

Antimicrobial Stewardship Policy

This *Antimicrobial Stewardship Policy* is an example of policy that might be used in an Australian Aged Care Home. It is intended as a guide only and modifications may be required to ensure that these recommendations are suitable for your Aged Care Home.

For further information, suggestions or comments, please contact: enquiries@ncas-australia.org

Antimicrobial Stewardship Policy

Purpose and scope:

The purpose of the Antimicrobial Stewardship policy is to promote optimal management of antimicrobials in order to maximise the effectiveness of treatment and minimise potential for harm (including drug resistance and toxicity).

Principles of antimicrobial management:

- Decisions about antimicrobial prescribing should be based on careful clinical assessment, ensuring that the benefits of antimicrobial use are always weighed against the potential for harm.
- Decisions regarding the prescribing of antimicrobials should be based on the best available evidence. National guidelines such as the Therapeutic Guidelines: Antibiotic should form the basis of prescribing recommendations, with adjustment for individual resident factors (allergies, comorbidities).
- Documentation for all antimicrobial prescriptions should be clear to enable effective communication between all staff members.
- Residents should always receive clear information about their clinical condition and treatment in a form they can understand.
- Regular review and refinement of the antimicrobial therapy should occur based on the resident's clinical progress (improvement or deterioration) and available clinical information (investigation results).

Policy:

1. Management will ensure an effective program to prevent and control infections is implemented, thereby minimising the need for antimicrobial use. This may include elements such as vaccination, hand hygiene, etc.
2. Management will ensure that all clinical staff are informed about the importance of safe antimicrobial use. Resources to raise awareness should be available (e.g., posters, pamphlets) for staff, residents and families.
3. Management will ensure that clinical staff are educated about the recognition of signs and symptoms of infection and know how to escalate concerns to medical carers in a timely way.
4. Management will ensure that staff know how to access individuals with antimicrobial prescribing expertise (e.g., pharmacist or general practitioner) to discuss concerns about medication.
5. Management will ensure that all clinical staff can access current endorsed national guidelines on antimicrobial prescribing.
6. Management will ensure that mechanisms are in place to enable staff to access antimicrobials in a timely way for patients with acute infections.
7. Management will ensure a system is in place that enables diagnostic test results to be reviewed in a timely way.
8. Management will require that if an antimicrobial is prescribed all key prescribing elements are clearly documented to facilitate good communication.
9. Management will require that if an antimicrobial is prescribed, the resident should be clinically assessed by the prescriber within a reasonable timeframe e.g., 48 hours.
10. Management will require all new antimicrobial prescriptions to have a clear treatment plan (especially after seven days) and all prolonged (long-term) antimicrobial prescriptions to be reviewed at least half yearly to determine if ongoing use is still appropriate.
11. Management will ensure a resident with a suspected infection, and/or their carer, receives information on their health condition and treatment options in a format and language that they can understand.
12. Management will specify a person who is responsible for leading and co-ordinating AMS initiatives.
13. The nominated AMS person has the authority to review all procedures and guidelines that contain recommendations for the use of antimicrobials to ensure that the advice is evidence-based where possible and concordant with AMS principles.
14. The nominated AMS person has the authority to lead at least annual audits of infections and antimicrobial prescribing practices.
15. The nominated AMS person is expected to provide reports to management and clinicians where relevant regarding prescribing safety and quality.