

MP 05

Antimicrobial Policy

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1.0 Policy Statement (Purpose / Objectives of the policy)

This policy covers the appropriate choice, documentation and review of all antimicrobial agents used in in-patient services at The Royal Wolverhampton NHS Trust (the Trust) to ensure prudent antimicrobial prescribing.

Prudent antimicrobial prescribing is a key component of an Antimicrobial Stewardship Programme to ensure safe, effective prescribing of all antimicrobials thus resulting in a reduction of healthcare associated infections, improvement in patient outcomes and a slowing of emergence of antimicrobial resistance.

Compliance with this policy is mandatory for all staff employed by and / or working within the Trust. It is the professional responsibility of all staff to update themselves on this policy on an annual basis.

In adhering to this Policy, all applicable aspects of the [Conflicts of Interest Policy](#) must be considered and addressed. In the case of any inconsistency, the Conflict of Interest Policy is to be considered the primary and overriding Policy.

2.0 Definitions

Antimicrobial An agent that kills microorganisms or inhibits their growth. This includes antibacterials, antivirals, antifungals and antiparasitic agents.

Antimicrobial Prescriber Those members of staff identified as having the authority to instigate antimicrobial treatment, as described in this policy.

Antimicrobial Stewardship This is the optimal selection, dose and duration of an antimicrobial that results in the best clinical outcome for the treatment or prevention of infection, with minimal impact on subsequent resistance development.

Antimicrobial Stewardship Programme Antimicrobial stewardship programmes are composed of the organisational structures and action plans required to implement Antimicrobial Stewardship.

3.0 Accountabilities

3.1 Corporate Responsibility

It is the Trust's responsibility to ensure all involved in the prescription and administration of antimicrobials receive appropriate education and training to enable safe, effective use of antimicrobials. The Trust must also support the review and audit of antimicrobial prescribing and administration and the necessary actions arising from these processes.

3.2 Infection Prevention and Control Group

It is the responsibility of the Infection Prevention and Control Group to review the antimicrobial prescribing data including KPIs for antimicrobial prescribing and to support actions arising from them.

3.3 Prescribing

It is the responsibility of all registered prescribers to prescribe for a patient. Non-medical prescribers on the register authorised by the Trust's Medicine Management Group may prescribe as independent or supplementary prescribers according to the annotation in their relevant professional register and the Trust's register of non-medical prescribers. All registered prescribers must ensure they prescribe antimicrobials in accordance with this policy.

3.4 Antimicrobial Stewardship Group

It is the responsibility of the Antimicrobial Stewardship Group to support the Trust in the education, review and audit of antimicrobial prescribing and any actions arising from these processes.

4.0 Policy Detail

The following statements govern the safe, effective and prudent prescribing of antimicrobials at the Royal Wolverhampton NHS Trust:

4.1 ANTIMICROBIAL TREATMENT

START SMART

- Do not start antimicrobial agents in the absence of clinical evidence of clinical infection.
- If there is evidence or suspicion of life-threatening bacterial infection (e.g. sepsis), prompt, effective antibacterial treatment must be given within one hour of diagnosis (or as soon as possible). Avoid the inappropriate use of broad-spectrum antibacterials.
- ALL antimicrobial prescribing must be in line with the 'Trust Antimicrobial Prescribing Guidelines.' These are available on the intranet quick links under 'Adult Medical Guidelines' as well as via the MicroGuide app. If there is non-adherence to policy the reason for this must be documented in the patient's notes.
- In less severe infections, use antimicrobial agent(s) with an adequate spectrum to cover only the expected pathogens. Broad-spectrum

antimicrobials are sometimes not as potent against certain pathogens as the appropriate narrower-spectrum antimicrobial.

- Multiple daily dosing antimicrobials must be administered at appropriately spaced intervals to ensure optimal therapeutic effect. Recommended timings:
 - Tds: 06.00, 14.00, 22.00 hrs;
 - Qds: 06.00, 12.00, 18.00, 22.00 hrs.
- Previous patient microbiology results must be reviewed as they may influence initial choice of antimicrobial as indicated in the Trust Antimicrobial Prescribing Guidelines (e.g. patient with previous positive MRSA or ESBL result).
- Obtain cultures first if clinically feasible, however administration of antibiotics in patients with sepsis must **not** be delayed whilst waiting for cultures to be taken.
- Document on ePMA (or on the treatment sheet if being used) and in the medical notes: clinical indication, duration or review date, route and dose. Also document in the notes the information that the patient has received on the likely benefits and any significant adverse effects (e.g. commonly occurring or those that require extra monitoring) of the antimicrobials prescribed.
- Allergy status must be recorded in the medical notes, clinical web portal and on ePMA (or the drug chart). If the patient gives a history of an allergy to an antimicrobial, the nature of that allergy must be recorded in the medical notes and the allergy sections of clinical web portal and ePMA (or the treatment sheet) as this information is essential in deciding whether it is safe to prescribe a chemically related compound. Consider de-labelling allergies where appropriate.
- Administration of antimicrobials by the intravenous route must only be for patients who are severely ill, unable to tolerate oral treatment, if indicated by the diagnosis (e.g. infective endocarditis), where oral therapy would not provide adequate coverage or tissue penetration, or where the antimicrobial can only be administered intravenously.

THEN FOCUS

- The clinical team responsible for the patient must review the clinical diagnosis and continuing need for antimicrobials within 48-72 hours and make a clear plan of action – the “antimicrobial prescribing decision’. The clinical review and subsequent decision must be clearly documented in the patient notes.
- The clinical team responsible for the patient must review all antimicrobial prescriptions and new microbiology results daily and change to pathogen-directed narrow-spectrum treatment promptly where appropriate.

The 5 antimicrobial review outcomes (CARES) are to:

- **Cease** antimicrobial prescription if there is no evidence of infection.
- **Amend** antimicrobials ideally to a narrower spectrum agent.

- **Refer** to non-ward based antimicrobial therapy services eg OPAT.
- **Extend** antimicrobial prescription and document next review date.
- **Switch** antimicrobials from IV to oral.

4.2 ANTIBACTERIAL PROPHYLAXIS

- Most surgical procedures require single dose antibacterial for surgical prophylaxis where antibacterials have been shown to be effective (some procedures however require post-operative doses as outlined in the Trust Antimicrobial Prescribing Guidelines).
- All prophylactic antibacterials must be prescribed on the treatment sheet or ePMA and time of administration clearly documented.
- The pre-operative dose must be given within 60 minutes prior to skin incision or tourniquet inflation to enable peak levels at the surgical site to be present at the start of the surgical procedure.
- A repeat dose of antibacterial prophylaxis may be required if there is:
 - Significant blood loss >1500 mls (Adults), or >25mg/kg (children) and, or
 - Prolonged procedures (time interval will depend on antibiotic used, refer to Trust Antimicrobial Prescribing Guidelines).

5.0 Financial Risk Assessment

1	Does the implementation of this policy require any additional Capital resources	No
2	Does the implementation of this policy require additional revenue resources	No
3	Does the implementation of this policy require additional manpower	No
4	Does the implementation of this policy release any manpower costs through a change in practice	No
5	Are there additional staff training costs associated with implementing this policy which cannot be delivered through current training programmes or allocated training times for staff.	No
	Other comments	

6.0 Equality Impact Assessment

An initial equality analysis has been carried out and it indicates that there is no likely adverse impact in relation to Personal Protected Characteristics as defined by the Equality Act 2010.

7.0 Maintenance

The Chair of the Antimicrobial Stewardship Group is responsible for keeping this

policy up to date. Any revisions to the policy will be reviewed by the Medicines Management Group before being submitted through the Trust's policy approval procedure.

8.0 Communication and Training

[Appendix 4 of Trust policy OP41](#) contains training needs analysis of healthcare staff in relation to this policy. Consultants are responsible for ensuring that all medical officers in their team are trained to be competent in all aspects in the prescribing of antimicrobials, as specified in this policy, nursing and departmental managers are responsible that any non-medical prescribers working for them are similarly competent.

Directorate/Group managers have a responsibility to ensure that copies of the Antimicrobial Policy are available to their staff.

9.0 Audit Process

Audit activity by the Antimicrobial Stewardship Team will be agreed upon at the start of each year. Priorities plus Trust, health economy and external expectations, including national initiatives and CQUINS will all be considered when drawing up the annual Audit Programme, which will be submitted to IPCG for approval.

10.0 References

Start smart then focus: antimicrobial stewardship toolkit for inpatient care setting. UKHSA updated September 2023.

The Health and Social Care Act 2008: Code of Practice for the Prevention and Control of Healthcare Associated Infections: Department of Health 2010

Antimicrobial Prescribing Guidelines (Royal Wolverhampton Hospitals NHS Trust) Trust Intranet – Adult Medical Guidelines or Infection Prevention

Dellinger RP, Levy MM, Carlet JM, Bion J et al. Surviving Sepsis Campaign: international guidelines for management of severe sepsis and septic shock: 2008.

Part A - Document Control

Policy number and Policy version: MP05 version 5.0	Policy Title Antimicrobial Policy	Status: Final		Author: Consultant Microbiologist and Chair of Antimicrobial Stewardship Group Director Sponsor: Chief Medical Officer
Version / Amendment History	Version	Date	Author	Reason
	1.0	Sept 2013	Mary Ashcroft Consultant Microbiologist	Development of this policy was a recommendation of the 2012-13 Antimicrobial Stewardship CQUINS
	2.0	July 2015	Joanna Macve Consultant Microbiologist	Review prompted by publication of revised 'Start Smart – Then Focus' Public Health England Antimicrobial Toolkit (updated March 2015)
	3.0	March 2018	Chair of Antimicrobial Stewardship Group	Review due and changes to audit processes
	4.0	July 2020	Chair of Antimicrobial Stewardship Group	Review due and changes to reflect e-prescribing and ARK methods
	4.1	Sept. 2023	Kathryn French Chair Antimicrobial Stewardship Group	Extension applied
	5.0	Jan 2024	Kathryn French Chair Antimicrobial Stewardship Group	Review due and incorporation of revised 'Start smart then focus: antimicrobial toolkit' (updated Sept 2023)
Intended Recipients: All Trust antimicrobial prescribers				

Consultation Group / Role Titles and Date: Antimicrobial Stewardship Group: 20/10/2023	
Name and date of Trust level group where reviewed	Medicines Management Group: 02/06/2020 Trust Policy Group – December 2023
Name and date of final approval committee	Medicines Management Group: 07/07/2020 Trust Management Committee – January 2024
Date of Policy issue	January 2024
Review Date and Frequency (standard review frequency is 3 yearly unless otherwise indicated)	January 2027 and every three years
Training and Dissemination: The approved policy will be found on the Trust Intranet site. Managers, Clinical Directors and Matrons will be informed of the policy launch and any revisions to the policy. Basic training will be provided to medical prescribers on induction. Existing medical prescribers will be updated via the Clinical Directors and mandatory training. New and existing non-medical prescribers will be informed via the Non-medical prescribers Lead.	
To be read in conjunction with: N/A	
Initial Equality Impact Assessment (all policies): Completed Yes Full Equality Impact assessment (as required): Completed NA If you require this document in an alternative format e.g., larger print please contact Policy Administrator8904	
Monitoring arrangements and Committee	Antimicrobial Pharmacist report to Infection Prevention and Control Group.
Document summary/key issues covered. Describes the principles of optimal antimicrobial prescribing.	
Key words for intranet searching purposes	Antibiotics Antimicrobial stewardship
High Risk Policy? Definition: <ul style="list-style-type: none"> Contains information in the public domain that may present additional risk to the public e.g. contains detailed images of means of strangulation. References to individually identifiable cases. References to commercially sensitive or confidential systems. If a policy is considered to be high risk it will be the responsibility of the author and director sponsor to ensure it is redacted to the requestee.	No (delete as appropriate) If Yes include the following sentence and relevant information in the Intended Recipients section above – In the event that this is policy is made available to the public the following information should be redacted:

Part B

Ratification Assurance Statement

Name of document: Antimicrobial Policy

Name of author: Dr Kathryn French

Job Title: Consultant Microbiologist

I, Dr Kathryn French, the above named author confirm that:

- The Strategy/Policy/Procedure/Guidelines (please delete) presented for ratification meet all legislative, best practice and other guidance issued and known to me at the time of development of the said document.
- I am not aware of any omissions to the said document, and I will bring to the attention of the Executive Director any information which may affect the validity of the document presented as soon as this becomes known.
- The document meets the requirements as outlined in the document entitled Governance of Trust-wide Strategy/Policy/Procedure/Guidelines and Local Procedure and Guidelines(OP01).
- The document meets the requirements of the NHSLA Risk Management Standards to achieve as a minimum level 2 compliance, where applicable.
- I have undertaken appropriate and thorough consultation on this document and I have detailed the names of those individuals who responded as part of the consultation within the document. I have also fed back to responders to the consultation on the changes made to the document following consultation.
- I will send the document and signed ratification checklist to the Policy Administrator for publication at my earliest opportunity following ratification.
- I will keep this document under review and ensure that it is reviewed prior to the review date.

Signature of Author:

Date: 20/10/2023

Name of Person Ratifying this document (Director or Nominee):

Job Title:

Signature:

- I, the named Director (or their nominee) am responsible for the overall good governance and management of this document including its timely review and updates and confirming a new author should the current post-holder/author change.

To the person approving this document:

Please ensure this page has been completed correctly, then print, sign and email this page only to: The Policy Administrator

IMPLEMENTATION PLAN

To be completed when submitted to the appropriate committee for consideration/approval

Policy number and policy version MP 05	Policy Title Antimicrobial Policy	
Reviewing Group	Medicines Management Group	Date reviewed: 07/07/2020
Implementation lead: Print name and contact details Antimicrobial Stewardship Lead		
Implementation Issue to be considered (add additional issues where necessary)	Action Summary	Action lead / s (Timescale for completion)
Strategy; Consider (if appropriate) 1. Development of a pocket guide of strategy aims for staff 2. Include responsibilities of staff in relation to strategy in pocket guide.	Already set out in MicroGuide App	
Training; Consider 1. Mandatory training approval process 2. Completion of mandatory training form	Already part of Mandatory specific training	
Development of Forms, leaflets etc; Consider 1. Any forms developed for use and retention within the clinical record MUST be approved by Health Records Group prior to roll out. 2. Type, quantity required, where they will be kept / accessed/stored when completed	Already have Antimicrobial Stickers for insertion in healthcare record	
Strategy / Policy / Procedure communication; Consider 1. Key communication messages from the policy / procedure, who to and how?	Included in Induction and Mandatory training programmes	
Financial cost implementation Consider Business case development	Nil	
Other specific Policy issues / actions as required e.g. Risks of failure to implement, gaps or barriers to implementation		