

**Guidelines Title: Guidelines for the Reporting of Healthcare-Associated Infections**

Date	Version
8 February 2017	4
<b>Purpose</b>	
This policy outlines the policies and procedures for the reporting of Healthcare-Associated Infections (HCAIs) within the Trust and to external organisations.	
<b>Who should read this document?</b>	
These guidelines are applicable to all staff, to include Ministry of Defence (MOD) personnel; contractors; those employed on a fixed term contract; honorary contract; agency or locum staff, and students affiliated to educational establishments and volunteers.	
<b>Key messages</b>	
The Trust will perform all mandatory local, regional and national reporting of HCAIs according to current national guidance and/or legislation. Reporting will be in the correct format required by the receiving body and will be done within any recommended timeframe.	
The Trust will contribute to voluntary local, regional and national reporting schemes as far as resources allow.	
<b>Accountabilities</b>	
<b>Production</b>	Dr Peter Jenks, Director of Infection Prevention & Control Infection Control Committee
<b>Review and approval</b>	Infection Control Committee – 8 February 2017
<b>Ratification</b>	Greg Dix, Director of Nursing
<b>Dissemination</b>	Trust-wide
<b>Compliance</b>	NHSLA 1.2.8 & 2.2.8 CQC Essential Standards of Quality & Safety The Hygiene Code
<b>Links to other policies and procedures</b>	
Infection Control Manual – G:\TrustDocuments\Documents\Infection Control	

Version History		
V3	February 2012	Update of Version 2 of Guidelines for the Reporting of Healthcare-Associated Infections
V4	February 2017	Routine review. No significant changes.
Last Approval		Due for Review
8 February 2017		February 2022

*The Trust is committed to creating a fully inclusive and accessible service. By making equality and diversity an integral part of the business, it will enable us to enhance the services we deliver and better meet the needs of patients and staff. We will treat people with dignity and respect, promote equality and diversity and eliminate all forms of discrimination, regardless of (but not limited to) age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage/civil partnership and pregnancy/maternity.*

**An electronic version of this document is available on the Trust Documents Network Share Folder (G:\TrustDocuments). Larger text, Braille and Audio versions can be made available upon request.**

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## 1.1 General

Under Public Health law, certain infectious diseases, including a number that may be healthcare associated, are statutorily notifiable and must by law be reported to the local authority proper officer, usually the Consultant in Communicable Disease Control (CCDC). In some situations, it is also necessary to report infections under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations or to other bodies such as the Health and Safety Executive. There are also laboratory-based reporting schemes such as Communicable Disease Reports to the Public Health England (PHE) via Second Generation Surveillance System (SGSS).

## 1.2 Mandatory reporting of HCAs

In October 2000, the Department of Health (DH) announced that reporting certain HCAs would become compulsory. Reporting of staphylococcal bacteraemias has been mandatory since April 2001, with enhanced surveillance of MRSA bacteraemias beginning in October 2005. From 1<sup>st</sup> September 2003 Trusts have also had to report bacteraemias due to glycopeptide-resistant enterococci (GRE) and alert organism surveillance was extended to *Clostridium difficile* in January 2004, with enhancements to the latter beginning in April 2007. MRSA bacteraemias and *C. difficile* data are now key performance indicators for all acute Trusts. Mandatory reporting of meticillin-sensitive *S. aureus* (MSSA) was introduced on 1<sup>st</sup> January 2011 and *Escherichia coli* bacteraemias on 1<sup>st</sup> June 2011. The national surveillance scheme also includes orthopaedic surgical site infections, with a requirement to report infections associated with hip replacement, knee replacement, repair of neck of femur or reduction of long bone fracture for one quarter of any one year. In addition, all serious untoward incidents (SUIs) associated with infection, such as deaths, outbreaks or decontamination failures, should be reported PHE and the Clinical Commissioning Group (CCG)

Currently, reporting of HCAs occurs via PHE to the Department of Health. Reporting should be performed within a defined timeframe and for certain HCAs, such as MRSA, MSSA and *E. coli* bacteraemias and cases of *C. difficile*, the monthly returns should be 'signed off' by the Chief Executive of the Trust.

## 1.3 Reporting of surveillance data

Regular surveillance reports for individual wards are provided by Service Line. These reports contain audit results, outbreak information, as well as data on alert organisms and conditions, and antimicrobial prescribing.

## 1.4 Surgical site surveillance

Surgical site surveillance is performed on a continuous basis for a number of surgical procedures and a report is provided to individual Service Lines. The surgical procedures currently covered by the Surgical Site Surveillance Infection Service are: knee replacement, hip replacement, repair of neck of femur, reduction of long bone fracture, coronary artery bypass graft, vascular surgery, limb amputation, lower

segment caesarean section, abdominal hysterectomy, large bowel surgery, small bowel surgery, cholecystectomy, bile duct, liver and pancreatic surgery, gastric surgery, spinal surgery, breast surgery and cranial surgery. Reports on surgical site infection rates are issued on a quarterly basis.

## 2 Procedures for the reporting of HCAs

Notifiable infectious diseases will be reported to the local authority proper officer (usually the CCDC) and for significant infections this should preferably be done by telephone. Under the new Health Protection (Notification) Regulations (2010), the relevant notification must now include specific information.

All SUIs associated with infection will be managed according to Trust Policies and Procedures and will be investigated using appropriate tools (e.g. Root Cause Analysis). These incidents will be reported using the current Trust reporting system, as well as externally to PHE and the CCG.

The majority of HCAI reporting for the Trust will be performed by the Infection Prevention and Control Team (IPCT) or the Department of Microbiology. Review and 'signing off' of HCAI data will be by the Chief Executive or suitably appointed delegate (usually the Director of Infection Prevention and Control).

The IPCT will provide regular reports to clinical areas that will include data on alert organisms and conditions, as well as surgical site surveillance. The content and frequency of these reports will be reviewed on a regular basis and will take into account feedback from Trust clinicians as well as the recommendations of external reviewing bodies (e.g. the Care Quality Commission). Recommendations and actions arising from these reports will be implemented and monitored by individual clinical areas with support from the IPCT.

HCAI reports will be reviewed at the appropriate Trust Committee. This will usually be the Infection Control Committee which contains representation from PHE and local community healthcare providers.

## 3 Consultation List

Infection Prevention and Control Team  
Infection Control Committee  
Occupational Health & Wellbeing Team  
All Consultants  
All Matrons  
All Senior Nurses  
All Ward Managers

<b>Core Information</b>				
<b>Document Title</b>	Guidelines for the Reporting of Healthcare-Associated Infections – V4			
<b>Date Finalised</b>	8 February 2017			
<b>Dissemination Lead</b>	Dr Peter Jenks, Director of Infection Prevention & Control			
<b>Previous Documents</b>				
<b>Previous document in use?</b>	Yes			
<b>Action to retrieve old copies.</b>	Yes, archived by the IPCT and Trust Document Controller			
<b>Dissemination Plan</b>				
<b>Recipient(s)</b>	<b>When</b>	<b>How</b>	<b>Responsibility</b>	<b>Progress update</b>

<b>Review</b>		
<b>Title</b>	Is the title clear and unambiguous?	Yes
	Is it clear whether the document is a policy, procedure, protocol, framework, APN or SOP?	Yes
	Does the style & format comply?	Yes
<b>Rationale</b>	Are reasons for development of the document stated?	Yes
<b>Development Process</b>	Is the method described in brief?	Yes
	Are people involved in the development identified?	Yes
	Has a reasonable attempt has been made to ensure relevant expertise has been used?	Yes
	Is there evidence of consultation with stakeholders and users?	Yes
<b>Content</b>	Is the objective of the document clear?	Yes
	Is the target population clear and unambiguous?	Yes
	Are the intended outcomes described?	Yes
	Are the statements clear and unambiguous?	Yes
<b>Evidence Base</b>	Is the type of evidence to support the document identified explicitly?	Yes
	Are key references cited and in full?	Yes
	Are supporting documents referenced?	Yes
<b>Approval</b>	Does the document identify which committee/group will review it?	Yes
	If appropriate have the joint Human Resources/staff side committee (or equivalent) approved the document?	Yes
	Does the document identify which Executive Director will ratify it?	Yes
<b>Dissemination &amp; Implementation</b>	Is there an outline/plan to identify how this will be done?	Yes
	Does the plan include the necessary training/support to ensure compliance?	Yes
<b>Document Control</b>	Does the document identify where it will be held?	Yes
	Have archiving arrangements for superseded documents been addressed?	Yes
<b>Monitoring Compliance &amp; Effectiveness</b>	Are there measurable standards or KPIs to support the monitoring of compliance with and effectiveness of the document?	Yes
	Is there a plan to review or audit compliance with the document?	Yes
<b>Review Date</b>	Is the review date identified?	Yes
	Is the frequency of review identified? If so is it acceptable?	Yes
<b>Overall Responsibility</b>	Is it clear who will be responsible for co-ordinating the dissemination, implementation and review of the document?	Yes

Core Information	
<b>Manager</b>	Claire Hall
<b>Service Line</b>	Clinical Support Services
<b>Date</b>	8 February 2017
<b>Title</b>	Guidelines for the Reporting of Healthcare-Associated Infections – V4
<b>What are the aims, objectives &amp; projected outcomes?</b>	These guidelines have taken into consideration the cultural/religious and gender needs of patients