



**Infection Prevention and Control of Multi-Drug Resistant Organisms**

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<b>DOCUMENT CONTROL</b>		<b>POLICY NO.</b>	161
<b>Policy Group:</b>	Infection Prevention & Control		
<b>Lead Author:</b>	Ethan Carroll		
<b>Lead Executive:</b>	Mark Kelly, Nurse Director		
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<b>Approved by:</b>	Board Management Team	<b>Approval date:</b>	March 2026
<b>Equality Impact Assessed:</b>	Yes	<b>Equality Impact Assessment date:</b>	May 2025
<b>Data Protection Impact Assessed:</b>	Not required – March 2025	<b>Data Protection Impact Assessment Date:</b>	Not applicable

## Policy on a page

Summary & Aim	Key Requirements
<p>This policy sets out NHS Dumfries and Galloway process for the management of Multi-Drug Resistant Organisms with regard to Infection Prevention and Control.</p>	<ul style="list-style-type: none"> <li>• Describe the standard to which Multi-Drug Resistant Organisms will be managed in NHS Dumfries and Galloway.</li> <li>• Signpost staff to relevant guidance and resources.</li> <li>• Describe governance and assurance in relation to Multi-Drug Resistant Organisms.</li> </ul>
Target Audience	Previous Names
<ul style="list-style-type: none"> <li>• All NHS Dumfries and Galloway Staff</li> </ul>	<ul style="list-style-type: none"> <li>• Multi-Drug Resistant Gram Negative Organisms</li> <li>• MRSA Policy – Best Practice Guidelines</li> </ul>

<b>Equality and Diversity Statement</b>
<p>NHS Dumfries and Galloway recognise that some communities within society are more likely than others to experience discrimination, prejudice and inequalities. The Equality Act 2010 specifically recognises the protected characteristics of <b>age, disability, sex, race, religion or belief, sexual orientation, gender reassignment, pregnancy and maternity, and marriage and civil partnership</b>. The Fairer Scotland Duty, also requires NHS Dumfries and Galloway to actively consider how socio-economic disadvantage can be reduced when making strategic decisions.</p> <p>The New Armed Forces Covenant Statutory Duty places an expectation on NHS Dumfries and Galloway to consciously consider the Armed forces Covenant when developing, delivering and reviewing policies and decisions which may impact the Armed Forces community and help improve their access to public services.</p> <p>Consideration on all of the protected characteristics, the Fairer Scotland Duty and the Armed Forces Covenant are included within the Equality Impact Assessment process and documentation, which must be completed as part of the Policy Development Process.</p> <p>NHS Dumfries and Galloway is committed to promoting and advancing equality, removing and reducing discrimination and harassment and fostering good relations between people that hold a protected characteristic and those who do not. This applies both in the provision of services and as our role as a major employer. NHS Dumfries and Galloway believe that all people have the right to be treated with dignity and respect and is committed to the elimination of unfair and unlawful discrimination practice.</p>

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### 1 PURPOSE AND RATIONALE

- 1.1 **Purpose** – This policy sets out NHS Dumfries and Galloway process for the management of Multi-Drug Resistant Organisms with regard to Infection Prevention and Control.
- 1.2 **Rationale** – Infections caused by Multi-Drug Resistant Organisms are associated with increased mortality and morbidity, increased length of stay and higher healthcare costs.

This policy is required to prevent transmission of Multi-Drug Resistant Organisms and offer some impact mitigation for both the patient and the organisation.

### 2 POLICY AIMS

- 2.1 To prevent the transmission of Multi-Drug Resistant Organisms across NHS Dumfries and Galloway.
- 2.2 To ensure practice consistently parallels evidence based national guidance aiding in its application by NHS Dumfries and Galloway.
- 2.3 To ensure staff have access to appropriate up-to-date guidance.
- 2.4 To support optimal patient care.

### 3 POLICY SCOPE

- 3.1 This Infection Prevention and Control of Multi-Drug Resistant Organisms Policy applies to all NHS Dumfries and Galloway:
- (a) Staff who provide potential or actual care for patients with known or suspected Multi-Drug Resistant Organism colonisation and/ or infection.
  - (b) Clinical areas where individuals with known or suspected Multi-Drug Resistant Organism colonisation and/or infection potentially or actually attend.

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### 4 DEFINITIONS

- 4.1 **Multi-Drug Resistant Organism:** Organisms which have developed, through various mechanisms, resistance to multiple antimicrobials.
- 4.2 **Infection Prevention and Control:** A practical evidence-based approach preventing patients and healthcare workers from being harmed by avoidable infections.
- 4.3 **Infection:** A host immunological response with the causative agent being microbiological in nature.
- 4.4 **Colonisation:** The establishment, and potential proliferation, of microorganisms on (or in) a host which does not cause immunological response or does cause immunological response which remains sub-clinical.
- 4.5 **Transmission:** The process of passing a microorganism from one person or place to another.
- 4.6 **Screening:** A process of methodical assessment and investigation to identify and quantify risk.
- 4.7 **Clinical area:** A predetermined space (i.e. room, department, building, etc.) designed for healthcare delivery or where healthcare is transiently provided by a healthcare professional.
- 4.8 **Staff:** Any individual engaged in work for NHS Dumfries and Galloway whether on a permanent, locum, temporary or bank contract.
- 4.9 **Donning:** To put on and use Personal Protective Equipment properly to achieve the intended protection and minimise exposure risk.
- 4.10 **Doffing:** Removing Personal Protective Equipment in a way that avoids self-contamination.
- 4.11 **Transmission Based Precautions:** A set of infection control measures utilised when known or suspected communicable infection/ colonisation.
- 4.12 **Parent team:** The healthcare team, inclusive of Physicians, Nurses and Allied Health Professionals etc., responsible for a patient's care at any given moment (e.g. General Practice, Respiratory Medicine, Palliative Care, District Nursing, etc.).
- 4.13 **Personal Protective Equipment:** Clothing and equipment worn or used to provide protection against biological, chemical and environmental hazards.
- 4.14 **Patient:** An individual who is in receipt of healthcare from a healthcare professional.

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- 4.15 **Clinical Notes:** Clinical notes are detailed, written or electronic records documenting a patient's medical or psychological assessment, diagnosis, treatment, and progress, serving as a comprehensive and confidential record for healthcare professionals.
- 4.16 **Standard Infection Control Precautions:** The basic infection prevention and control measures necessary to reduce the risk of transmission of infectious agent from both recognised and unrecognised sources of infection.
- 4.17 **Decontamination:** The neutralization or removal of microorganisms, particularly those with pathogenic potential.
- 4.18 **Domestic Waste:** Non-contaminated general waste. Examples of such include; packaging from food, and medical equipment, spent paper towel, etc.
- 4.19 **Clinical Waste:** Potentially infected items. Examples of such include; Spent PPE, soiled nappies, soiled incontinence pads, soiled dressings, etc.
- 4.20 **Transfer:** The movement of a patient from one place to another.
- 4.21 **Uniform:** Uniform is the provision of recognised clothing dependent on role undertaken, and encompasses the requirement for Personal Protective equipment and representation of the organisation.

## 5 DUTIES/ RESPONSIBILITIES

- 5.1 **Chief Executive:**  
Responsible for Board compliance with all NHS Dumfries and Galloway Policies and Procedures.
- 5.2 **Deputy Nurse Director (Hospital Acquired Infection Lead):**  
Responsible for initiating the review/ development of this Policy. Where appropriate, will oversee and support the development/ review.
- 5.3 **Infection Control Committee:**  
The Infection Control Committee will be responsible for overseeing the monitoring of this Policy as the Approving Group.
- 5.4 **Corporate Business Support Team:**  
Ensure this policy is in line with the Policy Management Policy.
- 5.5 **Lead Policy Author:**  
Responsible for reviewing, developing and consulting on this policy in accordance with the principles of this Policy.

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### 5.6 **Consultation Group:**

This group is made of impacted stakeholders and stakeholders with the relevant expertise who will be responsible for scrutinising this policy to ensure that it is fit for use and providing the Lead Policy Author with feedback.

### 5.7 **Infection Prevention and Control Manager:**

Will feedback progress, concerns and issues in relation to this policy to the Infection Control Committee.

### 5.8 **Infection Prevention and Control Doctor:**

The Infection Control Doctor will, where appropriate, provide clinical guidance and/ or leadership.

### 5.9 **Infection Prevention and Control Nurses:**

Support staff in the application of this policy and monitor/ feedback policy compliance as appropriate to the Infection Prevention and Control Manager.

### 5.10 **General Managers**

Ensure that staff are aware of, and understand their responsibilities under this Policy.

### 5.11 **Staff:**

All staff are responsible for checking that their practice complies with the current approved Policies.

## 6 **PROCESS/ PROCEDURES**

### 6.1 **Screening (Clinical Risk Assessment and Sampling)**

6.1.1 Screening is not applicable for all Multi-Drug Resistant Organisms.

6.1.2 Multi-Drug Resistant Organisms may be identified as a coincidental finding of microbiological testing which has not been indicated by predetermined clinical risk assessment for Multi-Drug Resistant Organisms.

6.1.3 Screening is informed by risk factors which indicate potential Multi-Drug Resistant Organism colonisation, such as;

- epidemiology of specific drug resistance patterns
- patient specific exposure risk
- patient previous known Multi-Drug Resistant Organism

6.1.4 The "[Multi-Drug Resistant Organisms Transmissibility Risk Assessment, Sampling and Decolonisation](#)" document offers guidance as to; for whom screening is indicated, for which organism screening is indicated, assessment of risk and subsequent management/ actions.

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### 6.2 Hand Hygiene

- 6.2.1 All Staff will practice effective hand hygiene at the [WHO “5 Moments for Hand Hygiene”](#), as well as, when indicated in donning/ doffing process or generally when practicing good personal hygiene.
- 6.2.2 Correct technique and product will be utilised as indicated by the [National Infection Prevention & Control Manual: 1.2 Hand Hygiene](#).
- 6.2.3 All Staff will support and promote the same effective hand hygiene practices for patients and visitors.

### 6.3 Patient Placement

- 6.3.1 Optimally, patients identified as posing a risk of Multi-Drug Resistant Organism transmission will be managed in a single occupancy room with en-suite.
- 6.3.2 When conflicting requirement for use of single occupancy accommodation, the “[Considerations in Prioritisation of Patient Single Room Isolation](#)” guidance document may support prioritisation of single occupancy resource.
- 6.3.3 Patients parent team will identify the appropriate Transmission Based Precautions for the known or suspected Multi-Drug Resistant Organisms as per the [National Infection Prevention & Control Manual: A-Z Pathogens](#); Transmission Based Precautions will be applied as per the [National Infection Prevention & Control Manual: Chapter 2 - Transmission Based Precautions \(TBPs\)](#).
  - (a) Place in single occupancy room with en-suite (or dedicated commode).
  - (b) Affix the appropriate national resource Transmission Based Precautions poster to the door (Either by non adhesive means or by mounting putty (e.g. Blu Tack™)).
  - (c) Room door will be kept closed; If this cannot be achieved, risk of door being open should be assessed against risk of door being closed and a decision formally documented in clinical notes.

### 6.4 Cleaning and Decontamination

- 6.4.1 Roles and responsibilities regarding decontamination of the care equipment and the environment are outlined in the [NHS Dumfries and Galloway Cleaning Matrix](#) (access on board intranet).
- 6.4.2 Decontamination will be performed with 1,000 parts per million available chlorine (ppm av. cl.). If contamination with blood and/or body fluids refer to [National Infection Prevention & Control Manual: Appendix 9](#).

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- 6.4.3 Staff will:
1. Perform hand hygiene.
  2. Don apron and gloves (Visor if concern of splash).
  3. Remove visible soiling using disposable detergent wipes and discard of the spent wipes into clinical waste stream.
  4. Following manufacturer's instructions for dilution, application and contact time of Chlorine Releasing Agent; Carry out cleaning (*If equipment, clean from the top or furthest point.*)
  5. Discard of the spent disposable cloth into clinical waste stream.
  6. Appropriately store equipment.
  7. Doff apron and gloves (Visor if concern of splash).
  8. Perform hand hygiene.
- 6.4.4 Single use, single patient use and reusable invasive equipment will be managed in line with manufacturers' guidance.
- 6.4.5 Non-invasive reusable equipment will be allocated to the individual who is known or suspected of Multi-Drug Resistant Organisms colonisation; if non-invasive reusable equipment cannot be allocated to an individual it will be decontaminated as per [National Infection Prevention & Control Manual: Appendix 7](#).
- 6.4.6 The healthcare environment will be kept visibly clean and in a good state of repair.
- 6.4.7 Environmental decontamination will be performed to the [NHSScotland national cleaning services specification \(SHFN 01-02\) | National Services Scotland](#).
- 6.4.8 Patient accommodation occupied by an individual who is known or suspected of Multi-Drug Resistant Organism colonisation will receive a daily "Isolation Clean" as per [NHSScotland national cleaning services specification \(SHFN 01-02\) | National Services Scotland](#).
- 6.4.9 On discharge of individual who is known or suspected of Multi-Drug Resistant Organism colonisation the previously occupied accommodation will receive a "Terminal Clean" as per [NHSScotland national cleaning services specification \(SHFN 01-02\) | National Services Scotland](#) before the space can be utilised again.
- 6.4.10 After transient occupation of a space for procedure (e.g. a clinic room for lumbar puncture, renal unit bedspace for dialysis, CT for imaging, etc.) the space should receive a "Terminal Clean" as per [NHSScotland national cleaning services specification \(SHFN 01-02\) | National Services Scotland](#) before the space can be utilised again. This does not apply to liminal spaces and waiting rooms which will be managed as normal.

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- 6.4.11 Adjunct cleaning with [Airborne Hydrogen Peroxide](#) will be utilised when an Multi-Drug Resistant Organism has epidemiological or clinical significance (i.e. Carbapenemase-Producing Enterobacterales).

Infection Prevention and Control Team will advise when required and support in facilitating this. It will be the responsibility of the directorate caring for the patient to finance this adjunct cleaning and inform the Infection Prevention and Control Team of any planned discharge or transfer at the earliest opportunity.

### 6.5 Waste

- 6.5.1 Domestic waste (“Black Stream”) will be managed as clinical waste (“Orange Stream”).
- 6.5.2 There will be no change to other waste streams.

### 6.6 Linen

- 6.6.1 Linen of the individual who is known or suspected of Multi-Drug Resistant Organism colonisation will be managed as infectious; described in the [National Infection Prevention & Control Manual: Chapter 1 - Standard Infection Control Precautions \(SICPs\)](#).
- 6.6.2 Spent operational linen of the individual who is known or suspected of Multi-Drug Resistant Organism colonisation will be:
- (a) Placed directly into a water-soluble/ alginate bag and secured, then placed into a clear plastic bag and secured before placing into a “red stream” laundry bag/ receptacle.
  - (b) Tagged with ward/ care area and dated to ensure laundry bag/ receptacle traceability.
  - (c) Stored in a designated, safe, lockable area whilst awaiting uplift.
  - (d) Uplifted with sufficient frequency to mitigate build-up of linen bag/ receptacles.
- 6.6.3 Spent linen belonging to the individual who is known or suspected of Multi-Drug Resistant Organism colonisation will be will be:
- (a) Placed directly into a semi water-soluble/ alginate “patient clothing” bag and secured with an alginate tie.
  - (b) Stored in the patient’s own room ready for uplift by patient nominee.
  - (c) If patient, or patient nominee, is to manage laundry at home they will be provided with [patient information leaflet on washing patient laundry at home \(Print Version\)](#).
- 6.6.4 Staff will escalate to the Infection Prevention and Control Team if soiled laundry being stored for uplift is preventing safe clinical practice or environmental decontamination.

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### 6.7 Patient Transfer

- 6.7.1 Movement of the individual who is known or suspected of Multi-Drug Resistant Organism colonisation should only occur when there is a clinical need to do so.
- 6.7.2 The discharging area will ensure that receiving area have been made aware of an individual's Multi-Drug Resistant Organism colonisation status and any precautions currently in place prior to transfer.
- 6.7.3 The receiving area must be allowed to prepare for safe receipt of the individual who is known or suspected of Multi-Drug Resistant Organism colonisation and will collaborate with the discharging area to facilitate transfer without undue delay.
- 6.7.4 Where possible, the discharging and receiving areas will coordinate transfer of the individual who is known or suspected of Multi-Drug Resistant Organism colonisation to incorporate any required investigations as part of the patient movement.
- 6.7.5 The individual who is known or suspected of Multi-Drug Resistant Organism colonisation will be transferred without unplanned layover unless required by patient deterioration.
- 6.7.6 Personal protective equipment recommended during patient transfer, as indicated by Transmission Based Precautions, is set out in the table below.

Contact	Droplet	Airborne
<ul style="list-style-type: none"><li>• Disposable plastic apron if uniform contamination anticipated.</li><li>• Disposable gloves if exposure to blood, body fluids and/ or hazardous chemicals anticipated.</li></ul>	<ul style="list-style-type: none"><li>• Patient should wear Fluid Resistant Surgical Mask if willing to do so.</li></ul> <p><b>OR, healthcare staff will wear;</b></p> <ul style="list-style-type: none"><li>• Disposable plastic apron if uniform contamination anticipated.</li><li>• Disposable fluid resistant surgical mask.</li><li>• Disposable full face visor</li><li>• Disposable gloves if exposure to blood, body fluids and/or hazardous chemicals anticipated.</li></ul>	<ul style="list-style-type: none"><li>• Where practicable, Transfer of the patient who is producing aerosols will be avoided.</li><li>• Healthcare staff should seek the advice of the IPC support prior to any essential movement</li></ul>

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### 6.8 Contacts

6.8.1 Assessing an individual, post exposure event, with a view to determining the likelihood of colonisation is complex and will require consultation with an Infection Prevention and Control specialist.

6.8.2 Assessment requires consideration as to:

- Exposed individual: The susceptibility of a host can be affected by the immune status of the host and presence/absence of invasive medical devices. The behaviour/ habits of an individual can also influence potential for colonisation (e.g. personal hygiene practices, hand washing practices, cognitive capacity, etc.)
- Nature of exposure: Mechanism of exposure (e.g. spat on, placed in contaminated room, care provided with contaminated equipment) and duration of exposure are factors which will influence likelihood of colonisation. Mitigating factors will also contribute to potential risk such as environmental design (e.g. ventilation design, bed-spacing), area cleaning practices and staff practices.
- Organism: The epidemiology of the organism is which suspected as exposed will inform assessment (e.g. likelihood of environmental persistence, mode of transmission, potential portal of exit, etc.)

6.8.3 Microbiological testing cannot provide definitive evidence that a colonisation is not present but may support in the assessment of risk. A Microbiology or Infection Prevention and Control Specialist will advise when microbiological testing is indicated to support decision making regarding colonisation status of contacts of a Multi-Drug Resistant Organisms.

6.8.4 An individual who is identified as having a probable colonisation, post exposure event, will be managed as any other known or suspected Multi-Drug Resistant Organism.

### 6.9 Staff Carriage

6.9.1 Evidence would indicate that [healthcare staff do not carry significantly higher levels of Multi-Drug Resistant Organism colonisation and that the role healthcare worker Multi-Drug Resistant Organism colonisation in nosocomial transmission is minor.](#)

6.9.2 Staff will apply [National Infection Prevention & Control Manual: Chapter 1 - Standard Infection Control Precautions \(SICPs\)](#) to prevent nosocomial transmission by staff carriage.

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### 6.10 Control of Antibiotic Use

6.10.1 Staff will utilise empirical antibiotic guidance as made available by the antimicrobial team ([NHS Dumfries & Galloway Antimicrobial Handbook | Right Decisions](#)).

### 6.11 Decolonisation

6.11.1 NHS Dumfries and Galloway only offer decolonisation for Methicillin Resistant Staphylococcus Aureus.

6.11.2 The “Multi-Drug Resistant Organism Transmissibility Risk Assessment, Sampling and Decolonisation” document offers guidance as to; for whom screening is indicated, for which organism screening is indicated, assessment of risk and subsequent management/ actions.

### 6.12 Education

6.12.1 The Duty Infection Prevention and Control Nurse will offer (or remotely support) patient education and be available to answer questions, as to Multi-Drug Resistant Organisms, on:

- (a) aetiology and epidemiology
- (b) relevance to current admission
- (c) interventions to control transmission in hospital
- (d) advice for IPC at home

6.12.2 The Duty Infection Prevention and Control Nurse will visit Dumfries and Galloway Royal Infirmary inpatients who are found by surveillance, or reported, as having a new or previously colonised Multi-Drug Resistant Organisms within 48hr of the Infection Prevention and Control Team being notified.

6.12.3 In the event that an inpatient, of any NHS Dumfries and Galloway site other than Dumfries and Galloway Royal Infirmary, is found by surveillance, or reported, as having a new or previously colonised Multi-Drug Resistant Organism, the Duty Infection Prevention and Control Nurse will remotely support the parent team in provision of education; the Infection Prevention and Control Team will endeavour to visit at the earliest opportunity.

6.12.4 The Individual who is known or suspected of Multi-Drug Resistant Organism colonisation will be offered an education leaflet relating to their known or suspected colonisation in print form and/or as an online resource.

6.12.5 Area leads, and individual professionals, have a responsibility to recognise where training and education is required to meet the needs of the patient and organisation.

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- 6.12.6 The Infection Prevention and Control Team will support in tailored staff education when it is requested or recognised as required.
- 6.12.7 The Infection Prevention and Control Team will offer ward based tailored education if an area has an inpatient with Multi-Drug Resistant Organism or it is noted that staff practice in relation to Multi-Drug Resistant Organisms is non-compliant.

### 6.13 Care of the Deceased

- 6.13.1 Standard Infection Control Precautions and Transmission Based Precautions should be applied in care after death if the deceased individual is suspected or known to be colonised or infected by an infectious agent/ disease ([Infection Prevention and Control during care of the deceased: literature review](#)).
- 6.13.2 All healthcare workers will follow the Health and Safety Executive publication "[Managing infection risks when handling the deceased](#)".
- 6.13.3 Efforts will be made to meet the spiritual care needs of those with Multi-Drug Resistant Organism colonisation as in those without such a colonisation.
- 6.13.4 Contact Transmission Based Precautions, as described in section "6.7 Patient Transfer", will be utilised unless otherwise indicated.

### 6.14 Surveillance

- 6.14.1 The Infection Prevention and Control Team will utilise software based surveillance system to identify Multi-Drug Resistant Organisms reported by NHS Dumfries and Galloway laboratory services also correlating with bed data to recognise resistance patterns and trends of concern.
- 6.14.2 Resistance patterns of concern and conditions of concern will be dictated, at minimum, by [National Infection Prevention & Control Manual: Appendix13 - NHSScotland Minimum Alert Organism/Condition List](#).
- 6.14.3 The Infection Prevention and Control Team will contribute to "[National Multi-Drug Resistant Organism HAI Admission Screening Uptake Monitoring](#)" of both Methicillin Resistant Staphylococcus Aureus and Carbapenemase-Producing Enterobacterales.
- 6.14.4 Monitoring of AmpC beta-lactamase producing bacteria will be reported to the ICC by the Infection Prevention and Control Team; quarterly prevalence of Enterobacterales which demonstrate both Cefotaxime and Cefoxitin resistance, but which do not meet the definition of Extended-Spectrum Beta-Lactamase and/ or Carbapenemase-Producing Enterobacterales, will be stratified by requesting site (Dumfries and Galloway Royal Infirmary, Galloway Community Hospital and Community).

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### 6.15 Communication

6.15.1 A robust system communicating information to the Infection Prevention and Control Team is multi-faceted in sources; the Infection Prevention and Control Team will be made aware of resistance patterns and trends of concern and/or individuals who are known or suspected of Multi-Drug Resistant Organism colonisation by:

- (a) Patients parent team
- (b) IPC software based surveillance system
- (c) NHS Dumfries and Galloway laboratory staff and laboratory software based reporting systems
- (d) Bed management and electronic case note software
- (e) Notification by another health board

6.15.2 A robust system communicating an individual's previous Multi-Drug Resistant Organism colonisation to appropriate stakeholders is multi-faceted involving; the Infection Prevention and Control Team, parent team and NHS Dumfries and Galloway laboratory staff.

6.15.3 Communicating an individual's previous Multi-Drug Resistant Organism colonisation to appropriate stakeholders will be achieved by;

- (a) Verbal and/ or written information provided to the patient.
- (b) Notifying clinical team responsible for the patient.
- (c) Notifying other health board (if inter-hospital transfer).
- (d) Applying electronic "Tag" to bed management and electronic case note software.
- (e) Written communication in physical case notes, handover documents and discharge letters.

### 6.16 Outbreaks and Incidents

6.16.1 Outbreaks and incidents relating to Multi-Drug Resistant Organisms will be managed as per [National Infection Prevention & Control Manual: Chapter 3 - Healthcare Infection Incidents, Outbreaks and Data Exceedance](#); the Infection Prevention and Control Team will lead a multi-disciplinary team approach to problem assessment and incident management which is reported to the ARHA via an outbreak reporting process.

### 7 CONSULTATION

7.1 Consultation on the Policy Management Policy was led by the Lead Author and Executive Director and included:

- Data Protection and Confidentiality Lead
- Equality and Diversity Lead
- Assistant General Manager Galloway Community Hospital
- Nursing Lead
- Midwifery Lead
- Community Lead
- Allied Health Professional Lead
- Mental Health Lead
- Support Services Manager
- Associate Medical Director
- Risk Manager
- Staff Side Representative
- Board Management Team
- Infection Prevention and Control Doctor/ Microbiology Consultant
- Infection Control Manager
- Infectious Diseases Consultant
- Infection Control Committee
- Area Nursing and Midwifery Committee
- Board Management Team
- Area Partnership Forum
- Health and Social Care Leadership Group

### 8 TRAINING AND SUPPORT

8.1 There are no specific training requirements associated with the implementation of this document. Anybody who requires assistance with the processes set out in this Policy can contact the Infection Prevention and Control Team for support.

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### 9 MONITORING

9.1 The monitoring arrangements for this Policy are set out in the table below.

Element to be monitored	Monitoring Methodology	Reporting		
		Presented by	Committee	Frequency
Compliance with screening	Infection Prevention and Control scheduled inspections	Infection Prevention and Control Team	Clinical Governance meeting Acute and Diagnostics	3monthly
			Departmental Leads	On completion of inspection.
	National Multi-Drug Resistant Organism HAI Admission Screening Uptake Monitoring	Infection Prevention and Control Team	ARHAI Scotland	3monthly
Compliance with Infection Prevention and Control Standard Infection Control Precaution	Infection Prevention and Control scheduled inspections	Infection Prevention and Control Team	Clinical Governance meeting Acute and Diagnostics	3monthly
			Departmental Leads	On completion of inspection.
	Departmental Infection Prevention and Control self-audit program	Infection Prevention and Control Team	Clinical Governance meeting Acute and Diagnostics	3monthly
			Departmental Leads	Monthly
	Support Services scheduled inspections	Support Services Team	Infection Control Committee	2monthly
			Departmental Leads	On completion of inspection.

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Title: Infection Prevention and Control of Multi-Drug Resistant Organisms

Date: March 2026

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Lead Author: Ethan Carroll

The only current version of this policy is on the intranet

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Element to be monitored	Monitoring Methodology	Reporting		
		Presented by	Committee	Frequency
Compliance with Transmission Based Precautions	Infection Prevention and Control scheduled inspections	Infection Prevention and Control Team	Clinical Governance meeting Acute and Diagnostics	3monthly
			Departmental Leads	On completion of inspection.
Board prevalence of Multi-Drug Resistant Organisms	Infection Prevention and Control Audit and Surveillance strategy.	Infection Prevention and Control Team	Infection Control Committee	2monthly

### 10 EQUALITY IMPACT ASSESSMENT

- 10.1 NHS Dumfries and Galloway is committed to the principles of equality and diversity and recognises the Protected Characteristics as defined by the Equality Act 2010 as follows: age; disability; gender; race; religion/ belief; and sexual orientation; gender reassignment; marriage and civil partnership; and pregnancy and maternity. Any requirements will be highlighted within the risk assessment process.
- 10.2 This policy has been equality and diversity impact assessed.

### 11 DATA PROTECTION AND CONFIDENTIALITY IMPACT ASSESSMENT

- 11.1 A Data Protection Impact Assessment is not indicated as a legal requirement at the time of developing this policy.

## BOARD PUBLIC

### 12 DOCUMENT CONTROL SHEET

#### 12.1 Document Amendment History

Version	Section(s)	Reason for update

#### 12.2 Distribution

Name	Responsibility	Version number

#### 12.3 Associated documents

#### 12.4 Action Plan for Implementation

Action	Lead Officer	Timeframe