



Infection Prevention & Control (IPC) Strategy

2019-2022



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Introduction

The aim of this strategy is to support the trust's philosophy to provide the safest, most effective care possible and at the same time meet the national agenda. The strategy seeks to provide the Board of Directors with sufficient assurance that appropriate structures and processes are in place to minimise the risks of HCAI to patients, staff and visitors.

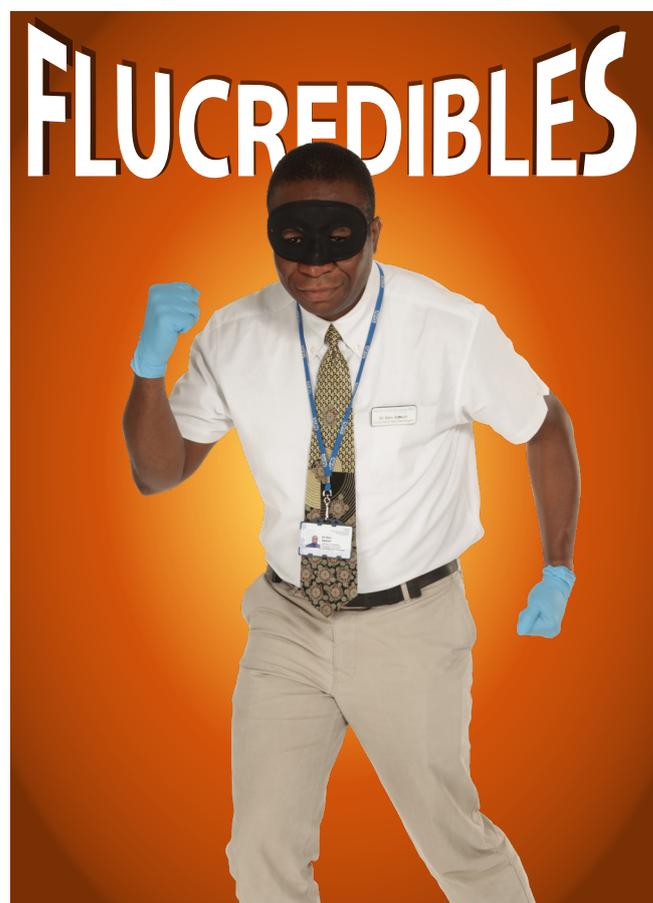
Health Care Acquired Infections (HCAIs) remains high on the government's agenda and the increase in antimicrobial resistance poses dangers on the same scale as bioterrorism (DH, 2013). Maintaining a safe care environment is reinforced by the Care Quality Commission (CQC) Outcome 8 Cleanliness and Infection Control which requires all providers to comply with the Health and Social Act 2008, Code of Practice for health and adult social care on the Prevention and Control of Infections and related guidance.

Patient safety is high on the Trust's agenda and aspires to be in the top 10% of best performing NHS organisations. The provision of a robust Infection Prevention Strategy is an essential element in achieving these safety objectives and in ensuring compliance to the Code of Practice and to national and local targets such as Methicillin Resistant Staphylococcus Aureus (MRSA) bacteraemia, surgical site infections and C.difficile infection. As the Infection Prevention and Control team we will build on the work underpinned by the previous strategy and continue to actively promote a culture of zero tolerance to avoidable HCAIs.

The development of HCAIs cannot be put down to a single factor but several well-known factors which include:

- ✓ The use of invasive devices such as urinary, peripheral and central devices which compromise the body's natural defence mechanisms.
- ✓ The reliance on antibiotics and their misuse which increases the resistance to infections over time.

- ✓ Organisational factors such as staff to patient ratios and the increase in bed occupancy levels.
- ✓ Physical infrastructure e.g. lack of isolation facilities.
- ✓ Poor compliance with best practice e.g. failure to decontaminate hands before key activities.
- ✓ The cleanliness of the clinical environment is vital when dealing with certain micro-organisms such as Clostridium Difficile.
- ✓ The demographics of patient population suggest patients are increasingly older and sicker thereby increasing their susceptibility.
- ✓ Global factors and travel contribute to the rapid nature of spread of infectious agents as seen in novel influenza strains.



Zero tolerance of avoidable infection

Patients do not expect to acquire a HCAI to be added to their existing health concerns. In order to aspire to a zero tolerance of preventable infections a health economy approach will be adopted, to enable lessons to be quickly learnt from infection related incidents. Our aspiration to zero avoidable infections will be underpinned by the elimination of poor infection prevention and control practices through the systematic adoption of evidence based strategies, robust audit programme, performance management, strong leadership with high profile campaigns and programmes.

This infection control strategy has been developed for the period 2019-22. This strategy will be implemented using an annual infection prevention & control programme to ensure compliance with The Health Act (2008), CQC and Monitor standards as well as meeting MRSA bacteraemia and C.difficile infection trajectories

ZERO tolerance to MRSA

NHS Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

- All patients with a positive MRSA screen to be promptly isolated and started on decolonisation as per Trust policy.
- Any History of MRSA, consult relevant policy or consider discussion with Microbiologist for treatment of infections so antibiotics will cover MRSA.
- Poor compliance with decolonisation and the presence of devices increases the risks of **BACTERAEMIA**. All devices should be managed in line with Policy.
- **VIP scores:** Documentation for peripheral venous cannula (PVC) as well as other tunnelled lines (e.g. PICC/CVC) is vital to monitor any signs of infection.
- **Daily review** any invasive device to consider removal.
- It is the responsibility of all staff to check MRSA status of patients (previous admissions and present).

All wards to **target 97%** hand hygiene compliance

Roles and responsibilities

Staff

All staff are responsible to ensure they maintain and support a coordinated approach to infection prevention within their areas of responsibility. All staff have a responsibility for complying with trust policies and attend mandatory education requirements.

Clinical care groups

Have a responsibility to ensure staff have the tools and resources to implement best practice to facilitate a safe working environment and formulate action plans and take remedial action where deficits exist. Any remedial actions will be monitored at Infection Prevention and Control Committee and local governance forums.

IPC Team

Help to deliver the strategy using expert knowledge and facilitate the Operational Group Leads to embed this into their day to day business.

Related Trust Strategies and National Documents

- UK Antimicrobial Resistance Strategy
- Trust Patient Safety Strategy
- Patient engagement and experience strategy
- Clinical Governance Strategy
- Health and Social Act 2008 – Code of Practice for the Prevention and Control of HCAI – updates 2015
- Strategic direction strategy

Strategy delivery

The strategy will be delivered through:

- ✓ Infection prevention and control policies; these are based on national best practice guidance and performance against the policies is monitored through an extensive clinical audit programme.
- ✓ Trust business planning processes; infection prevention and control issues must be considered in business plans and advice sought from the Infection Prevention and Control Team if required.
- ✓ Training and education; the Infection Prevention and Control Team provide training for all new and existing staff via SET & eLearning.
- ✓ Trust Board leadership; the Strategy is approved by the Board and the delivery is supported and overseen by members of the Infection Prevention and Control Committee.
- ✓ The Infection Prevention and Control Team; delivering the Infection Prevention and Control Annual Programme.
- ✓ The Trust's care groups divisional heads of nursing and general managers are responsible for local performance against the prevention and control of HCAI.
- ✓ Local and Trust performance management; performance against HCAI trajectories and ward accreditation are reported through the Trust key performance indicators, clinical governance and the IPCC.
- ✓ All Trust staff have a responsibility to adhere to infection prevention and control policies in order to reduce the occurrence of HCAI.

Strategic objectives

Over the next three years, actions will focus on the following objectives:

1 Minimise the risk of HCAs to patients and aspire to prevent all avoidable infections

2 Continue to comply with statutory requirements related to the Code of Practice, Monitor, Department of Health and related bodies to maintain a safe environment.

3 Review antimicrobial stewardship arrangements within the trust and formulate or adopt national tools to enhance.

4 Explore opportunities to participate in research and quality improvement to underpin practice and improve patient experience.

5 Explore and update surveillance mechanisms and reporting to facilitate embedding of best practice.

6 Enhance patient and public involvement in infection prevention in order to improve patient experience.

7 Continue to work in a health economy approach with local providers.

8 Develop innovative methods of educating staff in the delivery of high quality infection prevention and control

9 Review the Infection Prevention and Control delivery of service to meet needs of service.

In order to deliver our vision and prevent avoidable infections we will do the following:

1 Minimise the risk of HCAs to patients and aspire to prevent all avoidable infections

The Trust is committed to the implementation of a zero avoidable infection culture. In order to embed this approach standards of practice will be monitored and where practice falls below expected levels intervention measures will be instigated. All wards and large departments will be expected to participate in the ward accreditation programme which aims to embed and sustain safe levels of practice.

Over the next three years, we will:

- ✓ Implement where relevant improvement science and human dimensions of care to reduce poor practice.
- ✓ Continue to enhance the IPC monitoring programme and identify and support failing areas.
- ✓ Build on existing systems to provide data in a timely manner to satisfy care units, Performance, Board, CCGs and IPCC.
- ✓ Undertake Post Infection Review to investigate any 'lapse in care' associated with certain organisms/conditions e.g. MRSA, CDI, SSI.
- ✓ Explore enhanced cleaning options e.g. UVC.

2 Continue to comply with statutory requirements related to the Code of Practice, Monitor, Department of Health and related bodies to maintain a safe environment.

The Trust is committed to ensuring it retains full compliance with CQC Outcome 8. The Trust monitors gaps in compliance through the CQC assurance framework and forum, reporting on exceptions to the IPCC, Clinical Governance groups and Board.

Over the next three years, we will:

- ✓ We will continue to monitor gaps in assurance through exception reporting, striving to consistently achieve full compliance.

- ✓ Continue to provide ward / divisional level data, identifying any gaps in compliance.
- ✓ Divisions will continue to monitor compliance and address non-compliance through their governance processes.
- ✓ Improve cohort / ensuite / isolation facilities across the trust with an aspiration of 30% isolation availability capacity within high risk units.
- ✓ Work closely with Estates and Facilities to ensure the deep clean rolling programme continues with added levels of assurance.

3 Review antimicrobial stewardship arrangements within the trust and formulate or adopt national tools to enhance.

The Trust is committed to ensure the appropriate use of antimicrobial agents is in line with local and national standards. The IPC team, antimicrobial pharmacist and ward based pharmacists will ensure there are systems in place to monitor prescribing is in accordance with policy and implement measures to address any deviation.

Over the next three years, we will:

- ✓ Build on the antibiotic point prevalence to make this more frequent and provide timely feedback to clinicians/prescribers.
- ✓ Review and update the antimicrobial website.
- ✓ Build on the current antibiotic policies to maintain relevance.
- ✓ Develop and provide innovative resources and education materials to staff groups.

4 Explore opportunities to participate in research and quality improvement to underpin practice and improve patient experience.

The IPC team are committed to leading the implementation of research and quality improvement to facilitate implementation of high quality care and enhance the patient experience.

Over the next three years, we will:

- ✓ Explore opportunities to work with commercial partners to evaluate new product lines.
- ✓ Build on research portfolio and promote the trust as a leader using publication outputs and conference opportunities.
- ✓ Maintain and improve communication mechanisms e.g. leaflets, website, social media e.g. twitter feeds.
- ✓ Identify, review and promote quality improvement programmes that minimise harm from infection.

5 Explore and update surveillance mechanisms and reporting to facilitate embedding of best practice.

The IPC team and trust has a process for reviewing learning from infection events using national and local tools. The surveillance of 'alert micro-organisms' such as mandatory reporting e.g. C.difficile, MRSA, E.Coli coli and MSSA is already well established using a PIR process. It is envisaged through multidisciplinary collaboration surveillance of surgical site infection will be further expanded to incorporate hip and knee replacements and other common sources of infection e.g. urinary catheters and intravascular devices.

Over the next three years, we will:

- ✓ Examine current surveillance approaches and refine to best meet the needs of the service and take into account national priorities
- ✓ Focus on embedding a robust surgical site monitoring scheme focusing on elective joint replacements with timely feedback to clinicians on a key performance indicators
- ✓ Develop surveillance schemes to minimise infections from invasive devices and feedback mechanisms to maintain practice within best published results.
- ✓ Carry out Post Infection Review processes to help refine current approach.

6 Enhance patient and public involvement in infection prevention in order to improve patient experience.

The IPC team and trust are committed to improving involvement of the public and patient to best provide a service that meets the needs of service users.

Over the next three years, we will:

- ✓ Update communication media and explore new ways of disseminating information
- ✓ Review signage / posters with public / patient involvement.

7 Continue to work in a health economy approach with local providers.

The Trust is committed to working with our local healthcare providers to improve the patient pathway and reduce risk of suboptimal care.

Key partners include:

- ✓ Public Health England
- ✓ Rotherham and Doncaster Health Services
- ✓ Sheffield Teaching Hospital
- ✓ Sheffield University
- ✓ Clinical Commissioning Groups Doncaster & Bassetlaw

Over the next three years, we will:

- ✓ Maintain participation in mandatory and national surveillance schemes
- ✓ Collaborative working with CCGs to share lessons and improve patient pathways.
- ✓ Collaborate and join suitable bodies to learn from peers and share best practice.

8 Develop innovative methods of educating staff in the delivery of high quality infection prevention and control

The Trust is committed to ensure the workforce have the appropriate skill sets to enable them to provide high quality care. The IPC team have a suite of educational activities such as hand hygiene, high impact interventions (Aseptic Non Touch Technique) which are monitored via the IPC accreditation programme.

Monitoring of training is facilitated by the training department and IPC generated courses. Staff training figures will be monitored by the Infection Prevention and Control Committee. Ward practice is monitored by unannounced visits from the IPC team, and IPC accreditation.

Over the next three years, we will:

- ✓ Review and update the available learning resources for staff to ensure meets needs of staff.
- ✓ Inform CCGs of staff training compliance with regards to IPC via the education department.

9 Review the Infection Prevention and Control delivery of service to meet needs of service.

The Infection Prevention and Control service is constantly striving to meet the needs of the service by adjusting its ways of delivering the service to ensure its productive and efficient.

Over the next three years, we will:

- ✓ Continue to review the way the team delivers its service to meet needs of the Trust.
- ✓ Review opportunities where they arise to make the service even more cost effective without compromising the quality of the service.

Implementation

The strategy will be implemented by the Infection Prevention Committee, led by the Director of Infection Prevention and Control. The Infection Prevention Committee will co-ordinate delivery plans in order to implement the strategy. Members of the Infection Prevention Committee link to other groups and committees (Clinical Governance Standing Committee and Patient Safety Review Group) to ensure that actions to achieve this strategy are fully embedded within the Care Groups delivery plans.

Infection Prevention and Control Committee members will act as a conduit for information; so that care unit plans can be linked via the Infection Prevention Committee to the annual Trust infection prevention programme.

The DIPC will continue to have direct access to the Medical Director and / or Executive Lead if matters require immediate escalation and attention.

The following key teams and committees will also support implementation:

- ✓ Decontamination Group
- ✓ Antimicrobial Management Team
- ✓ Laboratory
- ✓ Out of hours / CSM Team
- ✓ Nursing and Midwifery Group
- ✓ Divisional Governance Forums
- ✓ Trust Governance Group
- ✓ Trust Board

- ✓ Estates & Facilities
- ✓ The local Public Health Unit
- ✓ Health Protection Assurance Group
- ✓ Patient Safety Review Group
- ✓ Clinical commissioning groups, Doncaster & Bassetlaw.

Staff within the Trust will contribute to the implementation of this strategy and reducing HCAs through:

- ✓ The investigation into and learning of key infections.
- ✓ Seeking specialist Infection Prevention and Microbiology advice where required.
- ✓ Working with Clinical Site Manager team, Heads of Nursing, Senior Clinical Nurses, Matrons and other clinical leaders to ensure patients with infections are placed appropriately to meet their care needs and in order to protect other patients.
- ✓ Ensuring that staff are trained in basic infection prevention and control.
- ✓ Working with hotel services/facilities to ensure the clinical environment is clean and safe for patients.

Dissemination of Strategy

The strategy will be available on the Trust intranet. Awareness of the strategy will be circulated via the IPCC.



A graphic with a blue background and white text. The text reads "Handle antibiotics with care." followed by "It's in your hands." Below the text is a white horizontal line. To the right of the text is a photo of Dr. Ken Agwuh, a man with glasses wearing a white lab coat. Below the photo is a grey box with white text that reads "Dr Ken Agwuh" and "Consultant Microbiologist/DIPC".

Assurance framework

Trust Board

The Trust Board is responsible for ensuring that the Trust has appropriate Infection Prevention and Control systems and resources in place to enable the organisation to deliver its objectives and statutory requirements. Activities to demonstrate that infection prevention and control is an integral part of clinical and corporate governance include:

The Trust Board receiving and formally approving the Trust Infection Prevention and Control Strategy, the Annual Infection Prevention and Control Programme and the DIPC Annual Report. The Strategy outlines objectives and responsibilities and is a requirement of the Hygiene Code. The Annual Programme sets objectives for the year, identifies priorities for action, evidence that policies have been implemented and reports progress against the objectives. The DIPC Annual Report provides performance information from the preceding year and highlights any outstanding issues that need to be addressed by the Annual Programme.

Regular presentations from the DIPC to the Board; the DIPC is responsible for preparing these. Presentation and reports include trend analysis for infections and compliance with audit programmes. Other infection prevention and control reports are submitted quarterly or when requested by the executive lead.

Reporting monthly Trust infection prevention and control key performance indicators reports through the Trust Governance committee to the board. Exception reports are prepared by the DIPC or suitable other as required.

Infection Prevention and Control Committee

The Infection Prevention and Control Committee's purpose is to seek assurance that the Trust has a robust framework for infection prevention and control as part of a whole health community. The Committee meets six times a year. The committee will have representatives from each of the Divisions who will be able to give an update on performance and IPC related concerns.

Aspect of strategy to be monitored	Lead	Tool/Method	Frequency	Who will undertake	Where results will be reported
All elements of strategy	IPCT	ICCM mins	Bimonthly	DIPC	IPCC
Training and Education	Education leads	NHS (CSTF) Compliance chart	Monthly	Education Lead	Divisions governance forum
Antimicrobial stewardship	Antimicrobial pharmacist / microbiologist	Point prevalence audits/compliance audits	Monthly	Pharmacist / microbiologists / IPC nurses	IPCC
Ward environment / cleanliness	Hotel services manager	MiC4C IPC audits Deep clean schedule	Monthly and as per IPC accreditation	Hotel services IPC / divisions	Monthly Hotel service forum. IPCC, CCG forums.
CQC compliance	IPCT	Spot checks, self-monitoring audits	Quarterly	GMs / Senior Nurse	IPCC, CCG forums
Alert organism surveillance	IPCT	Dbase	Monthly	IPCT/DIPC	IPCC, CCG forums.

Monitoring of the key objectives will also take place through:

- ✓ Internal CCGs performance reviews i.e. accountability meetings
- ✓ Serious Incidents, outbreaks, never events
- ✓ Annual programme review
- ✓ Infection data and surveillance
- ✓ Monitoring against trajectories.

Key Challenges

The key challenges the Trust faces and this strategy must overcome are:

- ✓ Level of hospital activity and capacity
- ✓ Isolation / cohort / ensuite facilities
- ✓ Emerging infections and new strains i.e. pandemics
- ✓ Instilling public confidence
- ✓ Educating workforce, patients and the public
- ✓ Transient workforce
- ✓ Ensuring a clean and appropriate environment
- ✓ Motivating staff and the engagement of staff
- ✓ Meeting national and local targets.

Arrangements for review of the strategy

This strategy will be subject to a formal review in 2022, however an informal review will be undertaken on a yearly basis. The Infection Prevention work programme will be reviewed on an annual basis.

Goal

Reduce healthcare acquired infections to irreducible minimum with aspiration of zero avoidable infections.

Clinical Lead

Dr Ken Agwuh (DIPC)/Carol Scholey (Lead Nurse IPC)

Executive Lead

Richard Parker, CEO and David Purdue, Director of Nursing.

Care group lead

Heads of Nursing.

Ref

CQC Outcome 8, Trust Strategic objective – Provide the safest, most effective care possible.



IPC work programme 2019-2022

Action required	Lead	Completion Date	Progress RAG	Progress
Enhance and reformat alert organism feedback charts				
Update MRSA, CDI, MSSA charts using SPC format and based on per 10,000 bed days. To also include E coli, pseudomonas and klebsella bacteraemia.	IPCT / data analyst	Ongoing		
Update Hand Hygiene compliance feedback focusing on the WHO 5 moments.	IPCT / data analyst	Ongoing		
IPCT to collect minimum of x20 hand hygiene observations per month within high risk units/wards to help validate ward results.	IPCT	Ongoing		
Review process for identifying areas with above expected numbers of 'alert' organisms				
Establish rules to determine what constitutes 'significant variation' from expected level of performance for key IPC components e.g. CDI numbers	IPCT / data analyst	Ongoing		
Identify process for regular reviews for areas performing below expected standards.	IPCT / CCGs	Ongoing		
Assist care groups where standards have dropped below expected levels e.g. high rates of infection.	IPCT	Ongoing		
Enhance the number of single rooms / cohort and ensuite facilities within the trust to meet needs of service demands				
New schemes to incorporate a minimum of 30% isolation capacity and ensuite / cohort bays with doors.	Estates Director / CCG senior nurse/manager	Ongoing		
Care groups to complete Datix web reporting if lack of isolation facilities or breaches with IPC standards.				

Action required	Lead	Completion Date	Progress RAG	Progress
Continue to provide assurances meeting requirements of Outcome 8 (CQC)				
Update IPC policies in line with national guidance.	IPCT	Ongoing		
Ensure ward environment in medical units has been deep cleaned / HPV at least twice a year and in surgery minimum of once.	Facilities/ Matron / Ward manager	Ongoing		
Monitor monthly MiC4C scores and ensure wards score above 90%.	Facilities/Ward Managers/ Matrons	Ongoing		
Care groups to monitor compliance within their areas and drive improvements where required.	Ward Managers / Matron	Ongoing		
Ensure IPC accreditation scheme is fully embedded within wards and main non clinical areas.	IPCT, CCGs	Ongoing		
Build upon the antimicrobial stewardship assurance work currently in place				
Maintain antibiotic policies and websites up to date and expand content to meet users needs.	Estates Director / CCG senior nurse/ manager	Ongoing		
Undertake a survey to establish user satisfaction and prescribing habits.	Microbiologists / IPCT / antimicrobial pharmacist	Monthly		
Review feasibility of undertaking the point prevalence trust surveillance on antimicrobial use on a more frequent basis.	Microbiologists / IPCT / antimicrobial pharmacist	Aug 18		
Provide antimicrobial usage data broken down by Care Groups / common agents using SPC format.	Microbiologists / antimicrobial pharmacist	Aug 18		
Enhance research opportunities with local and national collaborative				
Develop the IPC team research capabilities.	IPCT	Ongoing opportunity		
Carry out focused work exploring the role of link nurses and ways to enhance their contribution.	IPCT	Ongoing		
Explore options to submit posters / abstracts or publish local work to promote the trust.	IPCT/ Microbiologists	Ongoing opportunity		
Undertake scoping exercise to work collaboratively with relevant partners including commercial organisations to implement new technology and developments.	IPCT	Ongoing opportunity		

Action required	Lead	Completion Date	Progress RAG	Progress
Improve clinical areas compliance with 'preventative' infection prevention and control standards and practice.				
Review and update relevant policies e.g. MRSA, C.difficile, Gram negative multi-resistant pathogens, Respiratory virus.	IPCT/ Microbiologist	Ongoing		
Work with CCGs and community IPCT to reduce gram negative bacteraemia rates by 10%	IPCT / Microbiologist/ CCGs	May 18		
Review surgical site care bundle, documentation to ensure relevant and pertinent.	IPCT / Microbiologist	May 18		
Maintain robust orthopaedic surgical site surveillance of hip and knee primary joint replacements on an ongoing basis using SSISS methodology.	IPCT / Ward managers/ Matrons	Ongoing		
Ensure wards / dept adequately prepared for seasonal viruses using specific tools and educational support e.g. workshops / road-shows for Norovirus.	IPCT/	Oct 18		
Carry out focused work on the appropriate use of urinary catheters, PVCs and CVCs e.g. early removal, documentation, adherence with best practice.	IPCT / Ward managers/ Matrons	Ongoing		
Build upon the collaborative working across the two main CCGs and other local partners				
Work collaboratively with Doncaster and Bassetlaw CCGs to reduce patient harm e.g. pathways, CAUTIs.	IPCT/CCGs	Ongoing		
Continue to support the PIR and CCG ICC meetings.	IPCT/CCGs	Ongoing		
Review and enhance current IPC education resources on offer for staff				
Develop education resources to meet staff needs.	IPCT Data Analyst	Ongoing		
Maintain IPC intranet site	IPCT Data Analyst	Ongoing		
IPC service delivery				
Review how the service can meet needs of the trust but maintain efficiencies e.g. 6-7 day working.	IPCT	March 2019		

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