Mid Essex Hospital Services NHS
NHS Trust

Infection Prevention Surveillance	**Policy** **Register No: 10093** Status: Public

Developed in response to:	Health and Social Care Act 2010
Contributes CQC Core Standard	Outcome 8

Consulted With	**Individual/Body**	**Date**
David Blainey	Medical Director	June 2010
Elaine Finn Davies & Angela Hyman	Infection Prevention Nurses	June 2010
Professionally Approved By	Louise Teare, DIPC	July 2010

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Author/Contact for Information	Infection Prevention Nurse
Policy to be followed by (target staff)	All MEHT staff
Distribution Method	Intranet and Website
Related Trust Policies (to be read in conjunction with)	MRSA , *Clostridium difficile* policies Outbreak Control Guidelines GRE guidelines Norovirus Policy Incident policy

Review No	Reviewed by	Review Date

It is the responsibility of staff to ensure they are accessing the most up to date version of this document which will always be the version on the intranet.

Index

1. Purpose

1.1 Surveillance is the ongoing, systematic collection, analysis and interpretation of healthcare data and the timely dissemination of results so that appropriate investigative and control measures can be initiated. Surveillance is done so that we know the extent of the problem that exists.

1.2 Objectives include:

- Monitoring infection incident rates.
- Monitoring trends including the detection of outbreaks.
- Providing early warning and investigation of infection problems, and subsequent planning and intervention to control.
- Prioritising resource allocation.
- Examining the impact on interventions.
- Gaining information on the overall quality of patient care.

2. Scope

2.1 This policy applies to all surveillance data collected within MEHT. The data may be for internal or external use. The policy applies to all healthcare workers within MEHT involved in the process of collection, analysis and interpretation or implementing control measures

3. Equality and Diversity

3.1 The Trust is committed to the provision of a service that is fair, accessible and meets the needs of all individuals.

4. Responsibilities

4.1 Chief Executive

The Chief Executive has overall responsibility for ensuring that the Trust has the necessary management systems in place to enable the effective implementation of this policy and overall responsibility for the health and safety of staff, patients and visitors.

4.2 Director of Nursing

The Director of Nursing has strategic responsibility for ensuring systems are in place to facilitate the nursing staff's awareness of this policy and appropriate support is given to enable staff in delivering practice as outlined in this policy.

4.3 **Director of Infection Prevention and Control (DIPC)**

- The DIPC will have operational responsibility for the effective implementation of this policy.
- The DIPC will include in the monthly and annual DIPC report all surveillance data and necessary control measures
- Inputs data as required to external agencies

4.4 **Infection Prevention and Control Team (IPT)**

- To ensure all staff are made aware of this policy and to offer expert advice
- To collate the data required for the monthly and annual DIPC report.
- To advise on measures required following data collection
- Provide timely feedback to both the trust as a whole and areas from which the data has been collected

4.5 **Clinical Staff**

- Assist in the data collection process in a timely fashion
- Implement control measures required following data collection

5. Types of Surveillance

5.1 Mandatory Surveillance

MRSA Bacteraemia: Reporting of Meticillin resistant Sthaphylococcus aureus bacteraemia is a statutory requirement of the Department of Health (DOH). All bacteraemias are reported by the Director of Infection Prevention and Control via CoSurv, a database of all alert organisms, collected locally and nationally via regional epidemiology centres for local and national comparison. Bacteraemia rates are reported nationally. MRSA bacteraemia rates are reported internally via the DIPC report and onwards to the public via Infection Prevention notice boards throughout the Trust. These are part of the key performance indicators for the trust monitored by the PCT / SHA.

Glycopeptide Resistant Enterococci (GRE): All bacteraemia associated with GRE must be reported via the above system

Clostridium Difficile Toxin (*C.diff*): Reporting of all laboratory isolates of *C difficile* toxin in anyone over the age of 2 years is a statutory requirement of the Department of Health (DOH). All cases of *C diff* are reported by the Director of Infection Prevention and Control via CoSurv, a database of all alert organisms, collected locally and nationally via regional epidemiology centres for local and national comparison. All *C diff* rates are reported nationally and are internally reported via the DIPC report and onwards to the public via Infection Prevention notice boards throughout the Trust. These are part of the key performance indicators for the trust monitored by the PCT / SHA

Surgical Site Infection: The collation and dissemination of this data is managed by the Health Protection Agency (HPA), and is now called Surveillance of Surgical Site Infection (SSSI).

The SSSI module targets one or more of twelve categories of clinically similar procedures (e.g. large bowel surgery, hip prosthesis). There is a minimum requirement to carry out surveillance for one quarter per year of one orthopaedic category
Possible categories to include are:

- Vascular surgery
- Limb amputation
- Gastric surgery
- Small bowel surgery
- Large bowel surgery
- Bile duct, liver and pancreas surgery
- Abdominal hysterectomy
- Open reduction of long bone fracture
- Knee prosthesis
- Hip prosthesis total and hemiarthroplasy

5.2 **Serious Incidents Associated with Infection**

Winning Ways (2003) established a responsibility for high quality information on healthcare associated infection to be collated as a means to track progress and investigate adverse incidents. Examples of serious adverse incidents include:

- Outbreaks of infection which involve transmission within the hospital and cause morbidity among patients and have a significant impact on hospital activity
- Infected healthcare worker / patient which involve a ‘look back’ exercise. Mainly involving cases such as Tuberculosis, vCJD and blood bourn infections
- Breakdown of infection control procedures with an actual or potential for cross infection. For example failure to sterilise equipment used on a patient and hospital acquired Legionellae

These adverse incidents must be reported via the Trust SUI process if necessary the Health Protection Agency will be contacted to provide help and support for management and control of the incident

6. Audit and Monitoring

6.1 Compliance with this policy will be monitored as part of the Infection Prevention and Control audit programme. Results are reported in the Divisional scorecards which are monitored at

Divisional Bilateral meetings. Results are also included in the DIPC report which is monitored by the Infection Prevention and Control Group.

7. Implementation & Communication

7.1 This policy will be issued to the following staff groups to disseminate and ensure their staff are made aware of the policy:

- Ward Sisters/Charge nurse – issue to relevant nursing staff within their ward
- Departmental Managers - issue to relevant nursing staff within their department
- Bed Management Team / Service Co-ordinators
- Divisional Managers & Director of Operations
- Divisional Nurse Managers
- Clinical Directors – issue to relevant medical staff within their division

7.2 The guideline will also be issued via the Staff Focus and made available on the Intranet and a hard copy available in the Ward/Department Infection Prevention Policy folder.

8. References

Department of Health (2008) Heath and Social Care Act. DOH.
Department of Health (2003) Winning Ways