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Infection Prevention and Control

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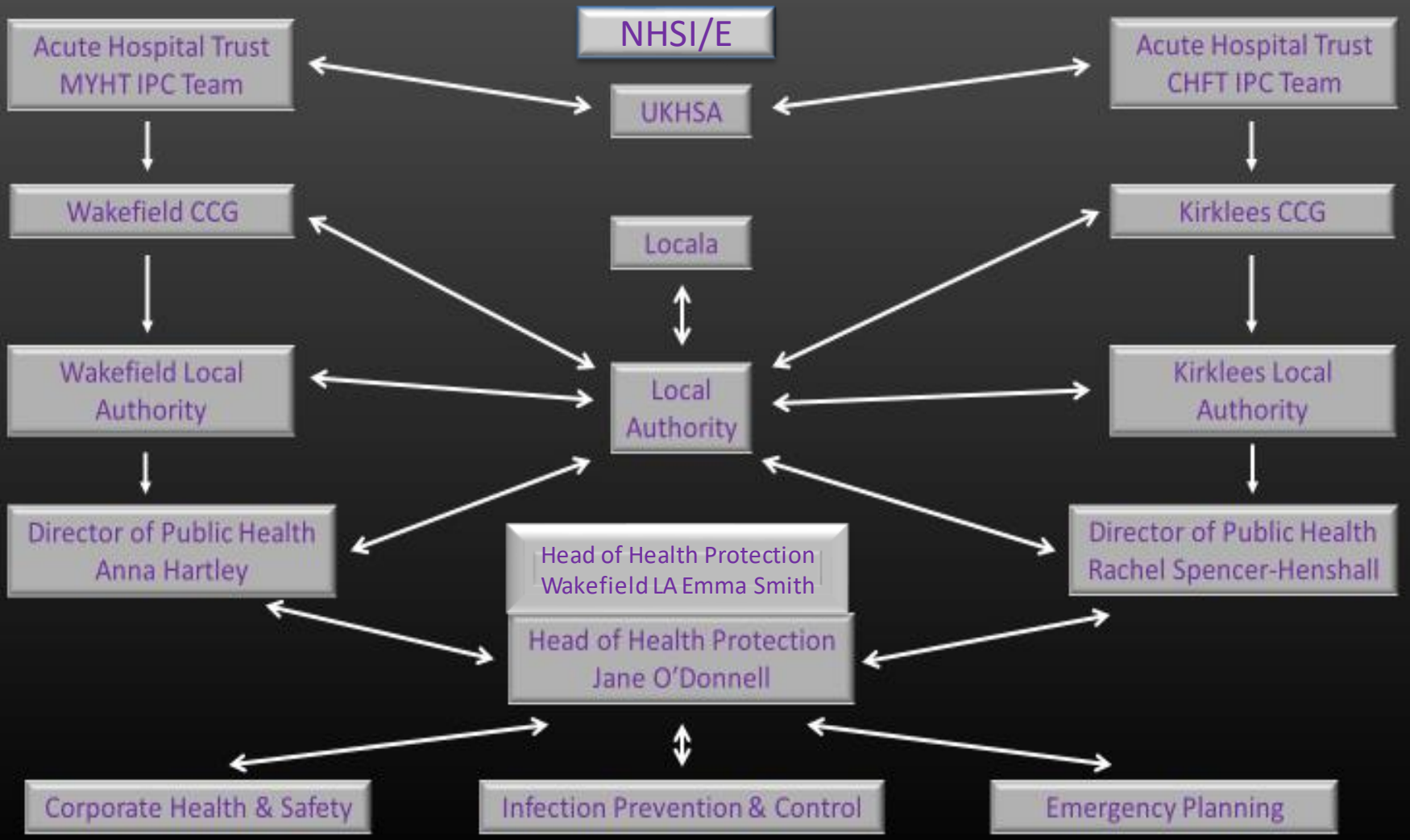
Wakefield and Kirklees Council



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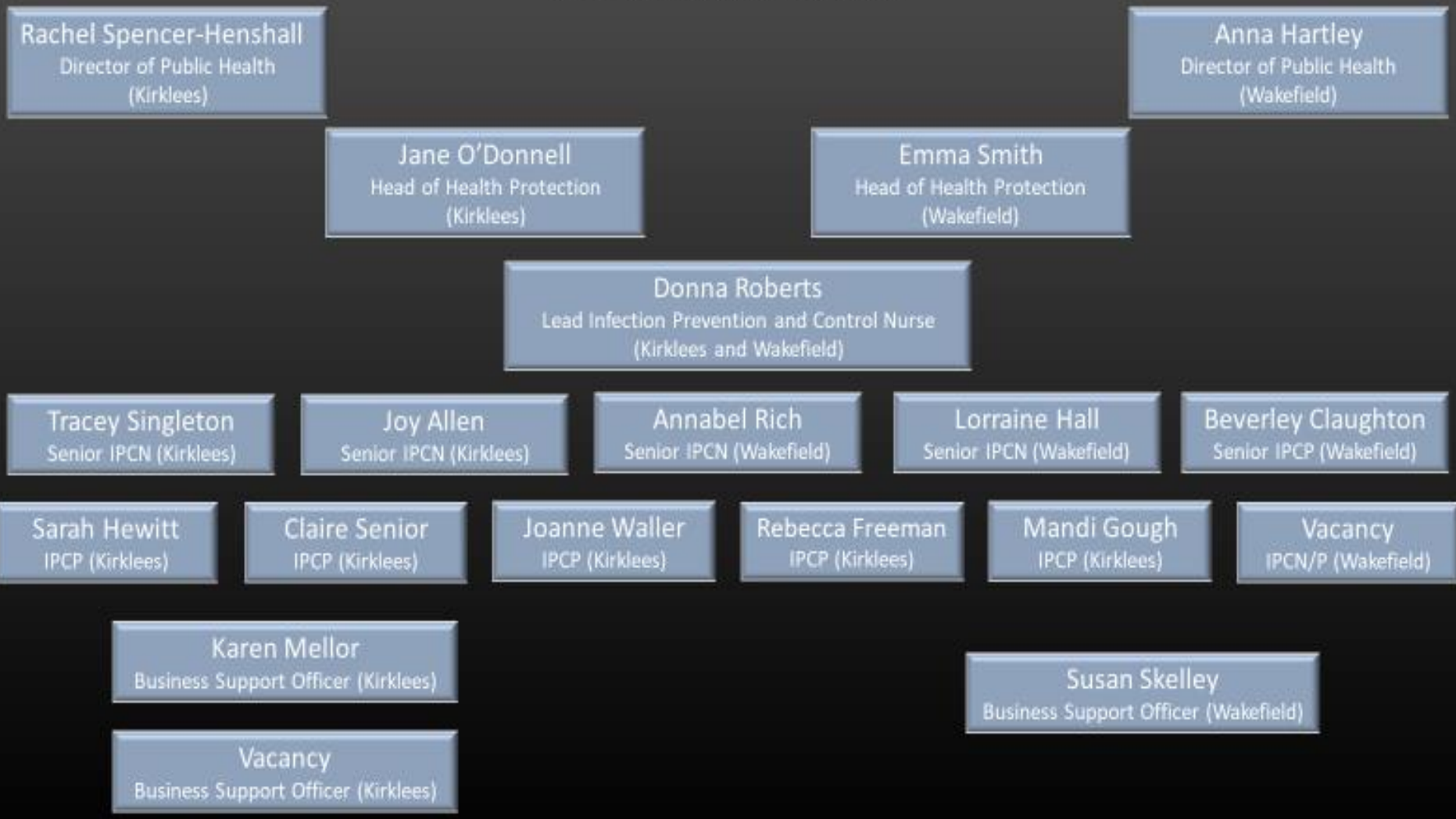
IPC Team Structure



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Care Quality Commission (CQC)

The Care Quality Commission (CQC) is the independent regulator of health and adult social care in England.

Whether health care services are provided by the NHS, local authorities, independent providers or voluntary organisations, the CQC are responsible to ensure the care that people receive is of an appropriate standard.

The CQC register and license providers of care services, to ensure that they meet essential standards of quality and safety. They also monitor healthcare providers to make sure they continue to meet these standards, and work together with people who use services, service providers and other regulators to ensure safe and quality care is provided.

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Role of Director of Public Health

Local Authority (Director of Public Health) under section 6 of the Health and Social Care Act 2012,

Directors of Public Health within the Local Authority have a duty to prepare for and lead the local authority public health response to incidents that present a threat to the public's health.

The Local Authority is responsible for ensuring that the NHS and other providers with whom they have contracts with will provide appropriate response to any incident that threatens the public's health.

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- A Director of Public Health (DPH) should be an individual trained, accredited, and registered in specialist public health.

- The core purpose of the DPH is as independent advocate for the health of the population and system leadership for its improvement and protection. As such it should be a high-level statutory role bridging local authorities, the NHS and other appropriate sectors and agencies with responsibilities for health and well-being for a defined population.

- A Director of Public Health will be responsible within their defined population for the delivery of:
  - Measurable health improvement;
  - Health Protection including emergency response;
  - Public health input to health and care service planning and commissioning;
  - Reduction of heath inequalities.

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IPC Lead

- The IPC Lead ensures all DHSC / UKHSA / NHE&I / NICE guidance is incorporated within the IPC yearly programme. This includes AMR and associated guidance across the Health and Social care settings.
- In the absence of the Head of Health Protection the Lead IPC Nurse deputises for Health Protection issues and attends meetings, such as; TB Cohort, Migrant Health and Immunisation and PHE Screening Programmes
- The Kirklees / Wakefield IPC team work closely with other IPC Teams within two Acute Hospital Trusts; Calderdale and Huddersfield Foundation Trust and Mid Yorkshire Hospital Trust including Community (Locala) providers

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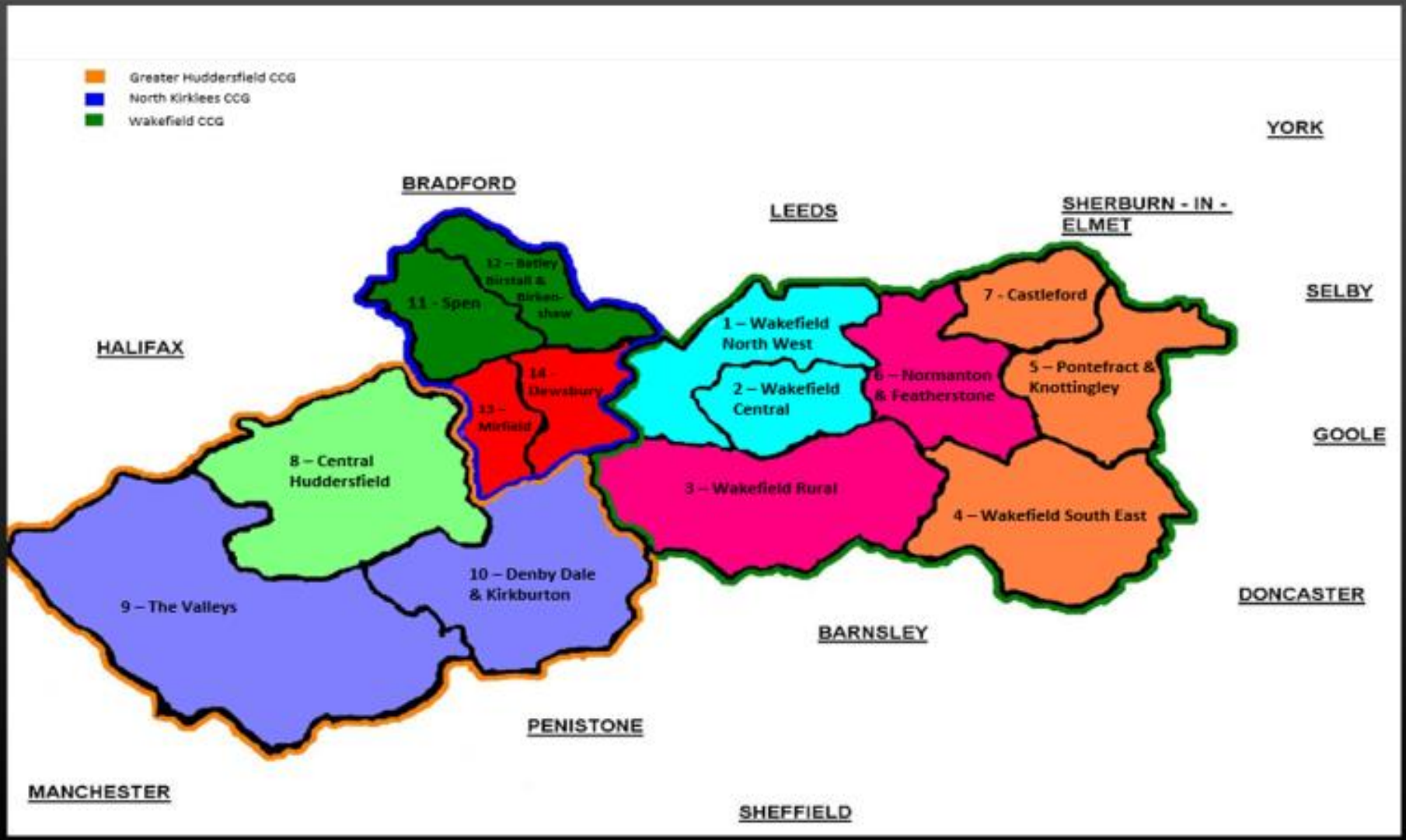

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Population of Kirklees and Wakefield

- The Head of Health Protection and Lead IPC Nurse manage two collaborative LA IPC Teams.
- The IPC team consists of IPC Practitioners & Nurses that work within Kirklees LA which has a population of 437,100 and Wakefield LA with a population of 337,094; a combined population of approximately 774,194 residents.

- Number of Care Homes = 152 Kirklees = 129 Wakefield = 65
- Number of GP Wakefield = 59

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Kirklees / Wakefield IPC Function

- Providing expert reactive and proactive information and advice to all community health and social care staff, patients (service users / citizens), relatives and carers, in respect of infections, including HCAI's, and the prevention and control of those infections.
- Providing a comprehensive IPC education programme incorporating induction training, refresher training, and education tailored to the needs of Health and Social Care Providers
- Constantly reviewing the IPC education programme to ensure it remains in line with best practice guidance and legislation
- Ensuring all policies, guidelines and recommendations are in line with best practice guidance and legislation
- Contribute to the annual IPC Plan / Programme / Action plan in consultation with the Health Protection Board and key stakeholders (LA / CCG's / UKHSA / MYHT / CHFT / Locala.
- Collate and report MRSA / CDI / E. coli / MSSA / Klebsiella / Pseudomonas to the CCG's and Health Protection Board in accordance with national and local requirements

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- Provide expert management of infection outbreaks/incidents within the community including Care Homes/Schools.
- Advising on the procurement of new equipment in relation to IPC issues.
- Advising on aspects of decontamination, including levels of equipment decontamination and cleaning.
- Advising on IPC issues prior to commissioning of new buildings and upgrading premises.
- Auditing IPC practices and standards within health and social care premises (GP and Care Homes).
- The CCG commission the IPC service to gain assurance that all local health and social care providers are adhere ring to the code of practice. The IPC team report all surveillance and IPC intelligence to the CCG.
- Review in collaboration with CQC/LA Contracting the status of the environment and the effectiveness of facilities management services, including cleaning in order to provide a safe and clean environment for patient care.
- Working in collaboration with and liaising with the UKHSA, Environmental Health Department, CCG, GP's, social services and other local agencies.

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- Facilitate identified group of link staff ensuring they work within defined roles and are empowered to continually raise the standards of infection prevention and control.
- Review and respond appropriately to adverse incidents/near misses related to IPC.
- Ensuring the provision of information to patients, relatives and visitors so that they are aware of their role in the prevention of HCAIs.

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Outbreak Management

- Outbreak definition – 2 or more cases of an infection linked by time place or person
- Outbreaks managed by IPC team include – D&V, COVID-19, Scabies, Influenza like illness and CDI
- Outbreaks in care homes, businesses and schools
- Initial contact made with UKHSA to inform and declare an outbreak
- UKHSA inform the IPC team who contact the outbreak to offer daily advice and support
- IPC team offer tailored advice due to good relationships and understanding of facilities and environment
- IPC team share sitrep to the local partners including acute trust, CCG, relevant staff visiting homes

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Covid -19 Outbreak Checklist

Daily outbreak checklist						
Care Plan		DAY 1	DAY 2	DAY 3	DAY 4	DAY 5
Daily communication reviews						
1	Cases of suspected or confirmed Covid-19 type illness have been reported to the person in charge and entered on the log sheet (residents and staff)					
2	Visitors to be informed of the outbreak and a poster remains displayed on the main entrance to the home					
3	Follow local guidance regarding friends and family visits for residents					
4	Information leaflets are available for visitors and for staff					
5	Hand washing facilities/alcohol gel is available for all visitors to use on entering and exiting the premises					
6	Visiting health care staff have been informed of the outbreak i.e. GP's, community nurses, physiotherapists, occupational therapists, pharmacists					
7	All non-essential services have been deferred until after the outbreak- i.e. chiropodist, hairdresser, decorator					
8	The care home manager informed the GP/ambulance crew and admitting hospital of the outbreak, so that the resident could be received into a suitable area in A&E/medical admissions unit (MAU)					
9	Cohort staff to work in one area during the duration of the outbreak. Also consider food service. Food service staff must not leave the kitchen area where possible.					
10	Ensure staff are aware of strict IPC precautions including social distancing and frequent hand hygiene.					
11	Staff and visitors with symptoms have been excluded until fully recovered or 10 days after start of symptoms or from date of covid-19 test if person has no symptoms.					
12	Staff are not eating/ drinking with residents					
13	All open boxes of chocolates, sweets, biscuits, and bowls of fruit have been removed from the open environment					
14	Staff are changing out of uniforms prior to leaving the home during the outbreak and a new uniform is worn each day. All staff are compliant with Bare below the elbows guidance					
15	Adequate supplies of Personal Protective Equipment (PPE) are available see https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/covid-19-personal-protective-equipment-ppe for latest guidance					
16	FFP3 masks and long-sleeved surgical gowns should only be worn for aerosol generating procedures. When using FFP3 masks staff must be appropriately 'fit tested'.					
17	PPE is available and easily accessible (enclosed from the open environment) and all gloves and aprons are discarded after each episode of patient care into the correct waste stream. Donning and doffing stations are easily accessible.					
18	Reusable equipment (such as mop handles, buckets) must be decontaminated after use with a chlorine-based disinfectant as described above. Communal cleaning trollies should not enter the room. Any reusable equipment must be dedicated for outbreak use only.					
19	All clinical waste must be disposed in the infectious waste stream, using orange waste bags. An additional collection may be required by refuse service.					
20	Residents are provided with hand wipes and tissues and encouraged to cover their mouths when coughing, sneezing and wash their hands regularly (catch it, bin it, kill it)					
21	Foot operated bins are available for the disposal of tissues					
22	Laundry is placed directly into a water soluble/infected laundry bag. This is taken directly to the laundry and managed appropriately.					
23	Capacity tracker is updated to reflect number of infected staff and residents. Shortages of PPE are flagged via capacity tracker and through the care homes portal or L.A. emergency supply chain.					
24	Ensure close monitoring of residents health. Consider use of NEWS assessment tool and fluid balance charts.					

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Surveillance

- IPC team are tasked to process positive results from MYHT and CHFT labs for MRSA, CDI and E. coli
- Inform patient, GP, care home and other Healthcare staff via Systmone
- In relation to E. coli, the IPC team request that the GP practice complete a questionnaire looking at what healthcare intervention the patient may have had leading up to the positive result
- Specialist advice to patients and their carers
- Log cases
- Post infection reviews of MRSA bacteraemia's and CDIs

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Data capture system

- Monthly update of number of cases for MRSA, CDI, MSSA, E Coli, Klebsiella and Pseudomonas
- HCAI targets set annually by UKHSA
- Further analysis carried out by the IPC team reviewing any healthcare interventions, common themes or trends
- These themes shape the annual IPC plan
- Gram negative HCAI reduction plan

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Trajectories 2021-2022 – CCG's

KIRKLEES CCG	Objective 2021-22	Total 2020-2021	Total to date
MRSA	0	9	6
CDI	61	86	81
MSSA	No objective	93	95
E. coli	285	273	229
Pseudomonas aeruginosa	24	20	17
Klebsiella spp	69	90	74

WAKEFIELD CCG	Objective 2021-22	Total 2020-2021	Total to date
MRSA	0	5	9
CDI	85	81	114
MSSA	No objective	83	90
E. coli	306	245	235
Pseudomonas aeruginosa	23	34	68
Klebsiella spp	52	70	34

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Trajectories 2021-2022 – Acute Trusts

CHFT	Objective 2021-22	Total 2020-2021	Total to date
MRSA	0	1	0
CDI	22	50	31
MSSA	No objectives	16	13
E. coli	91	29	35
Pseudomonas aeruginosa	10	2	6
Klebsiella spp	28	11	12

MYHT	Objective 2021-22	Total 2020-2021	Total to date
MRSA	0	6	4
CDI	50	61	88
MSSA	No objectives	35	31
E. coli	152	66	68
Pseudomonas aeruginosa	21	12	15
Klebsiella spp	32	29	26

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Any questions?

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