Western Health and Social Care Trust

# POLICY ON ZERO TOLERANCE TO PREVENTABLE HEALTHCARE-ASSOCIATED INFECTIONS (HCAIs)

JUNE 2015

Western Health
and Social Care Trust

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| **Title:** | Policy on Zero Tolerance to Preventable Healthcare-Associated Infections (HCAIs) | | | |
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| **Ownership:** | Elaine Way, Chief Executive | | | |
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| **Links to Other Policies, Procedures, Guidelines or Protocols:** | All regional IP&C guidelines<br>All Trust IP&C guidelines and policies | | | |

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## 1.0 INTRODUCTION

### 1.1 Background

The Western Trust has achieved significant reductions in **preventable** healthcare-associated infections (HCAIs). Regional infection surveillance commenced in 2008 and since then the Trust has realised reductions of 40% and 65% respectively in HCAIs caused by MRSA and *C. difficile*.

The reduction has been achieved by recognition that **'infection prevention is everyone's responsibility'.** In addition, the Trust provided education to increase understanding about the evidence base to prevent infections, introduced evidence based care bundles, antimicrobial stewardship, root cause analysis (RCA)/ post-infection review of the causes of healthcare-associated infections, strengthened accountability systems and added a high level of scrutiny from Board to ward.

Substantial numbers of patients are admitted to Trust hospitals with community-acquired infections for which the Trust provides treatment and care, but does not have a role in preventing the initial infection. This policy is there to protect infection-free patients/ clients who enter our hospitals and facilities, or are cared for by our community teams, to ensure they do not acquire an infection whilst in our care.

The policy applies to all staff caring for patients/ clients in facilities throughout the Trust and in a person's own home when they receive nursing and/ or medical care from Trust clinical staff.

### 1.2 Purpose

The purpose of this policy is to state the Trust's definitive intention to eliminate all preventable healthcare-associated infections and the expectation that all staff will comply with proven prevention measures. The policy outlines the responsibilities of staff throughout the Trust with regards infection prevention.

## 2.0 SCOPE OF THE POLICY

The document applies to all healthcare workers employed within the Western Health and Social Care Trust (WHSCT) and others working within the Trust in a contracted capacity.

## 3.0 ROLES AND RESPONSIBILITIES

### 3.1 All Employees in the WHSCT

All employees must be aware that the Trust has a 'Zero Tolerance to Preventable Healthcare-Associated Infection' and must uphold that principle when conducting WHSCT business. This is achieved by the following:

- Zero tolerance to preventable healthcare- associated infections
- Practice standard precautions during all patient/ client healthcare contact
- Actively seek to learn from RCA/ post-infection review findings

- Read the policy and ask for clarification if they do not understand any element
- Read and adhere to all IP&C policies, guidelines, protocols, evidence based care bundles/ high impact interventions and care pathways related to their specialty. Ask for clarification if they do not understand any element
- Know where to access IP&C information on unusual organisms and/ or procedures via the IP&C Guidelines section of the Trust Intranet (see Appendix 1). Teams with no intranet access must know where to retrieve up to date hardcopies of the IP&C regional and local manuals
- Attend IP&C induction and mandatory training and participate in experiential learning related to infection prevention and control. Ensure gaps in their understanding are rectified
- Record all IP&C evidence based care on the appropriate documentation provided or in the patient/ client notes. In circumstances where adherence to IP&C guidelines is not appropriate, document the rationale
- Participate in infection reduction improvement work

### 3.2 Trust Board and Chief Executive

Provide an overall governance system which ensures safe systems to recognise infection risks to patients, clients, staff and visitors. This is achieved by the following:

- A zero tolerance to preventable healthcare-associated infections
- Agreed key performance indicators, including compliance with antibiotic prescribing policy, used by the Board to monitor the Trust's infection prevention and control performance
- An up to date working knowledge and understanding of infection prevention and control
- Inclusion of the Trust's aims and objectives for infection prevention and control in the Board's strategic planning and management summary report
- Assigning a Board member to lead on infection prevention and control
- Approving an infection prevention and control accountability framework; to include evidence of specific responsibilities allocated to staff working in, or coming into contact with, clinical areas (reflected in their job descriptions and appraisals)
- A mechanism to report regularly to Board meetings on important infection risks and the control measures that have been implemented,
- Approving an agreed annual improvement programme on infection prevention and control which is linked to the business planning cycle and identified actions and resources
- Approving monitoring mechanisms to be applied to all relevant clinical areas
- The ratification of clear policies/ guidelines to guide staff in their care of an infected/ susceptible patient
- Monitoring the infection-related staff support provided by the Occupational Health Department
- Regular communication from the Chief Executive on the Trust's expectation of staff, patients and visitors in relation to infection prevention and control
- Evidence that the Board demonstrates to patients, the public, staff and itself that it is making continuous progress towards meeting all relevant statements in the Regulation & Quality Improvement Authority's (RQIA) augmented care governance tool

### 3.3 Directors/ Assistant Directors

Provide a Directorate governance system which ensures safe systems to recognise infection risks to patients, clients, staff and visitors. This is achieved by the following:

- Zero tolerance to preventable healthcare-associated infections
- Systems to disseminate learning from RCA/ post-infection review findings
- Systems to examine the priority infection risks within the Directorate/ Divisions
- Systems to ratify short, medium and long term plans to mitigate the risks and eliminate preventable healthcare-associated infections
- Systems to ensure that staff within their sphere of responsibility have read and understood this policy
- Systems to ensure that staff are provided with the resources required to adhere to infection prevention related policies, protocols and guidelines
- Systems to ensure that patients are isolated/ cohorted as swiftly as possible
- Systems to ensure staff are provided with the appropriate personal protective equipment (PPE) commensurate with the risks in their workplace, including face fit testing for respirator masks where appropriate.
- Systems for improvement
- Systems to ensure that when necessary they personally play a key role in the co-ordination of actions required following significant unexpected exposure incidents/ outbreaks
- The Director of Infection Prevention & Control is involved in contract negotiations with commissioners on the key performance indicators for infection prevention and control

### 3.4 Professional Leads

Provide clear governance channels and professional support to front line staff which ensures safe systems to recognise infection risks and act swiftly to control and eliminate infection threats to patients, clients, staff and visitors. This is achieved by the following:

- Zero tolerance to preventable healthcare-associated infections
- Systems to disseminate learning from RCA/ post-infection review findings
- Systems to examine the priority infection risks within their sphere of responsibility
- Systems to agree short, medium and long term plans to mitigate the risks and eliminate preventable healthcare-associated infections
- Systems to ensure that staff within their sphere of responsibility have read and understood this policy
- Systems to ensure that staff are provided with the resources required to adhere to infection prevention related policies, protocols and guidelines
- Systems to ensure that patients are isolated/ cohorted as swiftly as possible
- Systems to ensure staff are provided with the appropriate PPE commensurate with the risks in their workplace, including face fit testing for respirator masks where appropriate
- Systems to evaluate and improve infection-related care
- Systems to ensure that when necessary they personally play a key role in the co-ordination of actions required following unexpected exposure incidents/ outbreaks

### 3.5 Ward Managers/ Team Leaders

Provide strong leadership and create an expectation that all staff (including visiting staff) will provide evidence based care to eliminate infection. Ensure safe systems are in place to recognise infection risks to patients, clients, staff and visitors and act swiftly to control and eliminate. This is achieved by the following:

- Zero tolerance to preventable healthcare-associated infections
- Appoint a member of nursing team to promote and sustain IP&C as a Link Nurse
- Be available to attend and participate in RCA/ post-infection review meetings for HCAI as soon as possible after the event and initiate systems to disseminate the learning
- Systems to examine the priority infection risks within their sphere of responsibility
- Systems to agree short, medium and long term plans to mitigate the risks and eliminate preventable healthcare-associated infections
- Systems to ensure that staff within their sphere of responsibility have read and understood this policy
- Systems to ensure that staff have read and understand the IP&C policies, guidelines, protocols and care pathways related to their specialty and to test their ability to access information on unusual organisms procedures via the IP&C Guidelines section of the Trust Intranet (see Appendix 1). Teams with no intranet access must have systems in place to update hard copies of the IP&C regional and local manuals
- Systems to ensure that staff are provided with the resources required to adhere to infection prevention related policies, protocols and guidelines
- Systems to ensure that patients are isolated/ cohorted as swiftly as possible
- Systems to ensure staff are provided with the appropriate PPE commensurate with the risks in their workplace, including maintaining a record of face fit testing and required types of respirator masks where appropriate
- Systems to ensure that all staff (including agency/ bank staff) understand 'standard precautions' and any additional key infection controls pertinent to the specialty immediately prior to initial contact with patients
- Systems to ensure that within a reasonable timeframe all core team/ ward staff within their sphere of responsibility have received an appropriate level of formal and cascade education related to the particular infection prevention measures required for their specialty to enable them to practice safely
- Systems to ensure any learning needs related to infection prevention are identified and the appropriate education provided by themselves, other experienced members of the clinical team or the IP&C Link Nurse. Where a more complex requirement is identified contacts the IP&C Team for specialised educational input
- Systems to evaluate and improve infection-related care
- Systems to ensure an accurate record of patient/ client placement within the ward/ facility is maintained at all times to facilitate accurate retrospective information gathering if required
- Systems to ensure that when necessary they play a key role in producing timelines from available patient information/ ward/ team data, including patient placement and up to date patient status information, to enable meaningful decisions to be made about required controls

### 3.6 Lead Clinicians

Provide strong leadership and create an expectation that all junior medical staff (including visiting staff) will provide evidence based care to eliminate infection. Adheres to safe systems and controls in place in the clinical area and leads by example. This is achieved by the following:

- Zero tolerance to preventable healthcare-associated infections
- Be available to attend and participate in RCA/ post-infection review meetings for HCAI as soon as possible after the event and initiate systems to disseminate the learning
- Systems to examine the priority infection risks within their sphere of responsibility
- Systems to agree short, medium and long term plans to mitigate the risks and eliminate preventable healthcare-associated infections
- Systems to ensure that junior medical staff within their sphere of responsibility have read and understood this policy
- Systems to ensure that junior medical staff are provided with the resources required to adhere to infection prevention related policies, protocols and guidelines
- Systems to ensure junior medical staff are provided with the appropriate PPE commensurate with the risks in their workplace, including maintaining a record of face fit testing and required types of respirator masks where appropriate,
- Systems to ensure that all staff (including locum) understand 'standard precautions' and any additional key infection controls pertinent to the specialty immediately prior to initial contact with patients
- Systems to ensure that within a reasonable timeframe all core junior medical staff within their sphere of responsibility have received an appropriate level of formal and cascade education related to the particular infection prevention measures required for their specialty to enable them to practice safely
- Systems to ensure any learning needs related to infection prevention are identified and the appropriate education provided by themselves, other experienced members of the clinical team or the IP&C Link Nurse. Where a more complex requirement is identified contacts the IP&C Doctor for specialised educational input.
- Systems to ensure that when necessary they personally play a key role in providing information about the clinical status of patients/ clients involved in infection-related incidents/ outbreaks

### 3.7 Human Resources

Provide support systems for staff treatment and care, both physical and emotional, following exposure to an organism as a result of a work-related exposure. Ensure that staff employed by the Trust from locum agencies and bank staff have completed mandatory IP&C training commensurate with that provided to Trust staff. This is achieved by the following:

- Zero tolerance to preventable healthcare-associated infections
- Systems to ensure that locum agency and bank staff employed by the Trust to work in clinical areas have completed mandatory IP&C training
- Systems in place to provide both physical and emotional treatment and support for staff following exposure to an organism as a result of a work-related exposure

**3.8 The Infection Prevention & Control Team**

Provide strong strategic leadership and local education and support to managers, clinicians and staff to enable them to eliminate preventable infections. This is achieved by the following:

- Zero tolerance to healthcare-associated infections
- Be available to attend and participate in RCA/ post-infection review meetings for HCAI as soon as possible after the event and initiate systems to disseminate the learning
- Systems to identify the priority infection risks on behalf of the Trust
- Systems to develop long, medium and short term plans on behalf of the Trust to eliminate preventable healthcare-associated infections
- Systems to identify increased numbers of infections/ colonisations to enable swift action to control
- Systems to swiftly investigate and provide support during infection-related incidents/ outbreaks
- Systems to ensure provision of clear, written evidence based policies, protocols, guidelines and care pathways to enable staff to update themselves and provide safe care
- Systems to ensure provision of clear, written patient/ client information leaflets
- Systems to ensure the IP&C Team are familiar with and know where to access all IP&C policies, protocols, guidelines, care pathways and patient/ client information leaflets
- Systems to ensure training on the appropriate use of PPE is provided on a regular basis throughout the year (induction and mandatory training)
- Systems to ensure that a regular learning needs analysis is conducted Trust-wide at least once during each 3-year phase of the Trust Strategic Infection Reduction Plan.
- Systems to respond to an urgent need for provision of education about a new or novel pathogen, infection clusters or as part of an enhanced support programme, where a clinical area is experiencing challenges with regards infection prevention

**3.9 The Infection Prevention & Control Doctor(s) (IPCDs)/ Consultant Medical Microbiologist(s)**

Provide strong strategic leadership and local education and support to managers, Clinicians and staff to enable them to eliminate preventable infections. This is achieved by the following:

- Zero tolerance to preventable healthcare-associated infections
- Be available to attend and participate in RCA/ post-infection review meetings for HCAI as soon as possible after the event and initiate systems to disseminate the learning
- Provide expert advice to identify the priority infection risks on behalf of the Trust
- Provide expert advice to develop long, medium and short term plans on behalf of the Trust to eliminate preventable healthcare-associated infections
- Provide expert advice to ensure provision of clear, written evidence based policies, protocols, guidelines, care pathways and patient/ client information leaflets, in particular related to antimicrobial treatment to enable staff to update themselves and provide safe care

- Systems to ensure the IPCD(s) are familiar with and know where to access all Trust antimicrobial guidelines,
- Systems to ensure the IPCD(s) are familiar with and know where to access all IP&C policies, protocols, guidelines, care pathways and patient/ client information leaflets
- Systems to provide specialised advice for the treatment and placement of patients infected or colonised with unusual organisms
- Systems to ensure that a regular learning needs analysis on knowledge related to antimicrobial stewardship for medical and dental staff is conducted Trust-wide at least once during each 3-year phase of the Trust Strategic Infection Reduction Plan
- Systems to respond to an urgent need for provision of education about a new or novel pathogen, surveillance findings or as part of an enhanced support programme, where the medical team in a clinical area is experiencing challenges with regards antimicrobial stewardship/ infection prevention
- Systems to provide guidance to medical and dental teams about audit and improvement cycles particularly related to antimicrobial stewardship
- Systems to swiftly investigate and provide support during infection-related incidents/ outbreaks

### 3.10 Antimicrobial Pharmacist(s)

Provide strong strategic leadership and local education and support to enhance antimicrobial stewardship and in doing so eliminate preventable infections. This is achieved by the following:

- Zero tolerance to preventable healthcare-associated infections
- Be available to attend and participate in RCA/ post-infection review meetings for HCAI as soon as possible after the event and initiate systems to disseminate the learning. (This may be undertaken by Ward Pharmacists, where throughput allows)
- Systems to identify the priority antimicrobial usage risks on behalf of the Trust
- Systems to develop long, medium and short term plans on behalf of the Trust to enhanced antimicrobial stewardship
- Systems to ensure provision of clear, written evidence based antimicrobial guidelines
- Systems to ensure that a regular learning needs analysis on knowledge related to antimicrobial stewardship for all staff is conducted Trust-wide at least once during each 3-year phase of the Trust Strategic Infection Reduction Plan
- Systems to respond to an urgent need for provision of education about a new or novel pathogen, surveillance findings or as part of an enhanced support programme, where the medical team in a clinical area is experiencing challenges with regards antimicrobial stewardship
- Systems to provide guidance to medical and dental teams about audit and improvement cycles particularly related to antimicrobial stewardship

### 3.11 Occupational Health Department

- Zero tolerance to preventable healthcare-associated infections
- Systems to ensure provision of support to staff who become colonised/ infected as a result of their work
- Systems to ensure support to staff as outlined in various IP&C policies, guidelines and protocols

- Systems to provide specialised advice for the treatment and care of staff infected or colonised with unusual organisms

### 3.12 Communications Team

- Systems in place to ensure staff are fully aware of the Trust's zero tolerance to preventable healthcare-associated infections
- Systems to provide a communications plan for infection-related incidents
- Systems to provide communications support in the event of an incident or outbreak

## 4.0 KEY PRINCIPLES

The overarching principle/ statement for this guideline is to ensure that staff are aware of the Trust stance towards preventable healthcare-associated infections.

## 5.0 ACTIONS

The actions required in a given situation will differ according to the specialty and the organism concerned. Policies, guidelines, care pathways, protocols and evidence based care bundles exist for a wide variety of infections and related procedures and can be accessed via the Trust Intranet (Appendix 1shows where to access the Trust Infection Prevention Guidelines and Regional Infection Prevention Guidelines).

Reduction in the number of preventable healthcare-associated infections is achieved by consistent and assiduous application of evidence based precautions at all times. Staff must familiarise themselves with all IP&C guidance pertinent to their area of work and in addition at all times adhere to the following:

- Standard precautions
- Aseptic non-touch technique (ANTT)
- Evidence based care bundles/ high impact interventions
- Disinfection and decontamination
- Isolation
- RCA/ post-infection review findings
- Infection reduction/ prevention improvement work

## 6.0 IMPLEMENTATION

### 6.1 Dissemination

This policy is relevant to all healthcare staff employed by WHSCT and those employed by external agencies providing healthcare for patients/ clients on behalf of the Trust.

The policy will be posted on the Trust Intranet under the Infection Prevention & Control Guidelines section.

A Trust Communication will be issued to highlight that the policy has been updated and managers are asked to print off a copy and **ensure** all staff sign to confirm that they have read and understood same.

### 6.2 Exceptions

There are no exceptions.

## 7.0 MONITORING

Compliance with this policy shall be monitored by the manager/ team leader in each department/ facility. In addition, the Infection Prevention & Control Team may audit compliance on an ad hoc basis.

## 8.0 REFERENCES

NHS England: High quality care for all, now and for future generations, 2015

NHS Commissioning Board's planning guidance for 2013/14, http://www.england.nhs.uk/everyonecounts/

Institute for Healthcare Improvement: What zero looks like: Eliminating Hospital Acquired Infections www.ihi.org>Home>Resourses>ImprovementStories [Accessed January 2015]

American Journal of Infection Control: 2010;38:434-9 Impact of a program to prevent central line-associated bloodstream infection in the zero tolerance era http://www.researchgate.net [Accessed January 2015]

## 9.0 CONSULTATION PROCESS

Chief Executive HCAI Accountability Forum members
Lead Nurses
Communications Director
Human Resources Director
Infection Prevention & Control Team

## 10.0 APPENDICES

Appendices to this policy are as follows:

- Appendix 1 – How to Access IP&C Guidelines on the Trust Intranet (Pictorial)

## 11.0 EQUALITY STATEMENT

In line with duties under the equality legislation (Section 75 of the Northern Ireland Act 1988), Targeting Social Need Initiative, Disability Discrimination and the Human Rights Act 1998, an initial screening exercise to ascertain if this guidance should be subject to a full impact assessment has been carried out. The outcome of the Equality screening for this guidance is:

**Major Impact** ☐

**Minor Impact** ☐

**No Impact** ☒

## 12.0 SIGNATORIES

Signed for and on behalf of the Western Health & Social Care Trust:

Fiona Hughes

Fiona Hughes
Head of Infection Prevention & Control

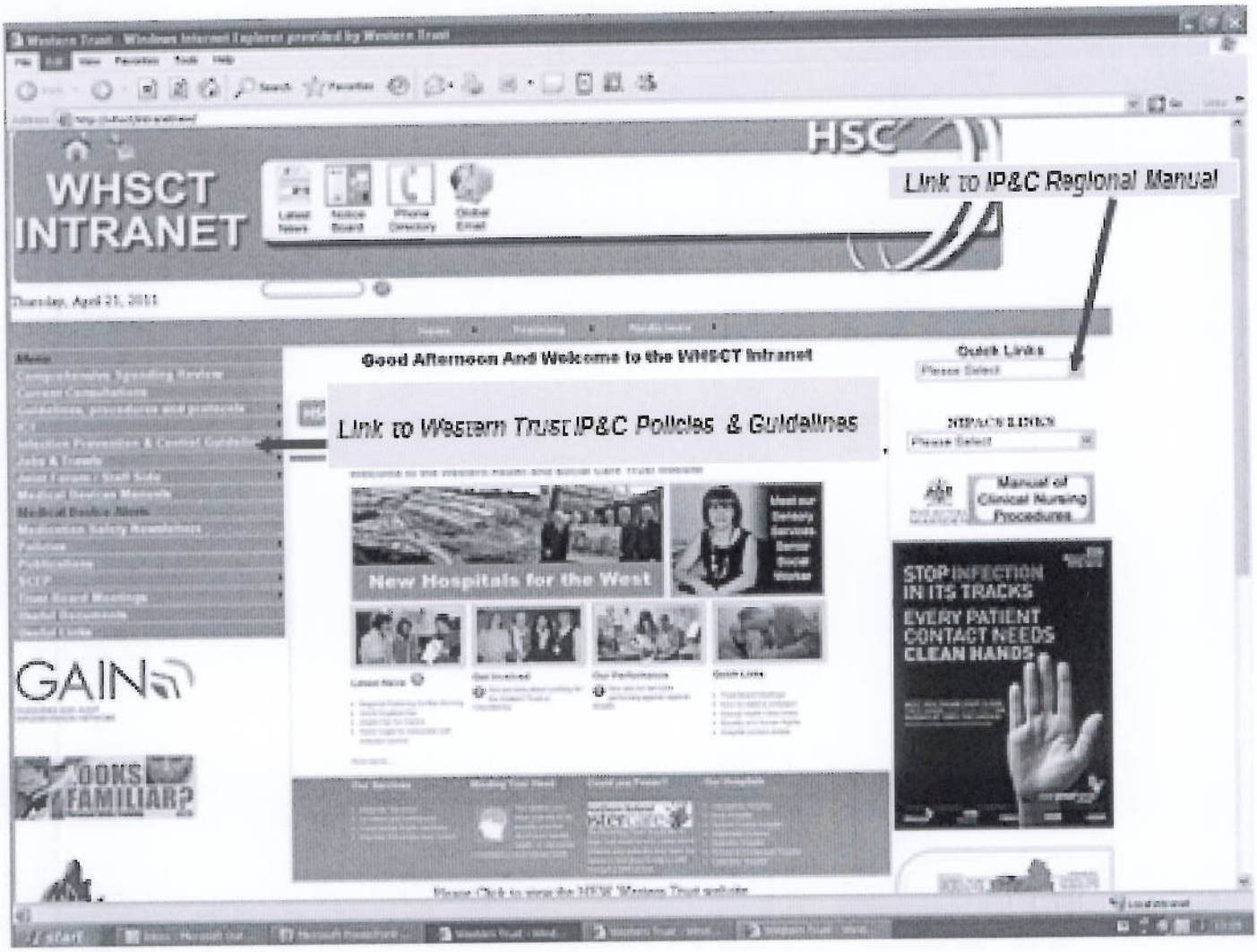
1st July 2015
Date

Elaine Way

Elaine Way
Chief Executive

1st July 2015
Date

Western Health and Social Care Trust

***Appendix 1***

## How to Access IP&C Guidelines on the Trust Intranet