Infection Prevention and Control Strategy
(NHSCT/11/379)
September 2010
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This Infection Prevention and Control (IPC) Strategy affirms the commitment of the Northern Health and Social Care Trust to provide person centred, safe and effective care to those who use our services. A key focus for the Trust will be continuing to tackle healthcare associated infections which have become a major concern for health care staff, our patients and the public. From the establishment of the Trust in 2007 there has been a commitment to patient safety and I am proud of the services which the Northern Trust continues to provide.

In 2007/2008, the outbreak of Clostridium difficile in five of the Trust’s hospitals presented very significant challenges to our dedicated and committed staff. The consequences of this outbreak have been difficult for the families of those affected and the staff who worked tirelessly to contain and minimise the impact of the outbreak.

Many lessons have been learned on how we can improve our Infection Prevention and Control measures. From my visits to wards and departments across the Trust, and from the performance reports presented to the Board of Directors on a monthly basis, I want to commend staff for the very significant progress that has been made in the prevention and control of healthcare associated infection.

This Strategy provides the direction for the Northern Trust over the next three years and demonstrates the commitment to continuous improvement in the prevention and management of healthcare associated infection and the provision of safe and effective care for those we serve.

Chairman’s signature
Introduction

This Strategy has been developed to ensure that the Trust has effective infection control arrangements in place to protect patients, visitors and staff from the risk of infection and related adverse consequences for individuals and for the service. Two core principles from Changing the Culture are that infection prevention and control is an integral part of safe healthcare and that infection prevention and control is everybody’s business (Department of Health, Social Services and Public Safety - DHSSPS 2010).

Reducing healthcare associated infection remains a major local, regional, national and international priority. A healthcare associated infection (HCAI) is the term used to cover all those infections that are linked to healthcare, whether delivered in hospital or the community and not present or incubating prior to an episode of healthcare intervention.

The Northern Health and Social Care Trust (NHSCT) vision is that no one will acquire an avoidable healthcare associated infection whilst receiving care and treatment.

To prevent the spread of avoidable infections to other staff and visitors in healthcare settings all stakeholders need to be engaged and focused. Infection prevention and control is everyone’s business and is an integral part of safe healthcare. Zero tolerance is a mindset that regards every avoidable infection as unacceptable.

The DHSSPS identified healthcare associated infection as one of the key areas requiring strategic approach to prevention and control. In June 2005 a Strategy for the prevention and control of HCAIs in Northern Ireland (2005 – 2010) was launched. The document entitled ‘Protecting Patients and Staff’ contained 58 recommendations. In 2006 these recommendations were further developed into ‘Changing the Culture’ – An Action Plan for the Prevention and Control of Healthcare Associated Infection in Northern Ireland.

The Changing the Culture 2009 – 2011 strategic regional action plan updates the 2006 document, continuing to embed the zero tolerance culture that every patient has the right to expect. All health and social care organisations need to work collaboratively across the health and social care system to tackle the challenges of HCAIs, to change attitudes and improve practice.

Infection is prevented and controlled by compliance with evidence based policies and procedures to prevent or minimise the risk of spreading infections to patients, staff and visitors. An example is “Bare Below the Elbow” which all staff must comply with in order to facilitate proper hand hygiene and avoid contamination of long sleeved garments.
Unavoidable factors which may influence the acquisition of an infection are an impaired immune system, global travel, new invasive clinical procedures and the constant evolvement of micro-organisms to survive and resist antibiotic use.

In keeping with the regional Infection Control Strategy aim and objectives, the Trust will continue to endeavour to provide a safe, clean environment for patients, staff and visitors. Additionally, the Trust will provide effective surveillance of HCAI to promptly identify and investigate clusters and adverse incidents of HCAI and renew the focus on antimicrobial resistance and prescribing. The Trust will also continue to promote public knowledge of infection control and the ongoing actions for provision of safe healthcare in both acute and community settings. Protecting patients from harm is an integral part of the Northern Trust’s Infection Control Strategy.

The NHSCT Infection Prevention and Control (IPC) Strategy provides an overview of key principles and objectives which identifies how the Trust will meet current and future demands for quality standards by minimising risk and integrating IPC into core business. The Trust will continue to review IPC service provision and benchmark against comparable Trusts in terms of skill mix, service modernisation and reform.

The high media profile given to topics such as Methicillin Resistant Staphylococcus aureus (MRSA), Clostridium difficile together with national and regional initiatives and drives to reduce infection rates, places infection control firmly as a priority for everyone involved in patient care. It is however a complex and challenging specialty. Unlike most other specialist areas, infection control encompasses not only clinical practice issues in relation to patient care, but also the infection control aspects of the environment, together with the health and safety of members of the public and healthcare workers. It is therefore essential that healthcare professionals have a firm grasp of infection control principles.
Universal precautions, now known as standard precautions, were introduced as a mechanism of risk reduction in 1985 following the emergence of the Human Immunodeficiency Virus (HIV). Standard precautions are a set of activities designed to prevent the transmission of micro-organisms between patients. As it is not always possible to know the infective status of every patient, it is recommended that standard precautions are used in the care of all patients in every healthcare setting.

3.1 Standard precautions include the following interventions:

- Hand decontamination before and after each patient contact using a 7 step technique.
- Decontamination of the environment and decontamination of patient equipment between every patient use.
- The use of personal protective equipment when in direct close patient contact and when in contact with blood or body fluids.
- Safe management and disposal of sharps.
- Safe disposal of waste and body fluid spillage.
- Management and segregation of linen.

3.2 Guidelines concerning enhanced environmental hygiene standards and best clinical practices have been issued in the recent EPIC2 Guidelines for Prevention of Healthcare Associated Infections (Pratt et al., 2007). The guidelines, which were developed after a systematic review of all the available scientific evidence, suggests that in the hospital setting improved infection control precautions can reduce healthcare associated infections.

3.3 Indwelling devices such as urethral catheters and intravenous cannulas have been associated with increased risk of acquiring HCAI. Management and insertion of these devices is of the utmost importance to reduce the risk of a device related HCAI. Healthcare workers need to apply the principles of standard infection control precautions when in contact with these devices and additional principles of asepsis need to be applied during insertion and ongoing care. Asepsis or aseptic technique ensures that only sterile and uncontaminated objects or fluids make contact with sterile or
susceptible sites to prevent microbial contamination during invasive procedures.

3.4 The concept of care bundles or high impact interventions can be used to describe a collection of evidence based processes needed to care effectively for patients undergoing particular treatments with associated risks.

The use of care bundles in the prevention of HCAI supports the implementation of reliable processes. These ‘Saving Lives’ tools set the framework for organisation-wide improvement on infection rates. They are designed to help ensure that every patient receives the right care every time.

3.5 Additional precautions are required when standard precautions may not be sufficient to prevent the transmission of infection. Additional precautions are tailored to the specific infectious agent concerned and may include measures to prevent airborne, droplet or contact transmission. In the Northern Trust these are known as transmission based precautions and may include additional measures such as single room or cohort isolation and enhanced decontamination of equipment and the environment to minimise the transmission of organisms from:

- Patient to patient.
- Patient to staff.
- Staff to patient.

A clear understanding of the chain of infection is important for the implementation of appropriate transmission based precautions. Transmission of infection requires the following elements:

- Source / reservoir for a potentially infectious micro-organism.
- A susceptible host.
- Transmission route.

Prevention and control of infection is part of the overall Risk Management Strategy within the healthcare environment. To deliver safe and effective care to patients, risks must be eliminated, reduced or effectively managed in both hospital and community settings.

Evolving clinical practice presents new challenges to infection prevention and control and policy, procedures and guidance are continually under review and evaluation. This requires ongoing public awareness campaigns, promotion of learning and development of healthcare workers and the commitment and accountability of all who deliver health and social care.

The Strategy presents the key objectives for the Northern Trust for the next three years 2010 – 2013.
The Trust’s IPC objectives are:

(i) To deliver high quality, evidence based treatment and care.

(ii) To provide a clean and safe environment for treatment and care.

(iii) To establish timely and effective HCAI surveillance programmes and systems to identify trends, investigate clusters and adverse incidents and to share learning.

(iv) To ensure all staff are aware of their responsibility and accountability for the prevention and treatment of healthcare associated infection.

(v) To ensure the public have confidence in the care setting and the quality of treatment and care provided.

(vi) To ensure safe and appropriate prescription of antibiotics.

The Trust IPC Delivery Plan in Appendix 1 details how the above objectives will be delivered over the three year period 2010 – 2013.
Objective 1
To deliver high quality, evidence based treatment and care

Summary
This will be achieved through availability of evidence based protocols and procedures to inform practice, monitoring compliance with same through rigorous audit programmes and ensuring all staff have appropriate skills and knowledge through provision of IPC training and development tailored for each professional group.

Sub–objectives

- All NHSCT staff will have access to the Regional Infection Prevention Control manual in relation to prevention of HCAIs.

- A rolling audit programme will be in place to measure compliance with best practice to prevent healthcare associated infection and to monitor the quality of care at patient level to include:
  - Hand Hygiene
  - Environmental Cleanliness
  - Commodes
  - Mattresses
  - High Impact Interventions (HIIs)
  - Annual Infection Prevention Control Nurse Audits

(This list is not exhaustive but for illustration only).

- Implementation of the relevant HII Care Bundles / Pathways in each ward and department related to IPC Research and Development is promoted and encouraged.

- Develop framework and implement competency assessment for peripheral line insertion, ongoing care and removal.

- Infection Control Link Workers will encourage and promote a culture of best practice within the clinical area.

- IPC Nurses will work with clinical staff providing advice and guidance to ensure best practice in relation to HII and prevention of HCAIs eg. at directorate IPC meetings, clinical visits and through provision of focused intervention.

- Compliance with mandatory training requirements for all staff groups in relation to prevention of HCAI through delivery of a rolling programme of IPC training.
- All staff will have IPC awareness training at induction.
- Training Delivery Plan for nurses delivered by IPC nurses in collaboration with Nurse Education and Development Consortium, to comply with regional guidance.
- Training Delivery Plan for all other staff groups delivered by IPC nurses in collaboration with Organisational Development Team, to comply with regional guidance.

- Reporting systems embedded in operational directorates to capture IPC training statistics, with summary report per professional grouping reported through to Trust Board on a quarterly basis.
- Promote and encourage Research and Development related to IPC.
**Objective 2**

To provide a clean and safe environment for treatment and care

**Summary**

This will be achieved through appropriate and timely patient isolation, maintenance of a clean environment and provision of buildings which are safely maintained and fit for purpose.

**Sub-objectives**

- Thoroughly clean buildings across the NHSCT environment.
- Cleaning in all areas in agreement with agreed cleaning schedules.
- Monitoring and review of cleanliness of environment on a daily basis.
- Implementation of a rolling audit programme to demonstrate a consistently high standard of environmental cleanliness is delivered.
- Facilities are maintained in accordance with Regulatory Estate requirements.
- Design of new facilities and refurbishment of existing estate to reflect IPC guidance.
- Early identification of patients with potential infective status and isolation in a timely manner.
- Development and implementation of Single Room Policy.
- Daily completion and review of Isolation Risk Assessment Tool to ensure safe and appropriate patient flow.
- Implementation of the Escalation Policy for re-designation of Ward A1, Antrim Area Hospital as isolation and cohort ward when necessary.
- Appropriate Outbreak Management with roles and responsibilities clearly defined.
- Adherence to Isolation policy and procedures.
- Strong and clear leadership at the highest level demonstrated through Leadership Walkabouts, with focus on IPC.
- Development of action plans to implement recommendations from IPC Nursing Audits and external reviews eg. RQIA inspections.
Objective 3

To establish timely and effective HCAI surveillance programmes and systems to identify trends, investigate clusters and adverse incidents and to share learning.

Summary

This will be achieved by establishing reporting systems to enable the Trust to promptly identify and investigate emerging trends, clusters or adverse incidents, carrying out Root Cause Analysis (RCAs) and developing action plans to address issues and share the learning arising from same and developing and implementing a dashboard of key performance indicators.

Sub-objectives

- Information Communication Technology (ICT) enabled surveillance of organisms to support detection of emerging trends and problems.

- Provision of timely information to key stakeholders re Trust incidence of:
  - Clostridium *difficile*
  - MRSA and MSSA bacteraemias
  - other alert organisms.

- Identified accountability for analysis and response to management of emerging patterns / trends.

- RCA completed by clinical team on cases of Clostridium *difficile* and MRSA bacteraemias in line with policy / guidance.

- A Senior Management HCAI review panel holds clinicians to account for HCAI performance.

- Nominated Directorate Leads implement and monitor action plans to address emerging trends / issues arising from audits and RCAs.

- A dashboard of key performance indicators (KPIs) agreed, implemented and monitored to include:
  - Environmental Cleanliness
  - Hand Hygiene
  - Commode Audits
  - Mattress Audits
  - IPC Nurse Audits
  - Staff training for professional grouping
  - Antibiotic Prescribing
  - User Feedback

(This list is illustrative, not exhaustive).
Objective 4

To ensure all staff are aware of their responsibility and accountability for the prevention and treatment of HCAI.

Summary

This will be achieved by a robust accountability framework embedding infection prevention and control into everybody’s business at all levels from ‘Board to Ward’, explicit reporting arrangements and performance review and multidisciplinary approaches to prevention of HCAIs.

Sub-objectives

- Accountability and responsibility for HCAI embraced at all levels of the organisation, ‘Infection prevention and control is everybody’s business’ is reflected as a core organisational value.

- Directors are responsible for HCAI prevention within directorates and report through to Trust Board on HCAI key performance indicators.

- Any breaches of IPC policies are acted on by management.

- Directors review and put in place arrangements to ensure effective multidisciplinary approaches to prevention of HCAI.

- Nominated Directorate Leads report on dashboard of KPI’s at Directorate Governance meetings and Infection Prevention and Control and Environmental Hygiene Committee.

- Ongoing development of ‘Board to Ward’ culture to reduce HCAI to the irreducible minimum through:
  - Implementation and monitoring of HCAI action plans.
  - Ongoing training and development to enable staff to deliver on the Trust’s HCAI agenda.

- All staff have a clear understanding of their responsibility for prevention of HCAI as referenced in job descriptions objectives, competency based assessment and job plans.

- IPC Nurses maintain visibility at clinical level to support staff to prevent HCAI.

- HCAI Performance data: staff have access to timely reports on Trust incidence of HCAI’s, local audit results and feedback on their performance.
**Objective 5**

To ensure the public have confidence in the care setting and the quality of care and treatment provided.

**Summary**

All staff must work tirelessly to restore public confidence in our ability to deliver safe and effective care in a clean and safe environment and to realise our vision that no one will acquire an avoidable HCAI when receiving care or treatment.

**Sub-objectives**

- Implementation of the HCAI Communication Strategy to provide information to identified target audiences.

- Review user feedback processes to ensure the views of service users are informing infection control processes and are integrated into the planning, implementation and monitoring of same.

- Develop a range of information leaflets on all alert organisms for patients, their families and carers, to include:
  - Isolation precautions
  - Hand hygiene
  - Implications for visiting
  - Decolonisation Protocol
  - Laundry instructions

- Clear communication with patients, their families and carers to update re: increased incidence / trend within a particular unit / facility.

- HCAI audit data on display publicly and prominently at the entrance to clinical area / facility.
Objective 6

To ensure safe and appropriate prescription of antibiotics

Summary
This will be evidenced by optimising antibiotic prescribing as a critical factor in ensuring a systemic approach to preventing HCAIs.

Sub-objectives

- Compliance with Trust policy on Antibiotic Prescribing.
- Audit programme of antimicrobial compliance in line with policy standards to provide assurance that risks of patients being exposed to high risk antibiotics are being minimised.
- Surgical prophylaxis in line with regional guidance.
- Appropriateness of antibiotic usage reviewed at Infection Prevention Control and Environmental Hygiene Committee.
Organisational Arrangements / Leadership and Accountability

The Trust Board, managers and staff are responsible for establishing, maintaining and supporting a co-ordinated approach to infection control in all areas of their responsibility. At the heart of successful work on healthcare associated infection and cleanliness is people – everyone in the Trust understanding the role that they play in the prevention of infections and provision of a clean and safe environment.

5.1 Chief Executive

The Chief Executive has overall responsibility for safe and effective care and infection prevention and control in the Trust. The Chief Executive is responsible for ensuring that the Trust has in place an adequate infrastructure for infection prevention and control and robust reporting systems that inform Trust Board on the Trust’s infection, prevention and control performance.

5.2 Director of Infection Prevention and Control (DIPC)

The DIPC’s primary responsibilities are as follows:

- Have corporate responsibility for infection, prevention and control 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.

- Be responsible for the development of strategies on IPC and oversee implementation.

- 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 infection prevention and control 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 that the requirements of decontamination guidance are in place and adhered to through implementation of appropriate policies.

• Ensure public and patient involvement in IPC.

### 5.3 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 IPC Strategy and other business objectives these should be brought to Governance Management Board for a resolution.

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

Directors will nominate a senior 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.

### 5.4 Executive Director of Nursing (EDoN)

The EDoN also has a key role in ensuring that high standards of clinical care are delivered to our patients and supports the DIPC in this role.

### 5.5 Infection Prevention and Control Doctor

The Trust’s IPC Doctor is the clinical leader and co-ordinator of the Infection Control 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.

### 5.6 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 to 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.

**Management Arrangements**

The IPC Doctor reports managerially and professionally into the Laboratory Service where the budget for the post is held.

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 teamwork. All decisions regarding the skill mix of the IPC team must be approved by the DIPC.

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

The IPCEHC is chaired by the Director of Infection Prevention and Control and meets regularly. It 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, Facilities, Estates, Deputy Director of Nursing and User Representatives.

5.8 **Nominated Directorate Leads (NDLS)**

NDLs will support the directorate Senior Management Team in the delivery of effective healthcare associated infection prevention and control practice, education, audit and learning.
Infection Prevention and Control Accountability Structure

- TRUST BOARD
- CHIEF EXECUTIVE
  - MEDICAL DIRECTOR D.I.P.C
  - DIRECTOR OF NURSING
    - DEPUTY DIRECTOR OF NURSING
    - I.P.C LEAD NURSE
    - I.P.C NURSES
    - LINK NURSES and OTHER NURSES
  - I.P.C DOCTOR LEADS IPC SERVICE
    - MEDICAL MICROBIOLOGISTS
    - BIO-MEDICAL SCIENTISTS
    - LABORATORY ADMIN STAFF
  - ALL STAFF
  - CONSULTANT IN COMMUNICABLE DISEASES PHA
  - ANTI-MICROBIAL PHARMACIST
  - ALL DIRECTORS

- Denotes members of the I.P.C. Team
- Denotes professional management arrangements
## Objective 1: To deliver high quality, evidence based treatment and care

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<thead>
<tr>
<th>Sub-Objectives</th>
<th>Actions Required:</th>
<th>Accountable officers</th>
<th>Timeframe</th>
<th>Evidence of achievement</th>
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<tbody>
<tr>
<td>All staff will have access to the Regional IPC manual in relation to prevention of HCAIs.</td>
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<td>Rolling Audit Programme in place to measure compliance with best practice to prevent HCAI to include:</td>
<td>- Hand Hygiene - Environmental Cleanliness - Commodes - Mattresses - High Impact Interventions (HIIs) - IPC Nurse Audits (This list is not exhaustive).</td>
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<td>Implementation of the relevant HI Care Bundles / Pathways in each ward and department.</td>
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<td>Develop framework and implement competency assessment for peripheral line insertion, ongoing care and removal.</td>
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<td>Infection Control Link Workers will encourage and promote a culture of best practice within the clinical area.</td>
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<tr>
<td>IPC Nurses will work with clinical staff providing advice and guidance to ensure best practice in relation to HIs and prevention of HCAIs at directorate meetings, clinical visits and when providing focused intervention.</td>
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<td>Compliance with mandatory training requirements in relation to HCAI through delivery of a rolling IPC training programme. - All staff have IPC awareness training at induction. - Training Delivery Plan for nurses delivered by IPC nurses, in collaboration with Nurse Education and Development Consortium, to comply with regional guidance. - Training Delivery Plan for all other staff groups delivered by IPC nurses in collaboration with OD Team, to comply with regional guidance.</td>
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<td>Reporting systems embedded in operational directorates to capture IPC training statistics, and monitor locally.</td>
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<td>Promote and encourage Research and Development related to IPC.</td>
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### Objective 2: To provide a clean and safe environment for treatment and care

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<td>Thoroughly clean buildings across the NHSCT environment.</td>
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<td>Implementation of a rolling audit programme to demonstrate a consistently high standard of environmental cleanliness is delivered.</td>
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<td>Facilities are maintained in accordance with Regulatory Estate requirements.</td>
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<td>Early identification of patients with potential infective status and isolation in a timely manner.</td>
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<td>Development and implementation of Single Room Policy.</td>
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<td>Daily completion and review of Isolation Risk Assessment Tool to ensure safe and appropriate patient flow.</td>
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<td>Implementation of the Escalation Policy for re-designation of Ward A1, Antrim Area Hospital as isolation and cohort ward when necessary.</td>
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<td>Appropriate Outbreak Management with roles and responsibilities clearly defined.</td>
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<td>Adherence to Isolation policy and procedures.</td>
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<td>Strong and clear leadership at the highest level demonstrated through Leadership Walkabouts, with focus on IPC.</td>
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<td>Development of action plans to implement recommendations from IPC Nursing Audits and external reviews eg. RQIA inspections</td>
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Objective 3: To establish timely and effective HCAI surveillance programmes and systems to identify trends, investigate clusters and adverse incidents and to share learning

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<td>ICT enabled surveillance of organisms to support detection of emerging trends and problems.</td>
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<td>Provision of timely information to key stakeholders re Trust incidence of Clostridium <em>difficile</em>, MRSA and MSSA bacteraemias and other alert organisms.</td>
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<td>Identified accountability for analysis and response to management of emerging patterns / trends.</td>
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<td>RCA completed by clinical team on all newly reported cases of Clostridium <em>difficile</em> and MRSA bacteraemias.</td>
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<td>A Senior Management HCAI review panel to hold individual staff members to account for performance of HCAI.</td>
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<td>NDLs to implement and monitor action plans to address emerging trends / issues arising from audits and RCAs.</td>
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<tr>
<th>Sub-Objectives</th>
<th>Actions</th>
<th>Accountable officer</th>
<th>Timeframe</th>
<th>Evidence of achievement</th>
</tr>
</thead>
<tbody>
<tr>
<td>A dashboard of key performance indicators developed, implemented and monitored:</td>
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<tr>
<td>- Environmental Cleanliness</td>
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<tr>
<td>- Hand Hygiene</td>
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<tr>
<td>- Commode Audits</td>
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<tr>
<td>- Mattress Audits</td>
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<tr>
<td>- IPC Nurse Audits</td>
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<tr>
<td>- Staff training for professional grouping</td>
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<tr>
<td>- Antibiotic Prescribing</td>
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<tr>
<td>- User Feedback</td>
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<tr>
<td>(list illustrative / not exhaustive).</td>
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</table>
**Objective 4: To ensure all staff are aware of their responsibility and accountability for the prevention and treatment of HCAIs**

<table>
<thead>
<tr>
<th>Sub-Objectives</th>
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<th>Evidence of achievement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accountability and responsibility for HCAI embraced at all levels of the organisation - 'Infection prevention and control is everybody’s business’ is reflected as a core organisational value.</td>
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<tr>
<td>Directors are responsible for HCAI prevention within directorates and report through to Trust Board on HCAI key performance indicators.</td>
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<tr>
<td>Any breaches of IPC policies are acted on by management.</td>
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<tr>
<td>Directors review and put in place arrangements to ensure effective multidisciplinary approaches to prevention of HCAI.</td>
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<tr>
<td>NDLs report on dashboard of KPI’s at Directorate Governance meetings and IPCEHC.</td>
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<tr>
<td>Ongoing development of ‘Board to Ward’ culture to reduce HCAI to the irreducible minimum through:</td>
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<tr>
<td>- Implementation and monitoring of HCAI action plans.</td>
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<tr>
<td>- Ongoing training and development to enable staff to deliver on the trust’s HCAI agenda.</td>
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</table>
### Objective 4 continued

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<thead>
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<th>Sub-Objectives</th>
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</tr>
</thead>
<tbody>
<tr>
<td>All staff have a clear understanding of their responsibility for prevention of HCAI as referenced in their job descriptions, objectives, competency assessment and job plans.</td>
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<tr>
<td>IPC nurses maintain visibility at clinical level to support staff to prevent HCAI.</td>
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<tr>
<td>HCAI Performance data: Staff have access to timely reports on Trust incidence of HCAI’s and local audit results and feedback on their performance.</td>
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</table>
### Objective 5: To ensure the public have confidence in the care setting and the quality of care and treatment provided

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<thead>
<tr>
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<th>Timeframe</th>
<th>Evidence of achievement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implementation of the HCAI Communication Strategy to provide information to identified target audiences.</td>
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<tr>
<td>Review user feedback processes to ensure the views of service users are informing infection control processes and are integrated into the planning, implementation and monitoring of same.</td>
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</tbody>
</table>
| Develop a range of information leaflets on all alert organisms for patients, their families and carers, to include: | - Isolation precautions  
- Hand hygiene  
- Implications for visiting  
- Treatment  
- Laundry instructions |                      |           |                          |
| Clear communication with patients, their families and carers to update re: increased incidence / trend within a particular unit / facility. |                                                                                                                                                                                                        |                      |           |                          |
| HCAI Audit data on display publicly and prominently at the entrance to each clinical area / facility. |                                                                                                                                                                                                        |                      |           |                          |
Objective 6: To ensure safe and appropriate prescription of antibiotics

<table>
<thead>
<tr>
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<th>Evidence of achievement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compliance with Trust policy on Antibiotic Prescribing.</td>
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<tr>
<td>Audit programme of antimicrobial compliance in line with policy standards to provide assurance that risks of patients being exposed to high risk antibiotics are being minimised.</td>
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<td>Surgical prophylaxis in line with regional guidance.</td>
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<td>Appropriateness of antibiotic usage reviewed at IPCEHC.</td>
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</tbody>
</table>
References

Changing the Culture

EPIC2 Guidelines for Prevention of Healthcare Associated Infections
Pratt et al., 2007.