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

AUGUST 2009
Title: Policy on Zero Tolerance to Preventable Healthcare Associated Infections (HCAIs)

Reference Number: Corp09/011

Implementation Date: August 2009

Review Date: August 2010

Responsible Officer: Head of Infection Prevention & Control
WHSCT staff have been successful in making reductions in MRSA and MSSA bacteraemias and *C. difficile* associated disease during last year. We reduced MRSA and MSSA bacteraemias by 26% from April 2008 to March 2009. *C. difficile* associated disease was reduced by 17%.

The reductions were made possible by the implementation of a range of measures including evidence based care bundles and strengthening managerial accountability arrangements, which are known collectively to impact on and reduce the rate of HCAI. Those interventions are detailed in appendix 1.

The Trust intends to sustain and further the reductions already achieved by the introduction of additional measures outlined in appendix 2.

All of these interventions are important, we want to emphasise that prevention and control of infection is everybody’s business.

All staff are required to make sure they are fully aware of the rigorous procedures in place for preventing infection.

Repeated non-compliance with the interventions described in this leaflet will result in the application of existing HR sanctions. These sanctions would take the form of a verbal warning, a written warning followed by a meeting with the Chief Executive.

The above measures demonstrate our Zero Tolerance attitude to preventable healthcare associated infections.

The Regional Infection Control Guidelines are available via the Trust intranet on [http://www.infectioncontrolmanual.co.ni/](http://www.infectioncontrolmanual.co.ni/)

All Trust policies are available via the Trust intranet under “Infection Prevention & Control Guidelines”.
Appendix 1 – Measures taken to reduce the rate of HCAI

- Two weekly hand hygiene compliance monitoring, which reverts to daily monitoring when scores are below 95% compliance. Daily hand hygiene audits during outbreaks and clusters. Participation in the cleanyourhands campaign
- Application of the ‘Saving Lives’ C. difficile evidence based care bundle/ High Impact Intervention (HII)
- Review of the Trust Antimicrobial Prescribing Guidelines, including removal of cephalosporins and quinolones
- Introduction and application of the ‘Saving Lives’ renal line care bundle/ HII
- Introduction and application of the ‘Saving Lives’ central line care bundle/ HII
- Partial introduction and application of the ‘Saving Lives’ peripheral line care bundle/ HII
- Hand hygiene and environmental cleanliness monthly accountability and exception reporting by Lead Nurses
- Audit and replacement of commodes Trust wide
- Pilot of root cause analysis of all C. difficile positive patients and all healthcare associated MRSA and MSSA bacteraemias to improve our understanding of the causes of and predisposing factors for these infections within our Trust
- De-clutter to facilitate appropriate environmental cleaning
- Antimicrobial auditing carried out on an ad-hoc basis by Junior doctors in consultation with antimicrobial pharmacist
- Antimicrobial education at Infection Prevention and Control mandatory training commenced April 2009
- Introduction and application of the ‘Saving Lives’ surgical site infection care bundle/ HII for Orthopaedic and C. Section surgery
- The introduction of monthly infection surveillance meetings
- Updated regional and Trust policies
- Introduction of the Visiting Policy
Appendix 2 – Additional measures to reduce the rate of HCAI

- Complete introduction and application of the ‘Saving Lives’ peripheral line care bundle/HII
- CE four weekly accountability meetings (commenced May 2009)
- Trust HCAI Delivery Plan and risk analysis ratified by Trust Board (completed June 2009)
- Ratification of the Trust Dress Code Policy
- Ratification of the Root Cause Analysis Policy
- Introduction of *C. difficile* ward rounds Trust wide (commenced Altnagelvin site May 2009, Erne Hospital September 2009)
- Production of Directorate/ Divisional Action Plans which reflect the Trust Delivery Plan
- Phased implementation of antimicrobial ward rounds
- Devolved targets for divisions
- Introduction and application of the remaining ‘Saving Lives’ care bundles/HIIs to all applicable clinical areas
- Further clutter reduction to facilitate cleaning
- Antimicrobial Management Team first meeting 7th July 2009. This team aims to meet every two months. The terms of reference include:
  - Improve standards of antimicrobial use by supporting staff education and clinical governance
  - Promoting application of hospital antimicrobial guidelines
  - Enable audit and feedback regarding antimicrobial guidelines
  - Report local and national trends on antimicrobial resistance and antimicrobial utilisation
- Implementation of regional antimicrobial guidelines when launched Winter 2009

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

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Mrs Elaine Way
Chief Executive

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Date