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Royal Cornwall Hospitals NHS Trust

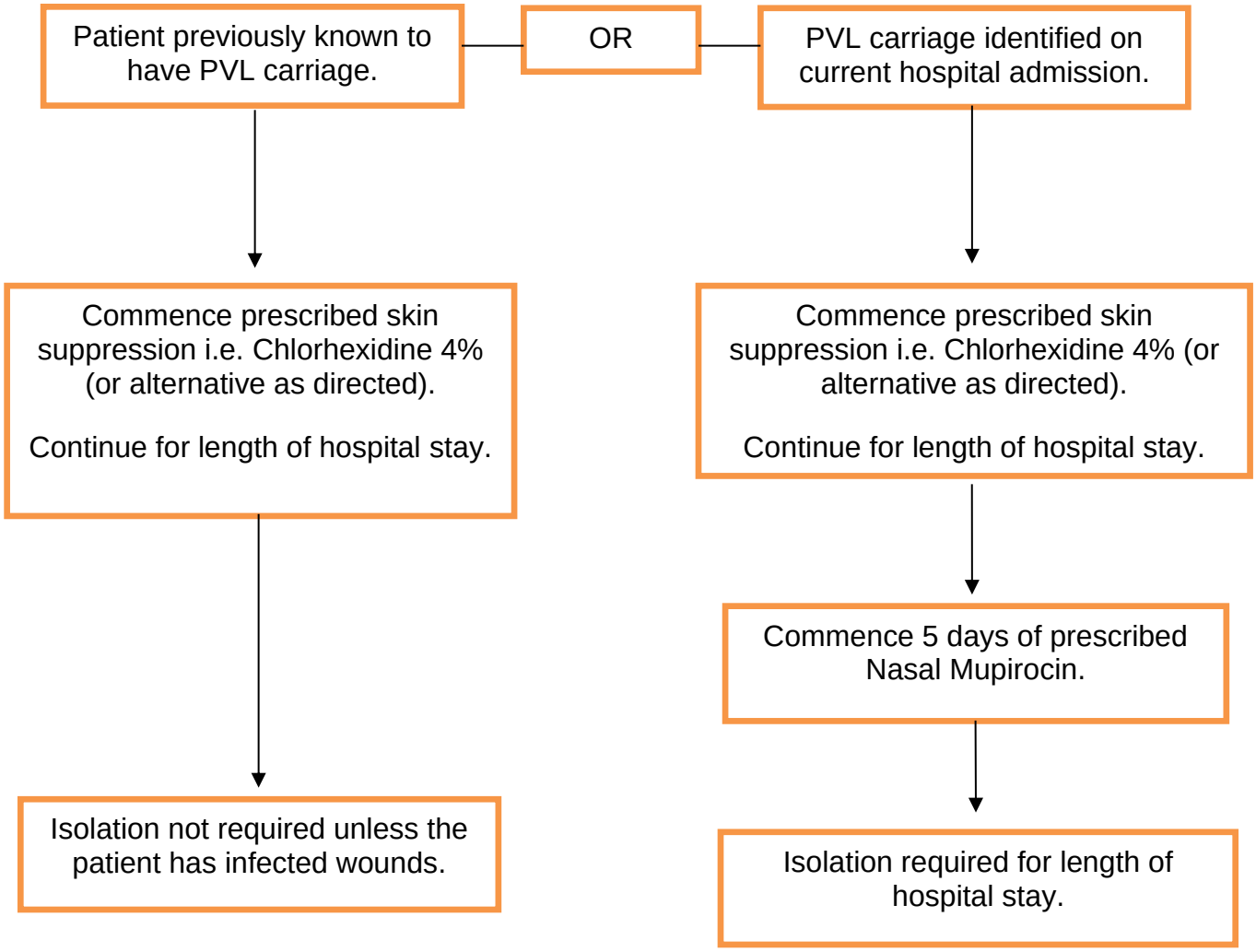
# Panton-Valentine Leukocidin (PVL) Policy

# V2.0

# June 2023

## Summary

**Management of patients with PVL carriage**



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**Data Protection Act 2018 (General Data Protection Regulation – GDPR) Legislation**

The Trust has a duty under the Data Protection Act 2018 and General Data Protection Regulations 2016/679 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed, and documented. We cannot rely on opt out, it must be opt in.

Data Protection Act 2018 and General Data Protection Regulations 2016/679 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the Data Protection Act 2018 and General Data Protection Regulations 2016/679 please see the Information Use Framework Policy or contact the Information Governance Team

Royal Cornwall Hospital Trust rch-tr.infogov@nhs.net

# 1. Introduction

1.1. This Policy is based on the HPA 'Guidance on the Diagnosis and Management of PVL-associated Staphylococcus aureus infections' (HPA, 2008) which is currently under review and the document "Interim Advice for the Diagnosis and Management of PVL associated Staphylococcus aureus infections (PVL-S. Aureus). Health Protection Network Scottish Guidance 10. Health Protection Scotland, Glasgow, 2014."

1.2. This version supersedes any previous versions of this document.

# 2. Purpose of this Policy/Procedure

The purpose of the document is:

- To establish infection prevention and control procedures for suspected and confirmed cases of PVL.
- To ensure that healthcare workers are aware of the actions and precautions required to minimise the risk of PVL transmission between patients, staff and visitors.

# 3. Scope

This policy applies to all staff working for or on behalf of the Royal Cornwall Hospitals NHS Trust including volunteer, temporary, locum, bank, agency and contracted staff.

# 4. Definitions / Glossary

4.1. PVL - Panton-Valentine Leukocidin (PVL) is a toxin that destroys white blood cells and is excreted by some strains of Staphylococcus aureus (SA].

4.2. Screening - process of obtaining microbiological swabs to identify presence of PVL in order to suppress the bacteria by prescribed treatment.

# 5. Ownership and Responsibilities

## 5.1. Role of the Chief Executive

- Ensure that infection prevention and control is a core part of clinical governance and patient safety programmes.
- Promote compliance with infection prevention and control policies in order to ensure low levels of healthcare associated infections.

## 5.2. Role of Director of Infection Prevention and Control

- Oversee infection control policies and their implementation.
- Responsible for infection prevention and control team.
- Report directly to the Chief Executive and Trust Board.

- Challenge inappropriate hygiene practice and antibiotic prescribing.
- Assess impact of plans/policies on infection prevention and control.
- Member of clinical governance and patient safety structures.

## 5.3. **Role of Infection Prevention and Control Team**

- Provide advice and education on infection control special precautions for a patient who is found to have PVL.
- To assess the risk of infection.
- Refer to microbiologist where appropriate.
- Promote good practice and challenge poor practice.
- Assist in root cause analysis of PVL outbreaks.
- Review and update PVL policy.

## 5.4. **Role of Matrons/Ward Leaders**

- Must establish a cleanliness culture across their units and promote compliance with infection control guidelines.
- Encourage a culture of good hand hygiene practice and lead by example.
- Ensure compliance with this policy.
- Must ensure that resources are available for health care workers to undertake effective standard and isolation precautions.
- Provide training in the use of this policy as relevant to work situations.

## 5.5. **Consultants**

- Must promote compliance with infection control guidelines.
- Encourage a culture of good hand hygiene practice and lead by example.
- Ensure compliance with this policy.

## 5.6. **All Healthcare Staff**

- Must be familiar with and adhere to this policy to reduce the risk of cross-infection.
- Promote good practice and challenge poor practice.
- Refer to the infection prevention and control team if unable to follow the policy guidelines.
- Keep their patient informed of their PVL status and provide information as

necessary.

- Contribute to and participate in root cause analysis of PVL outbreaks.

### 5.7. **The Infection Prevention and Control Committee**

- The Infection Prevention and Control Committee are responsible for approving this Policy.

### 5.8. **The Role of Occupational Health**

- Provide confidential advice, support, and any indicated treatments to staff who have PVL infections.

- Assist with contact tracing of staff during outbreaks of PVL.

## 6. Standards and Practice

### 6.1. **Background.**

Panton-Valentine Leukocidin (PVL) is a toxin that destroys white blood cells and is excreted by some strains of Staphylococcus aureus (SA). Strains of PVL-SA producing a new pattern of infection have emerged in the UK and worldwide. In the UK, PVL-SA accounted for less than 2% of clinical SA isolates submitted to the national Reference Laboratory in 2008 whether methicillin (Flucloxacillin) sensitive (MSSA) or methicillin (Flucloxacillin) resistant (MRSA).

PVL has been strongly associated epidemiologically with virulent transmissible strains of S. aureus, including Community Associated (CA) MRSA and is a valuable marker and target for screening for virulence in some strains of S. aureus.

The increase in morbidity and mortality associated with PVL-MRSA has caused public health concerns worldwide. Currently most PVL-SA strains in the UK have been MSSA. However, in North America a major problem has emerged with most community acquired (CA) MRSAs producing PVL.

In recent years there has been an increase in the number of PVL-SA isolates referred to the Reference Laboratory from invasive infections. The Southwest appears to have a particularly high incidence. It is unclear whether this reflected increased prevalence or improved case ascertainment.

Data suggests that infections caused by PVL-SA are still currently uncommon in England.

### 6.2. **Clinical Features of PVL.**

As with other strains of S. aureus, PVL-SA predominantly causes Skin and Soft Tissue Infections (SSTI) but can also cause severe invasive infections.

Necrotising haemorrhagic pneumonia is the most serious clinical feature with a high mortality rate and often follows a “flu-like” illness and may affect otherwise

healthy young people in the community.

Skin and soft tissue infections are often recurrent and include:

- Boils (furunculosis), carbuncles, folliculitis, purulent eyelid infections.
- Cutaneous lesions.
- Pain and erythema out of proportion to severity of cutaneous findings.
- Necrosis.
- Invasive infections.
- Necrotising pneumonia.
- Necrotising fasciitis.
- Osteomyelitis, septic arthritis, and pyomyositis.
- Purpura fulminans (clinical picture reminiscent of meningococcal septicaemia).

6.3. **Risk Factors.**

The risk factors for PVL-SA seen the UK are similar to those for CA-MRSA in North America. These include compromised skin integrity, skin to skin contact and the sharing of contaminated items such as towels. The worldwide picture suggests that closed communities with people in close contact result in higher transmission risks of staphylococcal infection.

The following setting can be assumed to increase the risk of PVL-SA based on their increased risk of CA-MRSA spread in North America:

- Households.
- Close contact sports.
- Military training camps.
- Gyms.
- Prisons.

6.4. **When to Suspect a PVL-SA Infection.**

- Recurrent furunculosis or abscesses.
- Clustering of SSTIs within a household or social group including care homes.
- Necrotising SSTIs.
- Invasive infections, particularly in young, previously fit people (Note all blood culture isolates of S aureus are routinely tested for presence of PVL).

- Necrotising haemorrhagic pneumonia. Any pneumonia associated with copious haemoptysis, particularly if preceded by a flu-like illness.

- Possible staphylococcal infection causing a Low white cell count (effect of the Leukocidin).

6.5. **Screening.**

6.5.1. Patients.

If screening is required, the method is the same as that for MRSA and involves swabbing:

- Both anterior nares (one swab will do for both – first moisten the swab with sterile saline).

- Throat.

- Any wound, ulcer or other area of broken skin/skin lesion.

- Manipulated sites (e.g. intravascular catheters, tracheostomies).

In addition, obtain:

- Catheter Specimen of Urine (CSU) - if catheterised.

- Sputum - if expectorating.

Make sure the swabs are labelled with the patient's details and sent to the laboratory with a completed microbiology request form - the investigation required is 'PVL screen.' It is important to remember that in the case of a potentially infected wound, a swab for culture and sensitivity should be sent to determine the identity of any causative organism.

6.5.2. Screening of Patients and their Close Contacts.

There is no evidence to support routine screening of contacts of patients with PVL-S. Aureus infections, (Shallcross LJ 2011). Patients and their household/sexual contacts should have high awareness of the potential for spread of PVL-S. Aureus related infections within their contact group:

- If close contacts suffer from infections typical or suggestive of PVL they should be advised to consult their GP for treatment, especially if they work or reside in high risk areas (i.e. care homes, closed communities (barracks, prisons) or healthcare settings.

- The decision to start contact screening in the case of a PVL-S. aureus outbreak within a healthcare setting will be risk assessed by the local Infection Prevention and Control Team (for patients) and Occupational Health (for staff).

- If the decision made concludes that screening is required, local MRSA screening procedures can be utilised in terms of which

carriage sites to sample and the type of swabs to take.

6.6. **Decolonisation.**

Topical decolonisation is often used to interrupt transmission. Patients should be given a patient information leaflet describing how to minimise cross-infection and when and how to use the topical agents.

The topical decolonization regimen should be prescribed and continued for length of stay.

Patients should be advised to bath/shower daily using Chlorhexidine 4% body wash. For those patients who are unable to shower/bath, a bed bath should be performed. Chlorhexidine body wash should be applied undiluted direct to wet skin with a moistened cloth, (do not use patient's flannel). It should not be used as a bath/bowl additive.

- Daily Chlorhexidine 4% (or alternative as directed by Clinician) should be used as a shampoo on days 1, 3 and 5.

- Mupirocin (Bactroban Nasal) used 3 times a day (for 5 days only).

In patients with dermatological conditions, it is important to seek a dermatological opinion.

Repeated screening is not recommended unless the patient is particularly vulnerable to infection, poses a special risk to others (e.g., a healthcare worker) or spread of infection is continuing in close contacts.

Decolonisation of neonates, especially premature neonates is difficult. Where decolonisation is required, nasal mupirocin may be used. Antiseptic skin wash preparations must be aqueous and not alcohol based to avoid the risk of burn injuries. Consultant Microbiologist or Infection Prevention and Control team can be contacted for further management advice.

6.7. **Management of the positive patient on current hospital admission.**

Wherever possible, standard source isolation procedures (see Isolation Policy and Patient Placement and Movement Policy) should be instituted for known or suspected cases of PVL-SA. Isolation will continue for the length of hospital stay.

6.7.1. Hand Decontamination

High standards of hand decontamination are required to minimise the risk of cross infection. Hands should be adequately decontaminated before and after patient contact and on leaving an isolation facility/ward. Hand decontamination should be by thorough washing with soap and water, or the application of a 70% alcohol hand rub. Bacterial counts increase when the skin is damaged therefore care must be taken to maintain skin integrity. It is important that a good quality Trust approved hand cream is applied regularly throughout the shift e.g., beginning and end and when a break is taken.

6.7.2. Protective Clothing

- Aprons – all staff handling the patient or having contact with their immediate environment should wear disposable aprons. This also applies to visitors who assist with patient care. Visitors who only have social contact with the patient, such as shaking hands do not need to wear protective clothing but do need to decontaminate their hands after leaving the room.

- Gloves – gloves do not obviate the need for hand decontamination and should only be worn when there is contact with body fluids.

6.7.3. Linen

All linen should be sent to the laundry as infected/soiled linen in a red alginate bag placed in a white plastic bag. Curtains should be changed on discharge or transfer.

6.7.4. Waste

All waste produced in the area where the patient is being treated, should be designated as 'infectious clinical waste,' and treated according to the Trust 'Waste Management Policy.'

6.7.5. Additional measures

- The door should be kept closed to minimise spread to adjacent areas. If this is likely to compromise patient care, for instance in the elderly confused patient, a risk assessment should be made as to whether the door may be kept open. The side-room door must be kept closed during procedures that may generate staphylococcal aerosols, such as chest physiotherapy, or bed making etc.

- Visitors to the cubicle or ward and staff from other wards and departments, e.g. physiotherapists, radiographers, other medical teams, students, should only enter after permission and instruction from the nurse in charge.

- Instruments or equipment (e.g. sphygmomanometers, stethoscopes, lifting slings, and physiotherapy exercise machines) should preferably be single-patient use. Multiple-patient use items should be decontaminated appropriately before use on another patient in accordance with manufacturer's instructions using the Trust-approved cleaning agents or manufacturers-approved cleaning agents.

- Organise ward rounds/visits/appointments, etc. to ensure that infectious/colonised patients are examined last.

- Do not transfer affected patients unnecessarily to other wards/departments. Where this is unavoidable, instruct staff on necessary precautions.

## 6.8. **Management of the patient previously known to be PVL positive**

The topical skin suppression therapy i.e., Chlorhexidine 4% (or alternative as directed by Clinician) should be prescribed for the length of hospital stay. Standard source isolation procedures (see Isolation Policy and Patient Placement and Movement Policy) not required unless the patient has infected wounds.

6.9. **Identification of PVL Patients**

6.9.1. The patient's electronic record will be marked with the PVL alert above the patient's name. (Usually added by the infection control administrator) It is the responsibility of ward, clinic, or department staff to check the patient's records for evidence of a previous PVL history and whether the patient is Mupirocin resistant (this information can be found on the Winpath system).

6.9.2. Infection prevention and control team will add alerts on RiO/Nervecentre when patient is identified to be PVL positive/carrier, and advice will also be provided there. It will be responsibility of the ward, clinic, and department staff to check on them, and if further advice needed, contact the IPAC team.

6.9.3. The front cover of the case notes should be marked, by ward clerk, with self-adhesive label identifying that the patient has an alert. Labels are available via medical records Medical Records. Alerts can also be highlighted on eNotes when the medical records have been scanned.

6.10. **Transfer of patients with PVL - to other wards/departments.**

- Transfer of PVL affected patients to other wards or departments within the county should be minimised to reduce risk of spread but this should not compromise other aspects of care such as the need for clinical investigations, high dependency nursing, rehabilitation or placement in the appropriate care environment. Transfer out of county for specialist care must not be delayed.

- Receiving staff should be informed in advance that the patient is PVL colonised and this should be recorded on the inter-healthcare transfer form.

- Attendants who may be in direct contact with the patient should wear disposable aprons and gloves. These should be removed when contact with the patient has finished and disposed of as clinical waste.

- Gloves and aprons are not required by staff transporting patients unless direct contact is made with the patient.

- The trolley or chair should be cleaned with the Trust-approved universal wipes.

- Staff should wash their hands thoroughly after cleaning the chair.

6.11. **Discharge**

- Each patient should be given discharge advice regarding any continuing PVL treatment. All should be advised of the need for good standards of general

hygiene.

- Those who work in occupations where they might pose a risk of infection to others, such as healthcare workers; carers in nurseries, residential or care homes or similar; or food handlers, should not attend work until the lesions have healed.

- Those who have eczema or a more generalised skin condition should remain off work or school until treatment has been completed.

- Children can go to school if they can understand the importance of good hand hygiene and can keep their infected skin covered with a clean dry dressing which will stay dry and in place until the end of the school day.

- Children attending nurseries will require individual assessment in terms of suitability to return to nursery.

- An inter-hospital transfer form must be completed when transferring a patient to other acute hospitals, community hospitals/hospice or nursing homes.

- The general practitioner, or other healthcare agencies involved in the patient's care, should be informed in writing that the patient has or has had PVL as part of the discharge letter from the clinical team or inter healthcare transfer letter from the nursing team.

- If a PVL positive result is received after the patient has been discharged or transferred the responsibility to inform either the GP or receiving unit lies with the clinician who requested the specimen. An automatic copy of the positive result will be forwarded to the patients GP via the microbiology results service.

- Any equipment used by the patient or within his/her bed space area or side room should be decontaminated before use on another patient. Any supplies which cannot be decontaminated (e.g. syringes, gauze packets) should be disposed of.

- After discharge, the patient's room or bed area should undergo terminal cleaning. (See Terminal Cleaning protocol). The nurse in charge must check that this clean meets hospital standards before admitting another patient to the area.

- To minimise the risk of confusion over instructions, patients or their carers should be given an information leaflet with specific precautions high-lighted, together with a contact number for further advice.

6.12. **Transporting By Ambulance or Car**

6.12.1. Where clinical condition allows, patients with PVL can be transported in an ambulance with other patients as long as any wounds are covered with an appropriate dressing and the ambulance crew maintains standard infection control precautions.

6.12.2. Likewise, outpatients can be transported in cars without concern for the

driver or subsequent passengers, as long as wounds are covered.

6.13. **Outpatient Departments / Clinics/ Theatre**

- Wounds colonised or infected with PVL must be covered with an appropriate dressing whilst waiting in communal areas.
- Known PVL patients should be seen last in the clinic if possible and at the end of the theatre list.
- The number of staff attending to the patient should be kept to a minimum and there must be strict attention to hand hygiene.
- There is no need to remove equipment from the consulting rooms. Surfaces that the patient has had direct contact with e.g. examination couch, should be decontaminated after use using warm water and detergent, or detergent wipes. If the patient is a heavy skin scale shedder additional cleaning of floor and other surfaces may be necessary - it is advisable to see such patients at the end of the clinic, to ensure adequate time for cleaning.
- Equipment and staff in the theatre should be kept to a minimum and all surfaces cleaned with Actichlor plus following surgery.
- Where possible the patient should be recovered in theatre rather than recovery.

6.14. **Management of Hospital Staff Colonised/Infected with PVL-SA**

Staff found to be colonised or infected with PVL-SA will be treated in collaboration with Occupational Health, Microbiologist, and Infection Control.

Exclusion from work may be necessary, depending on the level of risk.

A HCW with a proven PVL-S. Aureus infection should not work until the acute infection has been resolved and until at least 48 hours of a five-day decolonisation regimen has been completed. A risk assessment will need to be undertaken with input from Infection Prevention and Control staff or Microbiologist depending on the nature of the work. Enquiries regarding PVL-S. aureus-related disease in close household/sexual contacts of the staff member should be made, so decolonisation and treatment can be offered simultaneously, if required. Follow up samples, following topical decolonisation, are advised as for MRSA guidelines (three screens, one week apart). Unlike MRSA, staff who are found to have PVL-S. Aureus are likely to have acquired the infection in the community, and hence re-colonisation may occur from a close contact. Therefore, even if screens have been negative, staff should stop working and seek both treatment and Occupational Health advice if a further skin lesion develops. If, despite two courses of decolonisation treatment, a staff member remains colonised, they should be able to continue work providing they are not implicated in hospital transmission of PVL-S. Aureus infection and they cease working as soon as an infected skin lesion develops. This will require individual assessment of risks to patients and the staff member and will require multidisciplinary input including Occupational Health, Infection Prevention and Control staff and the line manager. Occupational health issues will be the

responsibility of the patient's employer in conjunction with the GP treating the infection.

#### 6.14.1. Pregnant Staff

There is no reason to exclude pregnant staff from caring for patients with PVL.

# 7. Dissemination and Implementation

7.1. This policy will be implemented via the following routes:

- The policy will be included in the Trust's Document Library.
- The policy will be circulated to all Link Practitioners, Ward Sisters/Charge Nurses and Matrons.

7.2. Each Care Group is responsible for the full implementation of this policy and will ensure it is accessible to all staff.

# 8. Monitoring compliance and effectiveness

| Information Category | Detail of process and methodology for monitoring compliance |
|---|---|
| **Element to be monitored.** | Compliance with Standards and Practice. |
| **Lead.** | Director of Infection Prevention and Control (DIPC). |
| **Tool.** | In the event of a case of PVL increased incidence occurring RCA to be undertaken by IPAC team. |
| **Frequency.** | As each Increase Incidence occurs. |
| **Reporting arrangements.** | RCA reviewed at the HCAI review meeting.<br>Actions to be reviewed at the Infection Prevention and Control Steering Group.<br>Care Group to report back on progress with actions at Hospital Infection Prevention and Control Committee. |
| **Acting on recommendations and Lead(s).** | Infection Prevention and Control Committee to monitor progress on actions. |
| **Change in practice and lessons to be shared.** | Required changes to practice will be identified and actioned within a month. The ward manager/matron will take each change forward where appropriate. Lessons will be shared with all the relevant stakeholders. |

# 9. Updating and Review

This policy will be reviewed at least every 3 years by the Infection Prevention and Control Department, or more frequently if considered necessary.

# 10. Equality and Diversity

10.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the Equality Diversity And Inclusion Policy or the Equality and Diversity website.

10.2. Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

# Appendix 1. Governance Information

| Information Category | Detailed Information |
|---|---|
| **Document Title:** | Panton-Valentine Leukocidin (PVL) Policy V2.0. |
| **This document replaces (exact title of previous version):** | Panton-Valentine Leukocidin (PVL) Policy V1.0. |
| **Date Issued / Approved:** | May 2023. |
| **Date Valid From:** | June 2023. |
| **Date Valid To:** | June 2026. |
| **Author / Owner:** | Joanne Taylor. |
| **Contact details:** | 01872 254969. |
| **Brief summary of contents:** | These guidelines provide the information required to manage PVL-associated Staphylococcus aureus (PVL-SA) infections. |
| **Suggested Keywords:** | Panton-Valentine Leukocidin. |
| **Target Audience:** | **RCHT:** Yes<br>**CFT:** No<br>**CIOS ICB:** No |
| **Executive Director responsible for Policy:** | Chief Nursing Officer. |
| **Approval route for consultation and ratification:** | Infection Prevention and Control Committee. |
| **Manager confirming approval processes:** | Joanne Taylor, Joint Deputy Director of Nursing, Midwifery and Allied Health Professional. |
| **Name of Governance Lead confirming consultation and ratification:** | Joanne Taylor, Joint Deputy Director of Nursing, Midwifery and Allied Health Professional. |
| **Links to key external standards:** | Regulation 12. |
| **Related Documents:** | Guidance on the diagnosis and management of PVL-associated Staphylococcus aureus infections (PVL-SA) in England (2008). Report prepared by the PVL sub-group of the Steering Group on Healthcare Associated Infection. |

| Information Category | Detailed Information |
|---|---|
| **Training Need Identified:** | To be determined by Ward Managers. |
| **Publication Location (refer to Policy on Policies – Approvals and Ratification):** | Internet and Intranet. |
| **Document Library Folder/Sub Folder:** | Clinical / Infection Prevention and Control. |

**Version Control Table**

| Date | Version Number | Summary of Changes | Changes Made by |
|---|---|---|---|
| July 2017 | V1.0 | Initial issue. | Jean James, Clinical Nurse Specialist. |
| November 2020 | V1.0 | Merge CFT / RCHT Policies. | Jean James, CNS, Infection Prevention and Belinda Caslake, IPAC Team Lead. |
| April 2023 | V2.0 | Full review.<br>Converted to RCHT only Policy and updated on current RCHT policy template.<br>Additional information on identification of PVL positive/carrier patients and decontamination of multi-use items. | Linda Shevlin, IPAC SP<br>Karen Powell, IPAC Admin Lead<br>Rashima Hamdan, Senior IPAC SP |

**All or part of this document can be released under the Freedom of Information Act 2000**

**All Policies, Strategies and Operating Procedures, including Business Plans, are to be kept for the lifetime of the organisation plus 6 years.**

**This document is only valid on the day of printing.**

**Controlled Document**

This document has been created following the Royal Cornwall Hospitals NHS Trust The Policy on Policies (Development and Management of Knowledge Procedural and Web Documents Policy). It should not be altered in any way without the express permission of the author or their Line Manager.

# Appendix 2. Equality Impact Assessment

## Section 1: Equality Impact Assessment (EIA) Form

The EIA process allows the Trust to identify where a policy or service may have a negative impact on an individual or particular group of people.

For guidance, please refer to the Equality Impact Assessment Policy (available from the document library) or contact the Equality, Diversity, and Inclusion Team rcht.inclusion@nhs.net

| Information Category | Detailed Information |
|---|---|
| **Name of the strategy / policy / proposal / service function to be assessed:** | Panton-Valentine Leukocidin (PVL) Policy V2.0. |
| **Department and Service Area:** | Infection Prevention and Control. |
| **Is this a new or existing document?** | Existing. |
| **Name of individual completing EIA** (Should be completed by an individual with a good understanding of the Service/Policy): | Linda Shevlin, IPAC Specialist Practitioner. |
| **Contact details:** | 01872 254969. |

| Information Category | Detailed Information |
|---|---|
| **1. Policy Aim - Who is the Policy aimed at?** (The Policy is the Strategy, Policy, Proposal or Service Change to be assessed) | To provide staff with the necessary information and knowledge to effectively reduce the risk of PVL introduction to the Trust, and to put in place systems to control and contain cases of PVL as and when they occur. |
| **2. Policy Objectives** | To provide guidance on how to manage PVL infections. |
| **3. Policy Intended Outcomes** | To manage patients with PVL safely and prevent the spread of infection to others. |
| **4. How will you measure each outcome?** | Local data capture. |
| **5. Who is intended to benefit from the policy?** | All staff and patients at risk. |

| Information Category | Detailed Information |
|---|---|
| **6a. Who did you consult with?**<br>(Please select Yes or No for each category) | • Workforce: Yes<br>• Patients/ visitors: No<br>• Local groups/ system partners: Yes<br>• External organisations: No<br>• Other: No |
| **6b. Please list the individuals/groups who have been consulted about this policy.** | **Please record specific names of individuals/ groups:**<br>Infection Prevention and Control Steering Group.<br>Hospital Infection Prevention and Control Committee. |
| **6c. What was the outcome of the consultation?** | Policy approval. |
| **6d. Have you used any of the following to assist your assessment?** | **National or local statistics, audits, activity reports, process maps, complaints, staff, or patient surveys:**<br>No. |

**7. The Impact**

Following consultation with key groups, has a negative impact been identified for any protected characteristic? Please note that a rationale is required for each one.

Where a negative impact is identified without rationale, the key groups will need to be consulted again.

| Protected Characteristic | (Yes or No) | Rationale |
|---|---|---|
| **Age** | No | Infections may affect any age |
| **Sex** (male or female) | No | Infections may affect any gender |
| **Gender reassignment** (Transgender, non-binary, gender fluid etc.) | No | Infections may affect any gender |
| **Race** | No | Infections may affect any groups. |
| **Disability** (e.g. physical or cognitive impairment, mental health, long term conditions etc.) | No | Infections may affect all regardless of disability |
| **Religion or belief** | No | Infections may affect any religion |

| Protected Characteristic | (Yes or No) | Rationale |
|---|---|---|
| **Marriage and civil partnership** | No | Infections may affect all people – married or otherwise. |
| **Pregnancy and maternity** | No | Infections may affect any pregnant woman. Pregnant members of staff may need to take additional precautions depending on the organism involved. |
| **Sexual orientation** (e.g. gay, straight, bisexual, lesbian etc.) | No | Infections may affect any sexual orientation. |

**A robust rationale must be in place for all protected characteristics. If a negative impact has been identified, please complete section 2. If no negative impact has been identified and if this is not a major service change, you can end the assessment here.**

I am confident that section 2 of this EIA does not need completing as there are no highlighted risks of negative impact occurring because of this policy.

Name of person confirming result of initial impact assessment: Linda Shevlin.

**If a negative impact has been identified above OR this is a major service change, you will need to complete section 2 of the EIA form available here:**
Section 2. Full Equality Analysis