



Policy:

PH 001 Antibiotic

Executive or Associate Director lead	Medical Director
Policy author/ lead	Senior Pharmacist
Feedback on implementation to	Interim Chief Pharmacist

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Ratified by	Executive Directors' Group
Date of issue	20 October 2017
Date for review	31 October 2019 (sooner if national or local guidelines require changes to prevent antimicrobial resistance).

Target audience	All prescribers, nurses and pharmacists working within the Trust.
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Keywords	
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Policy Version and advice on document history, availability and storage

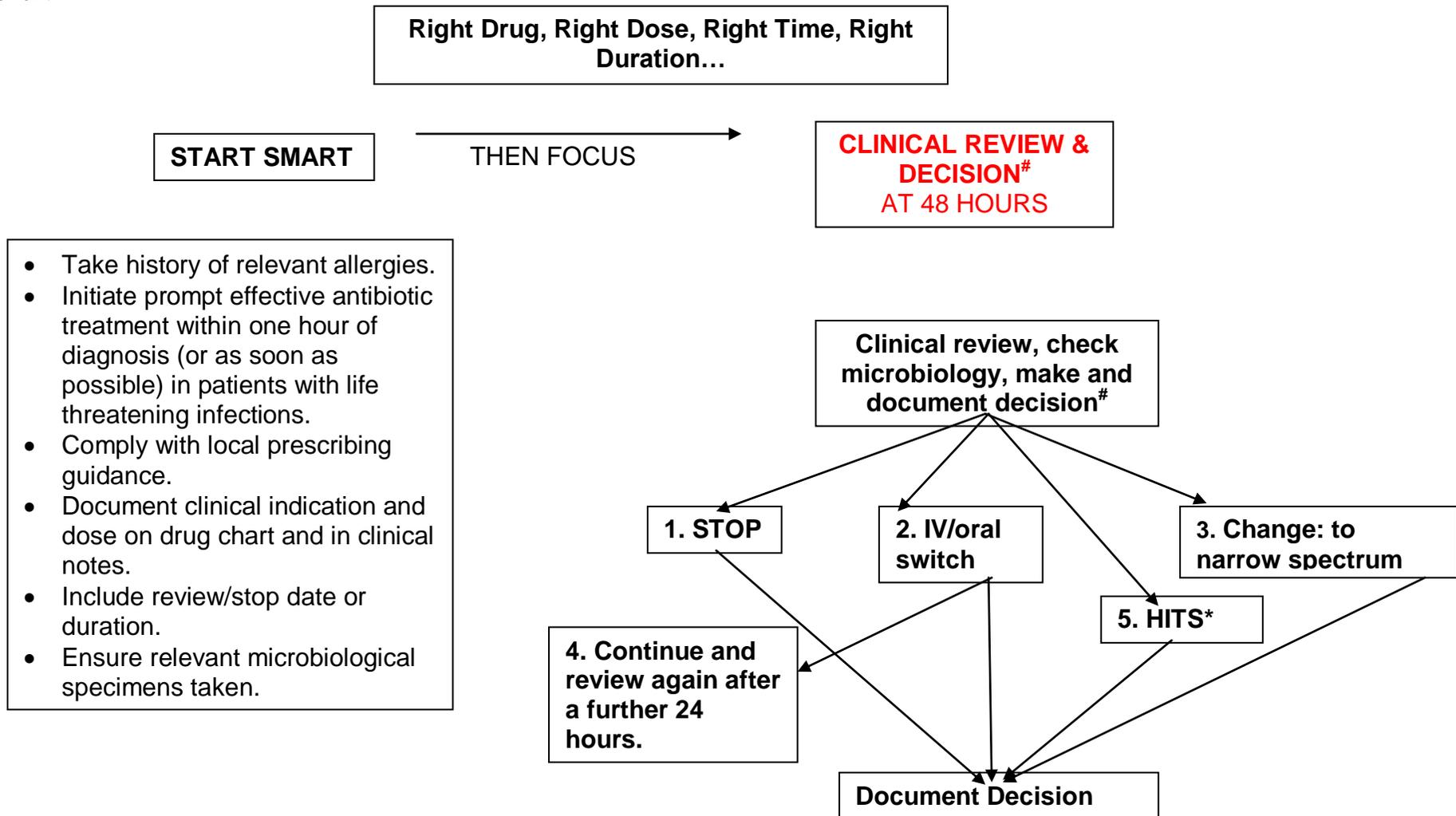
This is version 5 of the antibiotic policy and supersedes version 4. This has been updated in line with the STH antibiotic prescribing policy.

This policy is stored and available on the SHSC intranet.

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Flowchart



Antimicrobial Prescribing Decision * Home Intravenous Therapy Service (HITS)

Reference: 1. Advisory Committee on Antimicrobial Resistance and Healthcare Associated Infection, Department of Health. Antimicrobial Stewardship: Start Smart then Focus. Guidance for antimicrobial stewardship in hospitals (England). Nov 2011

1. Introduction

The aim of the policy is to give guidance for the appropriate and effective use of antibiotic medication, prevent the miss-use and overuse of antibiotics, therefore preventing the emergence of treatment resistant micro-organisms.

The development of antimicrobial resistance is a major concern for public health. Resistance makes infections more difficult to treat and may result in complications and longer hospital stays.

2. Scope

This policy relates to all areas of the Trust where antibiotics are prescribed, administered or dispensed.

3. Definitions

PPI - proton pump inhibitor. A class of drugs that are used mainly to treat peptic ulcers and gastroesophageal reflux disease.

4. Purpose

The aim of the policy is to ensure that antibiotic medications are used appropriately and effectively within the SHSCT to help prevent the emergence of treatment resistant micro-organisms.

5. Duties

All professions involved with the prescribing, administration and dispensing of antibiotics should follow the policy to ensure antibiotics are used appropriately.

Prescribers and other clinicians working in the GP Practices should follow the Prescribing guidelines contained within the [CCG infection summary in the Sheffield formulary](#).

The Trust Chief Pharmacist is the person responsible for medicines throughout the Trust. This does not alter the professional responsibilities or duty of care of any other health care professional when dealing with medicines.

All staff employed by the Trust or any staff working or seconded to work within the Trust when dealing with medicines should follow the relevant SHSCT medicines related policies, procedures and where applicable their own professional body's code of practice.

Any health care professional choosing to deviate from these standards will be expected to do so knowingly and be able to justify their course of action to their peers. Adherence to these standards should be the norm.

All staff who have any involvement with medicines are expected to work within their own sphere of competencies. All staff should be aware of and have access to medicines management policies.

Pharmacists

To participate in and support the processes of medicines management throughout the Trust and across organisational boundaries. This will include providing advice to all SHSCT staff including cultural & adaptations for service users with special needs.

Chief Pharmacist

Responsible for medicines management throughout the Trust.

Medicines Optimisation Committee

To provide multidisciplinary advice and guidance on medicines management within the Trust.

6. Process

6.1 General Guidance

- Antibiotics should only be prescribed when there is a clinical evidence of bacterial infection. If there is evidence/suspicion of bacterial infection, use local guidelines to initiate prompt effective antibiotic treatment within one hour of diagnosis (or as soon as possible) in patients with life-threatening infections such as severe sepsis.
- Please note some common infections are self-limiting and will resolve without the need for antibiotics, for example:
 - Antibiotics are not required for simple coughs and colds (viruses).
 - Antibiotics are not required for viral sore throats.
 - Prescribing for uncomplicated cystitis is limited to three days in otherwise fit women.
- Do not start or change antibiotics without good reason.
- Prescribing of antibiotics via a faxed or verbal order should only occur in **exceptional circumstances**.
- The indication for starting or changing an antibiotic, and the intended duration of treatment, must be clearly documented in the medical notes.
- Specimens for culture should be taken before prescribing antibiotics where clinically relevant or possible.
- If patients are causing concern (physically unwell) seek advice from the general medical registrar (patients may need treatment on a medical ward with parenteral antibiotics).
- As with all drugs, Prescribers, Nurses and Pharmacists/technicians should check the patient's allergy status before prescribing, administering or dispensing antibiotics.
- Please take a careful history before documenting a patient is penicillin allergic in the notes. Diarrhoea is a common side effect and is not an allergy. Please see BNF regarding cross sensitivity between penicillin's and cephalosporins if prescribing for penicillin allergic patients.
- Seek advice from the microbiologists or the Pharmacy Department for an alternative drug if the patient is hypersensitive to the suggested drug.
- Prescribers should check that the antibiotic will also be suitable for the patient e.g. patients who are pregnant, or have renal or hepatic impairment.
- Quinolone antibiotics, cephalosporins and co-amoxiclav should be generally avoided as first line choices due to potential for C.difficile and promotion of MRSA. If previous history of either of these discuss with the microbiologist.

- Check any contra-indications or cautions with the antibiotic before prescribing or for potential interactions with existing treatments.
- If no clinical response within 72 hours, the diagnosis, antibiotic choice, and possible secondary infection should be considered.

6.2 Treatment Length

- Do not prolong antibiotic courses unnecessarily (5 to 7 days is usually sufficient). There are exceptions - if in doubt consult a Microbiologist.
- The SHSC Trust operates a policy of restricting antibiotic courses to 5 days unless otherwise stated on the prescription. Prescribers must document the course length, a stop date and if intended for "long term use" on the prescription. In the case of 'long term use' a review date should be documented in the care plan. On wards where there is JAC prescribing – a default length of treatment is stated for each antibiotic prescribed. This should be reviewed and can be altered before finally prescribing.

6.3 Topical Treatment

- For skin or soft tissue infections, oral therapy is preferred. Topical antibiotics may lead to increased resistance and skin allergy. Consult a Microbiologist if you believe a topical treatment is necessary.
- If topical antimicrobial preparations are prescribed, the prescription is valid for 2 weeks unless otherwise specified.

6.4 Prophylaxis Treatment

- There are limited reasons to prescribe antibiotics prophylactically. Do not prescribe prophylactically without good reason. If in doubt discuss with a Microbiologist. (See summary of antibiotic prophylaxis – [BNF](#) Section 5.1).
- Patients admitted to an inpatient ward on prophylactic antibiotics should have their treatment reviewed by microbiology.

6.5 Contact information

For advice on appropriate investigations, antibiotic regimen, dosing or duration of treatment contact:

- Microbiology (RHH - Ext 12607 / NGH Ext 14527, bleep 2536 or via switchboards).
- For general information, contact the Sheffield Health and Social Care Trust Pharmacy Dept – 18632 / 18633 or contact the Infection Control Nurse on 18621 or via switch.
- Out-of-hours contact on-call Microbiologist or on-call Pharmacist via switchboard.

6.6 Treatment Guidelines

This advice is for the empirical treatment of common infections in adults encountered within the Sheffield Health and Social Care Trust. For other circumstances or for more information contact the above numbers or consult the current edition of the BNF. (See summary of antibacterial treatment and prophylaxis).

The advice refers to treatment before bacteriological results are available. Treatment must be reviewed on receipt of bacteriological results.

Infection	Treatment	Comments
<p><i>Clostridium difficile</i> Diarrhoea</p> <p>Ensure a full assessment is carried out, including a stool sample is taken as appropriate, to confirm possible causative organism for diarrhoea.</p> <p>Check previous history of <i>C. diff</i> and antibiotic use for possible related illness.</p>	<p>Metronidazole 400mg po 8hrly</p> <p>NB: Courses shorter than 10 days are associated with increased risk of relapse</p> <p>2nd line following Microbiology advice: Vancomycin 125mg QDS</p>	<p>Need to treat for 10-14 days.</p> <p>NB. The course should be completed even if the patient is asymptomatic.</p> <p>Where clinically possible stop all current antibiotics, PPIs and opioids. Where antibiotics are required for existing infection – Seek advice from microbiologist.</p> <p>If symptoms are severe, treatment fails or symptoms are recurrent, contact a Microbiologist.</p> <p>Infective diarrhoea: If systemically unwell and campylobacter suspected (e.g. undercooked meat and abdominal pain), consider clarithromycin 250–500mg BD for 5–7 days if treated early.</p>
<p>Exacerbation of chronic bronchitis</p> <p>In acute bronchitis avoid using antibiotics unless >60 years old with underlying chest disease or other chronic systemic disease</p>	<p>Amoxicillin 500mg po 8hrly</p> <p>* ^ Doxycycline 200mg on first day then 100mg po daily</p> <p>(2nd line treatments in line with microbiology report).</p>	<p>Treat for 5 days</p> <p>* Suitable for penicillin allergy.</p> <p>^ If amoxicillin treatment fails.</p> <p>(Doxycycline must not be used in pregnancy).</p>
<p>Infective exacerbations of COPD.</p>	<p>Amoxicillin 500mg po 8hrly</p> <p>Alternative to 1st line: Doxycycline 200mg (po) on first day then 100mg (po) daily</p> <p>Total duration: 5 days</p>	<p>Treat exacerbations promptly with antibiotics if purulent sputum and increased shortness of breath and/or increased sputum volume.</p> <p>2nd line agents as per microbiology report.</p> <p>Antibiotics should <u>only</u> be used where there is a history of more purulent sputum.</p> <p>If a patient has new consolidation on chest X-ray, refer to the community acquired pneumonia guideline below.</p>

		(Doxycycline must not be used in pregnancy or for children <12 years old).
Pneumonia – community acquired.	<p>(Mild) Amoxicillin 500mg po 8 hrly</p> <p>NB. advice is to review at 3 days and extend to 7-10 days if poor response.</p> <p>Alternative: *Clarithromycin 500mg po BD Or Doxycycline 200mg (po) on first day then 100mg (po) daily</p> <p>For 5 days</p> <p>(Moderate-severe) Amoxicillin (as above) Plus Clarithromycin 500mg po BD</p> <p>Alternative: Doxycycline 200mg (po) on first day then 100mg (po) daily</p> <p>For 7-10 days</p> <p>A 24 hour review MUST be undertaken for clarithromycin and if the Legionella antigen is negative STOP clarithromycin (when given with amoxicillin)</p>	<p>Assessment of the severity of the illness should be made and antibiotics started immediately. Use CRB65 score to help guide and review.</p> <p>2nd line agents as per microbiology report.</p> <p><u>Non-severe:</u> Chest X Ray changes and 0 or 1 of the following:</p> <ul style="list-style-type: none"> ▪ New mental confusion ▪ Urea>7mmol/l ▪ Resp rate ≥30/min ▪ Systolic BP <90mmHg or diastolic ≤60mmHg ▪ Age ≥ 65 years <p>Contact Microbiologists if <u>severe:</u> Chest X-Ray changes and 3 or more of:</p> <ul style="list-style-type: none"> ▪ New mental confusion ▪ Urea>7mmol/l ▪ Resp rate ≥30/min ▪ Systolic BP <90mmHg or diastolic ≤60mmHg ▪ Age ≥ 65 years <p>* Suitable for penicillin allergy.</p>
Urinary tract infection Women – 3 days Men, recurrent or complicated infections in women – 7 days	<p><u>Uncomplicated UTI</u></p> <p>First Line Nitrofurantoin 50mg po QDS or MR capsules 100mg BD</p> <p>2nd Line (if above fails)</p>	<p>2nd line agents in line with microbiological reports.</p> <p>Community multi-resistant <i>E.coli</i> with Extended-spectrum Beta-lactamase enzymes (ESBL) is increasing so perform culture in all treatment failures.</p>

<p>Pregnancy – 7 days</p>	<p>Trimethoprim 200mg po 12 hrly Or Pivmecillinam 400mg TDS</p> <p style="background-color: #FFDAB9;">Nitrofurantoin: avoid in renal impairment or if systemically unwell</p> <p><u>Pregnancy (7 days):</u> Nitrofurantoin MR capsules 100mg BD (except in 3rd trimester)</p> <p>or if susceptible;</p> <p>Amoxicillin 500mg TDS</p> <p>2nd Line: Trimethoprim 200mg BD (except in 1st trimester)</p> <p><u>Recurrent UTIs</u> Nitrofurantoin 50-100mg capsules OD at night Or Trimethoprim 100mg OD at night</p>	<p>Bacteruria is usual with long term catheters; antibiotics should be avoided unless the patient is systemically unwell. If problematic, review if the catheter needs changing.</p> <p>Avoid nitrofurantoin in renal impairment where eGFR is less than 45ml/min per 1.73m². A short course (3 to 7 days) may be used with caution in certain patients with an eGFR of 30 to 44ml/min per 1.73m² (see <u>SPC</u>).</p> <p><u>Recurrent</u> For proven infection only where the patient has 3 or more UTIs per year</p> <p>Avoid cephalosporins and co-amoxiclav unless resistance or intolerance to first line choices.</p> <p>To reduce recurrence, advise measures such as hydration and cranberry products (OTC).</p> <p>Review course at least 6 monthly.</p>
<p>Cellulitis</p>	<p>Flucloxacillin 500mg po 6 hrly (7 days). Plus Amoxicillin 500mg TDS (7 days)</p> <p>For severe infections or of large stature/obese: consider 1000mg QDS or seek Microbiologist advice</p> <p>* Clarithromycin 500mg BD 7 days Or Clindamycin 300-450mg po 6 hrly 7 days</p> <p>For facial cellulitis: consider co-amoxiclav 625mg</p>	<p>Some patients may need longer than 7 days (e.g. for Group A Streptococci 10 days).</p> <p>NB. It is recognised that there may be occasions where oral flucloxacillin alone may be an appropriate choice e.g. if patient is afebrile and healthy other than cellulitis</p> <p>*Suitable for penicillin allergy. (Consider doxycycline if patient penicillin allergic or if previous concerns with C.Diff experienced).</p> <p>If the patient has a previous history of MRSA – see microbiology report for recommended sensitivities</p>

	TDS 7 days	and/or seek advice from the microbiologist as treatment is likely to be non-standard.
Impetigo	<p>Flucloxacillin po 500mg 6 hrly</p> <p>For severe infections or of large stature/obese: consider 1000mg QDS or seek Microbiologist advice</p> <p>* Clarithromycin po 250-500mg 12hrly</p> <p>If topical treatment appropriate, consider Fusidic acid TDS for 5 days</p>	<p>As resistance is increasing avoid topical antibiotics.</p> <p>Treatment usually for 7 days.</p> <p>* Suitable for penicillin allergy.</p> <p>If the patient has a previous history of MRSA – see microbiology report for recommended sensitivities and/or seek advice from the microbiologist.</p> <p>Reserve mupirocin for MRSA.</p>
MRSA infection	Consult Microbiologist	Consider referral to Tissue Viability Team (if appropriate) if severe infection.
MRSA colonisation		<p>Contact Infection Control Nurse. (See SHSCT infection control policy)</p> <p>Refer to Appendix C STH MRSA colonisation guidelines</p>

7. Dissemination, storage and archiving (Control)

The policy will be disseminated via the Medicines Management Committee and the Infection Control Committee. The Policy will be covered in the Junior Doctor induction session and will be circulated by e-mail to all staff once ratified.

The policy will be made available for all staff on the Policy on policies section of the intranet and Medication Policies section of the Pharmacy intranet site

8. Training and other resource implications

In line with the alert for antimicrobial stewardship – training for nursing staff will be captured as part of the mandatory Medicines optimisation training.

All Trust prescribers, pharmacists and pharmacy technicians are required to complete the E-Learning course titled 'Reducing Antimicrobial Resistance' package. This package can be undertaken by logging on as usual via the Trust E-Learning system. The training is completed as a one-off requirement.

9. Audit, monitoring and review

The policy will be reviewed on a regular basis to ensure it remains in line with antimicrobial prescribing recommendations/guidelines within Sheffield. It will be subject to a formal review two years after the date of ratification but does not exclude the option to review and update the policy should a significant change in practice occur.

The prescribing of antibiotics will be monitored by Pharmacists working in individual teams (where available) and by the Pharmacy Dept. Audits will be undertaken when possible to review adherence to the policy.

Monitoring Compliance Template						
Minimum Requirement	Process for Monitoring	Responsible Individual/group/committee	Frequency of Monitoring	Review of Results process (e.g. who does this?)	Responsible Individual/group/committee for action plan development	Responsible Individual/group/committee for action plan monitoring and implementation
Antibiotic prescribing.	Screening prescriptions in Pharmacy and on the ward. Periodic antibiotic prescribing audits within the inpatient wards. Clover – audits to be identified by the Antimicrobial Stewardship Group (CCG)	Pharmacy and Infection Control Committee	On-going quarterly reporting of antibiotic audit results to the ICC	Medicines Optimisation Committee/ Infection control Committee	Infection Control Committee/ Pharmacy Department	Pharmacy Department/ For implementation ICC – for monitoring

The Policy should be reviewed in 2 years (September 2019) or in light of updated prescribing guidance.

10. Implementation plan

Implementation should be via directorate governance systems.

Action / Task	Responsible Person	Deadline	Progress update
<i>Upload new policy onto intranet and remove old version.</i>	<i>Facilitated by Alistair Tait</i>	<i>End of April 2017</i>	<i>Awaiting approval of policy</i>
<i>Email all relevant staff once policy agreed</i>	<i>Facilitated by Alistair Tait</i>	<i>End of April 2017</i>	<i>Awaiting approval of policy</i>

11. Links to other policies, standards and legislation (associated documents)

Infection Prevention and Control Policy
Medicines Optimisation Policy

12. Contact details

The document should give names, job titles and contact details for any staff who may need to be contacted in the course of using the policy (sample table layout below). This should also be a list of staff who could advice regarding policy implementation.

Title	Name	Phone	Email
Interim Chief Pharmacist	Chris Hall	2718630	Chris.Hall1@shsch.nhs.uk
Medicines Safety Officer/ Senior Pharmacist	Alistair Tait	2718633	Alistair.Tait@shsc.nhs.uk
Infection Control Nurse	Katie Grayson	2718621	Katie.Grayson@shsc.nhs.uk

13. References

Antimicrobial Stewardship alert

<https://www.england.nhs.uk/wp-content/uploads/2015/08/psa-amr-stewardship-prog.pdf>

[Antimicrobial stewardship: systems and processes for effective antimicrobial medicine use](#)
(August 2015)

[NHSLA Risk Management Standards for NHS Trusts providing Acute, Community, or Mental Health & Learning Disability Services and Independent Sector Providers of NHS Care - 2013/14](#)

[BNF online](#)

[Clostridium difficile Good Practice Points](#)

[Policy for the management of adult patients with Clostridium difficile in the Acute and Intermediate Care setting](#)

[Antimicrobial prescribing and stewardship competencies](#) ([Public Health England](#) October 2013)

[Guidelines for Antibiotic Prescribing Empirical Treatment – STH](#) (Jan 2016)

[Target – Antibiotic toolkit](#)

[Trust Infection Prevention and Control Policy \(June 2015\)](#)

Outbreak Management Toolkit (Dec 2015)

[Sheffield Formulary \(Infections\)](#)

Appendix A – Version Control and Amendment Log

Version No.	Type of Change	Date	Description of change(s)
2	Review	July 2009	Previous guidance in operation updated to policy status.
3	Review	December 2011	Updated in line with STH antibiotic prescribing guidelines.
4	Review	March 2014	Policy reviewed as past review date.
5	Review	February 2017	Policy reviewed as past review date and to update in line with antimicrobial stewardship alert.
6	Review	August 2019	<p>Changes made include</p> <p>Recognition of need for mandatory training in line with the antimicrobial stewardship alert.</p> <p>Reference and resources added in line with the antimicrobial stewardship alert.</p> <p>Updated antibiotics in line with the STH/CCG Guidelines (links to policies added).</p> <p>Inclusion of Clover GP practices.</p> <p>Flowchart added – in line with antimicrobial stewardship alert.</p> <p>Training section updated – consideration to an e-learning package to be added.</p> <p>Contact details updated.</p> <p>General guidance updated.</p> <p>Addition of guidelines for the treatment of MRSA colonisation.</p> <p>Changes in treatment guidance.</p>

Appendix B – Dissemination Record

Version	Date on website (intranet and internet)	Date of “all SHSC staff” email	Any other promotion/ dissemination (include dates)
2.0	July 2009	Unknown	
3.2	December 2011	Unknown	
4.0	March 2014	Unknown	Dissemination via Pharmacists in teams.
5.0	April 2017		Dissemination via Pharmacists in teams.

Appendix C – Guidelines for Management of MRSA Colonisation.

All cases should be brought to the attention of the Trust infection control nurse and discussed with Microbiology.

MRSA Colonisation

Staphylococcus aureus is a bacterium which colonises the skin, particularly the nasal passages and warm moist areas of skin and the umbilicus in babies. Colonisation occurs when the bacterium lives in these areas without detection and without causing symptoms.

Topical Treatment

The treatment of patients with MRSA will be guided by the Infection Prevention & Control Team. It will usually follow the measures described below.

Nasal treatment

- 2% Mupirocin (Bactroban) three times daily to both nostrils for five days
- Do not prolong treatment beyond 5 days, as this increases the chances of resistance

Skin treatment

- Patients carrying MRSA in any site should bathe/wash/shower daily for five days using an antiseptic wash such as chlorhexidine gluconate 4% (Hibiscrub) or Octenisan (Octenamide).
- The antiseptic wash must be applied directly to the skin on a disposable cloth and not diluted in water in a bowl, shower or bath.
- The hair must be washed twice weekly with the antiseptic wash selected. Ordinary shampoo can be used afterwards if desired.

Allow 48 hours after completing the course of treatment before re-screening

Follow up after decolonisation treatment

At least three negative screens including previously positive sites should be available before assuming that MRSA has been cleared and barrier precautions can stop.

Ciprofloxacin should NOT be used in any patients who are, or previously have been, MRSA colonised or infected. If there is no alternative, this should be discussed with the microbiologist and the patient must be on topical decolonisation treatment while they are taking ciprofloxacin and for 48hrs after the cessation of ciprofloxacin.

For further information please contact the Infection control nurse: tel: 16720

Information taken from the STH – Guide to antibiotic use (MRSA Colonisation May 2016)
Amended to fit with SHSC procedures.

Appendix D- Equality Assessment Process

Stage 1 – Complete draft policy

Stage 2 – Relevance - Is the policy potentially relevant to equality i.e. will this policy potentially impact on staff, patients or the public? If **NO** – No further action required – please sign and date the following statement. If **YES** – proceed to stage 3

This policy does not impact on staff, patients or the public (insert name and date)

Alistair Tait April 2017

Stage 3 – Policy Screening - Public authorities are legally required to have 'due regard' to eliminating discrimination, advancing equal opportunity and fostering good relations, in relation to people who share certain 'protected characteristics' and those that do not. The following table should be used to consider this and inform changes to the policy (indicate yes/no/ don't know and note reasons). Please see the SHSC Guidance on equality impact assessment for examples and detailed advice. This is available by logging-on to the Intranet first and then following this link https://www.xct.nhs.uk/widget.php?wdg=wdg_general_info&page=464

	Does any aspect of this policy actually or potentially discriminate against this group?	Can equality of opportunity for this group be improved through this policy or changes to this policy?	Can this policy be amended so that it works to enhance relations between people in this group and people not in this group?
AGE	N/A		
DISABILITY	N/A		
GENDER REASSIGNMENT	N/A		
PREGNANCY AND MATERNITY	Only when clinical safety affects choice of drug in pregnancy.		
RACE	N/A		
RELIGION OR BELIEF	N/A		
SEX	N/A		
SEXUAL ORIENTATION	N/A		

Stage 4 – Policy Revision - Make amendments to the policy or identify any remedial action required (action should be noted in the policy implementation plan section)

Please delete as appropriate: Policy Amended / Action Identified / no changes made.

Impact Assessment Completed by (insert name and date)

Alistair Tait April 2017

Appendix E - Human Rights Act Assessment Form and Flowchart

You need to be confident that no aspect of this policy breaches a person's Human Rights. You can assume that if a policy is directly based on a law or national policy it will not therefore breach Human Rights.

If the policy or any procedures in the policy, are based on a local decision which impact on individuals, then you will need to make sure their human rights are not breached. To do this, you will need to refer to the more detailed guidance that is available on the SHSC web site

<http://www.justice.gov.uk/downloads/human-rights/act-studyguide.pdf>

(relevant sections numbers are referenced in grey boxes on diagram) and work through the flow chart on the next page.

1. Is your policy based on and in line with the current law (including case law) or policy?

- Yes. No further action needed.**
- No. Work through the flow diagram over the page and then answer questions 2 and 3 below.**

2. On completion of flow diagram – is further action needed?

- No, no further action needed.**
- Yes, go to question 3**

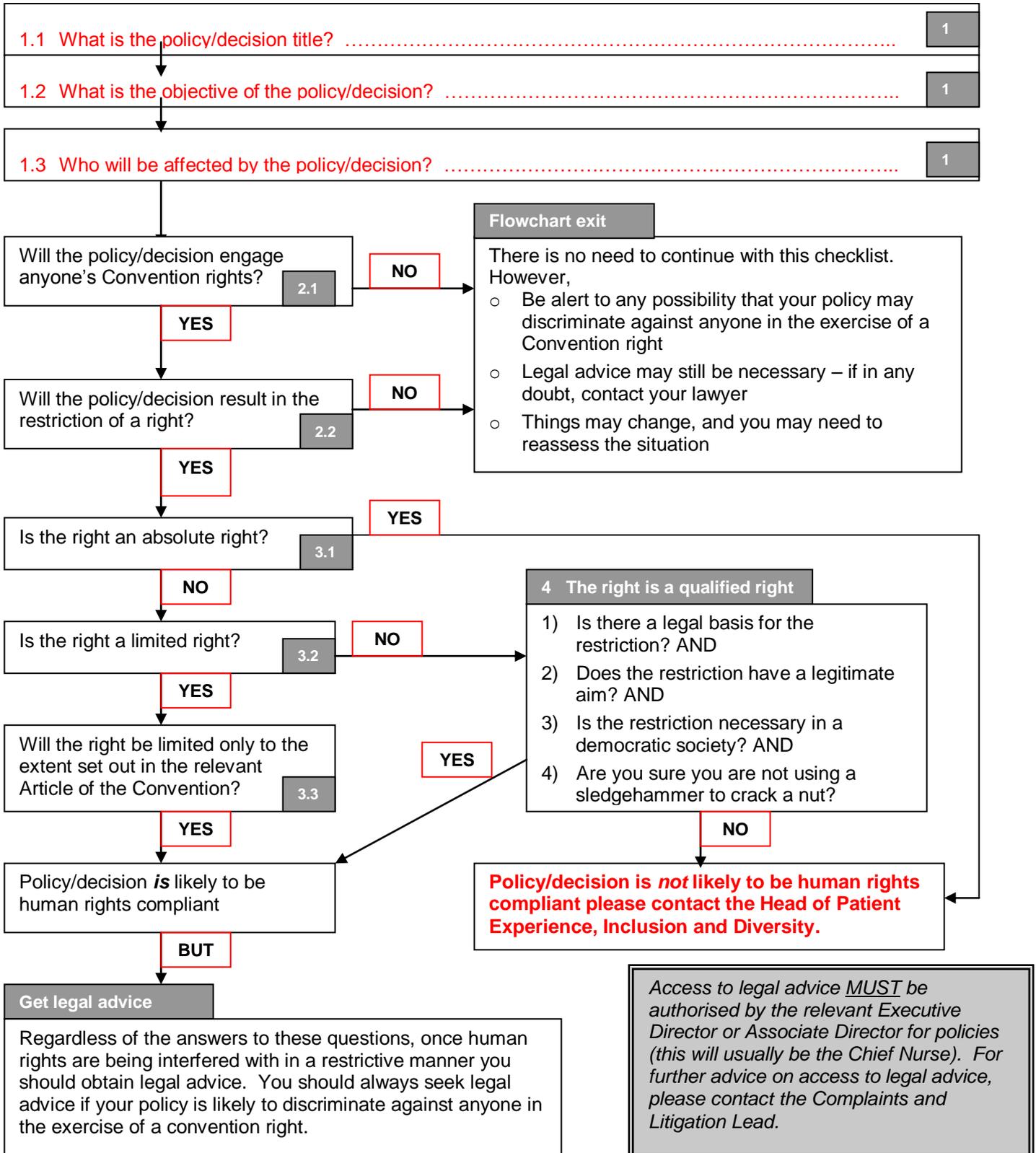
3. Complete the table below to provide details of the actions required

Action required	By what date	Responsible Person

Human Rights Assessment Flow Chart

Complete text answers in boxes 1.1 – 1.3 and highlight your path through the flowchart by filling the YES/NO boxes red (do this by clicking on the YES/NO text boxes and then from the Format menu on the toolbar, choose 'Format Text Box' and choose red from the Fill colour option).

Once the flowchart is completed, return to the previous page to complete the Human Rights Act Assessment Form.



Appendix F – Development, Consultation and Verification

Changes made to policy

Changes made are limited to changes in treatment guidance.

Recognition of need for mandatory training in line with the antimicrobial stewardship alert.

Reference and resources added in line with the antimicrobial stewardship alert.

Updated antibiotics in line with the STH/CCG Guidelines (links to policies added).

Inclusion of Clover GP practices.

Flowchart added – in line with antimicrobial stewardship alert.

Training section updated – e-learning package added.

Contact details updated.

General guidance updated.

Addition of guidelines for the treatment of MRSA colonisation.

The antibiotic guidance has been changed in accordance with the most recent Sheffield CCG guidelines:

<http://www.intranet.sheffieldccg.nhs.uk/Medicines%20Management/medicines-prescribing/sheffield-formulary.htm>

6.6 Treatment Guidelines

- **Clostridium difficile diarrhoea** - 2nd line vancomycin
 - **Infective exacerbations of COPD** - Amoxicillin added as 1st line and 'Treat exacerbations promptly with antibiotics if purulent sputum and increased shortness of breath and/or increased sputum volume' added to comments section
 - **Pneumonia (community acquired)** – doxycycline added as an alternative to amoxicillin and clarithromycin
 - **UTI** – 1st line changed to nitrofurantoin and 2nd line changed to Trimethoprim or pivmecillinam. Recurrent UTI section added.
 - **UTI in pregnancy** - 2nd line use of trimethoprim (except in 1st trimester)
 - **Cellulitis** – guidance for facial cellulitis added
 - **Impetigo** – Guidance for severe infections or of large stature/obese added.
- Clarithromycin dose changed to: 250-500mg 12hrly (rather than 500mg 12 hrly). If topical treatment appropriate, Fusidic acid TDS for 5 days added to guidance.

Appendix G –Policies Checklist

Please use this as a checklist for policy completion. The style and format of policies should follow the Policy template which can be downloaded on the intranet (also shown at Appendix G within the Policy).

1. Cover sheet



All policies must have a cover sheet which includes:

- The Trust name and logo
- The title of the policy (in large font size as detailed in the template)
- Executive or Associate Director lead for the policy
- The policy author and lead
- The implementation lead (to receive feedback on the implementation)
- Date of initial draft policy
- Date of consultation
- Date of verification
- Date of ratification
- Date of issue
- Ratifying body
- Date for review
- Target audience
- Document type
- Document status
- Keywords
- Policy version and advice on availability and storage

2. Contents page

3. Flowchart



4. Introduction



5. Scope



6. Definitions



7. Purpose



8. Duties



9. Process



10. Dissemination, storage and archiving (control)



11. Training and other resource implications



12. Audit, monitoring and review



This section should describe how the implementation and impact of the policy will be monitored and audited and when it will be reviewed. It should include timescales and frequency of audits. It must include the monitoring template as shown in the policy template (example below).

Monitoring Compliance Template						
Minimum Requirement	Process for Monitoring	Responsible Individual/group/committee	Frequency of Monitoring	Review of Results process (e.g. who does this?)	Responsible Individual/group / committee for action plan development	Responsible Individual/group/committee for action plan monitoring and implementation
A) Describe which aspect this is monitoring?	e.g. Review, audit	e.g. Education & Training Steering Group	e.g. Annual	e.g. Quality Assurance Committee	e.g. Education & Training Steering Group	e.g. Quality Assurance Committee



13. Implementation plan



14. Links to other policies (associated documents)



15. Contact details



16. References



17. Version control and amendment log (Appendix A)



18. Dissemination Record (Appendix B)



19. Equality Impact Assessment Form (Appendix C)



20. Human Rights Act Assessment Checklist (Appendix D)



21. Policy development and consultation process (Appendix E)



22. Policy Checklist (Appendix F)