THE HYGIENE CODE : ACUTE TRUST AND COMMUNITY HEALTH DIVISION

Compliance Criterion	Sub-Duties	Evidence	Responsibility	Progress Report	Review Date
1) Systems to manage and monitor the prevention and control of infection. These systems use risk assessments and consider how susceptible service users are and any risks that their environment and other users may pose to them	• A registered provider has an agreement within the organisation that outlines its collective responsibility for keeping to a minimum the risks of infection and the general means by which it will prevent and control such risks	• Board Assurance Framework • Risk assessments for: ○ MRSA ○ Clostridium Difficile ○ Hand Hygiene ○ CPC/MDR bacteria	Director of Infection Prevention and Control (DIPC)	Compliant	March 2014
	• The designation of an individual to be the lead for infection prevention and control and be accountable directly to the registered provider	• DIPC Job Description • IPT infrastructure • Written Quarterly reports to the Board • Executive Director for Infection Prevention chair of the Hospital Infection Prevention Committee • Annual Report • Clinical Governance Structure • Whole Health Economy Infection Prevention Committee Minutes	Chief Executive/ DIPC	Compliant	March 2014
	• The mechanisms are in place by which the registered provider intends to ensure that sufficient resources are available to secure the effective prevention and control of infection. These should include the implementation of an infection prevention and control programme, infection prevention and control infrastructure and the ability to detect and report infections	• Board Minutes • Quarterly Board Reports • Annual Audit Programme • Route Cause Analysis data • Audit and Surveillance Data • Whole Health Economy Infection Committee Minutes • Annual Programme • IPT infrastructure	DIPC/Nurse Consultant	Compliant	March 2014
	• Relevant staff, contractors and other persons, whose normal duties are directly or indirectly concerned with providing care, receive suitable and sufficient information on, and training and supervision in, the measures required to prevent and control the risks of infection.	• Annual Programme • Training Presentations • Training Records • Induction Days for new staff • Mandatory annual training	DIPC/ Nurse Consultant	Compliant	March 2014
	• A programme of audit is in place to ensure that key policies and practices are being implemented appropriately	• Audit Programme • Quarterly Audit Reports • Saving Lives Quarterly Audits • Quarterly antimicrobial compliance audits	DIPC/ Nurse Consultant	Compliant	March 2014

Compliance Criterion	Sub-Duties	Evidence	Responsibility	Progress Report	Review Date
1) Cont.	• A policy on information sharing when admitting, transferring, discharging and moving service users within and between health and social care facilities is available	• Bed Management Policy • MRSA/MSSA /CPCPolicy • Clostridium Difficile Procedure • IC Net Database • MRSA/Cdiff/GDH/CPC/Sporadic CJD Alert System on Maxims, Vision and ICNet • IPN Daily ward rounds • Electronic Discharge including Infection Prevention Status – mandatory field • Neonatal Network Infection Control Transfer Policy	DIPC/ Nurse Consultant	Compliant	March 2014
	• Designated decontamination lead	• Decontamination Meeting Minutes • Job Description	DIPC/ Director of CS & FM	Compliant	March 2014
2) Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections.	• Designated lead for cleaning and decontamination of equipment used for diagnosis and treatment	• Director of Facilities	DIPC/ Director of CS & FM	Compliant	March 2014
	• The designated lead for cleaning involves directors of nursing, matrons and the IPCT in all aspects of cleaning services, including contract negotiation and service planning to delivery at ward level.	• Facilities Structure • Environment and Infection Control Issues in the Planning and Design of Ward/Department Areas • Cleaning Service Contracts • Full evaluation Process of current services	DIPC/ Director of CS & FM/ Nurse Consultant	Compliant	March 2014
	• Matrons have personal responsibility and accountability for delivering a safe and clean care environment	• Matrons Job description	DIPC/Director of Nursing and Quality/ADON	Compliant	March 2014
	• The nurse/manager in charge of any patient area has direct responsibility for ensuring that cleanliness standards are maintained throughout that shift	• Environmental Audits • Liaison with Monitoring Department and Domestic supervisor if issues raised • Covert hand hygiene audits	DIPC/ Nurse Consultant/Matrons	Compliant	March 2014

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2) Cont	• All parts of the premises from which it provides care are suitable for the purpose, kept clean and maintained in good physical repair and condition. Policies should address: • Waste Management • Management of drinkable and non-drinkable water supplies • Food services including food hygiene, food brought into the care setting by service users, staff and visitors	• Facilities Maintenance Rolling Programme • Monitoring Department • PLACE inspections • Spot PLACE Inspections • Pest Control Policy • Legionella Policy • Multi resistant gram negative Procedure including Acinectobacter • Waste Management Policies • Food Hygiene Policy • Water Safety Group minutes and Water Safety Plan	DIPC/ Director of CS & FM /Nurse Consultant	Compliant	March 2014
	• The cleaning arrangements detail the standards of cleanliness required in each part of its premises and that a schedule of cleaning frequency is available on request	• Cleaning Standards • Cleaning Schedules displayed in clinical areas • Cleaning Specifications • Domestic hours available to all Matrons	DIPC/ Director of CS & FM/Nurse Consultant	Compliant	March 2014
	• There is adequate provision of suitable hand washing facilities and antimicrobial hand rubs where appropriate	• Anti-bacterial hand rubs placed at the point of care • Infection Prevention Team involved in all new builds and upgrades • Environmental Audits evidence	DIPC/Director of CS & FM/Nurse Consultant	Compliant	March 2014
	• There are effective arrangements for the appropriate cleaning of equipment that is used at the point of care, for example hoists, beds and commodes, these should be incorporated within appropriate cleaning, disinfection and decontamination policies. Including reusable medical devices and the reprocessing mechanisms.	• Decontamination Policies • Decontamination Steering Group • Medical Devices Steering Committee • Infection Prevention Policy • Monthly commode audits • Patient equipment cleaning schedules – incorporating assurance monitoring • Glosair hydrogen peroxide de-fogging system • ATP Clean and trace system.	DIPC/ Director of CS & FM/Nurse Consultant	Compliant	March 2014
	• The supply and provision of linen and laundry	• Linen Services – service tendered and contracted awarded following full detailed evaluation • Quality checks and formal monitoring undertaken • HSG (95) 18 procedure • Quarterly meetings with contractor (Express)	DIPC/ Director of CS & FM	Compliant	March 2014

Compliance Criterion	Sub-Duties	Evidence	Responsibility	Progress Report	Review Date
3) Provide suitable accurate information on infections to service users and their visitors	• General principles on the prevention and control of infection and key aspects of the Infection Prevention and Control Policy, and communication needs of the user.	• Internet Site • Patient Leaflets ○ MRSA ○ Clostridium Difficile ○ Hand Hygiene ○ Screening Leaflets ○ MRSA/MSSA/CPC Screening Procedure ○ NPSA Hand Hygiene Posters ○ Ban the Bug Campaign ○ MRSA Carepathway audit ○ Leaflet audit ○ Hand Hygiene posters depicting 5 Moments of hand hygiene ○ Timely information to the users of emerging infectious agents	DIPC/ Nurse Consultant	Compliant	March 2014
	• Roles and responsibilities of the individuals e.g. carers, relatives and advocates in the prevention and control of infection	• Patient leaflets • Internet Site • Bedside Folder information • Hand Hygiene Posters	DIPC/ Nurse Consultant	Compliant	March 2014
	• Supporting awareness and empowerment in the safe provision of care	• Ban the Bug Campaign • Patient Leaflets • Hand Hygiene Posters	DIPC/Nurse Consultant	Compliant	March 2014
	• Importance of compliance by visitors with hand hygiene	• Patient leaflets • Internet Site • Bedside Folder information • Ban the Bug Campaign	DIPC/Nurse Consultant	Compliant	March 2014
	• Importance of compliance with the policy on visiting	• Patient leaflets • Internet Site • Media Information – Radio and Press	DIPC/ Nurse Consultant	Compliant	March 2014
	• Reporting failures of hygiene and cleanliness	• PALS/ Matron/Domestic Supervisor • Complaints Procedure	DIPC/ Nurse Consultant	Compliant	March 2014
	• Explanations of incident/outbreak management	• Patient leaflets • Internet Site • Bedside Folder information • Ban the Bug Campaign • Outbreak Policy	DIPC/ Nurse Consultant	Compliant	March 2014

Compliance Criterion	Sub-Duties	Evidence	Responsibility	Progress Report	Review Date
•	• Accurate information is communicated in an appropriate manner. • The information facilitates the provision of optimum care, minimising the risk of inappropriate management and further transmission of infection. • Information accompanies the service user	• Discharge Documentation • On inter- ward/department/hospital transfer of patients ensure confidential communication of patient status • Transfer check list includes information in relation to infection status and treatment • Liaison between organisations • Collaborative working with Local Government Authority, Public Health, CCG's, other NHS Hospitals, and Ambulance Service • E-discharge updated and includes Infection Prevention criteria • MRSA /C.Diff and CPC leaflets provided to patients and sent home on discharge • Letters for Hospitals, Consultants and GP's providing information and advice on GDH positive status of patients	DIPC/Associate Directors of Nursing/Clinical Directors	Compliant	March 2014
5) Ensure that people who have or develop an infection are identified promptly and receive the appropriate treatment and care to reduce the risk of passing on the infection to other people	• Advice regarding the care of patients with an infection is appropriately devolved within the organisation and to outside organisations e.g. HPA	• Training presentations • Training attendance records • Divisional Meetings Minutes • Team Brief • Emails to all Staff regarding MRSA Bacteraemia • Intranet Site • Ban the Bug Campaign • Divisional Performance Management Meetings • Each Division receives MRSA Clostridium Difficile and Hand Hygiene Audit figures • MRSA Alert System • ICNet Data Base – follow up • Daily ward visits by IPN's • Consultant Microbiologist ward rounds/ On call • Management of Staph Aureus Policy • PCR testing • MRSA Compliance Audits • RCA on all new MRSA acquisition • Clostridium Difficile Guideline • RCA on all new episodes of Clostridium Difficile • Serious Untoward Incident Reporting • PH Healthcare Associated Infections Database • Acute Trust Assurance Framework	DIPC/Nurse Consultant	Compliant	March 2014

Compliance Criterion	Sub-Duties	Evidence	Responsibility	Progress Report	Review Date
6) Ensure that all staff and those employed to provide care in all settings are fully involved in the process of preventing and controlling infection	• Ensure that its staff, contractors and others involved in the provision of healthcare co-operate with it and with each other to necessitated the organisation to meet its obligation under this code	• Training presentations • Training attendance records • Team Brief • Emails to all Staff • Intranet Site • Ban the Bug Campaign • Hand hygiene Posters • IP Team attendance at all New Build/Refurbishment meetings	DIPC/ Nurse Consultant	Compliant	March 2014
7) Provide or secure adequate isolation facilities	• Ensure adequate isolation precautions and facilities to prevent or minimise the spread of infection.	• Care pathway for MRSA • Infection Prevention Policy • Environment and Infection Control Issues in the Planning and Design of Ward /Department Areas • IPN and DIPC attends meetings regarding New builds and upgrades • Management of Staph Aureus Policy • Clostridium Difficile Procedure • IPN attends daily Bed Management Meetings • Outbreak Policy • Isolation Policy • Isolation Unit primarily for CDAD with 8 negative/positive pressure rooms • Multiple Antibiotic Resistant Bacteria (MDR) policy • Carbapenemase producing Coliforms Policy • TB policy	DIPC/Nurse Consultant	Compliant	March 2014
	• Polices for the allocation of patients to isolation facilities based on a local risk assessment, including the consideration of the need for positive/negative isolation facilities. Sufficient staff must be available to care for the service users safely	• Isolation Policy • Infection Prevention Policy • Environment and Infection Control Issues in the Planning and Design of Ward /Department Areas • IPN and DIPC attends meetings regarding New builds and upgrades • Management of Staph Aureus Policy • Clostridium Difficile Procedure • TB Policy • IPN attends daily Bed Management Meetings • Multiple Antibiotic Resistant Bacteria (MDR) policy • Carbapenemase producing Coliforms Policy	DIPC/Nurse Consultant	Compliant	March 2014

Compliance Criterion	Sub-Duties	Evidence	Responsibility	Progress Report	Review Date
8) Secure adequate access to laboratory support	• Ensure that laboratories are used to provide a microbiology service in connection with arrangements for infection prevention and control. Have in place appropriate protocols and that they operate according to the standards required for accreditation by Clinical Pathology Accreditation (UK) Ltd. Protocols must included a microbiology laboratory policy for investigation and surveillance of health care associated infections and standard operating procedures for the examination of specimens	• Laboratory currently fully CPA accredited (CPA No 1559) • All procedures have in date Standard Operational Procedure (SOP'S) and policies with review procedures and document control • IC Net Database • Policy for Investigation and Surveillance of health care associate infections • Standard operating procedures for the examination of specimens	Microbiology Manager / Consultant Microbiologist	Compliant	March 2014
9) Have and adhere to policies, designed for the individual's care and provider organisations, that will help to prevent and control infections	• Standard infection control precautions	• Integrated Care pathway for MRSA/MSSA • Clostridium Difficile Procedure • Carbapenamase Producing Coliform Policy • Isolation Policy • Infection Prevention Policy • Isolation facilities 6 monthly audit • Waste Management Policies • Aseptic Technique training – monitoring of competencies	DIPC/Nurse Consultant/Associate Directors of Nursing/Matrons	Compliant	March 2014
	• Aseptic technique	• Aseptic Non-Touch Technique Policy • ANTT embedded across the Trust • Training Competencies delivered by PD sisters and included in mandatory training • Audit of compliance with ANTT • Aseptic technique training provided • Competencies assessed through audit • Saving Lives HII audit levels of compliance with Aseptic technique	DIPC/Nurse Consultant/Associate Directors of Nursing/Matrons/Audit and Surveillance Nurse	Compliant	March 2014
	• Outbreaks of communicable infection	• Outbreak Policy • Serious outbreaks reported via StEis • Email to all staff	DIPC/Nurse Consultant	Compliant	March 2014

Compliance Criterion	Sub-Duties	Evidence	Responsibility	Progress Report	Review Date
9) Cont	• Isolation of patients	• Management of Staph Aureus Policy • Clostridium Difficile Policy • Isolation Policy • Infection Prevention Policy • Carbapenemase producing Coliforms Policy • Management of Multi Drug Resistant Organisms Policy • TB policy	DIPC/Nurse Consultant	Compliant	March 2014
	• Safe handling and disposal of sharps	• Needle safety systems in place • Needle stick or Body Fluid Contamination Accidents Corp/Proc/100 • Needlestick injuries and safe handling are included in Induction and on-going H&S Training • Needlestick injury forum to be replaced by Sharps and Splash Injuries Group. • Analysis of last 5 years needlestick history - completed	Consultant OHD/ Health and Safety/ Consultant Microbiologist	Compliant	March 2014
	• Prevention of occupational exposure to blood-bourne viruses and post-exposure prophylaxis	• Needle stick or Body Fluid Contamination Accidents Corp/Proc/100 • Waste Management Policies • Infection Prevention Policy • Immunisation	DIPC/Consultant OHD/ Director of CS & FM	Compliant	March 2014
	• Management of occupational exposure to blood-viruses and post-exposure prophylaxis	• Needlestick or Body Fluid Contamination Accidents Policy • Action required and follow up procedures in place	DIPC/Consultant OHD	Compliant	March 2014
	• Closure of wards, departments and premises to new admissions	• Outbreak Policy	DIPC/Nurse Consultant	Compliant	March 2014
	• Disinfection Policy	• Infection Prevention Policy • Cleaning Standards	DIPC/Nurse Consultant	Compliant	March 2014
	• Decontamination of reusable medical devices	• Medical Device Policy • Infection Prevention Policy • Patient equipment cleaning schedules - assurance monitoring in development • Medical Equipment Library Tracking and Tracing system • Decontamination Policies • CJD Policy	DIPC/ Director of CS & FM/Nurse Consultant	Compliant	March 2014

Compliance Criterion	Sub-Duties	Evidence	Responsibility	Progress Report	Review Date
9) Cont	• Single use medical devices	• Medical Devices – Single Use Policy	DIPC/ Director of CS & FM	Compliant	March 2014
	• Antimicrobial prescribing	• Antimicrobial guidelines – both adults and paediatrics • Anti-microbial prophylaxis guidelines • Splenectomy Policy • Gentamicin Policy (Adults) • Vancomycin Policy (Adults) • Consultant Micro/ Antibiotic Pharmacist Ward rounds • Quarterly audits of formulary compliance –with feedback to Divisions leads and specialist pharmacists • Monitoring of anti-microbial usage data (feedback to Divisions 6monthly commencing March 2012) • Induction training	DIPC/Antibiotic Pharmacist/Consultant Microbiology	Compliant	March 2014
	• Mandatory reporting of healthcare associated infections to the Health Protection Agency	• Management of inputting MRSA, Clostridium Difficile, MSSA and EColi Data on to the Health Care Associated Infection (HCAI) Data Capture System • Copy reports of all communicable diseases to Public Health and vH1N1 • Copy reports of all communicable diseases to HPA (Coserv) • Rapid telephone reporting of communicable disease reports to Regional HPA as per Local HPA guidance • Telephone communication of all positive enteric isolates to relevant EHO teams	DIPC/Nurse Consultant/ Consultant Microbiology	Compliant	March 2014
	• Control of outbreaks and infections associated with specific alert organisms.	• Policies: • Outbreak Policy • MRSA • Clostridium Difficile • CJD • TB • Respiratory Viruses • Diarrhoeal Infections • Carbapenemase producing Coliforms Policy • Management of Multi Drug Resistant Organisms Policy • Legionella – Facilities	DIPC/Nurse Consultant	Compliant	March 2014

Compliance Criterion	Sub-Duties	Evidence	Responsibility	Progress Report	Review Date
9) cont	• CJD/vCJD – handling of instruments and devices	• CJD policy in place with links to update information	DIPC/Nurse Consultant	Compliant	March 2014
	• Safe handling and disposal of waste	• Waste Management Policies	DIPC/ Director of CS & FM	Compliant	March 2014
	• Packaging, handling and delivery of laboratory specimens	• Policy compliant with current legislation	DIPC/Microbiology Manager	Compliant	March 2014
	• Care of deceased patients	• Managing the risk of deceased Patients Guideline • New care after death care pathway being rolled out and section included which relates to infection prevention	DIPC/Nurse Consultant/Associate Directors of Nursing	Compliant	March 2014
	• Use and care of invasive devices	• Central Line Protocol • PICC line Procedure • Insertion/Removal of Peripheral Lines • Saving Lives Audits	DIPC/Nurse Consultant/Associate Directors of Nursing	Compliant	March 2014
	• Purchase, cleaning, decontamination, maintenance and disposal of equipment	• Purchasing Medical Devices Policy • Infection Prevention Policy • Decommissioning and Disposal of Medical Devices/equipment Policy • Repair and maintenance of Medical Devices/Equipment Policy	DIPC/Nurse Consultant/ Director of CS & FM	Compliant	March 2014
	• Surveillance and data collection	• Mandatory Orthopaedic Surveillance • Alert Organism monitoring and reporting • Divisional wound surveillance • Voluntary reporting to Public Health of clinical laboratory isolates • Post discharge surveillance of surgical site infections	DIPC/Nurse Consultant /Audit and Surveillance	Compliant	March 2014
	• Dissemination of information	• Dissemination of information within the organisation and between organisations • Acute Assurance Framework • WHIPC Agenda and Minutes	DIPC/Nurse Consultant	Compliant	March 2014
	• Isolation facilities	• Isolation Policy • Infection Prevention Policy • Audit of Isolation Facilities • Outbreak Policy	DIPC/Nurse Consultant	Compliant	March 2014
	• Uniform and work wear policies ensure that clothing worn by staff when carrying out their duties is clean and fit for purpose	• Uniform Policy • Changing Accommodation available for staff • Autovalet system	Director of Human Resources	Compliant	March 2014

Compliance Criterion	Sub-Duties	Evidence	Responsibility	Progress Report	Review Date
9) Cont	• Immunisation of service users	• Record of relevant immunisations • Immunisation status and eligibility regularly checked • Occupational Health Department	DIPC/ Consultant OHD	Compliant	March 2014
10) Ensure, so far as is reasonably practicable, that care workers are free of and are protected from exposure to infections that can be caught at work and that all staff are suitable educated in the prevention and control of infection associated with the provision of health and social care.	• All staff can access occupational health services or access appropriate occupational health advice	• All staff employed by Blackpool Teaching Hospitals NHS Trust can access Occupational Health Services by either manager or self referral • All staff are health screened on employment, vaccination status is checked at this stage • Record of Immunisations • Induction and Mandatory Training programmes and workbooks and e-learning modules. • Mandatory Infection Prevention Road shows • Record of Staff attendance	Consultant OHD/ Learning and Development Manager	Compliant	March 2014
	• Occupational health policies on the prevention and management of communicable infections in care workers are in place	• Pre Employment Health ScreeningCorp/Pol/194 • Formalised systems in place to review immunisation status of employees • Chicken Pox Policy – HR Policy Forum • TB Policy – in relation to staff • Blood Bourne Virus Policy – HR Policy Forum • MRSA/MSSA Policy • D&V policy	DIPC/Consultant OHD	Compliant	March 2014
	• Decisions on offering immunisation on the basis of a local risk assessment (Immunisation against infectious disease. Vaccines should be free of charge	• Management systems in place for healthcare staff infected with Hep B or C and HIV • Robust system for patient tracing, notification and offer of BBV testing if required • Blood Bourne Virus Policy	DIPC/Consultant OHD	Compliant	March 2014
	• There is a record of relevant immunisations	• Record of relevant immunisations • Immunisation status and eligibility regularly checked • Occupational Health Department database	DIPC/Consultant OHD	Compliant	March 2014

Compliance Criterion	Sub-Duties	Evidence	Responsibility	Progress Report	Review Date
10 (cont)	• The principles and practice of prevention and control of infection are included in induction and training programmes for new staff. Policies are up to date, feedback from audit results, examples of good practice and the action needed to correct poor practice	• All immunisation records are maintained in the Occupational health record. All staff are screened on pre employment and this is recorded in the Occupational Health record • Education – E-learning, Workbook, Induction, Mandatory training • Hand hygiene audits	DIPC/Consultant OHD	Compliant	March 2014
	• There is a programme of ongoing education for existing staff which should incorporate the principles and practice of prevention and control of infection. Including support staff, agency/locum staff and staff employed by contractors.	• Trust Induction database • Mandatory Training database • Flu Pandemic Fit Test Training • Annual Hand Hygiene Training	Learning and Development Manager / DIPC/ Nurse Consultant	Compliant	March 2014
	• There is a record of training and updates for all staff	• Trust Induction database • Mandatory Training database	Learning and Development Manager	Compliant	March 2014
	• The responsibilities of each member of staff for the prevention and control of infection are reflected in their job description and in any personal development plan or appraisal	• Every Job Description details the employee's responsibility to follow infection prevention procedures. The new appraisal documentation specifically requires an assessment to be made about infection prevention as part of the working safely section.	Director of Human Resources	Compliant	March 2014