

**AGENDA ITEM NO:**

**UNIVERSITY HOSPITAL BIRMINGHAM NHS FOUNDATION TRUST  
BOARD OF DIRECTORS  
THURSDAY 28 FEBRUARY 2008**

<b>Title:</b>	<b>REPORT ON INFECTION CONTROL FOR JANUARY 2008</b>
<b>Responsible Director:</b>	Kay Fawcett, Executive Chief Nurse
<b>Contact:</b>	Dr Adam Fraise, Director of Infection Prevention and Control. Ext 3524

<b>Purpose:</b>	To provide the Board of Directors with information relating infection control issues (including MRSA bacteraemias and <i>C. difficile</i> episodes) to <b>31 January 2008</b>
<b>Confidentiality Level &amp; Reason:</b>	None
<b>Medium Term Plan Ref:</b>	Strategic Aim 4 : Quality of Services
<b>Key Issues Summary:</b>	Healthcare associated infection results in direct and indirect increases in costs
<b>Recommendations:</b>	The Board of Directors is asked to accept this report on infection control progress.

<b>Signed:</b>	<b>Date:</b> 18 February 2008
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**UNIVERSITY HOSPITAL BIRMINGHAM NHS FOUNDATION TRUST  
BOARD OF DIRECTORS**

**THURSDAY 28 FEBRUARY 2008**

**REPORT ON INFECTION PREVENTION AND CONTROL TO 31 JANUARY  
2008 INCLUSIVE  
PRESENTED BY THE CHIEF NURSE**

**1. Introduction**

Last month's paper to the Board of Directors reported an update on performance against the national target for MRSA bacteraemia, the locally agreed target for *Clostridium difficile* (*C.difficile*) episodes, and cases of multi-resistant *Acinetobacter* and other impacts on operational performance related to infection. This paper provides a report on key data up to and including January 2008. The paper also includes information on current actions and initiatives related to Infection Prevention and Control.

**2. MRSA Bacteraemias**

**2.1 MRSA bacteraemias 2007/08 and context**

There have been 9 MRSA bacteraemias in January 2008 giving a total of 67 for the year up to 31 January 2008. This compares with a target of 49 for the year up to the end of March 2008. The pre 48 hour bacteraemias have been analysed and are mainly associated with a UHBFT admission. A small number are associated with Nursing Homes and work with the PCT is ongoing to explore ways of identifying carriers in this setting and applying a decolonisation regimen. Table 1 indicates the number of bacteraemias within the Trust April 2007 – January 2008.

**Table 1. Number of MRSA bacteraemias by month up to 31 January 2008**

Month	Total no. of bacteraemias	No. of bacteraemias acquired in or outside UHB	
		in	out
April 2007	7	5	2
May	8	6	2
June	6	1	5
July	4	3	1
August	7	4	3
September	4	3	1
October	7	5	2
November	9	8	1
December	6	4	2
January	9	7	2
<b>Total</b>	<b>67</b>	<b>46</b>	<b>21</b>

## 2.2 Current Actions

The Trust has recently completed the national Savings Lives assessment in line with good practice proposals from the Department of Health. This assessment indicated where the Trust is improving and where there is work to do. This has been fed into the Infection Prevention and Control strategy which has been formalised (Appendix 2). However work is already underway to address some of the most significant issues, and a programme of audit and surveillance is planned to assess the progress and benefits of initiatives in place.

An MRSA cohort ward set up at SOH continues to facilitate the decontamination of MRSA patients and the use of this ward has also increased the capacity for single room isolation for patients with other infections. The capacity to isolate patients is being reviewed on a regular basis to identify the next steps needed to make further progress with targets.

2% Chlorhexidine is now being used for the insertion of all central lines in ITUs. A rapid roll out is planned to areas in Renal and then into Medicine, where the vast majority of line related MRSA's have been identified.

## 2.3 Root Cause analysis and follow up actions.

Root cause analysis meetings continue to take place for each MRSA bacteraemias. These meetings involve the CEO, COO, CN, and MD, and from future meetings will include the Director of Infection Prevention and control. Themes from the last meeting include:

Poor documentation particularly in relation to peripheral lines – this is being addressed via the IV Team who are reviewing the use of documentation. This will be reinforced in future training.

Inconsistent adherence to the MRSA screening policy – this process has been clarified and changes to decolonisation management have been made on PICs to clarify the process.

Communication at handover of patients regarding infection/line status – this will be assisted by the alerts detailed on PAS.

Central lines, especially in renal medicine, have been identified as a major risk factor for MRSA bacteraemia and a training campaign in line care is being planned and initiated in conjunction with the IV team. Aseptic none touch technique training is also being rolled out to support all aspects of care that require an aseptic process.

The process of root cause analysis of MRSA bacteraemias has improved greatly since April 2007, with the introduction of the National Patient Safety Agency RCA tool and training provided for all Senior Nurses. However there is room to improve this process further, with particular emphasis on drilling

down to identify organisational deficiencies which can then be addressed. There is also work ongoing to follow through cases that are pre-48 hours more thoroughly in order to assess the role of the acute Trust in them and share lessons and preventative actions with the PCTs and other Trusts.

#### 2.4 Deep Clean Programme - Update

The ward deep clean programme commenced in November 2007 and is planned to be complete by the end of June 2008. The Infection Control team reviewed the infection risk and the MRSA and C Diff infection rates of every ward and from this identified the priority for deep cleaning each area. Based on the priorities the programme was drawn up and provisionally agreed with each Division.

To date 9 wards have been completed and this includes all of those wards in priority 1 and 2 categories on both sites, with the exception of E4 (priority 1), which is being deep cleaned in conjunction with the refurbishment programme which commenced 2 weeks ago and will be completed during March. At that point all priority areas 1 and 2 will be complete.

At their recent visit the Department of Health advised that the target for the Deep Clean programme is for each Trust to have identified and completed its priority areas by the end of March 2008. The Trust will have achieved this. In addition it is planned to complete all lower priority areas by end of June 2008.

### 3. ***Clostridium difficile* Episodes**

#### 3.1 Background to *C. difficile* disease monitoring

In line with the NHS operating framework for 2007/08, local targets for the reduction of *C. difficile* associated diarrhoea (CDAD) were agreed between commissioners and providers. The Trust and the SBPCT agreed to a 10% reduction in the total number of cases  $\geq$  65 years of age based on 2006 data. This target reached its completion date at the end of December 2007 and the reduction was 11.1% in the target age-group. The overall reduction was 13.6%.

A new target needs to be agreed with the PCT for 2008 and the Trust is aware of the nationally proposed target for the West Midlands; this is indicated as between 40-50% (not clearly defined as yet) reduction by 2010/11 against the 2007/08 outturn. It is suggested, therefore, that an internal annual target of at least a 20% reduction in 2008/09 would be required to conform to the worst case national target.

#### 3.2 Current figures and context

A total of 811 episodes of *C. difficile* disease were seen for 2007. There have been 65 episodes of *C. difficile* disease for January 2008. If this monthly rate continued this would project to approximately 756 cases for 2008. This would be only a 7% reduction which fails to reach the 20% reduction target. As such

there is a need to consider more focused action to develop a step change in the Trust monthly numbers, and exploratory work on a more radical set of actions is underway.

### 3.3 Reporting MRSA and *C.difficile* disease as Serious Untoward Incidents

As required, the Trust now reports all MRSA bacteraemias and *C.difficile* deaths/ cases requiring surgical intervention, as serious untoward incidents (SUIs) to the PCT. During the month of January 2008 the 9 bacteraemias have been reported as SUIs and there have been 4 *Cdifficile* deaths (represented by those on part one of the death certificate) that have also been identified. These will have root cause analyses to establish learning for future cases.

## 4. **Other Target Organisms**

These include multi drug resistant Acinetobacter, ESBL producing Gram negative organisms and drug resistant TB. Although there has been a problem with multi drug resistant Acinetobacter in the Trust previously, there has not been an outbreak since mid 2006. There will therefore be no routine reporting of these organisms unless a problem is identified. It is proposed that there will be 6 monthly summaries of these other target organisms.

## 5. **Outbreaks of Diarrhoea and Vomiting**

During January 2008, ward A1 at SOH was affected twice with norovirus which required closure of the ward to new admissions. A total of 17 patients and 3 staff were affected. There was also an outbreak of diarrhoea on the renal unit affecting 9 patients. Following containment of the outbreaks, all wards are now open.

At the end of January 2008 it was indicated that a former patient of the Trust had legionella (positive in a urine sample). The Trust held an urgent meeting to review the case and establish whether this could have been contracted within the Trust. At the present time there is not enough evidence to indicate where it was contracted. However, in an effort to follow up on risk factors the following actions have been taken:

All areas in which the patient has previously been cared for are having water testing for Legionella (previous tests in all areas within the last year were negative)

Clinicians are being reminded to be extra vigilant in testing for legionella where there are unusual respiratory symptoms.

The use of sterile water for nebuliser therapy is being reinforced and will be audited for compliance.

The patient has been informed, is undergoing treatment and is being followed up both within the Trust and by the Health Protection Unit (HPU).

The case has been reported to the Health Protection Unit and the Health and Safety Executive. The HPU are investigating any community sources of Legionella.

The incident has been reported as a Serious Untoward Incident to South Birmingham PCT.

A full root cause analysis is underway to ensure that all preventative actions are being taken.

**6. Recommendations**

The Board of Directors is asked to accept this report on infection control progress.

Mrs Kay Fawcett  
Chief Nurse and Executive Lead  
Infection Prevention and Control  
18 February 2008

Dr. Adam Fraise  
Director of Infection Prevention and  
Control

**Appendix 1. MRSA history, risk factors, possible source of bacteraemia and clinical outcome of patients at UHB with MRSA bacteraemia, for January 2008**

Age (yrs) Sex	Admission date	Date of BC	Speciality & Location	MRSA Status at time of B/C	UHB Acquired MRSA	Risk factors for a bacteraemia
84	2/1/08	3/1/08	Medicine	Pos	Yes	Pacemaker
79	26/12/07	6/1/08	T&O	Pos	Yes	Surgery
89	13/1/08	13/1/08	Medicine	Pos	Yes	NK
69	8/1/08	17/1/08	Liver surgery	Neg	Yes	Surgery
54	19/1/08	19/1/08	Oncology	Pos	Yes	Hickman line
59	21/1/08	27/1/08	Surgery	Pos	Yes	Surgery
88	24/1/08	24/1/08	A&E	NK	No	NK
65	1/1/08	30/1/08	Urology	Pos	Yes	Nephrostomy tube
	1/2/08	31/1/08	Renal Medicine	NK	Yes	NK

Appendix 2- Infection Prevention and Control Action plan

This action plan incorporates action areas required in order to meet the requirements of The Health Act 2006 ~ Code of Practice for the Prevention & Control of Health Care Associated Infections, Going Further Faster, Saving Lives, Essential Steps to Safe Clean Care: Reducing health care associated infection, Winning Ways, NPSA's Flowing with the go, and Healthcare Commission core standards. It is a Code that comprises of 3 sections and 11 parameters to be fulfilled. This plan also takes note of the recent Health Care commission report on Maidstone and Tunbridge Wells and the lessons therein. Much of this work is to create a systematic approach to Infection Prevention and control for 2008/09, and will support the wider strategy which will be finalised after delivery of the Annual Report in April 08

Criteria	Strategic actions required	Target date	Leads	Operational actions required	Target date	Leads
<p><b>Challenge One Saving Lives :</b> Engage senior management (clinical and non clinical) to secure the implementation of best practice in Infection Prevention and Control.</p> <p><b>Health Act Code 2a, 2b</b> Duty to have in place appropriate management systems for infection prevention and control.</p>	1. Infection prevention and control progress is contained within monthly report to the Board.	Continued	CN/DIPC	<p>1.All Divisions will implement the High Impact Interventions (HIIIs) as outlined in "Saving Lives". These are:</p> <ul style="list-style-type: none"> <li>• Central venous catheter care</li> <li>• Peripheral intra-venous cannula care</li> <li>• Renal catheter care</li> <li>• Prevention of surgical site infection</li> <li>• Care of ventilated patient or patient with tracheotomy</li> <li>• Urinary catheter care</li> <li>• Reducing the risk of <i>C. difficile</i> disease</li> </ul> <p>2.Infection Control &amp; Divisional Leads must complete and report Root</p>	Implemented programme in January 2008	Infection Control Team and IV Team
	2. Ensure Annual Report to Board in April.	April 08	CN/DIPC			
	3. Membership of Infection Control Committee to include senior clinical representation from each Division.	March 08	CN/DIPC			
	4. Each Division to nominate an infection control lead and incorporate infection control into its governance agendas.	March 08	DDs/DoPS			
		February 08	CN/DIPC/		Implemented Monthly reviews by	DDs CSLs ICT

<b>Going further faster</b>	5. Corporate strategy to be communicated to influence the development of local arrangements.	Sept 08 Performance Reviews	IPC Members	Cause Analyses (using the National Patient Safety Agency tools) on all MRSA bacteraemias and breaches in <i>C. difficile</i> care. This should commence within 48 hours of a bacteraemia occurring.	Exec Team – evaluate June 08	
	6. Divisions to report infection control audit results, compliance with hand hygiene standards as part of their performance reviews throughout the year.		DOPs/Divisional Infection control links			
	7. Divisions to monitor infection control activity providing feedback to the Infection Control Committee at least bi-annually.	March 08	CN/DIPC/COO	3. RCAs should be reported to the Chief Nurse and Medical Director with associated action plans to prevent reoccurrence.	Implemented	DoPs CN/DIPC
		April 08	CN/DIPC/ Head of Governance	4. Daily Infection Control update to Bed Management Meeting to be implemented and circulated electronically.	Implemented	Infection Control Team
	5. Weekly <i>C. difficile</i> run rate to be maintained to demonstrate progress.			Implemented Feb 08	CN/DIPC/ Daniel Ray	
	6. Clear escalation plans to be developed and implemented in response to increases in infection rates in specific clinical areas.			April 08	ICT/ Divisions	
	Schedule of reports to be developed to support this.			7. Patients who are known to be MRSA positive will	Implemented Feb 08	ICN Consultant

				<p>be isolated where possible and cohorted where numbers exceed isolation capacity. The full benefit of a screening programme will only be realised if isolation is implemented following a positive screen.</p>		CN/DIPC COO
				<p>8. In areas where the number of MRSA positive patients consistently exceeds the number of available single rooms utilisation of a cohort ward for MRSA positive patients is essential.</p>	Implemented For evaluation May 08	IPCC
				<p>9. Patients with <i>C.difficile</i> also need to be isolated. The DH report suggested that the Trust consider a <i>C.difficile</i> cohort ward. Such a ward has been successful in other Trusts. A detailed audit of isolation ward utilisation should take place so that a decision regarding cohort wards can be taken.</p>	Work commenced in February 08 – decision to be made in conjunction with COO – March 08	CN/DIPC/IC T/COO
				<p>11. Review the death certification process and</p>	Completed Feb 08	MD/CN

				<p>ensure that relevant cases are reported to the Coroner in line with SHA and DoH requirements.</p> <p>12. Carry out prospective review of <i>Cdifficile</i> death certificates in line with Maidstone and Tunbridge Wells advice</p>	Planned for March 08	Head of Governance
<p><b>Challenge Two :</b> Appoint and train infection control leaders at each level of the organisation to ensure the promotion of good clinical practice and challenge of inappropriate behaviour.</p>	<p>1. Infection control elements to be included in the Job Descriptions of all staff and key elements in those reporting on Infection Control.</p>	<p>Commenced</p> <p>Review at IPRs</p>	All managers	<p>1. Include infection control into a medical staff's job descriptions and personal objectives.</p> <p>2. Review DIPC's Job Description.</p> <p>3. Review and enforce hand hygiene practice with all Trust staff.</p> <p>4. Ensure Senior Nurses (Matrons) carry out and report on monthly Hand Hygiene Audits.</p>	<p>To be reviewed in April 08</p> <p>Completed Feb 08</p> <p>Implemented Evaluate Following formal audit in May 08</p> <p>Plan developed to commence in March 08</p>	<p>MD</p> <p>CN/DIPC/MD/COO</p> <p>ICNT DIPC/CN</p> <p>ADNs/Senior Nurses/CN</p>

<p><b>Challenge Three:</b> Implement a local Infection surveillance programme in real time the infection status throughout the Trust by the provision of reports to each ward / unit at least quarterly</p>	1. Develop the potential of the Trust surveillance software.	Implemented – ongoing work to further develop the potential	Informatics	1. Continue to report Healthcare associated bacteraemia rates for each Division.	Commenced Monthly	Divisions/ DIPC
	2. Ensure that there is accurate and timely reporting of data both internally and externally	Implemented To be evaluated in June 08	DIPC/CN Informatics	2. Report summary of data related to MRSA infections/colonisations and <i>C. difficile</i> toxin cases to all relevant clinical areas quarterly.	Implemented	Informatics
				3. Complete MESS data entry and the reporting of Serious Untoward incidents as required by PCT.	Implemented	DIPC/CN Head of Governance
				4. An active programme of prospective surveillance will be implemented. This will be co-ordinated by the ICT. The programme will include;	Plans to be fully defined by April 08	DIPC/CN/ Head of Governance/ ICNC
				<ul style="list-style-type: none"> <li>• surgical site surveillance</li> <li>• Ventilator associated pneumonia</li> <li>• Line associated infection</li> <li>• Urinary catheter infections</li> </ul>		
			5. Data on surgical site infection rates as well as other key indicators will be	June 08	DIPC/MD	

				fed back to clinical teams. Surgical site infection rates will be corrected for case severity and outliers will be identified. The Medical Director may wish to include these results in the appraisal process		
<p><b>Challenge Four:</b> Adopt national evidence based guidance in order to ensure that patients are treated according to best practice.</p> <p><i>Health Act Code 10b</i> Duty to adhere to policies &amp; protocols applicable to infection prevention &amp; control.</p> <p><b>Maidstone and Tunbridge Wells (MTW) Health Care Commission report</b></p>	<p>1. Reduce MRSA bacteraemia 50% from 2003 to 2008, by reducing central venous catheter (CVC) related bacteraemia. (National Target) and sustain 2008/09.</p> <p>2. Develop a training and education strategy to ensure that there is evidence based practice to support infection prevention and control.</p> <p>3. Ensure that all relevant policies are current and reflect national best practice – commence programme of review.</p> <p>4. Do gap analysis on MTW report.</p>	<p>Failed trajectory 2007/08 Forward Plan April 08</p> <p>Development by April 08</p> <p>April 08</p> <p>March 08</p>	<p>DIPC/CN</p> <p>I</p> <p>DIPC CN/DCN</p> <p>ICNC/DIPC/DCN</p> <p>CN DIPC</p>	<p>1. All Divisions to continue to implement the Clean your hands/ Flowing with the Go Campaigns undertaking audits of hand hygiene compliance.</p> <p>2. All Divisions to have compliance with Peripheral Cannula Guidelines monitored.</p> <p>3. All Divisions will monitor adherence to national standards by undertaking appropriate High Impact Intervention audits as identified within Saving Lives.</p> <p>4. Introduce Aseptic No touch technique training for all staff involved in line insertion and care, with signed off competence and details entered onto training database.</p>	<p>Ongoing Evaluate Audits May 08</p> <p>March 08</p> <p>Audit programme developed by April 08</p> <p>April 08</p>	<p>ADNs Senior Nurses DCN</p> <p>IV Team</p> <p>ICNC/DIPC Head of Governance (acting)</p> <p>ICNC IV Team ICNT</p>

				5. Ensure all staff involved in urethral catheterisation are assessed as competent and that details are clearly entered on training database	Plan in April 08	DCN ICNC
<b>Challenge Five:</b> Ensure the effective auditing of infection control practices throughout the Trust through monitoring and implementation	1. Develop and maintain an effective audit programme related to infection control practice to ensure systematic adherence to agreed practices  2. Implement Trust wide antibiotic prescribing controls	Apr 08  Completed PICS	MD Informatics	1. Develop a trust wide antibiotic policy.  2. Employ antibiotic pharmacist.  3. Develop evidence based antibiotic controls.  4. Complete quarterly prescribing point prevalence audits for each Division.	Final draft completed  Employed  To be completed once policy confirmed  Plan for May 08	DIPC  DIPC  Antimicrobial Pharmacist
<b>Challenge Six:</b> Ensure all Trust employees have a programme of education and training on the prevention and control of infection  <b>Winning Ways 4:</b> High Standards of hygiene in clinical practice.  <b>NAO Report 2000/4</b>				1. Audit infection control in annual appraisals and personal development plans for all staff sample.  2. Ensure all educational training programmes relating to clinical procedures include Aseptic No Touch Technique and IC principles.  3. Ensure that observational audits on	May 08  Review May 08  Audit plan developed	DCN  DCN  DIPC CN

<p><b>Health Act Code 2d, 11d, 11f.</b>  Duty to ensure, so far as reasonably practicable, that health care workers are free of and are protected from exposure to communicable infections during the course of their work, and that all staff are suitably educated in the prevention and control of HCAI.</p>				<p>competency are done for Urinary catheterisation (High Impact Intervention 5).</p> <p>4. Ensure that annual mandatory Infection Control Training is provided for all Cleaning and Portering Staff.</p> <p>5. Write an Aseptic No Touch Technique Section for the Infection control Manual and ensure that all staff read and adhere to this in line with the ANT training.</p> <p>6. Ensure annual mandatory infection control updates for all staff including all grades of Medical staff – NHSLA requirement.</p> <p>7. Gain assurance from Occupational Health re immunisation status of staff.</p> <p>8. Gain assurance from Locate that temporary clinical staff have had</p>	<p>by April 08</p> <p>Schedule to be developed and implemented by June 08</p> <p>May 08</p> <p>Schedule to be developed April 08</p> <p>MMR Policy written Review May 08</p> <p>Review April 08</p>	<p>Head of Governance</p> <p>DCN Chris Stowe (Facilities Manager)</p> <p>DIPC ICNC</p> <p>ICNC DCN</p> <p>DCN OCC Health HR</p> <p>Lead Nurse Operations</p>
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				mandatory Infection Control training and meet the same standards as permanent staff.		
<p><b>Challenge Seven :</b> Review the patient journey for emergency and planned patients in order to reduce the risk of transmission of infection by minimising the movement of potentially infected patients.</p> <p><b>Health Act Code 10k.</b> Duty to adhere to policies and protocols applicable to infection prevention and control.</p> <p><b>Going further faster</b></p>				<p>1. Report all MRSA Bacteraemias to the PCT as Serious Untoward Incidents (SUIs), with their Root Cause Analysis (RCA).</p> <p>2. Report all <i>C. difficile</i> deaths/surgical intervention as SUIs in line with the new SHA and PCT policies and complete RCA.</p> <p>3. Carry out patient isolation audit using daily reports and spot checks by Senior Nurses.</p> <p>4. Monitor mattress replacement and decontamination</p>	<p>Implemented</p> <p>Implemented</p> <p>RCA process commenced</p> <p>Implemented</p> <p>Audit to be completed April 08</p> <p>Audit and replacement programme in place</p>	<p>Head of Governance</p> <p>Head of Governance</p> <p>ICNC</p> <p>Lead Nurse Tissue Viability</p>

<p><b>Challenge Eight:</b> Review the status of the built environment and the effectiveness of the facilities management services, including cleaning, in order to provide a safe and clean environment for patient care</p> <p><b>Health Act Code 4d</b> Duty to provide and maintain a clean and appropriate environment for health care.</p>				<ol style="list-style-type: none"> <li>1. Infection Control Committee to receive assurances re cleaning schedules/ compliance with new national standards 2007 for cleanliness.</li> <li>2. Standards of cleanliness and in depth schedule of cleaning frequencies are made public.</li> <li>3. Develop escalation plans for the enhancement of cleaning in areas where there are infection control outbreaks.</li> </ol>	<p>April 08</p> <p>June 08</p> <p>May 08</p>	<p>Chris Stowe (Facilities Manager)</p> <p>Chris Stowe (Facilities Manager)</p> <p>Chris Stowe (Facilities Manager) ICNC</p>
<p><b>Challenge Nine:</b> Implement robust trust wide policies for decontamination to ensure that patients will not get infected by any inadequately decontaminated re-usable instruments, including but not limited to surgical instruments and endoscopes</p>	<ol style="list-style-type: none"> <li>1. Facilitate transfer of decontamination unit to B.Braun</li> <li>2. Ensure adequate transition plans are in place during transfer</li> </ol>	<p>Commenced</p> <p>To be implemented by April 08 dependent upon B.Brain achieving performance targets</p>	<p>COO</p> <p>COO</p>	<ol style="list-style-type: none"> <li>1. Weekly planning meetings with B.Braun</li> <li>2. Risk log completed and action plans in place</li> </ol>	<p>Completed</p> <p>Completed</p>	<p>DDOps Division 1 and Contracts</p> <p>DDOps Division 1 and Contracts</p>

**Abbreviations:**

CN	-	Chief Nurse
DIPC	-	Director of Infection Prevention and Control
DD	-	Divisional Director
DoPs	-	Divisional Director of Operations
IPCC	-	Infection Prevention and Control Committee
COO	-	Chief Operating Officer
ICT	-	Infection Control Team
ICNC	-	Infection Control Nurse Consultant
MD	-	Medical Director
ADN	-	Associate Director of Nursing
IV Team	-	Intravenous Devices Team
Occ Health	-	Occupational Health