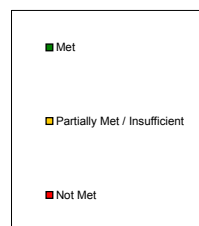
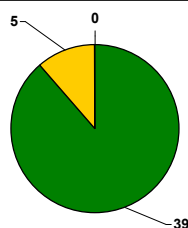


# Hygiene Code Compliance (Nov 08)

Hygiene Code Compliance



Duty	Indicator	Status			Action	Action Owner	Deadline
		Apr 08	Oct 08	Nov 08			
1a	As so far as is reasonably practicable, patients, staff and other persons are protected against risks of acquiring HCAs, through the provision of appropriate care, in suitable facilities, consistent with good clinical practice.	Green	Green ▶	Green ▶	i) Maintain and improve sites as needed, linked to infection risks. ii) Ensure alcohol hand rubs are available at point of care. iii) Cleaning Audits.	Head of sites  Hotel Services Manager & Clean your hands leads  Hotel Services Manager	In place, now ongoing monitoring and improvement as necessary
1b	Patients presenting with an infection or who acquire an infection during treatment are identified properly and managed according to good clinical practice, for the purposes of treatment and to reduce the risk of transmission.	Amber	Green ▲	Green ▶	i) All staff adhere to infection prevention manual (provided by Kent Health Protection Unit) ii) Introduce care pathways for C.Diff and MRSA management of in-patients, using EKHT model	Heads of Service  Community Hospital Matrons Head of Infection Prevention	In place, ongoing monitoring  Oct 2008 C.diff management plan in place. EKHT MRSA not appropriate so will not be shared (as we do not screen)
2a	A Board level agreement outlining its collective responsibility for minimising the risks of infection and the general means by which it prevents and controls such risks.	Green	Green ▶	Green ▶	No action required, target achieved.		Completed
2b	The designation of an individual as director of infection prevention and control (DIPC) accountable to the Chief Executive and the Board.	Green	Green ▶	Green ▶	Assistant Director Adult Clinical Services confirmed as DIPC. Head of Infection Prevention confirmed as Deputy DIPC.	Chief Operating Officer DIPC	Completed Published: November 2008 Edition
2c	The mechanisms by which the Board intends to ensure that adequate resources are available to secure the effective prevention and control of HCAI's. These should include implementing an appropriate assurance framework, infection control programme and info	Amber	Amber ▶	Amber ▶	i) Healthcare Associated infection rates are monitored monthly, reporting to PCT Commissioning Infection Prevention and Control sub committee which is chaired by Director of Nursing and attended by Medical Director of PCT, the Community Services Management Board chaired by Non Executive Director. Performance data is reported to the Board monthly as part of a wider patient safety report.  ii) Progress against infection prevention programme monitored bi-monthly at Infection Prevention Cleanliness Group and Clinical Quality & Safety Committee.  The only reason this indicator remains amber is that the community services infection prevention and control team continues to be incomplete is due to the outstanding vacancy of Lead Nurse - infection prevention and control. Closing date for applications is December 17th 2008.	Head of Infection Prevention & DIPC  Head of Infection Prevention Head of Integrated Governance  Head of Infection Prevention Hotel Services Manager Heads of Service  Head Infection Prevention	Ongoing reporting with resultant action to correct anomalies. Staff member in place by end March 09
2d	Ensuring that relevant staff, contractors and other persons whose normal duties are directly or indirectly concerned with patient care receive suitable and sufficient training, information and supervision on the measures required to prevent and control risks	Green	Green ▶	Green ▶	i) Numbers of staff needing annual mandatory training to be identified ii) Face to face training sessions to be commissioned via external provider iii) Monitor training monthly, taking steps to deal with non-compliance via discipline policy.	Heads of Service Head of Sites  Head of Infection Prevention Learning and Development Lead  Head of Infection Prevention Heads of Service	September 08 complete  July 08, sessions to start Sept 08 1000 places made available  On-going
2e	A programme of audit to ensure that key policies and practices are being implemented appropriately.	Amber	Amber ▶	Amber ▶	Hand hygiene compliance audits are in place and each community hospital has an annual infection prevention audit, however an overall audit programme is not yet complete as we do not have a complete cycle of audit and reporting through the relevant governance groups.	Head of Infection Prevention	Audits commenced re hand hygiene, but need to progress essential steps.
2f	A policy addressing, where relevant, the admission, transfer, discharge and movement of patients between departments, and within and between healthcare facilities.	Amber	Green ▲	Green ▶	Incorporated in HPU policy, to be incorporated within documentation re admission risk assessment, transfer and discharge in Community Hospitals.	Deputy Clinical Services Manager - Community Hospitals	Oct. 08 Complete

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3a	Made a suitable and sufficient assessment of the risks to patients in receipt of healthcare with respect to HCAIs	Amber	Green ▲	Green ▶	Infection prevention risk assessment to be added to inpatient admission documentation.  Infection risk assessment to be added to initial assessment of new patients/clients referred to other clinical services.	Deputy Heads of Service – Community Hospitals Heads of Clinical Services  Louise Cameron	Oct 08 Local RA complete for inpatients, compliance with this documentation to be addressed by Matrons. Dec 08 RA for other services going to records management group for approval
3b	Identified the steps that need to be taken to reduce or control those risks	Amber	Green ▲	Green ▶	As 3a	As 3a	As 3a
3c	Recorded its findings in relation to items (a) and (b)	Amber	Green ▲	Green ▶	As 3a	As 3a	As 3a
3d	Implemented the steps identified	Amber	Green ▲	Green ▶	As 3a	As 3a	As 3a
3e	Appropriate methods in place to monitor the risks of infection such that it is able to determine whether further steps need to be taken to reduce or control HCAIs	Amber	Amber ▶	Amber ▶	Infection control risks included on the community services risk register, the commissioning risk register and a specific commissioning patient safety risk register. They are reported into the PCT integrated governance sub committee and the patient safety and quality sub committee, all sub committees of the PCT Board. The reason this indicator remains amber is that community services are improving their infection surveillance programme, to cover more than just MRSA and C. Diff, this will be accompanied by training to support clinical staff	Head of Infection Prevention	Dec. 08
4a	There are policies for the environment that make provision for liaison between the members of any infection control team (ICT) and the persons with overall responsibility for facilities management	Green	Green ▶	Green ▶	Infection prevention Cleanliness Group attended by Hotel Services Manager. Include Hotel Services draft in Link Worker Programme	Hotel Services Manager Head of Infection Prevention	Ongoing
4b	It designates lead managers for cleaning and decontamination of equipment used for treatment (a single individual may be designated for both areas).	Green	Green ▶	Green ▶	No action required, target achieved.		Completed
4c	All parts for the premises in which it provides healthcare are suitable for the purpose, kept clean and maintained in good physical repair and condition.	Green	Green ▶	Green ▶	Monthly cleaning audits by Hotel Services. Quarterly involving Hotel services and Matrons	Community Hospital Matrons Hotel Services Manager	Ongoing
4d	The cleaning arrangements detail the standards of cleanliness required in each part of its premises and that a schedule of cleaning frequencies is publicly available.	Amber	Green ▲	Green ▶	Cleaning schedules available in some areas, to be made available in all areas	Hotel Services Manager	Completed
4e	There is adequate provision of suitable hand washing facilities and antibacterial handrubs.	Green	Green ▶	Green ▶	No action required, target achieved.		Completed
4f	There are effective arrangements for the appropriate decontamination of instruments and other equipment	Green	Green ▶	Green ▶	No action required, target achieved.		Completed
4g	The supply and provision of linen and laundry supplies reflect Health Service Guidance (HSG) (95) 18 <b>Hospital Laundry Arrangements for Used and Infected Linen</b> , as revised from time to time.	Green	Green ▶	Green ▶	No action required, target achieved.		Completed
4h	Uniform and workwear policy ensure that clothing worn by staff when carrying out their duties is clean and fit for purpose.	Green	Green ▶	Green ▶	No action required, target achieved.		Completed
5a	Duty to provide information on HCAIs to patients and the public about the organisation's general systems and arrangements for preventing and controlling HCAIs	Amber	Amber ▶	Amber ▶	Department of Health leaflets (simple guide to CDIiff, simple guide to MRSA, NICE guidance MRSA outside hospital) are made available in some areas to patients. To be made more widely available in hospitals and health centres.	Communications Team Head of Infection prevention	Feb. 2009
5b	Duty to provide information on HCAI's to patients and the public, to each patient concerning: • Any particular considerations regarding the risks and nature of any HCAI relevant to their own care • Any preventative measures relating to HCAIs that a p	Amber	Amber ▶	Amber ▶	As 5a	As 5a	As 5a
6	Must ensure that it provides suitable and sufficient information on a patient's infection status whenever it arranges for that patient to be moved from the care of one organisation to another, so that any risks to the patient and others from infection can	Green	Green ▶	Green ▶	Infection prevention risk assessment to be added to inpatient admission documentation. IP risk assessment to be added to initial assessment of new patients/clients referred to other clinical services.	Deputy Heads of Service - Community Hospitals Heads of Clinical Services	Oct 08 - achieved  Nov 08
7	So far as is reasonable practicable, ensure that its staff, contractors and others involved in the provision of healthcare co-operate with it, and with each other, so far as is necessary to enable the body to meet its obligations under this Code	Green	Green ▶	Green ▶	Continue to engage with other providers in root cause analysis for MRSA bacteraemias, cases of C.diff across provider boundaries	Head of Infection Prevention	Ongoing
8	An NHS body providing in-patient care must ensure that it is able to provide, or secure the provision of, adequate isolation facilities for patients sufficient to prevent or minimise the spread of HCAIs	Green	Green ▶	Green ▶	No actions		Completed
9	If services are provided by a microbiology laboratory in connection with the arrangements it makes for infection prevention and control, the laboratory has in place appropriate protocols and that it operates according to the standards from time to time re	Green	Green ▶	Green ▶	No actions		Completed
10a	Standard (universal) infection control precautions	Amber	Green ▲	Green ▶	KHPU policies in place, review date has passed. KHPU given completion date of Oct 08. Rolling programme of policy audits to be set up.	Kent Health Protection Unit Head of Infection Prevention Audit Leads Heads of Services	Completed manual to go to CQ&S for adoption then to be printed and distributed to community hospitals Available in hard copy for community
10b	Aseptic technique	Amber	Green ▲	Green ▶	As 10a	As 10a	As 10a

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10c	Major outbreaks of communicable infection	Amber	Green ▲	Green ►	As 10a	As 10a	As 10a
10d	Isolation of patients	Amber	Green ▲	Green ►	As 10a	As 10a	As 10a
10e	Safe handling and disposal of sharps	Amber	Green ▲	Green ►	As 10a	As 10a	As 10a
10f	Prevention of occupational exposure to blood-borne viruses (BBVs) including prevention of sharps injuries.	Amber	Green ▲	Green ►	As 10a	As 10a	As 10a
10g	Management of occupational exposure to BBVs and post-exposure prophylaxis.	Amber	Green ▲	Green ►	As 10a	As 10a	As 10a
10h	Closure of wards, departments and premises to new admissions	Amber	Green ▲	Green ►	As 10a	As 10a	As 10a
10i	Disinfection policy	Amber	Green ▲	Green ►	As 10a	As 10a	As 10a
10j	Antimicrobial prescribing		Green	Green ►	Antibiotic prescribing audits	Head of Community Pharmacy	Antimicrobial prescribing policy in place, pharmacy technician appointed, will commence audits.
10l	Control of infections with specific alert organisms, taking account of local epidemiology and risk assessment. These infections must include, as a minimum, MRSA, CDiff infection and transmissible spongiform encephalopathies	Amber	Green ▲	Green ►	Infection prevention risk assessment to be added to inpatient admission documentation. IP risk assessment to be added to initial assessment of new patients/clients referred to other clinical services.	Deputy Heads of Service - Community Hospitals Heads of Service	Oct 08 - achieved Nov 08 See duty 3
11a	All staff can access relevant occupational health services	Green	Green ►	Green ►	No action required, target achieved.		Completed
11b	Occupational health policies on the prevention and management of communicable infections in healthcare workers, including immunisation, are in place.	Green	Green ►	Green ►	No action required, target achieved.		Completed
11c	Prevention and control of infection is included in all programmes for new staff, and in training programmes for all staff.	Green	Green ►	Green ►	No action required, target achieved.		Completed
11d	There is a programme of ongoing education for existing staff (including support staff, agency/locum staff and staff employed by contractors)	Green	Green ►	Green ►	No action required, target achieved.		Completed
11e	There is a record of training and updates for all staff	Green	Green ►	Green ►	All training to be recorded locally on staff records, and corporately on ATL system	Heads of Service Learning and Development Lead	Ongoing
11f	The responsibilities of each member of staff in the Prevention and Control of Infection is reflected in their job description and in any personal development plan or appraisal	Green	Green ►	Green ►	Infection prevention incorporated into JDs, PDP and appraisal.	Heads of Service	Ongoing

\* Updated monthly