



Surveillance report 2017 – Healthcare-associated infections (2012) NICE guideline CG139

Surveillance report

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Surveillance decision

We will not update the guideline at this time.

We will transfer the guideline to the [static list](#) because:

- No evidence was identified that would impact on the current guidance and no major ongoing studies or research have been identified as due to be published in the near future (that is, within the next 3 to 5 years).

We will amend the guideline to include a footnote to recommendation 1.1.4.2 to reference Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 (the Sharps Regulations). We will add a footnote to the recommendations 1.4.3.1, 1.4.3.8, 1.4.4.1 and 1.4.4.11 clarifying the presence of a safety alert related to the use of chlorhexidine. We will update references to some documents supporting the recommendations (table 1).

Terminology for the aseptic technique, aseptic non-touch technique, non-touch technique, clean technique will be considered and amended if needed to ensure clarity following stakeholder feedback that these terms were unclear.

Reason for the decision

We found 48 new studies through surveillance of this guideline.

This included new evidence on standard principles, general advice, hand decontamination, use of personal protective equipment, safe use and disposal of sharps, waste disposal, long-term urinary catheters and enteral feeding that supports current recommendations. We also found new evidence on vascular access devices. We asked topic experts whether this new evidence would affect current recommendations on use of chlorhexidine impregnated dressings, change of peripheral intravenous sets, and use of impregnated central venous catheters. Generally, the topic experts' opinion whether or not an updated was need was mixed. However, most of the new evidence identified came from hospital settings and not from community settings. This fact limits the generalisability of the findings to community settings. So, none of the new evidence considered in surveillance of this guideline was thought to have an effect on current recommendations for primary and community care settings.

These areas are covered by [epic3 guidelines](#), which focus on preventing healthcare-associated infections in hospitals. This guidance is kept up to date and it is widely used by healthcare professionals (NICE accredited).

In addition, no major ongoing studies or research due to be published in the next 3 to 5 years was identified.

Equalities

No equalities issues were identified during the surveillance process.

Overall decision

After considering all the new evidence and views of topic experts, we decided not to update this guideline at this time and to transfer the guideline to the static list.

See [how we made the decision](#) for further information.

Commentary on selected new evidence

With advice from topic experts we did not select any studies for further commentary.

How we made the decision

We check our guidelines regularly to ensure they remain up to date. We based the decision on surveillance 4 years after the publication of [healthcare-associated infections \(2012\) NICE guideline CG139](#).

For details of the process and update decisions that are available, see [ensuring that published guidelines are current and accurate](#) in 'Developing NICE guidelines: the manual'.

Previous surveillance [update decisions](#) for the guideline are on our website.

New evidence

We found 38 new studies in a search for randomised controlled trials and systematic reviews published between 14 April 2014 and 01 April 2016. We also considered 1 additional study identified by members of the guideline committee who originally worked on this guideline. A further 3 studies were identified through post-publication communications.

Evidence identified in a previous surveillance and an evidence update 2 years after publication of the guideline was also considered. This included 6 studies identified by search.

From all sources, 48 studies were considered to be relevant to the guideline.

We also checked for relevant ongoing research, which will be evaluated again at the next surveillance review of the guideline.

See [appendix A](#): summary of new evidence from surveillance and references for all new evidence considered.

Views of topic experts

We considered the views of topic experts, including those who helped to develop the guideline and other correspondence we have received since the publication of the guideline.

Views of stakeholders

Stakeholders commented on the decision not to update the guideline and to transfer the guideline to the static list. Overall, 11 stakeholders commented. See [appendix B](#) for stakeholders' comments and our responses.

Eleven stakeholders commented on the proposal not to update the guideline and to transfer the guideline to the static list. Four agreed with the decision or did not make a specific comment, 1 requested a footnote to be added and 6 disagreed. The reasons stakeholders did not agree with the proposal of the guideline not being updated related to:

- evidence from hospital settings, which is outside the remit of this guideline and is covered by the [epic3 guidelines](#)
- other NICE guidance or evidence from outside the search dates of this surveillance review, which was considered during previous surveillance reviews.

Stakeholders also raised that gram-negative organisms should be included in the guideline as well as *Clostridium difficile*; however, *Clostridium difficile* is only an example in the recommendations, and therefore the guideline is not specific to that organism.

One stakeholder queried the rationale of transferring the guideline to the static list given the importance of the area. However, no evidence was identified that would impact on the current guidance and no major ongoing studies or research have been identified as due to be published in the near future. Six stakeholders agreed with the proposal to transfer the guideline to the static list, 4 stakeholders did not agree citing the same reasons as that for not updating the guideline. No new ongoing or published studies were identified by the consultees. Four stakeholders disagreed with the decision to remove 3 of the research recommendations from the NICE version of the guideline and NICE research database; therefore, these recommendations will be retained.

See [ensuring that published guidelines are current and accurate](#) in 'Developing NICE guidelines: the manual' for more details on our consultation processes.

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