Surveillance and Reporting of Infection Disease, Healthcare Associated Infection and Antibiotic Resistant Organisms Policy V2.0

Document reference code: IC/012/23

This is a joint policy between Cornwall Partnership NHS Foundation Trust and Royal Cornwall Hospitals NHS Trust.

Purpose: To ensure the Trust complies with all mandatory surveillance of health care associated infections. This document provides clear guidelines on the responsibilities for Infection Prevention and Control Surveillance and ensures that mandatory surveillance directed by the Department of Health is complied with. Timely feedback is given to staff/managers in order that any plans can be formulated and necessary action taken.
Target audience: Trust staff.
Document author and role: Rashima Hamdan, Senior IPAC Specialist Practitioner.
Document author contact details: 01872 254969.
Document definition: Policy.
Supporting committee and chairperson: Infection Prevention and Control Committee, Louise Dickinson (DIPC).
Executive director responsible for the policy: Louise Dickinson.
Freedom of information: Can be released under the Freedom of Information Act 2000.
CFT Document section: Safety and risk, infection prevention and control.

Audience:

☒ Cornwall Partnership NHS Foundation Trust

☒ Royal Cornwall Hospitals NHS Trust

Key words: Surveillance, MRSA, MSSA, Clostridium difficile, E.coli bacteraemia, PVL, CPE,

Approval process

Approved at: Infection Prevention and Control Committee.
Date approved: 15 November 2023.
Executive approval: Louise Dickinson, Director of Infection Prevention and Control (DIPC).
Date approved by: 15 November 2023.
RCHT General manager confirming approval processes: Joanne Taylor, Deputy DIPC.
RCHT Governance lead confirming approval process: Joanne Taylor, Deputy DIPC.
Review date: 1 May 2026.
Expiry date: 1 November 2026.

Approved by: Chief Nursing Officer.

Date: 12 December 2023.

Approved at: Cornwall Partnership NHS Foundation Trust policy ratification subcommittee.

Date: 8 January 2024.

Review date: July 2026.

Expiry date: January 2027.

Publication location:

☒ Internet and intranet ☐ Intranet only

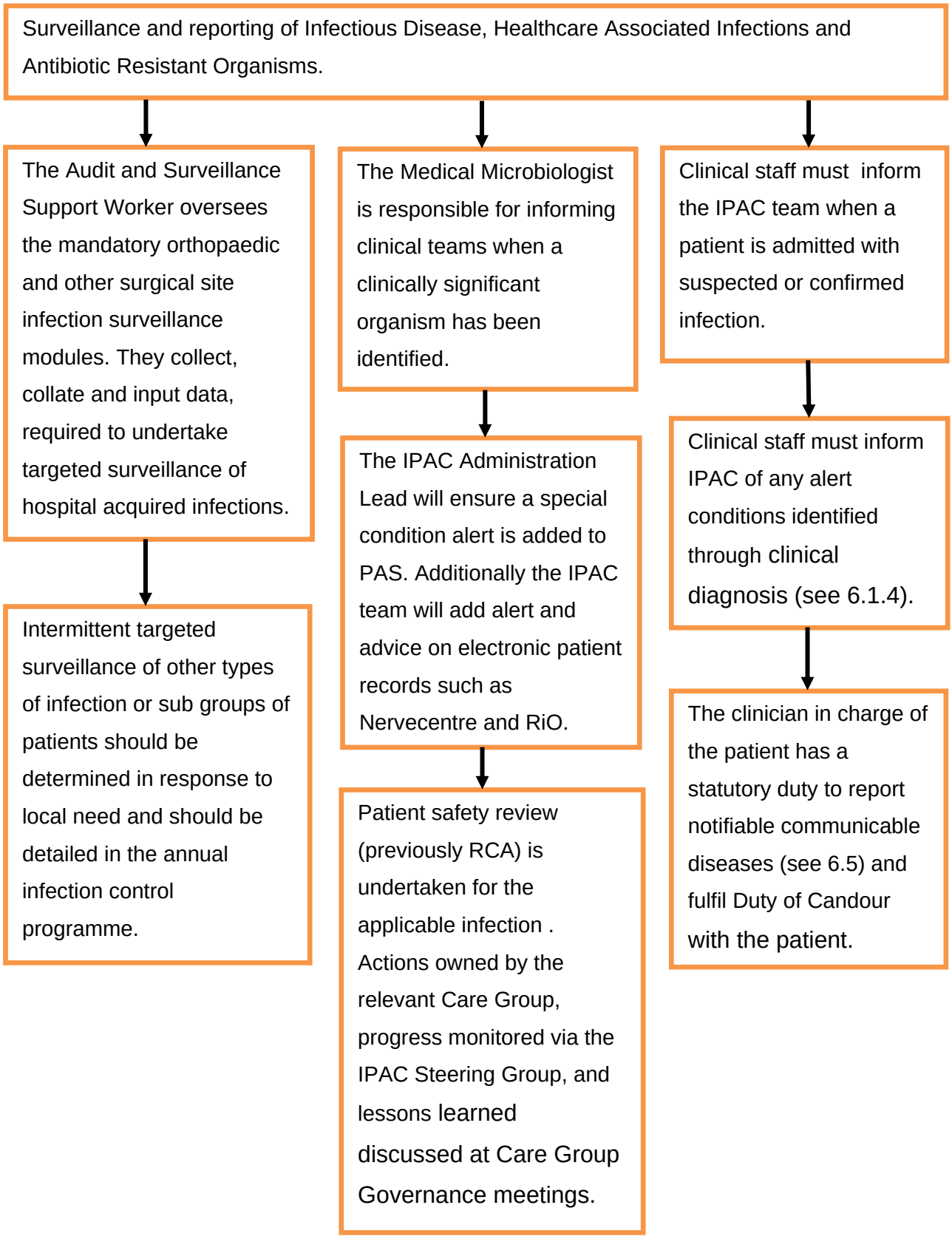
RCHT Document Library folder and sub-folder: Clinical / Infection Prevention and Control

Version control

Version	Date	Author and/or reviewer	Section	Changes (key points)
1.0	01/03/2021	Laura Ludman IPAC Nurse Specialist	Full review of policy.	Reformatted and made joint policy with CFT.
2.0	01/10/2023	Rashima Hamdan, Senior IPAC Specialist Practitioner	Full review of policy.	Updates around adding alerts to Nervecentre and RiO. RCAs renamed to PSRs. Approved at infection prevention and control committee 15 November 2023.

This document replaces: Surveillance and Reporting of Infectious Disease, Healthcare Associated Infection and Antibiotic Resistant Organisms Policy V1.0

Summary


Surveillance and reporting of Infectious Disease, Healthcare Associated Infections and Antibiotic Resistant Organisms.
The Audit and Surveillance Support Worker oversees the mandatory orthopaedic and other surgical site infection surveillance modules. They collect, collate and input data, required to undertake targeted surveillance of hospital acquired infections.
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.
The Medical Microbiologist is responsible for informing clinical teams when a clinically significant organism has been identified.
The IPAC Administration Lead will ensure a special condition alert is added to PAS. Additionally the IPAC team will add alert and advice on electronic patient records such as Nervecentre and RiO.
Patient safety review (previously RCA) is undertaken for the applicable infection . Actions owned by the relevant Care Group, progress monitored via the IPAC Steering Group, and lessons learned discussed at Care Group Governance meetings.
Clinical staff must inform the IPAC team when a patient is admitted with suspected or confirmed infection.
Clinical staff must inform IPAC of any alert conditions identified through clinical diagnosis (see 6.1.4).
The clinician in charge of the patient has a statutory duty to report notifiable communicable diseases (see 6.5) and fulfil Duty of Candour with the patient.

Contents

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

1. Introduction

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. Surveillance is information for action; it provides good information to patients and clinical teams and is the cornerstone of infection control (PHE, 2017). It consists of the routine collection of data on infections among patients or staff, its analysis and the dissemination of the resulting information to those who need to know, so that appropriate action can be taken. Surveillance forms part of clinical audit and clinical governance; surveillance programmes are an important part of preventing and reducing HCAIs, as they provide essential information on:

- What and where the problems are.
- How well control measures are working.

It assists in reducing the frequency of adverse events such as infection or injury. High quality information on infectious diseases, healthcare associated infection and antimicrobial resistant organisms is essential for monitoring progress, investigating underlying causes and applying prevention and control measures (PHE, 2017).

1.3. 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.

1.4. This version supersedes any previous versions of this document.

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. Definitions and glossary

Definitions are contained within the text.

4. Ownership and responsibilities

4.1. 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 Executive and the Trust Board.

4.2. 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

4.3. Role of the Care Group Triumvirate/Area Directors/locality leads

Care Group Management Teams, Area Directors and Locality Leads are responsible for reviewing data relating to their Division and ensuring that any appropriate actions are being taken.

4.4. Role of Line Managers

Line managers are responsible for:

- The implementation of and compliance with the guideline within their own clinical area and that the guidelines are accessible to their staff.
- To ensure staff attend all relevant training, including updates at the required frequency.

4.5. Role of the Microbiologists

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

4.6. Role of the Infection Prevention and Control Team (IPAC)

The IPAC team is responsible for feeding back surveillance data to wards and departments, including new cases of MRSA colonisation/infection, Clostridium difficile associated diarrhoea and any other alert organisms.

The infection control 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.

4.7. Role of the Audit and Surveillance Support Worker

The Audit and Surveillance Support Worker 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 Audit and Surveillance Support Worker is responsible for the analysis and collation of results and in liaison with the Consultant Nurse/Deputy DIPC, presentation of findings to multi-disciplinary teams within the Trust.

4.8. 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 Devon, Cornwall and Somerset Health Protection Team.

4.9. Role of Individual Staff

All staff members are responsible for:

- All healthcare staff have a responsibility to both individual patients and the wider population to actively participate in systems of surveillance.
- All staff should be aware of the policy and have read and understood its content.
- All staff should know how to contact the Infection Prevention and Control 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.

5. Standards and practice

5.1. Alert Organism and Condition Surveillance

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

5.1.1. Alert Organisms

Alert organisms are identified in the microbiology laboratory and include organisms such as MRSA and other antibiotic resistant organisms e.g. Glycopeptide Resistant Enterococci (GRE) and Extended Spectrum Beta Lactamases (ESBLs), Clostridium difficile, Streptococcus pyogenes, Norovirus and Respiratory Syncytial Virus (RSV). The Medical Microbiologist is responsible for informing clinical teams when a clinically significant alert organism has been identified.

Advice on the control measures, if needed, will usually be provided by the IPAC team who will also investigate clusters of cases.

The alert and advice will be documented on patient electronic records such as Nervecentre and RiO.

5.1.2. Using Alert Organism Surveillance to Monitor Progress

MRSA and C. difficile pose particular challenges in acute and community hospital settings. Therefore, acute wards/units at the RCHT should receive feedback monthly from IPAC on the number of new cases in the Trust. This will enable wards and units to determine the impact of prevention and control strategies. Trends in MRSA, C.Difficile, ESBL-producing organisms, MSSA bacteraemia, E.coli bacteraemia and GRE bacteraemia acquisition should be reviewed at Care Group and locality Governance meetings.

The Executive team, Care Groups, Director of Infection Prevention and Control, Heads of Nursing, Area Directors/Locality Leads, Governance, and NHS Kernow Information Services should receive a monthly report from the IPAC team of new cases of C.Difficile, GRE, E.Coli, MRSA and MSSA bacteraemia.

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

5.1.3. Infection Control Flag

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 such as Nervecentre and RiO. 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.

5.1.4. Alert Conditions

Alert conditions are identified through clinical diagnosis, not laboratory tests, and therefore staff in clinical areas must inform the Infection Prevention and Control Team of any suspected occurrence of these conditions at the earliest opportunity. See Appendix 4. (National Infection Prevention and Control Manual Scotland; 2017; Updated 2021).

5.1.5. Notifiable Diseases

Some ‘alert’ conditions are ‘Notifiable diseases’ (see list below). 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 Public Health England South West Centre Health Protection Team. (PHE 2014; updated 2018) Notification books are kept in each clinical area.

It is the responsibility of the physician in charge of each case to make the notification.

Diseases that are notifiable are:

- Acute encephalitis.
- Acute infectious hepatitis.
- Acute meningitis.
- Acute poliomyelitis.
- Anthrax.

- Botulism.
- Brucellosis.
- Cholera.
- COVID-19.
- Diphtheria.
- Enteric fever (typhoid or paratyphoid fever).
- Food poisoning.
- Haemolytic uraemic syndrome (HUS).
- Infectious bloody diarrhoea.
- Invasive group A streptococcal disease.
- Legionnaires' disease.
- Leprosy.
- Malaria.
- Measles.
- Meningococcal septicaemia.
- Mumps.
- Plague.
- Rabies.
- Rubella.
- Severe Acute Respiratory Syndrome (SARS).
- Scarlet fever.
- Smallpox.
- Tetanus.
- Tuberculosis.
- Typhus.
- Viral haemorrhagic fever (VHF).
- Whooping cough.
- Yellow fever.
- (PHE, 2010; Update October 2020).

5.1.6. RIDDOR Reporting

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 (RIDDOR, updated December 2020). Reporting is normally undertaken by Health and Safety on the advice of the Occupational Health Service.

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.

5.2. 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.

5.3. 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.

5.3.1. Laboratory Based Surveillance

Under current requirements, the RCHT reports all of the following, regardless of the source of the specimen, to the Communicable Disease Surveillance Centre of Public Health England:

- Staphylococcal bacteraemia (all).
- Clostridium difficile toxin positive results.
- Bacteraemia caused by Glycopeptide-resistant Enterococci.
- E.coli bacteraemia.

- All other organisms covered by national COSURV surveillance system.

5.3.2. Clostridium difficile Surveillance

Clostridium difficile is a cause of antibiotic associated diarrhoea. Clostridium difficile is included in national mandatory surveillance for health-care associated infections.

Clostridium difficile 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.

5.3.3. Meticillin Resistant Staphylococcus aureus (MRSA) Bacteraemia Enhanced Surveillance Scheme

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.

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. (PHE, 2014; updated January 2020)

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.

MRSA bacteraemia acquisition is identified based on the following definition:

Acute Trust Attributable	MRSA negative on admission,positive result confirmed from blood culture taken after 48 hours.
Attributable to Community	Blood cultures taken within the first 48 hours of admission.

The IPAC team must be notified of all such admissions immediately to enable prevalence to be monitored.

5.3.4. Meticillin 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.

MSSA bacteraemia acquisition is identified based on the following definition:

Acute Trust Attributable	Positive result confirmed from blood culture taken after 48 hours of admission.
Attributable to Community	Blood cultures taken within the first 48 hours of admission.

5.3.5. 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.

E. coli, Klebsiella and P. aeruginosa bacteraemia acquisition is identified based on the following definition:

Acute Trust Attributable	Positive result confirmed from blood culture taken after 48 hours of admission.
Attributable to Community	Blood cultures taken within the first 48 hours of admission.

5.3.6. 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. ESBL bacteraemia acquisition is identified on the following definition:

Acute Trust Attributable	Positive result confirmed from blood culture taken after 48 hours of admission.
Attributable to Community	Blood cultures taken within the first 48 hours of admission.

5.3.7. 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. GRE bacteraemia acquisition is identified on the following definition.

Acute Trust Attributable	Positive result confirmed from blood culture taken after 48 hours of admission.
Attributable to Community	Blood cultures taken within the first 48 hours of admission.

5.3.8. Patient Safety Reviews (PSR)

Previously called Root Cause Analysis (RCA), PSR is undertaken for the investigation of all Clostridium difficile, MRSA, MSSA, E. Coli, Klebsiella, P. aeruginosa, ESBL and GRE bacteraemia cases. The clinical teams responsible for the patient's care are responsible for the PSR. Review meetings should be held on a weekly basis, following consultation with all relevant clinical teams, to identify any areas of concern and to develop appropriate action plans. These action plans must be owned by the relevant Care Group/locality, lessons learned discussed at Care Group/locality/hospital Governance Meetings with progress on actions monitored via the Infection Prevention and Control Steering Group.

5.3.9. 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 Audit and Surveillance Support Worker and is reported to the Hospital Infection Prevention and Control Committee on a quarterly basis.

5.4. Serious Untoward Incidents

Serious untoward incidents associated with infection must be reported via the normal reporting system for serious untoward events (Refer to Serious Incident Management Policy and Procedure). In addition the Devon, Cornwall and Somerset Health Protection Team should be informed.

NHS England (2010; updated 2015) defines untoward events associated with infection as those that include acts or omissions in care that result in:

- Unexpected or avoidable death.
- Unexpected or avoidable injury resulting in serious harm - including those where the injury required treatment to prevent death or serious harm.

- Abuse.

Never events are incidents that prevent (or threaten to prevent) an organisation's ability to continue to deliver an acceptable quality of healthcare services. They cause widespread public concern resulting in a loss of confidence in healthcare services and produce, or have the potential to produce, unwanted effects involving the safety of patients, staff or others.

Reportable incidents are those that:

- Result in significant morbidity or mortality, and/or
- Involve highly virulent organisms; and/or
- Are readily transmissible; and/or
- Require control measures that have an impact on the care of other patients, including limitation of access to healthcare services.

These may include:

- Outbreaks.
- 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.

6. Related legislation, national and local guidance

- PHE (2018) Healthcare associated infections (HCAI): guidance, data and analysis. (PHE2014; updated 2018)

- 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; (2017; updated 2021) National Infection Prevention and Control Manual (NIPCM). http://www.nipcm.scot.nhs.uk/appendices/appendix-13

- Notifiable Diseases and Causative Organisms; How to Report. (PHE, 2010; Updated 2020)

- Health and Safety Executive (2013) Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) http://www.hse.gov.uk/riddor/ updated December 2020

- NHS Commissioning Board (2014) Guidance on the reporting and monitoring arrangements and post infection review process for MRSA bloodstream infections from April 2014. Updated January 2020. https://www.england.nhs.uk/patientsafety/wp-content/uploads/sites/32/2014/02/post-inf-guidance2.pdf

- NHS England (2017) Clostridium difficile infection objectives for NHS organisations in 2017/18 and guidance on sanction implementation https://improvement.nhs.uk/uploads/documents/CDI_objectives_201718_final.pdf

- NHS England Patient Safety (2010; updated 2015) https://www.england.nhs.uk/wp-content/uploads/2015/04/serious-incidnt-framwrk-upd.pdf

Links to key external standards:

- None required.

7. Training requirements

No training requirements.

8. Implementation

This policy to 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 Link Practitioners, Matrons and Heads of Nursing.

9. Document Monitoring arrangements

Element 1

Information category	Detail of process and methodology for monitoring compliance
Element to be monitored	Patient Safety Review of C.difficile, MRSA, MSSA, E. Coli, Klebsiella, P. aeruginosa, ESBL and GRE bacteraemia cases.
Lead	Director Of Infection Prevention and Control.
Tool	Root Cause Analysis tool which will be reviewed at the Health Care Associated Infection PSR review meeting.
Frequency	As each occurs and at the monthly review meetings. Actions to be reviewed monthly at the Infection Prevention and Control Steering Group
Reporting arrangements	All PSRs to be reviewed at the monthly HCAI PSR review meetings. Actions to be reviewed on a monthly basis at the Infection Prevention and Control Steering Group. Care Group and Community Area Management Team to report back on progress with actions at Infection Prevention and Control Committee.
Acting on recommendations and lead(s)	The Care Group and Community Area Management Team from which the PSR has been generated is responsible for implementation of the actions. The Infection Prevention and Control Steering Group will monitor progress on the actions.

Information category	Detail of process and methodology for monitoring compliance
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.

Element 2

Information category	Detail of process and methodology for monitoring compliance
Element to be monitored	Reporting of Mandatory Surveillance.
Lead	Director Of Infection Prevention and Control.
Tool	No tool as such, minutes of meetings.
Frequency	Monthly, quarterly and annually.
Reporting arrangements	Daily email to all relevant parties. Monthly figures provided to Trust Board. Quarterly figures provided to Infection Prevention and Control Committee. Annual Report to Trust Board.
Acting on recommendations and lead(s)	The Infection Prevention and Control Committee will oversee any recommendations
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.

10. Updating and review

This policy will be reviewed every 3 years.

11. 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 RCHT Equality Diversity And Inclusion Policy and CFT Equality, Diversity and Inclusion Statement.

The initial equality impact assessment screening form is at appendix 1.

12. Appendix 1: 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 V2.0

Document library section: Clinical / Infection Prevention and Control

Is this a new or existing document? Existing

Date of assessment: 16 October 2023

Person responsible for the assessment: Rashima Hamdan, Senior IPAC Specialist Practitioner

What is the main purpose of the document?

To ensure the Trust complies with all mandatory surveillance of health care associated infections. This document provides clear guidelines on the responsibilities for Infection Prevention and Control Surveillance and ensures that mandatory surveillance directed by the Department of Health is complied with. Timely feedback is given to staff/managers in order that any plans can be formulated and necessary action taken.

Who is affected by the document?

☒ Staff ☒ Patients ☐ Visitors ☐ Carers ☐ Other ☐ All

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

Concerns

Are there concerns that the procedural document could have a differential impact on the following areas?

If a negative impact has been identified, please complete a full EIA by contacting the Equality, Diversity, and Inclusion Team. For RCHT please contact rcht.inclusion@nhs.net and for CFT please contact cft.inclusion@nhs.net

Concern area	Response	If yes, what existing evidence (either presumed or otherwise) do you have for this?
Age	☐ Yes ☒ No	
Disability	☐ Yes ☒ No	
Sex	☐ Yes ☒ No	
Gender reassignment	☐ Yes ☒ No	
Pregnancy and maternity	☐ Yes ☒ No	
Race	☐ Yes ☒ No	
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 associated objectives of the document? If yes, what existing evidence (either presumed or otherwise) do you have for this?

No.

Signature of person completing the equality impact assessment:

Name: Rashima Hamdan, Senior IPAC Specialist Practitioner

Date: 16 October 2023

13. Appendix 2: Alert Conditions

Table 1: Bacteria

Bacteria	Locations
Bacillus anthracis.	All care settings.
Bordetella pertussis.	All care settings.
Clostridioides difficile.	All care settings.
Corynebacterium diphtheria/ulcerans.	All care settings.
Legionella spp.	All care settings.
Mycobacterium tuberculosis complex.	All care settings.
Neisseria meningitidis.	All care settings.
Staphylococcus aureus.	Boards should implement local surveillance to allow appropriate intervention where a data exceedance is recognised for common circulating strains and where 2 or more cases with the same resistant strain are identified. This might include contact with the ward or development of SPC charts to ensure clusters are detected and investigated appropriately. NB: Staphaureus bacteraemia must be investigated in all wards/ departments as per national surveillance protocol.
Staphylococcus aureus – PVL.	All care settings.
Streptococcus pyogenes.	All care settings.
GI bacteria: • Campylobacter spp. • Escherichia coli (toxin producing strains e.g. E.coli 0157). • Salmonella spp. • Shigella spp.	All care settings.

Bacteria	Locations
Environmental bacteria: • Pseudomonas aeruginosa. • Acinetobacter spp. • Stenotrophomonas maltophilia. • Serratia marcescens. List is not exhaustive. Consider clinical likelihood of infection due to these opportunistic pathogens, particularly in patients at high risk of infection.	High risk units e.g. Intensive Care Unit (ICU) / Paediatric Intensive Care Unit (PICU) / Neonatal Intensive Care Unit (NICU), Oncology/Haematology.
Resistant bacteria: • Extended-spectrum beta-lactamase (ESBL) producers.	High risk units e.g. ICU/PICU/NICU, Oncology/Haematology.
Meticillin-resistant Staphylococcus aureus (MRSA) and borderline oxacillin-resistant Staphylococcus aureus (BORSA).	All clinical/care settings.
Vancomycin-resistant enterococci (VRE)	High risk units e.g. ICU/PICU/NICU, Oncology/Haematology.
Carbapenem-resistant organisms (CRO)	All clinical/care settings.
Multi-drug resistant (MDR) or extensively drug resistant (XDR) M. tuberculosis complex.	All clinical/care settings.

Regarding MRSA: Boards should implement local surveillance to allow appropriate intervention where a data exceedance is recognised for common circulating strains and where 2 or more cases with the same resistant strain are identified. This might include contact with the ward or developments of SPC charts to ensure clusters would be detected and investigated appropriately. NB: Staphylococcus aureus bacteraemia must be investigated in all wards/departments as per national surveillance protocol.

Table 2: Viruses

Virus	Locations
BBV (HBV, HCV and HIV).	All clinical/care settings.
Hepatitis A	All clinical/care settings.
GI Viruses: • Adenovirus. • Norovirus. • Rotavirus.	All clinical/care settings.
Respiratory viruses: • Adenovirus. • Parainfluenza. • RSV.	High risk units e.g. ICU/PICU/NICU, Oncology/Haematology.
Respiratory viruses continued: • Influenza. • Novel coronavirus (MERS/SARS).	All clinical/care settings.
Varicella zoster virus (chickenpox).	All clinical/care settings.
Parvovirus B19 (in high risk units).	All clinical/care settings.
Measles. Mumps. Rubella.	All clinical/care settings.

Table 3: Fungi

Fungi	Locations
Aspergillus spp.	High risk units e.g. ICU/PICU/NICU, Oncology/Haematology.
Pneumocystis jirovecii.	High risk units e.g. ICU/PICU/NICU, Oncology/Haematology.
Candida auris: • Single isolate from any patient sample.	All clinical/care settings.

Table 4: Parasites

Fungi	Locations
GI parasites: • Cryptosporidium spp. • Giardia lambilia.	All clinical/care settings.