APPENDIX B

**CODE OF PRACTICE FOR THE PREVENTION AND CONTROL OF HEALTHCARE ASSOCIATED INFECTIONS
(THE HEALTH ACT 2006)**

WHITTINGTON SELF ASSESSMENT – UPDATE MAY 2007

This assessment has been undertaken against the detailed guidance in Annex 1 of the Code.

Code of practice	Whittington position
1. Appropriate management systems for infection prevention and control Arrangements to prevent and control HCAI should be such as to demonstrate that responsibility for infection prevention and control is effectively devolved to: ▪ All professional groups in the NHS body ▪ Clinical specialties and directorates and, where appropriate, support directorates or other similar units	Infection control team in place & works across hospital. Need to do more work to clarify arrangements/responsibility with each directorate.
2. Director of Infection Prevention and Control (DIPC) **The role of the DIPC is to:** • be responsible for the ICT within the organisation • oversee local control of infection policies and their implementation • report directly to the Chief Executive (not through any other officer) and the Board • have the authority to challenge inappropriate clinical hygiene practice as well as inappropriate antibiotic prescribing decisions • assess the impact of all existing and new policies on HCAI and make recommendations for change • be an integral member of the organisation's Clinical Governance and patient safety teams and structures • produce an annual report on the state of HCAI in the organisation for which he or she is responsible and release it publicly	DIPC in place (Dr Kelsey) Fulfils all listed criteria for the role, but does not have line management responsibility for ICT (with Director of Nursing & Clinical Development)

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3. Assurance framework Activities to demonstrate that infection control is an integral part of Clinical and Corporate Governance should include: • regular presentations from the DIPC and/or the ICT to the Board • review of statistics on incidence of alert organisms (e.g. MRSA, *Clostridium Difficile*) and conditions, outbreaks and Serious Untoward Incidents • evidence of appropriate actions taken to deal with infection occurrences • an audit programme to ensure that policies have been implemented	DIPC presents annual report to Board. Infection control updates included in Board clinical governance reports. Also reported in HMB performance report (MRSA & C. diff) ***Audit programme needs to be more clearly defined*** *(JA)*
4. Infection control programme The infection control programme should: • set objectives • identify priorities for action • provide evidence that relevance policies have been implemented to reduce HCAI • report progress against the objectives of the programme in the DIPC's annual report	A number of infection control action plans were in place: - Winning Ways - Saving Lives - MRSA recovery plan - Foundation Trust project plan ***These have now been pulled together into a single action plan (May 07)***
5. Infection control infrastructure An infection control infrastructure should encompass the following elements: • for Acute Trusts, an ICT consisting of an appropriate mix of both nursing and consultant medical expertise (with specialist training in infection control) and appropriate administration and analytical support including adequate information technology. • for other NHS bodies, an Infection Control Nurse or another designated person responsible for infection control matters • there should be 24 hour access to a nominated qualified Infection Control Doctor, or a consultant in communicable disease control	Infection control team appropriately constituted. 24-hour cover is provided through the SPRs microbiology on-call with support from the Consultant Microbiologist on-call. ***Awaiting new infection control database to improve monitoring info*** *(MCK)*
6. Patient movements There should be evidence of joint planning between the ICT and the bed managers for	***Need to improve liaison with bed***

planning patient admissions, transfers discharges and movements between departments and other health care facilities. Where necessary, Ambulance Trusts may need to be involved in such planning	*management team to ensure consistent approach* (DC) *Initial meeting held with Julie Teahan (Matron for acute care). JA developing a risk assessment tool to help Clinical Site Practitioner move patients with infections. ICN developing improved documentation with CSPs to enable better patient tracking*

7. Policies for the environment	

Premises and facilities should be provided in accordance with best practice guidance. The development of local policies should take account of infection control advice given by relevant expert or advisory bodies or by the ICT, and policies should address, but not be restricted to:
 	
• cleaning services
• building and refurbishment, including air handling system
• clinical waste management
• planned preventative maintenance
• pest control
• management of potable and non-potable water supplies
• food services including food hygiene and food brought into the organisation by patients, staff and visitors
	Policies in place on building & refurbishment, management of potable & non-potable water supplies, food services.
	
	Need to review ICT policies which link with facilities:
	
	    - *clinical waste management*
	    - *planned preventive maintenance*
	    - *pest control(*
	    - *(MCK)*
	• *a review of the cleaning materials used on the wards has been undertaken and the decision has been made to switch to a hypochlorite containing detergent as the sole cleaning agent. Trials will shortly begin on the care of the elderly wards.*
	• *Substantial unresolved issues exist with regard to the ventilation systems in the redecorated Eddington Ward and all side rooms the new build. Including Nightingale, Montuschi and Mercers wards.*
	• *There is an unexplained failure to carry out maintenance on the air handling units in the operating theatres. Facilities are involved.*

8. Cleaning services The arrangements for cleaning should include the following: • clear definition of specific roles and responsibilities for cleaning	*Need to agree clear definitions for key touch areas & medical equipment. Also agree*

- clear, agreed and well-published cleaning routines - consultation with ICTs on cleaning protocols when internal or external contracts are being prepared - sufficient resources dedicated to keeping the environment clean and fit for purpose	***involvement of ICT on deciding cleaning protocols*** (MCK/SPacker) other than the decision to review cleaning materials progress has been made
9. Decontamination The decontamination lead should have responsibility for ensuring that a decontamination programme is implemented in relation to the organisation and that it takes proper account of relevant national guidelines The decontamination programme should demonstrate that: - decontamination of reusable medical devices takes place in appropriate dedicated facilities - appropriate procedures are used for the acquisition and maintenance of decontamination equipment - staff are trained in decontamination processes and hold appropriate competencies for their role - there is a monitoring system in place to ensure that decontamination processes are fit for purpose and meet the required standard	***Phil lent to be asked to clarify progress against decontamination action plan***
10. Linen, laundry and dress [Users are referred to duty 4g of the basic Code] Particular consideration should be given to items of attire that may inadvertently come into clinical contact with a patient	Uniform policy and dress code in place ***have been audited as part of Visible Leadership programme***
11. Duty to provide information on HCAI to patients and the public Areas relevant to the provision of such information include: - general principles pertaining to the prevention and control of HCAI - the role and responsibilities of individuals in the prevention and control of HCAI when visiting patients - encouraging vigilance in patients - compliance by visitors with hand washing and visiting restrictions	Basic information on infection control included in patient information pack. Specific leaflets available on infection control, eg MRSA screening, C. difficile, isolation precautions, etc. Dr Julie Andrews is undertaking a review of the patient literature on MRSA and Clostridium difficile (JA)

• reporting breaches of hygiene • explanation of incident/outbreak management • feedback focused on patient pathway • providing information across organisational boundaries such as pre-admission screening, post operative wound surveillance	***Patient information to be reviewed to identify any gaps. Clear signs to be designed for ward doors.*** *(DW/DC)* *JA/DC developing info leaflets and staff information.*
12. Isolation of patients Policies should be in place about the allocation of patients to isolation facilities based on local risk assessment. The risk assessment should include considering the need for special ventilated isolation facilities	***Policies to be reviewed to ensure they are up-to-date*** *(JA/DC)* *Planning meeting held-policies under review*
13. Laboratory support Protocols should include: • a microbiology laboratory policy for investigation of HCAI and surveillance • standard operating procedures for the examination of specimens	SOPs in place.

Annex 2:Clinical care protocols

14. Standard (universal) infection control precautions • policy should be based on evidence based guidelines, which include hand hygiene and the use of personal protective equipment • policy should be easily accessible to all groups of staff, patients and the public • compliance with the policy should be audited • information on the policy should be included in induction programmes for all staff groups	Infection control policies in place. ***Need to consider how they can be made available to patients & the public. Audits of compliance to be undertaken*** *(DW/DC)* *Under review.Hand hygiene audits undertaken*
15. Aseptic technique • clinical procedures should be carried out in a manner that maintains and promotes the principles of asepsis • education, training and assessment in the aseptic technique should be provided to	***Polices and practice for aseptic technique to be audited and reviewed*** *(DW/DC)* Requires baseline audit

all persons undertaking such procedures • the technique should be standardised across the organisation • audit should be undertaken to monitor compliance with aseptic technique	
16. Major outbreaks of communicable infection Degree of detail should reflect local circumstances, e.g. a low risk single specialty facility will not require the same arrangements as a district general hospital: • policies for major outbreaks of communicable infection should include initial assessment, communication, management and organisation, investigation and control • the contact details of those likely to be involved in outbreak management should be reviewed at least annually • major outbreaks should be reported as Serious Untoward Incidents • formal arrangements should be in place to fund the cost of dealing with outbreaks	Outbreak policies and protocols are in place. ***To be reviewed, and updated as necessary*** *(MCK)* *an outbreak policy exists on the shared Internet infection control policy.* *It is difficult to define what should be reported as an untoward event and a list of suggested infection control issues which should be reported as such is being drawn up.* *A serious untoward incident definition is required.*
17. Isolation of patients • isolation policy should be evidenced based and reflect local risk assessment • indications for isolation should be included in policy as should procedures for the infection control management of patients in isolation • information on isolation should be easily accessible to all groups of staff, patients and the public	***Policy in place – to be reviewed, and updated as necessary*** *(JA/DC)* *As above*
18. Safe handling and disposal of sharps Relevant considerations include: • Risk Management and training in management of need stick injuries • provision of medical devices incorporating sharps protection mechanisms • policy that is easily accessible to all groups of staff • auditing of policy compliance • inclusion of information on policy in induction programmes for all staff groups	***Current policy to be reviewed with Occupational health. Agreement needed on single assessment form to be used by all depts.*** *(JA)*

19. Prevention of occupational exposure to blood-borne viruses (BBVs), including prevention of sharps injuries Measures to avoid exposure to blood-borne viruses should include: • immunisation against hepatitis B • the wearing of gloves and other protective clothing, the safe handling and disposal of sharps, including the provision of medical devices incorporating sharps protection, and measures to reduce risks during surgical procedures	All policies and protocols are in place
20. Management of occupational exposure to BBVs and post exposure prophylaxis Management should include: • designation of one or more doctors to whom health care staff and others may be referred immediately for advice following occupational blood exposure • provision of clear information to health care staff about reporting potential occupational exposure – in particular the need for prompt action following a known or potential exposure to human immunodeficiency virus (HIV) • arrangements for post exposure prophylaxis for hepatitis B and HIV, and follow-up • follow-up of hepatitis C exposures	Compliant with guidance in the Code. *Staff information to be updated (JA)*
21. Closure of wards, departments and premises to new admissions • a system should be in place for the provision of advice by the ICT to Chief Executive and Medical Director • there should be clear criteria in relation to closures • management arrangements for redirecting admissions should be drawn up with ICT input • the policy should address the need for environmental decontamination prior to re-opening	This will also be reviewed as part of work on isolation policy
22. Disinfection policy • the use of disinfectants is a local decision and there should be local policies on disinfectant use focused on specific infection risks • if appropriate the role of high level disinfectants to kill bacteria, viruses and spores	Use of disinfectants within the trust has recently been reviewed. *Needs further review at 6 months, following*

should be considered	*new disinfectants* (Ai-Nee Lin)
23. Antimicrobial prescribing • local prescribing should, wherever possible, be harmonised with that in the British National Formulary (BNF) • all local guidelines should include information on drug, regimen and duration • procedures should be in place to ensure prudent prescribing	*Project currently underway to reduce antimicrobial prescribing* (JA)
24. Reporting HCAI to the Health Protection Agency as directed by the Department of Health • reporting should include procedures for dealing with Serious Untoward Incidents	Procedures in place. Will be reviewed as part of work on isolation and outbreak policy

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25. Control of infections with specific alert organisms
    • *MRSA*
The policy should make provision for:
      -    pre-admission screening
      -    decontamination procedures for colonised patients
      -    isolation of infected or colonised patients
      -    transfer of infected or colonised patients within NHS bodies or to other health care facilities
      -    antibiotic prophylaxis for surgery
	MRSA policy meets the guidelines

• *Clostridium difficile infection*
The policy should make provision for:
      -    surveillance of *Clostridium difficile* associated disease
      -    diagnostic criteria
      -    isolation of infected patients and cohort nursing
      -    environmental decontamination
      -    antibiotic prescribing policies
	C. diff policy to be reviewed *(JA)*

• *Transmissible Spongiform Encephalopathies (TSE)* The policy should make provision for: - the management of known or high risk patients	Policy in place

other relevant policies for specific alert organisms
The specific alert organisms and matters mentioned below are also relevant to any Acute Trust. They may also be relevant to certain other NHS bodies to which paragraph 1. of provision 10 applies, depending on their spectrum of activity:
    • *Glycopeptide resistant enterococci*
      -    screening of high risks groups
      -    isolation and prevention of cross infection
      -    decolonisation of colonised patients
      -    prophylaxis for surgical procedures
	UCLH currently writing policy for the sector

• *Acinetobacter and other antibiotic resistant bacteria*
      -    surveillance of identified patients at risk and high risk environments
      -    procedures for managing infected patients to prevent spread of infection
	Royal Free Hospital currently writing policy for the sector

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• *Control of tuberculosis, including multi-drug resistant tuberculosis*
   - isolation of infected patients
   - transfer of infected or colonised patients within NHS bodies, or to other health care facilities
   - treatment compliance
	Policy in place

• *Respiratory viruses*
   - alert system for suspect cases
   - isolation criteria
   - infection control measures
   - terminal disinfection and discharge
	Policy in place

• *Diarrhoeal infection*[100,101]
   - isolation criteria
   - infection control measures
   - cleaning and disinfection policy
	Policy in place

• *Viral haemorrhagic fevers (VHF)*[102]
   - patient risk assessment and categorisation
   - all staff to be aware of the special measures to be taken for nursing VHF patients, and properly trained in the application of full isolation procedures
   - confirmed cases to be handled under full isolation measures in a High Security Infectious Diseases Unit *HSIDU) or equivalent
   - handling of patient specimens at Laboratory Containment level 4
   - follow-up of all staff in contact with the patient at every stage of care
   - special measures for the handling of all clinical waste
	Policy in place

• *Legionella* - Premises should be regularly reviewed for potential sources of infection and a programme should be prepared to minimise any risks. Priority should be given to patient areas, although the exact priority will depend on local circumstances.	Covered in Facilities policy