Surveillance of Infection Policy – HH(1)/IC/613/13

This policy explains the rationale behind surveillance of infections and lists the national and local requirements for surveillance. It explains how the surveillance is carried out and who it is reported to.

Ownership
Author: Bruce Wake
Job Title: Surveillance Co-ordinator

Document Type
Level: Level 1 (Corporate)

Related Documents
Document Details: C. difficile Infection (CDI): Prevention, Treatment and Control policy
Control of Meticillin Resistant Staphylococcus Aureus (MRSA) Policy

Relevant Standards
CQC Outcome: Outcome 8
NHSLA Standard: N/A

Equality Impact Assessment
Completed by: Equality and Diversity Lead
Date Completed: 6 December 2012

Final Document Approval
Committee: Policy Approval Group
Date Approved: 18 February 2013

Other Specialist committee(s) recommending approval
Committee(s): Executive Committee
Date Recommended: 21 February 2013

Final Document Ratification
Committee: Mary Edwards
Date Ratified: Chief Executive Officer

Authorisation
Authoriser: [Signature]
Job Title: 22 February 2013
Signature: All Trust Staff
Date Authorised: Bruce Wake

Dissemination
Target Audience: Surveillance Co-ordinator

Dissemination and Implementation Plan

<table>
<thead>
<tr>
<th>Action</th>
<th>Owner</th>
<th>Due by</th>
</tr>
</thead>
<tbody>
<tr>
<td>Publicise detail of new document via Intranet and Midweek message</td>
<td>IPCT and Communication Team</td>
<td>Within 10 w/days of publication</td>
</tr>
<tr>
<td>Send communication to all Senior Managers to advise of publication</td>
<td>Healthcare Library BNHH</td>
<td>On Publication</td>
</tr>
<tr>
<td>Publish policy on the intranet and web site</td>
<td>Healthcare Library BNHH</td>
<td>Within 10 w/days of authorisation</td>
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Review
Expiry date: January 2016
Review date: October 2015
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<tr>
<th>Version No.</th>
<th>Details</th>
<th>Key amendments to note</th>
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<td>1</td>
<td>Review of BNHFT &amp; WEHCT policies to produce harmonised HHFT policy</td>
<td></td>
<td>Bruce Wake</td>
<td>October 2012</td>
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<tr>
<td>1.1</td>
<td>Re-format to reflect comments made by PAG</td>
<td>Appendix B</td>
<td>Bruce Wake</td>
<td>January 2013</td>
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</table>
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1. **Introduction**

Infections acquired in hospital (HCAI) are recognised to be associated with significant morbidity. They result in extended length of hospital stay, pain, discomfort and sometimes prolonged or permanent disability.

In “Getting ahead of the Curve”- a strategy for infectious diseases (Department of Health, DoH 2003), the prevention of HCAI was highlighted as a priority for action by the Chief Medical Officer. An important component of the strategy for action included surveillance.

For Hampshire Hospitals NHS Foundation Trust (HHFT) surveillance data is shared externally with the HPA, Monitor and the commissioning bodies within contract schedules. Internally, surveillance data is shared with the Board of Directors, the Executive Committee and the Divisional Governance Boards.

At present surveillance is undertaken for the following infections:

- Surgical site infections
- *Staphylococcus aureus* bacteraemias including Meticillin Resistant Staphylococcus Aureus (MRSA)
- *Clostridium difficile* infection
- *Escherichia coli* bacteraemia
- Significant hospital acquired bacteraemias especially Intravenous Therapy IV line related infections
- Invasive Group A Streptococcal infections
- Norovirus outbreaks
- Swine flu (H1N1)
- Ventilator acquired pneumonia

The Infection Prevention and Control team (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.

2. **Purpose**

This policy explains the rationale behind surveillance of infections and lists the national and local requirements for surveillance. It explains how the surveillance is done and who it is reported to. Details of both internal and external reporting of infections or isolates requirements are included at appendix B.

3. **Scope**

This policy extends to cover and will be applied fairly and consistently to all Hampshire Hospitals NHS Foundation Trust employees regardless of their protected characteristics as defined by the Equality Act 2010 namely age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage or civil
partnership, pregnancy and maternity, length of service, whether full or part-time or employed under a permanent or a fixed-term contract, irrespective of job role or seniority within the organisation.

Where an employee has difficulty in communicating, whether verbally or in writing, arrangements will be put in place as necessary to ensure that the processes to be followed are understood and that the employee is not disadvantaged during the application of this policy and related procedures.

In line with the Equality Act 2010, the Trust will make reasonable adjustments to the processes to be followed where not doing so would disadvantage an employee with a disability during the application of this policy.

This policy complements professional and ethical guidelines and the Nursing and Midwifery Council (NMC) Code of Professional Conduct (NMC 2008).

Infection control is the responsibility of ALL staff associated with patient care. A high standard of infection control is required on ALL wards and units, although the level of risk may vary. It is an important part of total patient care.

It is essential that infection control is seen as an organisational responsibility and priority, that adequate isolation facilities and resources are provided, and that appropriate infection control staff and support services are available.

4. **Explanation of Terms**

   **Health care acquired infections (HCAI)** – Health care acquired infections are infections that are acquired as a result of healthcare interventions.

   **Surgical Site Infection** – Surgical site infection can be defined as being present when pathogenic organisms multiply in a wound giving rise to local signs and symptoms, for example heat, redness, pain and swelling, and (in more serious cases) with systemic signs of fever or a raised white blood cell count. Infection in the surgical wound may prevent healing taking place so that the wound edges separate or it may cause an abscess to form in the deeper tissues.

   **Alert Organisms** - Alert organisms are those that may have a significant impact on the management of the hospital and identify potential problems with infection prevention and control which can then be addressed. The organisms included are:

   - MRSA as colonisation and as infection, whether community or hospital acquired.
   - *C. difficile* as recorded on the Trust Surveillance database.
   - All *Staph aureus* infections
   - Group A Streptococcus infections
   - Group B Streptococcus infections and colonisation
   - Group C Streptococcus infection
• Multi Drug Resistant organisms (Extended Spectrum Beta-Lactamase (ESBL), Amp C and Carbapenemase producers)
• Enteric pathogens

5. Duties
Post Holders

Chief Executive Officer (CEO) – The CEO has overall responsibility for the strategic and operational management of the Trust ensuring there are appropriate strategies and policies in place to ensure the Trust continues to work to best practice and complies with all relevant legislation.

The CEO is responsible for validation of reports to the Mandatory Enhanced Surveillance Scheme (MESS) i.e. MRSA bacteraemia, MSSA bacteraemia, C. difficile cases, Escherichia coli bacteraemia.

Director of Infection Prevention and Control (DIPC) – The DIPC is the Trust Director responsible to the board for the delivery of IPC standards.

Director of Nursing – The Director of Nursing will ensure that the Divisional Directors take clinical ownership of the policy.

Divisional Directors - The Divisional Operations Directors will ensure that all health care workers comply with this policy and that all health care workers attend mandatory infection prevention and control training. They are responsible for ensuring adequate facilities and resources are available to adhere to this policy.

Clinical Service Managers/Leads – The Clinical Service Managers/Leads will ensure that this policy is available in all of their areas. They will ensure that all health care workers comply with this policy and that all health care workers attend mandatory infection prevention and control training.

Surveillance Co-ordinator – The Surveillance Co-ordinator is responsible for the collection, analysis and sharing of data on all significant bacteraemia. See appendix B for further details.

All Trust employees – All Trust employees will comply with this policy and inform the Infection Prevention and Control Team about any issues or concerns relating to the policy. All staff will attend mandatory Infection Prevention and Control training annually.

5.2 Duties of Groups/Committees

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.
The IPCT will act as a resource for information and support. They will provide education in relation to this policy which includes mandatory training. They are responsible for regularly reviewing and updating it.

6. **Surgical Site Infection Surveillance**

**Background**
Surgical site infections (SSI) account for approximately 10% of all Health care acquired infections (HCAI) and is estimated to double the cost of patient care resulting in an additional average 6.5 days of hospital stay. (Protocol for the Surveillance of Surgical Site Infections. Health Protection Agency. Apr 2011)

The Department of Health steering group on HCAI recommended that Surgical Site Infection Surveillance (SSIS) in Orthopaedic surgery, become mandatory from April 2004 in all English Trusts, along with voluntary areas of SSIS, which include general, gynaecology, vascular, and cardiac surgery.

**Aims**
One of the key aims of this surveillance service is to enable participating hospitals to compare their rates of SSI in a specific group of surgical procedures against a benchmark (the pooled mean rate of other participating hospitals). For this comparison to be valid the data collection methods used by participating hospitals must be similar. This requires active surveillance where designated, trained personnel use a variety of methods to identify cases of infection. Research has shown that well organised surveillance and infection control programmes that include feedback of infection rates to surgeons were associated with significant reduction in SSI.

**SSIS targets**
- Surgical procedures commonly performed or associated with high risk of infection.
- Surgery that requires at least three days post-operative hospital stay and where maximum benefit from surveillance is likely to be obtained. It excludes endoscopy, diagnostic procedures and wounds not closed in theatre (HPA).

**Note:**
- If an implant has not been inserted, SSIS should be stopped on the 30th day after the operation (as infection after this time would not meet the definition of SSI).
- If an implant has been inserted SSIS should continue for one year after the operation (as an infection may meet SSI definition). Any patients readmitted with joint infection will be monitored by the coordinator.

7. **Staphylococcus Aureus Surveillance**

**Background**
All *Staph. aureus* Hospital and Community acquired bacteraemia for the Trust are reported via a web link to the HPA - Mandatory Enhanced Surveillance Scheme (MESS). There is a cut off date of the 15th of a month for entering the previous month’s cases.

MESS gives the Trust an accurate picture of its situation and contributes to building a better evidence base regarding risk factors for infections. MESS also allows oversight of our reporting by external bodies through the HPA regional centres.

The Department of Health sets the maximum number of hospital acquired cases for MRSA the Trust can support. This maximum “ceiling” is also used in contractual obligations to the Commissioning bodies and Monitor.

The enhanced reporting system:
- Enables reports to be entered in “real time” as they occur.
- Allows Trusts to specify the department or speciality where the patient was being treated when the infection was identified
- Allows calculation of speciality specific MRSA rates.
- Allows for separation of MRSA bacteraemia infections identified within 2 days of admission from those identified after 2 days.

8. **Clostridium Difficile**

Clostridium difficile has been included in the MESS reporting scheme by the HPA in April 2007. There is a cut off date of the 15th of a month for entering the previous month’s cases.

The Department of Health sets a maximum number of hospital acquired cases for C. difficile that the Trust can support. This maximum “ceiling” is also used in contractual obligations to the Commissioning bodies and Monitor.

9. **Escherichia Coli**

From June 2011 Escherichia coli bacteraemia from all sources have been required by the HPA to be reported via the MESS database. Although there has been no maximum number of hospital apportioned *Esch. coli* bacteraemia, set by the Department of Health, we may envisage that this will be on the horizon.

10. **All Significant Bacteraemia**

Coordinator collects, analyses, and shares data on all significant bacteraemia in order:
- To support change as necessary
- Review clinical practice
- Teach and train staff
• Update policies

11. Norovirus Outbreaks

Hospital outbreaks of Norovirus are reported to the Health Protection Agency via a web link by the Surveillance Coordinator as and when they occur. Norovirus outbreaks are also reported through the Trust Incident Reporting system and recorded as Serious Incidents Requiring Investigation. It is therefore important to record the number of patients and staff affected and their location at time of infection to facilitate investigation.

12. Enhanced Influenza A H1N1 Surveillance

Enhanced surveillance of H1N1 Influenza A (Swine Flu) was instigated by the HPA in August 2009. This programme requires that each Trust report all hospitalised patients who have contracted H1N1 Flu A.

13. Enhanced Invasive Group A Streptococcus Surveillance

Invasive Group A Streptococcus surveillance identifies those infections from usually sterile sites and where the infection causes a major disease state. Surveillance is only required when instigated by the Health Protection Agency. The HPA will decide upon a start date and finish date.

Reports are generated on an electronic spreadsheet and can be emailed to the Health Protection Unit (HPU), Hampshire and Isle of Wight Office.

14. Stakeholders Engaged During Consultation

<table>
<thead>
<tr>
<th>Stakeholder</th>
<th>Date of Consultation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infection Prevention &amp; Control (Lead Infection Prevention &amp; Control Nurse)</td>
<td>30 November 2012</td>
</tr>
<tr>
<td>Health &amp; Safety (Health &amp; Safety Advisor)</td>
<td>30 November 2012</td>
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<tr>
<td>Safeguarding (Trust Safeguarding Lead)</td>
<td>30 November 2012</td>
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<tr>
<td>Information Governance (Information Governance Manager)</td>
<td>30 November 2012</td>
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<tr>
<td>Risk and Compliance Manager</td>
<td>30 November 2012</td>
</tr>
<tr>
<td>Healthcare Library</td>
<td>30 November 2012</td>
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<tr>
<td>Equality and Diversity Lead</td>
<td>30 November 2012</td>
</tr>
<tr>
<td>Infection Prevention Control Committee</td>
<td>30 November 2012</td>
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<tr>
<td>Consultant Microbiologists</td>
<td>30 November 2012</td>
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<td>Divisional Directors</td>
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<tr>
<td>Divisional Operations Directors</td>
<td>30 November 2012</td>
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15. Dissemination and Implementation
The policy will be disseminated in the following ways:

<table>
<thead>
<tr>
<th>Action(s)</th>
<th>Owner</th>
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<tbody>
<tr>
<td>Publicise detail of new document via Intranet and Midweek message</td>
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</tr>
<tr>
<td>Publish policy on the intranet and web site</td>
<td>Healthcare Library BNHH</td>
</tr>
</tbody>
</table>

16. Training
Individuals in the Trust should receive annual infection prevention and control training to ensure they are aware of their responsibilities. Education and Training will be provided in accordance with the Trust Training Needs Analysis (Learning and Development Policy).

17. Monitoring Compliance with the Document
The following table identifies how compliance with the document will be monitored:

<table>
<thead>
<tr>
<th>Minimum requirements</th>
<th>Requirement Reviewed by</th>
<th>Method of Monitoring</th>
<th>Frequency of Review</th>
<th>Monitoring Committee</th>
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<tr>
<td>Effectiveness of policy</td>
<td>Surveillance Co-ordinator</td>
<td>Internal reconciliation of laboratory results, ICNet and recording database</td>
<td>Monthly</td>
<td>Infection Prevention and Control Committee</td>
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<td>External Audit</td>
<td>Independent Auditors for mandatory reportable organisms</td>
<td>Independent Audit</td>
<td>Annual</td>
<td>Board of Directors</td>
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</table>

18. References

Midwifery Council (NMC) *Code of Professional Conduct* (NMC 2008)


19. Associated Documentation
C.difficile Infection (CDI): Prevention, Treatment and Control policy
Control of Meticillin Resistant Staphylococcus Aureus (MRSA) Policy

20. Contributors

<table>
<thead>
<tr>
<th>Contributor Job Title</th>
<th>Contributor Name</th>
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<tr>
<td>Surveillance Coordinator</td>
<td>Bruce Wake</td>
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### Appendix A – Equality Impact Assessment Tool

#### PART 1
To be completed by the document owner

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<tr>
<th>Document Title:</th>
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<th>Comments</th>
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<td><strong>Could the application of this document have a detrimental equality impact on individuals with any of the following protected characteristics? (See Note 1)</strong></td>
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<tr>
<td>Age</td>
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<td>Disability</td>
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<td>Race</td>
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<td></td>
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<tr>
<td>Religion or belief</td>
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<td>Sex</td>
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<td>Pregnancy and maternity</td>
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<tr>
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<tr>
<td>If you have answered ‘no’ to question 2, has the policy been amended to remove or reduce any potential detriment?</td>
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<td>• If you answer ‘yes’, please summarise the changes made</td>
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<tr>
<td>• If you answer ‘no’. please explain why not</td>
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<tr>
<td>Based on the answers to questions 1 – 3 do you consider that a detailed equality analysis is needed?</td>
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<td></td>
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</table>

**NAME:** B Wake  

**JOB TITLE:** Infection Surveillance Coordinator  

**DATE:** 22 October 2012
PART 2
To be completed by the Trust’s Equality and Diversity Lead

**Brief Summary of potential impact of this document and whether sufficient consideration has been given to the Equality Duty**

This is a purely clinically based policy which has no Equality Duty impacts.

<table>
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<tr>
<td>Is this document recommended for publication but with recommended amendments? Please specify.</td>
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<td>Is it recommended that this document requires a more detailed equality analysis to be undertaken prior to publication?</td>
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<td>Specify with which, if any, individuals and groups you have consulted in reaching your decision.</td>
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**NAME:** Nicky Smith

**JOB TITLE:** Equality & Diversity Lead

**DATE:** 6th December 2012

**Note 1**
Under the terms of the Equality Act 2010’s public sector Equality Duty, the Trust has a legal responsibility to think about the following three aims of the Equality Duty as part of our decision making and policy development.

- **Eliminate unlawful discrimination**, harassment and victimisation;
- **Advance equality of opportunity** between people who share a protected characteristic and people who do not share it; and
- **Foster good relations** between people who share a protected characteristic and people who do not share it.
### Appendix B – Internal and External Reporting of Infections or isolates

<table>
<thead>
<tr>
<th>Surveillance of organism or infection</th>
<th>Requirement</th>
<th>Reported via</th>
<th>Reported to</th>
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<th>Audit</th>
<th>Other External agency with interest</th>
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<td>1. HPA 2. Trust Boards</td>
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<td>Reported to</td>
<td>Verified</td>
<td>Audit</td>
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<td>Monthly</td>
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<tr>
<td>Alert organisms including Multi Drug Resistant Organisms</td>
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<td>Internal Reports</td>
<td>Trust Boards</td>
<td>Monthly</td>
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<tr>
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<td>Voluntary</td>
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<td>Trust Boards</td>
<td>Monthly</td>
<td>IPCT</td>
<td>Commissioning Group</td>
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Hampshire Hospitals NHS Foundation Trust Surveillance of Infection Policy – HH(1)/IC/613/13
Due for latest review October 2015. CHECK THE INTRANET FOR THE LATEST VERSION