journey to change

NHS
Tees, Esk and Wear Valleys
NHS Foundation Trust

Public – To be published on the Trust external website

Multi Resistant Gram Negative Bacteria

Ref: IPC-0001-020-v1.3

Status: Approved
Document type: Procedure
Overarching policy: IPC

Contents

1 Introduction

This procedure is critical to the delivery of Our Journey to Change and our ambition to co-create safe and personalised care that improves the lives of people with mental health needs, a learning disability or autism. It helps us deliver our three strategic goals as follows:

This procedure supports the trust to co- create a great experience for all patients, carers and families from its diverse population by ensuring access to the care that is right for you through controlling and managing any incidence of Multi resistant gram-negative bacteria.

This policy supports the trust to co-create a great experience for our colleagues by providing advice and support to clinical teams when caring for a patient with suspected or confirmed multi resistant gram-negative bacteria.

This policy supports the trust to be a great partner by working across all disciplines of the trust and external organisations

To co-create a great experience for our patients, carers and families, so you will experience:
- **Outstanding** and compassionate care, all of the time.
- **Access** to the care that is right for you.
- **Support** to achieve your goals.
- **Choice** and control.

To co-create a great experience for our colleagues, so you will be:
- **Proud**, because your work is meaningful.
- **Involved** in decisions that affect you.
- **Well led** and managed.
- That your workplace is **fit for purpose**.

To be a great partner, so we will:
- Have a **shared understanding** of the needs and the strengths of our communities
- Be **working innovatively** across organisational boundaries to improve services.
- Be **widely recognised** for what we have achieved together.

2 Purpose

Following this procedure will help the Trust to: -

- Reduce the risk of transmission of Multi-resistant Gram-negative bacteria in the healthcare setting.
- Manage and treat patients with Multi-resistant Gram-negative bacteria colonisation or infection.

- Manage the cleaning of rooms that have been used by a patient with Multi-resistant Gram-negative bacteria colonisation or infection.

3 Who this procedure applies to

This procedure will apply to all patients who are clinically suspected of having multi resistant gram-negative bacteria.

Respect

- Listening
- Inclusive
- Working in partnership

Compassion

- Kind
- Supportive
- Recognising and Celebrating

Responsibility

- Honest
- Learning
- Ambitious

4 Related documents

This procedure describes what you need to do to care for patients who have Multi-resistant Gram-negative bacterial infections/colonisation identified, and to prevent further spread of infection.

The Standard (Universal) Precautions for Infection Prevention and Control defines the universal standards for IPC which you **must** read, understand and be trained in before carrying out the procedures described in this document.

This procedure also refers to:-

- ✓ Hand Hygiene
- ✓ Waste Management Policy
- ✓ Decontamination of Equipment
- ✓ Tissue Viability Policy
- ✓ Antibiotic Prescribing Procedure
- ✓ Consent to Examination or Treatment Policy

5 What is Multi Resistant Gram Negative Bacteria colonisation / infection?

Gram-negative bacteria are commonly found living naturally within the human gut where they generally do no harm. Species of bacteria commonly found in the bowels include the following; Escherichia coli (E-Coli), Klebsiella, Proteus, Pseudomonas aeruginosa, Enterobacter and Acinetobacter. For many reasons a small number of these bacteria have become resistant to the antibiotics that they have been sensitive to in the past. Antibiotic resistance makes infections very difficult to treat and can also increase the severity of illness and the period of infection.

Multi-resistant Gram-negative bacteria (MRGNB) is a term that is used to describe many different bacteria including those outlined above. Due to the way in which these bacteria react and become resistant to antibiotic treatment, they are often referred to as:

- Extended-spectrum Beta lactamases which is shortened to ESBL.
- Amp C beta-lactamase enzyme producing bacteria shortened to Amp C,
- Carbapenamase-producing Enterobacteriaceae shortened to CPE.

Current research indicates that the prevalence of multi-resistant cases is increasing globally (Nagvekar et al, 2020). Infection often happens when the bacteria enter the body through an open wound or via a medical device such as a urinary catheter. Wound and urine infections caused by MRGNB are difficult to treat and can cause complications such as delayed wound healing, pneumonia and infection in the blood.

Some types of MRGNB can be carried on the skin and other body sites without causing symptoms of infection. This is termed colonisation, and in most cases patients with MRGNB colonisation do not pose a risk to other physically healthy patients. However, they may require isolation or application of IPC precautions especially if there are other vulnerable patients being cared for in the same unit.

CPE infections can be difficult to treat because they are resistant to some antibiotics. CPE can also pass their resistance on to other bacteria, making them harder to treat as well. CPE can be passed from person to person after touching contaminated surfaces such as bed rails, toilets or devices. People with weakened immune systems are more at risk of developing infections.

Some studies illustrate that risk factors for developing an ESBL infection include age, comorbidities, poor functional status, recurrent urinary tract infections, acute hospital stay, previous use of antibiotics, and colonisation with ESBL (Denis et al 2015).

The most common route of transmission of MRGNB is by:

- Poor hand hygiene following direct contact with an infected or colonised person.
- Person to person spread via touch
- Equipment that has not been appropriately decontaminated following use with an infected or colonised person
- Environmental contamination including hand washing sinks. Rooms and surfaces must be thoroughly cleaned daily. Hand hygiene sinks must not be used to

decontaminate equipment or to dispose of drinks and other liquids as splashing can result in contamination of taps that could lead to further spread of infection.

All age groups can be affected, however people who have received multiple courses of broad-spectrum antibiotics or those who have poor immunity are most at risk.

5.1 Management of patients with Multi Resistant Gram-Negative Bacteria colonisation / infection

Patients who are diagnosed with MRGNB infection or colonisation should be nursed in isolation to prevent transmission to other patients. It is important to communicate any recommendations to the patient. Isolation is usually carried out in a single (preferably en-suite) room with hand washing facilities and with the door kept closed. However, for some TEWV patients, isolation can be difficult due to ongoing mental health and learning disability ill health.

Where isolation is not possible a risk assessment should be performed and discussed with the Infection Prevention Control Team (IPCT). Patients who have Multi-resistant Gram-negative bacteria in their sputum and who are coughing, or those who have diarrhoea are at high risk of transmitting infection and isolation would be advisable for the duration of their symptoms. Whereas those who have a urinary tract infection are generally at low risk of transmitting the infection and if they are fully continent strict isolation is not necessary. In all cases standard IPC precautions must be applied. Please follow guidance in appendix 1.

Details of all decisions regarding management must be documented within the patient's notes.

5.2 Control Measures to be taken when caring for a patient with MRGNB

The Infection Prevention & Control team must be informed of all cases of MRGNB once identified in TEWV patients.

The IPC team will discuss each patient case individually and will advise on patient management and treatment.

- ✓ Hand hygiene is essential. Clean your hands before **and** after patient contact using either liquid soap or alcohol hand gel if hands are not visibly soiled (refer to Hand Hygiene Procedure).
- ✓ Personal Protective Equipment (PPE) Wear disposable nonsterile gloves and a plastic apron for:

- direct patient care
- when handling patient equipment or personal items contaminated with blood/body fluids
- Contact with the patients' immediate environment (including bed making).

- ✓ Remove & discard gloves and apron immediately after use, then wash and dry your hands.

✓ If the patient has any wounds, cover with an appropriate impermeable dressing.
✓ Disposal of body fluids – patients must be advised to use their own en-suite toilet where available. If bedpans are used these must be macerated immediately after use. If a commode is used this must be thoroughly decontaminated with a chlorine releasing agent immediately after each use.
✓ Patients who are fully continent and do not have diarrhoea can visit communal areas e.g. dining room, television room and can mix with other patients/residents.
✓ Patients should be encouraged to wash their hands after using the toilet and before meals.
✓ Where there are no en suite facilities, patients can use communal bathing/shower facilities, but these must be cleaned immediately after use with chlorclean 1,000 ppm solution.
✓ Patients can visit day centers and attend outpatient facilities however these services should be informed of the patient's infection status in case of any spillages of body fluids, the privacy and dignity of the patient is paramount and must be considered when handing over sensitive confidential information such as medical diagnoses.
✓ MRGNB is not a reason to refuse or delay admission to a nursing or residential home, however the nursing or residential home need to be informed of patient's infection status. The privacy and dignity of the patient is paramount and must be considered when handing over sensitive confidential information such as medical diagnoses.
✓ Relatives can take home personal clothing. Advise them to wash clothes separately from other washing on the hottest wash the clothing can withstand. ✓ Patient clothing should only be washed on the ward if the ward has an industrial washing machine with a sluice facility on the hottest temperature. Clothing should be washed separately from other patients clothing as standard.
✓ Soiled linen: place laundry in a suitable laundry bag and label the bag 'infected linen' as per laundry guidance.
✓ Dispose of all infected waste as clinical waste (refer to Trust Waste Policy for further details).
✓ Cutlery and crockery – normal ward issue, ensure all cutleries and crockery used by the patient is machine washed in a dishwasher or heat sanitiser.
✓ Ensure that daily cleaning of a patient's room/bed area is maintained using a chlorine releasing agent while the patient remains symptomatic. Ensure that the hotel services team are informed and implement isolation room cleaning precautions
✓ Inform the IPCT if a patient with MRGNB is transferred or discharged to another area.
✓ Multi patient use equipment used with patients who have MRGNB infection or colonisation must be thoroughly cleaned after each use with a chlorine releasing agent (refer to Decontamination of Equipment procedure)
✓ IPC precautions are to remain in place: -throughout the hospital stay of a symptomatic patient -while the patient with MRGNB has symptoms of diarrhea -until a negative specimen has been obtained from the original positive site, where the patient has received treatment for MRGNB in their sputum or wound. The repeat specimen must be taken 48hours after completion of treatment. -repeat specimens are **NOT** required following treatment for a urinary tract infection. -until the Infection Prevention Control Team advise that IPC precautions can be removed for colonised patients. This must be discussed and documented for each individual case.

Cover –infected or colonized wounds at all times with a secure appropriate dressing. See
Tissue Viability Policy

5.3 Treatment of infection due to MRGNB

Antibiotic treatment is not recommended for colonised patients as in these cases the bacteria is not causing an infection.

If the patient has signs and symptoms of an infection, then the Medical Staff or Physical Healthcare Practitioners must contact the local acute hospital Microbiologist or Infection Control Doctor for advice prior to commencing treatment for every individual patient. Treatment will vary depending on which bacterium has been identified.

5.4 Transfer to other departments / areas

Task	Action required
Transfer to another ward or department within the Trust	• MRGNB should **not** compromise patient care/treatment if the patient needs transfer to other departments /specialist areas. • Inform staff in the receiving ward/department of the patient's MRGNB status before the patient leaves the ward, to ensure that Infection Prevention and Control measures are implemented. • Cover infected or colonised wounds/lesions with a secure and appropriate dressing
Transfer to another hospital outside of the Trust	• Inform staff in the receiving hospital prior to transfer of the patient. • Inform the IPC Team.
Ambulance transportation	• Notify the ambulance service of the patient's MRGNB in advance. • Normal procedures for transportation of patients apply, i.e. **a separate ambulance is not required**.
Deceased patients	• Take the same precautions as those observed during life. • Cover any lesions with occlusive dressings. • Inform the undertakers. • **NB: Cadaver(body) bags are not necessary.**

5.5 Cleaning of Patient's room

When	Action required
Daily while the patient is symptomatic	• Follow the specific cleaning instructions which are available from the hotel services supervisor. • Each day the room should be thoroughly cleaned, using chlorclean 1,000 ppm paying attention to dust-collecting areas i.e. all flat surfaces.
After patient's discharge / transfer	• Clean the room thoroughly as above. • Change and launder curtains.

5.6 Communication

Communication	Action required
With patient	The patient must be informed of their infection / colonisation and given the opportunity to discuss any concerns with ward staff or the IPCT. Information for patients/clients can be accessed via the following link: Trustwide Shared Drive > Patient and Carer Information > Trustwide > L1004 v1 NG TW Multi-resistant Gram-negative Bacteria Information provided to patients can be available in other languages and formats should it be required.
With relatives/carers	The same information that is given to patients may need to be given to relatives and carers **after** you have obtained the patient's/client's consent.
Between organisations	Good communication is the key to effective MRGNB management. It is important therefore when transferring individuals with MRGNB colonisation or infection, to another setting, to inform the person in charge at the receiving establishment.

5.7 Discharge Planning

MRGNB is **NOT** a contra-indication to hospital admission or to discharge plans either to the patient's own home or to a residential / nursing home. The importance of communication with other agencies is vital if a patient is transferred to their own home their GP must be informed. The IPCN team should be involved in any discharge planning.

5.8 Patient screening

Routine screening swabs are **not** needed for most MRGNB cases. Screening is only considered for cases of CPE following advice from IPC.

Screening for CPE involves obtaining a rectal swab. Rectal swabs are most sensitive for detecting CPE, making sure faecal material and/or discolouration is visible on the swab. A stool sample is not acceptable. Additionally, a wound swab and/or urine sample if catheterised.

If screening is advised, the patient must be involved in the decision-making process to consider their preference of the gender of the clinician taking the rectal swab. Decisions must be documented in the patient's notes.

The IPCT will advise if screening is required and only if the patient falls into the following risk groups.

In the 12 months has the patient:

- Been previously identified as CPE positive
- Been an inpatient in any hospital in the UK or abroad
- Had multiple acute hospital treatments e.g. renal dialysis
- Known link to a known carrier of CPE
- Admitted into an augmented care or high risk unit. (Augmented care environments include acute intensive care units, haematology /oncology and transplant wards).

At all risk levels ensure the following:

- Standard infection control precautions are maintained at all times.
- Effective environmental hygiene and cleaning: prevention of faecal and environmental contamination is crucial; remain alert to episodes that risk direct transmission to others and/or environmental contamination; ensure timely and thorough cleaning.
- Hygiene advice to individual and family/contacts it is important to inform individuals and those around them to ensure they take appropriate personal hygiene measures to prevent the spread of infection, especially when using the toilet.

If screening is required, follow the Royal Marsden Manual online procedure for specific specimen taking guidelines:

- Swab sampling: wound - Royal Marsden Manual (rmmonline.co.uk)
- Swab sampling: rectum - Royal Marsden Manual (rmmonline.co.uk)
- Urine sampling: catheter specimen of urine - Royal Marsden Manual (rmmonline.co.uk)

Safe labelling of specimens

- ✓ Ensure each specimen is clearly labelled with the patient's name, date of birth, NHS number and location eg. ward name.
- ✓ The pathology request form must also identify the patients details as well as relevant clinical details, reason for the specimen request and any current antibiotic treatment.
- ✓ Ensure the laboratory request form is also signed by the clinician who has requested the specimen.

- ✓ The specimen must be secured in the specimen container and placed into a leak proof sealed specimen bag along with the request form.
- ✓ Any specimens deemed as high risk of infection (e.g. from patients with blood borne viruses or diseases such as Creutzfeldt-Jacob Disease) must be placed into a mini grip plastic bag before being placed into the bag with the pathology request form, they should also be labelled as 'high risk' (high risk stickers can be ordered via cardea).
- ✓ Unlabelled or incorrectly labelled specimens will be discarded by the receiving laboratory department.

Transportation of laboratory specimens

- ✓ All pathology specimens must be transported in a leak proof, washable container. The container must be secure and must comply with UN 3373 standards.
- ✓ Specimen transport containers must not be left unattended in a patient access area.
- ✓ Specimen transport containers must be cleaned at least weekly, or immediately if they become contaminated.
- ✓ Where specimens are transported to the laboratory by vehicle, the transport specimen container must be placed into a cardboard transport box labelled with both the destination and senders name and address.
- ✓ Each specimen container must be in a separate plastic bag with sufficient material to fully absorb any leakage of the specimen
- ✓ Vehicles used for specimen transportation must be equipped with personal protective equipment and a spill kit. Any spillages must be cleaned immediately, and the specimen requester informed as a further specimen will need to be obtained.

If the individual is colonised: single room with en-suite facilities including toilet or designated commode is recommended; where a single room is not available, it is recommended that a designated toilet or commode is made available. No curtailment of communal activities is required where standard precautions and effective environmental hygiene are being maintained and there is no risk of transmission to others.

If the individual is infected: conduct a risk assessment with your IPC advisor and/or PHE contact to discuss possible isolation (with defined end-of-isolation criteria) consider the mental and physical health and wellbeing of the individual when deciding to isolate.

CPE risk assessment for non-acute settings;

Care needs	Guidance for risk assessment
HIGH RISK For example, the individual has diarrhoea, faecal incontinence, smearing or 'dirty protests', discharging wound, long term ventilation, confusion/dementia, device(s) in situ, undergoing invasive procedures	Identify if there is an immediate risk of infecting/contaminating others and the shared environment. • Discuss management with GP/clinician in charge, IPC nurse • Consider the mental and physical health and wellbeing of the individual and the level

	of supervision required
MEDIUM RISK For example, the individual requires assistance with hygiene, mobility or physical rehabilitation	No immediate risk of infecting others identified: • Standard infection control precautions are maintained • Hygiene advice is provided to individual and family/contacts as appropriate • Maintain effective environmental hygiene If unsure, contact IPCT.
LOW RISK For example, the individual is independent and self-caring	

6 Definitions

Term	Definition
MRGNB	Multi-resistant Gram-negative bacteria
Enterobacteriaceae this is a general term that encompasses several gram-negative bacteria including; Escherichia coli Klebsiella, Proteus & enterobacter	These bacteria live harmlessly in the gut of many people. They are opportunistic bacteria that can pose a problem to debilitated people, such as those who are hospitalised, immunocompromised or elderly. In general, infection with these bacteria can be avoided through the practice of good hygiene by healthcare workers and visitors to hospital; the environment should be kept clean
Acinetobacter	Acinetobacter species belong to a group of Gram-negative bacteria that are readily found throughout the environment including drinking and surface waters, soil, sewage and various types of foods. Healthy individuals are at low risk of infection by Acinetobacter species. Acinetobacter infections acquired in the community are very rare and most strains found outside hospitals are sensitive to antibiotics. A few species, particularly Acinetobacter baumannii, can cause serious infections in hospital patients who are already very unwell. These 'hospital-adapted' strains of Acinetobacter baumannii are sometimes resistant to many antibiotics and the infections that they cause can therefore be difficult to treat.
Pseudomonas aeruginosa	Pseudomonas aeruginosa is a Gram-negative bacterium often found in soil and ground water. P. aeruginosa is an opportunistic pathogen and it rarely affects healthy individuals. It can cause a wide range of infections, particularly in those with a weakened immune system e.g. cancer patients, newborns and people with severe burns, diabetes mellitus or cystic fibrosis.
Carbapenamase-producing Enterobacteriaceae (CPE)	Enterobacteriaceae are bacteria that usually live harmlessly in the gut of humans. This is called 'colonisation' (a person is said

	to be a 'carrier'). However, if the bacteria get into the wrong place, such as the bladder or bloodstream they can cause infection. Carbapenems are one of the most powerful types of antibiotics. Carbapenemases are enzymes (chemicals), made by some strains of these bacteria, which allow them to destroy carbapenem antibiotics and so the bacteria are said to be resistant to the antibiotics.
Extended Spectrum Beta-Lactamases (ESBL)	Extended Spectrum Beta-Lactamases (ESBLs) are enzymes produced by different species of gram-negative bacteria, that are mainly found naturally occurring in the human bowel. ESBLs can be resistance to a range of frequently used antibiotics including penicillin's and cephalosporins. As a result, infections caused by these bacteria can be difficult to treat.
AmpC beta-lactamases (Amp C)	Similar to ESBL but less common
Colonisation	MRGNB is present on or in the body without causing an infection.
Infection	MRGNB is present on or in the body and is multiplying causing clinical signs of infection, such as in the case of septicaemia or pneumonia, or for example in a wound causing redness, swelling, pain and or discharge.
IPC	Infection Prevention and Control
IPCN	Infection Prevention and Control Nurse
IPCT	Infection Prevention and Control Team
Patients at risk of infection from MRGNB	• Patients with underlying illness • The elderly – particularly if they have a chronic illness • Patients with open wounds • Patients with invasive devices such as a urinary catheter, gastrostomy tubes • Patients who have frequent and recurrent urinary tract infections
Routes of transmission	• Direct spread via hands of health care workers • Equipment that has not been appropriately decontaminated • Environmental contamination including inappropriately used hand hygiene sinks.

7 How this procedure will be implemented

- This procedure will be published on the Trust's intranet and external website.
- Line managers will disseminate this procedure to all Trust employees through a line management briefing.

7.1 Training needs analysis

Staff/Professional Group	Type of Training	Duration	Frequency of Training
All healthcare staff	Mand and Stat training – IPC elearning directs staff to enquire of the IPC team	Approx. 1 hour	annually

8 How the implementation of this procedure will be monitored

Auditable Standard/Key Performance Indicators		Frequency/Method/Person Responsible	Where results and any Associate Action Plan will be reported to, implemented and monitored; (this will usually be via the relevant Governance Group).
1	reviewing infections reported by nursing staff	IPC quarterly report to the IPC committee members	IPC committee
2			
3			

9 References

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Denis et al (2015) Prevalence, risk factors and impact on clinical outcome of extended-spectrum beta-lactamase-producing Escherichia coli bacteremia: a five-year study International *Journal of Infectious Diseases*

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Home - Royal Marsden Manual (rmmonline.co.uk) accessed 19 January 2023

10 Document control (external)

To be recorded on the policy register by Policy Coordinator

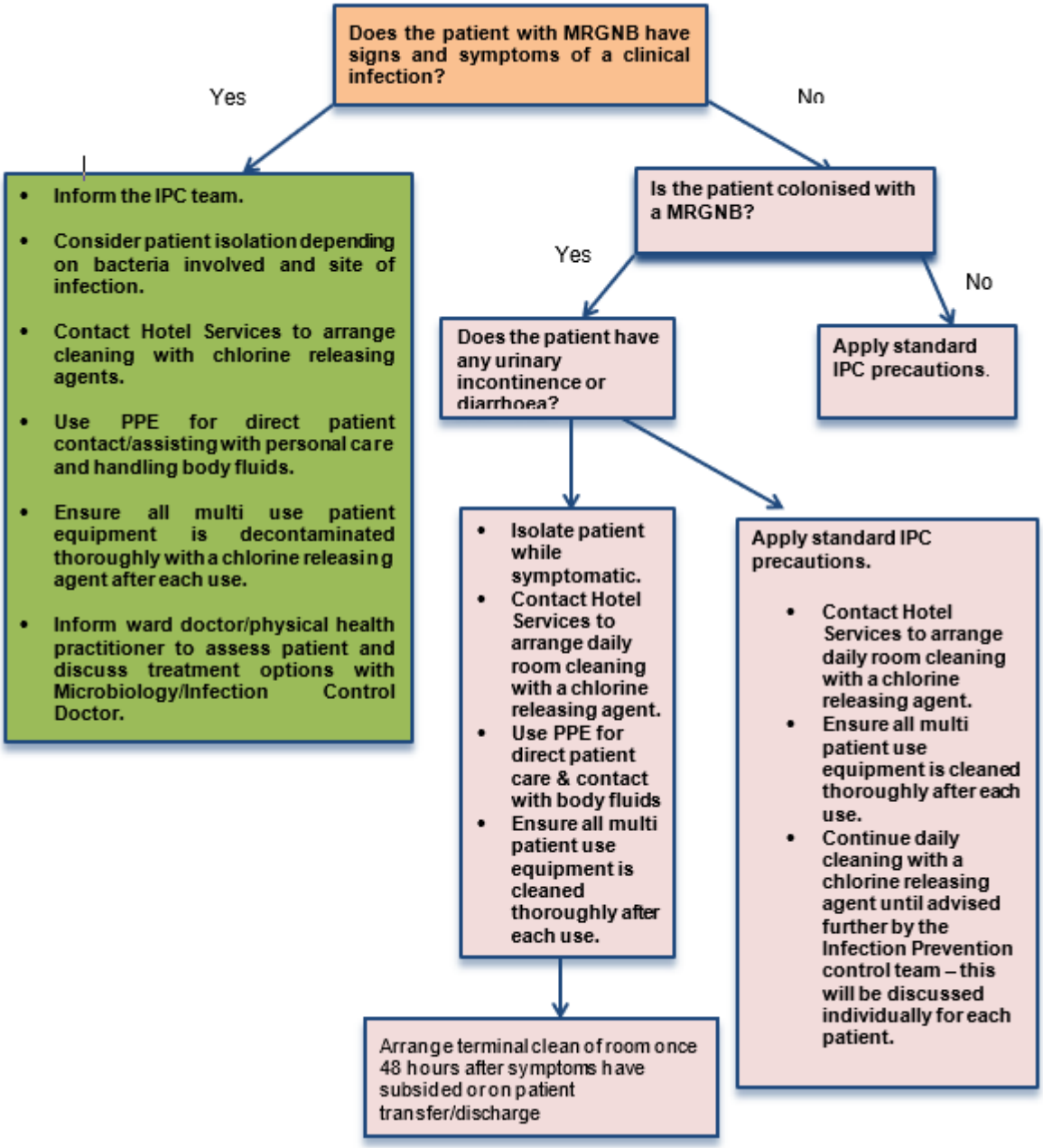
Date of approval:	15 June 2021 v1.2 19 January 2023 v1.3	
Next review date:	15 June 2024	
This document replaces:	IPC-0001-020-v1.2	
This document was approved by:	Name of committee/group	Date
	IPC Committee v1.2 IPCC (changes in principle) v1.3	15 June 2021 19 January 2023
This document was ratified by:	Name of committee/group	Date
	IPCC (actual amended document to be retrospectively approved) v1.3	20 April 2023 (pending formal retrospective approval)
An equality analysis was completed on this document on:	Yes, 16 December 2021	
Document type	Public	
FOI Clause (Private documents only)	n/a	

Change record

Version	Date	Amendment details	Status
1	May 2018	New document	Withdrawn
1.1	21 Jun 2018	Appendix 2 removed. Hyperlinks added to Multi-resistant gram-negative bacteria information leaflet	Published
1.2	June 2021 (publication delayed till Dec 2021)	References updated; Public Health England (2015) Toolkit for managing carbamenepase producing enterobacteriacea in non-acute and community settings superseded by Public Health England (2020) Framework of actions to contain carbapenemase-producing Enterobacterales. Patient screening updated in line with above PHE guidance. Transferred to new template.	Published

v1.3	19 Jan 2023	Minor changes only: Information regarding safe labelling and transportation of specimens added to section 5.8, due to withdrawal of procedure Ref IPC-0001-015 v3 for specimen collection. Links to specimen collection procedures within the Royal Marsden Online Manual added into section 5.8 Royal Marsden online added to references.	Agreed in principle at IPCC 19 Jan 2023, pending retrospective final approval at IPCC 20 April 2023

11 Appendix 1 Flowchart for the management of patients with Multi-resistant Gram-negative bacteria (MRGNB)



12 Appendix 2 - Equality Analysis Screening Form

Please note; The Equality Analysis Policy and Equality Analysis Guidance can be found on the policy pages of the intranet

Name of Service area, Directorate/Department i.e. substance misuse, corporate, finance etc.	Nursing and Governance/Infection Prevention and Control Team					
Policy (document/service) name	Multi Resistant Gram Negative Bacteria (MRGNB)					
Is the area being assessed a…	Policy/Strategy		Service/Business plan		Project	
	Procedure/Guidance			√	Code of practice	
	Other – Please state					
Geographical area covered	Trustwide					
Aims and objectives	To set standards in practice to ensure the delivery of patient care is carried out safely and effectively by the trust staff. To comply with the HCAI Code of Practice of the Health and Social Care Act 2008. To support staff in the management of patients with an identified MRGNB.					
Start date of Equality Analysis Screening (This is the date you are asked to write or review the document/service etc.)	16/11/2021					
End date of Equality Analysis Screening (This is when you have completed the equality analysis and it is ready to go to EMT to be approved)	16/11/2021					

You must contact the EDHR team if you identify a negative impact. Please contact the Equality and Diversity team.

1. Who does the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?					
The Trust, staff and patients.					
2. Will the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups below?					
Race (including Gypsy and Traveller)	No	**Disability** (includes physical, learning, mental health, sensory and medical disabilities)	No	**Sex** (Men, women and gender neutral etc.)	No
Gender reassignment (Transgender and gender identity)	No	**Sexual Orientation** (Lesbian, Gay, Bisexual and Heterosexual etc.)	No	**Age** (includes, young people, older people – people of all ages)	No
Religion or Belief (includes faith groups, atheism and philosophical belief's)	No	**Pregnancy and Maternity** (includes pregnancy, women who are breastfeeding and women on maternity leave)	No	**Marriage and Civil Partnership** (includes opposite and same sex couples who are married or civil partners)	No
Yes – Please describe anticipated negative impact/s **No** – Please describe any positive impacts/s					

3. Have you considered other sources of information such as; legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.? **If 'No', why not?**	**Yes**	√	**No**	

Sources of Information may include: • Feedback from equality bodies, Care Quality Commission, Equality and Human Rights Commission, etc. • Investigation findings • Trust Strategic Direction • Data collection/analysis • National Guidance/Reports		• Staff grievances • Media • Community Consultation/Consultation Groups • Internal Consultation • Research • Other (Please state below)

4. Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the following protected groups?: Race, Disability, Sex, Gender reassignment (Trans), Sexual Orientation (LGB), Religion or Belief, Age, Pregnancy and Maternity or Marriage and Civil Partnership

Yes – Please describe the engagement and involvement that has taken place

No – Please describe future plans that you may have to engage and involve people from different groups

Not relevant to this procedure.

5. As part of this equality analysis have any training needs/service needs been identified?					
No	Please describe the identified training needs/service needs below				
A training need has been identified for;					
Trust staff	No	Service users	No	Contractors or other outside agencies	No
Make sure that you have checked the information and that you are comfortable that additional evidence can provided if you are required to do so					
If you need further advice or information on equality analysis, the EDHR team host surgeries to support you in this process, to book on and find out more please contact the team.					

13 Appendix 3 – Approval checklist

To be completed by lead and attached to any document which guides practice when submitted to the appropriate committee/group for consideration and approval.

	Title of document being reviewed:	Yes/No/ Not applicable	Comments
1.	**Title**		
	Is the title clear and unambiguous?	Y	
	Is it clear whether the document is a guideline, policy, protocol or standard?	Y	
2.	**Rationale**		
	Are reasons for development of the document stated?	Y	
3.	**Development Process**		
	Are people involved in the development identified?	Y	
	Has relevant expertise has been sought/used?	Y	
	Is there evidence of consultation with stakeholders and users?	y	Ipc team engage with staff across the trust regarding IPC
	Have any related documents or documents that are impacted by this change been identified and updated?	Y	
4.	**Content**		
	Is the objective of the document clear?	Y	
	Is the target population clear and unambiguous?	Y	
	Are the intended outcomes described?	Y	
	Are the statements clear and unambiguous?	Y	
5.	**Evidence Base**		
	Is the type of evidence to support the document identified explicitly?	Y	
	Are key references cited?	y	
	Are supporting documents referenced?	Y	
6.	**Training**		
	Have training needs been considered?	Y	
	Are training needs included in the document?	Y	

	Title of document being reviewed:	Yes/No/ Not applicable	Comments
7.	**Implementation and monitoring**		
	Does the document identify how it will be implemented and monitored?	Y	
8.	**Equality analysis**		
	Has an equality analysis been completed for the document?	Y	
	Have Equality and Diversity reviewed and approved the equality analysis?	Y	
9.	**Approval**		
	Does the document identify which committee/group will approve it?	Y	
10.	**Publication**		
	Has the document been reviewed for harm?	Y	
	Does the document identify whether it is private or public?	y	Public
	If private, does the document identify which clause of the Freedom of Information Act 2000 applies?	n/a	