Alder Hey Children's NHS
NHS Foundation Trust

Reference Number: FOIAH2425/494
From: Other

Date: 28 November 2024

Subject: Coagulase-Negative Staphylococci Data in ICU

Q1 Number of blood cultures taken from patients in intensive care units in your Trust that grew coagulase-negative staphylococci (including coagulase-negative staphylococci that were identified to species level) from January 2023 to December 2024.

A1 Jan 2023 to Oct 2024 - 570
November to December not yet available

Q2 Please confirm whether in your Trust antimicrobial susceptibility testing data is routinely available for all coagulase-negative staphylococcal blood culture isolates or only for those deemed to be a cause of infection.

A2 Available for all

Q3 If antimicrobial susceptibility testing data is available for all coagulase-negative staphylococcal blood culture isolates, please indicate how far back in time and for what time period is the antimicrobial susceptibility testing data available.

A3 Indefinitely on LIMS

Q4 Please confirm the antimicrobial susceptibility testing method used in your Trust, e.g. disc diffusion, Vitek 2, and whether EUCAST or CLSI interpretative criteria are used.

A4 EUCAST

Q5 Please confirm whether coagulase-negative staphylococcal blood culture isolates in your Trust are routinely retained in the laboratory, e.g. on beads or on slopes.

A5 Beads

Q6 If yes to Question 5, indicate how far back in time and for what time period coagulase-negative staphylococcal blood culture isolates are available. Please indicate if only select isolates are available, for example, those considered to be a cause of bloodstream infection.

A6 1 year

Q7 Does your Trust use whole-body skin bacterial decontamination for all or selected patients?

A7 Only selected patients.

Q8 With respect to whole-body skin decontamination, please confirm to which hospital patient groups this is administered, e.g. all admissions, only high-impact acute specialities, only MRSA-positive patient. Please provide the relevant Trust policy/guideline.

A8 Only selected patients- MRSA- positive patients and certain surgical specialties (Cardiac and Neuro)
See attached - *MRSA Eradication and Treatment Guidelines* and *PGD Octenisan and Mupirocin Decolonisation (unsigned).*

Alder Hey Children's NHS Foundation Trust

ERADICATION AND TREATMENT OF MRSA (*Methicillin-resistant Staphylococcus aureus*)

When treating MRSA infections discuss choice of oral antibiotics with Infectious diseases/Microbiology (ID/M) when MRSA sensitivities are available.

Prior to starting treatment, the following should be replaced (if possible): PEG tube, NG tube, tracheostomy, endo-tracheal tube, urinary catheter.

CAUTION: Rifampicin interacts with many drugs, always check concurrent medication for interactions. If rifampicin is contra-indicated consult ID/M for advice.

See Appendix 1 for appropriate use of Octenisan.

1. COLONISATION OF NOSE, AXILLA, PERINEUM/GROIN

ANTIBIOTIC THERAPY	DURATION	ROUTE	NOTES
Mupiricin 2% nasal ointment three times daily	5 days	Topical	
Octenisan washes daily (include hair on day 2 and 4)			

2. COLONISATION OF OTHER SITES

ANTIBIOTIC THERAPY	DURATION	ROUTE	NOTES
Mupiricin 2% nasal ointment three times daily	5 days	Topical	
Octenisan washes daily (include hair on day 2 and 4)			
Oral antibiotic therapy may be considered in these cases, consult ID/M before starting: Rifampicin PLUS co-trimoxazole	10 days	Oral	Rifampicin = 10mg/kg (max 600mg) twice daily Co-trimoxazole = Under 6 weeks: Contact ID/M 6 weeks – 12 years: 24mg/kg twice daily Over 12 years (and over 40kg): 960mg twice daily Contact pharmacy in renal or hepatic impairment.
IF PEG or tracheostomy sites have been colonised with MRSA, add: Octenisan wound gel daily to PEG or tracheostomy site	5 days	Topical	

3. INVASIVE MRSA INFECTION (NOT BACTERAEMIA)

ANTIBIOTIC THERAPY	DURATION	ROUTE	NOTES
Mupiricin 2% nasal ointment three times daily	5 days	Topical	
Octenisan washes daily (include hair on day 2 and 4)			
Systemic antibiotics – Discuss with ID/M	Discuss with ID/M	Discuss ID/M	

4. MRSA BACTERAEMIA			
ANTIBIOTIC THERAPY	**DURATION**	**ROUTE**	**NOTES**
Mupiricin 2% nasal ointment three times daily	5 days	Topical	
Octenisan washes daily (include hair on day 2 and 4)			
Vancomycin (refer to vancomycin prescribing guidelines)	Discuss with ID/M	IV	Discuss choice of antibiotics with ID/M when sensitivities are available
Rifampicin	10 days	Oral	10mg/kg (max 600mg) twice daily Contact pharmacy if renal or hepatic impairment.

Alternative options for nasal treatment

If mupirocin 2% nasal ointment is not available or suitable:

- Naseptin nasal cream four times daily for 10 days (note: this contains arachis (peanut) oil)
- If patient has a peanut allergy: Octenisan Nasal Gel twice daily for 5 days or Prontoderm Nasal Gel three times daily for 5 days (note: these are medical devices)

Alternative options for washes

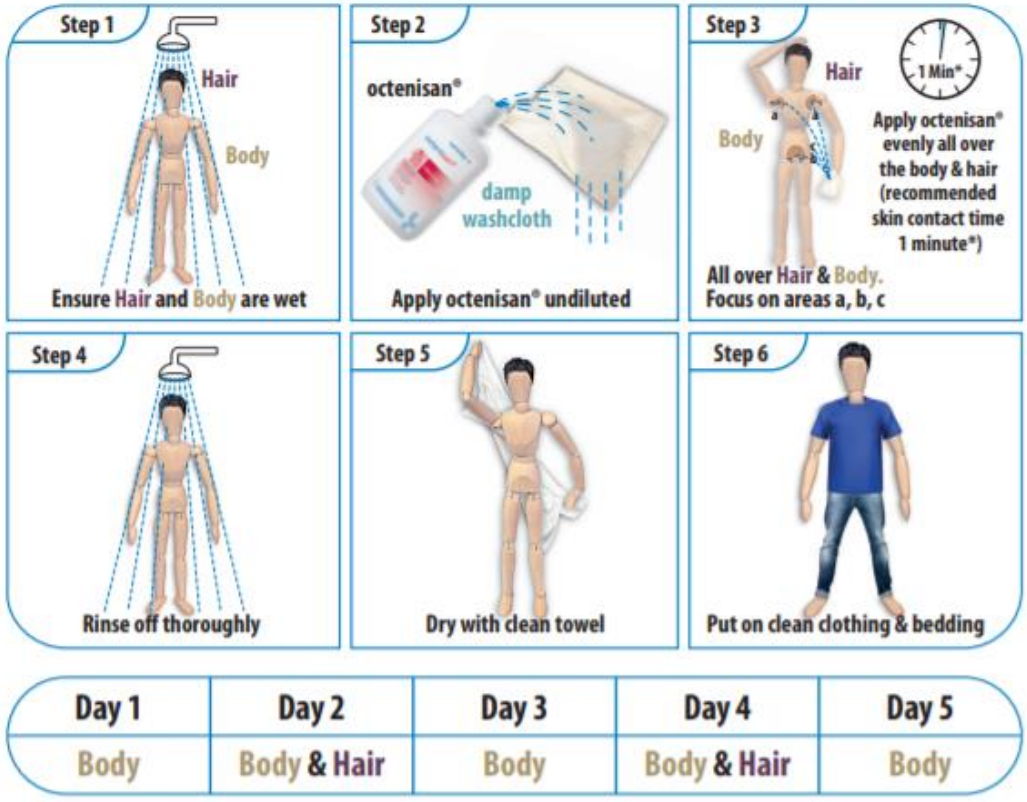
If Octenisan is not available or suitable:

- Oilatum Plus Bath Oil
- Dermol 600 Bath Additive

APPENDIX 1: OCTENISAN WASH PROTOCOL

schülke -

octenisan® 5 day antimicrobial wash protocol



Day 1	Day 2	Day 3	Day 4	Day 5
Body	Body & Hair	Body	Body & Hair	Body

*tested according to EN12054

MRSA Eradication and Treatment Guidelines	
Version:	4
Ratified by:	Medicines Management and Optimisation Committee (MMOC)
Date ratified:	26th January 2022
Name of originator/author:	A Taylor (Antimicrobial Pharmacist)
Name of responsible group:	Antimicrobial Stewardship Group (ASG)
Date issued:	11th January 2022
Review date:	11th January 2025

Version Control Table				
Version	Date	Author(s)	Status	Comment(s)
4	Jan 22	A Taylor	Current	
3	May 18	A Taylor	Archived	
2	Sep 11	D Sharpe	Archived	
1	Dec 09	D Sharpe (then Antibiotic Pharmacist)	Archived	

Review and Revision(s) Log *Record of revision(s) made to guidelines since Version 1*			
Section Number	Page Number	Revision(s) made	Reason for revision(s)
All		Formatting changes	So that this can be added to empirical guidelines when update completed
	2	Addition of wash alternatives	Following recent shortage of oilatum plus
Appendix 1	3	Addition of protocol	
V3	1, 2	3rd indication amended, alternative options to nasal treatment added and references updated.	

This Patient Group Direction (PGD) must only be used by registered health professionals who have been named and authorised by their organisation to practice under it. The most recent and in date final signed version of the PGD should be used.

Patient Group Direction

for the supply and/or administration of

Octenisan Wash Lotion or Oilatum Plus
and
Mupirocin Nasal Ointment 2%

by registered Nurses/Healthcare professionals for

pre & post operative decolonisation
in preparation for a neurosurgical or craniofacial procedures

within Alder Hey Children's NHS Foundation Trust

Version number: 1

Change History		
Version number	Change details	Date
1		May 2022

PGD development

Name	Job title and organisation	Signature	Date
Lead author	Dawn Hennigan, Advanced Nurse Practitioner Neurosurgery, Alder Hey Children's NHS FT		5.7.22
Lead doctor (or dentist)	Benedetta Pettorini, Consultant Neurosurgeon, Alder Hey Children's NHS FT		24/05/2022
Lead pharmacist	Andrea Gill, Interim Lead Pharmacist Medication Safety and Governance, Alder Hey Children's NHS FT		24.5.22
Representative of other professional group using PGD	Dawn Hennigan		5.7.22

PGD authorisation

Name	Job title and organisation	Signature	Date
Senior doctor (or dentist)	Alfie Bass, Medical Director, Alder Hey Children's NHS FT		15.11.22
Senior pharmacist	Mo Azar Chief Pharmacist, Alder Hey Children's NHS FT		24.5.22
Senior representative of professional group using PGD	Nathan Askew Chief Nurse, Alder Hey Children's NHS FT		4.11.22

Training and competency of registered Nurses and HCPs

	Requirements of registered health professionals working under the PGD
Qualifications and professional registration	Registered nurse with current NMC registration Registered Health Care Professional with current registration with their professional body and authorised through legislation to work under PGDs
Initial training	Generic PGD training session Training on use of topical decolonisation prior to neurosurgical or craniofacial procedures
Competency assessment	Generic PGD competency assessment only
Ongoing training and competency	Competency evidence and annual PDR

Patient Group Direction

Octenisan Wash Lotion and Mupirocin Nasal Ointment 2%

STAFF CHARACTERISTICS	
	• Registered Children's Nurse with a current NMC registration or Registered Healthcare Professional (authorised within legislation to work under PGD) with current registration with their professional body AND • Has undertaken appropriate training for working in accordance with a Patient Group Direction and is familiar with the NICE competency framework (February 2014) • Has undertaken appropriate training to assess the patient and the requirement for administration or supply of **Preoperative decolonisation** according to the indications listed in this Direction • Has been assessed as competent to administer and supply **Octenisan and mupirocin** **YOU MUST BE AUTHORISED BY NAME UNDER THE CURRENT VERSION OF THIS AUTHORISATION BEFORE YOU ATTEMPT TO USE IT.**
Continuing education and training	• The healthcare worker should be aware of any changes to the recommendations for the medication listed. Registered practitioners have an individual responsibility to keep up to date through continuing professional development. • Registered practitioners must be familiar with relevant information within the current BNF/BNF for Children.

CLINICAL DETAILS	
Indication	To reduce the skin and nasal mucosa carriage of bacteria including staphylococcus aureus, MRSA, VRE & ESBL in preoperative neurosurgical and craniofacial patients undergoing any surgical procedure where a skin incision or puncture will be made.
Inclusion criteria	• Patients requiring pre-operative administration of decolonisation as part of the neurosurgical/craniofacial pathway to include night before and day of surgery. • Patients requiring 5 days of treatment preoperatively following a positive pre-admission surveillance screening swab for either MSSA or MRSA. • Suitable for all skin types and all ages

Exclusion criteria	• Known hypersensitivity to Octenisan or mupirocin • Patients who have received multiple courses of treatment in the past which have not resulted in eradication (see screening guidelines) • Eczema – use Oilatum plus as an alternative preoperative wash
Cautions (including any relevant action to be taken)	
Management of excluded patients	• Refer patient to a doctor or other authorised prescriber. • Document action taken in patient's records.
Action for patients not wishing to receive care under this authorisation	• Refer patient to a doctor or other authorised prescriber. • Document action taken in patient's records.

MEDICATION DETAILS			
Name **Form** **Strength**	Octenisan Wash Lotion	Mupirocin Nasal Ointment 2%	Oilatum Plus Bath Additive
Legal classification/Black triangle status▼	Octenisan Wash Lotion- GSL Octenisan Plus - GSL Mupirocin Nasal Ointment 2% - POM		
Indicate any off-label use (if relevant)	Use of Octenisan for patients below 3 years of age is off-label Use of Oilatum Plus for babies less than 6 months is off-label NICE guideline [MPG2] section 1.1.7 allows use of off-label drugs in PGD if use is clearly justified by best clinical practice		
Precautions for handling/use/ storage	Store at room temperature Keep out of reach and sight of children		
Route/method of administration	Topical/Nasal		
Dosage and frequency	**<u>Pre-operative administration</u>:** **Octenisan Wash Lotion or Oilatum Plus**– wash the night before and day of surgery (within 3 hours of surgery or as near as is possible to time of surgery) **Mupirocin Nasal Ointment 2%** – Apply to anterior nares on the morning, lunchtime and teatime on day before surgery and morning of surgery **<u>5 days of treatment in those found at preoperative screening to be positive for MSSA/MRSA</u>** **Octenisan Wash Lotion or Oilatum Plus** – use to wash all body once daily for 5 complete days – use to wash hair on days 2 and 5 **Mupirocin Nasal Ointment 2%** – Apply to anterior nares 3 times daily for 5 days		
Duration of treatment	Between 1 or up to 5 days maximum treatment dependant on pathway and microbiology swab results		
Maximum or minimum treatment period	Up to 5 days maximum treatment		
Quantity to administer/supply	One original pack of each product		

Cautions	**Octenisan Wash Lotion** Do not exceed the stated dose. For external use only – do not swallow Do not apply if allergic to one of the ingredients is known or suspected Do not use Octenisan in combination with anionic surfactants Do not use Octenisan in combination with products containing PVP-iodine Avoid contact with eyes Mild irritation may occur: stop using if becomes severe Do not mix with soaps or ointments, oils, enzymes etc Do not use after expiry **Oilatum Plus** Oilatum Plus contains benzalkonium chloride and Lanolin which may cause local skin reactions Keep out of reach and sight of children. If irritation or rash occurs when the product is used in the correct dilution, use should be discontinued. If the undiluted product comes into contact with the eye, reddening may occur. The patient should be advised to perform eye irrigation for 15 minutes. If there is persistent irritation the patient should be advised to contact a doctor. Avoid contact of the undiluted product with the eyes and skin. If undiluted product is applied directly to the skin, it may cause application site skin irritation and hypersensitivity reactions including skin exfoliation, pain, blister, caustic injury and necrosis. The patient should be advised to contact a doctor. The patient should be advised to use care to avoid slipping in the bath. Instruct patients not to smoke or go near naked flames – risk of severe burns. Fabric (clothing, bedding, dressings etc) that has been in contact with this product burns more easily and is a serious fire hazard. Washing clothing and bedding may reduce product build-up but not totally remove it. **Mupirocin Nasal Ointment 2%** Avoid using mupirocin in moderate to severe renal impairment when absorption of large quantities may occur (contains polyethylene glycol which is extracted renally).
Side effects	Side effects are rare for these products. Use the Yellow Card System to report adverse drug reactions directly to the Commission for Human Medicines (CHM)/Medicines and Healthcare Regulatory Authority (MHRA). Yellow Cards and guidance on use are available at the back of the BNF/BNF-C or on-line at http://yellowcard.mhra.gov.uk/

Advice to patients/written information to be given to patient/carer/follow up advice to be given to patient/carer	• Explain treatment, course of action and **inform the parents that there is an information leaflet inside the pack**. • A small amount of the Mupirocin ointment about the size of a match head is placed on the little finger and applied to the inside of each nostril. The nostrils are closed by pressing the sides of the nose together; this will spread the ointment throughout the nares. A cotton bud may be used instead of the little finger for the application in particular to infants or patients who are very ill.

RECORDS AND FOLLOW UP	
Referral arrangements	Contact anaesthetist, surgeon or medical doctor looking after the child. Otherwise contact GP.
Record and audit trail	Record the following information in the Medical notes on Meditech • Patients name, hospital number and consent given • Diagnosis • Product provided and recommended dose • Signature and name of staff who supplied the medicine
Follow up	If follow up is required, patient can be referred to their GP practice nurse or A&E.
References/resources	Octenisan product summary sheet, application flyer and safety data sheet. https://www.schuelke.com/gb-en/products/octenisan-wash-lotion.php Accessed 12/8/21 Oilatum Plus SPC Oilatum Plus - Summary of Product Characteristics (SmPC) - (emc) (medicines.org.uk) Accessed 15.5.22 Mupirocin Summary of Product Characteristics https://www.medicines.org.uk/emc/product/1155/smpc#gref Accessed 25/8/21 Alder Hey MRSA Eradication and Treatment Guidelines 2018 https://alderheynhsuk.sharepoint.com/:w:/r/sites/ClinicalGuidancePortal/_layouts/15/Doc.aspx?sourcedoc=%7B49314C75-D3E8-4BB0-B463-1D9EAE9ED44D%7D&file=MRSA%20Eradication%20and%20Treatment%20Guidelines.doc&action=default&mobileredirect=true&DefaultItemOpen=1 Surgical site infection: prevention and treatment. NICE guideline [NG125] August 2020 https://www.nice.org.uk/guidance/ng125 Accessed 25/8/21 Patient Group Directions. Medicines Practice Guideline [MPG2] NICE 2017 https://www.nice.org.uk/guidance/mpg2 Accessed 25/8/21

INDIVIDUAL AUTHORISATION

I have read and understood the contents of this Patient Group Direction and agree to administer this medication only in accordance with this authorisation. AUTHORISATIONS DO NOT REMOVE INHERENT PROFESSIONAL OBLIGATIONS OR ACCOUNTABILITY.

It is the responsibility of each professional to practice only within the bounds of their own competence.

Note to Authorising Managers: Authorised staff should be provided with an individual copy the clinical content of the Authorisation for Treatment and a photocopy of the authorisation sheet showing their authorisation.

Name of healthcare worker	Signature	Authorising manager	Date