**Staphylococcus aureus Bacteraemia (SAB) requiring Clinical Review**

**Infection Prevention and Control Team (IPCT) – February 2017**

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**If Community onset**

- No clinical review required

**IPCT**

- Will continue to monitor (up to 30 days post SAB) the patient weekly until they are discharged, transferred or die

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**IPCT Complete SAB Surveillance Form**

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**If Hospital Acquired Infection (HAI) or Healthcare Associated Infection (HCAI)**

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**Avoidable SAB?**

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**IV access device related SAB?**

- IPCT will undertake CVC or PVC ward sweep (all HAI and clinically applicable HCAI). Results e-mailed to SCN, LN, ChN, NCIPC, IC data team & ADNIPC

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**IPCT**

- After discussion with ICD and the clinical team the IPCT will generate a Datix. SCN, Lead Nurse & Chief Nurse for the sector/directorate will be informed by e-mail from IPCT.

Cc IC Data team, Nurse Consultant IPC & Associate Director of Nursing IPC

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**If patient dies**

- IPCT will review death certificate and if *S. aureus* appears on any part of the patients death certificate then the IPCT will generate a Datix referral. Lead Nurse & Chief Nurse for the sector/directorate will be informed by e-mail from IPCT.

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**Directorate/Sector SMT**

- Will ensure that Datix is opened, reviewed and completed within 28 days as a matter of priority.

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**IPC Data Team**

Will review General Register Office (GRO) data and if a patient who had been discharged appears to have died within 30 days and their cause of death is associated with SAB then the IPC data team will inform the local IPCT who will generate a Datix (this will be a check of the process locally and also to pick up any changes to the death certificate generated by a post mortem).

**PVC/CVC ward sweep results**

Summary collated for inclusion in Directorate Monthly Reports. Detailed analysis will be included in SAB GG&C Monthly and Directorate Quarterly reports.

Updated 08/02/2017 to reflect update to ward sweep/Datix e-mail recipients