



ANTIMICROBIAL POLICY

South Central Ambulance Service NHS Foundation Trust
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DOCUMENT INFORMATION

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Ratifying committee/group: Medicines Optimisation and Governance Group

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1. Introduction

1.1 The South Central Ambulance Service NHS Foundation Trust is legally obligated to prevent, monitor and control healthcare associated infections. Key drivers for the content of this Policy include:

- “The Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance”.
- The UK Five Year Antimicrobial Resistance Strategy 2013 to 2018 evidence based key recommendations about the prescribing of antibiotics.
- NICE Guideline (PH63) “Healthcare associated infections; Prevention and control” for hospitals.
- NICE clinical guidance (CG139) Healthcare-associated infections: prevention and control in the primary and community care.
- NICE NG15 “Antimicrobial stewardship: systems and processes for effective antimicrobial medicines use”.
- NICE QS121 Antimicrobial stewardship.
- Public Health England (PHE) guidance “Managing common infections: guidance for primary care” evidence-based guidance on treating common infections seen in primary care.
- “Start Smart Then Focus: Antimicrobial stewardship toolkit for English hospitals” provides an outline of the evidence based AMS in the secondary healthcare setting to help reduce inappropriate prescribing and optimise antibiotic use in the hospital setting.
- The Care Quality Commission Regulation 12 specifies providers must assess the risk of detecting, preventing and controlling the spread of, infections, including those that are health care associated.
- Policy Paper: UK 5-year action plan for antimicrobial resistance 2019 - 2024

1.2 This policy has been developed with consideration of other local healthcare organisational policies to facilitate a consistent approach through the patient healthcare journey

1.3 Misuse of antimicrobials is one of the main factors driving antimicrobial resistance and healthcare associated infection, which may in turn result in hospital admission. Misuse can be common and occurs when antimicrobial therapy:

- is prescribed unnecessarily
- is a broad-spectrum antimicrobial and used indiscriminately
- is a narrow spectrum antimicrobial used incorrectly
- dose is lower or higher than appropriate for the specific patient
- duration is too long or too short
- is not rationalised according to microbiological culture results

2. Scope

2.1. This policy applies to This policy has been developed to ensure that prescribing is safe and effective. This policy applies to all prescribing of antimicrobials and antimicrobials supplied or administered under a Patient Group Directive (PGD) or in accordance with the Human Medicines Regulations 2012.

2.2. This policy applies to all staff involved in the prescribing, administration or supply of antimicrobials, including those that work under a contract for services, and

those supplied to do work by a third party, including agency staff.

2.3. This policy has been developed as a separate policy from CSPP5 Medicines Management Policy, to acknowledge the importance of managing antimicrobial use in the context of preventing healthcare associated infections and reducing antimicrobial resistance.

3. Equality statement

- 3.1 The Trust is committed to promoting positive measures that eliminate all forms of unlawful or unfair discrimination on the grounds of age, marriage and civil partnership, disability, race, gender, religion/belief, sexual orientation, gender reassignment and pregnancy/maternity or any other basis not justified by law or relevant to the requirements of the post. The Trust will therefore take every possible step to ensure that this procedure is applied fairly to all employees regardless of the afore mentioned protected characteristics, whether full or part time or employed under a permanent or a fixed term contract or any other irrelevant factor.
- 3.2 By committing to a policy encouraging equality of opportunity and diversity, the Trust values differences between members of the community and within its existing workforce, and actively seeks to benefit from their differing skills, knowledge, and experiences in order to provide an exemplary healthcare service. The Trust is committed to promoting equality and diversity best practice both within the workforce and in any other area where it has influence.
- 3.3 Where there are barriers to understanding; for example, an employee has difficulty in reading or writing, or where English is not their first language, additional support will be put in place wherever necessary to ensure that the process to be followed is understood and that the employee is not disadvantaged at any stage in the procedure. Further information on the support available can be sought from the HR Department.

4. Aim

- 4.1. The aim of this policy is to ensure safe, effective and appropriate use of antimicrobials agents within the Trust
- 4.2. Allow for continuous quality improvement for the safe, appropriate and prudent prescribing of antibacterial agents, thereby optimising patient outcomes.
- 4.3. Reduction of the risk of multi-resistant infections, such as those caused by *Clostridium difficile* (*C. difficile*; *C.diff*).
- 4.4. Prolongation of the effectiveness of antimicrobial agents in the treatment of infections by reducing the risk of developing antimicrobial resistance.
- 4.5. Outline an effective audit plan regarding of the use of antimicrobial agents within the Trust.
- 4.6. Ensure a consistent approach to the use of antimicrobials across the Trust in line with national and local guidelines

5. Roles and responsibilities

5.1. The Medical Director

- 5.1.1. Act as Board level champion for the safe and prudent prescribing of anti-microbials within the organisation

5.2. The Medicines Optimisation and Governance Group

- 5.2.1. Work with the Infection Prevention and Control team to ensure safe and effective prescribing, supply and administration of anti-microbials in order to meet the objectives of this policy

5.3. All staff involved in the prescribing, administration or supply of anti-microbials:

- 5.3.1.1. Antimicrobial prescriptions must be in accordance national and local guidelines for the use of antimicrobials.
- 5.3.1.2. If a guideline cannot be adhered to then this must be clearly documented in the patient's medical notes & the justification for any deviation from Trust policy should be stated. The names of those involved in this decision including, if appropriate, that of a medical microbiologist must be recorded. Adjusting antibiotics according to susceptibility results or microbiology advice is not considered non-adherence.
- 5.3.1.3. Prescribe, administer or supply antimicrobials when clinically indicated to treat active infection or for well established, evidence-based prophylaxis against infection.
- 5.3.1.4. Clinicians should ensure safe, appropriate and cost-effective antimicrobial prescribing, administration or supply using local antimicrobial guidance where applicable.
- 5.3.1.5. Staff should check for and document allergies before prescribing, administering or supplying an antimicrobial. Where there is a documented allergy to the agent or any agent in the same class do not prescribe, administer or supply the antimicrobial
- 5.3.1.6. Relevant microbiological specimens should be taken prior to administering antibiotics unless unsafe to do so, or methods for sampling are not readily available. In cases of severe sepsis, blood samples should be taken before the initiation of antibiotic treatment when possible.
- 5.3.1.7. When prescribing, supplying or administering anti-microbials document the route, indication and duration of the agent on the prescription as per the requirements for a prescription outlined in the British National Formulary (BNF)
- 5.3.1.8. Advise that, where appropriate, a review for the need for continuing the antibiotics within 72 hours should be undertaken
- 5.3.1.9. It is the responsibility of the person prescribing, administering or supplying the anti-microbial to ensure that the patient's allergy status and nature of the allergy/intolerance are recorded in the appropriate place e.g.- Patient Care Record (ePCR) or Patient Report Form (PRF)
- 5.3.1.10. Medicines may only be administered against clear, unambiguous

prescriptions signed by an authorised prescriber, and including a completed allergy statement, or within the scope of an approved Patient Group Direction

5.3.1.11. All prescriptions or PGDs must state a dose, frequency, formulation, indication and duration for an antimicrobial medicine.

6. Definitions

- 6.1. Antimicrobials - The term 'antimicrobials' and 'antimicrobial medicines' includes all anti-infective therapies, (antiviral, antifungal, antibacterial and antiparasitic medicines) and all formulations (oral, parenteral and topical agents).
- 6.2. Antimicrobial resistance - The term 'antimicrobial resistance' is defined as the 'loss of effectiveness of any anti-infective medicine, including antiviral, antifungal, antibacterial and antiparasitic medicines'.
- 6.3. Antimicrobial stewardship - The term 'antimicrobial stewardship' is defined as 'an organisational or healthcare-system-wide approach to promoting and monitoring judicious use of antimicrobials to preserve their future effectiveness'.

7. Principles of Anti-microbial use

- 7.1. When prescribing or administering antimicrobials ensure the following points have been considered:
 - 7.1.1. Do not start anti-microbial therapy unless there is clear evidence of infection or evidence-based need for prophylaxis
 - 7.1.2. Take a thorough drug-allergy history including the nature and severity of the reaction. Drug intolerance or sensitivity e.g., nausea and vomiting, may also be described and should be distinguished from an allergic reaction.
 - 7.1.3. Initiate prompt anti-microbial treatment in patients with severe or life-threatening infections
 - 7.1.4. Avoid inappropriate use of broad-spectrum antibiotics
 - 7.1.5. Comply with local antimicrobial prescribing guidelines and PGDs and the SCAS Formulary
 - 7.1.6. Document the indication, drug name, dose and route in the patient records

8. Adverse Drug Reactions

- 8.1. All staff should be aware of their responsibility to monitor and report any adverse drug reactions in line with the Trust Incident Policy
- 8.2. Suspected adverse drug reactions must be reported to the MHRA, in line with the guidance in the BNF, using the national 'Yellow Card' reporting system. Adverse drug reactions can be reported using yellow cards found at the back of the BNF or on-line: www.yellowcard.mhra.gov.uk
- 8.3. In addition, any suspicion that a patient caller may be experiencing an adverse drug reaction must be reported via the Trust incident reporting system, DATIX®.
- 8.4. Increased patient safety incident reporting is a key priority for the NHS. Reporting

is encouraged and allows the service to learn from error and take action to keep both staff and patients safe.

9. Equality and diversity

9.1. An initial screen quality and diversity impact assessment has been carried out on this policy and, as per appendix 3 is available on request.

10. Monitoring

10.1. The effectiveness of this policy will be monitored through the Medicines Optimisation and Governance Group, with upward reporting from both 999 and 111/Integrated Urgent Care Audits

11. Consultation and review

11.1. A consultation exercise on the policy will be carried out with the stakeholders every 3 years, or less if there are any relevant changes to legislation or best practice.

12. Implementation (including raising awareness)

12.1. The policy will be implemented and communicated to managers and staff within the Trust via the weekly newsletter, Staff Matters. Emails will also be sent to senior managers and area managers asking them to bring the existence of the policy to their staff.

12.2. Staff should ensure they maintain their own relevant continuing professional development in line with the requirements of their professional body

12.3. Deviations from Trust policy that result in actual or potential patient safety issues will be reported via the Datix reporting system (see section 6)

12.4. Continued breaches with the antimicrobial policies and guidelines will be discussed at Medicines Optimisation and Governance Group meetings and when necessary, extra training will be provided along with re-enforcement of these policies.

12.5. When breaches of these policies continue to occur, the staff member will be referred to the clinical lead for the area or the divisional manager for management in line with local policies.

13. References

- Health and Social Care Act 2008 [Code of Practice](#) on the prevention and control of infections and related guidance revised July 2015
- Public Health England. [Antimicrobial stewardship](#): start smart - then focus. Antimicrobial Stewardship Toolkit for English Hospitals. 2015.
- NICE Guidelines [NG15 Antimicrobial stewardship](#): systems and processes for effective antimicrobial medicine use Antimicrobial Policy Version No 3.0 15.

14. Associated documentation

- Trust Medicines Management Policy v8.0
- Trust Adverse Incident Reporting and Investigation Policy v10.0
- Trust Formulary Management Policy v1.0
- Trust Prescribing Policy v1.0
- Trust Patient Group Direction Policy v2.0

15. Appendix 1: Review Table

15.1. This policy is regularly reviewed and updated with information in line with relevant national guidance and legislation. A full “Review Table of Contents” is available on request.

16. Appendix 2: Responsibility

16.1. The responsibility for this policy is shared between various Policy Groups, Lead Director/Officers, Working Groups and Committee members.

16.2. A full list of all responsible parties can be made available on request

17. Appendix 3: Equality impact assessment - Screening

17.1. An initial screening equality impact assessment has been carried out and has identified that the policy does not have an adverse or detrimental impact on any of the proscribed equality groups as the policy is designed to protect all staff who carry out work for or on behalf of the Trust.

17.2. The screening element of the initial ‘Equality Impact Assessment’ is available on request.

18. Appendix 4: Equality impact assessment form – Section Two – Full assessment

18.1. Due to the outcome of the initial screening equality impact assessment, it has not been necessary to carry out a full equality impact assessment.

19. Appendix 5: Ratification

Policy Title: Antimicrobial Policy

Author’s Name and Job Title: Victoria Bray, Consultant Pharmacist

Review Deadline: 27/09/22

Consultation From – To (dates): 06/09/22 - 27/09/22

Comments Received? (Y/N): Y

All Comments Incorporated? (Y/N): Y

If No, please list comments not included along with reasons:

Equality Impact Assessment completed (date): 22.07.22

Name of Accountable Group: Patient Safety Group

Date of Submission for Ratification: 03/10/22

Template Policy Used (Y/N): Y

All Sections Completed (Y/N): Y

Monitoring Section Completed (Y/N): Y

Date of Ratification: 13/10/22

Date Policy is Active: 20/10/22

Date Next Review Due: 01/08/22

Signature of Accountable Group Chair (or Deputy):

Name of Accountable Group Chair (or Deputy): Louise Maunick