# Pre-Admission MRSA Screening Policy and Procedure

**Version:** 2.1  
**Name of originator/author:** Jackie Cooke Infection Prevention and Control Coordinator  
**Sponsoring Director:** Director of Operations and clinical Practice Annie Kelly  
**Name of ratification committee:** Integrated Governance and Quality Assurance Committee  
**Date ratified:** September 2011 by sponsoring Director in line with RNHRD Policy Procedure  
**Name of approval committees & groups:** Infection Prevention and Control Committee  
**Date approved:** 14 September 2011  
**Date Procedural document becomes Live:** 14 September 2011  
**Review date:** May 2013  
**Target audience:** Clinical and Non-clinical Staff  
**Related Procedural Documents:** MRSA policy, Infection Prevention and Control Strategic Policy
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<th>Comment</th>
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<td>AP Clinical Nurse Lead – adjustment of RUH policy</td>
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<td>Infection Control Coordinator</td>
<td>Alteration of the period of time screens is required for different patient group. Clarification of the process with flowcharts.</td>
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1. Introduction:

1:1 The Aim of the Policy

The aim of this policy document is to ensure a structured and consistent approach to the delivery of MRSA screening for in-patients and day-case patients and to facilitate achievement of 100% adherence to the Department of Heath requirement at the RNHRD.

1:2 Purpose of policy

The policy sets out the requirements of MRSA screening and the process that all staff should follow for MRSA screening of inpatients and day-case patients.

1:3 Duties (Clinical and Non-Clinical)

All staff involved in the delivery of MRSA screening either directly or indirectly are required to have a working knowledge of this policy / procedure document.

1:4 Consultation and communication with stakeholders

The target population is all staff (clinical and non-clinical) and patients involved in MRSA testing for in-patients and day-case. Rationale for the policy is the Trust’s requirement to ensure 100% of patients are tested as the NHS guidance for this to occur (DH February 2009). The Director of Prevention and Control of Infections (DIPC) and Infection Prevention and Control Coordinator has developed this policy following consultation with clinicians, key stakeholders, patients and service users, through the Patient Literature and Information group.

1:5 Training

All staff must be aware of this policy and attend training as specified in the RNHRD Training Guide. It is necessity to ensure that all staff that has key roles in admission and treatment of patients is aware.

2. The Policy and Procedure

From the 31st March 2009 all patients who are admitted to NHS hospitals either as a day-case or in-patient will require MRSA screening prior to / on admission. Patients who are found to be colonised with MRSA will be treated in accordance with the MRSA policy for the Trust.

2:1. Definition of Patient Requiring MRSA Screening Prior to admission:

In-patients:

- All in-patients including those attending as in patients staying within the hospital: the Ankylosing Spondylitis course, chronic fatigue syndrome patients, chronic regional pain syndrome and ward based Pain Management patients.
- Those patients not staying within the hospital will not be included within this policy unless clinical assessment determines other wise according to risk
Day-cases:

- Drug infusions /therapy – all day case, patients on biologics
- Procedures to include Epidural injections, knee lavage, suprascapular block and hip ultrasound with injection

NB: Endoscopy are excluded nationally

### Types of In-patient Admission: Emergency, Urgent and Routine Categories for Admission

The guidance from the DH (Feb 2009) is specific in what it requires: all in-and day-case patients **MUST be screened and treated prior to admission.** The exceptions to this being if the patient is admitted for treatment as an emergency. Delaying admission to wait for the results of MRSA screening will adversely affect the clinical status of the patient and this is unacceptable for the patient.

### Emergency/Urgent Admissions

- Patients who need to have treatment or admission within 48 hours are classified as an **emergency admission.** E.g. a patient requiring a treatment urgently or admission from clinic. The patient will be swabbed in the out-patients department at the time of consultation and admitted to an appropriate room, where there is minimum risk to other patients, without waiting for the results of the screening and the completion of any necessary treatment. This ensures that a patient’s treatment is not delayed.

### Routine Admissions

- All other patients who require day-case or in-patient admission will fall into one of the 2 other categories of admission:

**Emergency /Urgent:** > 48 hours and less than 3 weeks. Patients most likely to fall into this category are those requiring non-emergency drug therapy or day-case procedures and for whom admission within this short time frame is advantageous.

**Routine:** 3 or more weeks and before 18 weeks. The vast majority of in-patients staying with the hospital (including some AS and Pain Management) will fall into this category.

For these two sets of patients the action is as follows:

- The patient will be swabbed in the assessment appointment/out-patients department at the time of consultation.
- The results of screening should be available within 5 days
- This must be checked by the bed manager and then again before admission and patients not screen must be referred back to the clinical specialist for follow up before admission for resolution.

On receipt of the results of screening:

- If the screening results are negative depending on the type of treatment to whether further swabs are required. Majority of patients (classified as high risk)
are required to have a valid screen within 3 weeks of admission/treatment. Certain groups of patients (classified as low risk) require a valid MRSA screen within 3 months of treatment.

• If the results show that the patient is colonized with MRSA a request should be made to the patient’s GP to provide treatment prior to admission
• MRSA decolonization treatment should (whenever possible) be undertaken in the period immediately before admission i.e. five days of treatment in the 5 days before admission.
• Any patient who has been screened and treated for MRSA prior to admission will be screened as stated in the MRSA policy for 3 negative screens.

Inter-hospital Transfers

• The RNHRD should insist that the patient has had a full (high risk) screening by the discharging hospital immediately prior to transfer and documentation (from them) should support this.
• If the transfer is delayed this requires a valid screen 2 weeks before admission.
• The patients who are classified as high risk should be screened in the following areas: nose, axilla, sites of indwelling devices and chronic wounds.
• If a patient has been identified by the discharging hospital as being MRSA positive and has been treated, transfer should be delayed until clear swabs are obtained whenever clinically acceptable.
• All in-patients will have a MRSA screen within 48hrs of admission.

GP referrals for admission from home

All patients will have a swab taken prior to the admission taken at the GP surgeries and results obtained. This requires a valid screen 3 weeks before admission, appropriate risk assessments to be carried out by the Matron on request from bed managers.

2:1:2 Classification of Risk.

There are certain factors that increase the risk of a person contracting MRSA. These factors include:
• have previously had MRSA
• are coming from a high risk environment (e.g. hospital or nursing home)
• patients with a chronic wound, e.g. Leg ulcers
• indwelling medical devices e.g. catheter
• being admitted as an inpatient in another hospital within the last 6 months
• drug therapy that reduces the auto-immune response.

2:2 Method of Screening for MRSA

2:2:1 Sites of testing for MRSA

• All patient to have nose screened (commonest site for MRSA).
• Patients with wounds and in-dwelling devices sites must have both nasal and axilla swabbed, as well as the wounds and in-dwelling devices sites.
• Should a patient requiring a routine admission present at out-patients with wounds/ulcers with specialized dressings; it is recommended that screening is
undertaken by the usual care givers rather than the RNHRD. A formal request must be made to the care givers to ensure this is undertaken.

**Filling Out the Forms for Admission**

- In-patients and day case admission forms have MRSA screening information of the swab taken to be completed. A pathology form requesting the relevant MRSA swab should also be completed by the referring Clinician and given to the patient to take to out-patient staff. It is essential that forms are filled in, so that the nursing staff can ensure that each patient has the necessary screening and this activity can be recorded. Results of screening for day-case patients should be actioned in the same way as for in-patients (2.3)

**2:2:2 Duration of Validity of MRSA screening and results**

- There is no national guidance on the duration of the validity of MRSA screening and the results. This is left to local interpretation.
- Locally it has been agreed that the results of MRSA screening will depend on the risk classification of each specialist group:
  - **For high risk groups** – these are the patients admitted for the inpatient service. There is a swab taken at the assessment /admission referral appointment and then repeated, if needed, to have a valid screen within 3 weeks of admission /treatment.
  - **For low risk groups** – these are the patients admitted for outpatient /day surgery. There is a swab taken at the assessment /admission referral appointment and then repeated, if needed, to have a valid screen within 3 months of admission /treatment.
- All in-patients will have a MRSA screen within 48hrs of admission.
- All day –case patients who are having regular treatment will be swabbed at every visit or within 3 months of the next treatment.

**Current screening recommendations:**

- **Cyclophosphonate** - a swab taken at the assessment/admission referral appointment and then repeated, if needed, to have a valid screen within 3 weeks of admission /treatment. All day – care patients who are having regular treatment will be swabbed at every visit or at GP to ensure valid swab within the time limit.
- **Iloprost** - a swab taken at the assessment/admission referral appointment and then repeated, if needed, to have a valid screen within 3 weeks of admission /treatment. All day – care patients who are having regular treatment will be swabbed at every visit or at GP to ensure valid swab within the time limit.
- **IV Prednisolone** - a swab taken at the assessment/admission referral appointment and then repeated, if needed, to have a valid screen within 3 weeks of admission /treatment. All day – care patients who are having regular treatment will be swabbed at every visit or at GP to ensure valid swab within the time limit.
- **Ibandronate** - a swab taken at the assessment/admission referral appointment and then repeated, if needed, to have a valid screen within 3 weeks of admission /treatment. All day – care patients who are having regular treatment will be swabbed at every visit or at GP to ensure valid swab within the time limit.
- **Zoledronic Acid** - a swab taken at the assessment/admission referral appointment and then repeated, if needed, to have a valid screen within 3 weeks of admission /treatment. (Prior to each yearly attendance)
• **Biologics (Anti-TNF)** - a swab taken at the assessment/admission referral appointment and then repeated, if needed, to have a valid screen within 3 weeks of admission /treatment. All day –care patients who are having regular treatment will be swabbed at every visit or at GP to ensure valid swab within the time limit.

### 2:3 Recording of MRSA screening and results

It is essential that all patients admitted as in-patients or as a day-case are screened, results obtained and treatment given if required. This information must be recorded for each individual patient on a single electronic patient record database. This database is Med Track (Track care) IT system. Identified staff will have access to this database and will be responsible for ensuring that their individual patients are compliant with this policy. It is essential that there is timely recording and updating of this information as screening figures need to correlate with admission figures and these are collected on a monthly basis. DOH expects **100% compliance**.

- Patient listed for in or day-case admission will be screened in out-patients and details recorded by the member of staff undertaking the testing
- Patients who require MRSA screening - and who are not screened at an out-patient clinic - can be booked into a clinic via the Out-patients Appointments office via Switch board. Details will be recorded by the member of staff undertaking the testing
- Staff with responsibility for admitting the patient must ensure that they have checked that screening has been undertaken and those results have been obtained and acted on. This must be recorded in the patients’ notes. In the unlikely case that screening has not been undertaken the clinical lead will be contacted and a clinical decision made to screen urgently and to put in place infection control strategies to admit the patient with minimum risk to the patient and other patients.

### 2.3.1 Patients without results of MRSA screening or who have tested Positive for MRSA and who have not had / completed treatment.

A minority of patients will not have received the results of their MRSA screening or may have screened positive for MRSA but have not begun or completed treatment when they are required to be admitted to hospital. Admission will not be delayed for these patients - but MRSA and isolation precautions will be employed during the admission until results are obtained and the course of action determined. The patient must be informed of their results and treatment offered see Appendix B and C.

### 2:4. Information to Patients

- Information in the clinic room, diagnostic suite and day-case unit will advise of the requirements for MRSA screening of in- and day-case patients
- RNHRD leaflets on MRSA will be available in the out-patient waiting areas, diagnostic suite and day-case unit.
- Patients who require admission will be provided with written information about MRSA screening and the procedure at the RNHRD. Access to RNHRD individualised patient information leaflets that explain what MRSA is, its’ prevalence, effects and treatment will be available on request. Contact details for further discussion is provided in the information.
Information to GPs

- Should a patient elect to go for screening at their GP surgery there is a standardised letter (Appendix A) that is given to the patient to take with him explaining the requirements.
- Patients screened at the RNHRD and be found to be positive for MRSA: a letter will be sent to the GP advising them of the positive result and requesting treatment 5 days prior to admission. A copy of this letter will be sent to the patient.
- If a GP is unable to perform a Pre-admission screen the Infection Control Coordinator should be contacted with the GP name and contact details.

3. Monitoring

Reporting of results: Information will be gathered through the Patient Electronic record. Information recorded on the number of MRSA pre-screenings and the number of in-patients/day-case patients will be collected and reported on a monthly basis. Numbers of patients screened should be the same as, or more than, the numbers of in-patients/Day-cases. Results will be reported on monthly to the Infection Prevention and Control Departmental Meeting, to the Director of Infection Prevention and Control, to the board, quarterly to the Infection Prevention and Control committee and Nationally via Secondary Users Service (SUS) Each manager will have named clinicians in their areas who are responsible for ensuring that screening is undertaken. Monitoring of the processes in this policy will be achieved through a yearly policy review/audit lead by the Director of Infection Prevention and Control. The audit will include as a minimum; the actions to be taken following the screening results, including timescales, the process for recording who is informed of the screening results, the process for recording actions. Actions will be analysed and when indicated an action plan raised which will be implemented the ICC, the audit will be reported to IGQAC who will monitor all actions to completion.

Key performance target: 100% compliance.

4. References

DH MRSA Screening Operational Guidance 2008: Gateway reference 11123
DH Screening Guidance 2009:

www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/

RNHRD Infection Prevention and Control policy for MRSA.
Appendix A: Master letter for screening to GP

Date..................

Dear General Practitioner

You may be aware that the Department of Health has requested that from March 31\textsuperscript{st} 2009 all patients are pre-screened for MRSA before they commence hospital treatment either as an inpatient or day-case. The majority of patients who attend the RNHRD as day (for drug infusions etc) or in-patients will need to be screened in accordance with this Directive, the only exception being Endoscopy patients.

Whilst it is anticipated that the majority of our patients will be screened at the RNHRD, a small minority may find it more convenient to have this undertaken at their GP surgery. Your patient has chosen to be screened at their surgery. Consequently, I am asking for your assistance in screening, to ensure that your patient will be able to receive their treatment when and as required.

Your patient will require swabs to be taken from the nose and axilla. If the patient has had MRSA previously, has wounds or sites of invasive devices (pegs, catheters etc) these areas should be swabbed. Patients found to be colonised with MRSA will require treatment in accordance with current best practice (DH MRSA Operational Guidance 2008). The RNHRD will contact your GP surgery to find out the results of the screening prior to the commencement of treatment at the RNHRD.

The RNHRD has an excellent track record in infection control and prevention and has some of the lowest rates of MRSA in the country and we really appreciate your assistance in helping us to maintain these high standards. May I take this opportunity to thank you in advance for your help in this matter.

If you would like to discuss anything further please feel free to contact me personally, or alternatively contact the Infection Prevention and Control Nurse at the RNHRD on 01225 465941.

Yours sincerely

Director of Infection Prevention and Control
Appendix B: Letter to patient following a positive result.

Date

Address of patient

Dear

Your recent swabs showed you to have MRSA.

MRSA is present in the general population and for the majority of patients does not pose any threat. However, we do need to treat you before any future admission to hospital.

We have written to your GP asking him/her to provide you with a treatment prescription.

The course of treatment must be completed in full and will last 5 days. Once you have undertaken and completed this please contact the Administrator to advise completion of treatment on 01225 473409. Instructions on re-screening and admission will be given to you at this time.

Enclosed are some leaflets about MRSA and treatment for it. However, if you do have any questions or concerns, or experience any problems obtaining your prescription, please contact your GP who will help or direct you to someone who can.

Kind regards

Sent on behalf of:

Encs
Appendix C - Letter to GP following a positive MRSA result.

Date

Address of doctor

Dear Dr

Re: Name of patient, address

    NHS number

Your patient was recently screened for MRSA and found to be positive. Prior to admission to the RNHRD we would like to ensure that he/she is treated.

To minimise inconvenience to the patient it would be helpful if you could provide the treatment prescription for your patient, details of which are enclosed with this letter. Once treatment has been undertaken the RNHRD will co-ordinate further screening of the patient.

Your patient has been advised in writing to contact the surgery for the prescription, then to contact us when treatment has finished.

If you have any questions or concerns about this patient or the process please contact the Administrator on 01225 473409 who will direct you to the most appropriate person to deal with it.

Many thanks.

Kind regards

Sent on behalf of

Enc
Appendix D

PRE-ADMISSION MRSA SCREENING

ELECTIVE PATIENTS PROCESS

DOH Pre MRSA screening for all elective patients: day patients and in-patients (except endoscopy).

- In-patients: In line with patient process-screened within 3 weeks prior to admission
- Day Cases: Screened on assessment appointment.
- Emergency/Urgent through the clinic (Treatment or admission within 48 hours)
- Routine through the clinic (most RNHRD patients)
- Routine from home through GP referral

If positive result where clinically reasonable delay transfer till treatment is given and 3 negative screens.

Results recorded on track care and checked by bed manager/specialist leaders for the groups at RNHRD

Re-screen within 48 hrs of admission all results recorded and reviewed on track care staff initiating screening have the responsibility to review and action the results.
DOH Pre MRSA screening for all emergency patients: day patients and in-patients (except endoscopy).

Inpatients admission-urgent/ emergency is within 48hours notice.

Day Cases: Emergency when urgent treatment is required within 48hours notice.

If possible ask screening still to be done at the OPD, GP /Hospital where the urgent referral is made. Checking patient's history of any previous screens taken.

Emergency/Urgent through the clinic (Treatment or admission within 48 hours)

Risk assess the patient of potential to have developed MRSA and decide whether a side room is needed

MRSa screen the patient as soon as admitted and no later then 48 hrs for in-patients. Review the results as soon as available (24hours) and action the results

Results recorded on track care and checked by bed manage / specialist leaders for the groups at RNHRD
Appendix F  Equality Impact Assessment Form

To be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

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If you have answered Yes to any of the above in question 1, please answer questions 2 - 6.

If you have answered No to all of the above in question 1, please refer to the guidelines for completing the Equality Impact Assessment form.

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When you have considered and answered questions 2 – 6 please refer to the guidelines for completing the Equality Impact Assessment Form.
Appendix G

Plan for Dissemination of Procedural Documents

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

Acknowledgement: University Hospitals of Leicester NHS Trust.

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<td>September 2011</td>
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<tr>
<td>Dissemination lead:Print name and contact details</td>
<td>Jackie Cooke</td>
</tr>
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<td>Previous document already being used?</td>
<td>No</td>
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<td>How will it be disseminated, who will do it and when?</td>
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<td>J Cooke</td>
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Dissemination Record - to be used once document is approved.

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<th>Date Disseminated</th>
<th>No. of Copies Sent</th>
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Appendix H - Checklist for the Review and Approval of Procedural Document

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

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<td>Yes</td>
<td>To ensure all staff know and follow same procedures in relation to MRSA compliance.</td>
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<td><strong>3. Development Process</strong></td>
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<td>Is there evidence of consultation with stakeholders and users?</td>
<td>Yes</td>
<td>Staff and patients have been involved in this.</td>
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<td>To ensure knowledge base on which to undertake practice.</td>
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<td>Is the target population clear and unambiguous?</td>
<td>Yes</td>
<td>All staff involved in MRSA testing, clinical and non-clinical</td>
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<td>Are the references cited in full?</td>
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<td>Are supporting documents referenced?</td>
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<td>Does the document identify which committee/group will approve it?</td>
<td>Yes</td>
<td>Infection Control</td>
</tr>
<tr>
<td>If appropriate have the joint Human Resources/staff side committee (or equivalent) approved the document?</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td><strong>7. Dissemination and Implementation</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Title of document being reviewed: MRSA Testing policy</td>
<td>Yes/No/Unsure</td>
<td>Comments</td>
</tr>
<tr>
<td>-----------------------------------------------------</td>
<td>---------------</td>
<td>----------</td>
</tr>
<tr>
<td>Is there an outline/plan to identify how this will be done?</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Does the plan include the necessary training/support to ensure compliance?</td>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>

8. Document Control

<table>
<thead>
<tr>
<th>Does the document identify where it will be held?</th>
<th>Yes</th>
<th>Mintranet</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have archiving arrangements for superseded documents been addressed?</td>
<td>Yes</td>
<td>Will be archived with other policy and procedures doc and Clinical Excellence &amp; audit guidance</td>
</tr>
</tbody>
</table>

9. Process to Monitor Compliance and Effectiveness

<table>
<thead>
<tr>
<th>Are there measurable standards or KPIs to support the monitoring of compliance with and effectiveness of the document?</th>
<th>Yes</th>
<th>Compliance measured monthly</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is there a plan to audit compliance with the document?</td>
<td>No</td>
<td>It will be reported on each month nationally &amp; so feedback will be monthly</td>
</tr>
</tbody>
</table>

10. Review Date

<table>
<thead>
<tr>
<th>Is the review date identified?</th>
<th>Yes</th>
<th>March 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is the frequency of review identified? If so is it acceptable?</td>
<td>Yes</td>
<td>Yearly, unless otherwise indicated.</td>
</tr>
</tbody>
</table>

11. Overall Responsibility for the Document

<table>
<thead>
<tr>
<th>Is it clear who will be responsible for co-ordinating the dissemination, implementation and review of the document?</th>
<th>Yes</th>
<th>Chris Washbrook, Operational Manager May 2010 Infection Control Coordinator</th>
</tr>
</thead>
</table>

Individual Approval

As author please sign to indicate that this form has been completed and is correct.

Name/role of Author | Jackie Cooke ICC | Date | 17/09/11 |
|---------------------|-----------------|------|---------|
Signature             | J.Cooke         |      |         |

Committee Approval

If the approval committee is approving this document, please sign and date

Name & Title of chair | Annie Kelly DIPC | Date | 14/09/11 |
|-----------------------|------------------|------|---------|
Signature               |                  |      |         |

Committee Ratification

If you are ratifying this document, please sign and date and forward to the author.

Name & Title of chair | Annie Kelly DIPC | Date | 14/09/11 |
|-----------------------|------------------|------|---------|
Signature               |                  |      |         |

Ratified in line with the RNHRD Procedural Document Management and Development Policy.

Acknowledgement: Cambridgeshire and Peterborough Mental Health Partnership NHS Trust