

# Infection Control in primary medical care

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North



North East



Oxford City



South East



South West



West

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    - Criteria 1 – 10 and how to comply
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# CQC regulations

## **CQC use 5 key questions:**

- **Is it safe?** Patients are protected from abuse and avoidable harm.
  - **Is it effective?** Patients care, treatment and support achieves good outcomes, helps them to maintain quality of life and is based on the best available evidence
  - **Is it caring?** Staff involve and treat patients with compassion, kindness, dignity and respect
  - **Is it responsive to people's needs?** Services are organised so that they meet patient's needs
  - **Is it well-led?** The leadership, management and governance of the organisation make sure it's providing high-quality care that's based around the individual needs of patients, that it encourages learning and innovation, and that it promotes an open and fair culture
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## CQC regulations

**Infection control sits within the 'Is care safe?' question. The key line of enquiry used is as follows:**

### **S5 How well are people protected by the prevention and control of infection?**

- What arrangements are there for making sure that people are protected from acquired infections because, where the service is responsible, the premises are kept clean and hygienic?
  - Do staff understand their roles and responsibilities in relation to infection control and hygiene?
  - Does the service maintain and follow policies and procedures in line with current relevant national guidance?
  - Where it is part of their role, how does the service make sure it alerts the right external agencies to concerns that affect people's health and wellbeing?
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# The Code of Practice (Health and Social Care Act 2008; updated 280715)

Main purpose of The Code of Practice is to:-

- Make the registration requirement for cleanliness and infection control clear to all registered providers
  - Provide guidance for the CQC staff to make judgement about compliance
  - Provide information for people who use the services of a registered provider and the general public
  - Details 10 criteria which need to be met
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Compliance criterion	What the registered provider will need to demonstrate
1	Systems to manage and monitor the prevention and control of infection. These systems use risk assessments and consider the susceptibility of service users and any risks that their environment and other users may pose to them.
2	Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infection
3	Ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance.
4	Provide suitable accurate information on infections to service users, their visitors and any person concerned with providing further support or nursing/ medical care in a timely fashion.
5	Ensure prompt identification of people who have or are at risk of developing an infection so that they receive timely and appropriate treatment to reduce the risk of transmitting infection to other people.
6	Systems to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection.
7	Provide or secure adequate isolation facilities.
8	Secure adequate access to laboratory support as appropriate.
9	Have and adhere to policies, designed for the individual's care and provider organisations that will help to prevent and control infections
10	Providers have a system in place to manage the occupational health needs and obligations of staff in relation to infection.

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# Criterion 1: Systems to manage and monitor the prevention and control of infection

- Designated person takes named responsibility for infection control within practice
  - An infection prevention programme is in place and should say, as a minimum, what:
    - infection prevention (including cleanliness) measures are needed in the practice;
    - policies, procedures and guidance are needed and how they will be kept up to date and monitored for compliance; and
    - initial and ongoing training staff will receive where appropriate.
  - An annual statement should be prepared and made available for anyone who would like to view this. The statement should include:
    - known infection transmission event and actions arising from this
    - audits undertaken and subsequent actions;
    - risk assessments undertaken for prevention and control of infection;
    - education and training received by staff; and
    - review and update of policies, procedures and guidance
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## Criterion 2: Provide and maintain a clean environment

- Designated lead
  - Furnishings in place are according to national guidelines
  - Cleaning and decontamination policy in place which describes how to clean all areas of the practice, including what products to use
  - Specific policy for decontamination of rooms used for minor procedures
  - Cleaning schedule should be in place
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## Criterion 3: Ensure appropriate antimicrobial use

- Antimicrobial prescribing should follow local policies and national guidance such as PHE primary care guidance: Managing common infections: guidance for primary care and TARGET. Evidence to demonstrate adoption and adherence to policies and guidelines should be available to commissioners.
  - Prescribers should have access to advice on antibiotic use from prescribing advisers and microbiologists, and used when required.
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## **Criterion 4: Provide suitable information on infection and share information to other care providers where appropriate**

- Make available practice's approach to infection control, including information on infections and who to contact in the practice if they have concerns over infections or to whom this can be escalated (e.g . Public Health England)
  - Maintain accurate patient care records ensuring any infectious organism is documented in the care record
  - Share information on a patient's infectious condition: This could include circumstances where:
    - a service user is referred or admitted to a hospital, adult social care or mental health facility;
    - a service user is scheduled for an invasive procedure;
    - a service user is transported in an ambulance; or
    - there is an outbreak or suspected outbreak amongst service users
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## **Criterion 5: Ensure prompt identification of infection or those at risk, so that they receive appropriate and timely treatment**

- provide initial advice and treatment when a service user under their care develops an infection and will assess any potential communicable disease control issues.
  - consult with the designated source of specialist infection control advice and/or the local health protection team or refer to more specialist care when required, e.g. cases of smear-positive pulmonary tuberculosis, highly transmissible diseases such as chickenpox or norovirus, or suspected outbreaks.
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**Criterion 6:** Systems to ensure that all care workers are aware of and discharge their reprocess of preventing and controlling infection including those associated with invasive devices.

- The registered provider must ensure that every person working in the practice, including agency staff, external contractors and volunteers, understand and comply with the need to prevent and control infections, including those associated with invasive devices.
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## Criterion 7: Provide or secure adequate isolation facilities.

- Primary medical care facilities do not require dedicated isolation treatment rooms but are expected to implement reasonable precautions when a service user is suspected or known to have a transmissible infection.
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## **Criterion 8: Secure adequate access to laboratory support as appropriate**

- Access to a diagnostic microbiology and virology laboratory service – must be accredited to national standards
  - This will be provided by through local commissioning arrangements for NHS general practices
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## **Criterion 9:** Have and adhere to policies, designed for the individual's care and provider organisations that will help to prevent and control infections

- a. Standard infection and control precautions
  - b. Aseptic technique
  - c. Outbreaks of communicable disease
  - d. Isolation of service users with an infection
  - e. Safe handling and disposal of sharps
  - f. Prevention of occupational exposure to BBVs including prevention of sharps injuries
  - g. Management of occupational exposures to BBVs and post-exposure prophylaxis
  - h. Closure of rooms, wards, departments and premises to new admissions
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- i. Disinfection
- j. Decontamination of reusable medical devices
- k. Single-use medical devices
- l. Antimicrobial prescribing
- m. Reporting of infections to Public Health England or local authority
- n. Control of outbreaks and infections associated with specific alert organism

Practices are not expected to have policies for control of alert organisms but are expected to have policies that minimise risk to patients from these organisms, for example antimicrobial prescribing policies that take account of *Clostridium difficile* risk. The policy should also cover management of patients infected with alert organisms. These policies should be compiled by practices with the assistance of the CCG and Public Health England when necessary. Where there is a requirement for screening for the carriage of MRSA prior to admission to secondary care, this should be the subject of local agreement.

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- o. CJD/vCJD – handling of instruments and devices
- p. Safe handling and disposal of waste
- q. Packaging, handling and delivery of laboratory specimens
- s. Use and care of invasive devices
- t. Purchase, cleaning, decontamination, maintenance and disposal of equipment .
- x. Uniform and dress code
- y. Immunisation of service users

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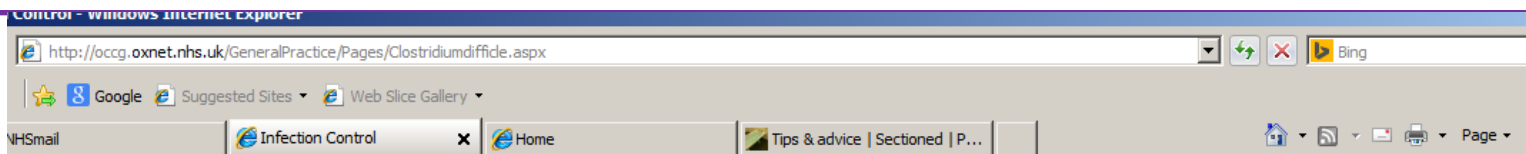
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## **Criterion 10:** Providers have a system in place to manage the occupational health needs and obligations of staff in relation to infection

- Access to an occupational health service should be available. The provider should comply with guidance in Part 3, pages 31-32.
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## Resources on OCCG intranet

- infection control policies
  - audit tools
  - Patient information leaflets on MRSA and *C.difficile*
  - Link to antimicrobial guidelines for OCCG and OUH
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# Intranet

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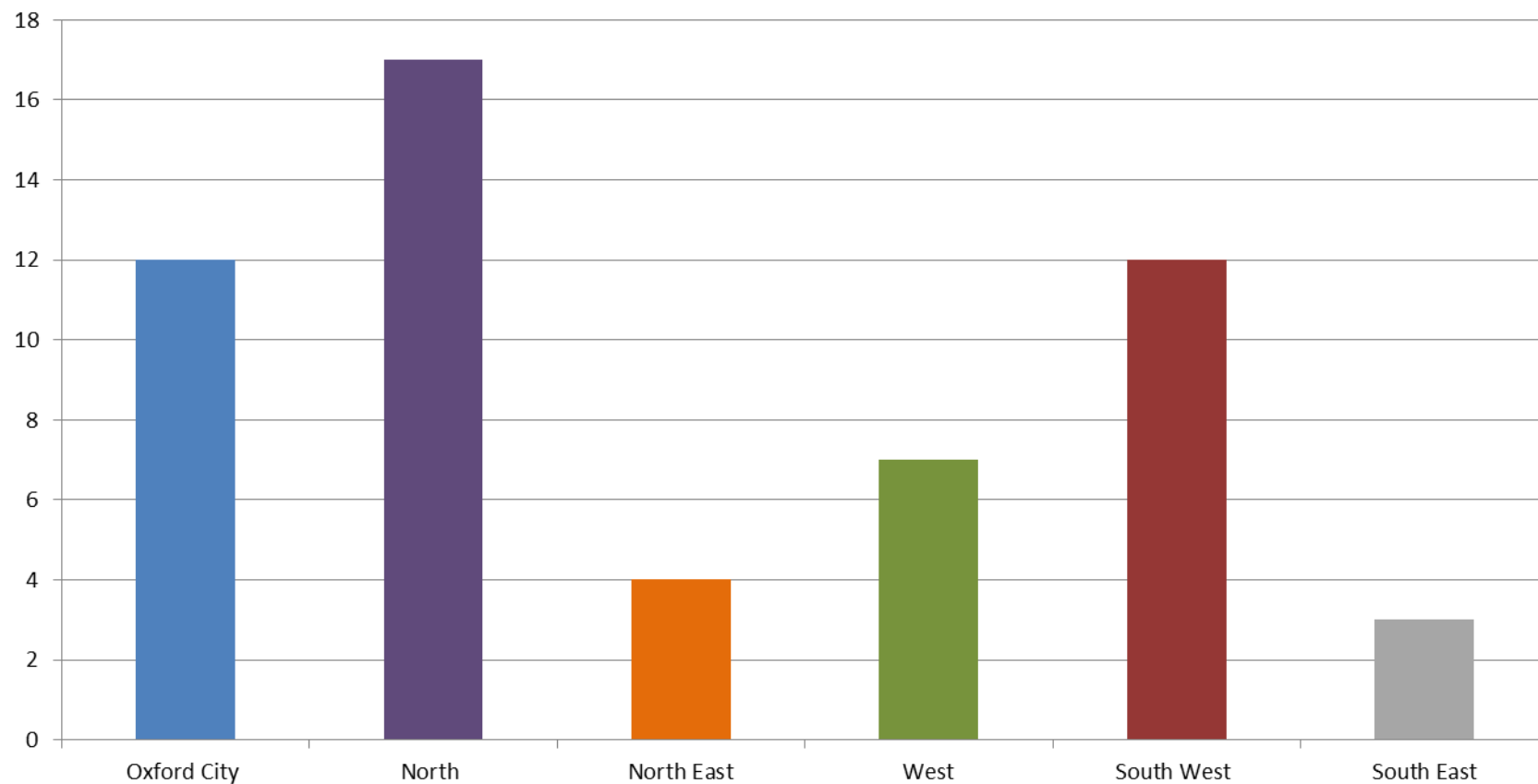
## Infection Control

- \* [Clostridium difficile](#) - at a glance
- \* [Bristol Stool Chart](#)
- \* [Patient information leaflet Clostridium difficile](#) (hospital)
- \* [Patient information leaflet Clostridium difficile](#) (community)
- \* [Methicillin resistant Staphylococcus aureus \(MRSA\)](#) - *Currently under development*
- \* [Patient information leaflet MRSA](#) (hospital)
- \* [Patient information leaflet MRSA](#) (community)
- \* [Policies](#) - *Currently under development*
- \* [Audit tools](#) - *Currently under development*
- \* [Antimicrobial guidelines](#) - [OCCG Guidelines](#)
- \* [OUH guidelines](#)

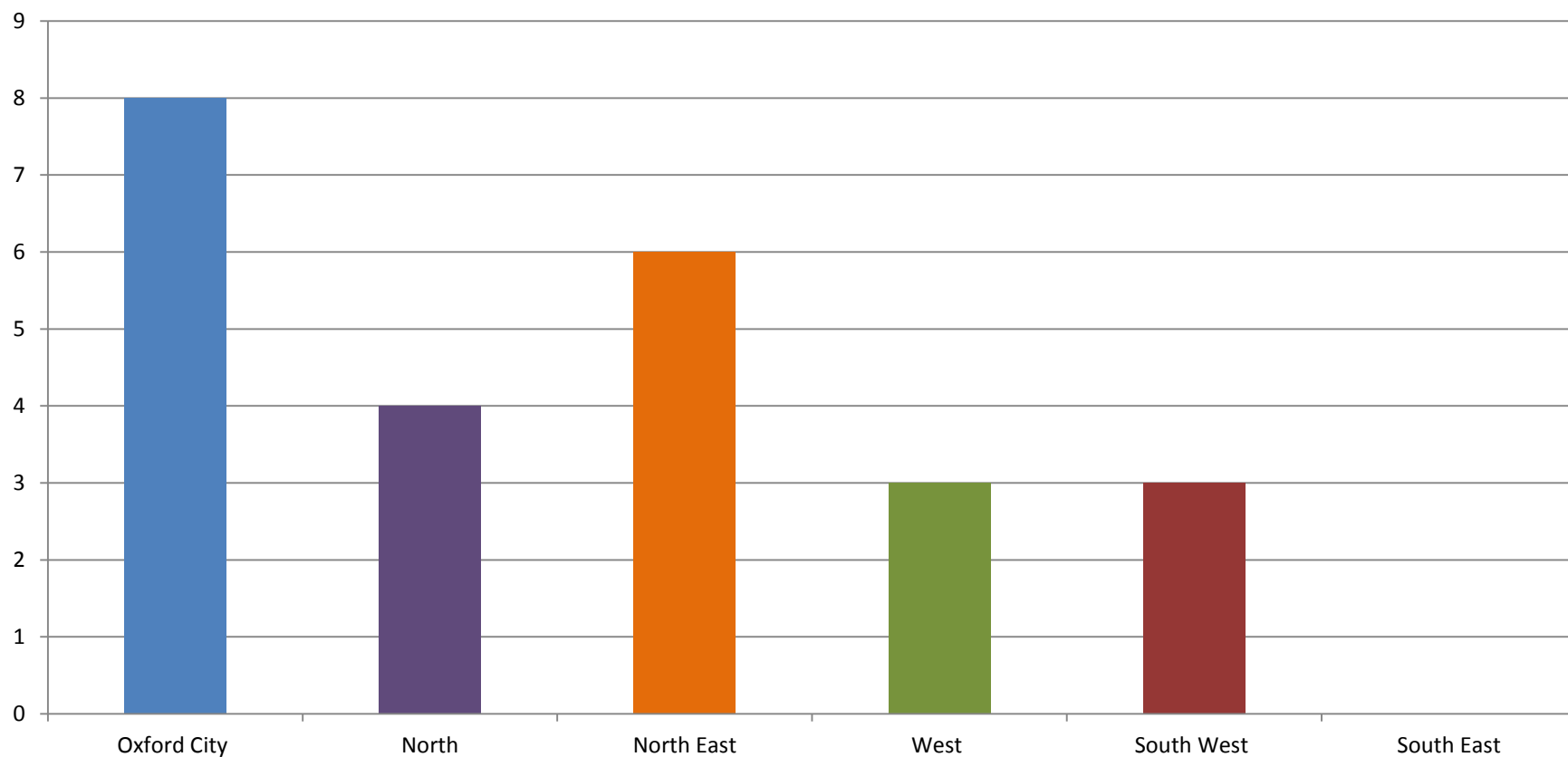


<b>DEFINITION</b>	<p><i>Clostridium difficile</i> infection is defined as 3 or more episodes of loose stools (Bristol Stool types 5 – 7) not attributable to any other cause, (including medicines), within a 24 hour period and a confirmed positive <i>Clostridium difficile</i> result.</p>	
<b>MANAGEMENT</b>	<p>If <i>Clostridium difficile</i> is suspected in a patient either in their home or in a care home</p> <ul style="list-style-type: none"> <li>Send a sample only when the patient has had 3 or more episodes of loose stools within 24 hours and no other cause can be found</li> <li>Review acid suppression treatments and discontinue if possible e.g. PPIs</li> <li>Do <u>not</u> give antimotility agents such e.g. <b>loperamide</b>, codeine</li> <li>COMMENCE on oral vancomycin capsules 125mgs QDS for 14 days</li> <li>Stop all other antibiotics and do not start any new antibiotics (if an antibiotic treatment is essential consult microbiology)</li> <li>Send ONE specimen and FOLLOW UP RESULT within 48 hours</li> <li>If the specimen is negative, and if a strong suspicion of <i>Clostridium difficile</i> continues a second sample may be sent and FOLLOW UP RESULT</li> </ul>	
	<b>Patient at home</b>	<b>Care home resident</b>
<b>CLEANING</b>	<ul style="list-style-type: none"> <li>Wash hands with SOAP AND WATER after contact with the patient &amp; their environment</li> <li>Give advice about <i>Clostridium difficile</i> management to carers                             <ul style="list-style-type: none"> <li>The importance of hand hygiene as above</li> <li>Clean toilets with diluted bleach</li> <li>Bedding to be washed at 60°C (if not possible minimum 40°C)</li> </ul> </li> </ul>	<ol style="list-style-type: none"> <li>Wash hands with SOAP AND WATER after contact with the resident &amp; their environment</li> <li>Staff must wear gloves and apron for contact with the resident &amp; their environment and dispose of as infectious (clinical) waste</li> <li>Residents must remain isolated in a single room with an isolation sign</li> <li>Provide resident with dedicated toilet or commode, cleaned daily with hypochlorite solution (bleach)</li> <li>Maintain Bristol stool chart</li> <li>Linen to be disposed of in red alginate bag within a red plastic bag</li> </ol> <ul style="list-style-type: none"> <li>Additional cleaning regime using hypochlorite to be requested daily</li> <li>Terminally clean room and all equipment using hypochlorite solution or sporicidal wipes when diarrhoea has ceased for 48 hours and a normal stool for that resident has been passed</li> </ul>
<b>STOP ISOLATION WHEN?</b>	<ul style="list-style-type: none"> <li>Isolation can be stopped after 48 hours and a formed stool has been achieved</li> <li>Do not retest to achieve a <i>Clostridium difficile</i> negative sample as stool samples can remain positive for up to 6 months.</li> </ul>	

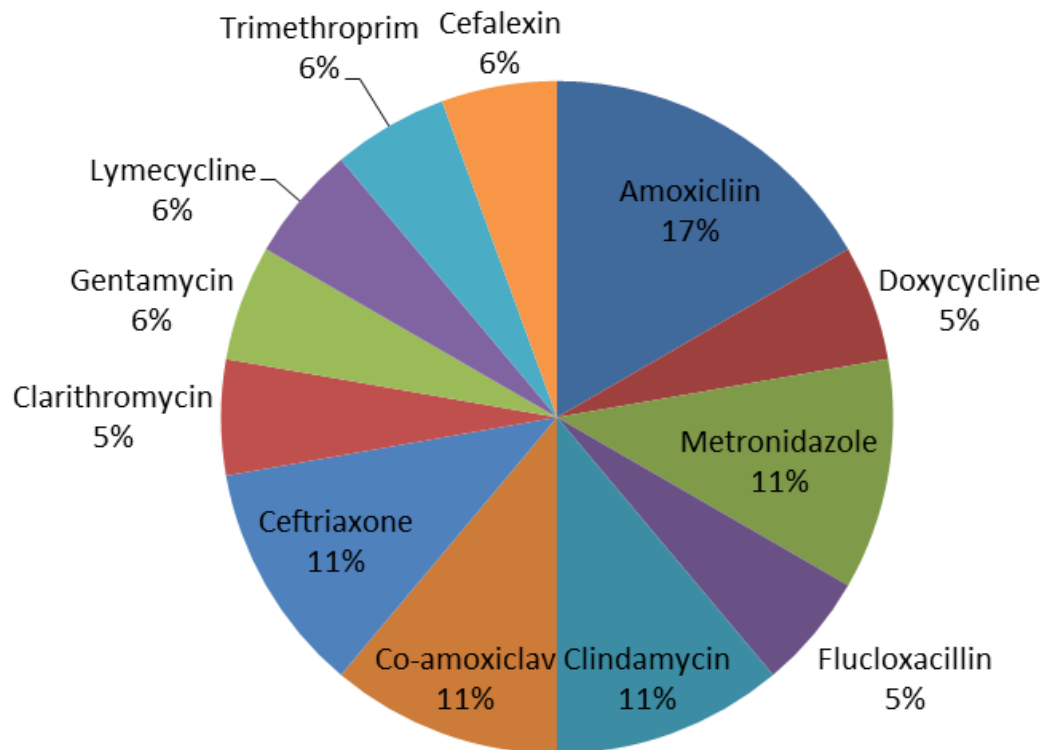
## Total number of *Clostridium difficile* cases per locality 2014-2015



**Total number of *Clostridium difficile* cases per locality 2015-2016  
(April 1st 2015 to July 31st 2015)**



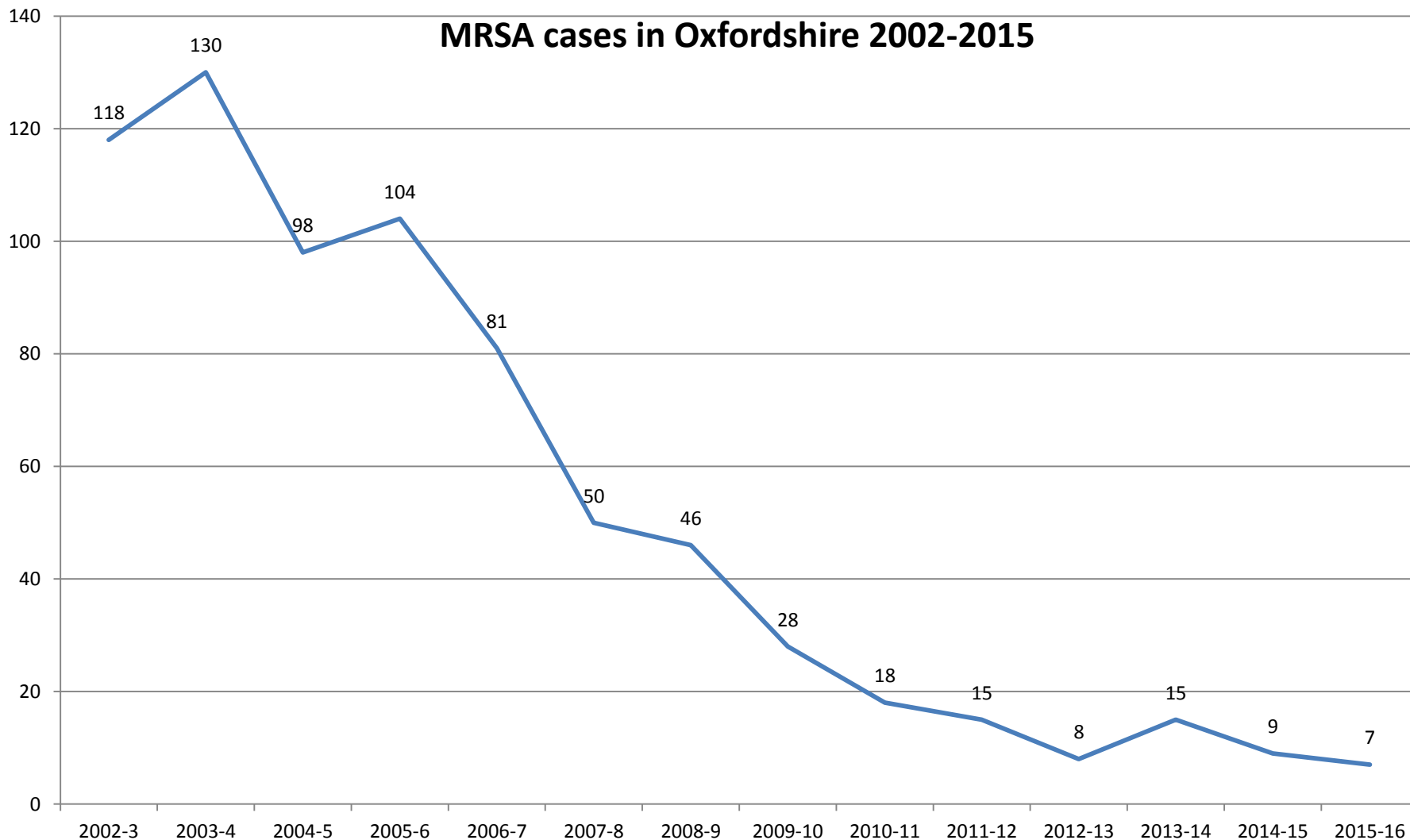
## Antibiotics given to patients confirmed as CDT positive in preceding 4 weeks before sample sent



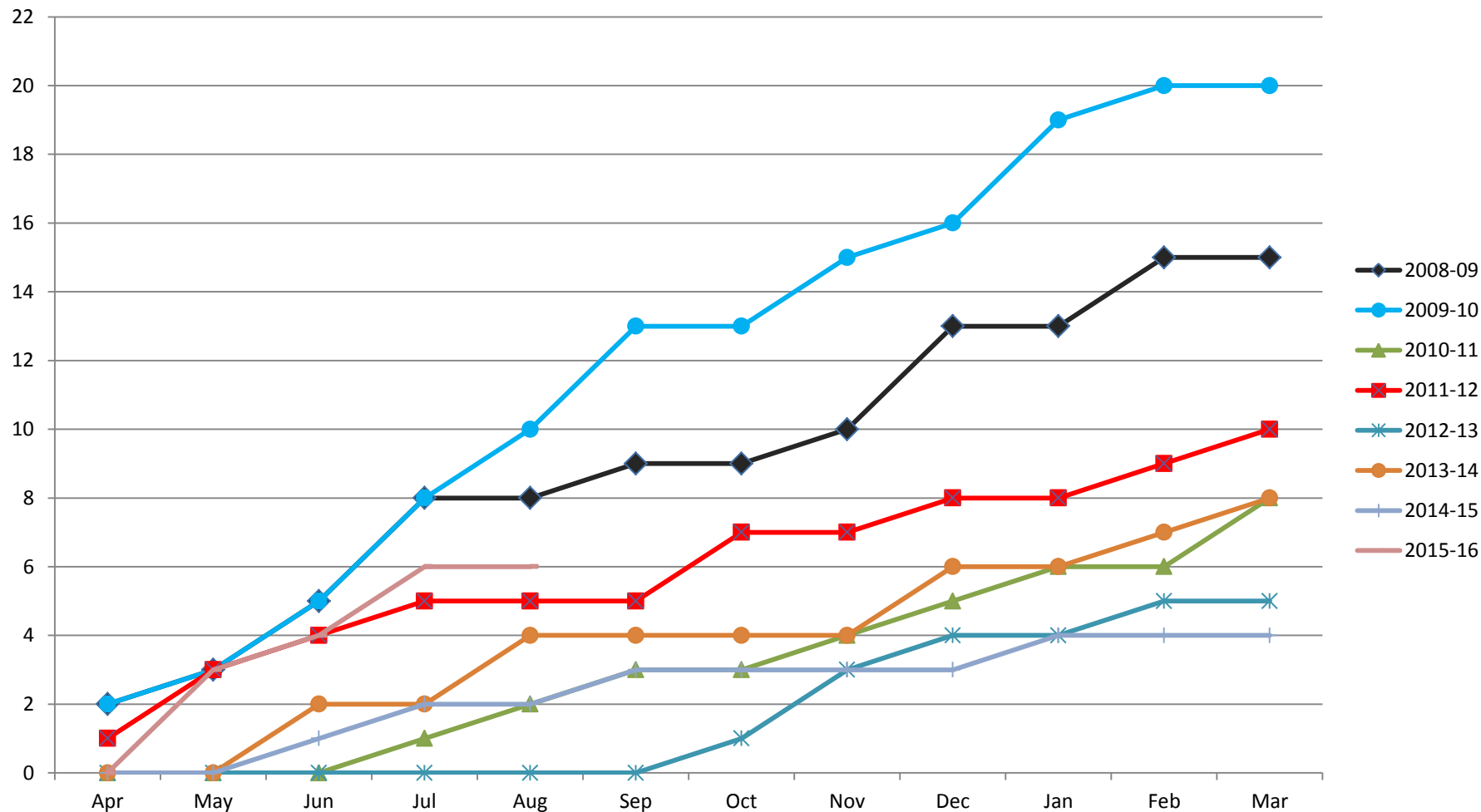
**All patients with a positive CDT sample had received one or more antibiotics – these cases are GP sample only and do not include pre 72 hour cases**



### MRSA cases in Oxfordshire 2002-2015



### Cumulative Primary Care MRSA cases 2008-2015



Thank you for listening

- Any questions?
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