to patients will:

1. Monitor key performance indicators in relation to IPC.
2. Ensure that all staff comply with all relevant IPC objectives, policies and procedures.
3. Ensure that all staff are engaged in IPC and take ownership and responsibility for continuous quality improvement.
4. Ensure the Senior Management Team prioritise IPC across the Trust though:
   - Visibility throughout Trust facilities.
   - Seeking assurance regarding the implementation of policies and patient safety initiatives.
   - Constructively challenging poor practice and supporting staff to drive improvement.
   - Supporting Consultants, Ward Sisters / Charge Nurses / Heads of Service and multi-disciplinary and Support Services Team by ensuring
that the highest standards of care are delivered to patients, ensuring that patients are communicated with and that all care is co-ordinated in a seamless manner.

- Recognising that Ward Sisters are responsible for standards of cleanliness and ensuring that IPC standards for best practice are achieved and maintained as outlined in the Ward Sisters’ Charter (2006).

- Supporting IPC staff in their specialist role, giving cognisance to their knowledge and adhering to guidance provided.

### Theme 6 – WORKFORCE, EDUCATION AND LEARNING

The Trust is committed to providing a skilled, knowledgeable and healthy workforce who will take the appropriate action to minimise the risk of infection to patients and clients. In doing so all staff will:

1. Have IPC Training at induction.

2. Have access to training to a level determined by staff role and patient / client contact.

3. Attend face-to-face IPC training on a rolling 3 year programme. In the intervening years staff will undergo an IPC update using the corporate IPC DVDs and complete the competency-assessment tool, sharing results with managers.

4. Have access to the Regional IPC manual in relation to prevention of HCAIs.

In addition the Trust will:

5. Ensure Infection Control Link Workers encourage and promote a culture of best practice within clinical areas.


7. Capture IPC training statistics through directorate reporting systems.

8. Deliver training on the safe use and storage of disinfectants and maintain training records.

9. Clinical staff will ensure that a Root Cause Analysis (RCA) is undertaken for all cases of Clostridium Difficile Infection (CDI) and MRSA / MSSA bacteraemias.
10. The RCA Review Group, chaired by DIPC with Medical Director and Chief Executive in attendance, will analyse RCAs and identify potential learning.

11. Ensure learning from RCAs is shared throughout the organisation.

12. Ensure that IPC training provides staff with the knowledge as to when to inform the IPC Team and the steps taken when there is an increased incidence of infection.

**Theme 7 – ASSURANCE**

The Trust will provide assurance for patients, clients and visitors and Trust Board through the ongoing audit of compliance with Trust Policies in relation to the following:

1. Hand Hygiene and compliance with ‘Bare below the Elbow’ at least twice yearly, conducted by the IPC Nursing Team in all in-patient clinical settings.

2. HII care bundles which will be performed at least twice yearly by IPC Nursing Team in all patient settings.

3. Areas of non-compliance with <90% will require a 3 month programme of self-audit to improve standards.

4. Competency assessment for peripheral line insertion, ongoing care and removal will be supported by Asceptic Non Touch Technique (ANTT) training for all staff involved in this clinical activity.

5. IPC staff will be involved in the design of new facilities and refurbishment of existing estate to ensure that facilities reflect IPC guidance.

6. Patients will be placed following infection risk assessment. Compliance with infection risk assessment will be audited 2 yearly by the IPC Team.

7. Clinical practices in Augmented Care settings which will be audited by the IPC nursing team using Regional audit tools which have been developed by RQIA.

8. Compliance with Infection Risk Assessment Tools (IRAT) which will be monitored by IPC twice yearly.

9. Environmental Cleanliness in adherence to Uniform and Dress Code Policy, PPE audited using the Regional Environmental Cleanliness tool developed by RQIA.

10. Water testing for Pseudomonas in Augmented Care settings and Neonatal units which will be undertaken by a rolling programme by the Estates Department in line with Regional recommendations and guidelines.
11. Water Testing for Legionella on Trust premises/sites which will be carried out in line with Regional recommendations and Trust Policy.

12. Management and communication with patients with a diagnosis of Clostridium difficile infection which will be audited by the IPC Nursing Team, 48 hours following Laboratory diagnosis. Results will be fed back to clinical teams and the Governance Department.

13. Monitoring of antimicrobial prescribing which will be overseen by the Antimicrobial Management Team and undertaken by ward Pharmacists, Antimicrobial Pharmacists and Medical Microbiologists.

**Theme 8 - ANTIMICROBIAL STEWARDSHIP**

Antibiotics differ from most drugs prescribed to patients in that they do not only have an effect on the individual patient, but can also have an effect on the surrounding environment. Antibiotics work by killing off the protective natural microbial flora by inducing resistance in pathogens where their use is widespread. The World Health Organisation (WHO) lists antimicrobial resistance as one of the top three threats to human health and wellbeing. Numerous initiatives worldwide have demonstrated that in order to preserve the effectiveness of this class of drug, they must be used cautiously and appropriately within healthcare settings.

The Trust will put measures in place to ensure:

1. Control of antimicrobial usage which is a large factor in the management of many of the common HCAIs, although its impact is not always immediately apparent. For example, the widespread use of Fluoroquinolone drugs (such as Ciprofloxacin) has been conclusively linked to both increasing MRSA and Clostridium difficile rates.

2. A culture of prudent antimicrobial usage which is required to ensure that antibiotic value is preserved for years to come.

Trust staff should be familiar with the DHSSPS document “Strategy for Tackling Antimicrobial Resistance (STAR) 2012 – 2017” and the UK Department of Health document “Start Smart then Focus” highlight the importance of prudent antimicrobial prescribing across NI and the UK as a whole.

In keeping with this guidance, the NHSCT will:

1. Provide an evidence-based empirical Antimicrobial Policy for common infections, taking into account local trends in resistance, regional policies and expert guidance where applicable. This will be subject to regular review.

2. Provide training and feedback to clinicians regarding the appropriateness of prescribing antimicrobials, with specific focus on the following:
• Antimicrobials should only be given in cases where infection is strongly suspected and not “just in case”.

• Appropriate samples should be sent to the Laboratory based on the likely source of infection, ideally before antimicrobials are prescribed.

• The prescription is for the correct agent, dose, interval, route and duration of course.

• Information is clearly documented in the patient’s notes, including reason and intention of treatment as per best practice.

• The prescription should be reviewed regularly, taking into account any salient results and clinical changes, in keeping with the UK Department of Health’s “Start Smart then Focus” campaign.

3. Audit antimicrobial prescriptions through the Antimicrobial Management Team to gain assurance that both the use of antimicrobials in general, and specifically those deemed to be “high risk”, are minimised insofar as is possible. This data will be fed back to each Consultant, the Antimicrobial Management Team, the Senior Management Team and the Trust Board.

4. Provide Antimicrobial Stewardship Rounds (consisting of an Antimicrobial Pharmacist, a Microbiologist and a Senior Clinician) to areas where antimicrobial use is especially high.

5. Control “high risk” antibiotics with the requirement of an exemption form, prior to release from Pharmacy, in all clinical areas unless prior exemption has been agreed.

6. Provide ongoing surveillance of alert organisms via the IPC Team and with the input of the Public Health Agency, work to prevent or control any alert situations within the Trust.

7. Link antimicrobial usage and Laboratory data using the Trust Epidemiology package.

8. Provide expert advice to Senior Clinicians on difficult cases through the Medical Microbiology service.

9. Promote and implement the findings of local research and research evidenced by policy makers, commissioners and service providers.
Appendix 1 - ORGANISATIONAL ARRANGEMENTS / LEADERSHIP AND ACCOUNTABILITY

Chief Executive

The Chief Executive has overall responsibility for safe / effective care and IPC within the NHSCT. The Chief Executive is responsible for ensuring that the Trust has adequate infrastructures in place in relation to IPC and robust reporting systems in order to assure Trust Board on the Trust’s IPC performance.

Director of Infection Prevention and Control (DIPC)

The DIPC’s primary responsibilities are as follows:

- Corporate responsibility for IPC throughout the Trust as designated by the Chief Executive.

- Report directly to the Chief Executive and assure the Trust Board on the organisation’s performance in relation to HCAIs providing, regular reports, including an Annual Report.

- Responsible for the development and implementation of IPC Strategies.

- Act on legislation, National policies and guidance, ensuring effective policies are in place and audited.

- Provide assurance to the Board that policies are fit for purpose.

- Attend Board meetings to report on IPC issues and to ensure IPC is given consideration in other operational and developmental decisions of the Board.

- Provide leadership to the IPC programme in order to ensure a high profile for IPC across the organisation.

- Ensure the requirements of decontamination guidance are in place and adhered to through implementation of appropriate policies.

- Ensure public and patient involvement in IPC.

- In addition, the Executive Director of Nursing (EDoN) has a key role in ensuring that high standards of clinical care are delivered to patients and has designated responsibility for environmental cleanliness and service user experience.
• **All Directors**

Directors are responsible for implementing IPC policy and performance managing infection control outcomes in their service areas. They are responsible to the Chief Executive for implementing action plans that deliver the Trust’s IPC Strategy.

If any tension should arise between the IPC Strategy and other business objectives these should be brought to the Governance Management Board for resolution.

Directors will ensure that HCAI is a standing item at Governance meetings in each directorate.

Directors will nominate a Senior Nominated Directorate Lead (NDL) to sit on the Infection, Prevention, Control and Environmental Hygiene Committee (IPCEHC) and to speak to IPC issues at the Directorate Governance Meeting.

**Executive Director of Nursing (EDoN)**

The EDoN has a key role in ensuring that high standards of clinical care are delivered to patients and supports the DIPC in this role. The Director of Nursing is the Executive Director with designated responsibility for environmental cleanliness and service user experience.

**Infection Prevention and Control Doctor**

The Trust’s IPC Doctor is the clinical leader and co-ordinator of the IPC service. The IPC Doctor provides expert advice to the DIPC, other Directors and Clinical colleagues. The IPC Doctor is responsible for delivering an effective and efficient IPC service and reports to the DIPC on all IPC matters.

The IPC team is responsible through the IPC Doctor to the DIPC for the team’s performance.

**Infection Prevention and Control Team**

The IPC team is a multidisciplinary team which, under the clinical leadership of the IPC Doctor, delivers an IPC service across the Trust.

The IPC Doctor will advise the DIPC on the strategic direction and clinical priorities for the service and will co-ordinate the team to deliver on their objectives. The IPC Doctor will alert the DIPC to concerns regarding HCAI and provide expert advice on action required.

The team is collectively responsible through the IPC Doctor to the DIPC for delivering an effective IPC service.
**Antimicrobial Stewardship-Antimicrobial Management Team**

The Head of Pharmacy and Medicines Management chairs the Antimicrobial Management Team which has Medical Microbiology, IPC Nursing, Antimicrobial Pharmacist Hospital Medical staff and general Medical Practitioner representation. This group reviews antimicrobial usage, guideline concordance and other aspects of stewardship in line with the strategic objectives.

**Management Arrangements**

The IPC Doctor reports managerially to Clinical and Diagnostic Services where the budget for the post is held and professionally to the Medical Director.

The IPC Nurses report managerially and professionally to the Deputy Director of Nursing where the staffing budget is held.

The Lead IPC Doctor and Deputy Director of Nursing will work together to ensure effective team work. All decisions regarding the skill mix of the IPC team must be approved by the DIPC.

**The Strategic Infection Prevention, Control and Environmental Hygiene Committee (IPCEHC)**

The Strategic IPCEHC is chaired by the Director of Infection Prevention and Control and meets 6 weekly. The IPCEHC reports to the Governance Management Board which receives regular updates on progress against PfA IPC targets and monitors progress with the IPC action plan. Membership includes Nominated Directorate Leads for IPC, the IPC Team, Consultant Medical staff, Pharmacy, Corporate Support Services, Estates, Deputy Director of Nursing and User representatives.

**Nominated Directorate Leads (NDLS)**

NDLs will support the directorate Senior Management Team in the delivery of effective healthcare associated IPC practice, education, audit and learning.

**REFERENCES**


Ten Elements a Short Guide to Board- to-Ward Assurance on Healthcare Associated Infections (HCAIs) for members of HSC Trust Boards.