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Chief Executives  
All NHSScotland Boards

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Dear Colleague

## Healthcare Associated Infection (HCAI) and Antimicrobial Resistance (AMR) Policy Requirements

The **purpose** of this letter is to confirm the **mandatory** HCAI and AMR policy requirements that must be adopted and implemented in all NHS healthcare settings and are deemed best practice (where relevant) in all non NHS healthcare and social care settings. **This letter updates, reiterates and replaces previous guidance set out in DL (2015) 19.**

### 1. Introduction

1.1 The Scottish Government Health and Social Care Directorate (SGHSCD) remains committed to containing, reducing and preventing Healthcare Associated Infections (HCAI) and Antimicrobial Resistance (AMR) across NHSScotland and beyond in order to maintain individual safety within our healthcare settings.

1.2 Despite the progress made over recent years, reducing HCAI and containing AMR remains a constant challenge. Therefore, it is important at both a national and NHS Board level and beyond, that there is ongoing and increased monitoring for accurate, and, as far as is possible, real time assessments of current and emerging threats. In addition to this, national and local level data is essential for planning and evaluating interventions. Most importantly, the collection of surveillance data with local feedback using a quality improvement methodology is an evidenced based approach that can achieve HCAI reductions.

1.3 AMR remains a major public health and clinical issue and is a threat to health in Scotland. The scale of the threat from antimicrobial resistance and the case for action is set out in the new [UK Five year action plan 2019-2024](#) and the [UK's 20-year vision](#), published in January 2019.

## DL (2019) 23

### Addresses

#### For action

Chief Executives

#### For information

Medical Directors

SENDs

HAI Executive Leads

Infection Control

Managers

Infection Control Doctors

Infection Control Nurses

Directors of Pharmacy

Directors of Public

Health

Estate and Facilities

Leads

Health Protection

Scotland

Health Facilities

Scotland

NHS Education Scotland

Healthcare Improvement

Scotland

Care Inspectorate

Scottish Care

Infection Prevention

Society (Scottish

Branch)

Scottish Microbiology

and Virology Network

Scottish Intensive Care

Society Audit Group

Scottish Antimicrobial

Prescribing Group

Association of Scottish

Antimicrobial

Pharmacists

### Enquiries to:

[CNOD\\_Admin@gov.scot](mailto:CNOD_Admin@gov.scot)

### 1.3 continued

The SGHSCD is committed to delivering on this agenda and will continue to do so using a 'One Health' approach.

We therefore seek the support and commitment of NHSScotland staff in achieving the strategic objectives set out in the new UK Five year action plan 2019-2024 and the UK's 20-year vision to reduce the burden of infection and optimise antibiotic use.

## **2. National HCAI Surveillance Framework**

### 2.1 *Staphylococcus aureus* bacteraemia

*Staphylococcus aureus* (*S. aureus*) bacteraemia (SAB) remains an important HCAI. All NHS Boards are required to continue collecting data on both meticillin resistant *S. aureus* (MRSA) and meticillin sensitive *S. aureus* (MSSA).

It is the expectation that all NHS Boards will continue to participate in the enhanced SAB surveillance project as per the latest HPS Enhanced *S. aureus* bacteraemia surveillance protocol.

As you are aware, in October 2017, Health Protection Scotland (HPS) introduced a new format for reporting the quarterly SAB and *C. difficile* infection (CDI) epidemiological data. The Chief Nursing Officer (CNO) wrote to HAI Executive Leads and Infection Control Managers on 25 June 2019 to make them aware of the changes (see Annex).

From July 2019, NHS Boards are required to distinguish between healthcare and community associated infections when reporting, using the new denominator of 100,000 total occupied bed days to reflect the healthcare cases and 100,000 population for community cases.

HPS will continue as usual to identify and advise any NHS Boards that have produced exceptions. Please see the full [Standard Operating Procedure for Production of Quarterly Exception Reports](#).

### 2.2 Multi-drug resistant organism (MDRO) Screening

#### MRSA Screening

NHS Boards are required to continue to monitor locally, and report nationally to HPS, compliance with the Clinical Risk Assessment (CRA) as a key HCAI Level 3 Indicator as per CNO (2013) 01.

The HPS [Protocol for CRA MRSA Screening National Rollout in Scotland](#), published in November 2018, supersedes all previous versions of the national MRSA screening protocol, and represents a minimum level of screening which the SGHSCD expects NHS Boards to undertake.

## Carbapenemase-producing enterobacteriaceae (CPE) Screening

In 2013, a joint Chief Medical Officer (CMO)/Chief Nursing Officer (CNO)/Chief Pharmaceutical Officer (CPO) letter [CMO/SGHD\(2013\)14](#) described the emerging threat from CPE and the requirements for an acute hospital admission screening programme for CPE.

A further letter [DL \(2017\) 2](#) reinforcing the mandatory policy requirement for CPE screening using a clinical risk assessment based approach in NHS Boards across Scotland was issued in March 2017 and this guidance remains extant.

It is the expectation that NHS Boards will inform HPS of confirmed cases as per the current guidance and the [toolkit](#) for managing CPE in Scottish non-acute care settings and the [toolkit](#) for the early detection, management and control of CPE in Scottish acute settings.

### 2.3 *Clostridioides difficile* infection

Mandatory surveillance for *Clostridioides difficile* infection (CDI) for patients aged 15- and over remains a requirement.

It is expected that NHS Boards will continue to follow the revised national [Guidance on Prevention and Control of CDI in Health and Social Care Settings in Scotland](#) and the latest HPS [Protocol for the Scottish Surveillance Programme for Clostridium difficile Infection](#) updated in January 2017.

As outlined in paragraph 2.1, from July 2019, NHS Boards are required to distinguish between healthcare and community associated infections when reporting, using the new denominator of 100,000 total occupied bed days to reflect the healthcare cases and 100,000 population for community cases.

HPS will continue as usual to identify and advise any NHS Boards that have produced exceptions. Please see the full [Standard Operating Procedure for Production of Quarterly Exception Reports](#).

### 2.4 Hospital Level Reporting

To ensure the ability to report HCAI at the hospital level, all NHS Boards are required to submit data on CDI, *Escherichia coli* bacteraemia (ECB), SAB and surgical site infection (SSI) in Scotland as per HPS Protocols. This includes using the revised standardised denominator of 100,000 total occupied bed days for healthcare cases as set out in the CNO's letter of 25 June 2019 (see Annex).

### 2.5 *Escherichia coli* bacteraemias

In recognition of the increasing burden of *Escherichia coli* (*E. coli*) bacteraemia, national surveillance became mandatory from April 2016. NHS Boards should continue to collect data on *E. coli* as per the [HPS E.coli surveillance guidance](#).

See paragraph 2.8 below regarding proposed level 3 indicators for prescribing.

## 2.6 Antimicrobial Use

NHS Boards are required to continue to implement surveillance of antimicrobial use as described by the [Scottish Antimicrobial Prescribing Group Local Surveillance of Antimicrobial Use](#) guidance. This guidance describes the mandatory minimum dataset required of NHS Boards for the surveillance of both Primary and Secondary Care antimicrobial use.

## 2.7 HCAI standards and indicators - reductions in antibiotic use and Gram-negative Bacteraemia

HCAI standards and antibiotic use indicators have been updated to reflect levels appropriate for Scotland but which complement the UK national action plan for tackling AMR, published in January 2019.

The new standards and indicators will be reflected in Scotland's One Health Action Plan on AMR, to be published in the second half of 2020.

Boards are asked to work with their teams locally to comply with the guidance contained in the CNO's letter of 10 October 2019 (see Annex).

## 2.8 Local surveillance of Alert Organisms and Alert Conditions

To detect and prevent outbreaks, and to minimise infections resulting from healthcare settings, NHS Boards are required to implement Local Surveillance of Alert Organisms and Alert Conditions.

Local Board infection control and health protection teams should be aware of and refer to the national minimum list of alert organisms/conditions in [Appendix 13](#) of the National Infection Prevention and Control Manual (NIPCM) Guidance.

In light of the recent outbreaks of fungal and Gram-negative infections in Scotland, Boards are asked to note their particular importance within wards or departments where high risk procedures are undertaken, or where immunocompromised patients are cared for. These would include haemato-oncology units, neonatal units, intensive care units and hard organ transplant. However, other vulnerable groups would include cystic fibrosis, oncology and those undergoing renal dialysis and therefore a risk based approach should be applied.

## 2.9 Surgical Site Infection Surveillance

All NHS Boards are required to undertake surgical site infection (SSI) surveillance of hip arthroplasty (elective) large bowel, (elective) major vascular and caesarean section surgical procedures as per the [HPS Surgical site infection surveillance protocol Edition 7.1 \(Updated May 2019\)](#). In addition post discharge surveillance (PDS) for caesarean section procedures is mandatory until 10 days following surgery. For other mandatory procedures it is mandatory to conduct prospective readmission surveillance for up to 30 days following surgery.

## 2.10 HCAI in Intensive Care Units

All NHS Boards are required to continue to undertake surveillance of HCAI within Intensive Care Units as per the [HPS/SICSAG protocol](#).

## 2.11 National Point Prevalence Survey (PPS) of HCAI and Healthcare Associated Infection in Long Term Care (HALT)

To inform future national policy and provide NHS Boards with an epidemiological evidence base to set local priorities and to demonstrate NHS Healthcare Quality Strategy HCAI outcome measures, all NHS Boards are required to participate in any future PPS of HCAI and HALT.

## **3. National HCAI Guidance**

### 3.1 HCAI Compendium

The [HAI Compendium](#) contains links to current national policy and guidance on HAI, antimicrobial prescribing and resistance, decontamination and other related topics. The Compendium aims to provide NHSScotland staff with an overview of all up to date guidance from stakeholders/organisations.

The Compendium includes links to the National Infection Prevention and Control Manual (NIPCM).

Links to extant guidance are contained in this letter and Annex. Guidance is also listed on Scotland's Health On the Web (SHOW). We will clarify which documents are out of date on the website.

### 3.2 National Infection Prevention and Control Manual

All NHS Boards are required to adopt the [National Infection Prevention and Control Manual](#) (NIPCM). All non NHS healthcare settings are required to consider the NIPCM as best practice. It is expected that NHS Boards maintain local assurance of implementation through continuous monitoring in all healthcare settings.

NHS Boards are required to demonstrate that they have adopted and implemented the NIPCM through regular monitoring of IPC practice against policy using a quality improvement approach. National assurance regarding local implementation of the NIPCM is currently undertaken by Healthcare Improvement Scotland through inspections by the Healthcare Environment Inspectorate and local compliance and assurance processes are established and supported by robust governance . See also paragraph 3.4 below.

The Scottish Government is in discussion with Healthcare Improvement Scotland regarding improving the inspection process, and as a result, future inspection may be undertaken differently. Any changes to the current process will be communicated to Boards.

### 3.3 Hand Hygiene – Alcohol-Based Hand Rub (AHBR)

All NHS Boards are asked to re-emphasise the importance of hand hygiene practice in reducing the transmission of infectious agents.

[Chapter 1 of the National Infection Prevention and Control Manual \(NIPCM\)](#) specifies that ABHRs must be available for staff as near to point of care as possible. Where this is not practical, personal ABHR dispensers should be used and [CNO\(2005\)01](#) remains extant.

In accordance with the Associate Chief Nursing Officer (ACNO)'s letter of 12 June 2019 (see Annex) NHS Boards are also asked to ensure that controls are in place within all NHS Scotland hospitals to ensure that replenishment of alcohol-based hand rub dispensers in all areas happens reliably every day and that the staff involved in this activity are aware of their roles and responsibilities with regard to this.

The letter re-emphasises the importance of hand hygiene practice in reducing the transmission of infectious agents and, in particular, the importance of using ABHR as an adjunct to handwashing practice, where required.

### 3.4 Healthcare Associated Infection (HCAI) standards: February 2015

The [HCAI Standards \(2015\)](#) specify the minimum level of HCAI performance for NHS Boards and apply to all healthcare organisations and practitioners in Scotland, including independent healthcare providers. These HCAI Standards detail what patients and the public can expect of healthcare services in Scotland.

NHS Boards are required to continue to demonstrate that they have met or are working towards meeting HCAI Standards (2015) as part of their Healthcare Environment Inspections.

In 2019/20, a review of the current HCAI Standards will be undertaken in collaboration with key stakeholders.

### 3.5 The National Support Framework 2017

[The National Support Framework 2017](#) superseded the CNO HCAI Support Algorithm (2015) and is mandatory for use in all NHS Boards. The Framework is complementary to the [Healthcare Infection Incident Assessment Tool \(HIIAT\)](#) process.

The National Support Framework algorithm may be invoked by the Scottish Government HCAI/AMR Policy Unit or by a NHS Board to optimise patient safety during or following any healthcare incident/outbreak(s)/data exceedance or HEI visit/report.



### 3.6 HCAI Outbreak Reporting

A letter from the ACNO on 11 February 2019 (see Annex) on behalf of the CNO to HAI Executive Leads, copied to Chief Executive Officers and Infection Control Managers reiterated the mandatory requirements of assessment and reporting of infection incidents, outbreaks and data exceedance in both primary and secondary care settings.

The [Healthcare Infection Incident Assessment Tool \(HIIAT\)](#) should be used to assess every healthcare infection incident i.e. all outbreaks and incidents (including decontamination incidents or near misses) in any healthcare setting (that is, the NHS, independent contractors providing NHS services and private providers of healthcare as stated in [Chapter 3](#) of the National Infection Prevention and Control Manual (NIPCM).

Any incident/outbreak initially assessed HIIAT Amber or Red must be reported to Health Protection Scotland (HPS) and a Healthcare Infection, Incident and Outbreak Reporting Template (HIIORT) completed within 24 hours as stated in the NIPCM. Additional [supporting materials for Chapter 3](#) of the NIPCM are also available in the resources section.

To support current infection threat assessments and preparedness activities, and enhance the sharing of lessons learnt across healthcare settings, NHS Boards are required to report all HIIAT Green (non-Norovirus) assessed reports to HPS from April 2016 following the establishment of a national reporting system.

HIIAT Green should continue to go through the normal mandatory reporting and should be escalated for information to the HCAI/AMR Policy Unit where Boards have sought assistance from HPS.

NHS Boards are required to continue to report the number of hospital wards affected by norovirus outbreaks and the number of positive laboratory reports of norovirus in Scotland.

### 3.7 HAI-SCRIBE and Scottish Health Technical Memoranda

It is a requirement for NHS Boards to continue to adopt and implement HAI-SCRIBE when undertaking any refurbishment, new builds or remedial works within the healthcare environment. It is important to note that HAI-SCRIBE should be led by Estates/project teams with input from Infection Prevention and Control Teams and clinical teams and progress regularly reviewed throughout the lifetime of the project.

- [SHFN 30 Part A](#): Manual Information for Design Teams, Construction Teams, Estates & Facilities and Infection Prevention & Control Teams (replaces SHFN 30 Version 3); and
- [SHFN 30 Part B](#): HAI-SCRIBE Implementation strategy and assessment process (replaces HAI-SCRIBE Version 2).
- [SHFN 30: HAI-SCRIBE](#) – Question sets and checklists

Boards are asked to ensure that plant room controls set out in the Chief Executive NHSScotland's letter of 25 January 2019 (see Annex) remain in place and ventilation systems comply with [SHTM 03-01](#) Ventilation for healthcare premises Part A – Design and validation.

Following recent issues in Scotland in terms of design, planning, commissioning and ongoing planned preventative maintenance of healthcare ventilation and water systems, Boards are asked to ensure that the principles of SHTM-00 'Best practice guidance for healthcare engineering' 'are adhered to with regards their duty of care. Whilst guidance is deemed not compulsory by the Health and Safety Executive (not legally enforceable), where compliance with guidance is specified in a contract, it becomes a contractual requirement. Any permitted deviation from guidance would therefore be expected to follow a formal process with input from all relevant parties.

**It is important to note that adherence with this guidance will support reduction in all risks which would include water, ventilation, electrical, medical gases, fire and infection risks. Therefore it is vital that compliance with this guidance requires engagement with the relevant parties, but overall responsibility for compliance lies with the Project Teams.**

### 3.8 NHS Board Management of Infection Prevention and Control Services (IPCS).

One of the key recommendations arising from The Vale of Leven Hospital Inquiry Report, published on 24 November 2014, was the re-issuing of national guidance on the role of the Infection Control Manager (ICM). The guidance will be reviewed over the next year alongside the roles of other IPC team members, including Infection Control Doctors and Infection Control Nurses in collaboration with key stakeholders and professional bodies.

A letter from the CNO on 22 December 2016 (see Annex) reiterated that [HDL \(2005\) 8](#) remains extant, therefore NHS Boards should continue to comply with guidance contained in HDL (2005) 8 until the review of roles is complete and new guidance issued.

### 3.9 HCAI Reporting Template (HAIRT)

The mandatory HCAI Reporting Template (HAIRT) was introduced in 2009 as a consequence of the Vale of Level outbreak and we indicated that a full review would take place following the inquiry's final report.

Currently, as per a letter from the then Head of the HCAI Policy Unit in August 2013 (see Annex), local reporting of Board progress against the nationally agreed HCAI standards for SAB and CDI, hand hygiene compliance and facilities monitoring is undertaken via the HAIRT reporting tool. Going forward, a more quality improvement focussed approach is proposed. Therefore a short life working group will be established to co-design a reporting framework which is outcomes focussed. An update to this will be sent out in due course.



### 3.10 Communication

The ACNO's letter of 11 February 2019 (mentioned at 3.6 above) reiterated guidance on ensuring robust communication with patients and their families during [incidents and outbreaks outlined within the NIPCM](#).

The Chief Executive NHSScotland's letter of 22 February 2019 (see Annex) further stressed the importance of appropriate communication. Boards are asked to ensure that reporting and communication requirements are being met and staff, patients and families are alerted first before making any public statements.

## **4. Summary and confirmation of compliance**

We request that you immediately draw this letter to the attention of Consultant Microbiologists, HAI Executive Leads, Pharmacy Leads, Antimicrobial Management Team Leads, Infection Prevention Control Teams, Estate and Facility Leads, Directors for Public Health, Senior Charge Nurses, Clinical Governance and Risk Management committees along with relevant and appropriate non-NHS stakeholders.

We greatly appreciate your support and cooperation in ensuring that these mandatory requirements are put into effect within your NHS Board.

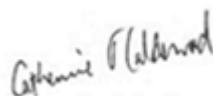
We would like to seek confirmation from Board Chief Executives that your Board is compliant with the requirements in this letter and Annex and that the staff involved are aware of their roles and responsibilities.

We should be grateful for confirmation with the requirements detailed in each paragraph to be submitted in writing to [allison.wood@gov.scot](mailto:allison.wood@gov.scot) by Friday 31 January 2020.

Yours sincerely



Fiona McQueen  
Chief Nursing Officer



Dr Catherine Calderwood  
Chief Medical Officer



Rose Marie Parr  
Chief Pharmaceutical Officer

Please consult separate word document.