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Isle of Wight
NHS Trust

POLICY FOR MANDATORY REPORTING OF HEALTHCARE ASSOCIATED INFECTIONS (HCAI)

During the COVID19 crisis, please read the policies in conjunction with any updates provided by National Guidance, which we are actively seeking to incorporate into policies through the Clinical Ethics Assurance Group.

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Document Author	Authorised
Written By: Infection Prevention & Control Team **Date:** October 2019	**Authorised By:** Chief Executive **Date:** 19th March 2020
Lead Director: Director of Infection Prevention & Control	
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DOCUMENT HISTORY

(Procedural document version numbering convention will follow the following format. Whole numbers for approved versions, e.g. 1.0, 2.0, 3.0 etc. With decimals being used to represent the current working draft version, e.g. 1.1, 1.2, 1.3, 1.4 etc. For example, when writing a procedural document for the first time – the initial draft will be version 0.1)

Date of Issue	Version No.	Date Approved	Director Responsible for Change	Nature of Change	Ratification / Approval
December 2010	1.0	December 2010	Carol Alstrom, Director of Infection Prevention and Control	Approved at	Executive Board
29th March 2012	1.0	29th March 2012	Carol Alstrom, Director of Infection Prevention and Control	Logo and wording updated for new organisation	
13th Feb 2014	1.1		Executive Director of Nursing & Workforce	Update Approved	IPCC
7th March 2014	1.1		Executive Director of Nursing & Workforce	Update approved at	Clinical Standards Group
21st March 2014	2.0	21st March 2014	Executive Director of Nursing & Workforce	Update approved at	Policy Management Group
January 2017	2.1		Executive Director of Nursing & DIPC	Update	
27 Jan 17	2.1		Executive Director of Nursing and Quality & DIPC	Ratified at	Clinical Standards Group
14 Feb 17	3.0	14 Feb 2017	Executive Director of Nursing and Quality & DIPC	Approved at	Corporate Governance & Risk Sub-Committee
October 19	3.1		Director of Infection Prevention & Control	Scheduled policy review	
29 Nov 19	3.1		Director of Infection Prevention & Control	Endorsed at	Clinical Standards Group
19 March 2020	4.0	19 March 2020	Director of Infection Prevention & Control	Approved via voting buttons and chairs action at	Policy Management Sub-Committee

NB This policy relates to the Isle of Wight NHS Trust hereafter referred to as the Trust

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1 Executive Summary

All Trusts in England are required to participate in mandatory surveillance of Healthcare Associated Infections (HCAI).
Trusts must report defined HCAIs to Public Health England (PHE) using nationally agreed criteria. This policy sets out local arrangements for reporting.

This policy covers only mandatory surveillance; it does not include other surveillance or reporting of infection that should be on-going as part of good practice and quality monitoring by clinical teams.

2 Introduction

All Trusts have a mandatory requirement to monitor and report the following to PHE using nationally defined criteria;

- All cases of Meticillin Resistant *Staphylococcus aureus* (MRSA) bacteraemia, Meticillin Sensitive *Staphylococcus aureus* (MSSA) bacteraemia, *Escherichia coli, Klebsiella* spp. and *Pseudomonas aeruginosa* bacteraemia (with exclusion of duplicates within a 14 day period).
- All cases of *Clostridioides difficile* infection (toxin positive result) in patients > 2 years of age (with exclusion of duplicates within a 28 day period)
- At least one 3 month module of orthopaedic surgical site surveillance annually

An outbreak of infection is reported as a good practice standard.

3 Definitions

(HCAI) Healthcare associated infection– infection acquired by a patient as a result of contact with a healthcare provider.

HCAI data capture system – web based computer database for recording HCAI episodes of bacteraemia and *C. difficile*. The database is managed by Public Health England.

Bacteraemia – blood stream infection (identified by positive blood culture).

(SSI) Surgical site infections – an infection of a wound following surgery

4 Scope

This reporting policy applies to the local Trust with individual roles and responsibilities detailed below.

5 Purpose

To improve patient safety; HCAIs such as *C.difficil*e infection and MRSA bloodstream infection are used as indicators of Trust performance.

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This policy is to assure local reporting of HCAI is reliable and accurate and meets Department of Health criteria.

The HCAI reporting scheme has enabled comparative data to be produced for Trusts in England and this has been used for performance management since the scheme first began.

6 Roles and Responsibilities

Director of Infection Prevention and Control (DIPC)
The DIPC oversees this policy and its implementation.

Chief Executive
Responsible for monthly sign-off of figures for *C.difficile* toxin positive samples and MRSA/MSSA/*E. coli/Klebsiella* spp./*Pseudomonas aeruginosa* bacteraemia counts.

Microbiology Lead or Deputy
Responsible for;

- Provision of accurate laboratory specimen results for *C.difficile* toxin positive samples and MRSA/MSSA/*E.coli*/*Klebsiella* spp./*Pseudomonas aeruginosa* isolates from blood in a timely manner to the Infection Prevention & Control Team (IPCT).
- Checks and reconciliation of laboratory / clinical data before figures are sent for monthly Chief Executive sign-off and reporting (in conjunction with IPCT).

IPCT
Responsible for;

- Entry of *C.difficile* toxin positive cases and MRSA/MSSA/*E. coli/Klebsiella* spp./*Pseudomonas aeruginosa* bacteraemia data entry onto the web-based HCAI data capture system.
- Ensuring information entered is accurate and timely.
- Checks and reconciliation of laboratory / clinical data before figures are sent for monthly Chief Executive sign-off and reporting (in conjunction with microbiology lead/deputy).
- Reporting hospital attributed cases of C.*difficile* infection and MRSA/MSSA/*E.coli*/*Klebsiella* spp./*Pseudomonas aeruginosa* bacteraemia onto the Trust Datix system.
- Instigating and supporting with Post Infection Review/Root Cause Analysis (RCA)/Serious Incidents Requiring Investigation (SIRI) process as necessary.

Orthopaedic Team
Responsible for ensuring that Surgical Site Infection (SSI) data is collected and submitted for mandatory modules of orthopaedic SSI surveillance.

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7 Policy Detail / Course of Action

7.1 Reporting Processes

All *Clostridioides difficile* toxin positive stool samples (in patients > 2 years of age) and MRSA, MSSA, *E.coli*, *Klebsiella* spp. and *Pseudomonas aeruginosa* bacteraemia results will be reported using the web based HCAI data capture system.

The HCAI data capture system, managed by Public Health England is accessed by authorised members of the IPCT who will input mandatory Trust HCAI data to required fields; this may include additional risk factor information.

Reports will be made on a monthly and quarterly basis in line with national protocol. Following accuracy check, these will be forwarded to the Chief Executive for sign off.

Mandatory orthopaedic surgical site surveillance data will be collected using standardised criteria.

Data will be collated and reported to Public Health England at the end of each defined surveillance period using the web based SSI data capture system.

7.2 Serious incident requiring investigation (SIRI)

All major or catastrophic incidents will be reviewed by the executive team regarding the requirement to report as a SIRI.

8 Consultation

This policy will be shared with the Infection Prevention & Control Committee, orthopaedic surgical site surveillance lead and Microbiology Head as part of the consultation process.

9 Training

This policy for reporting HCAI does not have a mandatory training requirement but the following non mandatory training is recommended:-

- Staff who are directly involved in this process will receive training as part of local induction.
- Staff involved in SSI surveillance require additional training delivered by Public Health England.

10 Monitoring Compliance and Effectiveness

Compliance may be evidenced by data submission on the HCAI/SSI data capture systems cross referenced with laboratory data. This is consistently reviewed and monitored monthly by the IPCT and microbiology lead/deputy.

11 Links to other Organisational Documents

- *Clostridioides difficile* Policy

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- MRSA Policy
- Outbreak Inc. Bed Closure Policy

12 References

Department of Health July 2015. Health and Social Care Act 2008: Code of Practice on the Prevention and Control of Infections and related guidance available at https://www.gov.uk/government/publications/the-health-and-social-care-act-2008-code-of-practice-on-the-prevention-and-control-of-infections-and-related-guidance

Public Health England 14th February 2014. Surgical site infection (SSI): guidance, data and analysis available at: https://www.gov.uk/government/collections/surgical-site-infection-ssi-guidance-data-and-analysis

Public Health England April 2016 updated September 2019.
Mandatory Health Care Associated Infection Surveillance: Data Quality Statement available at: https://www.gov.uk/government/publications/mandatory-healthcare-associated-infection-hcai-surveillance-data-quality-statement

Public Health England and NHS Improvement. July 2017. Guidance on the definition of healthcare associated Gram-negative bloodstream infections.

13 Appendices

Appendix A Financial and Resourcing Impact Assessment on Policy Implementation

Appendix B Equality Impact Assessment (EIA) Screening Tool

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Appendix A

Financial and Resourcing Impact Assessment on Policy Implementation

NB this form must be completed where the introduction of this policy will have either a positive or negative impact on resources. Therefore this form should not be completed where the resources are already deployed and the introduction of this policy will have no further resourcing impact.

Document title	IPC POLICY: HEALTHCARE ASSOCIATED INFECTIONS (HCAI) MANDATORY REPORTING POLICY

Totals	**WTE**	**Recurring £**	**Non Recurring £**
Manpower Costs			
Training Staff			
Equipment & Provision of resources			

Summary of Impact: Nil new

Risk Management Issues:

Benefits / Savings to the organisation: Prevention of HCAI

Equality Impact Assessment

- Has this been appropriately carried out? YES/
- Are there any reported equality issues? /NO

If "YES" please specify:

Use additional sheets if necessary.

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Please include all associated costs where an impact on implementing this policy has been considered. A checklist is included for guidance but is not comprehensive so please ensure you have thought through the impact on staffing, training and equipment carefully and that ALL aspects are covered.

Manpower	**WTE**	**Recurring £**	**Non-Recurring £**
Operational running costs			
Totals:			

Staff Training Impact	**Recurring £**	**Non-Recurring £**
	Nil new	
Totals:		

Equipment and Provision of Resources	**Recurring £ ***	**Non-Recurring £ ***
Accommodation / facilities needed		
Building alterations (extensions/new)		
IT Hardware / software / licences		
Medical equipment		
Stationery / publicity		
Travel costs		
Utilities e.g. telephones		
Process change		
Rolling replacement of equipment		
Equipment maintenance		
Marketing – booklets/posters/handouts, etc		
Totals:	**Nil new**	

- Capital implications £5,000 with life expectancy of more than one year.

Funding /costs checked & agreed by finance:	
Signature & date of financial accountant:	
Funding / costs have been agreed and are in place:	
Signature of appropriate Executive or Associate Director:	

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Appendix B

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Equality Impact Assessment (EIA) Screening Tool

Document Title:	IPC POLICY: HEALTHCARE ASSOCIATED INFECTIONS (HCAI) MANDATORY REPORTING POLICY
Purpose of document	To ensure mandatory reporting of healthcare associated infections across the trust
Target Audience	All staff
Person or Committee undertaken the Equality Impact Assessment	E. Macnaughton

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1. To be completed and attached to all procedural/policy documents created within individual services.

2. Does the document have, or have the potential to deliver differential outcomes or affect in an adverse way any of the groups listed below?
   DOES NOT DISCRIMINATE AGAINST ANY OF BELOW GROUPS
   If no confirm underneath in relevant section the data and/or research which provides evidence e.g. JSNA, Workforce Profile, Quality Improvement Framework, Commissioning Intentions, etc.

   If yes please detail underneath in relevant section and provide priority rating and determine if full EIA is required.

		Positive Impact	Negative Impact	Reasons
Gender	Men	*n/a*		
	Women	*n/a*		
Race	Asian or Asian British People	*n/a*		
	Black or Black British People	*n/a*		
	Chinese people	*n/a*		
	People of Mixed Race	*n/a*		
	White people (including Irish people)	*n/a*		

	People with Physical Disabilities, Learning Disabilities or Mental Health Issues	*n/a*		
Sexual Orientation	Transgender	*n/a*		
	Lesbian, Gay men and bisexual	*n/a*		
Age	Children	*n/a*		
	Older People (60+)	*n/a*		
	Younger People (17 to 25 yrs)	*n/a*		
Faith Group		*n/a*		
Pregnancy & Maternity		*n/a*		
Equal Opportunities and/or improved relations				

Notes:
Faith groups cover a wide range of groupings, the most common of which are Buddhist, Christian, Hindus, Jews, Muslims and Sikhs. Consider faith categories individually and collectively when considering positive and negative impacts.

The categories used in the race section refer to those used in the 2001 Census. Consideration should be given to the specific communities within the broad categories such as Bangladeshi people and the needs of other communities that do not appear as separate categories in the Census, for example, Polish.

3. Level of Impact

If you have indicated that there is a negative impact, is that impact:		
	YES	**NO**
Legal (it is not discriminatory under anti-discriminatory law)		
Intended		

If the negative impact is possibly discriminatory and not intended and/or of high impact then please complete a thorough assessment after completing the rest of this form.

3.1 Could you minimise or remove any negative impact that is of low significance? Explain how below:
3.2 Could you improve the strategy, function or policy positive impact? Explain how below:
3.3 If there is no evidence that this strategy, function or policy promotes equality of opportunity or

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improves relations – could it be adapted so it does? How? If not why not?	
Scheduled for Full Impact Assessment	Date:
Name of persons/group completing the full assessment.	E Macnaughton
Date Initial Screening completed	10.4.19

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