

Infection Prevention and Control (IPC) Infrastructure – a UK perspective

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Legislation

- Primary IPC legislation just in England
 - Health and Social care Act 2008 enabled Hygiene Code.
 - Extending to adult health and social care and independent settings (in consultation)
- All UK countries have:
 - other non-regulatory standards
 - generic legislation IPC related standards IPC e.g. Health and Safety.

Team constituents

- England and Scotland have national guidance
- UK requirements broadly similar:
 - IC Doctor, IC Nurses, admin. support essential.
 - Developing epidemiology, surveillance and statistical support
 - Link nurses/practitioners
- Director of IPC in England and Wales
 - Reports DIRECTLY to the Hospital Board

Infection Control (IC) Teams

- Number of ICN's
 - beds based on historic SENIC study
 - Considerable discussion/debate on requirements linked to how IC Teams function
- Service, geographical and population differences across UK need to be considered.
- IC Doctors are medical microbiologists
 - historical allocation of 0.3 WTE (12 hours weekly)
 - now more flexible local discussions
- ICN's full or part time /ca 150 beds - variable

Qualifications and competencies

- IC Doctors
 - UK FRCPath, DipHIC optional
- IC Nurses similar across UK
 - Registered Nurses, but no standard qualification
 - Numerous courses (certificate, diploma, degree)
 - Senior Nurses; degree or masters usually for role
 - Competencies (IPS) exist but not mandatory
- Director IPC – not formal, Diploma IC recommended
- Ward based link staff – no standard

Lead ICN's

- Role has changed and continues to change due to political priority and desire to engage with 'all healthcare workers'.
- More strategic position than generic ICN
- Leadership key element, influencing and changing behaviour, part of hospital senior nursing team.
- Manage other ICN's
- Engaged in 'quality and safety' agendas

Role of ICT's (tasks)

- Broadly similar across UK
- ICD – microbiology and anti-microbial expertise and medical leadership
- ICN's – role differentiated for lead nurse and generic ICN
- ICN – specialist advice, education, audit, building design, policy/guideline development, outbreak management main components

Performance indicators (PI)


- Present across UK with broadly similar themes e.g. MRSA, GRE bacteraemia, *C. difficile*, surgical site surveillance
- Other variables include:
 - hand hygiene compliance (Scotland)
 - MRSA screening (England)
 - *S. aureus* bacteraemia (Scotland).
- PI often linked to non-regulatory standards

Media – very powerful

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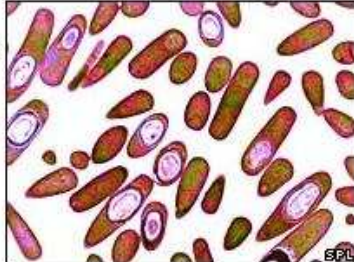
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Bug hospital avoids prosecution

A hospital at the centre of a Clostridium difficile outbreak which caused 33 deaths will not face criminal proceedings, safety officials say.



C. difficile causes diarrhoea but can also lead to more serious infections

The Health and Safety Executive ruled there was not enough admissible evidence to prosecute Stoke Mandeville Hospital bosses in Buckinghamshire.

But the HSE said there were areas where the hospital could have done more.

It comes after a watchdog found "serious failings" by management in their handling of the outbreaks.

The Healthcare Commission said the hospital, run by the Buckinghamshire Hospitals NHS Trust, failed to follow advice on stopping the spread of infection.

“ On the basis of the evidence available, HSE did not find sufficient admissible evidence to be able to bring criminal proceedings against the Trust, alleging a link between management

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Media Issues – common across UK

- H1N1
- Outbreaks particularly *C. difficile* currently
- MRSA and new superbug MSSA!
- Ad hoc Klebsiella and MRAB in ITU's and NICU's
- Cleanliness
- Improvements not as news worthy as poor performance

Role of UK professional societies

- Work with own country Governments on development of policy/guidelines, working parties
- Act as independent clinical expert advice to guide political policy and strategy
- Work with key stakeholders
- Support, educate and inform members they represent
- Develop independent guidelines and guidance
- Media interviews

Launch of 10 minimum standards



Challenges and opportunities

- IPC remains high on political agenda
- Public perception/interest high media driven
- Patient and public engagement is both challenging and an opportunity
- Resources for IPC are challenging
- Need new ways to optimise resource use and different ways of working
- We have to influence and change behaviour.