

Infectious Disease, Healthcare Associated Infection and Antibiotic Resistant Organisms Policy

V3.0

Cornwall Partnership NHS Foundation Trust document reference code: IC/012/26

Purpose: To provide guidelines on responsibilities for Infection Prevention and Control Surveillance and ensure the Trust complies with mandatory surveillance of health care associated infections.

Target audience: Trust staff.

Document sponsor and role: Liam Button, Infection Prevention and Control (IPAC) Lead Nurse.

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Royal Cornwall Hospitals NHS Trust approval process

General manager confirming approval processes: Joanne Taylor.

Governance lead confirming approval process: Joanne Taylor.

Supporting committee: Infection Prevention and Control Committee.

Supporting chairperson: Joanne Taylor.

Executive director responsible for the policy: Chief Nursing Officer.

Approved at: Infection Prevention and Control Committee.

Date approved: 26 August 2026.

Executive approval: Joanne Taylor.

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Approved at: Royal Cornwall Hospitals NHS Trust Policy Ratification Group

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Cornwall Partnership NHS Foundation Trust approval process

Accountable Executive: Chief Nursing Officer

Supporting committee: Infection Prevention and Control Subcommittee

Supporting chairperson: Joanne Taylor, Consultant Nurse / Control of Infection Deputy DIPC.

Accountable Executive approved: Chief Nursing Officer

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Ratification

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Expiry date: 1 October 2029 (3 years after ratification unless there are any changes in legislation or changes in NICE guidance or national standards).

Version control summary:

Version	Date	Sponsor and / or reviewer	Summary of recent updates / changes (key points). Please specify Section Numbers.
v3.0	July 2026	L. Button, IPAC Lead Practitioner.	Summary flow chart updated. Notification of communicable diseases moved to section 4.1.5 previous section (6) removed. 1.2 removed, 1.3 is now 1.2. 4.4 removed 'serious untoward incidents,' integrated into section 4.3.8. Appendix 1 removed.

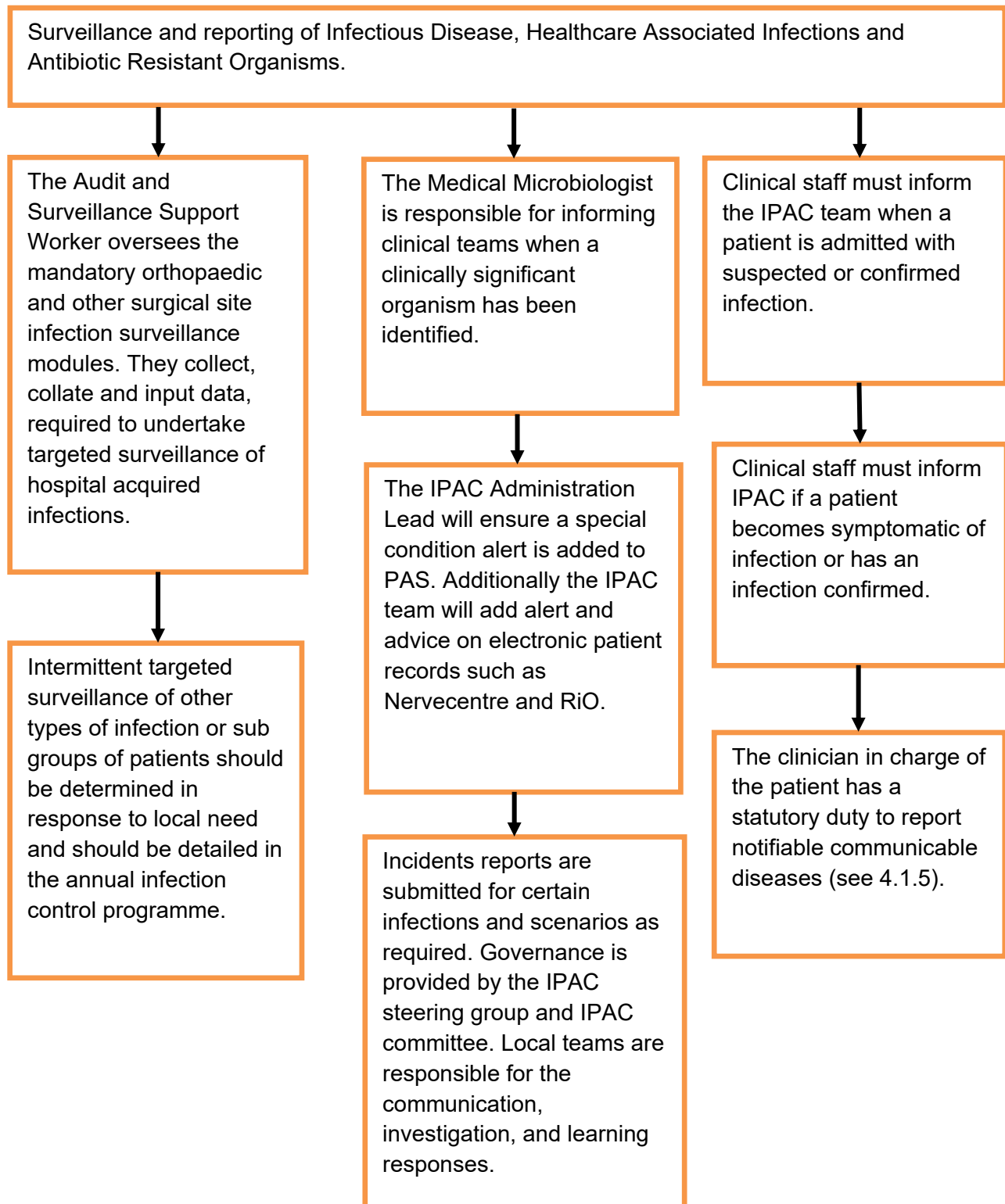
This document replaces: IC/012/23 Surveillance and Reporting of Infectious Disease, Healthcare Associated Infection and Antibiotic Resistant Organisms Policy V2.0.

This version supersedes any previous versions of this document.

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Summary



1. Rationale

- 1.1. Healthcare Acquired Infections (HCAIs) pose a serious risk to patients, clients, staff and visitors to health and social care premises. They can incur significant costs for the NHS and others and cause significant morbidity and mortality for those infected (PHE, 2017). Surveillance is a systematic method for continuous monitoring of diseases in a population in order to be able to detect changes, analyse the data, disseminate the results and put into practice effective prevention and control mechanisms. This policy should be read in conjunction with other relevant infection control policies in the document library.
- 1.2. Preventing and reducing rates of HCAI involves infection prevention and control, using evidence-based interventions.
 - Surveillance will be undertaken as part of a national surveillance scheme and may involve the use of a locally defined protocol. Some national surveillance schemes are mandatory, others are voluntary.

2. Scope

This document has been developed to outline procedures the Infection Prevention and Control team (IPAC) will use to monitor healthcare associated infections. These procedures will assist the IPAC Team and Infection Prevention and Control Committee to identify risks of infection and reinforce the need for good practice.

3. Roles and responsibilities

3.1 Role of the Director of Infection Prevention and Control (DIPC)

The DIPC is responsible for providing reports on the surveillance of infection directly to the Chief Executives and the Trust Boards.

3.2 Role of the Infection Prevention and Control Committee

The Infection Prevention and Control Committee is responsible for:

- Approving this policy.
- Monitoring compliance with this policy.

3.3 Role of the Divisional Management Team/ Locality leads

Divisional Leads and Locality Leads are responsible for reviewing data relating to their Division or Locality and ensuring that any appropriate actions are being taken.

3.4 Role of Line Managers

Line managers are responsible for:

- The implementation of and compliance with the guideline within their own clinical area.
- Ensuring that this policy is accessible for their colleagues.
- Ensuring staff attend all relevant training, including updates at the required frequency.

3.5 Role of the Microbiologists

The Microbiologist will ensure results are reported promptly to relevant Clinicians responsible for care of the patient/staff member.

3.6 Role of the Infection Prevention and Control Team (IPAC)

- 3.6.1 The IPAC team is responsible for feeding back surveillance data to wards and departments, including new cases of MRSA colonisation/infection, *Clostridioides difficile* (*C.difficile*) associated diarrhoea and any other alert organisms.
- 3.6.2 The IPAC team will work with matrons/departmental leads and infection prevention and control link practitioners to improve surveillance and reporting of infections to strengthen the prevention and control of infection. This will include alert conditions and identification of outbreaks.

3.7 Role of the IPAC Administrator

The IPAC Administrator is responsible for overseeing the mandatory orthopaedic and other Surgical Site Infection Surveillance modules. They are responsible for timely collection, collation and input of data, required to undertake targeted surveillance of hospital acquired infections. The Administrator is responsible for the analysis and collation of results and in liaison with the Consultant Nurse/DIPC, presentation of findings to multi-disciplinary teams within the Trust.

3.8 Role of Clinicians

The clinician in charge of the patient has a statutory duty to report notifiable communicable diseases, to the Consultant in Communicable Disease Control (CCDC) who is based in the UKHSA Southwest Health Protection Team.

3.9 Role of Individual Staff

All staff members are responsible for:

- actively participating in systems of surveillance.
- Being aware of this policy, including reading and understanding its content.
- Contacting the IPAC team to notify them of any health care associated infections, alert conditions or potential outbreaks, and to seek guidance if required to protect patients from HCAI.

4. Standards and practice

4.1 Alert Organism and Condition Surveillance

Alert organisms and alert conditions are those that may give rise to outbreaks. Using an infection control software / application, the IPAC team will collate laboratory data and ward reports of alerts and organisms for day-to-day electronic case management.

4.1.1 Alert Organisms

4.1.1.1. Alert organisms are identified in the microbiology laboratory. Advice on the control measures, if needed, will usually be provided by the IPAC team who will also investigate clusters of cases.

4.1.1.2. The alert and advice will be documented on patient electronic records.

4.1.2 Using Alert Organism Surveillance to Monitor Progress

4.1.2.1. Divisions and localities within RCHT and CFT will provide monthly feedback on themes and trends from alert organisms and other IPAC incidents at the IPAC steering group. Trends in MRSA, C.difficile, ESBL-producing organisms, MSSA bacteraemia, E.coli bacteraemia and GRE bacteraemia acquisition should be reviewed at divisional and locality governance meetings.

4.1.2.2. The Executive teams, Director of Infection Prevention and Control, Divisional Leads, Locality Leads, and Governance leads should receive a monthly report

from the IPAC team of new cases of C.difficile, GRE, E.Coli, MRSA and MSSA bacteraemia.

- 4.1.2.3. The IPAC team will provide quarterly reports of trust wide data to the Hospital Infection Prevention and Control Committee. The DIPC will report these details monthly to the Trust Board. Additionally, the DIPC will provide an annual report to the Trust Board.

4.1.3 Infection Control Alerts

Some patients may become long term carriers of alert organisms following infection. Patients who have had MRSA, C.difficile, ESBL, Glycopeptide Resistant Enterococci (GRE), Panton Valentine Leukocidin (PVL), Carbapenemase-Producing Enterobacteriaceae (CPE), or are symptomatic or at high risk of Transmissible Spongiform Encephalopathy including CJD, should have a Special Condition (SC) alert put onto the Patient Administration System by the IPAC Administrator. Additionally, the alert and the associated advice will be documented in patient electronic records. It is the responsibility of the clinical staff to check for these alerts in the electronic patient records and inform the IPAC team when a patient is admitted with suspected or confirmed infection for information about management of these patients.

4.1.4 Alert Organisms

Alert organisms are identified through clinical diagnosis, not laboratory tests, and therefore staff in clinical areas must inform the IPAC team of any suspected occurrence of these conditions at the earliest opportunity. A list of alert organisms can be found [here](#).

4.1.5 Notifiable Diseases

Some 'alert' organisms are notifiable diseases. This is a legal term denoting diseases that must, by law, be reported to the 'proper officer' i.e. the Consultant for Communicable Disease Control (CCDC), based in the United Kingdom Health and Security Agency Southwest Health Protection Team. Records of notifiable diseases are maintained on the laboratory administration system. **It is the responsibility of the physician in charge of each case to make the notification.** The list of notifiable diseases and how to report them can be found [here](#).

4.1.6 RIDDOR Reporting

- 4.1.6.1. Any infection reliably attributable to the performance of the work of an employee within the Trust is reportable to the Health and Safety Executive under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013. Reporting is normally undertaken by Health and Safety on the advice of the Occupational Health Service.

4.1.6.2. In addition, certain exposures to micro-organisms may also be reportable as dangerous occurrences e.g. exposure to HIV or Hepatitis B/C as a result of an inoculation injury. Once again reporting is undertaken by Health and Safety.

4.2 Voluntary Targeted Surveillance

The need for intermittent targeted surveillance of other types of infection or sub groups of patients should be determined in response to local need and should be detailed in the annual infection control programme.

4.3 Mandatory Surveillance

The Trust must comply with all requests for Mandatory Surveillance of Healthcare associated Infection in accordance with the requests made by the Department of Health.

Acquisition is based on the following definition:

Hospital Onset Healthcare Associated (HOHA)	cases that are detected in the hospital two or more days after admission.
Community Onset Healthcare Associated (COHA)	cases that occur in the community (or within two days of admission) - when the patient has been an in-patient in the trust reporting the case in the previous four weeks.

4.3.1 Laboratory Based Surveillance

Under current requirements, the RCHT reports the following, regardless of the source of the specimen, to the Communicable Disease Surveillance Centre of the United Kingdom Health and Security Agency:

- Staphylococcal bacteraemia (all).
- Clostridioides difficile toxin positive results.
- Bacteraemia caused by Glycopeptide-resistant Enterococci.
- E.coli bacteraemia.
- All other organisms covered by national COSURV surveillance system.

4.3.2 Clostridioides difficile Surveillance

Clostridioides difficile is a cause of antibiotic associated diarrhoea. Clostridioides difficile is included in national mandatory surveillance for healthcare associated infections.

4.3.3 Methicillin Resistant Staphylococcus aureus (MRSA) Bacteraemia Enhanced Surveillance Scheme

- 4.3.3.1. MRSA bacteraemia data are used as the basis of a performance indicator. Tackling preventable healthcare associated infections is one of the government's key priorities: preventable MRSA bloodstream infections should no longer be acceptable in NHS-funded services.
- 4.3.3.2. From April 2018 the mandatory reporting of MRSA blood stream infections (BSI) continues but the post-infection review process is a local process and will only be required above a certain MRSA BSI rate threshold set annually. (UKHSA, 2020)
- 4.3.3.3. The IPAC team are responsible for collecting and reporting the additional data via a dedicated secure website. The Chief Executive must ensure that the data is entered on the site and is 'signed off' by the 15th of each month.
- 4.3.3.4. The IPAC team must be notified of all such admissions immediately to enable prevalence to be monitored.

4.3.4 Methicillin Sensitive Staphylococcus aureus (MSSA) bacteraemia; enhanced surveillance

Mandatory reporting of MSSA bacteraemia commenced on 1st January 2011. The IPAC team are responsible for collecting and reporting enhanced data via a dedicated secure website. The Chief Executive must ensure that the data is entered on the site and is 'signed off' by the 15th of each month.

4.3.5 E.coli, Klebsiella, Pseudomonas aeruginosa (P. aeruginosa) bacteraemia's; enhanced surveillance

Mandatory reporting of E. coli bacteraemia commenced in April 2012 and mandatory reporting of P. aeruginosa and Klebsiella commenced in April 2017. The IPAC team are responsible for collecting and reporting enhanced data via a dedicated secure website. The Chief Executive must ensure that the data is entered on the site and is 'signed off' by the 15th of each month.

4.3.6 Extended Spectrum Beta Lactamase-producing bacteraemia's (ESBL) and enhanced surveillance.

ESBL bacteraemia's are no longer a mandatory requirement since 2008, but RCHT and CFT continue to provide this data.

4.3.7 Glycopeptide-resistant enterococci (GRE) bacteraemia's and surveillance.

GRE bacteraemia's are no longer a mandatory requirement since 2008, but RCHT and CFT continue to provide this data.

4.3.8 Incident Reporting

The IPAC team will incident report all *Clostridioides difficile*, MRSA, MSSA, E. Coli, *Klebsiella*, *P. aeruginosa*, ESBL and GRE bacteraemia cases. This will trigger a proportionate patient safety incident response.

Other reportable incidents may include:

- Infections that result in significant morbidity or mortality, and/or,
- Require control measures that have an impact on the care of other patients, including limitation of access to healthcare services.
- Outbreaks or periods of increased incidence.
- Infected healthcare worker or patient incidents requiring a lookback exercise e.g. TB, vCJD, blood borne viral infections.
- Significant breakdown of infection control procedures, such as the use of invasive instruments released from a failed sterilisation cycle or the use of contaminated blood products.

4.3.9 Orthopaedic Surgical Site Infection Surveillance

Surgical site infection surveillance following elective orthopaedic surgery is important as the implanted prosthesis can become infected. Surgical site infection following Trauma and Orthopaedic surgery forms part of the Department of Health's mandatory requirement for the surveillance of healthcare associated infections. Data collection is currently undertaken by the IPAC Administrator and is reported to the Hospital Infection Prevention and Control Committee at least one quarter each year.

5. Definitions and glossary

IPAC: Infection Prevention and Control.

DIPC: Director of Infection Prevention and Control.

C.Diff: *Clostridioides difficile*.

PAS: Patient administration system.

UKHSA: United Kingdom Health and Security Agency.

Governance requirements

Associated Trust policies and documents

Cornwall Partnership NHS Foundation Trust

- IC/007/25 Joint prevention and management of *Clostridioides difficile* infection policy, 2025.
- IC/009/26 Joint methicillin resistant *Staphylococcus aureus* (MRSA) policy, 2026.
- IC/021/24 Multidrug resistant organisms (MDROs) policy, 2024.
- IC/038/24 Infection Prevention and Control role (sic) and responsibilities policy, 2024.
- Patient Safety incident response plan and strategy 2026 – 2028, [Patient Safety Incident Response Plan and Strategy 2025-28](#)

Royal Cornwall Hospitals NHS Trust

- Patient Safety incident response plan (PSIRP) and strategy for 2025/2026 (under review).
- Joint prevention and management of *Clostridioides difficile* infection policy V1.1, 2025.
- Joint methicillin resistant *Staphylococcus aureus* (MRSA) policy, 2026.
- Multidrug resistant organisms (MDROs) policy, 2024.
- Infection Prevention and Control role (sic) and responsibilities policy, 2024.

NICE guidance

- QS113, Healthcare-associated infections, 2016.

Other related legislation and guidance

- UK Health and Security Agency (2020). Mandatory enhanced MRSA, MSSA, and Gram-negative bacteraemia, and *Clostridioides difficile* infection surveillance. [HCAI mandatory surveillance protocol](#).
- Public Health England (2017) Approach to Surveillance. <https://www.gov.uk/government/publications/public-health-england-approach-to-surveillance/public-health-england-approach-to-surveillance>.
- NHS Scotland; (2026) National Infection Prevention and Control Manual. [Appendix 13 - Mandatory NHSScotland Alert organism/condition list](#)
- UK Health and Security Agency (2024). Notifiable diseases and how to report. [Notifiable diseases and how to report them - GOV.UK](#)

- Health and Safety Executive (2020). Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) <http://www.hse.gov.uk/riddor/>

Training requirements

There are no training requirements.

Trust Approved Publication (TAP) application / implementation

This policy will be implemented via the following routes:

- The policy will be uploaded onto the Trust's Document Library and will replace any previous versions.
- The policy will be circulated to all IPAC Steering Group and IPAC committee members.

Monitoring arrangements

Information category	Detail of process and methodology for monitoring compliance
Element to be monitored	Learning responses to C.difficile, MRSA, MSSA, E. Coli, Klebsiella, P. aeruginosa, ESBL and GRE bacteraemia cases.
Lead	Director Of Infection Prevention and Control.
Tool	Incident reporting system
Frequency	On or as near to as possible the identification of the event
Reporting arrangements	Number or cases to be reviewed at the monthly IPAC incident review group, cases of exception explored in greater detail. Learning responses shared monthly at the Infection Prevention and Control Steering Group. Bi-annual reporting to IPAC Committee by Division and Locality.
Acting on recommendations and lead(s)	The Divisions and Localities from which the incident occurred, on request with support from subject matter experts. The Infection Prevention and Control Steering Group will monitor progress on the actions.
Change in practice and lessons to be shared	Required changes to practice will be identified and actioned within an identified timeframe (this is dependent on what the action is). A lead individual will be identified to take each change forward where appropriate. Lessons will be shared with all the relevant stakeholders.

Will the monitoring arrangements result in a clinical audit: No

Environmental sustainability

The Trust is committed and obligated to reduce its environmental impacts. Healthier outcomes can be achieved for people, the planet, and pounds by conducting our activities in a more environmentally sustainable manner.

More information and guidance is available by contacting cft.sustainability@nhs.net

Updating and review

This policy will be reviewed every 3 years.

Version control history:

Version	Date	Sponsor and / or reviewer	Previous updates and key changes.
1.0	01/03/2021	Laura Ludman IPAC Nurse Specialist	Reformatted and made joint policy with CFT.
2.0	01/10/2023	Rashima Hamdan, Senior IPAC Specialist Practitioner	Updates around adding alerts to Nervecentre and RiO. RCAs renamed to PSRs. Approved at infection prevention and control committee 15 November 2023.

Data Protection Act 2018 (UK General Data Protection Regulation legislation)

The Trusts have a duty under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed, and documented. We cannot rely on opt out; it must be opted in.

Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679, contact the Information Governance Team.

- Cornwall Partnership NHS Foundation Trust: Email cpn-tr.infogov@nhs.net
- Royal Cornwall Hospitals NHS Trust: Email rch-tr.infogov@nhs.net

Equality and diversity

This document complies with the Cornwall Partnership NHS Foundation Trust and Royal Cornwall Hospitals NHS Trust equality and diversity statements. The statements can be found in the [Royal Cornwall Hospitals NHS Trust equality diversity and inclusion policy](#) and [Cornwall Partnership NHS Foundation Trust equality, diversity and inclusion statement](#).

Equality impact assessment form

Title of policy or document for assessment: Surveillance and Reporting of Infectious Disease, Healthcare Associated Infection and Antibiotic Resistant Organisms Policy V3.0.

Who is affected by the document?

☒ Staff ☒ Patients ☐ Visitors ☐ Carers ☐ Other

The document aims to improve access, experience and outcomes for all groups protected by the Equality Act 2010.

Concerns

Concern area	Response	If yes, what existing evidence (either presumed or otherwise) do you have for this?
Age	☒ Yes ☐ No	People of an older age are at increased risk of infection.
Disability	☒ Yes ☐ No	People with disabilities are associated with poorer infection outcomes.
Sex	☐ Yes ☒ No	
Gender reassignment	☐ Yes ☒ No	
Pregnancy and maternity	☐ Yes ☒ No	
Race	☒ Yes ☐ No	Some infectious diseases are less identifiable in certain races, potentially leading to delayed diagnosis and / or treatment.
Religion and belief	☐ Yes ☒ No	
Sexual orientation	☐ Yes ☒ No	
Marriage and civil partnership	☐ Yes ☒ No	
Groups at risk of stigma or social exclusion such as offenders or homeless people	☐ Yes ☒ No	
Human rights	☐ Yes ☒ No	
Are there any other associated objectives of the document	☐ Yes ☒ No	

Name: Liam Button.

Date: 10 July 2026.