



BSAC Checklist of GAMSAS Standards and Suggested Evidence to Submit

Organisation Name:		Date Completed:	
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Using this checklist

This checklist has been provided to allow client Organisations track their progress in completing the self-assessment questionnaires and what supporting evidence the assessors and accreditation panel are expecting for each standard. If multiple individuals/teams are contributing to the GAMSAS submission, then this checklist should be shared with all contributors – ideally as a live editable document on a shared drive/cloud.

The core standard codes are highlighted in bold text and the boxes within the tables have green shading. Additional Standards are in standard text and have yellow shading in the tables. The “Completed” column should be completed to keep track of each section of the self-assessment questionnaires being completed. The “Provided” column should be completed when relevant evidence is submitted via the online self-assessment questionnaire tool.

It is not a requirement to submit this checklist with your submission, but you are encouraged to do so. Completing the checklist will give client Organisations an early indication of what additional evidence the site-visit team might want to see, what level of accreditation the Organisation is aiming for, and identify areas for development of AMS in your Organisation. If a box is not completed this will not impact the final assessment and award.

Suggested evidence

Each GAMSAS standard on the checklist has suggested evidence that should be submitted to provide objective evidence in support of the Organisation meeting that standard.

Each standard should be supported by at least one piece of objective evidence; however, one piece of evidence may support multiple standards. For example, reports from the AMS committee could demonstrate the Organisation is meeting the following standards: OAMS10, OAMS15, OAMS17 and OAMS18.

The client Organisation should determine how best to provide the supporting evidence, but it can be in varied formats including:

- Web-links to websites
- Copies of documents (ideally in PDF format)
- Screen shots of electronic resources and systems
- Screen shots/copies of emails (sensitive information can be redacted/anonymised where necessary)

National Antimicrobial Stewardship Programme Standards (non-UK nations)

	Standard		Completed (yes/no)	Suggested Evidence	Provided (yes/no)
STRUCTURES	NAMS1	The country has a published national action plan (NAP) for antimicrobial resistance (AMR) and a national co-ordinating group overseeing its delivery.		<ul style="list-style-type: none"> • Web links to the NAP and coordinating group/agency. • If web links require local login/access, then web link to WHO NAP library or PDF copy of NAP. 	
	NAMS2	Development of antimicrobial stewardship (AMS) is an integral part of the NAP.		<ul style="list-style-type: none"> • Web link to NAP. If web link requires local login/access, then web link to WHO NAP library or PDF copy of NAP. 	
	NAMS3	There is a national Essential Medicines List (nEML) and/or formulary available to guide procurement and prescribing of antibiotics.		<ul style="list-style-type: none"> • Web link(s) to nEML and/or national formulary 	
GUIDANCE	NAMS4	There are up-to-date published national clinical /treatment guidelines for the management of infections.		<ul style="list-style-type: none"> • Web link(s) to relevant guidelines for the management of common infections. If web access requires login or local access, then consider screenshot summarising list of available guidance. 	
	NAMS5	National guidelines integrate WHO AWaRe classification and are aligned with the WHO Antibiotics Book.		<ul style="list-style-type: none"> • Web links that demonstrate guidance aligned with WHO Antibiotics Book and AWaRe. If web access requires login or local access, then consider screenshot summarising list of available guidance. 	
EDUCATION	NAMS6	There is accessible national training on antimicrobial prescribing and stewardship available for healthcare staff.		<ul style="list-style-type: none"> • Web links to available national training; should consider all types of prescribers, where relevant. 	
	NAMS7	AMS principles and strategies are included in the undergraduate curriculum of health-care professionals (medical, nursing and pharmacy schools).		<ul style="list-style-type: none"> • Web links to, or PDF copies of, AMS curricula (or programme learning outcomes) for medical, nursing and pharmacy students. 	
	NAMS8	The country/government supports regular or ongoing public awareness campaigns on AMR and the responsible/rational use of antibiotics.		<ul style="list-style-type: none"> • Web link(s) to public awareness campaigns • Copies of campaign materials can also be submitted if no central website is available 	

SURVEILLANCE	NAMS9	There is a national system in place to collect, analyse and disseminate national antimicrobial consumption and antimicrobial resistance surveillance data.		<ul style="list-style-type: none"> Web link to online systems that disseminate national AMR and antimicrobial consumption data. If online systems require local login or access, then screenshots of relevant aspects or copies of national reports can be submitted. 	
	NAMS10	National surveillance data is submitted to the WHO Global Antimicrobial Resistance and Use Surveillance System (GLASS).		<ul style="list-style-type: none"> Evidence from national agency that AMR and antimicrobial consumption data submitted to GLASS (e.g., web link to national agency or GLASS demonstrating this, or screenshot/document from national agency). 	

Organisational Antimicrobial Stewardship Programme Standards

	Standard		Completed (yes/no)	Suggested Evidence	Provided (yes/no)
STRUCTURES	OAMS1	Antimicrobial Stewardship (AMS) identified as a priority and supported by the Organisation's Executive team/Board		<ul style="list-style-type: none"> Executive meeting reports/minutes include AMS programme updates (may be part of IPC updates if AMS sits within IPC programme). Organisational operational plan and objectives specifically reference AMS. 	
	OAMS2	AMS Lead or Champion identified within the Organisation		<ul style="list-style-type: none"> Organisational diagram of governance process for AMS programme/team demonstrating links to Executive team/Board and other committees e.g., DTC, IPC. Name and role/job description of Exec Lead/SRO, demonstrating responsibility for AMS 	
	OAMS3	Established multi-professional AMS committee within the Organisation		<ul style="list-style-type: none"> Terms of reference outlining membership for AMS committee. 	
	OAMS4	The AMS committee has an agreed Terms of Reference, meets regularly (minimum every 3 months) and has documented meeting notes and actions agreed.		<ul style="list-style-type: none"> Terms of reference outlining meeting frequency. Meeting notes/minutes (may be redacted for confidentiality). Committee action log if actions not outlined in meeting notes (may be redacted for confidentiality) 	
	OAMS5	AMS committee reports to Executive team/Board and to other committees such as Drug and Therapeutics Committee, IPC Committee, Quality/Risk/Safety Committee.		<ul style="list-style-type: none"> Organisational diagram of governance process for AMS programme/team demonstrating links to Executive team/Board and other committees e.g., DTC, IPC. Terms of reference for AMS committee demonstrating reporting to Executive/Board and other relevant committees. May also submit terms of reference/agendas from committees reporting to. 	

	OAMS6	Identified AMS staff have dedicated time for AMS activities within their job role.		<ul style="list-style-type: none"> Copies of approved job plans for members of AMS team. If job plans not available, job/role descriptions can be submitted. 	
GUIDANCE	OAMS7	Organisation has formulary/list of approved antibiotics for use including specified list of restricted antibiotics that require approval by designated team or person		<ul style="list-style-type: none"> Web link to national or local formulary or PDF copy of formulary document. Restricted antibiotic list or policy document Screenshots of electronic system(s) that restricts specific antibiotics. These should demonstrate how restriction is presented/implemented (e.g., through built-in formulary, pop-ups, annotations, checkpoints, etc.) 	
	OAMS8	Local or national clinical treatment guideline for the empirical management of infections available and accessible to staff.		<ul style="list-style-type: none"> Web link or PDF copy/copies of Guidelines for empiric management of common infections and surgical prophylaxis. Evidence should demonstrate how these are made available to staff (e.g., weblink, screenshot of phone apps, etc.) 	
	OAMS9	Supplementary antibiotic guidelines e.g., IV to oral switch (IVOST), antimicrobials requiring therapeutic drug monitoring, specialist unit policies.		<ul style="list-style-type: none"> Web link or PDF copy/copies of supplementary guidelines 	
	OAMS10	Regular review/audit of compliance with the empirical guidelines across the Organisation or within specific wards/departments.		<ul style="list-style-type: none"> Copies of audit reports or presentations that measure and review adherence to guidelines. Reports/Data from ward round programme where it also includes data collection on compliance with guidelines. 	
EDUCATION	OAMS11	Basic principles of AMS included in induction training for clinical healthcare staff		<ul style="list-style-type: none"> Training resources as web link or slide set or hard copy for medical, pharmacy and nursing staff. Induction checklists/plans/agendas that demonstrate AMS is included within the induction programme. 	
	OAMS12	Annual programme of education on AMS for all staff who prescribe, administer, or monitor antibiotic therapy.		<ul style="list-style-type: none"> Web link or PDF of education plan, covering 12-months, demonstrating planned/delivered sessions for medical, nursing, and pharmacy staff, and any other staff involved in the administration or monitoring of antimicrobial therapy. 	
	OAMS13	Specialist training on AMR and AMS available for the AMS team.		<ul style="list-style-type: none"> Web link or copy of PDF demonstrating plan of specialist AMR and AMS training for the AMS team. Personal development/training plans for individual members of the AMS team, including evidence these were completed. 	

	OAMS14	Education/ patient information available to raise awareness and engage patients and the public in appropriate use of antibiotics		<ul style="list-style-type: none"> • Web link to patient and public information, or PDF copies of materials provided to patients and the public, regarding appropriate use of antibiotics. 	
SURVEILLANCE	OAMS15	Regular (at least annually) monitoring of the quantity and types of antibiotics used.		<ul style="list-style-type: none"> • Reports on antibiotic consumption from electronic patient management system, pharmacy stock system or paper-based pharmacy supply records. • Monitoring data/reports may be incorporated into other reports, where appropriate for the service/Organisation. 	
	OAMS16	Antibiotic use data contributed to national or regional surveillance systems.		<ul style="list-style-type: none"> • Screenshot/email of confirmation of submission to surveillance system(s). Sensitive information can be redacted for anonymity if necessary. • Web link to surveillance system website, that presents client Organisation data and/or lists Organisation as a contributor. 	
	OAMS17	A programme of regular (at least annually) cross Organisational prescription audits and/or point prevalence surveys used to assess the quality of antibiotic prescribing.		<ul style="list-style-type: none"> • Reports from prescribing audits and/or Point Prevalence Survey(s). • Extracts/Screenshots and/or demonstration of IT system data demonstrating analysis of quality of prescribing. 	
	OAMS18	Reports on quantity and quality of antibiotic use shared with senior management team, other committees, and senior clinicians.		<ul style="list-style-type: none"> • Copies of report(s) sent to senior management, committees, and clinicians. • Data and reporting may be incorporated into other broader reports. 	

Infection Prevention Standards

	Standard		Completed (yes/no)	Suggested Evidence	Provided (yes/no)
STRUCTURES	IPC1	Organisation has an Executive lead/SRO (senior responsible officer) and/or a Clinical Lead/Manager for IPC.		<ul style="list-style-type: none"> Organisational diagram of governance process for IPC demonstrating links to Executive team/Board and other committees. Name and role/job description of Exec Lead/SRO and/or Clinical Lead/Manager. 	
	IPC2	Organisation has a dedicated IPC Team that collaborates with the AMS team.		<ul style="list-style-type: none"> Organisational/department/team structure diagram of IPC Team that demonstrates collaboration/links to AMS Team Reports/Documents that demonstrate collaborative working between AMS and IPC Teams. 	
	IPC3	Organisation has an IPC Committee with links to senior management and other committees e.g., AMS Committee, Quality/Risk/Safety Committee.		<ul style="list-style-type: none"> Organisational diagram demonstrating IPC committee links to senior management and other committees. Copies of reports from IPC committee sent to senior management and other committees. 	
GUIDANCE	IPC4	International, national, or local IPC policies for key areas such as hand hygiene, IPC precautions and decontamination are available, accessible and all staff require to follow them.		<ul style="list-style-type: none"> Web link to national or local IPC policies/manual Or PDF copies of IPC policy(s)/manual(s) Evidence should demonstrate how these are made available to staff (e.g., weblink, screenshot of phone apps, etc.) 	
EDUCATION	IPC5	An IPC education and training programme is available and implemented for all staff as relevant to their role.		<ul style="list-style-type: none"> Training plan in place for medical, nursing and pharmacy staff with evidence of implementation (e.g., resources as web link or slide set or hard copy) Implementation may be demonstrated through IPC reports (e.g., Annual Report of Activities) 	
SURVEILLANCE	IPC6	Local programme for monitoring staff compliance with IPC policies		<ul style="list-style-type: none"> Copies of report(s) of monitoring staff compliance with IPC policies. Data/reporting may be contained within other reports. 	
	IPC7	HAI surveillance of locally agreed pathogens is a defined component of Organisation's IPC programme.		<ul style="list-style-type: none"> IPC committee terms of reference or service specification that states requirements of local HAI surveillance. Reports of HAI surveillance data. 	

Laboratory Standards

	Standard		Completed (yes/no)	Suggested Evidence	Provided (yes/no)
STRUCTURES	LAB1	Organisation has an in-house microbiology laboratory or utilises an external laboratory company under contract to the Organisation		<ul style="list-style-type: none"> Overview/description of how lab service provided. If in-house, may provide service specification documents. If external, details of provider should be submitted including web-address to provider (and/or service documents such as redacted contracts/SLAs) 	
	LAB2	Laboratory service is accredited by a professional body		<ul style="list-style-type: none"> Copies of certification of accreditation. Web-link to accreditation body demonstrating laboratory is accredited. 	
GUIDANCE	LAB3	Laboratory provides guidance on when and how to collect and send specimens for testing.		<ul style="list-style-type: none"> Web links or copies of guidance documents or evidence laboratory contributes to antimicrobial guidelines that make recommendations about specimens. 	
	LAB4	Laboratory staff provide interpretation of microbiology results and recommendations about antimicrobial treatment.		<ul style="list-style-type: none"> Laboratory handbook or web link detailing how results are reported including inclusion of microbiologist advice. Microbiologist advice may be demonstrated through screenshots of electronic systems used to communicate this. 	
EDUCATION	LAB5	Laboratory staff have access to local or national training on AMS relevant to their role.		<ul style="list-style-type: none"> Web link or copy of PDF demonstrating plan for AMS training for the laboratory team. Personal development/training plans for individual members of the laboratory team, including evidence these were completed. 	
SURVEILLANCE	LAB6	Laboratory data used to create local antibiograms (drug bug resistance profiles).		<ul style="list-style-type: none"> Example reports or web link showing antibiograms for key organisms and antimicrobials. 	
	LAB7	Laboratory data collated and submitted to regional/national centre or to GLASS (WHO).		<ul style="list-style-type: none"> Screenshot/email of confirmation of submission to surveillance system(s). Sensitive information can be redacted for anonymity if necessary. Web link to surveillance system website, that presents client Organisation data and/or lists Organisation as a contributor. 	

Good practice recommendations for each domain

These good practice recommendations do not impact on the accreditation level awarded but may be aspects of the service that the assessors would like to review during visits to your Organisation and may make recommendations for future development and improvement based on these. Therefore, no suggested evidence has been provided here but Organisations can use this section to note what evidence they must support meeting these recommendations.

Organisation AMS	Comments on evidence/examples provided
Structures	
AMS activities included in the Organisation's annual plans with key performance indicators/metrics	
Allocated human and financial resources to initiate and maintain AMS activities	
AMS committee has an agreed annual workplan	
AMS committee produces progress reports (minimum annually) on implementation of the AMS programme	
In addition to staff with dedicated time for AMS activities, other staff contribute to delivery of AMS activities e.g., IPC team, ward medical or nursing staff, pharmacy staff	
Staff involved in AMS activities communicate on a daily/weekly basis e.g., email, team meetings, staff huddles	
AMS committee and other staff involved in AMS activities collaborate with the IPC team	
Guidance	
Empirical guidelines reviewed and updated at least every 3 years to address any new evidence	
AMS committee/team provides patient specific advice or feedback to prescribers	
AMS team conduct regular clinical reviews e.g., ward rounds for post -prescription review with feedback	
Information technology solutions e.g., databases, used to support data gathering for AMS activities	
Electronic prescription charts used	
Prescription charts have specific section for antimicrobials	

Organisation has a written policy that requires prescribers to document the indication for antibiotics on the prescription chart and in medical record	
Education	
Organisation mandates ongoing in-service training or continuous professional development on AMS for clinical staff	
AMS education is delivered using a variety of methods to meet learner needs e.g., face to face, E-learning	
Surveillance	
AMS team share reports on antibiotic use data with senior management team, other committees, and senior clinicians	
Organisation regularly monitors shortages/stockouts of antimicrobials and share this information with clinical staff	
Mechanism within the Organisation to report substandard and falsified medicines and diagnostics	

Organisation IPC and HAI surveillance	Comments on evidence/examples provided
Structures	
In additional to members of IPC Team, the Organisation has other staff whose main role is IPC	
Education	
Professionals responsible for surveillance activities been trained in basic epidemiology, surveillance, and IPC (surveillance methods, data management and interpretation)	
Surveillance	
Data collected for monitoring staff compliance with IPC policies is used to support improvement work	
The Organisation has specific IPC personnel responsible for surveillance activities	
The Organisation has an informatics/IT system to support the HAI surveillance programme	
The Organisation use standard surveillance case definitions (defined numerator and denominator according to international definitions and standardised data collection methods e.g., CDC NHSN/ECDC)	
The Organisation has processes in place to regularly review data quality (for example, assessment of case report forms, review of microbiology results, denominator determination)	

The IPC Team provides reports on local surveillance and contributes to national reporting for key infections	
The IPC Team shares local surveillance reports with staff e.g., managers, clinicians	

Organisation microbiology laboratory services and AMR surveillance	Comments on evidence/examples provided
Structures	
Local quality assurance processes are used to ensure the accuracy of microbiological tests performed in the laboratory	
Information available on annual number of samples for various specimen types	
There are no limitations on the number of samples that can be sent to the microbiology laboratory	
The laboratory does not experience issues with providing testing such as availability of sundries, technical support for maintaining equipment, staffing resource	
Microbiology tests funded within the Organisation so patient ability to pay does not impact on their use	
Guidance	
A multi-professional approach is used in decision making around specimen requests and taking samples from patients – doctor authorisation needed, who takes samples	
The percentage of blood culture isolates considered to be contaminants is monitored and reported	
Systems are in place for communicating results – format of results? informing clinical team	
There is access to Microbiologist advice available 24 hours per day and 7 days per week	
Clinical staff can access patients’ previous laboratory results to inform treatment decisions	
Surveillance	
Process for informing the infection prevention/AMS team if a patient is found to be colonised or infected with an organism that requires isolation/transmission precautions or specialist advice on antimicrobial treatment	
Systems are in place for screening patients for specific bacterial carriage e.g., methicillin/oxacillin resistant Staphylococcus aureus, multi-resistant Gram negative Enterobacteriales, other organisms	