

## Infection Control Hot Spot Strategy

Issue Date	Review Date	Version
22 May 2018	May 2023	6

### Purpose

The objectives of this Hot Spot Strategy are to:

- Reduce the incidence of Healthcare Associated Infection (HCAI)
- Provide an early alert system for the detection of related cases of HCAI
- Generate data for the analysis and monitoring of HCAI trends
- Raise awareness of HCAI

### Who should read this document?

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.

### Key Messages

All staff are required to:

- Use “*standard precautions for every patient, every time*”
- Adhere to infection control guidelines
- Identify clinical alerts and implement infection controls relevant to the infection risk

### Core accountabilities

<b>Production</b>	Dr Peter Jenks, Director of Infection Prevention & Control
<b>Review and approval</b>	Infection Control Committee – 22 May 2018
<b>Ratification</b>	Professor Greg Dix, Chief Nurse
<b>Dissemination</b>	Trust-wide
<b>Compliance</b>	NHSLA 1.2.8 & 2.2.8 CQC Essential Standards of Quality & Safety The Hygiene Code

### Links to other policies and procedures

Infection Control Manual – G:\TrustDocuments\Documents\Infection Control

### Version History

<b>V3</b>	June 2009	Infection Control Committee
<b>V4</b>	April 2011	Infection Control Committee
<b>V5</b>	May 2013	Infection Control Committee

*The Trust is committed to creating a fully inclusive and accessible service. Making equality and diversity an integral part of the business 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 Trust Documents on StaffNET. Larger text, Braille and Audio versions can be made available upon request.**

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# INFECTION CONTROL HOT SPOT STRATEGY

## 1 Strategy Objectives

The objectives of this Hot Spot Strategy are to:

- 1.1 Reduce the incidence of Healthcare Associated Infection (HCAI)
- 1.2 Provide an early alert system for the detection of related cases of HCAI
- 1.3 Generate data for the analysis and monitoring of HCAI trends
- 1.4 Raise awareness of HCAI.

## 2 Background

Effective control of HCAI is dependent on rapid identification and timely introduction of appropriate control measures. Daily alert organism surveillance allows the early identification of related cases of HCAI in a clinical environment. The introduction of a Hot Spot Strategy will allow the Infection Prevention and Control Team (IPCT) to react promptly in order to prevent further spread and avoid potential outbreaks of infection. It should be used in conjunction with the Outbreak Policy for Clinical Areas and policy for the Management of Diarrhoea and Vomiting in a Clinical Area.

## 3 Definition of a Hot Spot

A “hot spot” will be identified by the IPCT and is defined as:

3.1 More than two cases of the same organism on a ward/unit occurring within a defined time period that are thought to be due to cross infection (the defined time period will vary for different organisms, but will take account of recognised epidemiological features of the organism in question);

**or**

3.2 An unexpected rise in infection or colonisation due to any organism (in some instances this may constitute a single case);

**or**

3.3 An unusually high bacterial burden of multi-drug-resistant microorganisms;

**or**

3.4 An unexpected rise in patients with symptoms likely to be of an infectious aetiology.

Responsible	Actions to include: (not all may be applicable)
<b>Infection Prevention and Control Team (IPCT)</b>	<ol style="list-style-type: none"> <li data-bbox="496 376 1342 450">1 Perform daily alert organism surveillance to allow the prompt identification of related cases of HCAI.</li> <li data-bbox="496 504 1342 611">2 Visit areas designated as a 'Hot Spots' to advise on infection control precautions and restriction of patient movements.</li> <li data-bbox="496 665 1422 772">3 Review any issues regarding the ward environment and cleaning with the Department of Facilities and the cleaning contractor.</li> <li data-bbox="496 826 1318 862">4 Review antibiotic use and discuss with clinical staff.</li> <li data-bbox="496 916 1326 990">5 Review recent audit and surveillance activities and undertake further/follow-up activities as appropriate.</li> <li data-bbox="496 1043 1369 1117">6 Compile an action plan to address any infection control issues of concern.</li> <li data-bbox="496 1171 1406 1279">7 Communicate and discuss all infection control issues and proposed interventions with the Ward Manager, Modern Matron, clinicians and other relevant staff.</li> <li data-bbox="496 1332 1394 1406">8 Communicate appropriate information to site manager at bed meeting or other appropriate forum.</li> <li data-bbox="496 1460 1374 1534">9 Enlist the support of the relevant Infection Prevention &amp; Control Link Practitioners (IPCLPs).</li> <li data-bbox="496 1588 1401 1662">10 Provide educational support, particularly in terms of hand hygiene and infection control precautions.</li> <li data-bbox="496 1715 1406 1751">11 Compile and disseminate data (Trust-wide if appropriate).</li> <li data-bbox="496 1805 1362 1879">12 Review and audit compliance with action plan and any subsequent recommendations.</li> <li data-bbox="496 1933 1182 1968">13 Collate all Hot Spot Strategy-related data.</li> </ol>

	<p>14 Report as appropriate to the Infection Control Committee, the relevant Service Lead(s), the Infection Prevention Sub-Committee and Trust Boards.</p> <p>15 Publish Hot Spot Strategy-related data in the Infection Control Annual Report.</p> <p>16 Review and update the Hot Spot Strategy every five years.</p>
<b>Ward Manager, Modern Matron and Clinical Staff</b>	<p>1 Inform the IPCT if there are more than two suspected cases or an unexpected rise in infectious cases in a clinical area.</p> <p>2 Carry out all recommendations for action made by the IPCT.</p> <p>3 Participate in audit and surveillance activities.</p> <p>4 Ensure that ward/unit staff, particularly the ICLP, attend infection control educational sessions.</p> <p>5 Support environmental issues led by the Department of Facilities.</p> <p>6 Support ICLP activities and release time for ICLPs to perform infection control duties.</p> <p>7 Feedback to Infection Control Committee with Service Lead as necessary.</p>
<b>Service Infection Control Leads</b>	<p>1 Evaluate compliance with all recommendations for action made by the IPCT.</p> <p>2 Feedback progress to Infection Control Committee.</p> <p>3 Disseminate Hot Spot Strategy data, as well as audit and surveillance reports, across the Service.</p>
<b>Trust Board</b>	<p>1 Review and comment on the proposals of the Hot Spot Strategy.</p>

	<p>2 Support and promote the Hot Spot Strategy.</p> <p>3 Review reports arising from the Hot Spot Strategy.</p> <p>4 Assess and implement appropriate initiatives and recommendations arising from the Hot Spot Strategy that will advance clinical practice.</p>
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**5 Success Criteria**

Data will be reviewed and presented to the Infection Control Committee quarterly. The following criteria will determine the success of the Hot Spot Strategy:

- 5.1 Reduction in the rate of HCAI.
- 5.2 Improved monitoring of trends of HCAI.
- 5.3 High level of compliance by clinical staff with IPCT recommendations.

**6 Consultation List**

- Infection Prevention and Control Team
- Consultant Medical Microbiologists
- Infection Control Committee
- Clinical Governance Steering Group
- All Consultants
- All Senior Nurses
- All Ward Managers.
- All Department Clinical Managers

<b>Core Information</b>				
<b>Document Title</b>	Infection Control Hot Spot Strategy			
<b>Date Finalised</b>	22 May 2018			
<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>	Archived electronically by the IPCT. Also held by the Trust Document Controller			
<b>Dissemination Plan</b>				
<b>Recipient(s)</b>	<b>When</b>	<b>How</b>	<b>Responsibility</b>	<b>Progress update</b>

Review		
<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

<b>Core Information</b>	
<b>Manager</b>	Claire Hail, Nurse Consultant IPCT
<b>Directorate</b>	Clinical Support Services
<b>Date</b>	22 May 2018
<b>Title</b>	Infection Control Hot Spot Strategy
<b>What are the aims, objectives &amp; projected outcomes?</b>	These guidelines have taken into consideration the cultural/religious and gender needs of patients.