

Ref: FOI/GS/ID 6813

Please reply to:
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Freedom of Information Act 2000

I am writing in response to your request for information made under the Freedom of Information Act 2000 in relation to Hospital Acquired Infections (HAI).

You asked:

- 1. How many Hospital Acquired Infections (HAI) have there been in the last 2 years?*
- 2. What are the types of HAIs?*
- 3. What is the cost per HAI?*
- 4. What would be a reasonable cost per room for disinfection?*
- 5. How long does it take to turnover a room?*
- 6. What percentage of surfaces get disinfected during a room turnover?*
- 7. What log reduction is expected for surface disinfection?*

Trust response:

1. Under Section 21 of the Act we are not required to provide information in response to a request if the information is already reasonably accessible to you. The information you requested is available from: [AMR local indicators - PHE](#)
2. Please see the above link.
3. This information is not available in a reportable format. Patients are not admitted with HAI, and while some spells will have secondary episodes with an infection as primary diagnosis, we would have to search a lot of secondary diagnoses to filter for nosocomial infection. The Trust has estimated that it will cost more than the appropriate limit to consider this part of your request. The appropriate limit is specified in regulations and represents the estimated cost of one person spending 3½ working days in determining whether the Trust holds the information, locating, retrieving and extracting the information. Under Section 12 of the Freedom of Information Act 2000 the Trust is not

obliged to comply with this part of your request and we will not be processing this part of your request further.

4. This is not information we keep as we do not price it that way and therefore not something we can release.

5. 30 minutes for cleaning, then up to 30/45 mins for UVC or 3 hrs for HPV decontamination depending on ventilation.

6. By using the combination of advanced manual cleaning techniques and a terminal disinfection adjunct (either UVC or HPV), it is expected that 100% of all high touch surfaces are fully disinfected and 99% of all other surfaces are fully disinfected.

7. Without a specific reference to a target organism, log reduction cannot be accurately relayed, as expected log thresholds will differ organism to organism.