



Lincolnshire Partnership
NHS Foundation Trust

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Title of Policy

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<p>This policy identifies the need for the surveillance of Notifiable Diseases and Alert Organisms and within the Infection Prevention and Control Service and relevant agencies to enable understanding of infection and disease within the population.</p> <p>This policy also addresses the issues of dissemination of relevant information in accordance with National Guidelines</p>	

Surveillance of Notifiable Diseases and Alert Organisms 7h

Lincolnshire Partnership Foundation (NHS) Trust

Surveillance of Notifiable Diseases and Alert Organisms 7h ISSUE 2

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1.0 INTRODUCTION

1.1 The Department of Health (DH) is committed to reducing Healthcare Associated Infections (HCAI). HCAI costs the National Health Service (NHS) over £1billion per year (Plowman1999).

1.2 The Infection Prevention and Control (IPC) Service within Lincolnshire Partnership Foundation Trust (LPFT) promotes a culture of embedding IPC into practice for consistent application by all staff in order to comply with requirements of the Health and Social Care Act 2008 Code of Practice for health and social care on the prevention and control of infections and related guidance (2015),

1.3 Surveillance and sharing of information is an essential component of prevention and control of infection. It enables the understanding of the extent, cost and effects of HCAI's giving the foundation for best practice and improving patient care.

2.0 POLICY/PROCEDURE PRINCIPLES

2.1 This policy identifies the need for the surveillance of Alert Organisms and Notifiable diseases within the IPC process and within relevant agencies to enable understanding of infection and disease within the population. This policy also addresses the issues of dissemination of relevant information in accordance with National Guidelines.

3.0 RESPONSIBILITIES.

3.1 The Trust Board, via the Chief Executive, is ultimately responsible for ensuring that systems are in place that effectively manage the mandatory and voluntary surveillance of infections.

3.2 The Director for Infection Prevention and Control (DIPC) will provide assurance to the Board that effective systems are in place that surveillance reporting is undertaken.

3.3 Consultant Microbiologists/IPC Doctors and Responsible Clinicians are responsible for the mandatory reporting of infections to the Consultant in Communicable Disease Control (CCDC)/Public Health England (PHE).

3.4 The Infection Prevention and Control Nurse Specialist is responsible for ensuring all reporting is adhered to and liaising with partner organisations and PHE in such matters when necessary.

3.5 All staff have the responsibility for ensuring that they follow all IPC policies

4.0 DEFINITIONS

4.1 Surveillance is a systematic and continuous method of monitoring infections within the population in order to analyse and disseminate the information to improve practice.

4.2 HCAI are defined as an infection acquired in hospitals or as a result of healthcare interventions in the community (DH 2008).

5.0 IMPLEMENTATION

5.1 Responsibility for assessing the implications of this policy rests with the Trust Board, DIPC, the Patient Safety and Experience Committee and the IPC Nurse Specialist. They will be required to identify and carry out such preparation as necessary to confirm that staff have an understanding of the expectations on them and that they are both competent and confident to discharge these.

5.2 The IPC Nurse Specialist, Matrons and Ward Managers will assess the implications of this policy through a process of audit and reporting.

6.0 MANDATORY SURVEILLANCE

6.1 The importance of HCAs as a cause of preventable illness and death has been recognized increasingly in recent years, and the prevention and control of these infections has become a priority.

6.2 Surveillance of these infections is paramount to their control: as a method of measurement is required to assess whether any impact has been made on controlling infection. However, as part of the increased focus on control of HCAI, surveillance and reporting to the DH via PHE of some infections was made mandatory beginning with Meticillin-resistant *Staphylococcus Aureus* (MRSA) bacteraemia in April 2001 and was later extended to glycopeptide resistant enterococcal (GRE) bacteraemia in October 2003 and *Clostridium difficile* infection (CDI) in January 2004. Meticillin-sensitive *S. aureus* (MSSA) bacteraemia was added in January 2011 and *Escherichia coli* (*E. coli*) bacteraemia in June 2011.

6.3 It is the responsibility of the Responsible Clinician and the Consultant Microbiologist to ensure all mandatory infections/diseases are reported to relevant agencies.

6.4 An incident report (Datix), Serious Incident form (SI) and subsequently, a Root Cause Analysis investigation (RCA) must be completed for each event.

6.5 It is the responsibility of the IPC link practitioners to report monthly hand hygiene compliance and to complete the monthly MRSA audits for submission to the IPC Nurse Specialist for reporting to commissioners on a monthly basis, the Quality Schedule quarterly and the annual IPC report.

7.0 VOLUNTARY SURVEILLANCE

7.1 Data on a range of organisms, including bacteria detected in blood samples, are collected via PHE's voluntary surveillance scheme, mainly using electronic reporting. Records of bacteria and viruses received by this system may include patient details such as age and sex, details of detection methods used, and some antibiotic susceptibility results. Entry of data onto this system in laboratories is continuous.

7.2 The need for local intermittent surveillance of infections and diseases that affect patients will be discussed and determined by the Trust Patient Safety and Experience Committee

8.0 ALERT ORGANISMS

8.1. Alert Organism/Condition Definition

An alert organism/condition is one of a specified list of micro-organisms/infections, which on identification should be referred to the IPC Nurse Specialist to:

- investigate possible nosocomial acquisition
- address possible ongoing transmission risks by advising on control measures
- investigate as an alert signal for a possible outbreak.

See Appendix 2 for the list of alert organisms

9.0 NOTIFIABLE DISEASES

9.1 Some Alert Organisms are also Notifiable Diseases which under the Health Protection Regulations (2010) must be reported to the Consultant for Communicable Disease Control (CCDC)/PHE. It is the legal responsibility of the Responsible Clinician and the Consultant Microbiologist to make the notification and **it is important to understand that suspected notifiable diseases that do not have laboratory confirmation need to be reported in the same way.** (See Appendix 1 for Notifiable Diseases and Appendix 3 for the notification documentation)

10.0 SHARING OF SURVEILLANCE DATA

10.1 The RC and the IPC Nurse Specialist will disclose the relevant data to PHE and any other relevant agency whilst conforming with data protection and patient confidentiality.

11.0 TARGET AUDIENCE

11.1 The target audience for this policy is all staff that may have contact with patients with an HCAI or Communicable Disease

12.0 TRAINING

12.1. The IPC Nurse Specialist can offer additional training on request which will include information contained in his policy.

12.2. All members of staff have an individual responsibility to ensure that they access IPC mandatory training.

13.0 CHAMPION AND EXPERT WRITER.

13.1 The Champion for this policy is the Director of Nursing and Quality

13.2 The Expert Writer is the Infection Prevention and Control Nurse Specialist

14.0 CONSULTATION.

Consultation for version 1 occurred through:

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- Infection Prevention and Control Committee
- Nursing Executive members
- Public Health England

Additional Consultation for the revised version:

- Head of Physical Healthcare, IPC, Medical Devices and Smoking Cessation.
- Acting Service Manager Older Adults Division.
- IPC link practitioners
- Matrons
- Physical Healthcare Practitioners

15.0 LEGISLATION, GUIDANCE AND REFERENCES.

- The Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance (Revised 2015) (Department of Health) London.
- The Health Protection (Notification) Regulations 2010 Public Health England 2010
- Improving Patient Care by Reducing the Risk of Hospital Acquired Infection: A Progress Report. National Audit Office (2004)
- Clean, safe care: Reducing infections and saving lives. Department of Health (2008)
- Saving Lives reducing infection, delivering clean and safe care. Department of Health (2007)
- HCAI's Epidemiological data. Cited on Health Protection Agency web site (2011)
- Plowman *et al* (1999): The Socio-economic Burden of Hospital Acquired Infection – Public Health Laboratory Service London Saving Lives: reducing infection, delivering clean and safe care. Department of Health (2007)
- Surveillance Policy. Doncaster and Bassetlaw NHS Foundation Trust (2008)
- Surveillance of Alert Organisms Policy. Doncaster NHS (2007)
- The Health Protection (Notification) Regulations (2010).
- Nottinghamshire Healthcare NHS Trust policy 18.
- Health Protection Scotland National Infection Prevention and Control Manual (2014)
- Public Health England

16.0 MONITORING COMPLIANCE

16.1 Surveillance data of infections, untoward incident reports and serious untoward incident reports will be discussed by the Patient Safety and Experience Committee which meets, at a minimum, quarterly and also at the IPC Link Practitioner meeting which will meet, at a minimum, quarterly and any good practice or lessons to be learnt will be detailed in the minutes.

16.2. Any Post Infection Review should include evidence of adherence to this policy

16.3 Compliance with this policy will also be monitored through the IPC Audit Programme

17.0 ASSOCIATED TRUST POLICIES

7a. Infection Prevention and Control

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7b. Hand Hygiene

7c. Outbreak of Infection

18.0 REVIEW DATE

This policy/procedure will be reviewed in 3 years or in light of organisational or legislative changes.

19.0 Record of changes

Date	Author	Policy/Procedure	Details of change(s).
July 2017	J. Lord	7 h	Change of name to reflect hierarchy of needs Minor grammatical changes throughout Changes to titles and names of meetings Change to index order to reflect changes throughout related policies

APPENDIX 1

NOTIFIABLE DISEASES

Diseases notifiable (to Local Authority Proper Officers) under the Health Protection (Notification) Regulations 2010:

- Acute encephalitis
- Acute meningitis
- Acute poliomyelitis
- Acute infectious hepatitis
- Anthrax
- Botulism
- Brucellosis
- Cholera
- Diphtheria
- Enteric fever (typhoid or paratyphoid fever)
- Food poisoning
- Haemolytic uraemic syndrome (HUS)
- Infectious bloody diarrhoea
- Invasive group A streptococcal disease
- Legionnaires' Disease
- Leprosy
- Malaria
- Measles
- Meningococcal septicaemia
- Mumps
- Plague
- Rabies
- Rubella
- Severe Acute Respiratory Syndrome (SARS)
- Scarlet Fever
- Smallpox
- Tetanus
- Tuberculosis
- Typhus
- Viral haemorrhagic fever (VHF)
- Whooping cough
- Yellow fever

APPENDIX 2

SPECIFIC ALERT ORGANISMS

- Acinetobacter
- Adenovirus
- Campylobacter
- Carbapenamase producing enterbacteraciae (CPE)
- Chlamydia Pneumoniae
- Clostridium difficile.
- Coronavirus
- Creutzfeldt Jakob Disease (CJD)
- Cryptosporidium
- Escherichia coli O157
- Extended spectrum beta lactamase producers (ESBLs)
- Giardia
- Glycopeptide-resistant enterococci (GRE)
- Haemophilus influenzae (Type B)
- Influenza virus
- Meticillin-resistant Staphylococcus Aureus (MRSA)
- Middle Eastern Respiratory Syndrome (MERS)
- Multi-resistant Gram negative bacilli
- Neisseria
- Norovirus
- Parvovirus
- Penicillin-resistant Streptococcus pneumoniae
- Respiratory syncytial virus
- Rotavirus
- Salmonella
- Shigella
- Streptococcus agalactiae (Streptococcus Group B)
- Streptococcus pyogenes (Beta Haemolytic) (Group A)
- Varicella zoster

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APPENDIX 3

Registered medical practitioner notification form template

Health Protection (Notification) Regulations 2010: notification to the proper officer of the local authority.	
Registered Medical Practitioner reporting the disease	
Name	
Address	
Post code	
Contact number	
Date of notification	
Notifiable disease	
Disease, infection or contamination	
Date of onset of symptoms	
Date of diagnosis	
Date of death (if patient died)	
Index case details	
First name	
Surname	
Gender (M/F)	
DOB	
Ethnicity	
NHS number	
Home address	
Post code	
Current residence if not home address	
Post code	
Contact number	
Occupation (if relevant)	
Work/education address (if relevant)	
Post code	
Contact number	
Overseas travel, if relevant (Destinations & dates)	

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Please send completed forms to the proper officer of the local authority or to the local Health Protection Unit.

The Proper Officer, Public Health England

East Midlands North (Lincs)

Springfield House, Springfield Road, Grantham, NG31 7BG

Telephone: 0344 22504524 Fax: 01476 514698

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Appendix 4 Equality Analysis Form

Name of Policy/ project/ service	Infection Prevention and Control Surveillance of Notifiable Diseases and Alert Organisms				
Aims of policy/ project/ service	<p>This policy identifies the need for the surveillance of Notifiable Diseases and Alert Organisms and within the Infection Prevention and Control Service and relevant agencies to enable understanding of infection and disease within the population.</p> <p>This policy also addresses the issues of dissemination of relevant information in accordance with National Guidelines</p>				
Is this new or existing?	Existing				
Person(s) responsible	Jane Lord				
Key people involved	Jane Lord				
Who does it affect?	Service users <input checked="" type="checkbox"/>		Staff <input checked="" type="checkbox"/>		Wider Community <input type="checkbox"/>
Is the policy/ project/ service likely to have an effect on any of the protected characteristic groups? (please tick)					
	Positive	Negative	None	Is action possible to mitigate any negative impact?	Details of action planned (including dates or why action is not possible)
Age	√				
Disability	√				
Sex	√				
Gender Reassignment	√				
Sexual Orientation	√				
Race	√				
Religion and	√				

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Belief					
Marriage and Civil Partnership	√				
Pregnancy and Maternity	√				
Carers	√				

Any other information that is relevant to the equality impact of the policy/ project/ service?

Detail any positive outcomes for any of the protected groups listed above

The policy will ensure best practice to prevent transmission of infectious disease

Result of Equality Analysis

Based on the information above- what is the outcome of the Equality analysis?

a) No change √ <input type="checkbox"/>	b) Adjust the activity <input type="checkbox"/>	c) Stop/remove the activity <input type="checkbox"/>
Detail any adjustments that are to be made and how these will be monitored		

Person who carried out this assessment	Jane Lord
Date assessment completed	19/07/2017
Name of responsible Director/General Manager	Anne-Maria Olphert
Date assessment was signed	
Date of next review	19/07/2020