



**Community Infection Prevention and Control
Policy for Care Home settings**

**Antimicrobial
stewardship**

ANTIMICROBIAL STEWARDSHIP

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1. Introduction

Antimicrobial resistance (AMR) is a significant, and growing, and a threat to public health in the UK and around the world. AMR has been identified as one of the most pressing global challenges this century. In 2019, there were 4.95 million deaths associated with bacterial AMR across 204 countries, and 1.27 million of those were directly attributed, leading the World Health Organisation (WHO) to declare it one of the top 10 global public health threats.

Estimates predict a three-fold rise in global antibiotic consumption by 2030, but no new class of antibiotics has been discovered and made available since the 1980s. The COVID-19 global pandemic also brings AMR into sharper focus. While COVID-19 is a virus, and so antibiotics are not effective against it, people can develop secondary bacterial infections requiring treatment.

GPs are the first point of contact and manage the vast majority of patients with infection and infectious disease including those residents in care homes. Primary care is also responsible for around 75% of all health service antibiotic use. Despite encouraging recent reductions in primary care prescribing, GPs and nurses continue to overuse antibiotics, with up to 50% regarded as inappropriate.

The reasons are complex and include:

- Patient and relatives expectations
- Prescribing due to uncertainty in a clinical diagnosis
- A lack of evidence regarding how to protect patients from acquiring antibiotic resistant infections

2. Antimicrobial stewardship

Antibiotics are key to modern medicine and treatment. However, an increasing number of common infections are becoming resistant to the drugs designed to treat them. This is called antimicrobial resistance (AMR).

Antimicrobial stewardship (AMS) is part of the fight against AMR. The purpose of AMS is to ensure 'the right antibiotic for the right patient, at the right time, with the right dose, and the right route, causing the least harm to the patient and future patients'. AMS includes improving prescribing of antibiotics and raising public awareness of AMR.

3. What is antimicrobial resistance?

AMR occurs when the microorganisms which cause disease (including bacteria, and viruses) are no longer affected by antimicrobial medicines such as antibiotics, antivirals, antifungals, that are used to kill them, prevent and treat the disease.

While resistance is a natural occurrence from a healthcare perspective, it is accelerated by:

- Inappropriate use of antimicrobial drugs
- Poor infection prevention and control practices
- A lack of new antimicrobial drugs being developed

4. How important is it that we tackle resistance?

We rely on antibiotics, antivirals, antifungals, to treat the microorganisms that cause many common diseases, such as tuberculosis (TB), urinary tract infections, chest infections, bloodstream infections and food poisoning. These microorganisms, however, can already resist a wide range of antimicrobial medicines.

There are few replacement antibiotics or alternative products in development, and even fewer which target specific super resistant bacterium, virus, or other microorganisms. This is partly due to how new drug development is funded.

As resistance continues to increase, more people will suffer for longer as infections become more difficult to treat, resulting in longer hospital admissions, routine surgical procedures becoming more dangerous to perform, and higher death rates. The impact of AMR, therefore, has a detrimental effect on the working of modern medicine and will affect everyone.

5. What is needed to tackle resistance?

- Early prevention of infections, always use 'Standard infection control precautions' (SICPs) when providing care for residents.
- Timely, accurate diagnosis of residents when they develop symptoms. It is essential that dipsticking of urine is not undertaken to diagnose a urinary tract infection (UTI) in those over 65 years or those with a urinary catheter.
- Appropriate prescribing and use of antimicrobials only when there are clinical signs of an infection, e.g. UTI, for which antibiotics are the most appropriate treatment.
- Effective management of infections ensuring residents receive their treatment

on time, complete the prescribed course and ensure the resident is able to take the treatment via the route prescribed.

6. Infection Prevention and Control resources, education and training

The Community Infection Prevention and Control (IPC) Team have produced a wide range of innovative educational and IPC resources designed to assist your Care Home in achieving compliance with the *Health and Social Care Act 2008: code of practice on the prevention and control of infections and related resources* and CQC registration requirements.

These resources are either free to download from the website or available at a minimal cost covering administration and printing:

- 30 IPC Policy documents for Care Home settings
- Preventing Infection Workbook: Guidance for Care Homes
- IPC CQC inspection preparation Pack for Care Homes
- IPC audit tools, posters, leaflets and factsheets
- IPC Bulletin for Care Homes

In addition, we hold IPC educational training events in North Yorkshire.

Further information on these high quality evidence-based resources is available at www.infectionpreventioncontrol.co.uk.

7. References

Department of Health and Social Care (Updated December 2022) *Health and Social Care Act 2008: code of practice on the prevention and control of infections and related guidance*

[NHS England » Antimicrobial resistance \(AMR\)](#)

World Health Organisation [Antimicrobial resistance \(who.int\)](https://www.who.int) [Accessed March 2023]