

<p>Status: Guideline: Offers direction and guidance on good practice, need not necessarily be strictly adhered to.</p>	<p>Policy No: ICG 05 Revision No: 0 Date Approved: 01/03/11 Review Date: 01/03/13</p>
<p>Title: Guidelines for the Control, Prevention and Management of Healthcare Associated Infections</p>	
<p>Written by: Clinical Practice Project Group</p>	
<p>Approved by: National Risk Management Committee</p>	
<p>Cross Reference: ICG 01, ICG 02, BPH 01</p>	

1.0 Purpose

The purpose of these guidelines is to provide direction on the control and prevention of Healthcare Acquired Infections, to prevent cross infection and uphold standards of safe practice in Cheshire Ireland centres/services.

2.0 Scope

These guidelines are generic in nature and refer to all Cheshire Ireland employees providing services to Cheshire Ireland service users.

3.0 Responsibility

It is the responsibility of service managers to ensure staff are familiar with the guidelines and to monitor compliance.

Service Managers/Lead clinical support:

- Should ensure that all staff are aware of their individual and collective responsibility in preventing, reducing and controlling the spread of communicable/transmissible diseases and how they can contribute to improving the service.
- All staff receives training for Infection Prevention and Control. This includes; mandatory orientation/induction, annual updates, area specific training, hand hygiene and the use of personal protective equipment and disposal of sharps.
- Are responsible for providing a safe, effective and clean environment which minimizes and reduces the risk of infection among service users, staff and visitors.
- It is the responsibility of all staff providing services to people who use Cheshire services to be familiar with and adhere to these guidelines.

4.0 Definitions

Healthcare Associated Infection (HAI), MRSA, C. Difficile, Urinary tract infections etc – are infections that are acquired as a result of healthcare interventions

The rise in Healthcare Associated Infections is presenting a significant challenge to health systems throughout the world and Ireland is no different. MRSA, and C. Difficile infections are not necessarily hospital acquired, however as an unintended result of seeking care, these infections can lead to more serious illness, prolonged hospital stays and can cause long term disability. The World Health Organisation (WHO) estimates that as many as 1 in 10 service users are harmed in receiving hospital care.

Hygiene: The practice that serves to keep people and the environment clean. In a healthcare setting it incorporates the following key areas: environment and facilities, hand hygiene, catering, management of laundry, waste and sharps, and equipment, specifically in the context of preventing and controlling infection.

Invasive Medical Device: Is an object which is used for diagnostic or therapeutic purposes which penetrates or breaks the skin or body cavity.

MRSA stands for methicillin-resistant staphylococcus aureus. Staphylococcus aureus is a bacterium that can reside on the skin or can be found in the nose of about one third of healthy individuals. It is generally non-pathogenic except where it gains access to deep tissues such as broken skin, resulting in surgical site or wound infection, the blood stream, leading to blood stream infection or to the lungs causing for example ventilator-associated pneumonia.

Clostridium difficile (*C. difficile*) colitis is an infection of the colon caused by *C. Difficile* that occurs primarily among individuals who have been using antibiotics. *C. Difficile* is a bacterium which can be found in low numbers in the intestine of a small proportion (less than 5%) of the healthy adult population. Normally the 'good' bacteria in the intestine stop it causing any illness. When antibiotics are given to a person with *C. Difficile* in the intestine, the 'good' bacteria may be damaged, and this may allow *C. Difficile* to produce an inflamed intestine (colitis) producing diarrhoea, or sometimes more serious symptoms.

5.0 Guidelines

5.1 General guidelines for providing a service to a person with HAI:

- In line with a person centred approach, it is vital to engage with the service user to ensure they are aware they have HAI and are provided with information on the control of the relevant HAI.
- In relation to the control of HAI, staff will respect the rights of people who use Cheshire services to be treated with sensitivity and respect as individuals, and to have wishes and opinions in relation to the control of HAI considered fairly (Cheshire Ireland National Consumer Committee, 2004).
- Following engagement with the service user in question, and in the interests of all involved, staff will be made aware, where known, if a person they are providing a service to has HAI. All staff in a service or centre may not need access to this information (BPH 01). Staff will treat this information with the utmost respect and confidentiality. The service user in question will be informed which staff are being made aware of this information, and may be involved in this process.
- **Hand Hygiene practices that prevent, control and reduce the risk of the spread of Healthcare Associated Infections are in place.**
- Disposable gloves will be worn if contact with blood/body fluids or dressings is expected (SARI, 2005) and hands will be washed after removing the gloves (Ref: Guidelines for the use of Protective Clothing, ICG 01).
- Single use plastic aprons will be worn if clothing is likely to have direct contact with blood or body fluids (Ref: Guidelines for the use of Protective Clothing, ICG 01).

Device related infections Nearly a quarter of all HAI are device related, therefore, systems are required to prevent microorganisms from entering the device and/or the bloodstream by:

- Upholding strict adherence to sterile procedure e.g. catheterization, PEG tube insertion and hand hygiene before and after any invasive procedure, manipulation of the invasive medical device and dressing changes.
- Daily inspection and review of the need for the invasive medical device.
- Systems in place to track the management of the medical device from the date of insertion.
- Single use invasive medical devices are not reused.

- Relevant staff are competently trained in invasive medical device insertion, maintenance, replacement and care, and this is documented in the Best Possible Health Checks Plan.
- Service users/Relatives/Carers are educated and trained in the management of invasive medical devices (where relevant).
- All protective clothing used by a service user with HAI be discarded in Healthcare Risk waste (Ref: Guidelines for the use of Protective Clothing, ICG 01).
- Cheshire service users with HAI will be accommodated in single rooms if possible.
- Cheshire service users who are colonised with HAI will not be isolated or restricted from social group activities, once wounds are covered. If there is reason to think that they are shedding large numbers of bacteria (e.g. large wounds not contained by dressings, a tracheostomy with frequent coughing) segregation may need to be considered (SARI, 2005). This would only take place in negotiation and engagement with the service user.
- Equipment with which the HAI colonised service user comes into contact, such as a commode, will be cleaned with detergent and hot water. Chemical disinfection is not required (SARI, 2005). However, where there is heavy soiling, e.g. where floors or other surfaces are contaminated with faeces, it is necessary to first “clean” the surface by removing the faeces or vomit (and then apply the disinfectant cleaner (thick bleach or spray) to make the surface visibly clean. Cutlery, crockery, and healthcare risk waste should be dealt with as per normal routine. No additional measures required (SARI, 2005).
- Clothes and bedding should be machine-washed, preferably on a hot wash setting, or dry cleaned if unsuitable for machine washing (SARI, 2005).

Troubleshooting:

- Staff should change and not wear their work clothes outside the service if they have had direct contact with blood or body fluids at work.
- Staff should not come to work if they have diarrhoea.

6.0 References

Ayliffe, J (2000) *Control of Hospital Infection* (4th Ed) Arnold, New York.

ICNA Publication (April 2002) *Personal Protective Clothing Principles and Guidance*.

Infection Control (2003) *Journal of Hospital Infection*, Vol 55, Supp. 2 December.

SARI - Strategy for the control of Antimicrobial Resistance in Ireland (2004) *The Control and Prevention of MRSA in Hospitals and in the Community* www.ndsc.ie

Clostridium Difficile Infection. Association of Medical Microbiologists 2009.

National Standards for the Prevention and Control of Healthcare Associated Infections May 2009 HIQA

Guidance on prevention and control in healthcare settings from CDI NHS 2009

7.0 Appendices