**Joint working party external consultation**

Guidelines for the control and prevention of meticillin-resistant *Staphylococcus aureus* (MRSA) in healthcare facilities: joint Healthcare Infection Society (HIS) and Infection Prevention Society guidelines.

**Closing date: 12 pm Wednesday July 7 2021**

|  |  |
| --- | --- |
| **Organisation** |  |
| **Title (e.g. Dr, Mr, Ms, Prof)** |  |
| **Name** |  |
| **Job title or role** |  |
| **Address and post code** |  |
| **Telephone number** |  |
| **Email address** |  |
| Please let us know whether you would like your comments to be posted in the published document by ticking one of the following:  Full response with the name  Anonymous response  Do not add to the document | |

*Please provide comments on the draft guideline on the form below, putting each new comment in a new row. When feeding back, please note the section you are commenting on (for example, section 1 Introduction and line number). If your comment relates to the guideline as a whole, then please put ‘general’. Add extra rows if required.*

***Please note*** *comments will only be accepted electronically on this proforma and if accompanied by the signed Conflict of Interest form below.*

| Section | Comments |
| --- | --- |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**Closing date:** Please forward this electronically by 12pm on July 7 2021 to [consultations@his.org.uk](mailto:consultations@his.org.uk?subject=MRSAipc%20external%20consultation)

**Healthcare Infection Society Conflict of Interests Disclosure Form**

**Responses to consultation**

**Introduction**

The Healthcare Infection Society (HIS) requires that any external peer reviewers must declare all interests and membership of committees prior to commenting in the consultation phase.

The details given in this form will be retained on a register at the Society’s Head Office and will be made available for publication, if required.

**Instructions**

1. Please report all relationships with pharmaceutical, diagnostic, cleaning equipment suppliers (and their agents) or such similar companies involved in biomedical products in 2016 - 2018.
2. Further information is likely to be requested if any positive responses are given in the sections below.
3. If an undisclosed competing interest is later proven, HIS will follow Committee on Publication Ethics (COPE) guidelines.
4. If there is nothing to disclose, please so indicate.
5. This declaration covers pecuniary and non-pecuniary interests for the period of the last two years.

|  |  |
| --- | --- |
| **Name** |  |
| **Organisation** |  |
| **Signature** |  |
| **Date** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **1. Pecuniary interests** | **None** | **£<1,000** | **£>1,000** |
| **Consultancy Work**  This refers to any paid retainer or agreement between the member and a company usually with a contract for a specific period and includes payment for attending Advisory Board meetings. |  |  |  |
| **Speaker fees**  This section mainly concerns fees (e.g. for lectures, commissioned articles, or other suchlike paid activity) received from a commercial sponsor and where the member has benefited personally. |  |  |  |
| **Company shares**  This section would include any shares held by the member in the biomedical industry (e.g., pharmaceutical, diagnostic, or such similar companies). |  |  |  |
| **Grant support**  This refers to fees and grants paid to the member which have been used for research, education, equipment, salaries (including Fellowships) in your department and for personal travel/hospitality for conferences meetings. |  |  |  |
| **Other paid income**  This refers to patents or royalties, serving as an expert witness, or performing other activities for an entity with a financial interest in this area undertaken by the member. |  |  |  |
| **Other relevant disclosure**  This refers to any other relationship which is financial or with an organisation that, if not disclosed by the member, could compromise the member or HIS as a charitable organisation. |  |  |  |
| **2. Non-pecuniary interests**  You are required to declare any trusteeships in other organisations, other committee memberships or directorships, which have conflicting or competing interests. | | | |
| **Trusteeships**  Give full name of organisation(s) and information on term served to date and retirement date. | | | |
|  | | | |
| **Committee memberships**  Give full name of organisation(s) and indicate your role on any committees, giving details of term served to date and retirement date. | | | |
|  | | | |
| **Directorships**  Give full name of organisation(s) and information on term served to date and retirement date. | | | |
|  | | | |