National Institute for Health and Clinical Excellence

Infection Prevention and Control: scope consultation

Scope Consultation Table

25 November 2009 – 23 December 2009

Type	Stakeholder	Order No	Section No	Comments Please insert each new comment in a new row.	Developer's Response Please respond to each comment
SH	3M Health Care	1	4.3.1	The majority of a community nurses patient contact time is spent in caring for wounds. Other than hand hygiene there is no clinical issue included in the Draft Scope that supports wound care practice. This is a key area of practice and an opportunity will be missed to make this document relevant to practice if its not addressed via this guideline. Recommend a section on aseptic technique in the home care setting.	Thank you for your comment. Asepsis has now been included as a clinical area in the guideline. However, wound care is outside the remit of this guideline. Community nurses' time spent caring for a patient's wound is not spent caring for healthcare associated infected wounds, but wounds resulting from the patient's own co-morbidity. You may want to consider suggesting a new topic to NICE for guideline development on wound care. There is a page on the NICE website to do this electronically.
SH	3M Health Care	2	4.2	Not clear if community hospitals are included in the scope.	Community hospitals are included in the scope. Section 4.2 (b) states 'community care settings'.
SH	BD Medical	1	4.3.1 d)	What is best practice when managing venous-access devices?	Thank you for your comment. We agree this is confusing. We have clarified this

Type	Stakeholder	Order No	Section No	Comments Please insert each new comment in a new row.	Developer's Response Please respond to each comment
				Guidelines would be beneficial if they included details of using pre-filled flushing to assist in the maintenance of Vascular access devices as evidence (Worthington, Calop, Metz) suggests there are clinical and economic benefits over manual flushing.	section in the scope. Pre-filled flushing was included as a clinical area in the previous infection control guideline. This guideline will only be updating certain priority clinical areas where there have been changes in infection prevention and control practices and we don't feel that this is a priority area to update. The new guideline will however incorporate recommendations from the previous guideline in clinical areas not listed in the scope to form one guideline.
SH	BD Medical	2	4.3.1 d)	Less preparation time enables cost reduction by optimal IV care, significantly reducing the risk of catheter damage due to lower syringe pressure during flushing and offers standardisation of clinical flushing practice, time can be reallocated to patient care, aligning with Productive Ward initiative.	Thank you for your comment. Pre-filled flushing was included as a clinical area in the previous infection control guideline. This guideline will only be updating certain priority clinical areas where there have been changes in infection prevention and control practices and we don't feel that this is a priority area to update. The new guideline will however incorporate recommendations from the previous guideline in clinical areas not listed in the scope to form one guideline.
SH	BD Medical	3	4.3.1 d)	Clinical benefits of using a pre-filled saline syringe; • Reduction of medication errors when a flush	Using pre-filled saline syringes was included as a clinical area in the

Type	Stakeholder	Order No	Section No	Comments Please insert each new comment in a new row.	Developer's Response Please respond to each comment
				administration is delivered standardising saline flushing Clinical practice therefore improving patient care, and reducing overall costs	previous infection control guideline. This guideline will only be updating certain priority clinical areas where there have been changes in infection prevention and control practices and we don't feel that this is a priority area to update. The new guideline will however incorporate recommendations from the previous guideline in clinical areas not listed in the scope to form one guideline.
SH	BD Medical	4	4.3.1 d)	Eliminates the need for individual components for the preparation of a manual flush, there are an estimated 50 - 75M Flushes per annum in acute care alone.	Thank you for your comment. However, this guideline is for primary and community care. This guideline will only be updating certain priority clinical areas where there have been changes in infection prevention and control practices and we don't feel that this is a priority area to update. The new guideline will however incorporate recommendations from the previous guideline in clinical areas not listed in the scope to form one guideline.
SH	CIOSPCT	1	General	We have found bacteraemia associated with chronic wounds particularly those with shared care It would be useful if this was included not only surgical site infections.	Thank you for your comment. We will not be covering wound care in this guideline but you may consider suggesting a new topic for a guideline to NICE via their website. Surgical site infection is covered by the remit of another clinical guideline

Type	Stakeholder	Order No	Section No	Comments Please insert each new comment in a new row.	Developer's Response Please respond to each comment
					published by NICE. For further information on the surgical site infection guideline see http://guidance.nice.org.uk/CG74
SH	Department of Health	1	General	The Department of Health has no substantive comments to make, regarding this consultation.	Thank you for your comment.
SH	Dermal Laboratories	1	4.3.1 a)	Hand Hygiene – Measures should be taken to protect the skin integrity of the hands of Healthcare Workers. This should encourage compliance with hand hygiene regimes by reducing the risk of irritant dermatitis developing.	The skin integrity of hands of healthcare workers was included as a clinical area in the previous infection control guideline. This guideline will only be updating clinical areas where there have been changes in infection prevention and control practices and therefore this area was not prioritised for review. It will incorporate recommendations from the previous guideline in clinical areas not listed in the scope to form one guideline.
SH	Hampshire partnership NHS foundation trust	1	3.2 b)	Query of term "rapid transfer"	The rapid transfer of patients refers to the quick turnover of patients in acute care settings being transferred to the community to complete their care. This has now been made clearer in the scope.
SH	Hampshire partnership NHS foundation trust	2	3.2 d) bullet point 4	We would welcome the inclusion of wound infections associated with self harm being included	Thank you for your comment. However, we do not agree. Wound infections associated with self harm are not a healthcare associated infection.

Type	Stakeholder	Order No	Section No	Comments Please insert each new comment in a new row.	Developer's Response Please respond to each comment
SH	Hampshire partnership NHS foundation trust	3	4.1.1 a)	This is an excellent point that needs to retain its explicit nature in the final guideline	Thank you for your comment. We are pleased you agree with this point.
SH	Hampshire partnership NHS foundation trust	4	4.3.1 b)	Please define what constitutes LONG TERM as 2 weeks could be long enough for these problems to develop	Thank you for your comment. The official definition of long term urinary catheters is one left in situ for 28 days or longer. This has now been made clearer in the scope.
SH	HCAI SURF(Service Users Research Forum)	1	General	SURF welcomes the update to the guidance. However members hope that the updated guidance will focus more on patient centred care and improving patients' quality of life. There is little mention of this within the scope.	Thank you or your comment. We agree that this is a primary focus of the guideline. We have amended a number of sections of the scope to address this.
SH	HCAI SURF(Service Users Research Forum)	2	3.2 and 4.3.1	SURF agrees with 3.2 in general. . However it is essential that risks to family members who may be carers are also acknowledged. We also note there is little in the scope or recommendations in current CG2 on:- • respiratory infections associated with artificial ventilation of the patient A number of adults and children use ventilators in the community including many of those with high level spinal cord injury. Respiratory infection in these people causes morbidity and is a major cause of death. Guidance on preventing and treating ventilator associated respiratory infection in the primary care setting is needed. • wound infections associated with surgery 3.2 recognises the rapid transfer of patients from hospital to the community. as well as the increasing number of complex	Thank you for your comment. We agree and have amended the scope to acknowledge the risk to family members. We also acknowledge the risk of home ventilation related infection and the problems associated with wounds. However, these areas are outside the remit of this guideline. You may consider suggesting new topics to NICE for a guideline via their website on wound care and/or respiratory infections associated with artificial ventilation as separate clinical guideline topics.

Type	Stakeholder	Order No	Section No	Comments Please insert each new comment in a new row.	Developer's Response Please respond to each comment
				procedures performed in primary and community care. This could lead to increased risk of patients acquiring a wound infection in this setting yet the scope nor the existing CG2 deal with this important area.	
SH	HCAI SURF(Service Users Research Forum)	3	3.2 f)	SURF are concerned that not all sections of the existing CG2 are to be updated. Very little of the current guidance takes account of the needs of patients and their carers. Many have long term conditions and should have personal care plans in place by 2010. Many sections appear out of date with current practice of care closer to he patient's home.	Thank you for your comment. The needs of patients' and their families or carers will be considered at every stage of the guideline development process. We will update the areas included in the scope and consider the changes in current practice as we make our recommendations. We do not think that all areas of the previous guideline need updating and have prioritised those that we think do from stakeholder feedback.
SH	HCAI SURF(Service Users Research Forum)	4	4.1.1 b)	SURF are surprised that the scope does not recognise any equality issues as NICE have an equality policy and scheme in place. Most people with long term conditions will be covered by the Disability Discrimination Act and as a public body NICE has to comply with the Disability Equality Duty. The need to promote equality of opportunity between disabled persons and other persons is based on recognition that disabled people should have full opportunities and choices to improve the quality of their lives and be respected and included as members of society. There is a duty to actively promote equality. The current CG2. recommendations do not recognise the requirement to meet the lifestyle as well as the medical	Thank you for your helpful comment. Equality issues are considered at every stage of the guideline development process. We agree that this was not clear in the draft scope and this has now been made clearer.

Type	Stakeholder	Order No	Section No	Comments Please insert each new comment in a new row.	Developer's Response Please respond to each comment
				needs of a user nor their disabilities or impairments.. Choice of an intermittent urinary catheter can make the difference to whether a disabled person is left housebound dependent on others and unable to participate in society or is able to self-care and/or live independently, despite numerous impairments, in all lifestyle settings. The Equality Duty reflects the social model of disability which takes the approach of focusing on structures and the barriers that disabled people experience. Communication barriers including language need to be addressed as healthcare workers will need to understand the guideline and be able to communicate effectively with all patients and carers including those with learning disabilities or whose first language is not English. There are other equality issues. The guidance is to cover both children and adults. The needs of young children, adolescents, people of working age and older people may be very different There are also likely to be differences between males and females. This is especially likely when looking at urinary tract infections in those who use catheters. The needs of those from different ethnic backgrounds must also be considered when drawing up recommendations.	
SH	HCAI SURF(Service Users Research Forum)	5	4.2	There is some ambiguity in healthcare settings covered. SURF hope that all care home residents are covered, not just those whose nursing care is funded by the NHS. . The current CG2 recommendations on catheter care indicates it also covers patients homes,/care homes and lifestyle settings Pharmacies are increasingly providing more NHS care and	NICE's remit is to provide guidance only for healthcare where NHS healthcare is provided or commissioned and we are limited by this. However, people providing healthcare in other settings may find the guideline beneficial. This has now been made clearer in the

Type	Stakeholder	Order No	Section No	Comments Please insert each new comment in a new row.	Developer's Response Please respond to each comment
				should be included.	scope. The scope now states, "Community-care settings, such as care homes, patient's own home, schools and prisons where NHS healthcare is provided or commissioned". However, we do not agree that the healthcare provided by pharmacies is relevant to the clinical areas covered in this guideline.
SH	HCAI SURF(Service Users Research Forum)	6	4.3.1 a)	Assuming care homes and patient homes are covered it is vital that the care setting is considered when considering standard infection control. Much care by primary care is given in the person's own home where facilities to carry out "standard" hand hygiene may not be ideal.	Thank you for your comment. We have taken note of your comment and made this section of the scope clearer. Community-care settings covered in the scope are mentioned in section 4.2
SH	HCAI SURF(Service Users Research Forum)	7	4.3.1 b)	SURF welcomes the new questions however it is vital that the whole of the current guidance relating to long term catheter use is reviewed and should include catheter insertion. The old recommendations do not meet with current practice or equality legislation. There has been huge innovation in catheter design since the last guidance was published with increased numbers of people having bladder dysfunction managed by supra pubic catheters and intermittent self catheterisation (ISC) in primary care. Also many more patients are leaving acute care with indwelling urethral catheters in situ. The needs of those who are discharged from acute care with urethral catheter in situ following an acute illness or surgery may be very different to those of people who have for example long term bladder	Thank you for your helpful comment. We agree that practice has changed in a number of areas related to catheter use and we need to prioritise updating the clinical areas where there have been changes in infection prevention and control practices or equality legislation. We will consider these changes when we are updating the recommendations on long term catheters. It will incorporate recommendations from the previous guideline in clinical areas not listed in the scope to form one guideline.

Type	Stakeholder	Order No	Section No	Comments Please insert each new comment in a new row.	Developer's Response Please respond to each comment
				dysfunction related to spinal or neurological conditions. There are clear differences in the needs of those with suprapubic catheters, those with indwelling urethral catheters or those who carry out ISC or those who have a carer to carry out intermittent catheterisation. Questions such as "does suprapubic catheterisation reduce risk of urinary tract infection compared to indwelling urethral catheterisation?" "Can the risk of infection be reduced if the catheter is supplied in a pack with all the necessary items to enable an aseptic technique"? need to be answered. Many users replace their own suprapubic and urethral catheters or require emergency replacement at home. . The technique taught to insert a intermittent catheter varies widely. Questions such as "Can use of a no touch technique reduce the incidence of UTI in ISC?" Users often carry out ISC were conditions are far from "clean" or where normal hand hygiene can be practised. While some users have a low incidence of UTI many others especially women, it can be a major problem that interferes with quality of life Catheter manufacturers have recognised the need to make ISC easier and safer for users in all lifestyle settings. Multiple designs enable individual user need to be met. Most intermittent catheters state single use only, even uncoated ones. To reuse them would go against NPSA guidance. Few manufactures now state that they can be reused yet there is a recommendation in CG2 based on a "clean" technique with catheters being reused with separate lubricant.	If recommendations from the previous guideline do not meet with current equality legislation then these will be amended accordingly. Other areas related to catheter use that are not listed in the scope were included in the previous guideline and the original recommendations will be incorporated as part of this partial update. Asepsis has been included as a clinical area in the scope. The needs of patients' and their families or carers will be considered at every stage of the guideline development process.

Type	Stakeholder	Order No	Section No	Comments Please insert each new comment in a new row.	Developer's Response Please respond to each comment
				The scope questions on catheter/bladder washouts do not take into account of many of the issues faced by patients. People with spinal cord injury above T6 may be at risk of autonomic dysreflexia.. Others may have undergone bladder augmentation and produce mucus. They may have been instructed to carry out bladder washouts on a regular basis, including those on ISC to remove retained mucus and prevent stone formation. There is a need to look at the supply and care of bladder syringes, jugs etc	
SH	HCAI SURF(Service Users Research Forum)	8	4.3.1 c)	SURF welcomes the section on Percutaneous gastrostomy feeding: but the existing guidance in CG2 needs updating. Enteral feeding may commence in primary care.	Thank you for your comment. We will update the areas mentioned in the scope as the other areas have not been prioritised by stakeholders for update.
SH	HCAI SURF(Service Users Research Forum)	9	4.3.1 d)	SURF welcomes the additional questions on vascular access devices however the scope does not appear to consider if innovative design of access device can reduce infection.	Thank you for your comment. Centrally and peripherally inserted vascular assess devices will be included in this guideline as stated in 4.3.1 (d).
SH	HCAI SURF(Service Users Research Forum)	10	4.4	SURF would welcome more outcome measures based on patient/NHS Service user experiences. There do not appear to be any that may be important to patients being cared for in a community setting or their own homes It is vital the views of the users of catheters, enteral feeding systems are sought. Calculation of Qalys must not rely on the 5D EQ as it values the lives of many of those patients/NHS Service users who are covered by this guidance as equivalent to or worse than death simply because they cannot walk and need help with washing and dressing, neither of which will improve if that is	Thank you for your comment. We have included quality of life as an outcome measure. We also have two patient members on the guideline development group to ensure that this guideline addresses patient/carer/public issues, reflects their views and meets their healthcare needs. It is important that there is consistency across all NICE clinical guidance with regard to decision making. For this

Type	Stakeholder	Order No	Section No	Comments Please insert each new comment in a new row.	Developer's Response Please respond to each comment
				the person's normal state. The Qaly must also take in to account all costs associated with a treatment option, including the cost to the patient and their family carers as primary care is usually given in the person's own home.	reason NICE employ's a reference case, which includes use of the EQ-5D. The EQ-5D is a well validated instrument with particular weaknesses in certain areas. We will assess the applicability of the EQ-5D in this population (e.g. with respect to the content validity, construct validity, responsiveness and reliability) and then consideration will be given to using alternative measures. Note that costs borne by patients or their families may be included when they are reimbursed by the NHS or Personal Social Services (PSS). For technical and ethical reasons that NICE has accepted, productivity costs and costs borne by patients that are not reimbursed by the NHS and PSS should be excluded. However, the impact on family can be considered in QALY terms.
SH	HCAI SURF(Service Users Research Forum)	12	General	Principle 4 of the NHS Constitution states that NHS services must reflect the needs and preferences of patients with their families and carers. Whilst the focus of the guideline is infection control recommendations must consider the lifestyle and holistic need of patients. Their compliance is needed to reduce infections. Most will want to be in control of their own health needs and be involved in making decisions.	Thank you for your comment. The needs of patients' and their families or carers are considered at every stage of the guideline development process.

Type	Stakeholder	Order No	Section No	Comments Please insert each new comment in a new row.	Developer's Response Please respond to each comment
SH	Hospital Infection Society	1	4.1.2 a)	Section 4.1.2a states that this will not apply to settings where NHS care is not provided. Surely private provision of primary care needs to be covered as well. The Care Quality Commission covers both NHS and private provision as does the Health Act. Why should the guidance not apply just because provision is not NHS funded?	NICE's remit is to provide guidance only for healthcare where NHS healthcare is provided or commissioned and we are limited by this. However, people providing healthcare in other settings may find the guideline beneficial. This has now been made clearer in the scope.
SH	Hospital Infection Society	2	4.3.1 b)	Should the scope cover the need for antibiotic cover when changing urinary catheters?	Thank you for your comment. The scope has been amended to include the need for antibiotic cover when changing long-term urinary catheters.
SH	Hospital Infection Society	3	4.3.2 b)	Not including procedures for the insertion of urinary catheters, percutaneous gastrostomies or vascular-access devices seems an important omission and these should be included.	Detailing the procedure for inserting urinary catheters, percutaneous gastrostomy tubes or vascular assess devices is outside the remit of this guideline as we cannot go into this level of detail about these procedures. You may consider suggesting new topics to NICE via their website.
SH	Hospital Infection Society	4	4.3.2 c)	Section 4.3.2c appears to exclude ambulance services (in contrast to the statement in 4.2a). Ambulance services are frequently not covered by secondary or primary healthcare policy yet are a crucial link in the provision of healthcare. The guidance should apply to ambulance services but should avoid overlap with secondary care (e.g. guidance on major trauma)	Thank you for your comment. We agree that this is confusing and have now amended 4.3.2 (c) to make it clearer that we are including the ambulance service except for invasive procedures such as major trauma.
SH	Hospital Infection Society	5	4.3.2	Decontamination or cleaning of the healthcare environment	Thank you for your comment.

Type	Stakeholder	Order No	Section No	Comments Please insert each new comment in a new row.	Developer's Response Please respond to each comment
			d)	and equipment is not covered. Comprehensive guidance on infection prevention should include advice on the decontamination of equipment and the environment.	Decontamination or cleaning of the healthcare environment and equipment is outside the remit of this guideline. You may consider suggesting a new topic to NICE via their website.
SH	Hospital Infection Society	6	4.3.2 d)	Decontamination or cleaning of the healthcare environment and equipment is not covered. With more disposables appearing on the market, would this be a good time to review what can be changed to single use?	Thank you for your comment. Decontamination or cleaning of the healthcare environment and equipment is outside the remit of this guideline. You may consider suggesting a new topic to NICE via their website. Taking into account all the comments we have received we don't think it is a priority to look specifically at disposables.
SH	Hospital Infection Society	7	4.4	Mechanisms for recording these outcomes need to be given	We will search the literature and extract data on the abstracts listed into evidence tables. These will be presented in an appendix to the guideline.
SH	Hospital Infection Society	8	4.4 c)	Infection-related morbidity will need clinical, not laboratory measurement	Thank you for your comment. We agree.
SH	Infection Prevention Society	1	4.1.2 a)	The guidelines should also apply to non-NHS care settings. The infection prevention practices required to protect individuals will be consistent across NHS and non-NHS settings, and therefore the standards should apply. This will also help non-NHS providers by giving them a clear standard of practice to achieve.	NICE's remit is to provide guidance only for healthcare where NHS healthcare is provided or commissioned and we are limited by this. However, people providing healthcare in other settings may find the guideline beneficial. This

Type	Stakeholder	Order No	Section No	Comments Please insert each new comment in a new row.	Developer's Response Please respond to each comment
					has now been made clearer in the scope.
SH	Infection Prevention Society	2	4.3.1 a)	The guideline should include the safe **use** and disposal of all routinely used PPE, including gloves, aprons, mouth and eye protection. It should also include safe **use** and disposal of sharps. The use of safer sharps devices, or newer alternatives to traditional sharps/invasive devices in community settings would also be welcomed.	Thank you for your comment. The choice of sharps equipment has now been included in this guideline. The safe use and disposal of personal protective equipment was included as a clinical area in the previous infection control guideline. This guideline will only be updating clinical areas where there have been changes in infection prevention and control practices. It will incorporate recommendations from the previous guideline in clinical areas not listed in the scope to form one guideline.
SH	Infection Prevention Society	3	4.3.1 b)	The care and management of long-term urinary catheters, and drainage bags should be included as this is a very frequent practice in primary care: this should include assessment of the need for catheterisation, catheter selection, the need to regularly review long-term catheters when in use, and maintaining the closed system. Use of catheter valves and care of supra-pubic catheter sites would also be useful. Given that many long-term catheters are inserted or changed in the community, it would be helpful to include this in the guideline.	The care and management of long-term urinary catheters and drainage bags was included as a clinical area in the previous infection control guideline. This guideline will only be updating clinical areas where there have been changes in infection prevention and control practices. It will incorporate recommendations from the previous guideline in clinical areas not listed in the scope to form one guideline.
SH	Infection Prevention Society	4	4.3.1	Use of subcutaneous fluids and subcutaneous drug	Thank you for your comment. Whilst we

Type	Stakeholder	Order No	Section No	Comments Please insert each new comment in a new row.	Developer's Response Please respond to each comment
			d)	administration is common and increasing in primary and community care. Guidance on this aspect of practice would be welcome	agree that this is increasingly common it was not included in the original guideline and is therefore not a priority for us to update.
SH	Infection Prevention Society	5	4.3.2	While we understand that the guideline will not cover decontamination of equipment, the decontamination of relevant items should be included in the relevant sections in order to ensure this aspect of care/procedures is not overlooked	Decontamination or cleaning of the healthcare environment and equipment is outside the remit of this guideline. We have had to prioritise areas that were covered in the original guideline that now need updating.
SH	Infection Prevention Society	6	4.4	Whilst effective infection prevention practice in primary and community settings is likely to have a positive impact on many of these suggested outcome measures, we are not sure how many of these will/can actually be measured?	We agree that we may find it difficult to find data on some of these outcomes measures. However we have provided the list to indicate those outcome measures that we look for data on.
SH	Infection Prevention Society	7	General comment	Asepsis, and non-touch techniques should be included as part of relevant areas of the guidance	Thank you for your comment. We agree and amended to include asepsis as a clinical area in this guideline.
SH	Infection Prevention Society	8	General comment	As length of stay in acute hospitals decreases, the number of people at home with surgical wounds increases. Guidance on management of surgical wounds, and particularly surgical wounds with delayed healing would be very helpful.	Surgical wounds or wound care is outside the remit of this guideline. You may wish to consider suggesting chronic wound care as a new topic to NICE. You can do this via their website. There also exists a NICE guideline on Surgical site infection.
SH	JBOL Ltd	1	Gener	It appears very important that in infection control the law is	Thank you for your comment. We will

Type	Stakeholder	Order No	Section No	Comments Please insert each new comment in a new row.	Developer's Response Please respond to each comment
			al	applied yet no where is there a summary of the legal requirements relating to the law. there could be various sections on this for example legal e=requrements relating to equipment used (for example where equipment should be sterilised, or sterile or neither is critical in the pathway to infection control. There could be another section on the law relating to procedures. When I say law I include not just the law but perhaps best practise guidelines that are published	refer to existing legislation in the relevant sections.
SH	JBOL Ltd	2	general	The proposed scope increase to include disability etc is I think important as often the issues of general infection control are compounded when the person/s involved both carer and patient suffer a disability or are in the former case young. extra vigilence or procedure investigation would be welcome as a knowledge base. for example sample collection of a child who may be infected by MRSA will be in a position whereby the child may simply not understand the implications of MRSA and itsspead by urine (2009 USA paper). or Commmunity MRSA.	Thank you for your comment. Equality issues and the needs of patients and their families or carers are considered at every stage of the guideline development process. The scope has been amended to make this clearer.
SH	JBOL Ltd	3	Bibliography	Under this section would it be worthwhile including all source material considered by Nice over and above those cited. but under each source material a brief 100 word summary comment. eg very useful for research on XX as clearly nice cannot detail all documents content but having considered it could give a 100 word summary. This is very useful to readers as without a summary there is nothing to evaluate.	Thank you for your comment. NICE have a set template for the scope which we have to use, however, summaries of all NICE guidelines can be found on the nice website at www.nice.org.uk
SH	JBOL Ltd	4	3.2 d)	This should be expanded.. While it is true its linked to invasive procedures as a generalisation the recent 2009 USA paper on MRSA shows its spread by urine itself. Furhermore and critically important is that with C diff it is recognised that indiscriminate anti-biotics increase the spread – this is not invasive in the sense used here and there	Thank you for your comment. However, we do not agree. Section 3.2 is intended to be an introduction to the guideline scope, not an inclusive list of healthcare associated infections.

Type	Stakeholder	Order No	Section No	Comments Please insert each new comment in a new row.	Developer's Response Please respond to each comment
				appears no section in the NICE document which evaluates the cuases of indiscriminate anti biotic prescription or gives guidlies for its reduction. One pathwy that needs investigation is the procedure of urine sample collection which if faulty will lead to indertimnate results which in turn leads to antibiotic prescription which may not be necessary which in turn leads to increase in cdiff. in fact I would suggest a new section 3.2 (e) be Healthcare-associated infections are caused by a inappropriate or faulty collection procedures of samples which can include unhygienic cathether samples; unhygienic and inappropriate sample collection and transportation resulting in samples which cannot by analysed (increased contamination of samples) which have a direct impact on presciption policies by health care workers including antibiotic. the necessity to obtain the least amount of contaminated samples will reduce the burden of inappropriate decisions by health Care officers and decrease indiscriminate antibiotics.	The scope has been amended to include the need for antibiotic cover when changing long-term urinary catheters.
SH	JBOL Ltd	5	4 general	In view of above it seems to me very important to incrase the area of what will be clinically covered ie collection of sample that can cause directly or indirectly the increased risk or spreak of HAI. Section 4.3.2 does not exclude this as its advice on the importance and relevance of appropriate collection procedures and presription policies	Thank you for your comment. However, this is outside the remit of this guideline.
SH	JBOL Ltd	6	4.4	Is there not a cost evaluation of failure to follow to follow correct best practise with resultant increase in HAS or a pathway here	Yes, we will consider the treatment cost savings due to infections averted in addition to the cost of infection

Type	Stakeholder	Order No	Section No	Comments Please insert each new comment in a new row.	Developer's Response Please respond to each comment
					prevention interventions. We have clarified this in section 4.4.
SH	MRSA Action UK	1	4.1.1	MRSA Action UK are concerned that no specific equalities issues have been identified. People with long-term disabilities will be affected with issues of dexterity in handling catheters and invasive devices. We believe therefore that an equalities impact assessment would identify this as an issue and as such one should be carried out. Language and other communication barriers need to be addressed as healthcare workers will need to understand the guideline and be able to communicate effectively with patients and carers; simple pictorial guides or video clips can be beneficial for this purpose. An equalities impact assessment should identify this as an issue. The 2003 guideline provides guidance to non-professional carers, patients and their families; we believe informal cares should be included in the scope to meet the needs of patients with long-term conditions and their families.	Thank you for your comment. All equality issues are considered at every stage of the guideline development process. We agree that this wasn't clear in the first draft. The scope has been amended to make this clearer. We agree that families and non-professional carers are also covered by the guideline. The scope has been amended to make this clearer.
SH	MRSA Action UK	2	4.2	MRSA Action UK believes the healthcare setting should also include the patients' home. Care Homes are patients' homes for example. District nursing teams, community dentists and informal carers all need to be included in the scope and they provide care in the patients' home.	Thank you for your comment. The scope now states, "Community-care settings, such as care homes, patient's own home, schools and prisons where NHS healthcare is provided or commissioned".
SH	MRSA Action UK	3	4.3.1	With regard to key clinical issues that will be covered. There is no mention of phlebotomy or vaccination. A repeated	Phlebotomy or vaccination and blood transfusion services are outside the

Type	Stakeholder	Order No	Section No	Comments Please insert each new comment in a new row.	Developer's Response Please respond to each comment
				concern that has been raised by patients to MRSA Action UK is the lack of proper infection control procedures carried out in the primary care setting when blood is taken for sampling or vaccinations are carried out. Concerns on the lack of hand-hygiene, cleaning of the patients' skin and failure to observe keeping equipment sheathed and wrapped prior to these procedures has been raised frequently. We would therefore wish to see the scope of the guideline covering these issues. Venepuncture policies are not always in place in GP practices and health centres and should be included in the scope. The blood-transfusion service should also be covered in the scope.	remit of this guideline. However, we are covering hand hygiene, personal protective equipment and safe use and disposal of sharps.
SH	MRSA Action UK	4	4.3.2	MRSA Action UK believe the following should be included in the scope: 4.3.2 b) Procedures for the insertion of urinary catheters 4.3.2 c) Infection prevention measures for invasive procedures conducted by ambulance services 4.3.2 d) Decontamination or cleaning of the healthcare environment and equipment	Thank you for your comment. Detailing the procedures for the insertion of urinary catheters and decontamination or cleaning of the healthcare environment and equipment are outside the remit of this guideline. We need to select topics from the previous guideline that most need updating and these topics were not included. You may wish to consider suggesting new topics to NICE via their website. This guideline covers the standard infection control precautions for ambulance services, but invasive procedures, such as major trauma, is outside the remit of this guideline. The

Type	Stakeholder	Order No	Section No	Comments Please insert each new comment in a new row.	Developer's Response Please respond to each comment
					scope had been amended to make this clearer.
SH	National Public Health Service Wales (NPHS Wales) From October 2009 became Public Health Wales (PHW)	1	General	Updating this valuable guidance is essential as it is widely promoted and used across Wales as a reference document in conjunction with the Community Strategy for HCAI (Wales)	Thank you for your comment.
SH	National Public Health Service Wales (NPHS Wales) From October 2009 became Public Health Wales (PHW)	2	General	All relevant previous recommendations which do not form part of the review should be incorporated into the revised document to ensure a comprehensive single document is available to healthcare staff, patients and carers rather than signposting the reader to other documents	Thank you for your comment. This is exactly what we are planning to do. The new guideline will incorporate recommendations from the previous guideline in clinical areas not listed in the scope to form one guideline.
SH	National Public Health Service Wales (NPHS Wales) From October 2009 became Public Health Wales (PHW)	3	3.2	Changing demographics will also have an impact – an ageing population – with all the associated chronic diseases and associated treatments means a more vulnerable population	Thank you for your comment. Section 3.2 has now been amended to address this.
SH	National Public Health Service Wales (NPHS Wales) From October 2009 became Public Health Wales (PHW)	4	4.2 a)	The document should state explicitly that it covers all healthcare workers outside of the hospital setting e.g. staff in the community and primary care setting who provide care within the patients own home. For example community nurses, GPs, Dentists, Care assistants, Podiatrists etc We don't understand why the guidance should not apply to people not receiving NHS healthcare? (4.1.2)]	Thank you for your comment. We agree and have amended the scope to make this clearer. NICE's remit is to provide guidance for healthcare where NHS healthcare is provided or commissioned so we are limited by this. However, people providing healthcare in other settings may find the guideline beneficial. This has now been made clearer in the scope.

Type	Stakeholder	Order No	Section No	Comments Please insert each new comment in a new row.	Developer's Response Please respond to each comment
SH	National Public Health Service Wales (NPHS Wales) From October 2009 became Public Health Wales (PHW)	5	4.2 b)	Refers to "residential and care homes" – terminology needs to be corrected – they are all Care Homes, and are specifically either Care Homes (with nursing) or Care Homes (without nursing).	Thank you for your comment. We have amended the scope.
SH	National Public Health Service Wales (NPHS Wales) From October 2009 became Public Health Wales (PHW)	6	4.3.1	We would suggest that clinical care relating to operative procedures performed in primary care/community should be included in this document. The requirement for this is alluded to in the scoping document in 3.2b where it is acknowledged that more complex procedures are being performed in community settings and 3.2d where the risk of infection associated with surgery is stated. We would recommend that clinical issues covered should include for example: 1. Skin preparation prior to surgical procedures performed in the primary care/community settings 2. Minimum theatre requirements/facilities for operative procedures e.g. ventilation, facilities etc. 3. Scrub procedures 4. Dress code in theatres	Section 3.2 (b) provides examples of the most common invasive procedures or devices in primary and community care. It is outside the remit of this guideline to detail issues related to complex procedures, although we are covering the standard principles.
SH	National Public Health Service Wales (NPHS Wales) From October 2009 became Public Health Wales (PHW)	7	4.3.1 a) – d)	Reference to the use and value of care bundles would be appropriate with examples	Thanks you for your comment. This detail of service delivery is outside the remit of this guideline.
SH	National Public Health Service Wales (NPHS Wales) From October 2009 became Public Health Wales (PHW)	8	4.3.1	We would suggest that generic recommendations for asepsis procedures (for use in wound dressings, suture removal, venepuncture etc) in primary care/community settings should be covered in detail within this guideline, particularly as increasingly complex procedures are being performed outside of secondary care.	Thank you for your comment. Asepsis has now been included as a clinical area in the guideline. However, wound care and venepuncture are outside the remit of this guideline. You may consider suggesting a new topic for consideration by NICE via their website.

Type	Stakeholder	Order No	Section No	Comments Please insert each new comment in a new row.	Developer's Response Please respond to each comment
SH	National Public Health Service Wales (NPHS Wales) From October 2009 became Public Health Wales (PHW)	9	4.3.2 b)	This section states that procedures for the insertion of the devices included will not be covered. As many devices are now inserted in primary care and community settings we would suggest the guideline should include these aspects.	Thanks you for your comment. We agree that these are increasingly done in primary care but this level on detail on procedures for the insertion of long-term urinary catheters or vascular access devices is outside the remit of this guideline.
SH	National Public Health Service Wales (NPHS Wales) From October 2009 became Public Health Wales (PHW)	10	4.3.1 b)	Long Term urinary catheters In relation to intermittent self catheterisation, would routine review of patient practices used for self catheterisation when they are readmitted with UTI's , reduce the frequency of this complication?	Thank you for your helpful comment. This guideline is for primary and community healthcare settings. Secondary care settings are outside the remit of this guideline.
SH	National Public Health Service Wales (NPHS Wales) From October 2009 became Public Health Wales (PHW)	11	4.3.1 a)	Hand Hygiene - Clearer more detailed recommendations for removing jewellery, taking account of ethnicity, religion and belief would be of value in this section (SP4 in previous guideline)	These aspects of hand hygiene were included as a clinical area in the previous infection control guideline. This guideline will only be updating clinical areas where there have been changes in infection prevention and control practices and therefore this area was not prioritised for review. It will incorporate recommendations from the previous guideline in clinical areas not listed in the scope to form one guideline. Equality issues are considered at every stage of the guideline development process. We agree that this was not clear in the draft scope and this has now been made clearer.

Type	Stakeholder	Order No	Section No	Comments Please insert each new comment in a new row.	Developer's Response Please respond to each comment
SH	National Public Health Service Wales (NPHS Wales) From October 2009 became Public Health Wales (PHW)	12	4.3.1 a)	Hand hygiene - it would be useful if consideration was given to including a recommendation on staff not wearing false nails in clinical practice	We feel that false nails are adequately covered by the previous guideline. This guideline will only be updating certain priority clinical areas where there have been changes in infection prevention and control practices and we don't feel that this is a priority area to update. The new guideline will however incorporate recommendations from the previous guideline in clinical areas not listed in the scope to form one guideline and the original guideline does discuss long nails.
SH	National Public Health Service Wales (NPHS Wales) From October 2009 became Public Health Wales (PHW)	13	4.3.1 a)	PPE - it would be helpful if reference could be made to the acceptability or not, of vinyl gloves for procedures (SP 12 – 14 in previous guidance) – This is a current hot topic in Primary Care	Thank you for your comment. We agree. The issues whether vinyl gloves provide an equally effective barrier to latex (or latex substitutes) for staff when performing procedures and when dealing with blood and body fluids, in primary and community care has now been included in the scope.
SH	National Public Health Service Wales (NPHS Wales) From October 2009 became Public Health Wales (PHW)	14	General comment	it would be useful to incorporate training and quality improvement in the guidance – both essential elements of achieving and maintaining clinical excellence.	Thank you for your comment. Education of patients, carers and healthcare professionals has now been included as an area in the scope.
SH	NHS Sheffield/Sheffield PCT Infection Control Team	1	4.2 b)	Sub section- "Healthcare setting- community-care settings, such as residential and care homes and schools and prisons where NHS Healthcare is provided". In relation to residential	NICE's remit is to provide guidance only for healthcare where NHS healthcare is provided or commissioned and we are

Type	Stakeholder	Order No	Section No	Comments Please insert each new comment in a new row.	Developer's Response Please respond to each comment
				and care homes for example, where NHS Healthcare is **not** provided, (i.e in independently run care homes) are there any plans for the Infection Prevention and Control Guidelines to be extended to these organisations? This would appear to be appropriate given the recent review (December 2009) of The Health and Social Care Act 2008 Code of Practice for Health and Adult Social Care on the Prevention and Control of Infections and Related Guidance, includes these organisations.	limited by this. However, people providing healthcare in other settings may find the guideline beneficial. This has now been made clearer in the scope.
SH	NHS Sheffield/Sheffield PCT Infection Control Team	2	4.3.1	Sub section- "Key Clinical issues that will be covered"- Should this include the elements of best practice in relation to aseptic technique for community?	Thank you for your comment. Asepsis has now been included as a clinical area in the guideline.
SH	NHS Sheffield/Sheffield PCT Infection Control Team	3	4.3.1	Sub section- "Key Clinical issues that will be covered"- Vascular-access devices - 3rd bullet point, identifies what are the elements of best practice in the preparation and storage of infusion/drugs in order to prevent contamination? Should a separate section be included to have a best practice section on the maintenance of the cold chain for vaccine management?	Thank you for your comment. The section on vascular access devices will cover drugs involved in peripheral and central infusions only. Anything else is considered outside the remit of this guideline.
SH	NHS Sheffield/Sheffield PCT Infection Control Team	4	General Comment	Presumably this document will be cross referenced and closely linked to the Infection Prevention Society Audit Tools for Monitoring Infection Prevention and Control Guidelines within the Community	Thank you for your comment. We will search for other existing guidelines in the initial stages of our literature review. NICE will develop audit criteria based on certain recommendations in this updated guideline. We will pass your comment on to NICE so they are aware of this set of audit tools.
NICE	NICE Health Economist	1	General	This guideline is described as a 'partial update' yet seems to set out to update all four subsections covered in the original 2003 guideline (standard principles/precautions, long-term	Thank you for your comment. This guideline will only be updating certain priority clinical areas where there have

Type	Stakeholder	Order No	Section No	Comments Please insert each new comment in a new row.	Developer's Response Please respond to each comment
				urinary catheters, enteral feeding and venous catheterisation). It would be helpful to clarify this, as well as state if only subsets of questions under each header are planned to be updated and if so, how they contrast with the 2003 version.	been changes in infection prevention and control practices. We have listed these areas in the scope. The new guideline will however incorporate recommendations from the previous guideline in clinical areas not listed in the scope to form one guideline. This has now been made clearer in the scope.
NICE	NICE Health Economist	2	3.2 f)	The original guideline included the hospital care setting peripherally ("The guideline will also be compatible with guidelines for the prevention of hospital-acquired infections, and will influence discharge planning.") Is this interface subject to deliberate exclusion?	This guideline is for primary and community healthcare settings. Secondary care settings are outside the remit of this guideline.
NICE	NICE Health Economist	3	4.2 a) and 4.3.2 c)	These seem to be conflicting (inclusion/exclusion of ambulance services). Please provide some clarification on this.	Thank you for your comment. We agree that this was confusing and have now amended 4.3.2 (c) to make this clearer.
NICE	NICE Health Economist	4	4.3.1 c)	The wording 'care of enteral feeding tubes" is unclear. Please explain what this means.	Thank you for your comment. This has now been made clearer in the scope.
NICE	NICE Health Economist	5	4.3.1 d)	It is unclear what a "most suitable solution" might be. Does this mean most effective and cost effective decontamination treatment? Similarly, do the following two questions (what are the elements of best practice/what is the best practice) address the question for effective and cost effective management of storage/administration etc to prevent infections in the covered population? Clarification would be useful.	Thank you for your comment. We have amended the scope, so that these questions now state "most clinically and cost effective".
NICE	NICE Health Economist	6	4.3.1	The second bullet point ("decontaminating peripheral and	Section 4.3.2 (d) states,

Type	Stakeholder	Order No	Section No	Comments Please insert each new comment in a new row.	Developer's Response Please respond to each comment
			d)	centrally inserted catheter ports and hubs") appears to contradict the excluded clinical issue under 4.3.2 d). Please clarify.	"decontamination or cleaning of the healthcare environment and equipment, other than in the clinical areas listed."
NICE	NICE Health Economist	7	4.4 a)	Could you provide some explanation as to how all cause mortality could be useful as a main outcome?	Thank you for your comment. We will search the literature and extract data on all cause mortality if available. Although we are unlikely to find data on this outcome, if there was data we would want to include it (e.g. use of a product or technique may actually be dangerous- unlikely, but we can't exclude it).
NICE	NICE Technical Analyst	1	Genera	No comment on the draft	Thank you.
SH	Nutricia Medical UK	1	1.3.2.2	Should also say something about the actual system choice being important and that the system chosen should ensure parts that contact feed should not be exposed to reduce risk of touching (or should be considered) i.e. spike should be recessed.	Thank you for your comment. We will update the areas mentioned in the scope as the other areas have not been prioritised by stakeholders for update.
SH	Nutricia Medical UK	2	General comment	Do the recommendations mean that both the giving sets and containers should only be used once in the case of reconstituted feeds and then discarded?	Thank you for your comment. Administration/giving sets and feed containers designed for single use should only be used once.
SH	Nutricia Medical UK	3	General comment	What is the definition of a feeding session? Is this one Pack/Feed or a 24hour period? Administration sets need to be replaced every feeding session - in reconstituted feeds assume this will be every 4 hours and in ready-to-use this will be 24 hours – can this be clear within guidelines?	A feeding session is the time it takes to administer the total volume of feed calculated to meet an individual's nutritional requirement. Recommendation 1.3.3.2 of the previous guideline states, "Ready-to-use feeds

Type	Stakeholder	Order No	Section No	Comments Please insert each new comment in a new row.	Developer's Response Please respond to each comment
					may be given for a whole administration session, up to a maximum of 24 hours. Reconstituted feeds should be administered over a maximum 4-hour period." We feel that the administration of feeds is adequately covered by the previous guideline. This guideline will only be updating certain priority clinical areas where there have been changes in infection prevention and control practices and we don't feel that this is a priority area to update. The new guideline will however incorporate recommendations from the previous guideline in clinical areas not listed in the scope to form one guideline
SH	Royal College of Nursing	1	General	The Royal College of Nursing welcomes proposals to develop this guideline. It is timely.	Thank you for your comment.
SH	Royal College of Nursing	2	General	The draft scope is comprehensive and well set out.	Thank you for your comment.
SH	Royal College of Nursing	3	4.2	We welcome the fact that the guideline would not be limited to NHS community settings but would cover those receiving NHS care in various settings, i.e. covering those who require consideration and implementation of infection Prevention and Control.	Thank you for your comment.
SH	Royal College of Nursing	4	4.4 f)	This should include issues around discharge - delaying discharge from acute hospitals has been linked to increases in the risk of patients acquiring infection in hospitals so it is important that discharge is not delayed.	This guideline is for primary and community healthcare settings. Secondary care settings are outside the remit of this guideline.

Type	Stakeholder	Order No	Section No	Comments Please insert each new comment in a new row.	Developer's Response Please respond to each comment
SH	Royal College of Nursing	5	5.1.2	The NICE guideline for Caesarean Section appear to be poorly researched on surgical wound management and contradicts current evidence on covering the operation site to promote moist wound healing. Care should be taken with the development of this guideline so that this may not be a risk with these guidelines too as the scope would be looking at solutions for cleaning wounds which is presumably focused on chronic wounds.	Thank you for your comment. We will not be covering wound care in this guideline but you may consider suggesting a new topic for a guideline to NICE via their website.
SH	Royal College of Paediatrics and Child Health	1	General	The College thinks that the scope addresses the key areas of practice and includes the appropriate groups.	Thank you for your comment. We are glad that you agree.
SH	Royal College of Paediatrics and Child Health	2	4.1.2	From anecdotal evidence, the College notes that in paediatric haematology/oncology, patients move between primary and secondary care settings throughout their treatment. The paediatric outreach nurses are often the key personnel giving care in the community.	Thank you for your comment. Secondary care settings are outside the remit of this guideline. However, paediatric patients are a population groups covered by this guideline.
SH	Royal College of Paediatrics and Child Health	3	4.2	The College notes that care is given in the home setting as ambulatory care.	Thank you for your comment. We have taken note of your comment.
SH	Royal College of Paediatrics and Child Health	4	4.3.1 c)	The College recommends the guideline consider the conversion of gastrostomy tubes to buttons and the effect this may have on reducing infection.	Thank you for your comment. We will update the areas mentioned in the scope as the other areas have not been prioritised by stakeholders for update.
SH	Royal College of Paediatrics and Child Health	5	4.3.1 d)	The College notes that dressings for central venous lines potentially harbour disease and recommends there be consideration into not covering lines, especially tunnelled lines as used in paediatric haematology/oncology.	Thank you for your comment. Dressings for central venous lines have been included as an area within the scope.

Type	Stakeholder	Order No	Section No	Comments Please insert each new comment in a new row.	Developer's Response Please respond to each comment
				We also recommend the guideline consider which devices offer the best protection against infection (e.g. ports, catheters, impregnated). We note that best practice should include consideration whether devices should be used for blood sampling.	Choices of catheters (ports and impregnated devices) were included as a clinical area in the previous infection control guideline. This guideline will only be updating certain priority clinical areas where there have been changes in infection prevention and control practices and we don't feel that this is a priority area to update. The new guideline will however incorporate recommendations from the previous guideline in clinical areas not listed in the scope to form one guideline.
SH	Royal College of Pathologists	1	General	Should the scope consider aspects of dress for HCWs? In particular, the wearing of jewellery and head coverings when carrying out interventions. This is also principally an equality issue because of cultural and religious implications.	Thank you for your comment. Aspects of dress for health professionals, such as jewellery, were included as a clinical area in the previous infection control guideline. However, after careful consideration we do not feel that head coverings are an infection control issues. This guideline will only be updating clinical areas where there have been changes in infection prevention and control practices. It will incorporate recommendations in clinical areas not listed in the scope to form one guideline. We have amended the scope to make this clearer.

Type	Stakeholder	Order No	Section No	Comments Please insert each new comment in a new row.	Developer's Response Please respond to each comment
					Equality issues are considered at every stage of the guideline development process. This has now been made clearer in the scope.
SH	Royal College of Pathologists	2	General	With regard to Urinary Tract Infections, should the effects of self-cathetisation and frequent catheter changes be addressed?	Thank you for your comment. Self-catheterisation and frequency of catheter changes were included as a clinical area in the previous infection control guideline. This guideline will only be updating clinical areas where there have been changes in infection prevention and control practices. It will incorporate recommendations in clinical areas not listed in the scope to form one guideline.
SH	Royal College of Pathologists	3	General	One of the measures is due to be hospital admission rates. Is this to be all-cause admissions or HCAI admissions or both?	Thank you for your comment. We have amended the scope to state, "infection related hospital admission rates".
SH	Royal College of Pathologists	4	General	Another measure is the rate of needlestick injuries. Should this be Accidental Inoculation Injuries (ie wider than just needlesticks)?	Thank you for your comment. After careful consideration we feel that rate of needle-stick injuries is the more appropriate outcome measure.
SH	Smith & Nephew	1	general	My comments are as follows….The draft scope does not take into consideration the current surgical site infection guidelines for secondary care and how they will continue and be included for patients moving back into a community setting	Thank you for your comment. However, this guideline is for primary and community care. Secondary care settings are outside the remit of this

Type	Stakeholder	Order No	Section No	Comments Please insert each new comment in a new row.	Developer's Response Please respond to each comment
				shortly after having a surgical procedure.	guideline. Surgical site infection is covered by the remit of another clinical guideline referred to NICE by the Department of Health. For further information on the surgical site infection guideline see http://guidance.nice.org.uk/CG74
SH	Smith & Nephew	2	4.3.1	My comments are as follows….Regarding vascular access devices, clarification needs to be given to what is a 'plain dressing'. Is this the industry standard of a 'film membrane dressing' as highlighted in the EPIC guidelines	Thank you for your comment. Plain dressings are dressings made from 'fabric', such as gauze dressings, whereas film membrane dressings are impregnated dressings. Definitions of different dressings will be provided in the completed guideline.
SH	Smith & Nephew	3	General	My comments are as follows…..There is no mention of chronic wounds within primary care and the risk that these types of wounds pose regarding control of infection. All chronic wounds will be contaminated to some degree and the use of an appropriate dressing will help to contain any micro-organisms capable of causing further infection to both the patient and health care professional (section 3.2)	Thank you for your comment. We will not be covering wound care in this guideline but you may consider suggesting a new topic for a guideline to NICE via their website.
SH	The Urology User Group Coalition	1	general	The Urology User Group Coalition welcomes the opportunity to comment on the updated guidelines for Infection Control : prevention of healthcare-associated infection in primary and community care. Reducing the risk of infections from catheters and urological medical devices has been identified as one of the priority areas for action in the fight against healthcare associated infections, as advocated by the Darzi Review in 2007. We feel that several aspects of the current	Thank you for your comment. The needs of patients' and their families or carers will be considered at every stage of the guideline development process. We will update the areas included in the scope and consider the changes in current practice as we make our recommendations. We do not think

Type	Stakeholder	Order No	Section No	Comments Please insert each new comment in a new row.	Developer's Response Please respond to each comment
				guidance have become outdated for continence appliance users and we especially wish to comment on the implications of these guidelines for urinary catheter users. The Coalition represents several national patient-led organisations for continence appliance users who rely heavily on these products and services to maintain their health and quality of life. In particular, there have been major technological developments in the design specification of continence appliances, which have enabled users to safely carry out catheterisation in all lifestyle settings while reducing the risk of urinary tract infections.	that all areas of the previous guideline need updating and have prioritised those that we think do from stakeholder feedback.
SH	The Urology User Group Coalition	2	4.1.1 b)	The Urology User Group Coalition believe that there are a number of equalities issues that should be considered in relation to long-term urinary catheter users. There are a vast number of clinical diagnoses which require continence management, including: cancer, stroke, spinal cord injury, multiple sclerosis, enlarged prostate, spina bifida, CVA or neurological conditions such as Parkinson's disease. Bladder management and infection control therefore, cannot be looked at in isolation to a patients' other needs, but in the context of their other conditions. As many of these patients also suffer with concomitant mobility or dexterity problems, these needs include being able to lead independent lifestyles, with the ability to self care. The Disability Discrimination Act requires the NHS to actively promote disability equality. Choice of catheter or other medical device can have a huge impact on the ability of a disabled person to participate and cope in normal lifestyle events safely and with dignity. Of particular concern to the	Thank you for your comment. The needs of patients' and their families or carers will be considered at every stage of the guideline development process. We will update the areas included in the scope and consider the changes in current practice as we make our recommendations. We do not think that all areas of the previous guideline need updating and have prioritised those that we think do from stakeholder feedback. Equality issues are considered at every stage of the guideline development process. This has now been made clearer in the scope.

Type	Stakeholder	Order No	Section No	Comments Please insert each new comment in a new row.	Developer's Response Please respond to each comment
				Urology User Group Coalition is the recommendation in the original 2003 CG2 that ISC users reuse their catheters. This recommendation could leave some disabled users dependent on others and confined to home. High quality care should overcome a patient's impairment, not create further care requirements and restriction in lifestyle. Age must also be considered with the appropriateness of recommendations for infection control in relation to catheters, as these medical devices are used from infants to old age and in end of life care.	
SH	The Urology User Group Coalition	3	4.1.2 a) and 4.2 b	We feel that this is an ambiguous statement as it is not clear whether residents of care homes will be covered by the updated guidance or not. While nearly all care home residents will be registered with an NHS GP, not all may be deemed as recipients of NHS paid healthcare. The User Group Coalition believe that all care home residents should be covered by the guidance as it is essential that all residents receive continence and infection control advice from specialist NHS healthcare professionals. Secondly, while catheters for community and primary care use are issued on FP10 prescriptions, not all incidentals such as syringes, sterile gloves and fields, which are essential for infection control, are prescribable unless they come with the catheter.	Thank you for your comment. The inclusion healthcare settings have been made clearer in the scope. NICE's remit is to provide guidance only for healthcare where NHS healthcare is provided or commissioned and we are limited by this. However, people providing healthcare in other settings may find the guideline beneficial. This has now been made clearer in the scope. We will update the areas included in the scope and consider the changes in current practice as we make our recommendations. We do not think that all areas of the previous guideline need updating and have prioritised those that we think do from stakeholder feedback.

Type	Stakeholder	Order No	Section No	Comments Please insert each new comment in a new row.	Developer's Response Please respond to each comment
SH	The Urology User Group Coalition	4	4.3.1 b)	We welcome the opportunity to re-examine the standard infection control precautions for long term urinary catheters, as we feel that there are a number of recommendations in the existing guidance that require updating. In particular, this section is confusing to users, as intermittent self-catheterisation is mixed up with recommendations for Foley type self retaining indwelling urethral and suprapubic catheters. We hope that the questions enumerated in Section 4.3.1b will also address additional issues faced by catheter users who have had bladder augmentation procedures and produce mucus from the re-sected piece of bowel. Most patients are instructed to carry out bladder washouts to remove mucus, reducing risk of mucus stone formation and urinary tract infection. This applies to both those with suprapubic/indwelling catheters and those who carry out intermittent self-catheterisation. When examining which catheters provide the best protection against urinary tract infections, it is vital to also consider the impact of the possible benefits of silver coated and antibiotic impregnated Foley type catheters in reducing infection. It is also essential to consider the impact of catheter packs that come with sterile solution and syringes; packs that also include a leg bag pre-attached; and all items needed for aseptic technique for catheterisation. We also feel that in addition to those already listed in the scope in section 4.31, there are a number of other recommendations in CG2 that need to be revisited. With	Thank you for your comment. Choice of long-term urinary catheters was covered in the previous infection control guideline. We will update the areas included in the scope and consider the changes in current practice as we make our recommendations. Impregnated long-term urinary catheters have been included as an area in the scope. However, we do not think that all areas of the previous guideline need updating and have prioritised those that we think do from stakeholder feedback. The needs of patients' and their families or carers will be considered at every stage of the guideline development process. Silver catheters are not for long-term use (>28 days). Their inclusion in this scope is outside the remit for this guideline. The scope has been amended to include the need for antibiotic cover when changing long-term urinary catheters. Asepsis has now been included as a clinical area in the guideline.

Type	Stakeholder	Order No	Section No	Comments Please insert each new comment in a new row.	Developer's Response Please respond to each comment
				reference to CG2 1.2.1.1, many patients are taught intermittent self catheterisation (ISC) in the community setting. Much earlier discharge from hospital for these patients in recent years has meant that the opportunity to adequately teach patients about indwelling urethral/suprapubic catheter use in the primary care setting may not always be possible and it is therefore essential that the current guidance recognises this. Patients need also to be taught appropriate and safe techniques for hand decontamination in all lifestyle settings, including public toilets. This is also vital for wheelchair users whose hands would become contaminated as soon as they move the chair away from a washbasin.	Education of patients, carers and healthcare professionals has now been included as an area in the scope.
SH	The Urology User Group Coalition	5	4.3.1 b) CG2 1.2.1.1	Many patients are taught intermittent self catheterisation (ISC) in the community setting. Much earlier discharge from hospital in recent years means that the opportunity to adequately teach patients about indwelling urethral/suprapubic catheter use may not be possible. It is essential that this is recognised. There is a need to be taught an appropriate safe technique of hand decontamination in all lifestyle settings including public toilets and for wheelchair users whose hands would become contaminated as soon as they move the chair away from a washbasin.	Thank you for your comment. We have taken note of this and have now included education of patients, carers and healthcare professionals in the scope for update.
SH	The Urology User Group Coalition	6	4.3.1 b) CG2 1.2.1.2	Additionally it is important to recognise that there may be a need to teach personal assistants, family carers and even the catheter user if they wish to change their own catheter.	Thank you for your comment. Education of patients, carers and healthcare professionals has now been included as an area in the scope.
SH	The Urology User Group Coalition	7	4.3.1 b) CG2	This recommendation does not take account of those whose long term chosen bladder management is by suprapubic/indwelling urethral catheter for incomplete	Thank you for your comment. Choice of long-term urinary catheters was covered in the previous infection control

Type	Stakeholder	Order No	Section No	Comments Please insert each new comment in a new row.	Developer's Response Please respond to each comment
			1.2.2.2	bladder emptying.	guideline. We will update the areas included in the scope and consider the changes in current practice as we make our recommendations. We do not think that all areas of the previous guideline need updating and have prioritised those that we think do from stakeholder feedback.
SH	The Urology User Group Coalition	8	4.3.1 b) CG1.2.3.1	This should include the lifestyle needs as well as preferences of catheter users and risk of infection. It should equally apply to the users of intermittent catheters. The range of ISC catheters has expanded greatly in recent years with innovations aimed at making use easier, especially for those with a disability or impairment. Most come either with a hydrophilic coating or an integral method of lubrication. Normal hydrophilic catheters may not be easy to use away from home, and even at home, for some users. Most disabled toilet facilities have a cold water supply that is not drinking quality water and are not normally suitable for hydration of catheters. However there are many catheters available that overcome this problem (come in/with sterile solution) and reduce infection risk. Many additionally can be used by a no touch technique, overcoming often inadequate facilities for hand hygiene.	Thank you for your comment. Education of patients, carers and healthcare professionals has now been included as an area in the guideline. Choice of long-term urinary catheters was covered in the previous infection control guideline. We will update the areas included in the scope and consider the changes in current practice as we make our recommendations. We do not think that all areas of the previous guideline need updating and have prioritised those that we think do from stakeholder feedback. The needs of patients' and their families or carers are considered at every stage of the guideline development process.
SH	The Urology User Group Coalition	9	4.3.1 b)	There needs to be a similar statement about ISC catheters, which can block if there is debris or mucus in the urine	Thank you for your comment. We feel that the issues you raise is adequately

Type	Stakeholder	Order No	Section No	Comments Please insert each new comment in a new row.	Developer's Response Please respond to each comment
			CG 1.2.3.3		covered by 4.3.1 (b).
SH	The Urology User Group Coalition	10	4.3.1 b) CG1.2.3.4 and 1.2.3.5	This should refer to indwelling Foley type catheters used for urethral or suprapubic catheterisation	Thank you for your comment. Choice of long-term urinary catheters was covered in the previous infection control guideline. We will update the areas included in the scope and consider the changes in current practice as we make our recommendations. We do not think that all areas of the previous guideline need updating and have prioritised those that we think do from stakeholder feedback.
SH	The Urology User Group Coalition	11	4.3.1 b) CG 1.2.4.1	Patients or their carers are often responsible for changing a suprapubic or indwelling urethral catheter. It is vital they also follow an aseptic technique when inserting this type of catheter.	Thank you for your comment. Asepsis and education of patients, carers and healthcare professionals has now been included as areas in the scope.
SH	The Urology User Group Coalition	12	4.3.1 b) CG 1.2.4.2	Although Intermittent Self-Catheterisation was initially regarded as a clean technique, many ISC users are prone to UTI. Using a single use catheter that enables a no touch technique and either has a hydrophilic coating which comes pre-hydrated or with sterile solution or a pre lubricated catheter, is likely to reduce the incidence.	Thank you for your comment. Choice of long-term urinary catheters was covered in the previous infection control guideline. We will update the areas included in the scope and consider the changes in current practice as we make our recommendations. We do not think that all areas of the previous guideline need updating and have prioritised those that we think do from stakeholder feedback.

Type	Stakeholder	Order No	Section No	Comments Please insert each new comment in a new row.	Developer's Response Please respond to each comment
					Asepsis has now been included as a clinical area in the scope.
SH	The Urology User Group Coalition	13	4.3.1 b) CG 1,2.5.1 4	There are few intermittent catheters that state they may be reused; the majority come with a single use only symbol, including most uncoated ones. Most users have still not worked out how to dry the inside of a catheter, while many find reuse difficult and often impossible due to disability. Carrying out ISC takes much longer than normal urination; reuse and separate lubrication is messy, inefficient and takes time. Most users have to regularly use public toilets, few of which have suitable facilities to wash & dry the outside of catheters. Compliance in carrying out ISC is likely to be affected by how easy it is to carry out; there is no evidence showing this recommendation is safe. Ideally a properly conducted trial needs to be carried out. Few users would go back to using uncoated catheters if they have used single use pre-lubricated or hydrophilic coated catheters.	Thank you for your comment. Choice of catheters was covered in the previous infection control guideline. We will update the areas included in the scope and consider the changes in current practice as we make our recommendations. We do not think that all areas of the previous guideline need updating and have prioritised those that we think do from stakeholder feedback. The needs of patients' and their families or carers will be considered at every stage of the guideline development process.
SH	UKCPA	1	General	The UKCPA would like to advise that we will not be commenting on this particular consultation. The association feels that it does not have a wide enough representation of primary care and community pharmacist members at this time.	Thank you for your comment.