MINUTES OF THE INFECTION CONTROL COMMITTEE MEETING

HELD ON TUESDAY 8 NOVEMBER 2011
BOARDROOM, DARLINGTON MEMORIAL HOSPITAL

Present:
Dr David Allison, Consultant Microbiologist, CDDFT (Chair)
Dr John Sloss, Consultant Microbiologist, CDDFT
Tricia Gordon, Senior Nurse Infection Control, CDDFT
Jean Armstrong, Lead ICN, NHS County Durham & Darlington
Bill Headley, Director of Projects and Facilities, CDDFT
John Driver, Professional Lead (for Julie Clennell, Senior Clinical Governance Lead, CDDFT
Claire Skull, Surveillance Nurse, CDDFT
Maggie Donoghue, Matron General Surgery/Urology/ENT, CDDFT
Dr A Foden, Consultant Physician, CDDFT
Dr Deb Wilson, Consultant in Communicable Diseases, HPU
Dr Annie Abraham, Consultant Acute Medicine, CDDFT
Geoff Sweeney, Car Parking & Information Manager, CDDFT

1 Apologies

Laura Robson, Executive Director of Nursing, CDDFT
Alison McCree, Associate Director Facilities, CDDFT
Peter Holden, Balfour Beatty Workplace, UHND
Mr A Jennings, Consultant Orthopaedics, CDDFT
Mr A Humphrey, Consultant Orthopaedic Surgeon
Dr Catherine Aldridge, Consultant Microbiologist, CDDFT
Dr Deepa Nayar, Consultant Microbiologist, CDDFT
Dr P Cook, Consultant Physician, CDDFT
Laurence Lines, Clinical Matron Infection Control, CDDFT
Dr K Smith, Consultant Occupational Physician, CDDFT
Steve Lynch, Health & Safety Manager, CDDFT

2 Minutes of Last Meeting

The minutes of the last meeting were accepted as a true record.

3 Matters arising

Ice machines - At the last meeting the removal of ice machines from the Trust was discussed and agreed. Estates/ICNs are to meet and agree a plan to take this forward and discuss alternatives.

C diff - Following the last meeting a case review of all C diff post 72 hour cases attributed to the acute trust for the period April – September 2011 had been carried out. TG circulated a summary report to the Committee outlining the findings but no clear reason was identified in this review for their being more
cases at DMH than any other site. The Microbiologists/Antibiotic Pharmacists plan to focus on the prescribing patterns at DMH. An audit of Co-Amoxiclav prescribing is to be carried out on AMU at DMH and an extraordinary meeting is to be held with Consultant Physicians to discuss prescribing practices, Coamoxiclav and the use of stop/review dates.

**Action: Microbiologists/AB Pharmacists/ICN’s**

**Glove Policy** - This is being progressed and will be completed for the next meeting in February. The policy will cover topics such as when/how to wear gloves and issues such as hand dermatitis etc.

**Sedgefield Community Hospital** - ICNs had reviewed cleaning standards at SCH following the last meeting and had identified no immediate problems.

**Incident Reports - Blades on Instruments (Podiatry)** - BH had discussed this with Jeff Hopkirk (Podiatry Lead) and plastic covers for blades were now being used by Podiatrists which should significantly reduce the number of incidents reported. JH to reinforce the message within the community.

**Sharps Group** - TG informed the Committee that the Sharps Group has now been reinstated and an ICN is attending these meetings.

**Air Purification Units** - LL to feedback to next meeting.

**Blood spillages** – TG/AM had reviewed the cleaning matrix and this has been sent out Trustwide from the IC team. Education by the Infection Control Nurse Educator re blood spillages has been arranged for Estates & Facilities staff.

4  

**HCAI Update**

**MRSA Objective/RCA Summary**
DA reported 2 post-48 hour cases to date against the Trust’s trajectory of 3 for the year 2011-2012.

**MSSA Data**
DA reported 8 post cases of MSSA bacteraemia since January 2011.

**E Coli Data**
DA reported approx 25 cases per month of E Coli bacteraemia. It was noted that 90%-95% of cases were community acquired.

**C diff target/cases**
The Clostridium difficile target for the year 2011-2012 is 59. To date there had been 33 cases plus 1 case attributed to a Community Hospital. It was noted that there had been an increase during October (8 cases). RCA’s for these cases are outstanding.

5  

**4th National Point Prevalence Survey Sept/Oct 2011**

CDDFT had volunteered to take part in this survey and the Infection Control Team and Antibiotic pharmacists had attended a HPA workshop prior to data
collection from wards at DMH and UHND during September and October 2011. Data was collected from every ward at both DMH and UHND. Once data input is completed and submitted a full report and feedback from the HPU will be available during February and this will be reported back to the Committee.

6 Documents for ratification

POL/ICC/003 Common Infections
POL/ICC/005 Biological Agents
POL/ICC/013 Outbreaks
POL/ICC/018 ESBL (New Policy)

The above policies were submitted for approval by the Committee. Any further comments are to be submitted to Infection Control (Kim Ashley) by 21/11/11 before submission to Quality and Healthcare Governance Committee.

Documents approved by Clinical Standards (September 2011)
The following updated patient information leaflets were approved:

Clostridium difficile, Campylobacter, Chickenpox, MRSA Decolonisation (Inpatients), Norovirus, Reducing Risk of Infection in Hospital, Shingles.

Documents ratified by Quality & Healthcare Governance Committee (October 2011)

POL/ICC/004 Guidelines for Notifiable Diseases
POL/ICC/006 Policy for the Prevention and Control of TB
POL/ICC/015 Control & Management of Unusual Infections

Documents ratified by Quality & Healthcare Governance Committee (November 2011)

DIPC Report

7 Infection Control Update

TG gave an update against the Annual Infection Control Plan and circulated a report outlining HCAI statistics to date, audit, education, surveillance and catheters. A brief report on assessment of infection control and decontamination facilities for community dental services was also circulated. Dental services are carried out in a number of community sites across the Trust and methods of cleaning/decontamination vary widely. Following a recent audit of all community sites it is understood that dental services have undergone a review and services are now being proposed on four sites: Peterlee, Park Place, Bishop Auckland and Stanley. BH mentioned the re-structuring of Clinical Care Groups and had flagged this with Janet Sedgewick. A business case needs to be drawn up to remove the benchtop steam steriliser at UHND and replace with central sterilising.

SSI UHND At UHND there have been 4 post surgical cases who have had a laparoscopic converted to open colonic resection which were clinically similar but as yet have not been microbiologically linked. Investigations are ongoing and special measures have included closing Theatre 6 and taking air samples,
sampling theatre equipment and full explorations of patient timelines. Expert opinion has been sought and this is awaiting an outcome.

**Resistant MRSA Strain** One of the patients discussed above isolated a particularly resistant strain of MRSA (E-MRSA 1) and a look back has identified a further 5 isolates between the period July to September. A decision has been made to begin screening staff on the identified wards (Wards 2, 3, 4, 11, and 12 at UHND and Ward 17 at BAH). Screening has now commenced and 203 swabs had been sent to the lab with 8 positive results identified for the usual strain of MRSA. Staff screening is ongoing and a meeting is planned to take this forward.

8 **Joint HCAI Action Plan update**

DA reported that the main topics raised were hospital cleaning and skin preparation when taking blood cultures.

Skin preparation/cleaning was discussed following the recent MRSA bacteraemia case and it was felt that it was difficult to recommend anything being used to clean damaged skin as rubbing the skin could cause further damage/tearing. It was therefore agreed that when it was not possible to clean damaged skin it should be noted on the blood culture form that it had not been possible to clean the skin prior to procedure.

JS informed the Committee that he would be carrying out a prospective blood culture audit covering the period January-March 2012.

9 **Infection Control Assurance Framework**

TG had updated the Framework to take account of changes to Clinical Care Groups and hand hygiene monitoring and compliance. A process had been put in place to give board assurance on hand hygiene compliance. BH suggested highlighting in red any future changes so they were easily identified.

10 **Mattresses**

This item regarding decontamination of pressure relieving mattresses was deferred to the next meeting pending a full report.

**Action: TG**

11 **Alcohol Gel Review**

An alcohol gel review day took place at BAH in October. The Trust has been using the same company (Gojo “Purell”) for the supply of alcohol gel for the past seven years and it was felt appropriate to review the products currently available. Six companies were invited to present and staff from all wards/departments within the Trust had been invited to attend and have the opportunity to evaluate the products available. The steering group had identified two main criteria for a future product – that it should be viricidal as standard (viricidal will kill norovirus) and that it should be foam rather than gel. Most of the companies provided viricidal gels at no extra cost to regular gel and
foam gel was preferred from a health and safety viewpoint and by BBW. Procurement are providing cost comparisons to enable a final decision to be made before the end of November.

The benefits of viricidal gel and its uses were briefly discussed and AF requested further education on C diff for junior doctors in order to increase awareness. AA advocated washing hands with soap and water at the beginning and end of each ward round.

12 **Surveillance/Catheter Update**

Mandatory Orthopaedic Surgical Site Surveillance has been carried out for the period April – June 2011 on repair of neck of femur. This showed that from 83 patients at UHND operated on, 5 patients developed infections and from 73 patients operated on at DMH, zero infections were identified. The Orthopaedic Surgeons are aware of the results and an audit has been carried out. The ICT and Microbiology are to organise a meeting with the orthopaedic surgeons, Matron and ward manager to discuss the infection results further and devise an action plan. A full look back and time line is currently being carried out on the patients involved. This has involved looking at admission date, patient history, MRSA status, operation, Surgeon, wound closure, ASA score, op time, skin prep etc and some feedback should be available soon.

The catheter group has now been established for a year and standardisation of 2 catheters has been implemented and is currently being trialled trust wide. The standardisation of associated products is currently underway looking at catheter bags currently in use throughout the trust.

The revised Catheter pathway is being piloted on Ward 44 at DMH and feedback is good. The catheter group are looking to roll this out to other areas within the trust in the near future.

A catheter education and training package has been developed and it is intended that this will be introduced trust wide and the trust wide catheter policy is currently under review.

Catheter surveillance is underway on wards 43 & 44 at DMH and wards 1 & 6 at UHND from 1 October to 31 December 2011. Last year’s surveillance showed that 4.2% of patients developed a CAUTI. Some comparable data should be available in the New Year.

A Trust wide short term catheter audit is planned for 24 November 2011 and will be completed by the Infection Control Team.

13 **Hospital Cleanliness Scores/PEAT Assessment Update**

AM had submitted a written report for the committee which was circulated with the papers together with hospital cleanliness scores for the Trust as follows:

The following sites are audited on a monthly basis:

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<th>BAH Wards &amp; Departments ISS</th>
<th>CLS Wards &amp; Departments Robertson’s</th>
<th>DMH Wards &amp; Departments Trust</th>
<th>SBH Wards &amp; Departments Trust</th>
<th>UHND Wards Trust</th>
<th>UHND Departments BBW</th>
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The following sites are audited on a quarterly basis:

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<th>Richardson Community Hospital</th>
<th>Sedgefield Community Hospital</th>
<th>Weardale Community Hospital</th>
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<tbody>
<tr>
<td>June</td>
<td>93%</td>
<td>96%</td>
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<td>Sept</td>
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**PEAT Assessments**

GS reported that the new PEAT Assessment documentation (circulated with the papers for the meeting) was now available and there were only a couple of changes of note, namely visitors’ access to hand wash sinks and cleanliness of hand washing facilities.

Dates for the PEAT visits (across four sites) have been set for January and February 2012 with a slightly changed format with more importance being placed on the condition of premises. The assessments will now cover ten wards on each site.

14 **Occupational Health – MRSA staff screening policy**

Occupational Health had submitted a draft MRSA Staff Screening Policy. This was originally drafted in 2009 but at present there is no ratified version of this policy within the Trust and it had been sent to ICC for agreement. The document was circulated to everyone present at the meeting and it was agreed that any further comments should be forwarded to Dr Smith within two weeks of the meeting. It was noted that there was a referral form within the draft policy for ICN’s to refer staff to Occupational Health on receipt of a positive MRSA result but this was thought to be an unnecessary step in the process and should be removed from the document. This comment will be communicated to Dr Smith.

15 **Decontamination Update**

**Laryngoscope handles**

BH informed the committee that a medical devices alert had been issued following the death of a patient caused by failure to decontaminate a laryngoscope handle appropriately between each patient use. This led to cross infection and subsequently septicaemia. BH discussed the need to review current decontamination procedures for laryngoscopes in place within the Trust. A new protocol has been agreed to move to processing this equipment through sterile services or disposable, and this needs to be discussed further with surgical colleagues and taken to Surgical Care Group regarding cost implications. AF discussed a torch-like instrument which he had used in the past which had a plastic removable handle, with the whole unit being
disposable, and queried whether such a piece of equipment was still available. TG agreed to approach procurement to check available options and costs.

**Action: TG**

The following documents from the Decontamination Group were submitted for approval:

- *TOE Probe Protocol* – this had been agreed at previous meeting
- *Decontamination Group Minutes*
- *Protocol for Sentinel Probe (Gamma Detection Systems)* – circulated to committee and any final comments to be forwarded to BH within 14 days before final ratification.

16 **Infection Control Incident Reports**

These were reviewed and blades on instruments in podiatry were again noted. BH had pursued this and had been given assurance that this would be investigated. BH agreed to re-look at this after three months as Podiatry were now using plastic covers for blades as discussed earlier in the meeting which should reduce the amount of incidents.

**Action: BH**

There had been an incident where a room had been terminally cleaned when a patient was still in the room. TG would highlight this to ICN’s to raise awareness and provide education regarding terminal cleaning.

**Action: TG**

An incident was discussed where a member of staff had thrown a uniform away after it was splattered with faeces. In this case the member of staff should have sent the uniform to the laundry (in red bag, then blue bag). TG to highlight this to ICN’s to reinforce procedure to follow.

**Action: TG**

17 **Risk register**

TG highlighted minor changes to the document. The review of the risks identified in the register has changed from quarterly to monthly. Minor word changes have been made to mirror the care group structures.

18 **Health and safety**

No issues were raised.

19 **Any other business**

**Flu:** AF discussed concern over misinformation surrounding the current status of flu and the use of PPE. It was also noted that the uptake of the flu vaccine was very low within the Trust. 1500 staff have received the vaccine to date but misconceptions are still evident amongst staff regarding the vaccination. TG informed the meeting that it had been agreed at the Tuesday Morning Team meeting that a bulletin would be sent out Trustwide to reinforce the messages
regarding flu vaccination and also to stress that flu activity is not increasing and case definitions should be discussed with Microbiologists. DW advised that the weekly flu bulletin issued by the HPU would commence this week.

**CQC visit** Verbal feedback following the CQC visit had been satisfactory but it had been noted that a number of alcohol gel dispensers were empty. Alcohol gel should be available at point of care ie at the patient’s beds pace and at entrance to/exit from wards. ICNs had checked this on a recent walkround at UHND and had found in excess of 30 empty gel dispensers.

**Hospital Nursery** – DW discussed the recent outbreak of E-Coli at the privately run Nursery at James Cook University Hospital and the impact the closure of the nursery had caused on the associated hospital staff in terms of hours lost due to staff being unable to arrange care for their children. DW wished to highlight the need for contingency plans should a similar case occur within our Trust premises.

**Date and time of next meeting**

Tuesday 7 February 2012, 2.30pm, THQ Boardroom, UHND.