



# Prevention and Control of Infection Annual Report 2014/15

---

Approval record	Date approved
Board Prevention and Control of Infection Committee	11 September 2015
Clinical Governance Risk Management Group	3 November 2015
Chief Executive and Board	10 December 2015
Clinical Governance Committee	24 November 2015

## Contents

1. Introduction	2
2. Healthcare Associated Infection (HAI)	3
3. Prevention and Control of Infection Policies	10
4. Prevention and Control of Infection Programme (PCIP)	10
5. Quality Improvement and Programme of Audit	10
6. HAI Education	12
7. HAI outbreaks/incidents	13
8. Emerging pathogens	13
9. Cleaning Services/ Housekeeping	13
10. Built Environment	15
11. Healthcare Environment Inspection	15
12. National groups	15

## 1.0 Introduction

Prevention and Control of Infection Team:

- Heather Gourlay, Senior Manager Prevention and Control of Infection;
- Sandra McAuley, Clinical Nurse Manager Prevention and Control of Infection;
- Susan Robertson, Senior Prevention and Control of Infection Nurse;
- Lorna Wilson, Prevention and Control of Infection Nurse;
- Annette Hollis, Senior Tissue Viability Nurse
- Alexa Crawford, Tissue Viability Nurse;
- Dr Aleksandra Marek and Dr Claire Cordina, Prevention and Control of Infection Doctors;
- Jackie Dunn, HAI Quality Improvement Facilitator, Seconded post, January 2015.

Over 2014-15 services within the Golden Jubilee National Hospital (GJNH) we have:

- welcomed a new Senior PCI manager;
- welcomed two new Infection Control Doctors (ICDs);
- introduced a Quality Improvement Facilitator as a seconded post;
- maintained our low rates of *Staphylococcus aureus*; bacteraemia (SAB);
- maintained low rates of hospital acquired *Clostridium difficile* infection (CDI), probably reaching an irreducible minimum;
- maintained environmental cleanliness in clinical areas;
- kept surgical site infection within control limits in orthopaedics and cardiac surgery; and
- maintained hand hygiene in both opportunity and technique compliance.

The Board recognises our collective responsibility towards HAI risk and continuously supports our implementation of new initiatives to control these risks.

Development, implementation and review of policies alongside surveillance and education are key components of the Prevention and Control of Infection Team's (PCIT) proactive approach to addressing the Healthcare Associated Infection (HAI) agenda.

**Prevention and Control of Infection is everyone's responsibility and, as a multidisciplinary team, every member of staff is dedicated to maintaining consistently high standards of healthcare, ensuring the continuation of high level environmental safety.**

This report details the activities of the PCIT throughout 2014/15 against the planned GJNH Prevention and Control of Infection Programme (PCIP) agreed by the Prevention and Control of Infection Committee (PCIC), key stakeholders and senior and executive managers.

The PCIP is supported by a number of initiatives including the following local and national drivers:

- Scottish Patient Safety Programme (SPSP);
- National Hand Hygiene Campaign; and
- HEAT (Health, Improvement, Efficiency Access to Services and Treatment Targets for reduction of CDI and SAB).

## 2.0 Healthcare Associated Infection (HAI)

### 2.1 *Staphylococcus aureus* bacteraemia (*S. aureus* or SAB)

*S. aureus* is a gram positive bacterium which colonises the nasal cavity of about 30% of the healthy population. Although this colonisation is usually harmless, *S. aureus* may cause serious infection; these infections are commonly associated with healthcare interventions which allow the bacterium to infect normally sterile body sites.

The mandatory Scottish National Meticillin-resistant *Staphylococcus aureus* (MRSA) bacteraemia surveillance program was established by the Scottish Executive Health Department (SEHD) in 2001. In July 2006, the surveillance programme was extended by the SEHD to include all *S. aureus* bacteraemias in Scotland.

Enhanced *S. aureus* bacteraemia surveillance commenced in 2014 and coordinated by Health Protection Scotland is a mandatory programme which informs the epidemiology of SAB and provides opportunity for improvement and sharing of best practice.

#### Annual Incidence

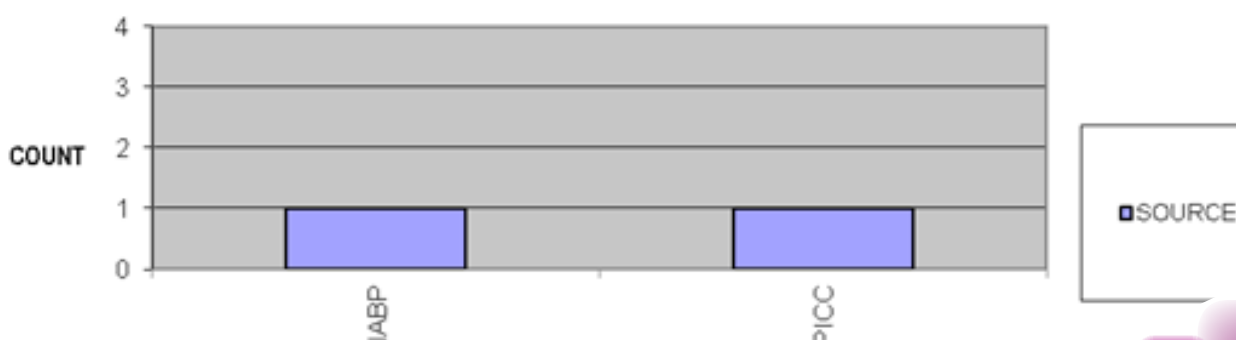
#### SAB LDP Heat Delivery Trajectories – 2014-2015

Boards are expected to achieve a rate of 0.24 cases per 1,000 acute occupied bed days or lower by year ending March 2016. Boards currently with a rate of less than 0.24 are expected to at least maintain this, as reflected in their trajectories.

**Based on this statement and on local case numbers over the past year, our target was 0.12 per 1,000 occupied bed days.**

Our local data indicated our target for April 14- March 15 has been reduced, indicating a SAB rate of 0.04 per 1,000 acute occupied bed days, well below the national target of 0.24.

#### HOSPITAL ACQUIRED SAB SOURCES APRIL 14- MAR 15



## **GJNH approach to SAB prevention and reduction**

It is nationally accepted within Health Protection Scotland (HPS) that care must be taken in making comparisons with other Boards' data because of our specialist patient population. All SAB isolates identified within the laboratory are subject to case investigation to determine future learning and quality improvement.

Our overall SAB numbers are low and therefore small numbers of cases can quickly change our targeted approach to SAB reduction. The epidemiology of SAB infections has changed locally as a result of quality improvement initiatives. Sources of SAB are less easily attributed and are more sporadic in nature contributing to long periods between cases.

### **Broad HAI initiatives which influence our SAB rate include:**

- hand hygiene monitoring;
- MRSA screening at pre-assessment clinics and admission;
- compliance with National Housekeeping Specifications;
- audit of the environment and practices via Prevention and Control of Infection Annual Reviews and monthly SCN led Standard Infection Control Precautions and Peer Review monitoring;
- participation in National Enhanced SAB surveillance- gaining further intelligence on the epidemiology of SAB; and
- monitoring of compliance with SAPG SAB algorithm.

### **Surgical Site Infection (SSI) Related SAB initiatives:**

- MSSA screening for cardiac patients and subsequent treatment pre and post op as a risk reduction approach;
- SSI Surveillance in collaboration with HPS and compared with Health Protection Agency data to allow rapid identification of increasing and decreasing trends of SSI;
- standardisation of post-op cardiac wound care; and
- wound swabbing protocol and competency.

### **Device Related SAB initiatives:**

- SPSP work streams continue to be implemented and in some instances demonstrate sustained compliance in PVC and CVC bundles; and
- development of a PICC line and IABP bundle.

The introduction of Lan Qip allows assessment of compliance locally and helps target interventions accordingly.

## **2.2 *Clostridium difficile* (CDI)**

In Scotland, mandatory surveillance of CDI was introduced in 2006 following reports of increasing CDI rates, the increasing severity of the disease around the world and the rise in voluntary laboratory reports to HPS in the period 1996-2005. Surveillance initially recorded the incidence of CDI in patients aged 65 years and over.

In April 2009, the programme was expanded to include patients aged 15-64 years.

### **CDI Local Delivery Plan (LDP) Heat Delivery Trajectories – 2014-2015**

Boards are expected to achieve a rate of 0.25 cases of CDI per 1,000 occupied bed days by year ending March 2016. This relates to people aged 15 and over. Boards currently with a rate of less than 0.25 are expected to at least maintain this, as reflected in their trajectories.

**Based on this statement and on local case numbers over the past year, our target is 0.01 per 1,000 occupied bed days.**

We have no cases to report for the period April 2014 - March 2015.

### **GJNH approach to CDI prevention and reduction**

Our numbers of CDI cases are low in comparison with other Boards, which likely relates to our specialist patient population.

### **Actions to reduce CDI**

- Ongoing alert organism surveillance and close monitoring of the severity of cases by the PCIT
- Unit specific reporting and triggers.
- Utilisation of HPS Trigger Tool if trigger is breached and use of HPS Severe Case Investigation Tool if the case definition is met.
- Typing of isolates when two or more cases occur within 30 days in one unit.

## **2.3 National Screening Programmes**

### **MRSA**

Since 2012 all Boards in Scotland have been expected to perform admission MRSA screening. This screening practice takes the form of:

- A three question Clinical Risk Assessment (CRA) where, if there is one or more positive answer, a nose and perineal swab are required; or
- All patients in the five high impact specialties (renal, cardiothoracic, vascular, intensive care and orthopaedics) are screened as a matter of course using nasal and perineal swabs.

The majority of GJNH patients fall into this latter category and our agreed approach is that all patients staying for a minimum of one night will be screened on admission and rescreened after 10 days.

Since the majority of our patients fall into the latter category of screening we have agreed with HPS and the Scottish Government that participation in the national key performance indicator data submission is not required, however we are keen to continue monitoring compliance in screening and publish this data locally within our HAIRT reports.

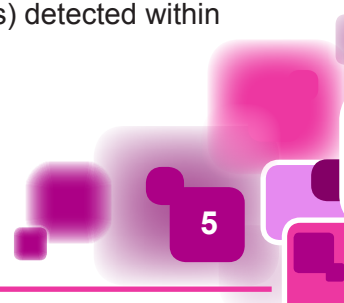
### **MRSA Screening Compliance April 2014- March 2015**

April 14 – March 15													
Overall % Screening compliance	3WEST	3EAST	2C	2EAST	2WEST	CCU	NSD	ICU2	ICU1	HDU3	HDU 2	SDU	2D
	94%	96%	99%	93%	94%	96%	94%	89%	97%	92%	100%	96%	93%

Where non compliance is noted, departments are informed and responsible for developing and implementing action plans to resolve any contributory factors. These actions may include general awareness raising via Safety Brief or review of case notes to identify non compliant staff groups.

### **Carbapenemase-producing Enterobacteriaceae (CPE)**

**CMO/SGHD(2013)14** raised concern around the emergence of organisms resistant to carbapenems; this has manifested in an extensive spread in a number of European countries, with some moving to an endemic situation. The number of carbapenemase-producing Enterobacteriaceae (CPEs) detected within the UK has also risen.





**The key principles in combating this threat are:**

- early detection (through clinical alertness, good diagnostic practice and surveillance);
- containment (through infection control measures together with patient and contact screening as required); and
- prudent prescribing of antibiotics.

As a result, a short life working group was convened locally to plan and implement patient screening throughout the Board, initiate staff education and ongoing education via Nurse Core sessions.

**2.4 Hand Hygiene (HH)**

Hand Hygiene is one of the 10 elements of Standard Infection Control Precautions (SICP's) and remains the most effective means of reducing and preventing the incidence of avoidable illness, in particular HAI.

Since 1 October 2013 individual Health Boards have been given the responsibility for monitoring and reporting hand hygiene compliance data and are expected to reintegrate hand hygiene compliance monitoring into local improvement programmes. Additionally, Boards are required to ensure that they have suitable quality assurance processes in place.

GJNH monitor hand hygiene and support a zero tolerance approach to non compliance. Since March 2014 the PCINs have implemented targeted quality assurance for hand hygiene.

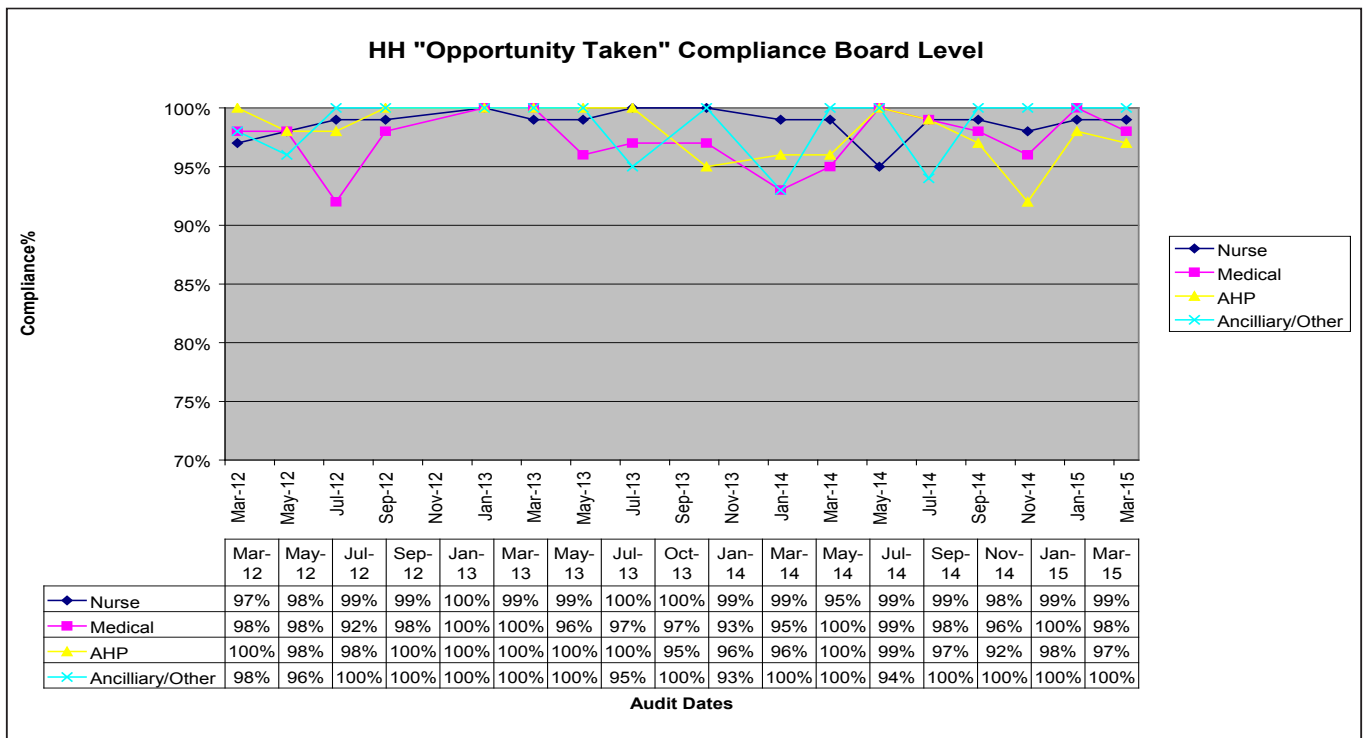
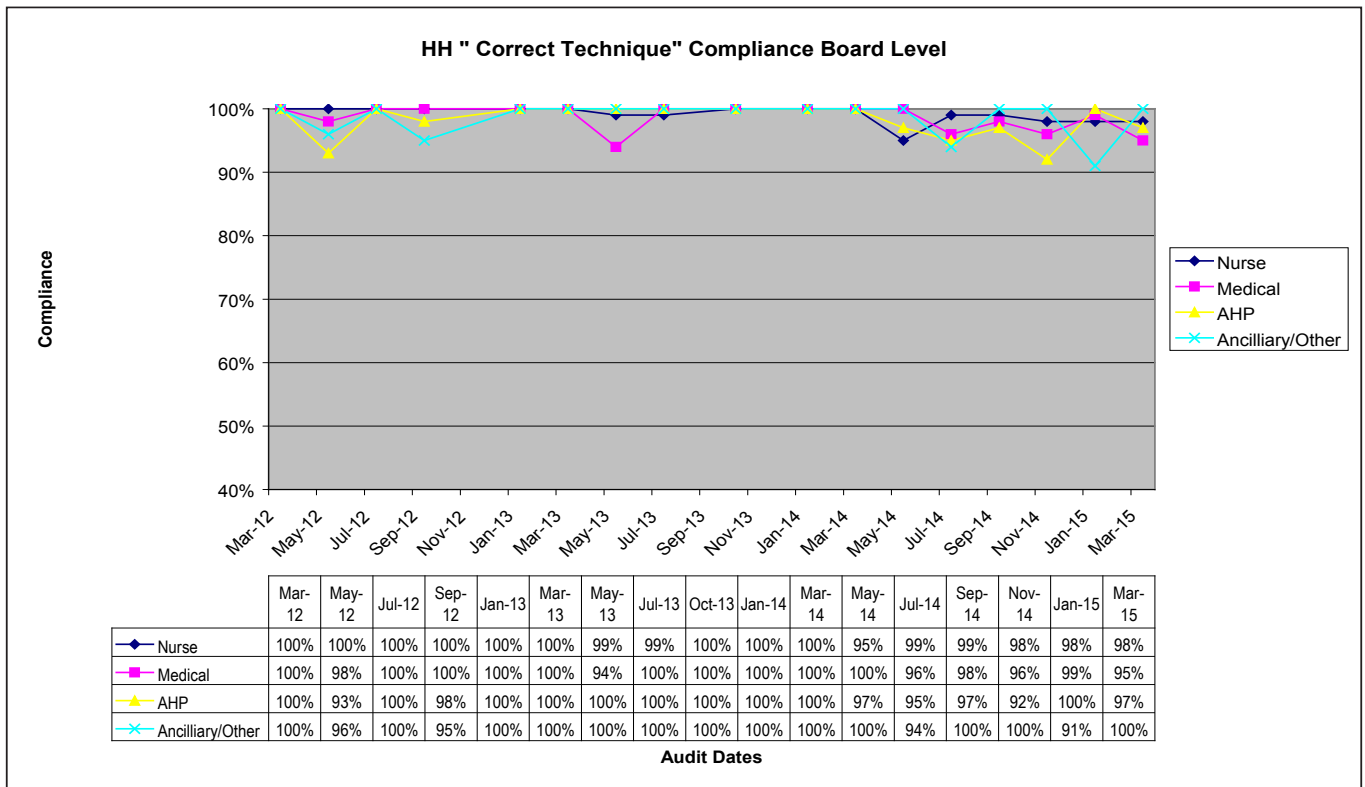
Monthly departmental data is reviewed by PCINs and non-compliance discussed with SCN / Department Manager. Monthly HH Quality Assurance audit performed in one area a month by PCIT

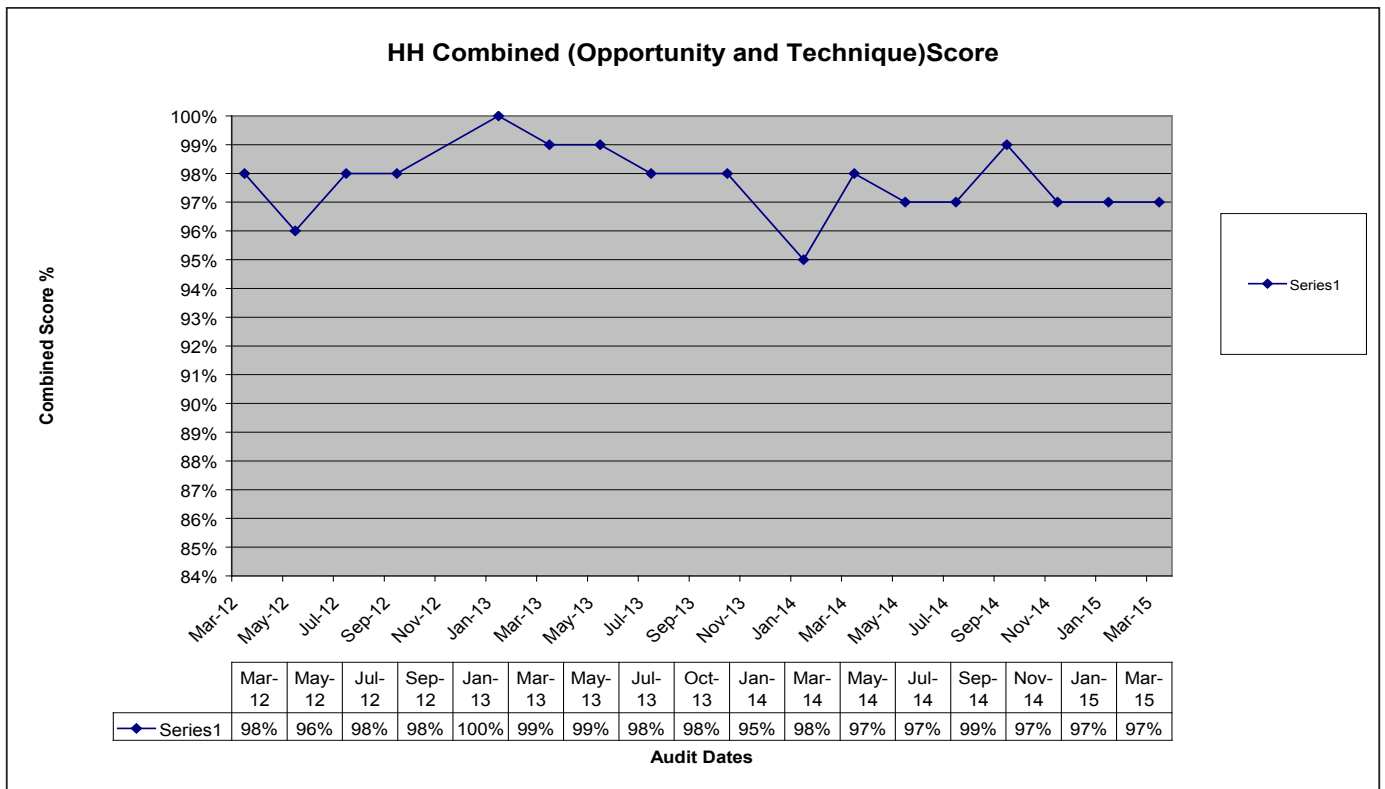
In October the Prevention and Control of Infection Team facilitated National Infection Control Week where we asked staff to sign a pledge to demonstrate the organisation's commitment to Hand Hygiene.



Hand Hygiene data for 2014/15 demonstrates sustained compliance above 95% with opportunity and technique since 2011.

## Hand Hygiene Data





## 2.5 Scottish Surveillance of HAI Programme (SSHAIP)

The HPS Scottish Surveillance of HAI Programme coordinates the SSI surveillance programme. The programme is mandatory in NHSScotland and all NHS boards are currently required to undertake surveillance for caesarean section and hip arthroplasty procedures as stated in the Health Department Letter (HDL) 2006 (38) [18] and Chief Executive's Letter (CEL) (11) 2009.

In 2011, amendments to the national surveillance requirements of HDL 2006 (38) were implemented, enabling SSI light surveillance methodology to be applied to mandatory and non-mandatory procedures from 1 July 2011 (i.e. SSI forms are completed for confirmed SSIs, for all patients undergoing all procedures). This has since been our local approach to orthopaedic surgery surveillance. Post Discharge Surveillance requirements via re-admission data to 30 days post-op were unaffected by the amendments.

### Orthopaedic Surgery Surveillance- Light Surveillance

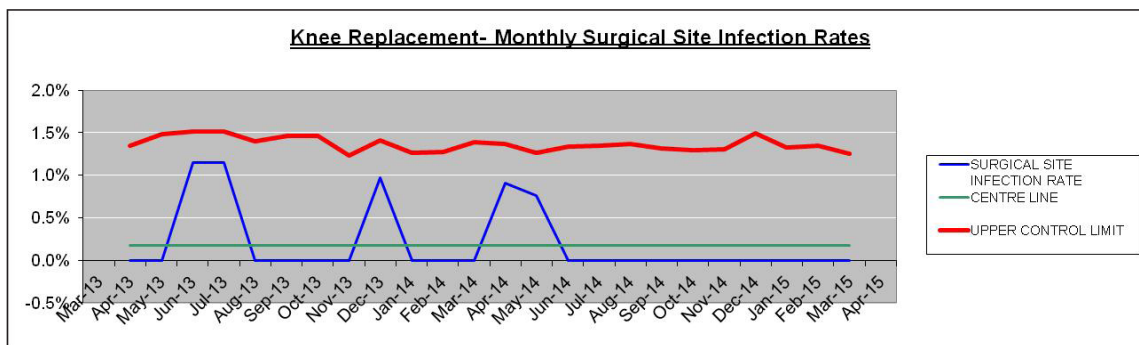
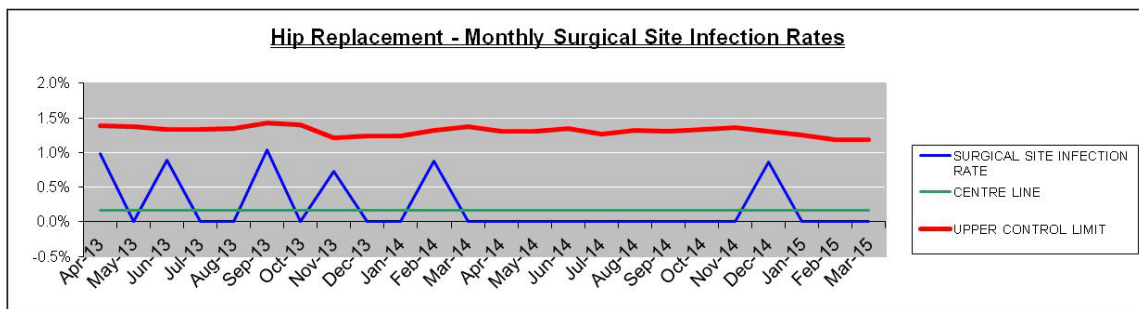
Orthopaedic surveillance is performed from surgery until 30 days post discharge. Numbers of post- op infections for both hip and knee implant surgery have remained within our control limits and surveillance is ongoing.

Quality assurance of the orthopaedic surveillance process is carried out via the following processes:

- by reviewing all long stay patients (patients who have been in the hospital for 10 days or more) to determine the reason for extended stay;
- all readmissions (patients readmitted within 30 days of a prior stay) and all patient deaths are reviewed;
- the team receive and review alerts from the laboratory system detailing positive wound swab/ wound fluid results;
- review of ward safety briefs three times a week to check for any readmitted patients or any patients with known or suspected wound infections; and
- close working with the Tissue Viability service discussing new referrals that are relevant to our surveillance process.



2014/15 Total Hip replacement SSI rate – 0.1%  
 2014/15 Total Knee replacement SSI rate – 0.1%



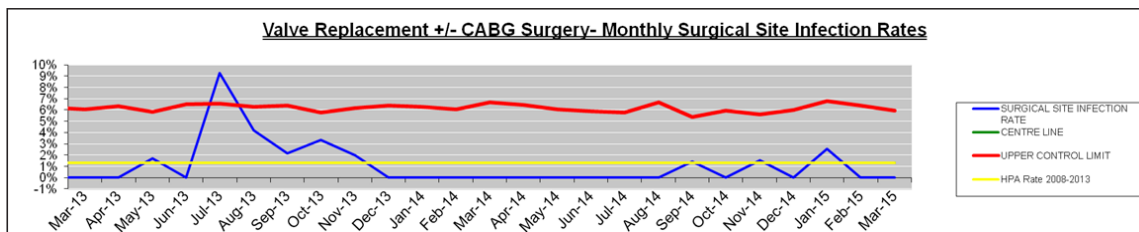
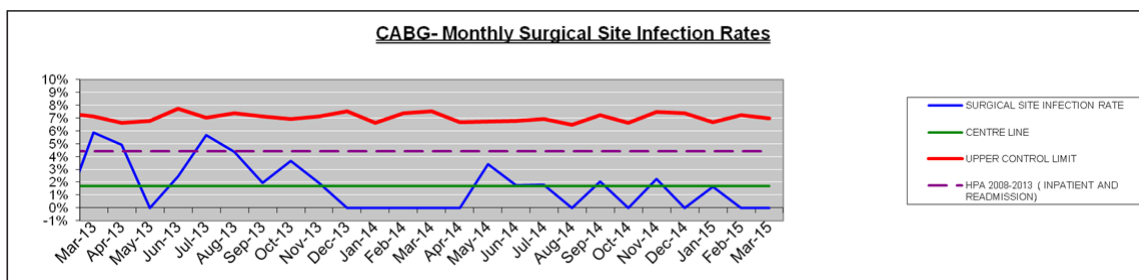
## 2.6 Coronary Artery Bypass Graft (CABG) and Valve Surgery Surveillance – Full Surveillance

Cardiac surveillance is performed from surgery till 30 days post discharge. No other Board in NHSScotland collects this data, therefore benchmarking of data continues to use data from our NHS England counterparts via the Health Protection Agency (HPA).

All CABG and Cardiac data are within control limits.

2014-15 CABG SSI rate – 1.1%

2014/15 Valve+/- CABG SSI rate – 0.5%



### 3.0 Prevention and Control of Infection Policies

All Prevention and Control of Infection policies have been reviewed as per the Policy Review calendar 2012 – 2015.

Implementation of HIS HAI Standards has increased policy review frequency to every two years. This is reflected in the 2015-2017 Policy Review Calendar.

#### **National Infection Control Manual-Standard Infection Control Precautions (SICPs) and Transmission Based Precautions Policy**

The PCIT have developed processes to meet the Board's responsibilities for adopting the National Manual.

- Systems and resources are in place to facilitate implementation and compliance monitoring of infection prevention and control as specified in this manual in all care areas. Compliance monitoring includes all staff (permanent, agency and where required external contractors).
- We have an organisational culture which promotes incident reporting and focuses on improving systemic failures that encourage safe working practices.

Further assurances of compliance with these Board responsibilities were provided from the NHS Chairs Meeting Assurance to the CNO to assure Standard Infection Control Precautions and Transmission Based Precautions were implemented.

#### **New Policies**

New and emerging pathogens along with changes in service delivery require a continual review of the application of prevention and control of infection to practice. As a result of this, the following new policies have been developed and implemented:

- Viral Haemorrhagic Fever;
- Carbapenemase-producing Enterobacteriaceae; and
- Ward Kitchens

### 4.0 Prevention and Control of Infection Programme (PCIP) 2014-15

The PCIT have achieved 95% of the planned outputs detailed in the PCIP 2014/15. The remaining three objectives have been carried over to the 15/16 programme.

### 5.0 Quality Improvement and Programme of Audit

#### **HAI Quality Improvement Facilitator**

The team appointed a **HAI Quality Improvement Facilitator (HAI QIF)** in Jan 2015. The remit of this role is to:

- work in partnership with the rest of the team to facilitate building capacity and capability in the application of improvement methodologies; ensuring synergy and alignment with Health Improvement Scotland HAI Standards;
- support the Prevention and Control of Infection Teams and Workstreams in the establishment of sustainable Quality Improvement (QI) expertise. This should be carried out in association with key partners, such as the SPSP Lead, to ensure the development of a culture of excellence in continuous quality improvement and HAI reduction and safety throughout the Board.

Since January 2015, this role has played a key part in:

- the testing and implementation of Pressure Ulcer Prevention bundles;
- moving towards achieving sustained compliance with HAI related SPSP measures;
- sustaining the high profile of the National Infection Control Manual; and
- preparatory work for new HIS HAI Standards implementation.

## **SEPSIS**

Sepsis is an established element of the Scottish Patient Safety Programme. The Sepsis programme has been aligned to the Deteriorating Patient work stream and continues to support the implementation of the Sepsis 6 bundle.

The pilot ward, 3 West, merged with 3 East during 2014 and as a direct result of this, additional planned and ad hoc educational sessions are provided to ensure staff are familiar with the sepsis screening tool and how to use it effectively.

Despite challenges, the Sepsis team have:

- continued to test and amend the Sepsis Screening tool – currently on Version 12;
- incorporated National Early Warning System;
- implemented Sepsis trolleys in 3 East and 3 West; and
- facilitated Sepsis Awareness Day in August 2014.

## **CAUTI Prevention Programme – Cardiac Critical Care and Cardiac Theatres**

This programme was introduced to promote and measure optimum urinary catheter insertion and maintenance, aiming to achieve 95% compliance with insertion and maintenance bundles 2013/14. Insertion and Maintenance bundles were developed, tested and implemented in Critical Care and Theatres with current data showing sustained compliance. Plans to introduce CAUTI surveillance have been inhibited due to difficulty in defining CAUTI in the Intensive Care Unit patient group. The team have planned a point prevalence study for June 2015 to test local definition.

## **Ward Checklist and SCN peer review**

In January 2015 the PCIT implemented a ward checklist to provide additional quality assurance that the safe patient environment and Standard Infection Control Precautions are maintained. Any actions arising from the review are raised with the Senior Charge Nurse for the department and followed up with subsequent review.

## **Antimicrobial Team (AMT)**

The prevention and control of team continue to support the work of the antimicrobial management team whose focus this year has been on reviewing the empirical and surgical prophylaxis guidelines, education and ensuring compliance with the new HAI standards.'

## 6.0 HAI Education

The PCIT delivers an annual programme to all members of staff and includes induction, core training and mandatory annual updates.

The Senior Prevention and Control of Infection Manager is the HAI Education lead and is a member of the NHS Education Scotland (NES) HAI education leads forum. They have responsibility for updating the PCI Committee on any developments in HAI education.

Having reviewed a draft of the new HAI standards as part of the wider consultation exercise, The Golden Jubilee National Hospital HAI Education Strategy for mandatory and continuing education had an extended review date applied, following consensus from the Prevention and Control of Infection Committee, in order to align to the approved HAI standards (published February 2015). The new standards will provide scope to encourage alignment to the organisations existing education strategy, mirroring the existing corporate model. The clinical education strategy is now undergoing further review and the HAI education Lead, the Clinical Education Lead and Improvement Nurse will establish where the HAI agenda can be placed within this existing NMAHP education strategy document. Advice is being sought from the Medical Education Director regarding a similar process to align HAI Education for medical staff.

The PCIT continue to deliver mandatory induction training and core training .Topics include Standard Infection Control Precautions (SICPs), Transmission Based Precautions (TBPs) / Aerosol Generating Procedures (AGPs) and generic HAI issues. In addition there have been awareness raising sessions linked to CPE screening, and AGPs and FFP3 masks.

A planned programme of Viral Haemorrhagic Fever awareness raising sessions was delivered to all clinical areas between September 2014 and March 2015 focusing on donning and removal of PPE as per national and international guidance

The Antimicrobial management team approved an antimicrobial stewardship presentation and resource folder to support the antimicrobial pharmacist deliver “buzz” sessions at ward level which ran between January and March 2015. The content includes prescribing, dispensing and awareness of nursing responsibility that is role specific. In addition the Prevention and Control Infection Team is asking pertinent antimicrobial related questions as part of their clinical visits.

### **Cleanliness Champion Programme**

The Cleanliness Champion Programme is part of the Scottish Government’s Action Plan to combat Healthcare Associated Infection (HAI) within NHSScotland launched in 2003.

The programme is now on version 3 – accessed via LearnPro.

The current version of the programme contains information about Standard Infection Control Precautions and aligns to Quality Improvement and the Scottish Patient Safety Programme.

The overall aim of the programme is to promote and maintain a healthcare culture in which patient safety related to prevention and control of infection is vital.

Staff undertaking the ‘Cleanliness Champion’ programme have a six month completion time limit.

Senior charge nurses are accountable for ensuring they maintain up to date records of staff who have completed the Cleanliness Champion programme within their departments – a requirement of the Healthcare Environment Inspectorate February 2011.



## 7.0 HAI outbreaks/incidents

The PCIT provided support to clinical teams to investigate and implement control measures during:

- a cluster of *Staphylococcus epidermidis* bacteraemias;
- a cluster of patients colonised with *Aspergillus spp*; and
- a cluster of patients with Influenza A.

During all investigations, the PCIT used the national Hospital Infection Incident Assessment (HIIA) Tool to alert relevant national bodies. Collaboration with Health Protection Scotland and the PCIT continued through each investigation and post event utilising HPS to facilitate debriefs to identify good practice and learning from both events. Learning and any further actions were shared via divisional clinical governance groups.

## 8.0 Emerging pathogens

In March 2014 an outbreak of Ebola – a Viral Haemorrhagic Fever (VHF) was declared in West Africa. In response to this outbreak and associated CMO (2014) 26, all Boards in Scotland were required to ensure robust process for patient identification and case management.

Health Protection Scotland worked in partnership with Boards to ensure a coordinated national response to the outbreak via regular teleconferences.

To test local preparedness the PCIT facilitated a table top exercise- focusing on patient identification, case management and prevention and control of infection control measures. Outputs from this exercise informed our local and national preparedness plans.

## 9.0 Cleaning Services/Housekeeping

Cleaning services continue to be monitored against the NHSScotland National Cleaning Service specifications using the HFS Domestic monitoring tool. All healthcare facilities and component parts e.g. wards, treatment rooms, corridors etc are expected to be at least 90% compliant with the requirements set out in the NCSS.

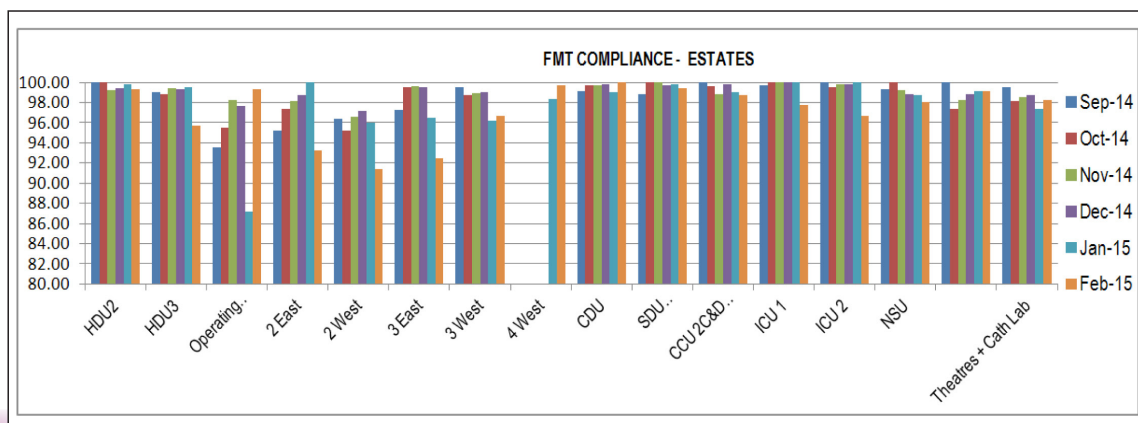
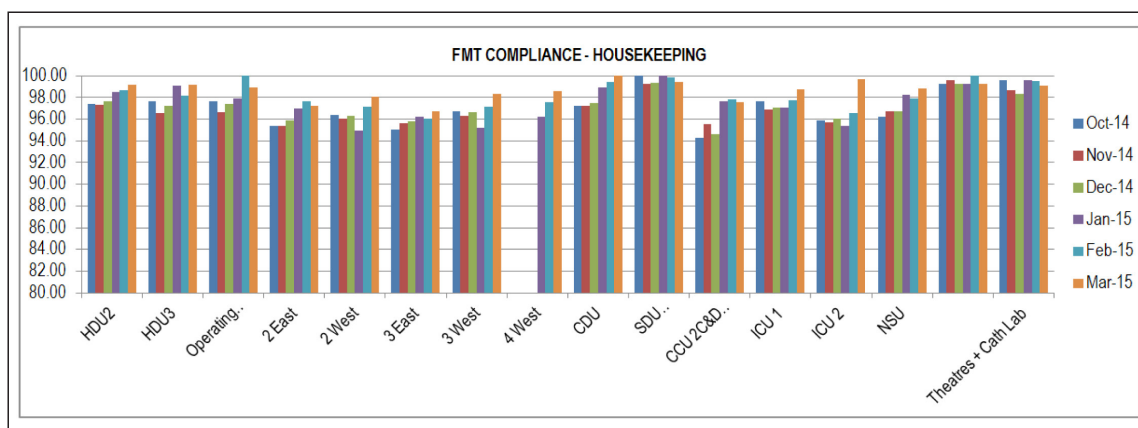
Compliance rates in 2014/15 achieved 96% compliance or above. This is well above the nationally set compliance rating of 90%.

The service continues to expand and develop around the services within the Board. As a result staffing levels have increased by 3 FTEs. We continue to review service requirements and staff training programmes as the service dictates.

The Housekeeping Operational Manager continues to work collaboratively with the 14 Health Boards/ 4 Special Health Boards and Health Facilities Scotland in reviewing and developing new Cleaning Services Specification and associated audit tool expected 2015.

<b>Health Board</b>	<b>1<sup>st</sup> Quarter Apr-Jun 2014/2015</b>	<b>2<sup>nd</sup> Quarter Jul-Sept 2014/2015</b>	<b>3<sup>rd</sup> Quarter Oct-Dec 2014/2015</b>	<b>4<sup>th</sup> Quarter Jan-Mar 2014/2015</b>
<b>NHSScotland</b>	<b>95.6</b>	<b>95.6</b>	<b>95.6</b>	<b>95.6</b>
NHS Ayrshire and Arran	95.1	95.2	95.4	95.3
NHS Borders	96.4	96.6	95.9	95.1
NHS Dumfries and Galloway	96.6	96.5	96.3	96.3
NHS Fife	96.3	96.0	96.9	96.9
NHS Forth Valley	96.3	96.3	96.9	96.3
NHS Greater Glasgow and Clyde	95.2	95.5	95.7	95.8
NHS Golden Jubilee	96.7	97.4	97.0	98.0
NHS Grampian	93.6	94.1	94.0	93.9
NHS Highland	95.7	96.1	96.3	96.3
NHS Lanarkshire	96.6	95.7	95.0	95.7
NHS Lothian	96.2	96.0	95.5	94.8
NHS NSS SNBTS	98.5	98.3	97.3	98.8
NHS Orkney	95.4	96.3	97.0	96.0
NHS Scottish Ambulance Service	95.9	95.5	96.4	95.9
NHS Shetland	97.8	95.6	96.0	95.6
NHS State Hospital	96.1	94.4	95.7	95.2
NHS Tayside	94.9	94.8	94.9	94.3
NHS Western Isles	97.5	96.8	97.6	97.3

### NHSScotland National Cleaning Compliance Report Domestic and Estates Cleaning Services



## 10.0 Built Environment

Building work, renovation or refurbishment in patient care areas can pose significantly increased risks of infection to vulnerable patients. HAI-SCRIBE (System for Controlling Risk in the Built Environment) engages the collaboration of expertise from a wide range of healthcare experts and directs efforts to reduce risk through assessment and planning prior to and during any building work. This multidisciplinary scribe is followed by continuous monitoring by the Prevention and Control of Infection and Housekeeping teams for the duration of the working project.

The use of HAI – SCRIBE is well established within the GJNH and there is multidisciplinary representation for all works being carried out (including contractors) to ensure that risks are carefully considered particularly when work is planned for patient areas.

A total of 132 HAI SCRIBE risk assessments were carried out for work activity during 2014/15.

## 11.0 Healthcare Environment Inspection

No inspections were completed in 2014/15, although we continue to promote, monitor and encourage staff towards high standards of practices and environmental cleanliness. The Theatre team collaborated with HEI in the development and training associated with the HEI Theatre Monitoring Tool.

The new Healthcare Associated Infection (HAI) Standards were published in February 2015. These standards supersede the NHSScotland Code of Practice for the Local Management of Hygiene and Healthcare Associated Infection and all previous standards.

The 2015 HAI standards are aligned to the National Infection Prevention and Control Manual (2103), and both documents underpin the HEI Inspection tool.

## 12.0 National Groups

The Prevention and Control of Infection Team represent GJNH on a number of National Groups:

- Career Advisory Framework
- CPE Short Life Working group
- Scottish Antimicrobial Prescribing Group
- Environmental and Equipment Decontamination (Expert Advisory) Steering Group
- CAP/TUG Groups



## All of our publications are available in different languages, larger print, braille (English only), audio tape or another format of your choice.

我們所有的印刷品均有不同語言版本、大字體版本、盲文（僅有英文）、錄音帶版本或你想要的另外形式供選擇。

كافة مطبوعاتنا متاحة بلغات مختلفة و بالأحرف الطباعية الكبيرة و بطريقة بريل الخاصة بالمكفوفين (باللغة الإنكليزية فقط) و على شريط كاسيت سمعي أو بصيغة بديلة حسب خيارك.

Tha gach sgrìobhainn againn rim faotainn ann an diofar chànanan, clò nas motha, Braille (Beurla a-mhàin), teip clàistinn no riochd eile a tha sibh airson a thaghadh.

हमारे सब प्रकाशन अनेक भाषाओं, बड़े अक्षरों की छपाई, ब्रेल (केवल अंग्रेज़ी), सुनने वाली कसेट या आपकी पसंदनुसार किसी अन्य फॉरमेट (आरूप) में भी उपलब्ध हैं।

我們所有的印刷品均有不同語言版本、大字体版本、盲文（仅有英文）、录音带版本或你想要的另外形式供选择。

ਸਾਡੇ ਸਾਰੇ ਪਰਚੇ ਅਤੇ ਕਿਤਾਬਚੇ ਵਗੈਰਾ ਵੱਖ ਵੱਖ ਭਾਸ਼ਾਵਾਂ ਵਿਚ, ਵੱਡੇ ਅੱਖਰਾਂ ਅਤੇ ਬ੍ਰੇਲ (ਸਿਰਫ਼ ਅੰਗਰੇਜ਼ੀ) ਵਿਚ, ਆੱਡੀਓ ਟੇਪ 'ਤੇ ਜਾਂ ਤੁਹਾਡੀ ਮਰਜ਼ੀ ਅਨੁਸਾਰ ਕਿਸੇ ਹੋਰ ਰੂਪ ਵਿਚ ਵੀ ਮਿਲ ਸਕਦੇ ਹਨ।

ہماری تمام مطبوعات مختلف زبانوں، بڑے حروف کی چھپائی، بریل (صرف انگریزی)، سننے والی کسٹ یا آپ کی پسند کے مطابق کسی دیگر صورت (فارمیٹ) میں بھی دستیاب ہیں۔

**☎: 0141 951 5513**

**Please call the above number if you require this publication in an alternative format**

