

INFECTION CONTROL SURVEILLANCE POLICY

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DOCUMENT CONTROL

Reference KA/Mar13/ICSP	Version 3	Status Final	Author Head of Infection Prevention and Control / Decontamination Lead
Amendments	Policy reviewed and updated to reflect Local and National changes.		
Document objectives: This policy aims to ensure that Somerset Partnership NHS Foundation Trust has adequate arrangements in place to mitigate the risk of cross infection and onward transmission of resident organisms Standard Precautions provide the basic principles for all Infection Prevention and Control guidance. Adherence to this policy will provide assurance that Somerset Partnership NHS Foundation Trust staff are provided with the information necessary to implement these principles.			
Intended recipients: All clinical staff whatever their grade, role or status, permanent, temporary, full-time, part-time staff including locums, bank staff, volunteers, trainees and students. This Policy will be available to the general public on the Trust Internet			
Committee/Group Consulted: Infection Prevention and Control Assurance Group			
Monitoring arrangements and indicators: Infection Prevention and Control Assurance Group			
Training/resource implications: please refer to section 6 of this policy.			
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Lead Director	Director of Nursing and Patient Safety		

CONTRIBUTION LIST Key individuals involved in developing the document

Name	Designation or Group
Karen Anderson	Head of Infection Prevention and Control / Decontamination Lead
All members	Infection Prevention and Control team
All members	Infection Prevention and Control Assurance Group
All members	Clinical Policy Review Group
All members	Clinical Governance
Andrew Sinclair	Head of Corporate Services

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1. INTRODUCTION

- 1.1 Surveillance is part of the routine infection prevention and control programme. It helps to identify the risks of infection and reinforces the need for good practices.
- 1.2 Preventing outbreaks depends on prompt recognition of one or more infections with alert organisms and instituting special control measures to reduce the risk of spread of the organism.
- 1.3 Collection of accurate data allows comparison with other areas and provides further opportunity to assess the responses to changes in clinical practice.
- 1.4 Surveillance can be undertaken within healthcare settings.
 - as part of the annual infection prevention and control programme;
 - in response to specific concerns;
 - as part of the infection control monitoring process when reviewing; changes in policy/guidance/practice.
- 1.5 A combination of surveillance systems is usually needed to form an effective surveillance programme that meets local and national needs.

2. PURPOSE & SCOPE

- 2.1 Surveillance is defined as 'the ongoing systematic collection, collation, analysis and interpretation of health data essential to the planning, implementation and evaluation of public health practice, closely integrated with the timely dissemination of these data to those who need to know' (Centres for Disease Control, 1988).
- 2.2 The main objectives of surveillance for infection are:
 - the prevention and early detection of outbreaks in order to allow timely investigation and control;
 - the assessment of infection rates over time in order to determine the need for and measure the effect of preventative or control measures.
- 2.3 The surveillance of infection is therefore an essential part of any infection prevention and control strategy and is a requirement of the Hygiene Code of Practice (2006 and updated 2015) (Health and Social care Act 2008-Code of practice on the prevention and control of infection and related guidance updated 2015)
- 2.4 In response to this, Public Health England has established a national mandatory surveillance programme. All NHS Healthcare Trusts are required to return data on specified infections on a routine basis. Results are fed back to Trusts and these are also used as part of the national performance ratings programme (Surveillance of healthcare associated infections 2003).

3. DUTIES AND RESPONSIBILITIES

- 3.1 **The Trust Board, via the Chief Executive will:**

- ensure there are effective and adequately resourced arrangements for the surveillance of target organisms within the Trust;
- identify a board level lead for Infection Prevention and Control;
- ensuring that the role and functions of the Director of Infection Prevention and Control are satisfactorily fulfilled by appropriate and competent persons as defined by DH, (2008, revised 2011 and updated code of Practice 2015).

3.2 Director of Infection Prevention and Control (DIPC) will:

- oversee the local control of and the implementation of the Infection Prevention and Control Surveillance Policy.

3.3 The Infection Prevention and Control Assurance Group will:

- ensure that the procedures for the surveillance of target organisms are continually reviewed and improved within the Trust and report to the Clinical Governance Group;
- alert organism surveillance data is discussed at this group on a quarterly basis.

3.4 The Infection Prevention and Control Team will:

- undertake weekly surveillance of target organisms/outbreaks;
- support clinical staff in adhering to policies relating to the containment of target organisms/outbreaks;
- participate in Root Cause Analysis as required;
- participate in Serious Incidents Requiring Investigations (SIRI) as required;
- notify internal or external providers/agencies as required;
- provide written reports for review by the Infection Prevention and Control Assurance Group regarding target organisms/outbreaks.

3.5 Ward Managers, Team Managers and Hospital Matrons will:

- ensure infection control precautions are carried out as detailed in all infection prevention and control policies;
- ensure that staff are aware of the policy and requirements for attending training as identified in the Training Needs Matrix. Managers will ensure that staff have attended all relevant training and have current updates;
- ensure that staff are released to attend relevant Training and for recording attendance at training within the electronic records. All non-attendance at training will be followed up by managers;
- ensure individual staff and team's training needs are met through appraisal and in line with the Training Needs Matrix. Training information should be passed to the Learning and Development Department who will update and upload to the electronic staff record;
- the Infection Prevention and Control team will provide support with RCA (Root Cause Analysis) and associated action plans and ensure learning is shared;

3.6 All Clinical staff will:

- adhere to the policies, guidelines and procedures pertaining to Infection Prevention and Control which provide a framework for safe and best practice;

- ensure they attend all required Induction and Mandatory training.

3.7 **The Learning and Development Department** will:

- enter all data relating to Mandatory and Non-Mandatory training attendance onto the Learning Zone via Learning and Development department and report non-attendance to Ward and Team Managers.

4. **EXPLANATIONS OF TERMS USED**

4.1 **Mandatory Surveillance -**

Infection Prevention and Control team (IPCT) – The IPCT are also responsible for the collection of data, its recording and reporting of a number of High Impact Interventions as outlined in Saving Lives: reducing infection, delivering clean and safe care Department of Health, DoH 2007

Mandatory Surveillance includes;

- staphylococcus aureus bacteraemia including Meticillin Resistant Staphylococcus Aureus (MRSA);
- clostridium difficile infection;
- escherichia coli bacteraemia;
- significant hospital acquired bacteraemia especially peripheral IV line related infections;
- invasive Group A Streptococcal infections;
- norovirus outbreaks;
- seasonal Influenza.

4.2 **Alert Organism Surveillance -** This method is used widely across the UK to detect and prevent outbreaks of infections. It is based upon routine monitoring of all laboratory results by microbiology staff. Any micro organisms identified that are on current alert organism or alert conditions lists are then notified to the Somerset Partnership Trust Infection Prevention and Control Team.

This will be done through the ICNET database within Somerset Partnership NHS Foundation Trust and Acute NHS Trusts.

Results will be reviewed and acted upon by the Infection Prevention and Control Team who will regularly feedback to all clinical areas via agreed channels.

Alert organism surveillance is performed continuously.

4.3 **Laboratory Based Hospital Wide Surveillance -** This involves the microbiological review of laboratory results by Southwest Pathology Services, and the identification of trends in infections throughout the healthcare provider service areas.

Laboratory based hospital wide surveillance is performed continuously for all Acute Trusts and Somerset Partnership NHS Foundation Trust.

4.4 **Targeted Surveillance -** A specific group of patients, clinical area or procedure is targeted for surveillance. This may be performed over a period of time (an

incidence survey) as a single survey (prevalence study) or as a series of prevalence studies.

Targeted surveillance is performed as part of the annual infection prevention and control programme.

In addition other targeted surveillance may be used to monitor trends in infections or following changes in clinical practice/policy guidance.

Surveillance in the wider community following discharge from hospital may be an increasing area within target surveillance especially with regard to surgical site wound surveillance.

5. FEEDBACK MECHANISMS

- 5.1 Outcomes of all surveillance will be reported quarterly by the Infection Prevention and Control Team to the Infection Prevention and Control Assurance Group. The results will be further disseminated to relevant clinical areas.
- 5.2 Results for mandatory surveillance will also be formally reported to the Trust Board and will be detailed in the Somerset Partnership NHS Foundation Trust Infection Prevention and Control Quarterly and Annual Report.
- 5.3 Results of surveillance will be linked with infection control audit reports where appropriate. The Infection Prevention and Control Team will work in collaboration with clinical staff to identify areas for practice improvement.

6. TRAINING REQUIREMENTS

- 6.1 The Trust will work towards all staff being appropriately trained in line with the organisation's Staff Mandatory Training Matrix All training documents referred to in this policy are accessible to staff within the Learning and Development Section of the Trust Intranet.

7. EQUALITY IMPACT ASSESSMENT

All relevant persons are required to comply with this document and must demonstrate sensitivity and competence in relation to the nine protected characteristics as defined by the Equality Act 2010. In addition, the Trust has identified Learning Disabilities as an additional tenth protected characteristic. If you, or any other groups, believe you are disadvantaged by anything contained in this document please contact the Equality and Diversity Lead who will then actively respond to the enquiry.

8. MONITORING COMPLIANCE AND EFFECTIVENESS

- 8.1 Overall monitoring will be by the Clinical Governance Group who will be provided with a quarterly report from the Infection Prevention and Control Assurance Group. The Infection Prevention and Control Assurance Group will monitor incident reporting, serious incidents requiring investigations/root cause analysis reports related to infection control surveillance.

8.2 The Infection Prevention and Control Assurance Group will identify good practice, any shortfalls, action points and lessons learnt. This Group will be responsible for ensuring improvements, where necessary, are implemented and will escalate any areas of concern to the Clinical Governance Group within the next quarter report.

8.3 Divisional Governance Groups will share lessons learnt through the monthly newsletter with a hyperlink to supporting documents where appropriate.

9. COUNTER FRAUD

9.1 The Trust is committed to the NHS Protect Counter Fraud Policy – to reduce fraud in the NHS to a minimum, keep it at that level and put funds stolen by fraud back into patient care. Therefore, consideration has been given to the inclusion of guidance with regard to the potential for fraud and corruption to occur and what action should be taken in such circumstances during the development of this procedural document.

10. RELEVANT CARE QUALITY COMMISSION (CQC) REGISTRATION STANDARDS

10.1 Under the **Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3)**, the fundamental standards which inform this procedural document, are set out in the following regulations:

Regulation 9:	Person-centred care
Regulation 10:	Dignity and respect
Regulation 11:	Need for consent
Regulation 12:	Safe care and treatment
Regulation 13:	Safeguarding service users from abuse and improper treatment
Regulation 14:	Meeting nutritional and hydration needs
Regulation 15:	Premises and equipment
Regulation 16:	Receiving and acting on complaints
Regulation 17:	Good governance
Regulation 18:	Staffing
Regulation 19:	Fit and proper persons employed
Regulation 20:	Duty of candour
Regulation 20A:	Requirement as to display of performance assessments.

10.2 Under the **CQC (Registration) Regulations 2009 (Part 4)** the requirements which inform this procedural document are set out in the following regulations:

Regulation 11:	General
Regulation 12:	Statement of purpose
Regulation 13:	Financial position
Regulation 16:	Notification of death of service user
Regulation 18:	Notification of other incidents

10.3 Detailed guidance on meeting the requirements can be found at <http://www.cqc.org.uk/sites/default/files/20150311%20Guidance%20for%20providers%20on%20meeting%20the%20regulations%20FINAL%20FOR%20PUBLISHING.pdf>

Relevant National Requirements

Clostridium difficile: guidance, data and analysis (July 2014, updated March 2016) Public Health England

Healthcare associated infections (HCAI): guidance, data and analysis (July 2014 updated 2016) Public Health England

Department of Health (2005, updated 2014) *Mandatory surveillance of Methicillin Resistant Staphylococcus Aureus (MRSA) bacteraemias*. Professional Letter from the Chief Medical Officer and the Chief Nursing Officer. London.

11. REFERENCES, ACKNOWLEDGEMENTS AND ASSOCIATED DOCUMENTS

11.1 References

Department of Health (2003) *Winning Ways. Working together to reduce Healthcare Associated Infection in England*. Report from the Chief Medical Officer. London.

Department of Health (2008) *The Health and Social Care Act 2008, Code of Practice for health and social care on the prevention and control of infections and related guidance (revised 2011, updated 2015)*.

The National Institute for Health and Care Excellence-Infection prevention and control (Issued: April 2014) NICE quality standard 61

Surgical site infection surveillance service (SSISS) Public Health England (2014)

Implementation of modified admission MRSA screening guidance for NHS (2014) Department Of Health

11.2 Cross reference to other procedural documents

Clostridium Difficile Policy
Hand Hygiene Policy
Health and Safety policy
Healthcare (Clinical) Waste Policy
Infection Control Standard Precautions Policy
Meticillin Resistant Staphylococcus Aureus (MRSA) Policy
Outbreak of Infection – Policy for management and Control
Record Keeping and Records Management Policy
Risk management Policy
Risk Management Strategy
Serious Incidents Requiring Investigations Policy
Untoward Event Reporting Policy and Procedure
MRGNO (Multi resistant gram negative organism) Policy

All current policies and procedures are accessible in the policy section of the public website (on the home page, click on 'Policies and Procedures'). Trust Guidance is accessible to staff on the Trust Intranet.