National Institute for Health and Clinical Excellence

Infection Control
Stakeholder Comments

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Stakeholder Organisation:		MRSA Action UK		
Name of commentator:		Maria Cann		
Order number *(For internal use only)*	**Document** Indicate if you are referring to the **Full** version **NICE** version or the **Appendices**	**Section Number** Indicate **number** or **'general'** if your comment relates to the whole document	**Page Number** Indicate **number** or **'general'** if your comment relates to the whole document	**Comments** **Please insert each new comment in a new row.** **Please do not paste other tables into this table, as your comments could get lost – type directly into this table.**
Example	Full	3.4.6	45	Our comments are as follows ……
PROFORMAS THAT ARE NOT CORRECTLY SUBMITTED AS DETAILED ABOVE MAY BE RETURNED TO YOU				
1	Full & NICE	General		MRSA Action UK welcomes an update to the guidance particularly in relation to educating patients and carers on the benefits of hand hygiene and its importance in breaking the chain of infection. We are concerned however that the draft revision does not fully represent outcomes that are important to patients and service users, particularly those of us who have been affected through contracting avoidable infections, we believe there are a range of measures that could be included in this guidance that have been omitted. **Higher proportions of MRSA and C.diff in Primary Care** Primary care, care in the home, by healthcare professionals, informal carers, patients and service users is an opportunity to provide the cornerstone to keeping infection risk at bay. MRSA and Clostridium difficile figures reported by the Health Protection Agency show there are more cases reported in the Primary Care setting than in hospital. There needs to be more education for people involved in giving and receiving care in the community setting and at home, it doesn't stop at hand hygiene, and we feel the guidance should also incorporate more about hygiene in the home. There is no guidance given for the treatment of patients screened positive for MRSA and how to cope with pathogens such as Clostridium difficile in the home environment. **Inter-healthcare communication** Sharing information between the Acute and Primary Care providers is essential for the effective treatment of infections. The DoH Clean Safe Care website has

				examples of transfer forms and guidance which we believe should be incorporated into the NICE guidance http://hcai.dh.gov.uk/files/2011/03/Document_Patient_Transfer_form_FINAL_100825.pdf http://hcai.dh.gov.uk/files/2011/03/Document_Patient_Transfer_form_advice_sheet_FINAL_100831.pdf **Improving communication between patient and healthcare worker** For patients use of pictorial pathways for communication in terms of what is needed for the safe treatment or suppression of MRSA can help ease anxiety, we recommended the Lincolnshire pictorial guide for the treatment of MRSA http://mrsaactionuk.net/pdfs/MRSA_pictorial_pathway.pdf **Laundry** Domiciliary care may involve assistance with laundry, whether carried out by the patient, informal carer or domiciliary carer, guidance should, in our opinion be included. We receive contact from organisations and staff who help with personal care in clients homes and frequently are ask for guidance on laundry where clients have an infection. MRSA and C.diff spores and soiling can spread from dirty clothes and bedding. When doing laundry, some simple precautions can lessen the risk of contaminating the environment and spreading infection, if preparing for surgery or if the patient has been discharged with MRSA colonisation, or if they have C.diff, then we advise: • Changing towels and bedding and clothing daily. • Have a separate, solid plastic container for the patients' washing, NOT one with ventilation holes or made of canvas or wicker • Handle laundry that comes in contact with the infection separately from other household laundry • When collecting dirty laundry, hold it away from your body to prevent getting bacteria on your clothes, preferably in a plastic bag or container, the use of disposable plastic aprons is strongly recommended • Wear disposable gloves to handle laundry that is soiled with body fluids, like drainage from a sore, urine, or faeces • Put the laundry in the washer immediately, or store it in a plastic bag until it can be washed • Wash with hot water and detergent and use disinfectant when possible • Dry on the hot setting, and make sure clothes are completely dry • Wash hands after handling dirty laundry and before handling clean laundry, even if you have been wearing gloves • Throw gloves away after taking them off, and do not reuse them Telford and Wrekin NHS Trust has some excellent policies for dealing with laundry and infection control in the community http://www.telford.nhs.uk/Documents/docs_common/Publications%20and%20Policies/Policies%20and%20Procedures/Clinical/Infection%20Control/IPC%2018%20

				Linen%20Handling%20and%20Laundry%20Policy.pdf **OPAT** We receive enquiries from organisations, such as sheltered housing providers, care homes and staff who provide personal and domiciliary care regarding patients receiving ongoing care and treatment for infections through OPAT programmes outside of the hospital setting. We believe NICE would benefit from close liaison with the British Society for Antimicrobial Chemotherapy (BSAC) on guidelines for OPAT programmes, and these guidelines should be incorporated into the NICE guidance.
2	Full	5.3.2.4	59	As previously stated we welcome the education of patients and carers on the benefits of hand hygiene. Since the guidance is for use by informal carers and patients we would like to see supplementary information in formats that are clear for all. It is well documented that alcohol hand rub is ineffective on C.diff spores and bacteria that cause other gastrointestinal illness. The NHS East Midlands 'Right time Right Place' initiative gives a good pictorial guide for the appropriate use of alcohol hand rubs and soaps. It is important that the public and patients understand the distinction between the multimodal models of hand hygiene and this poster campaign is easy to understand and one that we have adopted as a patient group. This simple pictorial approach gives a clear message that all can understand regardless of literacy or language barriers. Not sharing personal items such as wash cloths, towels, combs, razors and soaps is an important consideration in the home setting for infection prevention and control. If a member of the household has an infection, is colonised or has continuing care of lines, catheters then we believe this advice is very important. We believe liquid soap is a better option than bar soap, as shared bar soaps may harbour bacteria and cause cross infection where patients are immune compromised. This applies to hand hygiene and full body washing. If a person has been screened positive for MRSA we would expect that they would follow appropriate guidance and wash with antibacterial/chlorhexidine soap. NICE guidance should incorporate advice on screening and suppression. **Manual Wheelchair Users** We note no guidance is given for manual wheelchair users on hand hygiene and we would hope to see the consultation take account of service users views on this important aspect of infection control, particularly as there is evidence to show that wheelchairs have been shown to be vectors for infection in the hospital environment, and patients who are self-caring will need to manipulate their wheelchair whilst carrying out clinical procedures such as catheterisation.
3	NICE		7	Written information is not accessible to all. Replace wording with "Information is in a suitable format and accessible to all".

4	NICE Full	 4.1 4.2.2. 10.4.1	9 37 43 116	**Long term urinary catheters-general** MRSA Action UK supports the views of the Urology User Groups Coalition and note that you make no distinction between indwelling urethral catheters and supra pubic catheterisation (SPC). It is generally thought that SPC is better long term in reducing incidence of UTI. Many patients have combined bladder and bowel dysfunction and there is reduced likelihood of faecal contamination with SPC We also see in the full version evidence to support the use of suprapubic catheters over indwelling urethral ones. Many people find suprapubic catheters easier to manage and have a more spontaneous sex live. This is an equality issue, helping a disabled person participate more easily in society by promoting innovative devices that are designed for the user, and tailoring services to take their needs into consideration. Indwelling urethral catheters tend to inhibit and lead to the likelihood of increased infections if tried as many will remove them and reinsert in less than ideal conditions.
5	NICE Full	 4..1.3 4.2.2.3 10.5.1.4	9 38 43 119-	MRSA Action UK supports the views of the Urology User Groups Coalition and whilst we agree that patient preference and choice is needed for indwelling urinary catheters we believe it is vital that all these criteria listed for catheter selection are also applied to intermittent catheters, including type, gauge and length, intermittent self catheterisation users normally frequently need to carry out catheterisation in life style settings which are very different to a clinical or teaching situation or even home. The same initial factors to indwelling catheters influence selection including allergy, size, length, patient preference and choice, and factors needed to overcome an impairment, such as dexterity. We believe failure to recognise these factors for intermittent catheter users is against your key priorities for implementation, including patient choice and equality.
6	NICE Full	 4.1 10.5,2 10.5.2.5	9 37 120	We believe offering “non-coated intermittent catheters for multiple use“ has the potential for a huge negative impact on outcomes that are important to patients including “nothing about me without me”. It does not recognise individual patient clinical and lifestyle need, care having least impact on reducing quality of life, ability not to spend 24/7 focusing on bladder function by having to wash catheters, worry over long term urethral trauma and UTIs which will affect their ability to self manage all their long term condition(s) ability to live with dignity without constant fear of embarrassment, ability to partake in family and public life, ability to be in employment and have a social life etc This recommendation fails to promote patient choice, equality, and may hinder patients ability to reach critical points in the care pathway quickly, as many will fail to cope with Intermittent self catheterisation(ISC) and need long term indwelling catheters, much more expensive in terms of NHS staff resources and likelihood of infections including cost in hospital admissions for the latter. It has also failed totally to look on service delivery. Who is to teach patients in the use of different catheters and reuse? Whilst we recognise reuse of some catheters is an option for a few people who have time and ability to comply with reuse (including a few women who are happy to use silver or stainless steel rigid catheters

				which are designed for long term reuse) It should not be a main recommendation aimed at preventing catheter related infections or pretending it meets NICE's key criteria Patients have the right to choice. We are in agreement that children should not have to reuse. This should also be applied to adults many of whom have multiple impairments to cope with including preventing deteriorating kidney function. Renal failure used to be a major cause of death of people with spinal cord injury. Many people with neurological and spinal conditions including those with complications of diabetes have incomplete bladder emptying and or high pressure in the bladder which means there is a risk of infected urine refluxing up the urethra to the kidneys. The argument to not reuse in children holds for many adults.
7	Full	4.2.2.2 10.2.1.1	43 115	Many patients are taught Intermittent catheterisation or have an indwelling urethral catheter inserted for the first time in the community. The best place to teach ISC is in the patient's home. Being taught in the home environment will highlight specific difficulties such as unsuitable water supply for hydrophilic catheters without sterile solution. Hand decontamination needs to take account of disability, for example healthcare staff need to consider manual wheelchair users and the difficulties faced to give appropriate practical advice to reduce infection risk. The need for catheter use should be regularly reviewed and or a note about indications for a more temporary use that need to be checked so that the catheter will be removed when no longer clinically needed. The scope does not cover short term catheter use. You offer no advice on care of the area around the site of a suprapubic catheter, in many people this continually oozes and we believe this guidance is needed.
8	Full	4.2.2.5 2.5	44-45 18	Line 18 states the guideline does not cover urinary catheter insertion but 4.2.2.5 page 44 refers to catheter maintenance. Page 18 should state initial suprapubic catheter insertion which the NPSA states should only take place in secondary care All indwelling/suprapubic catheter insertions by the patient or their carer should be advised to carry it out by an aseptic non-touch technique.

Please add extra rows as needed

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Closing date: 5pm 07/09/2011
PLEASE NOTE: The Institute reserves the right to summarise and edit comments received during consultations, or not to publish them at all, where in the reasonable opinion or the Institute, the comments are voluminous, publication would be unlawful or publication would be otherwise inappropriate.