

Antimicrobials Stewardship

The Antimicrobials Policy was introduced and aims to promote the prudent use of antibiotics by avoiding situations where patients are prescribed excessive courses of either intravenous or oral agents, and therefore prevent the emergence of antimicrobial resistance, reduce antibiotic associated diarrhoea and adverse effects.

The RNOH has produced clear guidelines which provide surgeons, anaesthetists, junior medical and surgical staff, and theatre and ward nurses with the appropriate guidance on the use of antibiotics.

All antimicrobial prescriptions must follow Trust guidelines and breaches of the Trust antimicrobial policy are immediately reviewed.

Broad-spectrum antimicrobials are restricted to the treatment of serious infections when the pathogen is not known or when other effective agents are unavailable. Using narrower spectrum agents reduces the likelihood of the emergence of resistant organisms and super-infections e.g. diarrhoea associated with Clostridium difficile.

RNOH Antimicrobials Policy

The following aspects of the policy are vigilantly implemented and are being monitored:

- Obtain Cultures First. Knowing the susceptibility of an infecting organism can lead to narrowing of broad-spectrum therapy, changing therapy to effectively treat resistant pathogens and stopping antibiotics when cultures suggest an infection is unlikely.
- Do not start antibiotics in the absence of clinical evidence of bacterial infection.

The five Antimicrobial Prescribing Decision options are Stop, Switch, Change, Continue and OPAT:

1. Stop antibiotics if there is no evidence of infection
2. Switch antibiotics from intravenous to oral
3. Change antibiotics – ideally to a narrower spectrum – or broader if required
4. Continue and review again at 72 hours
5. Outpatient Parenteral Antibiotic Therapy (OPAT)

Environmental Cleaning

RNOH believes that proper and thorough environmental hygiene is critical for the prevention of healthcare-associated infections. At RNOH, environmental hygiene encompasses rigorous environmental surface

cleaning, including cleaning and disinfection of high-touch surfaces, as well as decontamination of medical equipment and devices used in patient-care procedures, according to evidence-based practices and recommended guidelines from the DOH and similar organisations.

A PEAT inspection was carried out across RNOH in 2012. The results are consistent with previous years showing consistency with maintaining a high standard of services.

The PEAT audit covers all areas of front line patient care in specific cleanliness, toilet and bathroom cleanliness, environment, access and external area; food and food service and privacy and dignity.

These audits generate an immediate action plan for any areas in need of attention and allow better utilisation of staff and a rapid corrective response to cleanliness, infection control, estates or food issues. An increase in staff training in cleaning standards and food hygiene has also assisted in maintaining standards and staff are now accredited to a national core standard.

Advice on planning and estates issues

At the RNOH Infection Prevention and Control is a fundamental part of healthcare design. The IPCT at RNOH is being involved at all stages of planning and estates issues to assess the risks of infection relating to construction, renovation and repairs.

The Estates and Facilities Department along with architects, engineers, and planners work in collaborative partnership with the IPCT to ensure delivery of facilities in which infection prevention and control needs have been planned for, anticipated and met.