### Antimicrobial Policy

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<th><strong>Document Type</strong></th>
<th>Policy</th>
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<td><strong>Date Approved</strong></td>
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<td>Drugs &amp; Therapeutics Committee</td>
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<td><strong>Related Documents</strong></td>
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<tr>
<td><strong>Author</strong></td>
<td>Azamgarhi, Tariq</td>
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<td>Clinical</td>
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<td>Antimicrobial Policy v 1</td>
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<tr>
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<td>Clinical staff only</td>
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1. Equality Impact Assessment (EIA) Disclosure Statement

Equality Impact Assessment (EIA) Disclosure Statement

This policy was assessed on the 10th day of April 2018 for its impact on equality. The assessment determined that the policy will not have a significant negative impact on equality in relation to each of the protected staff/patient groups below:

i.) Age; ii.) Sex (Male and Female); iii.) Disability (Learning Difficulties/Physical or Sensory Disability); iv.) Race or Ethnicity; v.) Religion and Belief; vi) Sexual Orientation (gay, lesbian or heterosexual); vii) Pregnancy and Maternity; vii) Gender Reassignment (The process of transitioning from one gender to another); viii) Marriage and Civil Partnership.
Privacy Impact Assessment (PIA) Disclosure Statement

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>This policy was assessed on the 10\textsuperscript{th} day of April 2018 for its impact on privacy. The assessment determined that the policy will not have a significant negative impact on privacy of members of staff/patients.</td>
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</tbody>
</table>
Introductions and aims of policy

Purpose of the policy
The prevalence of antimicrobial resistance (AMR) is increasing and reduces the effectiveness of antimicrobials. AMR is also associated with increased mortality, morbidity and increase the risks of associated with orthopaedic surgery. This has important future implications at the RNOH and adds to the health economic burden.

The purposes of this policy are:

1. To provide a framework to ensure that antimicrobials are used appropriately and prudently within the Royal National Orthopaedic Hospital Trust.
2. To facilitate improvements in the effective treatment of infections and optimise patient outcomes. Optimise also includes reducing risks of adverse effects including healthcare associated infections and minimising the emergence of antimicrobial resistant organisms.
3. To enable the Trust to comply with the requirements of the Health and Social Care Act 2008 (Department of Health, 2009) (See appendix 2)

Definitions

Antimicrobial is a medicine for preventing or treating bacterial, viral, fungal and parasitic infections.

RNOH Antimicrobial Guidelines are local guidelines developed by the ASC that are in accordance with local pathogen epidemiology & antimicrobial sensitivity patterns, and recommend antimicrobial agents selected for target site penetration and evidence-based clinical efficacy. They are accessible through the trust’s Microguide APP.

Antimicrobial Stewardship An organisational or healthcare-system-wide approach to promoting and monitoring judicious use of antimicrobials to preserve their future effectiveness.
**Antimicrobial Stewardship Round** This is a regular ward round undertaken by a microbiologist and a pharmacist. A member of the infection control team or a trainee microbiologist or pharmacist may also be present. The purpose of the ward round is to clinically assess the appropriateness of the antimicrobials prescribed for individual patients. All assessments take into account the current clinical situation and investigation results including any microbiology findings. Any recommendation to change the antimicrobials prescribed is discussed with the clinical staff on the wards and documented in the medical notes. The prescription chart may be actively changed by the microbiologist.

**Prudent prescribing** is defined by as: ‘The use of antimicrobials in the most appropriate way for the treatment or prevention of human infectious diseases, having regard to the diagnosis (or presumed diagnosis), evidence of clinical effectiveness, likely benefits, safety, cost (in comparison with alternative choices), and propensity for the emergence of resistance. The most appropriate way implies that the choice, route, dose, frequency and duration of administration have been rigorously determined’.

**Microbiology** is the study of micro-organisms

**Consultant Microbiologist** is a medical doctor qualified in the diagnosis, management and prevention of infection

**Pharmacist** is a person qualified in the delivery, action and side-effects of medicinal drugs

**Antimicrobial Pharmacist** is a person qualified in the delivery, action and side-effects of medicinal drugs who has training in Antimicrobials.

**Audit** is a quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria and the implementation of change.

**Out-patient Antimicrobial Therapy (OPAT)** is a service provided by infection specialists to provide out-patient intravenous antimicrobial therapy
Duties and Responsibilities

The **Chief Executive** is responsible for ensuring that the Trust has policies in place and complies with its legal and regulatory obligations.

The **Medical Director** is the board level champion for antimicrobial stewardship and has overall responsibility for the implementation and monitoring of the policy.

The **Consultant Microbiologists** are responsible for supporting the Trust’s antimicrobial policy and addressing non-compliance with the policy.

**Antimicrobial Pharmacists working with the Consultant Microbiologists** will facilitate continuous improvement in antimicrobial stewardship (including prudent prescribing) through the implementation of the Antimicrobial Stewardship Committee’s annual programme, promoting awareness of the policy and auditing and reporting findings to the Drugs and Therapeutics’ Committee.

**Pharmacists** are responsible for raising awareness of the policy, encouraging adherence and for highlighting non-compliance to the Medical Microbiologists or the Antimicrobial Pharmacist.

**Consultants and matrons** are responsible for providing clinical leadership to support prudent antimicrobial prescribing and use.

**All medical, nursing and pharmacy staff** are responsible for familiarising themselves with the policy, adhering to it and for complying with the standards set out in section four.

**General Practitioners** are responsible for sharing information on antibiotic use in patients admitted to the RNOH and the timely review of patients discharged on antimicrobials where appropriate.

**Patients** are responsible for engaging in shared decision making were possible, ensuring adherence to the regime they have been prescribed and returning any unused medicines to a pharmacy for safe disposal.
The Antimicrobial Stewardship Committee (ASC) will agree, endorse, support, and monitor the Antimicrobial Stewardship Annual Programme, provide oversight on antimicrobial stewardship governance issues and advise on all matters relating to the use of antimicrobials within the Trust. One lead Anaesthetic Consultant will coordinate the implementation of prudent use of antimicrobials and assist in the implementation of the Antimicrobial Stewardship Group’s annual programme.

The RNOH Drugs and Therapeutics Committee (DTC) will provide the governance mechanism through which the ASC will enact its responsibilities.
GENERAL ANTIMICROBIAL PRESCRIBING AND ADMINISTRATION STANDARDS

These standards apply to all Inpatients, Discharges and Outpatients (Stanmore and Bolsover Street)

Staff prescribing antimicrobials

6.1 Before prescribing an antimicrobial, a thorough history of drug allergy should be sought and documented in accordance with The Medicines Policy (MP6): Prescribing and Transcribing.

6.2 Should not start antimicrobial therapy unless there is clear evidence of infection. Patients who receive antimicrobial therapy are at increased risk of colonisation and infection with Clostridium difficile, MRSA and other multi-resistant pathogens. Patients should not be subjected to this increased risk without reasonable evidence of infection or established prophylactic benefit. Consider contacting microbiology for support.

6.3 Protected antimicrobials must not be prescribed without authorisation. Certain antimicrobial agents have been designated as ‘protected’ antimicrobials by the ASC. These may only be prescribed in accordance with antimicrobial guidelines or on the authorisation of a Consultant Microbiologist. Pharmacists are required to confirm guideline compliance or authorisation before dispensing protected antimicrobials (see Link to RNOH formulary).

6.4 Patients who receive antimicrobial therapy are at increased risk of colonisation and infection with Clostridium difficile, MRSA and other multi-resistant pathogens. Patients should not be subjected to this increased risk without reasonable evidence of infection or established prophylactic benefit.

6.5 Before starting antimicrobial therapy make every effort to collect specimens for microbiological investigations. Cultures are important to isolate the infecting organism and determine the presence of antimicrobial resistance. The clinical team...
looking after the patient is responsible for liaising with medical microbiology to find culture results and amend antimicrobial therapy accordingly.

6.5 **Antimicrobial therapy should be used solely as an adjunct in cases where surgery or wound management is the primary intervention.** The presence of foreign bodies has a profound effect on the activity of antimicrobial agents and it is often necessary to remove the foreign material to cure an infection in the vicinity of a foreign body such as a prosthetic joint implant. Similarly, drainage of infected abscesses and debridement of necrotic tissue is critical to successful outcomes.

6.6 **Prescribers must follow trust Antimicrobial guidelines for prophylaxis and treatment of infection.** If there is clinical situation where this is not appropriate, a reason must be clearly documented in the patient’s notes. Local guidelines are developed in accordance with local pathogen epidemiology & antimicrobial sensitivity patterns, and recommend antimicrobial agents selected for target site penetration and evidence-based clinical efficacy.

6.7 **Narrow-spectrum antimicrobial agents should be prescribed in preference to broad-spectrum agents where appropriate.** Broad-spectrum agents cause the most collateral damage to non-pathogenic normal flora, which form an integral component of the host defence against infection by competing with pathogens for nutrients and producing antibiotic secretions. Broad-spectrum agents also apply selection pressure to colonising bacteria increasing the risk of a patient becoming colonised with antimicrobial-resistant strains, which may later cause infection unresponsive to first-line antimicrobials. Refer to Trust antimicrobial guidelines for recommended narrower spectrum agents for defined clinical indications.

6.8 **Non-formulary antimicrobials must not be prescribed without authorisation by a Consultant Microbiologist.** Antimicrobials on the Trust’s formulary have been reviewed by the DTC for cost-effectiveness, safety and the propensity to cause resistance. All new antimicrobials must be approved via the appropriate Trust channels before being included in the RNOH formulary.
6.9 Antimicrobial therapy must be prescribed at an appropriate dose, as recommended in the RNOH Antimicrobial guidelines or other specialist guidelines where trust guidelines do not exist. The dose must be appropriate for the patient’s weight, renal and hepatic function. Consult a pharmacist if a patient is obese or has renal or hepatic impairment. Trust guidelines for dosing of aminoglycosides (e.g. gentamicin and amikacin) and glycopeptides (e.g. vancomycin and teicoplanin) antimicrobials must be followed to minimise the risk of treatment failure or toxicity.

6.10 Prescribers must refer patients to the OPAT CNS in a timely manner to facilitate timely discharge from hospital. Referral to the OPAT teams enables timely assessment of self-administration and approval of funding prior to discharge. Timely is defined as 72 hours prior to expected discharge. Within this time, it is the responsibility of the team to organise insertion of a PICC line.

Staff administering antimicrobials

6.11 Ensure doses are given on time. Low levels in the blood are associated with treatment failure. Staff should be aware of the processes for obtaining antimicrobials in and out of hours as described in the medicines policy.

Staff supplying antimicrobials

6.12 Query any prescription that does not state a stop/review date (duration) and indication in the medical notes with the orthopaedic team. Any prescription continuing beyond the stop/review date must also be queried. Continue to administer the antimicrobial while awaiting review.

6.13 In inpatient and outpatient settings, must support prudent prescribing/use of antimicrobials by: Reviewing antimicrobial prescriptions for appropriateness and guideline compliance – any concerns must be raised urgently with the clinicians caring for the patient, or where necessary
escalated to the Consultant Microbiologists or the Antimicrobial Pharmacists.

6.14 Requesting a stop/review date (duration) and an indication is recorded on the drug chart as part of every antimicrobial prescription. If the stop/review date or duration and indication are not documented on the medicine chart or in the notes, contact the prescriber and request this information and then endorse the drug chart accordingly. Inform the prescriber that the standard is to include a stop/review date and indication every time an order for an antimicrobial agent is made. If the prescriber is unavailable, write in the notes requesting a stop/review date and indication be written on the drug chart and in the medical notes.

INPATIENTS

6.15 Document all prescriptions for antimicrobial therapy in the medical notes including the indication for treatment, the drug, dose and route of administration. Record a stop/review date and indication in the medical notes and on the drug chart/prescription. Review of antimicrobial therapy is facilitated by clear documentation of the reason for initiating prescribing and the original intended course length. In general, antimicrobial courses must be reviewed daily. In some cases intravenous (IV) antimicrobials can be switched to oral by 48 hours as indicated in the antimicrobial guidelines.

6.16 Start prompt effective treatment should be started as soon as possible and within one hour in patients with life-threatening infection. Treatment delay is associated with increased morbidity and mortality.

6.17 Empirical antimicrobials must be reviewed at 48 to 72 hours with a clinical review, microbiology results checked and an antibiotic plan made which will be one of the following options: stop antibiotics; IV to oral switch; antibiotics changed to narrow spectrum if a causative organism is identified and antimicrobial sensitivity data are available; antibiotics continued and
reviewed after a further 24 hours; outpatient based antimicrobial therapy. Prolonged treatment with broad-spectrum antimicrobials increases selection pressure for multi-resistant microorganisms and limits options for salvage therapy in patients who later relapse. Unnecessarily prolonged intravenous therapy exposes patients to risks of intravascular device-related infection, bacteraemia and thrombophlebitis, and has been shown to delay discharge from hospital.

6.18 Antimicrobial prophylaxis for surgery must not be prescribed beyond 24 hours except where indicated in the antimicrobial guidelines. Single dose antibiotic prophylaxis is effective in the majority of cases. Established infection discovered during surgery is an indication for converting antimicrobial prophylaxis into a treatment course. Do not start antimicrobial therapy without clear clinical evidence of infection.

Staff administering antimicrobials

6.19 Ensure doses are given on time. Low levels in the blood are associated with treatment failure. Staff should be aware of the processes for obtaining antimicrobials in and out of hours as described in the medicines Policy (MP03) – Medicines Supply Storage and Transport.

6.20 Query any prescription that does not state a stop/review date (duration) and indication in the medical notes with the clinical team. Any prescription continuing beyond the stop/review date must also be queried with the clinical team.

Staff supplying antimicrobials

6.21 Request a stop/review date (duration) and an indication is recorded on the drug chart as part of every antimicrobial prescription. If the stop/review date or duration and indication are not documented on the medicine chart or in the notes, contact the prescriber and request this information and then endorse the drug chart accordingly. Inform the prescriber that the standard is to include a stop/review date and indication every time an order for an antimicrobial agent is made. If the
prescriber is unavailable, write in the notes requesting a stop/review date and indication be written on the drug chart and in the medical notes.

Out of hours

6.22 Ward staff should follow the medicines Policy (MP03) – Medicines Supply Storage and Transport.

6.23 When contacting the site-coordinator out of hours for supply, whoever is requesting must inform them of the indication and where appropriate, the microbiologist who has authorised supply.

DISCHARGE
In addition to the General prescribing standards above, there are specific standards that apply to the prescribing supply and administration of antimicrobial to patients at discharge. Also refer to The Medicines Policy (MP8) Discharge Policy.

Staff prescribing antimicrobial

6.24 Document all prescriptions for oral antimicrobial therapy on the discharge summary including the indication for treatment, the drug, dose and duration to provide appropriate information transfer across the interface.

6.25 If a course is intended to be continued by the GP, this must be clearly documented on the discharge summary and include any monitoring that is required.

6.26 Patients who are prescribed Outpatient Parenteral Antimicrobial Therapy must be on the advice of a consultant microbiologist. The clinical team must refer patients to the OPAT CNS in a timely manner to facilitate timely discharge from hospital. Referral to the OPAT teams enables timely assessment for self-administration and approval of funding prior to discharge. Timely is defined as 72
hours prior to expected discharge. Within this time, it is the responsibility of the team to organise insertion of a PICC line.

6.27 Dispense the exact quantity required for the duration of supply of wherever practical.

Staff administering antimicrobials, at the point of discharge

6.28 Provide the patient with appropriate written information about the medication prescribed, duration of treatment and obtaining further supplies of medicine where necessary.

OUTPATIENTS

6.29 In addition to the general prescribing standards above, there are specific standards that apply to the prescribing supply and administration of antimicrobial to outpatients.

Staff prescribing antimicrobials

6.30 If required immediately, it must be prescribed on an outpatient prescription form including the indication for treatment, the drug, dose and duration.

6.31 If not urgent, it may be appropriate to write to the GP and recommend an antimicrobial, provided it meets all the general prescribing standards and is suitable for prescribing by GPs. In this case the patient should be told that the medicine is not urgent and that they should contact their surgery after at least 7 days when the full information in writing must have been received by the GP. The Outpatient form must be completed fully and legibly.
6.32 If continuation of an antimicrobial is required by the GP, the prescriber must ensure that the antimicrobial is suitable for prescribing by GPs, inform the patient that they should contact their surgery after at least 7 days when the full information in writing must have been received by the GP.

6.33 Patients who are prescribed Outpatient Parenteral Antimicrobial Therapy must be on the advice of a consultant microbiologist and in accordance with the RNOH OPAT operating protocol.

Staff supplying antimicrobials

6.34 Supply a minimum of 14 day’s supply, unless the full course of treatment is less, a smaller supply is deemed appropriate.

6.35 Dispense the exact quantity required for the duration of supply of wherever practical.

ACCESSING MICROBIOLOGY SUPPORT

<table>
<thead>
<tr>
<th>Monday – Friday, 9am – 5pm</th>
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<tbody>
<tr>
<td>Link to the Microguide APP</td>
</tr>
<tr>
<td>For drug assay results (Amikacin, Gentamicin and Vancomycin only) contact the RNOH on site laboratory on ext. 5846/5268</td>
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<tr>
<td>For other lab results (Including Teicoplanin drug assay results) and administrative queries including sample tracing:</td>
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<tr>
<td>•  SWLP via switchboard: 0208 725 5468</td>
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<td>For clinical advice including results interpretation and treatment:</td>
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<tr>
<td>•  Consultant on RNOH bleep 801 (when on site at RNOH)</td>
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<tr>
<td>•  Microbiology Registrar dedicated RNOH mobile: 07887 650795</td>
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<tr>
<td>•  If unavailable contact:</td>
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<tr>
<td>1. Consultants Dr. Simon Warren, Dr Shara Palanivel or Dr. Damien Mack on call via Royal Free Hospital switchboard</td>
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<tr>
<td>2. Registrars’ office @ RFH ext 33973</td>
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<tr>
<td>•  Antimicrobial Pharmacist bleep 690</td>
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All other times (evenings, weekends)

On-call service: Contact the Microbiology Registrar on-call via the Royal Free Switchboard: 020 7794 0500. The on-call consultant is available via the Registrar

For on call laboratory results contact SWLP via RNOH switchboard.

Monitoring and the effectiveness of this policy

Monitoring

A programme of audits - These will be agreed annually by the Antimicrobial Stewardship Group against Trust guidelines or other appropriate standards. The ASC will oversee the implementation action plans where necessary.

<table>
<thead>
<tr>
<th>Key process/part of this policy for which compliance is being monitored</th>
<th>Monitoring method</th>
<th>Job title of person responsible for leading the monitoring</th>
<th>Frequency of the monitoring activity</th>
<th>Monitoring Committee responsible for receiving monitoring results</th>
<th>Committee responsible for ensuring that action plans are completed</th>
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<tbody>
<tr>
<td>Antibiotic prescribing Point prevalence audit</td>
<td>Audit of practice against requirements in the policy</td>
<td>Pharmacy</td>
<td>At least quarterly</td>
<td>Antimicrobial Stewardship Committee</td>
<td>Drugs &amp; Therapeutics Committee</td>
</tr>
<tr>
<td>Surgical prophylaxis Audit</td>
<td>Audit of practice against requirements in the policy</td>
<td>Pharmacy</td>
<td>At least annually</td>
<td>Antimicrobial Stewardship Committee</td>
<td>Drugs &amp; Therapeutics Committee</td>
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Effectiveness

An **Antimicrobial guideline** contains advice on both prophylaxis and treatment. Royal Free Hospital Consultant Microbiologists work at the RNOH to enable a share antimicrobial formulary. The formulary incorporates evidence based and/or national approved guidelines where available. Guidance is agreed at the RFH' Antimicrobial Stewardship Committee with input from the RNOH Antimicrobial Pharmacist.

In addition, The RNOH has specific orthopaedic guidelines which are agreed at the RNOH Antimicrobial Stewardship Committee and associated governance structures.

The Antimicrobial formulary is easily accessible using the Microguide APP.

A **programme of education and training** on the appropriate use of antimicrobials. This will be agreed as part of the annual antimicrobial stewardship committee programme in cooperation with Microbiology, Pharmacy, and Learning and Development.

**Antimicrobial Stewardship Rounds** regular stewardship ward rounds provide specialist advice, provide feedback on prescribing practices.

Extra sources of information and support

Start Smart - Then Focus. Antimicrobial Stewardship Toolkit for English Hospitals (2015); https://www.gov.uk/government/publications/antimicrobial-stewardship-start-smart-then-focus

Antimicrobial stewardship: systems and processes for effective antimicrobial medicine use NG15 (2015); http://www.nice.org.uk/guidance/ng15


Figure 1 Antimicrobial Treatment Algorithm, Start Smart - Then Focus. Antimicrobial Stewardship Toolkit for English Hospitals (2015)
Clean surgery
Involving placement of a prosthesis or implant

Clean contaminated surgery

Contaminated surgery

Surgical Prophylaxis
ONE DOSE\(^1\)
Within 60 minutes before knife to skin\(^2\)

Redose for long surgical procedures
Intraoperative redosing is needed to ensure adequate serum and tissue concentrations of the antimicrobial if the duration of the procedure exceeds two half-lives of the antimicrobial or there is excessive blood loss (i.e., >1500 mL in adults\(^3\) or >25mL/kg in children). A treatment course of antibiotics may also need to be given (in addition to appropriate prophylaxis) in cases of dirty surgery or infected wounds\(^4\). The appropriate use and choice of antibiotics should be discussed with infection specialists for each case.

DOCUMENT ALL DECISIONS

References:
1. NICE clinical guideline 74: Surgical site infection – Prevention and treatment of surgical site infection

Figure 2 Antimicrobial Surgical Prophylaxis Algorithm, Start Smart - Then Focus. Antimicrobial Stewardship Toolkit for English Hospitals (2015)
Part 2: The Code of Practice

The table below is the ‘Code of Practice’ for all providers of healthcare and adult social care on the prevention of infections under The Health and Social Care Act 2008. This sets out the 10 criteria against which a registered provider will be judged on how it complies with the registration requirements related to infection prevention. Not all criteria will apply to every regulated activity. Parts 3 and 4 of this document will help registered providers interpret the criteria and develop their own risk assessments.

<table>
<thead>
<tr>
<th>Compliance criterion</th>
<th>What the registered provider will need to demonstrate</th>
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<tbody>
<tr>
<td>1</td>
<td>Systems to manage and monitor the prevention and control of infection. These systems use risk assessments and consider the susceptibility of service users and any risks that their environment and other users may pose to them.</td>
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<tr>
<td>2</td>
<td>Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections.</td>
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<tr>
<td>3</td>
<td>Ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance.</td>
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<tr>
<td>4</td>
<td>Provide suitable accurate information on infections to service users, their visitors and any person concerned with providing further support or nursing/medical care in a timely fashion.</td>
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<tr>
<td>5</td>
<td>Ensure prompt identification of people who have or are at risk of developing an infection so that they receive timely and appropriate treatment to reduce the risk of transmitting infection to other people.</td>
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<tr>
<td>6</td>
<td>Systems to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection.</td>
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<td>7</td>
<td>Provide or secure adequate isolation facilities.</td>
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<td>8</td>
<td>Secure adequate access to laboratory support as appropriate.</td>
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<tr>
<td>9</td>
<td>Have and adhere to policies, designed for the individual’s care and provider organisations that will help to prevent and control infections.</td>
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<tr>
<td>10</td>
<td>Providers have a system in place to manage the occupational health needs and obligations of staff in relation to infection.</td>
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Figure 3 the Health and Social Care Act 2008 Code of Practice on the Prevention and Control of Infections