

**MRSA Recovery Plan and Risk to Delivery**

Issue	Risk to delivery	Prevention and control measures	In place by	Action by	Evidence	Comments
Documentation of cannula insertion	Amber	<p>Baseline of cannula insertion documentation in ED</p> <p>Teaching session for Medical Staff in ED</p> <p>Cannula insertion stickers to be placed on medical proforma</p> <p>Cannula insertion record to be placed on the new surgical proforma</p>	<p>30.04.2013 Completed</p> <p>31.05.2013</p> <p>31.05.2013</p> <p>30.06.2013</p>	<p>ED Senior Sister</p> <p>ED Senior Sister</p> <p>ED Senior Sister</p> <p>Assistant DIPC</p>	<p>Audit results</p> <p>Attendance records</p> <p>Medical proforma</p>	Audit found only nurses were documenting cannula insertion.
Blood cultures must be taken appropriately in line with Trust policy in order to provide early diagnosis of infection and prevent potential contamination	Amber	<p>Blood cultures must be taken before systemic antibiotics are commenced.</p> <p>ChloraPrep must be used for skin decontamination prior to taking blood cultures.</p>	<p>Ongoing</p> <p>Ongoing</p>	<p>ICD/Senior IPCN/Assistant DIPC</p> <p>ICD/Senior IPCN</p>	<p>Audit results</p> <p>Training package and attendance records</p>	Training to be given at junior doctor induction
ANTT Training For all staff	Amber	Retraining initiative by National Clinical Director of ANTT	22.04.2013 Completed	Infection Control ANTT Lead	Attendance records	37 Nursing staff and 1 doctor attended this

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		<p>Training for all junior doctors</p> <p>New training package and re-framing of training</p> <p>Theory training package to be delivered via infection control tablets which will be used at ward / department level</p>	<p>30.09.2013</p> <p>30.06.2013</p> <p>31.07.2013</p>	<p>Infection Control Doctor</p> <p>Infection Control ANTT Lead</p> <p>Infection Control ANTT Lead</p>	<p>Attendance records</p> <p>Training records</p>	<p>training. Grand round booked (Medicine)</p> <p>In the process of editing the training package.</p> <p>Waiting for compatible safe stick for windows 8 from IT</p>
Standardise the Trust wide cleaning solution of IV ports and hubs.	Red	To explore the options available for cleaning the IV hubs and ports.	30.06.2013	Infection Control ANTT Lead		
Documentation of insertion and removal of urinary catheters	Amber	Insertion and removal must be recorded on the care record. Audit to be carried out.	30.06.13	IPCT	Audit results	
Non completion of SBAR transfer documentation between MAU/ SAU and ward	Amber	Review of the SBAR transfer documentation following audit	31.05.2013	Assistant DIPC		Audit performed 13.05.2013

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Hand hygiene promotion to the public to be enhanced. Staff hand hygiene audits well embedded and results consistently high	Amber	Print new materials and display in a coordinated manner  To scope the use of red surround to be placed at the entrance of each inpatient area	30.06.13  30.06.13	Communications Team  Assistant DIPC		
Learning to be escalated out to the organisation following completion of RCA's	Amber	Learning from the incidence is shared at the IPC taskforce meeting and disseminated through the divisional representation	Ongoing	DIPC/Assistant DIPC	Audit Notes/minutes of meetings	All cases discussed at the weekly meetings and monthly SLIC meeting
Ward areas are demonstrating a level of contamination that is unacceptable	Amber	High contamination risk areas deep clean  Deep clean programme 2013/14  Explore the use of Hydrogen	20.11.12 Completed  03.06.2013  31.05.2013	Facilities Manager  Facilities Manager  Senior IPCN	Post deep clean audit  Progress monitored at weekly taskforce meeting  Schedule	Deep clean programme has commenced in areas with the highest risk of C diff infection. Cleaning these areas will also help to reduce MRSA contamination.  Costings obtained.

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		Peroxide Vapour cleaning system				Demonstration of system arranged, then cancelled due to inability to provide assurance that vapour would stay within one room only.
Compliance with MRSA screening must be 100% for elective and non-elective admissions (apart from exceptions)	Amber	All elective adult admissions to be screened for MRSA prior to admission.  All non-elective adult admissions to be screened for MRSA within 6 hours of admission.	Ongoing	Pre-op assessment staff  All staff	Quarterly audits  Quarterly audits	Performance for last quarter was 100% for elective admissions and 97% for non-electives.

### Glossary of Terms:

IPC	Infection Prevention and Control
IPCN	Infection Prevention and Control Nurse
ICD	Infection Control Doctor
DIPC	Director of Infection Prevention and Control
MAU	Medical Assessment Unit
SAU	Surgical Assessment Unit
ANTT	Aseptic Non Touch Technique

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