1. Executive summary
2. Description of Infection Prevention and control arrangements
4. Healthcare Associated Infection Surveillance
5. Infections/ outbreaks
6. Cleaning services
7. Audit and monitoring
8. Targets and Outcomes
9. Waste management
10. Audit programme
11. Training programme
12. Link workers education
13. Patient experience
14. Review and update of policies, procedures and guidance
15. Staff Health
16. Risk assessments
17. Communication strategy
18. Conclusion

Appendices
Appendix 1 Terms of reference ICPG
Appendix 2 Audit programme

References
1. Executive Summary

This is the Infection Prevention and Control’s Annual Report from 1 January 2015 to 31 December 2015. The Annual Report consists of an overview and progress report on the Infection Control management arrangements together with other Infection Control activities. This document also provides summary reports on the following:

- Level of achievement against the objectives of the annual infection prevention & control programme for 2014
- A summary of outbreaks and incidents
- A summary of infection control and prevention audits

There have been no MRSA bloodstream infections attributed to the service.

The Infection Prevention and Control Link Worker programme has recently been commenced with the Link Workers taking on the role of auditors in their own clinical areas.

The Clinical Management Team (CMT) have been looking at the use of topical antimicrobials to closely examine the guidance and use of topical antimicrobials across Healogics.

There has been one incident of a sharps injury involving our podiatry service which has been investigated to ensure compliance with the EU Directive on safer sharps devices to reduce staff injuries from sharps/needle sticks.

Healogics gives the following assurances:

- Healogics practice a zero tolerance approach to Healthcare Associated Infections (HCAI) as stated by the Department of Health
- The Infection Prevention and Control Group (ICPG) carry out an annual programme of audit which includes the following:
  - Hand hygiene audits quarterly
  - Waste management audits quarterly
  - Environmental cleaning audits weekly
  - Infection control and environment quarterly
- Healogics are fully compliant with the European Directive on preventing needle stick and sharps injuries
- Healogics use National cleaning specifications to determine cleaning frequencies and methodology within the healthcare environment
- Healogics uses National methodology for monitoring of cleaning standards and report these to the Senior Management Team (SMT) on a monthly basis
- Healogics carry out inspections of all clinical areas
- Healogics have Occupational Health provision from an external provider. Screening is carried out on all staff at pre-employment checks and further surveillance and screening is carried out at agreed intervals and as necessary
2. Description of Infection Prevention and Control Arrangements

2.1 Associate Clinical Director- Lead for Infection Control and the Regional Director share responsibility for:

Keeping to a minimum the risks of infection by ensuring the following:

- There is a clear governance structure and accountability
- The implementation of an infection prevention and cleanliness programme which includes an effective auditing and monitoring programme
- Appropriate training provision for staff
- The implementation of policies, procedures and practices are being implemented, updated and adhered to appropriately
- The water safety plan is in place

2.2 Regional Director and Nurse Consultant – Share the responsibility for being the Lead for the following:

- Environmental cleaning and decontamination of equipment used for diagnosis and treatment
- All aspects of cleaning services, from contract negotiation and service planning to delivery at clinical level
- Responsibility and accountability for maintaining a safe and clean care environment
- That all parts of the premises from which it provides care are suitable for the purpose, kept clean and maintained in good physical repair and condition

2.3 Nurse Consultants and Link Nurses - Share the responsibility for being the Lead for the following:

- Direct responsibility for ensuring that cleanliness standards are maintained throughout the clinic working hours
- The cleaning arrangements detail the standards of cleanliness required in each part of its premises and that a schedule of cleaning responsibility and frequency is available on request
- There is adequate provision of suitable hand washing facilities and antimicrobial hand rubs where appropriate
- There are effective arrangements for the appropriate cleaning of equipment that is used at the point of care, for example chairs, couches, Dopplers etc..

See Appendix 1 for Terms of Reference of Infection Prevention and Control Group.

2.4 The Infection control and Prevention Group (ICPG) Reports to the Senior Management Team (SMT)

The Associate Clinical Director has presented the SMT with the following agenda items on Infection Control during 2015:

- Monthly Meticillin Resistant \textit{Staphylococcus aureus} bacteraemia surveillance, progress and areas of concern
- Monthly compliance with Statutory and Mandatory Training in infection control and hand hygiene
- Infection control and prevention Audit results


Some actions listed on the work plan for 2014 have been carried forward –

- Development of aseptic non touch technique competency across all areas has been undertaken with all staff compliant with the competency
4. Healthcare Associated Infection Surveillance – see Figure 1

Healthcare Associated Infection Surveillance

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>MRSA bacteraemia</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Clinic acquired infections</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

5. Infections/Outbreaks

No outbreaks or infections recorded.

6. Cleaning Services

Healogics has cleaning services provided from 2 different external providers. Each site is monitored for cleanliness against the National Standards and reports are received by the SMT monthly. Both EHS and CHMS (at Horsham) conducted quarterly Infection Control Audits throughout 2015.

The compliance score ratings are explained as follows:

- Compliant (>85%): *An excellent standard has been achieved*
- Partial Compliance (70 - 85%): *Some good practice but there is room for improvement*
- Non-compliant, (<70%): *Problems were identified on the audit. Complete the action plan as soon as possible and review on a monthly basis. Recommend re-audit in 3 months*

Both clinics achieved full compliance at each audit.

Figure 2 shows monitoring results for environmental cleanliness within the clinics. Overall responsibility for environmental and equipment cleanliness lies with the Nurse Consultant for the area but also on a day to day basis with the Nurse in Charge. Clinical staff are required to keep a record of the cleaning of equipment and report damage or incidents. The Nurse Consultant is responsible for ensuring that all equipment is fit for purpose.

Nursing staff are required to guide the Domestic team and instruct on the need for additional or increased frequency of cleaning and the use of disinfectant products e.g. chlorine releasing agents.

Figure 2. Infection control Cleaning audit results
No complaints were received in 2015 regarding the cleanliness of the environment. Results for June were not available.

7. Audit and Monitoring

During 2015 the Infection National Infection Prevention Society Process Improvement Tool was adapted used by the IPCG and the Regional Director to audit all clinics on a quarterly basis.

Figure 3 shows the results of the quarterly audits. The compliance score ratings are explained as follows:

- Compliant (>85%): An excellent standard has been achieved
- Partial Compliance (70 - 85%): Some good practice but there is room for improvement
- Non-compliant, (<70%): Problems were identified on the audit. Complete the action plan as soon as possible and review on a monthly basis. Recommend re-audit in 3 months

Both clinics achieved full compliance at each audit.

Figure 3.

<table>
<thead>
<tr>
<th>Percentage Compliance Score</th>
<th>Jan-15</th>
<th>Apr-15</th>
<th>Jul-15</th>
<th>Oct-15</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHMS</td>
<td>98%</td>
<td>98%</td>
<td>98%</td>
<td>98%</td>
</tr>
<tr>
<td>EHS</td>
<td>85%</td>
<td>85%</td>
<td>94%</td>
<td>94%</td>
</tr>
</tbody>
</table>

Issues that were raised throughout the audits were addressed prior to the next quality audits. The most common areas of non-compliance across the clinical areas are:

- Condition and maintenance of general environment and fixtures/fittings

All areas of non-compliance are placed on an individual action plan for the Clinic which is held by the Nurse Consultant who has responsibility for ensuring all actions are taken. All actions within Nurse Consultant's direct control have been completed. These involved replacing taps, broken tiles and odour control.

All issues relating to environmental cleanliness are reported to the Regional Director to ensure action is taken by the contracted domestic team and improvement is monitored and sustained.
Compliant (>95%): *An excellent standard has been achieved.*
Partially compliant (85 - 94%): *Some good practice but there is room for improvement.*
Non-compliant, (<85%): *Problems were identified on the audit. Complete the action plan as soon as possible and review on a monthly basis. Recommend re-audit in 1 months.*

Figure 4 shows the waste management audit which all clinics achieved 100% compliance.

Figure 5 shows the results of the hand hygiene audits.

The initial audits showed that many of the practitioners were not washing their hands at certain intervals in the aseptic non touch technique, therefore the Nurse Consultants have been working with those staff involved to improve the standards which have been maintained throughout the year. The
audit is undertaken quarterly but there are also random audits that are undertaken throughout the year to ensure there is consistency in the standards achieved.

8. Targets and Outcomes

8.1 MRSA bacteraemia

In the past 12 months there were no cases of MRSA bacteraemia attributed to Healogics.

9. Waste

9.1 Waste Management Policy

The Waste Management Policy was revised and ratified by the SMT. The Procedures and guidelines have been completed in December 2015 and a new infection control and prevention procedure manual has been produced for use in the clinic environment, we are currently awaiting the printing of the document which will be produced on a wipe able laminated surface to comply with infection control regulations.

100% compliance achieved in relation to the waste management audit.

10. Audit Programme for 2016

See appendix 2

11. Training Programme

Between Jan 2015 and December 2015, 100% of staff have received infection control and prevention training.

There is 100% compliance throughout the organisation with the aseptic non-touch technique which includes the hand hygiene competency assessment. Infection Prevention and Control training is mandatory for all staff. Compliance is monitored centrally and reported to the SMT.

An online training and education system (Moodle) is now available and there is a Mandatory infection control and prevention section for all new clinical staff.

In summary:

- 100% of all staff received induction training on infection prevention and control in 2015
- 100% passed their aseptic non-touch technique and hand hygiene competency

12. Link Workers Education

Healogics continue to develop and facilitate an education programme for Infection Prevention and Control Link Workers within the clinical areas.

These staff are to be given protected time within their clinical area and released to attend updates and meetings with the Associate Clinical Director bi annually. This is an extension to their existing role and provides their colleagues with a point of contact for additional advice on infection prevention.

The Link Workers are responsible for carrying out monitoring and hand hygiene assessments within the clinical teams. The Associate Clinical Director will develop the Link Worker network to disseminate key
messages and to ensure that information reaches the frontline staff in a timely manner. There are currently 4 Link Workers in posts across the service.

13. Patient Experience

From 1 January 2015, the patient experience survey included a question relating to infection prevention and control in the clinic rooms.

Patients were asked to rate the:

The cleanliness of the clinic rooms
1= Poor
2= Fair
3= Good
4= Excellent (see Figure 6)

Figure 6.

The results from the survey are reported to the SMT monthly and actions undertaken accordingly.

There have been no complaints relating to Infection Prevention and Control during 2015.

14. Review and update of policies, procedures and guidance

The reconciliation of the IPCT policies has been ongoing throughout 2015. All policies and protocols are based on National guidance and are updated as new evidence is available and all Infection Prevention and Control policies are up to date. There was an addition of a procedure manual to be used in each clinical environment for ease of use in accessing key policies. The manual will be able to be wiped clean.

15. Staff Health

Healogics provide an Occupational Health service for staff.
16. Risk Assessments

The Infection Prevention and Control team maintain an up-to-date risk register. During 2015 the following risks were present on the register:

- Risk that staff delivering care outside of Healogics premises may not have access to optimum hand hygiene facilities and therefore may not be able to carry out hand hygiene. This risk is managed through education of the staff in how to use other methods of hand decontamination e.g. use of alcohol hand rub. This risk rating was Low. Staff have been given hand hygiene packs for domiciliary visits.

16.1 Water safety

The Organisations Health and Safety lead has been implementing the management of the risk of Pseudomonas spp and Legionnaires' disease with a contractor Healogics also carries out regular flushing of water outlets which are used less than twice a week. In summary the Water Safety Plan includes:

- Plans to ensure that the water distribution system and outlets are appropriately maintained and managed to reduce the risk of stagnation and contamination
- Local cleaning protocols for hand wash sinks to reduce the likelihood of outlet contamination i.e. taps are cleaned prior to the rest of the sink
- An assessment of the risk of Pseudomonas spp. to various patient groups
- Advice on the use of hand-wash basins and disposal of used water
- Plans for managing patients and the water system in the event of pseudomonas positive or legionnaires water samples

17. Communication Strategy

17.1 Website and Awareness Raising

The ICPC group have been discussing the development of a section on the new intranet site, in order that there is standardisation across the clinics. The new site will be user friendly, and allow staff to navigate quickly and easily to obtain relevant resources, and links.

17.2 Communication

Communication between all stakeholders is a key element of prevention and control of infection.

Communication to and from the Infection Prevention and Control group will include the following:

- Nurse Consultants disseminate monthly clinical report to their teams which includes infection control performance.
- SMT reports published on staff intranet site
- Monthly update papers submitted to SMT
- Infection Prevention and Control Policies and Guidelines - hand held procedure manual
- Statutory and Mandatory Training for all Staff – both face-to-face and on-line provision
- Infection control and prevention Annual Report
- Outbreak meetings, Root Cause Analysis and Reports
18. Conclusion

Improvements within Infection Prevention and Control across Healogics have continued with good practice being sustained. Examples of improvements are:

- Increase in number of Link Workers
- Link Workers competent to assess hand hygiene
- Production of hand held procedure manuals

Further improvements are required including:

- A campaign to continue to encourage 100% attendance at statutory/mandatory training to improve compliance with Infection Prevention and Control training matrix
- Monitoring the type of bacteria isolated from infected wounds on presentation from referrers at first assessment at clinic and sharing this data with the Commissioners
- Strengthening the link nurse education programme
- Improving patient information
- Monitoring the use of topical antimicrobials


The Organisation remains committed to ensuring patients receive care in clean and safe environments. During the year we will continue to build on the measures put in place in order to support good practice and reduce the risk of infection.

For the coming year, our focus will be on:

- Improvement in topical antimicrobial management
- Continue to maintain standards of hand hygiene
- Ensuring that all relevant national standard such as NICE for infection control are implemented
- Continued compliance with Waste management
- Sustaining and improving the Link Worker Network
- To increase the quality assurance of the surveillance data through audit to give assurance to the SMT that data is of a high quality
- To continue to achieve high cleaning and waste management scores
- Work collaboratively with Occupational Health Services to monitor staff health and advise on staff screening requirements in relation to infection prevention and control e.g. vaccinations, latex screening etc.
- To continue to maintain cleanliness and reducing Healthcare Associated Infections (HCAI)
- Infection Prevention and Control training - to develop an e-learning training programme which runs alongside the face-to-face training helps to ensure that staff maintain knowledge and skills in the control and prevention of infection.
Appendix 1

TERMS OF REFERENCE

Infection Prevention & Control Team

Document Control

<table>
<thead>
<tr>
<th>Version</th>
<th>Draft/Final</th>
<th>Date</th>
<th>Author</th>
<th>Summary of changes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Draft</td>
<td>January 2016</td>
<td>New Group</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>FINAL</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Review

<table>
<thead>
<tr>
<th>Version</th>
<th>Approved date</th>
<th>Approved by</th>
<th>Next review due</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. Statement of Purpose

This group exists to promote quality and provide assurance to the Senior Management Team (SMT) in relation to all Infection Prevention and Control activities throughout Healogics and to have an overview of infection prevention and control priorities within the service and to ensure that this is linked with Quality agenda, clinical strategy and Governance management process. It will also provide guidance and direction on Infection prevention and control related matters within Healogics to enable services to comply with relevant standards and legislation. This Group will challenge services to ensure there are systems in place to reduce the risk of Healthcare associated infections and promote a zero tolerance approach to HCAI.

This includes, but is not limited to:
- NHSLA Standards
- NICE Guidelines
- Department of Health Guidance Documents
- Care Quality Commission Outcomes - Safe care

2. Terms of Reference

2.1 To challenge, direct and support the clinicians
2.2 To ensure compliance with the Hygiene Code and Care Quality Commission regulations
2.3 To ensure Infection prevention and Control principles are incorporated into all clinical and non-clinical activities of Healogics
2.4 To report to the SMT and Clinical Management Team (CMT) and inform them of exceptions, outbreaks and incidents and inform of actions to be taken and resources required
2.5 To ensure compliance with all relevant local, national and international standards with regard to infection prevention & control and provide assurance on this to the SMT
2.6 To agree the annual infection control audit programme and monitor the results and actions stemming from the audit.

2.7 To highlight priorities for action in the Infection Prevention and Control Strategy

2.8 To monitor Infection Prevention and Control arrangements and compliance across the Organisation.

2.9 To approve the annual Infection Prevention and Control work plan and monitor its progress and to sign off the completed IPC annual report

2.10 To inform the SMT in a timely manner of any serious problems or risks relating to Infection Prevention & Control

2.11 To monitor Healthcare associated infection against key performance indicators

2.12 To produce Infection Prevention & Control policies, procedures and protocols

2.13 To receive and review risk assessments and risk management issues relating to Infection Prevention and Control and monitor incidents and Serious Incidents

2.14 To receive reports from the Nurse Consultants

2.15 To receive reports relating to cleanliness and environment from the Regional Director

2.16 To receive reports relating to antimicrobial prescribing via onpos data

2.17 To identify key standards for infection control and prevention as part of the Organisation’s Clinical programme

2.18 To ensure that robust plans for the management of outbreaks of infection are in place and monitor their effectiveness by producing finalised Root Cause Analysis reports

2.19 To monitor trends in infection control surveillance and ensure the appropriate information is shared with the clinical and management teams

2.20 To ensure that the appropriate Infection Prevention and Control policies and procedures are in place, implemented and monitored

2.21 To assist in the review of any service level agreements for contracted or commissioned services relating to Infection Prevention and Control.

3. Responsibility

3.1 The group will be responsible for ensuring that the performance of clinical and other services in relation to Infection Prevention and Control meets all standards and legislation

3.2 Members are responsible for submitting relevant issues & reports to the group as required and on time

3.3 Members are responsible for dissemination of relevant information from the group to their departmental colleagues and for the implementation of any actions or reporting exceptions to this to the group.

4. Group Structure and Reporting

4.1 Reports will be received as described above and may vary according to the agenda.

4.2 The Associate Clinical Director submits a quarterly report to the SMT and any exceptions as required.
Reporting Structure for Infection Prevention and Control

Senior Management Team Meeting

Monthly Report via Clinical Report

Quarterly Report from IPC – including:
- Cleaning Performance
- Exceptions
- Hand hygiene
- Waste management

Annual Estates - Legionella and Water Safety report
5. **Membership and Attendance**

5.1 **Membership**
- Estates and Facilities manager
- Link Nurses
- Associate Clinical Director
- Regional Director
- Nurse Consultants

Members will be expected to attend all meetings and should nominate deputies to attend on their behalf if unavailable.

5.2 **Chairmanship**
The chair will be held by the Associate Clinical Director. The Vice Chair will be the Regional Director. The Chair will attend a minimum of 4 meetings per annum.

5.3 **Quorum**
The quorum will be 50% of registered members with the Chair or Vice Chair present.

5.4 **Attendance by Others at Meetings**
Any others may be co-opted onto the group as required. Members of Heallogics staff may request to attend the group for their information. The chair must give permission for such attendance.

6. **Assurance framework**
- All Bacteraemia and alert organisms
- MRSA bacteraemia and screening
- Antibiotic Stewardship
- Audit results
- Hand Hygiene Compliance
- Waste Management and Environmental Cleanliness
- Outbreaks and clusters of Infection
- Training and Education attendance
- Policy Update programme

**National Reporting**
- All MRSA, infections to the relevant external organisations
- Outbreaks and incidents reported as Serious Incidents where appropriate

7. **Staff Training**
- Infection Control training is part of the organisations mandatory training scheme
- Training is offered to all staff at induction
- Infection management and antibiotic treatment is part of an ongoing programme for staff
- Link Workers training and development

8. **Frequency of Meetings**
8.1 Meetings will be held quarterly
8.2 Extraordinary meetings may be organised as required

9. **Support Arrangements**
9.1 The chair will arrange for papers to be distributed one week prior to the meeting.
10. **Review**
10.1 These terms of reference will be reviewed annually.

11. **Confidentiality**
11.1 The minutes of the group, can be made available to the public through the meeting papers.
### Infection Control Audit Programme 2016

<table>
<thead>
<tr>
<th>Audit</th>
<th>Person responsible</th>
<th>January</th>
<th>February</th>
<th>March</th>
<th>April</th>
<th>May</th>
<th>June</th>
<th>July</th>
<th>August</th>
<th>September</th>
<th>October</th>
<th>November</th>
<th>December</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hand hygiene</td>
<td>Nurse consultant Link nurse</td>
<td>Quarterly</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Waste management</td>
<td>Nurse consultant Link nurse</td>
<td>Quarterly Link Nurse</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Infection control</td>
<td>Link Nurse Regional Director</td>
<td>Quarterly Link nurse</td>
<td>Bi-annual-Regional Director</td>
<td>Quarterly Link Nurse</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Infection Control Compliance

<table>
<thead>
<tr>
<th>Aspect of compliance or effectiveness being monitored</th>
<th>Method of monitoring</th>
<th>Individual responsible for the monitoring</th>
<th>Monitoring Frequency</th>
<th>Group or committee who receive the findings or report</th>
<th>Group or committee or individual responsible for completing any actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infection prevention and control assurance</td>
<td>In date policies and guidelines Observation audits of staff in clinical settings.</td>
<td>Infection control Link Nurses Associate Clinical Director Nurse Consultants</td>
<td>Annually Monthly Quarterly</td>
<td>Regional Director Associate Clinical Director and Clinical Director</td>
<td>SMT</td>
</tr>
<tr>
<td>Awareness of the importance of infection prevention and control assurance within organisation</td>
<td>Policies and Guidelines Induction Mandatory training Observation audits of staff in clinical setting.</td>
<td>Infection control Link Nurses Associate Clinical Director Nurse Consultants Learning &amp;Development Dept</td>
<td>Annually</td>
<td>Staff Nurse Consultant Regional Director Associate Clinical Director and Clinical Director</td>
<td>SMT</td>
</tr>
</tbody>
</table>

Staff have completed training

Training will be monitored in line with the Statutory and Mandatory Training Policy. Regional Director
## Compliance with CQC standards

<table>
<thead>
<tr>
<th>Compliance criterion</th>
<th>Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Weekly environment and cleaning audit to continually ensure that the environment is clean and that risks are identified. Audit programme Infection control and prevention policies Production of wipe clean Manual for ease of access to polices</td>
</tr>
<tr>
<td>2</td>
<td>Environment audit Cleaning schedule and audit</td>
</tr>
<tr>
<td>3</td>
<td>Antimicrobial pathway Monitor antimicrobial usage in monthly clinical report</td>
</tr>
<tr>
<td>4</td>
<td>Tracker of all infections and swabs taken. Information will be made available on the web site Commencing tracking were the infection originated from in primary care following referral to the service.</td>
</tr>
<tr>
<td>5</td>
<td>Education and assessment forms help the clinicians to identify infection quicker and treat promptly. Moodle site has a session on identifying infection and inflammation</td>
</tr>
<tr>
<td>6</td>
<td>Training programme, leaflets and reception television loop presentation, hand gel dispensers available throughout the clinic and poster presentations. Link Nurses</td>
</tr>
<tr>
<td>7</td>
<td>Isolation facilities are available when patients are identified with MRSA, patient seen at the clinic and then cleaning schedule identified to decontaminate the room</td>
</tr>
<tr>
<td>8</td>
<td>Private Laboratory facilities</td>
</tr>
<tr>
<td>9</td>
<td>Infection control and prevention policies, Link Nurses Hand held laminated procedure manuals</td>
</tr>
<tr>
<td>10</td>
<td>Private Occupational Health Service for staff - staff offered vaccinations as required.</td>
</tr>
</tbody>
</table>
References
http://www.nice.org.uk/aboutnice/whatwedo/aboutpublichealthguidance/healthcare-associatedinfections/qualityimprovementguide.jsp
4. Saving Lives: A delivery programme to reduce Healthcare Associated Infection (HAI) including MRSA
Saving Lives: A delivery programme to reduce Healthcare Associated Infection (HAI) including MRSA.
6. Essential steps to safe, clean care: reducing healthcare-associated infection. The delivery programme to reduce Healthcare associated infections (HCAI) Including MRSA:
7. Department of Health – Water Sources and Potential Pseudomonas aeruginosa Contamination of Taps and Water Systems