Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Surveillance Policy

This procedural document supersedes: PAT/IC 31 v.3 – Surveillance Policy

Did you print this document yourself?
The Trust discourages the retention of hard copies of policies and can only guarantee that the policy on the Trust website is the most up-to-date version. **If, for exceptional reasons, you need to print a policy off, it is only valid for 24 hours.**

Name and title of author	Beverley Bacon Infection Prevention & Control Practitioner
Date revised	May 2017
Approved by (Committee/Group)	Infection Prevention and Control Committee
Date of approval	1st June 2017
Date issued	5th June 2017
Next review date	July 2020
Target audience:	Trust-wide

Amendment Form

Version	Date	Brief Summary of Changes	Author
Version 4	5 June 2017	• 4.6 word change from avoidable or unavoidable to a lapse or no lapse in care • 4.7 added Total Hip Replacements • Public Health England Contact details updated • Updated References	Beverley Bacon Infection Prevention & Control Practitioner
Version 3	June 2014	• RCA forms Appendix removed. • Post Infection Review toolkit section 4.6 • Equality Impact Assessment added Appendix 1	Maurice Madeo Deputy DIPC
Version 2	October 2011	• Order of sections rearranged. • 'Mandatory Surveillance' section altered to incorporate surveillance of MSSA, E.Coli and Glycopeptide Resistant Enterococci and other alert organism surveillance. • Roles altered. • New sections on 'Monitoring Compliance' and 'Notifiable Diseases' added • Added Appendix 1 – Alert Organisms • Added Appendix 2 – Notifiable Diseases • Previous Appendix 1 and 2 now Appendix 3 and 4.	Miriam Boyack / Katherine Wordsworth
Version 1	August 2008	This is a new Policy	Infection Prevention and Control

Contents

1. INTRODUCTION

Surveillance is an essential component of infection prevention and control (Department of Health/Public Health Laboratory Service, 1995). 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 (DH, 2003a).

Surveillance will be undertaken as part of a national surveillance scheme or may involve the use of a locally defined protocol. Some national surveillance schemes are mandatory, others are voluntary.

All surveillance systems have four key components:

- Data collection using standard case definitions
- Collation of data
- Analysis and interpretation
- Timely dissemination of information

The guidance outlined in this policy applies to all individuals employed within the Trust.

2. PURPOSE

The purpose of this policy is to provide a framework to:

- Monitor the incidence of infection
- Provide early warning and investigation of problems and subsequent planning and intervention to control
- Monitor trends, including the detection of outbreaks
- Examine the impact of interventions
- Ensure compliance with mandatory surveillance systems

Adherence to this policy will ensure the Trust meets its statutory obligation to report alert organisms, and other HCAI, to the regulatory bodies. It will also provide evidence of local surveillance and the use of comparative data in the monitoring of infection rates. Timely reporting of this data to clinical areas should assist in the reduction of any healthcare associated infection.

It will also ensure compliance with the Health and Social Care Act 2008: Code of Practice for the NHS for the Prevention and Control of Healthcare Associated Infections.

This policy provides guidance on infection prevention and control surveillance issues for Trust staff and includes Agency/Locum/Bank Staff. All staff have a responsibility for ensuring that the principles outlined within this document are universally applied.

3. DUTIES AND RESPONSIBILITIES

Board of Directors
The Board of Directors, through the Chief Executive and the Medical Director, will delegate to the Joint Directors of Infection Prevention and Control responsibility for ensuring that there is a surveillance system and processes in place for the surveillance of infection that meet local and national requirements:

Chief Executive
The Chief Executive is responsible for:

- Ensuring that the mandatory surveillance data entered on the Public Health England health care associated infection data capture system is 'signed off' by the 15th of each month.

Care Group Directors, Associate Medical Directors and Assistant Directors of Nursing
Each Care Group management team is responsible for:

- Using the outcome data from surveillance activities to inform actions plans for improvement.
- Ensuring that investigations into cases of *C.difficile* infection are undertaken using principles of Post Infection Review, action plans formulated and learning shared monitoring any action plans through Clinical Governance.

Infection Prevention and Control Team (IPCT)
The IPCT is responsible for:

- Coordinating surveillance activities.
- Producing timely feedback of surveillance data to wards/units.
- Ensuring that patients, with first time isolates of key alert organisms and conditions, have an Infection Control (IC) alert placed on the CaMIS IT system.
- Producing surveillance reports to relevant committees and groups and for the Board of Directors.
- Ensuring that data required as part of the mandatory surveillance programme are reported on the Public Health England (PHE) web based health care associated infection data capture system.
- Co-ordinating post infection reviews following Trust apportioned MRSA bacteraemia.
- Supporting the investigation of, and learning from cases of *C.difficile* infection.
- Supporting the investigation of, and learning from other types of health care associated infection as relevant.
- Investigating suspected incidents of cross infection and outbreaks.

Microbiology Department
The microbiology laboratory is responsible for:

- Ensuring that appropriate tests are available to support surveillance activities.
- Ensuring that results are communicated promptly to clinical teams and the infection prevention and control team.

Matrons and Other Registered Nurses
Matrons and other registered nurses are responsible for:

- Ensuring that relevant patients are screened for MRSA on admission or pre admission.
- Ensuring that other specimens are obtained in a timely fashion.
- Ensuring that arrangements are in place to check for an Infection Control alert on CaMIS to identify patients with a history of an alert organism or condition.
- Ensuring the infection control risk assessment is completed on admission.
- Engaging in the investigation of infection incidents and learning from post infection review events.

Consultant and Other Medical Staff
Consultants and other medical staff are responsible for:

- Considering surveillance reports pertinent to their specialty.
- Engaging in improvement work if surveillance data suggests that improvement is appropriate.
- Engaging in the investigation of infection incidents and learning from Post Infection Review events.
- Reporting notifiable diseases to the 'Proper Officer' who is the Consultant in Communicable Disease Control (CCDC) for Public Health England (PHE).

Individual Employees
Individual employees are responsible for:

- Ensuring their own practice complies with this policy and for encouraging others to do so.
- Will report any areas of concern using the appropriate reporting / escalation methods.

4. PROCEDURE

4.1 Alert Organisms and Condition Surveillance

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 new clinical isolate (i.e. not screening specimens) of an alert organism has been identified.

Advice on the control measures, if needed, will usually be provided by the Infection Prevention Team (IPC), who will also investigate clusters of cases. However, it is still the responsibility of the clinical team to access and follow up any microbiology results for their patients.

4.2 Infection Control Flagging System

Some patients will become long term carriers of alert organisms e.g. MRSA and other antibiotic resistant organisms. These patients will have an infection control (IC) alert put onto CaMIS by the infection control team. It is the responsibility of the clinical staff to contact the IPCT for details about the type of alert organism a 'flagged' patient may be carrying where this is not clear.

4.3 Voluntary Targeted Surveillance

Venous Access Device Associated Bacteraemia Surveillance
The infection prevention and control team will undertake continuous laboratory based ward liaison surveillance of all positive blood culture isolates at the Trust. Bacteraemias associated with venous access devices in patients receiving TPN will be investigated and reported on in the form of a written report to the CGSC and nutrition steering team to target appropriate prevention and control strategies if indicated.

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

4.4 Notifiable Diseases

Some 'alert' conditions are 'Notifiable diseases' (see list below). This a legal term denoting diseases that must, by law, be reported to the 'proper officer' i.e. the Consultant for Communicable Disease Control (CCDC) for Public Health England, Downloadable notification forms can be found at:

IPC site – IPOCS
It is the responsibility of the physician in charge of each case to make the notification.

Diseases that are notifiable are:

Acute encephalitis	Haemolytic uraemic syndrome (HUS)	Rubella
Acute infectious hepatitis	Infectious bloody diarrhoea	SARS
Acute meningitis	Invasive group A streptococcal disease	Scarlet fever
Acute poliomyelitis	Legionnaire's disease	Smallpox
Anthrax	Leprosy	Tetanus
Botulism	Malaria	Tuberculosis
Brucellosis	Measles	Typhus
Cholera	Meningococcal septicaemia	Viral haemorrhagic fever (VHF)
Diphtheria	Mumps	Whooping cough
Enteric fever (typhoid or paratyphoid fever)	Plague	Yellow fever

Food poisoning	Rabies	Other diseases or exposures that may present significant risk to human health may be reported under Other significant disease category.

Public Health England Contact details:

Public Health England - East Midlands (for Bassetlaw Residents)
East Midlands Health Protection Team
Seaton House
City Link
London Road
Nottingham NG2 4LA
Tel: 0344 225 4524

Public Health England - South Yorkshire (for Doncaster Residents)
5th Floor
Tower Block
Fulwood House
Old Fulwood Road
Sheffield S10 3TG
Tel: 0114 321 1177
Out of hours – 0114 321 1177

4.5 Mandatory Healthcare Associated Infection Data Capture System – MRSA, MSSA and *E.coli* Bacteraemia and *Clostridium Difficile* Infection

All are reported via the web based data capture system. MRSA bacteraemia and *Clostridium difficile* positive data are used by the DH and Monitor as infection control performance indicators. An enhanced data set for *S. aureus* bacteraemia was introduced in 2005 (DH, 2003b) and for *Clostridium difficile* infection in 2008 (DH 2008). The IPCT are responsible for collecting and reporting the additional data via a dedicated secure website. The Chief Executive ensures that the data entered on the site are 'signed off' by the 15th of each month.

The Infection Prevention and Control Team will undertake surveillance on all *E.coli* and *Meticillin Sensitive Staphylococcus aureus* (MSSA) blood culture isolates in accordance with the Department of Health directives. The details will be entered onto the HCAI data capture system within nationally agreed timescales.

4.6 Formal Investigation using Principles of Post Infection Review (PIR)

All hospital cases of MRSA bacteraemia and *C. difficile* infection will be formally investigated to determine if any lessons to be learnt by adopting the Department of Health's post infection review (PIR) process and toolkit. These cases will then be formally reviewed by the CCG to determine if the case was potentially a lapse or no lapse in care.

The PIR will be conducted by a multi-disciplinary clinical team that will review the event and identify the factors that contributed to it. This includes, but is not limited to:

- The staff who care for the patient.
- Any other organisation recently involved, e.g. in the last month, in the care of the patient.
- Local Infection Prevention and Control team.
- Director of Infection Prevention and Control.
- The CCG responsible for the patient.

Summary information for the outcome of the PIR for MRSA is required to be submitted to Public Health England via their data capture system.

Action plans will be developed at the meeting to determine any learning points. These learning points will be used by the Care Groups to enhance clinical practice.

A PIR summary report will be presented to Infection Control Committee by the Infection Prevention and Control team. Progress against the action plan will be reported to Infection Control Committee by the care group leads to ensure actions are concluded in a timely manner.

4.7 Surgical Site Infections for Elective Orthopaedic Surgery

Targeted surveillance of orthopaedic implant surgery is also a mandatory requirement. Data collection must be undertaken in the clinical setting for a minimum of three months every year and reported via the surgical site infection surveillance service. At the Trust this is undertaken continuously for Total Hip and Knee replacements.

4.8 Clostridium Difficile

Clostridium difficile is included in the national mandatory surveillance programme for health-care associated infections. As such, the trust will report all positive cases of *Clostridium difficile* detected within the laboratory onto the HCAI data capture system.

The mandatory *Clostridium difficile* surveillance programme requires all acute NHS Trusts to report the following to Public Health England:

- All cases of infection caused by *Clostridium difficile* in patients 2 years of age and older.

4.9 Serious Incident (SI) and Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR).

The DH (2003b) define serious incident associated with infection as those that “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

A serious incident includes:
Outbreaks - e.g. 2 or more linked cases of *C.difficile* within 28 days.

Deaths associated with Clostridium difficile infection where CDI features on Part 1 of the death certificate (CORP/RISK 15).

Infected healthcare worker or patient incidents requiring a look-back exercise e.g. TB, vCJD, blood borne viral infections

Significant breakdown of infection prevention and control procedures, such as the use of invasive instruments released from a failed sterilisation cycle or the use of contaminated blood products.

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 1995 (RIDDOR). Reporting is normally undertaken by the Safety & Risk Department on the advice of the Health and Wellbeing Department

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 Risk Management.

4.10 Reporting

The Chief Executive is responsible for ensuring that there are effective services for infection prevention and control within the Trust. The DIPC reports to the Chief Executive on all aspects of surveillance, prevention and infection control through the bi-monthly meetings of the Infection Prevention and Control Committee and produces an annual Director of Infection Prevention and Control report.

The Director of Infection Prevention and Control is also a member of the Trust Clinical Governance & Quality Committee and Patient Safety Review Group.

The Infection Prevention and Control Team feedback surveillance data to the wards and departments, including new cases of MRSA colonisation/infection and Clostridium difficile infection. This will enable wards and departments to determine the impact of prevention and control strategies required.

5. TRAINING/ SUPPORT

The training requirements of staff will be identified through a training needs analysis. Role specific education will be delivered by the service lead."

Staff will receive guidance regarding infection prevention and control practice and information from a number of sources:-

- Trust Induction
- Trust clinical updates
- Trust Policies and Procedures available on the intranet
- Ward / department managers
- Infection Prevention and Control Link Practitioners will be provided with educational sessions about the policy at their meetings which will facilitate local implementation.

6. MONITORING COMPLIANCE WITH THE PROCEDURAL DOCUMENT

This policy will be reviewed routinely every three years unless, when new national or international guidance are received and when newly published evidence demonstrates need for change to current practices The policy will be approved and ratified by the Infection Prevention and Control Committee.

What is being Monitored	Who will carry out the Monitoring	How often	How Reviewed/ Where Reported to
Surveillance outcome data will be included in the DIPC annual report	DIPC	Yearly	IPCC – written report
Data required as part of the DH mandatory surveillance will be entered onto the Public Health England (PHE) web based HCAI data capture system	Data analyst / DIPC	Monthly	Signed off by PHE
Surveillance outcome data will be reviewed at appropriate groups and committees	DIPC	Bimonthly	Minutes IPCC

7. DEFINITIONS

Alert Organisms or Conditions - Organisms or conditions which have the potential to give rise to hospital outbreaks.

Blood Borne Virus Viruses - that some people carry in their blood and which may cause severe disease in certain people and few or no symptoms in others. The virus can spread to another person, whether the carrier of the virus is ill or not. These viruses can also be found in body fluids other than blood, for example, semen, vaginal secretions and breast milk.

CJD Creutzfeldt-Jakob disease (CJD) is a rare and ultimately fatal degenerative brain disease.

E.coli Bacteraemia - The presence of E.coli bacteria in the blood stream

Tuberculosis (TB)- is an infectious disease caused by bacteria belonging to the Mycobacterium tuberculosis complex. Only the pulmonary form of TB disease is infectious, following prolonged close contact with an infectious case.

MRSA Bacteraemia - The presence of Meticillin resistance Staphylococcus aureus bacteria in the blood stream.

MSSA Bacteraemia - The presence of Meticillin sensitive Staphylococcus aureus bacteria in the blood stream.

Notifiable Disease - A legal term denoting diseases that must by law, be reported to the "proper officer" who is the Consultant in Communicable Disease Control (CCDC) for Public Health England.

Surveillance - The systematic collection of data, its analysis and dissemination to facilitate appropriate action' (DOH 2003b).

Targeted Surveillance - Refers to the collection of data on healthcare associated infections occurring in a defined subgroup, such as those on a particular ward, those undergoing a particular procedure or those acquiring a particular infection.

8. EQUALITY IMPACT ASSESSMENT

An Equality Impact Assessment (EIA) has been conducted on this procedural document in line with the principles of the Equality Analysis Policy (CORP/EMP 27) and the Fair Treatment For All Policy (CORP/EMP 4).

The purpose of the EIA is to minimise and if possible remove any disproportionate impact on employees on the grounds of race, sex, disability, age, sexual orientation or religious belief. No detriment was identified.

A copy of the EIA can been seen in appendix 1

9. ASSOCIATED TRUST PROCEDURAL DOCUMENTS

PAT/IC 4 - Variant Creutzfeldt-Jakob Disease (vCJD) and Transmissible Spongiform Encephalopathy Agents (TSE): Minimising the Risks of Transmission
PAT/IC 6 - MRSA Screening and Management of Patients with MRSA
PAT/IC 17 - Management of Patients with Glycopeptide Resistant Enterococci
PAT/IC 20 - Management and Control of Incident/Outbreak of Infection
PAT/IC 23 - Tuberculosis - Care of the Patient with Open Tuberculosis in Hospital
PAT/IC 26 - Clostridium Difficile Infection (CDI) Policy
PAT/IC 28 - Multi-Resistant Gram-Negative Bacteria Prevention and Control Policy
PAT/IC 32 - Hazard Group 4 Viral Haemorrhagic Fevers
CORP/RISK 15 - Serious Incidents (SI) Policy

10. REFERENCES

Dept of Health (2003a) *Winning ways*. *Working together to reduce Healthcare Associated Infection in England*. Report from the Chief Medical officer. London. DH. Available at http://webarchive.nationalarchives.gov.uk/+/www.dh.gov.uk/en/publicationsandstatistics/publications/publicationspolicyandguidance/dh_4064682 Accessed 2/1/14

Dept of Health (2003b) *Surveillance of healthcare associated infections* PL CMO (2003)4. London. DH. Available at: http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4013410.pdf Accessed 2/1/14

Dept of Health (2008) Changes to the mandatory healthcare associated infection surveillance system for Clostridium difficile infection (CDI) from 1 January 2008 PL CMO(2008)1 http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Professionalletters/Chiefmedicalofficerletters/DH_082107 Accessed 2/10/11

NHS Commissioning Board (2013) Guidance on the reporting and monitoring arrangements and post infection review process for MRSA bloodstream infections from April 2013 http://www.england.nhs.uk/ourwork/patientsafety/zero-tolerance/ Accessed 2/1/14.

Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR) (SI 1995/3163). London: Stationary Office. Available at: http://www.legislation.gov.uk/uksi/1995/3163/contents/made

Public Health England Surgical Site Infection (SSI): guidance, data and analysis. Updated December 2016. (https://www.gov.uk/government/organisations/public-health-england)

APPENDIX 1 - EQUALITY IMPACT ASSESSMENT

Policy	Care Group/Executive Directorate and Department	Assessor (s)	New or Existing Service or Policy?	Date of Assessment
Surveillance Policy PAT/IC 31 v.4	Corporate Nursing Infection Prevention and Control	Beverley Bacon	Existing Policy	May 2017

1. Who is responsible for this policy? Infection Prevention and Control Team

2. Describe the purpose of the policy? Statutory obligation to report alert organisms

3. Are there any associated objectives? Timely reporting on this data to clinical areas should assist in the reduction of any healthcare associated infection.

4. What factors contribute or detract from achieving intended outcomes? None

5. Does the policy have an impact in terms of age, race, disability, gender, gender reassignment, sexual orientation, marriage/civil partnership, maternity/pregnancy and religion/belief? No

- **If yes, please describe current or planned activities to address the impact** The policy complies with statutory obligation requirements

6. Is there any scope for new measures which would promote equality?

7. Are any of the following groups adversely affected by the policy?

a. Protected Characteristics	Affected?	Impact
b. Age	No	
c. Disability	No	
d. Gender	No	
e. Gender Reassignment	No	
f. Marriage/Civil Partnership	No	
g. Maternity/Pregnancy	No	
h. Race	No	
i. Religion/Belief	No	
j. Sexual Orientation	No	

8. Provide the Equality Rating of the service/ function/policy /project / strategy

Outcome 1 ✓	Outcome 2	Outcome 3	Outcome 4

9. Date for next review: July 2020

Checked by: Beverley Bacon **Date:** May 2017