

RESPONSE FORM FOR THE CONSULTATION ON THE REVISED VERSION OF THE HEALTH AND SOCIAL CARE ACT 2008 CODE OF PRACTICE ON PREVENTION AND CONTROL OF INFECTIONS AND RELATED GUIDANCE (THE CODE)

Please send this completed form to AMR@dh.gsi.gov.uk by 13 March 2015

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<p>Q1 Does the revised Code explain the changes in the new registration requirements Yes/No Any comments?</p> <p>The document's opening paragraphs in the executive summary describe what the Code sets out to do and how it will impact on the new registration requirements. However it is difficult for the reader after that point due to inconsistent terminology and the use of jargon throughout the document. Updates have given a poor flow to the document.</p> <p>MRSA Action UK would like to see a lay summary for engaged patients and the public to read. Having said that, the use of plain English, good grammar and consistent terminology should be used for the professional audience too.</p>	
<p>Q2 Does the revised Code explain the need to ensure infection prevention and control systems take a holistic approach by including antimicrobial stewardship and cleanliness? Yes/No Any comments?</p> <p>We believe the revised Code needs to take account of antimicrobial stewardship and cleanliness. This is of particular importance with the need to take account of the DH five year AMR stewardship plan and various guidance that has been developed to tackle new and emerging threats. Evidence based guidance should be referred to when developing practices for high standards of cleanliness and infection prevention and control. Responses to outbreaks and local needs must be proportionate to any threats to service users' and healthcare workers' health, and the revised Code makes use of the very latest knowledge on antimicrobial stewardship and the need for decontamination and cleanliness practices.</p>	
<p>Q3 Which phrase is most suitable for use in the Code? a) infection prevention or b) infection prevention and cleanliness? Why? <u>Neither</u> “high standards of cleanliness and infection prevention and control” is more suitable.</p> <p>The terminology infection preventionists and engaged patients and the public will have become familiar with is “infection prevention and control” with an emphasis on “prevention”. There is no doubt that patients and those who work in the healthcare environment will welcome the addition of “cleanliness”, however in the document there is a lack of consistency in the Code’s description in terms of its purpose and how its revisions will guide registered providers on compliance. MRSA Action UK recommend that the terminology used should be consistent and suggest “high standards of cleanliness and infection prevention and</p>	

control” be used throughout the guidance, rather than switching between the older terminology and the new.

The terms “infection control” “infection prevention and control” “infection prevention and cleanliness” are referred to on numerous occasions but in the same context which is confusing for the reader. We feel strongly that the use of the word “control” should not be omitted, it is important to note that when infection happens, it needs to be controlled. Isolation, cohorting, barrier nursing, enhanced cleaning, antimicrobial stewardship are all examples of control that we are familiar with and the terminology needs to be kept when referring to the Code and the regulatory requirements. To reiterate we would like the use of the term “**high standards of cleanliness and infection prevention and control**” to be adopted.

Q4 Are the definitions of AMR and stewardship clear on page 7 Yes or No and If not please suggest alternative wording and the basis for your suggestion.

The description of AMR stewardship on page 7 is very clear. However, there are some areas in the revised Code that need updating. Some instances of the word “antibiotics” (not all) appear to need revising to read “antimicrobial”. We are service users so are not best placed to advise, but one example we would draw attention to is “Guidance for compliance with criterion 3 - Ensure appropriate antibiotic use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance”. The use of the word “antibiotic” and “antimicrobial” in the same paragraph is confusing. Does this guidance refer to the appropriate use of antibiotics, antifungals and antivirals, if it does then it should read “antimicrobial” in both instances in this paragraph.

The document needs a health check on the usage of the mixed terminology on antimicrobials in our opinion.

New version of compliance criterion. Please explain the reasons for any concerns that you have in relation to this revised criterion.

Q5 Do you agree that merging compliance criteria 3 and 4 reduces the scope for confusion on provision of information? Yes/No

However, the terminology needs clarification, see comment below.

Q5a Do you have any comments on the guidance for compliance for the new criterion 3? Yes/No

The use of the word “antibiotic” and “antimicrobial” in the same paragraph is confusing. Does this guidance refer to the appropriate use of antibiotics, antifungals and antivirals, if it does then it should read “antimicrobial” in both instances in this paragraph.

Q5b Do you have any comments on the guidance for compliance for the new criterion 4? Yes/No

Information should be in plain language and available in a range of formats to meet the needs of service users and their carers (by carers we mean healthcare workers or informal carers

such as family, friends or anyone else giving support to the person needing care.

Q5c Do you have any specific comments on the interpretation of criteria 3 and 4 in specific settings outlined in appendices ~~Yes~~/ No

Q6 Do you have any comments on the re-wording of criterion 10 on occupational health? ~~Yes/No~~ If yes, please explain the reasons for your concern

The wording in the current Code is more explicit. This should remain and be strengthened and include contractors and volunteers who will come into contact with patients. The new wording should be added to the existing wording. We would suggest :

“Providers have a system in place to manage the occupational health needs of staff (including contractors and volunteers) in relation to infection, ensuring, so far as is reasonably practicable, that care workers are free of and are protected from exposure to infections that can be caught at work and that all staff are suitably educated in the prevention and control of infection associated with the provision of health and social care.”

Q7 Do you have any comments on the inclusion of reference to a water safety lead on page 12 ~~Yes~~/No If yes, please explain the reasons for your concern

Q8 Do you have any specific comments on the appendices ~~Yes~~/No If yes, please explain the reasons for your concern

Q9 Any other comments? ~~Yes/No~~

We would be interested to hear of any general concerns about the revised Code, including topics not covered by the guidance, areas where clarification is required and amendments to the bibliography

Overall we welcome the revisions to the Code.

Attention to hand hygiene, knowledge of good infection prevention and control procedures, being able to communicate any issues in relation to questions or concerns around an infection a client or patient may have is equally important for providers of domiciliary care services that provide support in people's own homes. Although the Code aims to be proportionate to need, it needs to be more explicit in relation to these points and more thought needs to go into this aspect of infection prevention and control.