

# Infection Prevention and Control Programme 2021

**Objectives:**

1. To prevent patients acquiring infections whilst in Northland DHB care.
2. To control the spread of infection between patients while in Northland DHB facilities.
3. To develop, maintain and monitor systems which enable the H&DS Standard to be met including education of staff.
4. To have an overview of the IP&C risks in the Northland DHB facilities at any time
5. *To support Aged Residential Care staff in line with the Ministry of Health Recommendations*

**Team:**

	<i>IP&amp;C Team Manager</i>	<i>(MS)</i>
	Clinical Microbiologist/ Clinical Microbiologist	(DH) – Northland DHB Lead for IP&C (MP) (MW)
	IP&C CNS	
	IP&C CNS	(PR)
	IP&C CNS	(CM)

**Plan:**

Element:	Proposed action plan/Evidence:	CNS responsible
<p><b>POLICIES</b></p> <ul style="list-style-type: none"> <li>• All IP&amp;C policies are up to date and consistent with current evidence based practice.</li> </ul>	<ul style="list-style-type: none"> <li>• IPC policies provided meet the Health and Disability Service Standard 8143:3.2008</li> <li>• The IPC Team has a policy/document control schedule – to ensure all policies and other relevant documents are reviewed regularly, on schedule and in line with any changes in standards/guidelines/practices.</li> <li>• All IPC policies are accessible to staff on the Document Central</li> <li>• Staff compliance with polices is monitored via observation and incident reporting, conducted by the IPC Team. MDRO isolation is checked regularly.</li> </ul>	<ul style="list-style-type: none"> <li>• IP&amp;C Team</li> </ul> <p style="color: #a52a2a; font-style: italic;">(automated reminders are generated by Document Control)</p>
<p><b>SURVEILLANCE</b></p> <ul style="list-style-type: none"> <li>• Relevant targeted surveillance is conducted within Northland DHB including HQSC National Surveillance where applicable</li> <li>• <i>Public Health Team advise of community outbreaks enabling IP&amp;C to manage potential risk to hospital patients</i></li> </ul>	<p>The IPC Team will continue to conduct the following surveillance, in line with recommended guidelines/standards:</p> <ul style="list-style-type: none"> <li>• Blood Stream Infections (BSIs) BSIs will be monitored regularly (weekly) and reported to the Infection Control Committee (ICC) every 2 months. Hospital acquired <i>Staphylococcus aureus</i> BSIs, as a clinical indicator will be reported to HQSC</li> <li>• Vascular Access Committee – forum for monitoring, management and reporting of matters relating to all IV lines and associated equipment. MW representing IP&amp;C on VAC. CLAB chart review as required by the VAC committee</li> <li>• Surgical Site Infections (SSIs) All SSIs will be monitored, with hips and knees reported nationally as part of the HQSC project and internally to the ICC and clinical staff.</li> <li>• Lower Segment Caesarean Section (LSCS) This surveillance is not required for the HQSC. A modified surveillance to identify in-house infections and readmissions for post op infections will be conducted</li> </ul>	<ul style="list-style-type: none"> <li>• PR will discuss any HAI BSIs with the IPC CNSs as per service coverage and DH as required.</li> <li>• MW –meets monthly. Minutes available</li> <li>• CM will monitor &amp; report to the ICC and relevant clinical staff. Data entry to IC Net. Regular meetings with project Lead.</li> <li>• MW will monitor &amp; report to ICC and relevant clinical staff. <i>CM includes LSCS infections in Cat 2 report</i></li> </ul>

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	<ul style="list-style-type: none"> <li>• Multidrug-Resistant Organisms (MDROs) The Laboratory scan and email MDRO reports to MW. Some paper copies are supplied to team.</li>   <li>IP&amp;C team authorised to place MDRO Alerts on patients' electronic records Tables and graphs will be refreshed for reporting purposes. This will be done in a timely manner. Ward staff will be notified by IP&amp;C and /or the Laboratory.</li>   <li>• PIV/Device Site Identified issue of concern (via Datix reporting and anecdotal evidence).</li> </ul>	<ul style="list-style-type: none"> <li>• IP&amp;C Team report to ICC and relevant staff</li>   <li>• <i>MW managing data base for 2021</i></li> <li>• <i>Where possible Alerts are placed on Concerto in a timely manner</i></li>   <li>Datix reports reviewed by IP&amp;C CNS relevant to the ward/department</li> </ul>
<p><b>AUDITING</b></p> <ul style="list-style-type: none"> <li>• Relevant auditing is conducted in all Northland DHB hospitals.</li> </ul>	<ul style="list-style-type: none"> <li>• Environmental audits will be conducted in clinical areas in stages over the course of the year. (including regions) Urgent issues are addressed immediately. Audit reports are provided to key stakeholders. Spot environmental audits with Contract Cleaner randomly.</li>   <li>• Auditing of construction, refurbishment and renovations using Northland DHB risk matrix downloaded from the Building Construction and Renovation policy when applicable. This can be a delegated task.</li>   <li>• Hand Hygiene (HH) auditing completed x3 a year as per HQSC schedule, with all audited areas receiving reports and graphs from HH Coordinator on audit completion. Overall HH audit results to be reported to the HH Steering Committee, ICC and Clinical Board. Local HH auditors supported by IP&amp;C team. <i>( as of 7/4/21 HH Steering Committee amalgamated with ICC)</i></li>   <li>• Waste management- IP&amp;C supports Margriet Geesink, Sustainability manager as needed. Educates staff re waste Management policy</li>   <li>• Miscellaneous audits as needed eg glucometer cleaning/hand jewellery</li> </ul>	<ul style="list-style-type: none"> <li>• Individual IPC CNSs, as per service coverage.</li>   <li>• Individual IPC CNSs as per service coverage.</li>   <li>• PR-HH Coordinator</li>   <li>• MW support with waste audits upon request</li>   <li>• Team</li> </ul>
<p><b>EDUCATION:</b></p> <ul style="list-style-type: none"> <li>• IP&amp;C education is provided at orientation to all staff and service specific as necessary.</li> <li>• Education is provided upon request to ARC facilities throughout the region</li> </ul>	<ul style="list-style-type: none"> <li>• IP&amp;C Link Rep Study Day x2 2021 May 20<sup>th</sup> and November 26th</li>   <li>• Nursing and Midwifery Orientation Monthly</li>   <li>• Hand Hygiene auditor training annually in Whangarei and regions as required</li>   <li>• Ongoing education All wards/units/regional hospitals will be offered ongoing education on relevant topics in addition to the LEARN package, including (but not limited to)HH, Standard &amp; Transmission-based Precautions, organism specific (MRSA/ESBL), and IP&amp;C Policies</li>   <li>• Community Groups &amp; Services</li>   <li>• Community Residential Care Facilities -Education (annual update).(4 hours)</li> </ul>	<ul style="list-style-type: none"> <li>• Team</li>   <li>• Team share</li>   <li>• PR –Whangarei /MW- Regions</li>   <li>• Organised by each individual IPC CNS as per service coverage.</li>   <li>• Upon request</li>   <li>• MW / CM</li> </ul>



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	<ul style="list-style-type: none"> <li>• IP&amp;C promotional events – World hand Hygiene day –May 5<sup>th</sup></li> <li>• International IP&amp;C week – October</li> </ul>	<ul style="list-style-type: none"> <li>• PR</li> <li>• Team</li> </ul>
<b>MEETINGS:</b> <ul style="list-style-type: none"> <li>• Meetings</li> </ul>	<ul style="list-style-type: none"> <li>• Monthly meetings with Manager</li> <li>• ICC (every 2 months) lasts 1.5 hours</li> <li>• IPC Team meetings / <i>none planned for 2021</i> as working on various projects</li> <li>• Northland DHB Regional IPC Meeting –up to 3x per year - in Auckland but VC if possible. Contribute 15minute topic</li> <li>• NZNO IPC College Regional Meetings - attend when possible( usually in Auckland) <i>Postponed due to Pandemic</i></li> <li>• CNS Meetings –monthly</li> <li>• NMELT (<i>Nursing Midwifery Exec. Leadership Team</i>)(monthly)</li> <li>• Clinical Product Review Committee meetings monthly</li> <li>• Construction User Group meetings when appropriate</li> <li>• Document Control Committee</li> <li>• Nursing Governance Group</li> <li>• Practice Development Aged Residential Care every two months (<i>as of 7 April 2021 – [REDACTED] for Rest home project updates and COVID19 preparedness</i>)</li> </ul>	<ul style="list-style-type: none"> <li>• Individual IP&amp;C CNS</li> <li>• representing team on various groups</li> <li>• Team, DH, plus usually [REDACTED] ( ex IP&amp;C)</li> <li>• TBA by College</li> <li>• Attend if possible</li> <li>• Team attend</li> <li>• CM</li> <li>• Relevant IP&amp;C CNS</li> <li>• PR ( Team welcome)</li> <li>• MW / PR</li> <li>• Team</li> </ul>
<ul style="list-style-type: none"> <li>• Personal Team Study Planned</li> </ul>	<ul style="list-style-type: none"> <li>• PDRP</li> <li>• Post graduate study</li> <li>• Relevant Grand Rounds -Fridays</li> </ul>	<ul style="list-style-type: none"> <li>• Individual IP&amp;C CNSs</li> <li>• PR and CM</li> <li>• Team attend as able</li> </ul>
<ul style="list-style-type: none"> <li>• Conference Attendance</li> </ul>	<p>PR to apply for IPC National Conference this year - October</p>	<p>PR</p>
<ul style="list-style-type: none"> <li>• Personal Annual Other Leave</li> </ul>	<p>All leave requested via <i>Yourself Kiosk</i> and team members cooperate when possible  PR works 3 days one week and 4 the next week.  CM is off every Wednesday  All leave including study leave and sick leave is covered by colleagues</p>	<ul style="list-style-type: none"> <li>• IP&amp;C Team</li> <li>• IP&amp;C Team</li> </ul>

<b>FUTURE PLANNING:</b>	<p>The Programme is open to challenges and changes throughout the year. A Planning day is held early in the new year to review the programme and plan for the year. The programme is revised by the team and approved by the Lead Microbiologist on behalf of the ICC</p> <p><i>The business case for the introduction of ICNet has been approved. ICNet will enable extended surveillance to be conducted which will improve patient experience and reduce infections.</i></p>
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DH wants all IP&C CNS to attend workshops, seminars or conferences which will enhance professional development.

**Notes**

*The year 2020 saw an increase in workload for the IP&C team with additional education and support required for most areas including ARC facilities. The IP&C team was reduced to two CNSs in February 2020 when PR went to work at the first isolation facility in Whangaparoa.*

*The COVID19 Lockdown and Level 2 Alert necessitated a change in the way the team worked and some parts of the plan were stalled.*

*The development of negative air flow areas for patients with suspected COVID19, has resulted in temporary construction becoming the status quo in some clinical areas. Further construction is underway.*

*The Cardiac Catheter Lab is new, and 2021 will see a new Admissions Unit at Whangarei, and a new haemodialysis unit at BOI hospital.*

*Parts of the programme may need to be modified in order to prioritise infection prevention.*

