Policy Governance Group

Date 30/10/2023 **Item Ref** 10a

TITLE OF PAPER	**Extension To Review Date ~ Antibiotic Policy for Inpatients Wards MD 014**
TO BE PRESENTED BY	Abiola Allinson, Chief Pharmacist
AUTHOR	Katie Pawley (nee Porter), Senior Pharmacist (Audit, Education and Training)

1. Purpose

For approval	For assurance	For collective decision	To seek input	To report progress	For information	Other (Please state)
✓						

2. Summary

Policy	Author	Old review date	New review date
Antibiotic Policy for Inpatients Wards MD 014	Katie Pawley (nee Porter)	October 2023	December 2023

Rationale

The current policy expires in October 2023. The current policy is 'fit for purpose' and the author confirms that extending the review date to December 2023 is low risk.

There have been changes to the primary care guidelines which the SHSC policy is based on, the recommendations will be going to the Medicines Optimisation Committee to adopt the primary care guidelines with certain additional treatment caveats for the inpatient setting. Key here also is the number of conditions covered by the primary guidance as the SHSC antimicrobial audit has shown gaps in our policy. Also there have been on-going consultations in relation to sampling and getting the standards right being finalised with IPC and STH microbiology department to ensure we are in compliance. These will be included as an appendix/addendum to the policy. These are reasonable grounds for the extension request

The policy author confirms they will be able to satisfy the five tests for policy approval by the new proposed review date. The five-way tests for policy approval are:

- Test 1. That the policy has been developed using current best practice/evidence practice
- Test 2. Evidence that it has been through appropriate consultation
- Test 3. That there is an agreed plan for dissemination and training
- Test 4. That audit arrangements have been clearly identified and agreed
- Test 5. That staff wellbeing has not been negatively impacted, or that the policy update has positively impacted staff wellbeing, and how

PGG are asked to approve this request to extend the review date, as per the full rationale above, and are asked to note that the new review date requested, also takes into account the requirement to submit such requests to the Medicines Optimisation Committee who have approved the extension request

- Test 1. That the current policy is fit for purpose
- Test 2. That extension of the review date is 'low risk'
- Test 3. That the grounds for extension are reasonable
- Test 4. The policy author confirms they will be able to satisfy the five tests for policy approval (detailed above) by the new proposed review date

3. Next Steps

Once the new review date is approved by PGG, a recommendation for ratification will be submitted to . Quality Assurance Committee

Once ratified –

- Policy Governance to work with the author to ensure that the front sheet of the current policy is amended to reflect the new review date.
- Policy Governance to arrange for the amended policy to be replaced on the intranet and internet. A message will not need adding to Connect in this instance.

4. Required Actions

PGG are asked to agree to the above extension to review date, taking into account all rationale.

5. Monitoring Arrangements

Contemporaneous audit process with quarterly reports to IPC committee and the Medicines Optimisation Committee

6. Contact Details

For further information, please contact:

- Katie.porter@shsc.nhs.uk
  Senior Pharmacist

0114 27 18630

Sheffield Health and Social Care NHS Foundation Trust

Policy:

MD 014 - Antibiotic Policy for Inpatients Wards

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

Document type	Policy
Document status	Ratified
Date of initial draft	September 2021
Date of consultation	October 2021
Date of verification	11th October 2021
Date of ratification	10th November 2021
Ratified by	Quality Assurance Committee
Date of issue	November 2021
Date for review	October 2023 or earlier if newer guidance becomes available.

Target audience	All prescribers, nurses and pharmacists working within the Trust.

Keywords	

Policy Version and advice on document history, availability, and storage
This is version 7 of the antibiotic policy and supersedes version 6. This has been updated in line with the STH antibiotic prescribing policy.
This policy is stored and available on the SHSC intranet**.**

Changes to the policy:
Updated C.Diff guidance to reflect recently updated NICE guidelines – link to Guidance added in comments section.
Links to relevant NICE guidance added to comments sections.

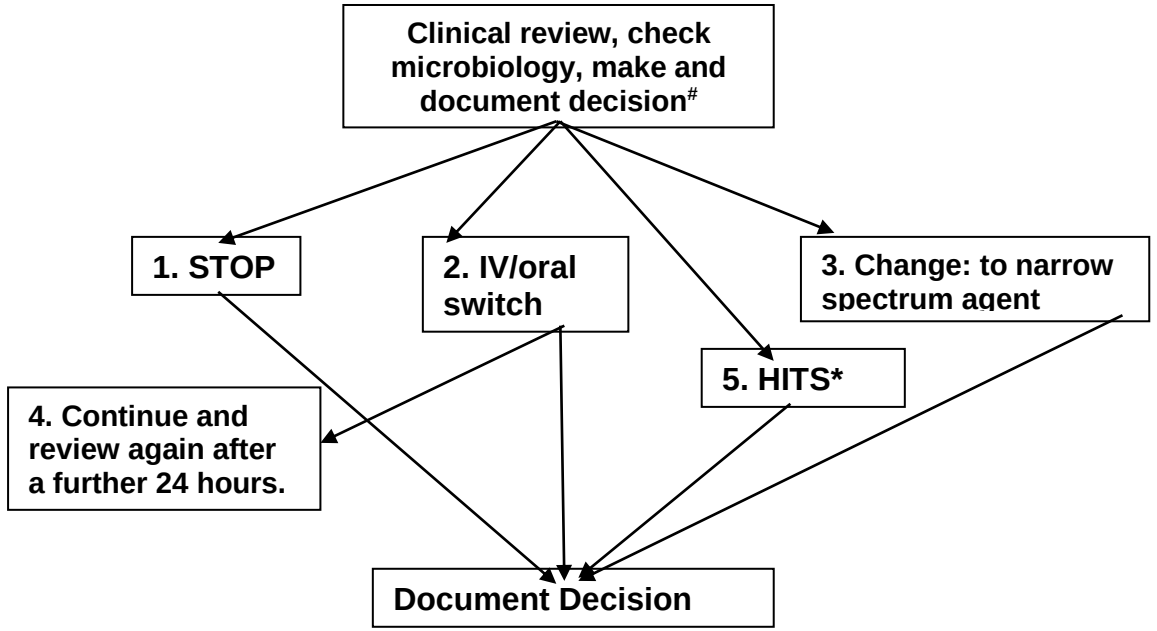
Contents

Flowchart

Right Drug, Right Dose, Right Time, Right Duration…

START SMART → THEN FOCUS → **CLINICAL REVIEW & DECISION#** AT 48 HOURS

- Take history of relevant allergies.
- Initiate prompt effective antibiotic treatment within one hour of diagnosis (or as soon as possible) in patients with life threatening infections.
- Comply with local prescribing guidance.
- Document clinical indication and dose on drug chart and in clinical notes.
- Include review/stop date or duration.
- Ensure relevant microbiological specimens taken.



Antimicrobial Prescribing Decision * Home Intravenous Therapy Service

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 SHSC 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.

The Medicines Safety Officer (MSO) will act in their capacity as antimicrobial pharmacist.

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 SHSC 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 are aware of and have access to medicines management policies.

Pharmacists
To participate in and support the processes of medicines management/optimisation throughout the Trust and across organisational boundaries. This will include providing advice to all SHSC 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/Insight. Microbiology specimens should be taken wherever appropriate, and any previous results checked in order that antibiotic therapy can be adjusted according to culture results. Ideally specimens for culture should be taken before prescribing antibiotics.
- Where it is necessary to prescribe antimicrobials empirically; early review in the light of microbiological results, clinical progress, etc, is vital so that treatment can be changed or discontinued as soon as 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 penicillins 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 and ESBL (extended-spectrum beta-lactamases). If previous history of either of these discuss with the microbiologist.
- The use of quinolone antibiotics should also be avoided due to the risk of tendonitis and aneurysms that are identified side effects.
- 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 NHS Foundation Trust operates a policy of restricting antibiotic courses to 5 days unless otherwise stated on the prescription. It is recommended that prescribers should 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.

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 NHS Foundation 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
Clostridium difficile **Diarrhoea** Ensure a full assessment is carried out, including a stool sample is taken as appropriate, to confirm	1st Line/Mild **Vancomycin:** 125 mg orally four times a day for 10 days	https://www.nice.org.uk/guidance/ng199 NB. The course should be completed even if the patient is asymptomatic. Where clinically possible stop all

possible causative organism for diarrhoea. Check previous history of C. diff and antibiotic use for possible related illness.	2ndline/Moderate-Severe following Microbiology advice: **Fidaxomicin:** 200 mg orally twice a day for 10 days	current antibiotics, PPIs and opioids. Where antibiotics are required for existing infection – Seek advice from microbiologist. If symptoms are severe, treatment fails or symptoms are recurrent, contact a Microbiologist.
Exacerbation of chronic bronchitis In acute bronchitis avoid using antibiotics unless >60 years old with underlying chest disease or other chronic systemic disease	* Doxycycline 200mg on first day then 100mg po daily 2nd line – **Co-amoxiclav 625mg 8 hourly (Note: **Contains Penicillin) (Other 2nd line treatments in line with microbiology report).	Treat for 5 days * Suitable for penicillin allergy. (Doxycycline must not be used in pregnancy).
Infective exacerbations of COPD.	1st line: Doxycycline 200mg (po) on first day then 100mg (po) daily 2nd line – **Co-amoxiclav 625mg 8 hourly (Note: **Contains Penicillin) Total duration: 5 days	Treat exacerbations promptly with antibiotics if purulent sputum **and** increased shortness of breath **and/or** increased sputum volume. Other 2nd line agents as per microbiology report. Antibiotics should only be used where there is a history of **more purulent** sputum. If a patient has new consolidation on chest X-ray, refer to the community acquired pneumonia guideline below. (Doxycycline must not be used in pregnancy or for children <12 years old). https://www.nice.org.uk/guidance/ng114
Pneumonia – community acquired.	**(Mild CURB score 0-1)** Amoxicillin 500mg po 8hrly Duration 5 days. Alternative (Penicilin Allergic): *Clarithromycin 500mg po BD For 5 days **(Moderate CURB score 2))** Amoxicillin 500mg to 1g TDS Penicillin allergy:	Assessment of the severity of the illness should be made and antibiotics started immediately. Use CRB65 score to help guide and review. Other 2nd line agents as per microbiology report. Contact Microbiologists if **severe (CURB Score 3 to 5)**:

	Clarithromycin 500mg BD For 5 days	https://www.nice.org.uk/guidance/ng138
Urinary tract infection Women – **3** days Men, recurrent or complicated infections in women **7** days Pregnancy – **7** days	**Uncomplicated UTI** **First Line** Nitrofurantoin 50mg to 100mg QDS **2nd Line (if above fails)** Pivmecillinam 400mg TDS If 1st line not appropriate and fails or penicillin allergy Fosphomycin (PO) 3g stat dose Nitrofurantoin: avoid in renal impairment or if systemically unwell **Pregnancy (7 days):** Nitrofurantoin 50 to 100mg QDS(except in 3rd trimester) or if susceptible; Amoxicillin 500mg TDS **Recurrent UTIs** Speak to microbiology for specialist advice	Other 2nd line agents in line with microbiological reports. Community multi-resistant *E.coli* with Extended-spectrum Beta-lactamase enzymes (ESBL) is increasing so perform culture in all treatment failures. **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.** Avoid nitrofurantoin in renal impairment where eGFR is less than 45ml/min per 1.73m^2. A short course (3 to 7 days) may be used with caution in certain patients with an eGFR of 30 to 44ml/min per 1.73m^2 (see SPC). Recurrent For proven infection only where the patient has 3 or more UTIs per year. To reduce recurrence, advise measures such as hydration and cranberry products (OTC). https://www.nice.org.uk/guidance/ng109
Cellulitis	Flucloxacillin 1g QDS **for 5 to 7 days** **For severe infections or of large stature/obese:** Seek Microbiologist advice Penicillin Allergy: Clindamycin 450mg po 6 hrly 7 days **For facial cellulitis**: consider Co-amoxiclav 625mg TDS	Some patients may need longer than 7 days (e.g. for Group A Streptococci 10 days). (Consider doxycycline 100mg BD if patient penicillin allergic or if previous concerns with C.difficile experienced). If the patient has a previous history of MRSA – see microbiology report for recommended sensitivities and/or seek advice from the microbiologist as treatment is likely to be non-standard.

	7 to 10 days	https://www.nice.org.uk/guidance/ng141
Impetigo	Flucloxacillin po 500mg 6hrly Treatment usually for 7 days. **For severe infections or of large stature/obese:** consider 1000mg QDS or seek Microbiologist advice * Clarithromycin po 250-500mg 12hrly	As resistance is increasing avoid topical antibiotics. If the patient has a previous history of MRSA – see microbiology report for recommended sensitivities and/or seek advice from the microbiologist. * Suitable for penicillin allergy. Reserve mupirocin for MRSA. https://www.nice.org.uk/guidance/ng153
MRSA infection	Consult Microbiologist	Consider referral to Tissue Viability Team (if appropriate) if severe infection.
MRSA colonisation		Contact Infection Control Nurse. (See SHSC infection control policy) Refer to Appendix C

7. Dissemination, storage and archiving (Control)

The policy will be disseminated via the Medicines Optimisation 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 '**Introduction to 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 Department. Audits are on-going and reported quarterly to the ICC 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. Quarterly antibiotic prescribing audits within the inpatient wards.	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 (October 2023) or in light of updated prescribing guidance.

10. Implementation plan

Implementation should be via directorate governance systems.

Action / Task	Responsible Person	Deadline	Progress update
Upload new policy onto intranet and remove old version.	*Facilitated by Emma Butcher*	*End of November 2021*	*November 2021*
Email all relevant staff once policy agreed	*Facilitated by Emma Butcher*	*End of November 2021*	*Awaiting approval of policy*

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***
Chief Pharmacist	Abiola Allinson	2718630	Abiola.allinson@shsc.nhs.uk
Infection Control Nurse	Katie Grayson	2718621	Katie.Grayson@shsc.nhs.uk
Senior Pharmacist	Emma Butcher	2718630	Emma.butcher@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 - **2013/1**4

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 (August 2019)

Target – Antibiotic toolkit

Trust Infection Prevention and Control Policy (June 2018)

Sheffield Formulary (Infections)

https://www.nice.org.uk/about/what-we-do/our-programmes/nice-guidance/antimicrobial-prescribing-guidelines

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	October 2019	
7	Review	September 2021	Policy review and update in line with recent NICE guidance change. C.Difficile guidelines updated in line with recent NICE update Links to relevant NICE guidelines added to specific infection guidance

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.
6.0	November 2019	Unknown	Dissemination via Pharmacists in teams
7.0	November 2021	November 2021	

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 treatments –
**check sensitivities before prescribing as Mupirocin resistant strains are in circulation.*

2% Mupirocin (Bactroban) three times daily to both nostrils for **five days**
or
Naseptin Nasal Ointment four times daily to both nostrils for **ten days**

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 (Octenidine). Skin wash should be used for the same length of time as nasal treatments if a nasal treatment is prescribed.
- 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 and applied for the correct 'contact time'; before rinsing off.
- 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 SHSC IPC policy

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) Emma Butcher September 2021

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://nww.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) Emma Butcher September 2021

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**

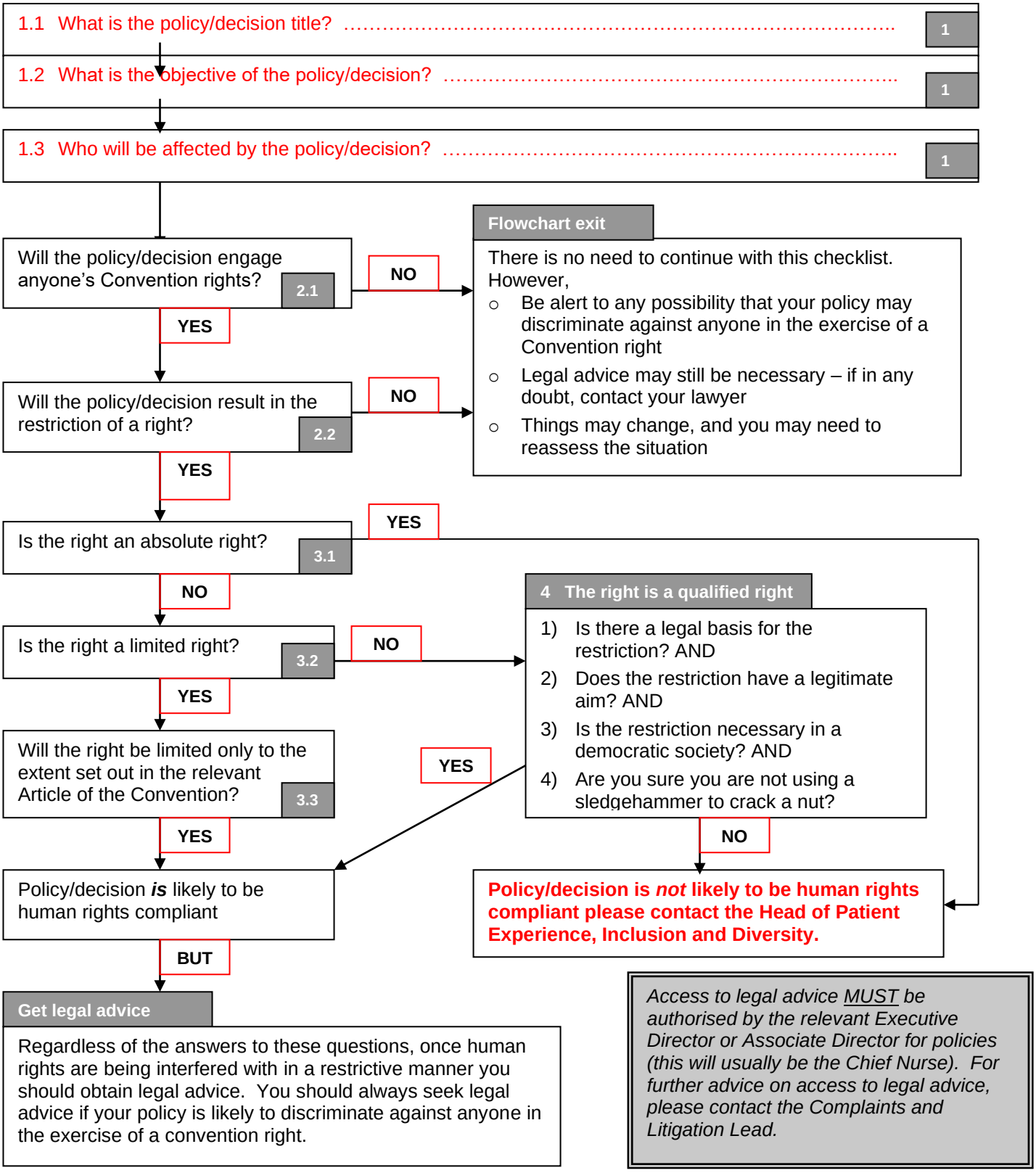
3. Complete the table below to provide details of the actions required

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

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

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 pivmecillinam. Recurrent UTI section added.
- **UTI in pregnancy** – Removal of trimethoprim as 2nd line use of trimethoprim- **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). topical treatment appropriate, Fusidic acid TDS for 5 days removed from guidance.

- **C. Difficile –** Removal of metronidazole as 1st line treatment. Current treatment: 1st line: Vancomycin**:** 125 mg orally four times a day for 10 days 2ndline/Moderate-Severe following Microbiology advice: Fidaxomicin**:** 200 mg orally twice a day for 10 days

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 Require-ment	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

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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) ☐