Essential steps to safe, clean care

Reducing healthcare-associated infections in Primary care trusts; Mental health trusts; Learning disability organisations; Independent healthcare; Care homes; Hospices; GP practices and Ambulance services.

Preventing the spread of infection

Aims
To reduce the risk of microbial contamination in everyday practice and to ensure there is a managed environment that minimises the risk of infection to patients, clients, staff and visitors

Risk elements
• Hand hygiene
• Use of personal protective equipment
• Aseptic technique
• Safe disposal of sharps

Hand hygiene
• Staff should always clean their hands before and after each care activity.
• Staff should use correct hand hygiene procedure.

Personal protective equipment
• Staff should wear personal protective equipment (PPE) if at risk of exposure to blood and bodily fluids.
• These include gloves, aprons, masks and goggles/visors.
• Gloves and aprons should be used as single-use items.

A clean and safe (aseptic/aseptic non-touch) technique as appropriate
• Sterile equipment should be used.
• Staff should always use aprons and gloves for invasive devices and wound care.

Safe disposal of sharps
• A sharps container should be available at the point of use.
• Whoever uses the sharp must dispose of it themselves.
• Staff should not remove the needle from the syringe before disposal into the sharps bin.
• Staff should never resheath needles
• Staff should not pass sharps from hand to hand
• Staff should not overfill sharps containers.

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How to use the review tool

Step 1
All staff have had the opportunity to look at the review tool and supporting evidence. They have had time to ask questions and understand why it is being used.

Step 2
A short period of time to conduct the series of observations is determined. The number of observations needed is determined by the team or individuals involved.

Step 3
Following that period of time, a series of observations is conducted to calculate compliance. During the supervision and support period, a period of time has been set aside to complete the review tool. During this period, all staff are re-assessed to assess their understanding and ability to carry out the risk elements.

Step 4
When each observation has been completed, the document is then reviewed to assess whether all risk elements have been performed correctly and the appropriate feedback is given.

Step 5
The aim is for all risk elements to be completed within the care process. When this is not being achieved, score the risk elements vertically on the review tool. This will help to identify which risk elements are not being performed.

Step 6
Timely feedback should be given and changes in actions and practices should be implemented to progress improvement. Refer to the risk elements and safety actions in the leaflet for evidence to support the changes in action.

In this example, another quick way to score is to allocate 20 points to every yes answer. This will give you a % compliance for each risk element.
Clinical procedures and care processes. Recommendations in place, with the aim of addressing infection control throughout steps have been developed to support all other infection prevention and control people within a variety of settings to prevent the spread of infection. Essential steps have been developed to support all other infection prevention and control people within a variety of settings to prevent the spread of infection. Essential steps provide opportunity for all staff caring for detailed methodology for monitoring infection control activities in the non-acute organisations should acknowledge the importance of infection control practices. In 2004, a review by the National Audit Office (NAO 2004) of the progress in infection control, since their previous report in 2000, commented that healthcare organisations should acknowledge the importance of infection control practices. To aid the improvements in standards, the Infection Control Nurses Association published the Infection Control and Audit tools for the community which provide detailed methodologies for monitoring infection control activities in the non-acute setting (ICNA 2005).

The introduction of Essential steps provides opportunity for all staff caring for people within a variety of settings to prevent the spread of infection. Essential steps have been developed to support all other infection prevention and control people within a variety of settings to prevent the spread of infection.

Risk elements and safety actions

The risk elements of the care process are based on Saving lives (DH, 2005), Prevention of healthcare associated infection in primary and community care (NICE, 2003) and the EPIC guidelines (Pratt et al., 2001), and the safety action points are how the risk elements should be carried out. The list of elements and safety action points are not meant to replace existing guidelines but to act as a simple method for improving the reliability of the clinical process.

Where local guidance and policies already exist, their use in clinical practice can be assessed by using this intervention, or by tailoring the Review tool to meet local needs.

The risk elements are:

- Hand hygiene
- Use of personal protective equipment
- Aseptic technique
- Safe disposal of sharps

The hand wash solution must come into contact with all surfaces of the hand.

1. Palm to palm.
2. Two hands to backs of hands with fingers interlaced.
3. Palm to palm and fingers interlaced.
4. Backs of fingers to opposing palms with fingers interlocked.
5. Rotational rubbing of right thumb clasped in left palm and vice versa.
6. Rotational rubbing backwards and forwards with clasped fingers of right hand in left palm and vice versa.

- Rinsing: Hands should be rinsed thoroughly before they are dried.
- Drying: A good-quality paper towel should be used to dry thoroughly.

All staff should have access to the means to clean their hands at the point at which they deliver care. This is not often feasible with placement of sinks. It is, however, completely feasible and achievable with placement of handrubs. These rubs should be at the point of care. Too far away from the care action in which they are needed and the chance is lost; hands will keep hold of potentially dangerous microbes and infection may spread.

Reference


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Preventing the spread of infection

What we should be doing

- Staff should always clean their hands before and after each care activity.
- Staff should use correct hand hygiene procedure.
- Staff should always use aprons and sterile gloves for invasive devices and wound care (as appropriate).
- Staff should never resheath needles.
- Staff should not overfill sharps containers.
- Staff should not remove the needle from the syringe before disposal into the sharps bin.
- Staff should use correct hand hygiene procedure.
- Staff should wear personal protective equipment (PPE) if at risk of exposure to blood and bodily fluids.
- Staff should wash their hands at the point of care.
- Staff should rinse their hands thoroughly before they are dried.
- Staff should dry their hands thoroughly.
- Staff should use a good-quality paper towel.

How we should be doing this

- Preparation: Wetting hands under running water before applying liquid soap.
- Washing: The hand wash solution must come in to contact with all surfaces of the hand.
- Rinsing: Hands should be rinsed thoroughly before they are dried.
- Drying: A good-quality paper towel should be used throughout.

Hand hygiene

Staff should always clean their hands before and after each care activity.

Staff should use correct hand hygiene procedure:

- Preparation: Wetting hands under running water before applying liquid soap.
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Prevention of healthcare associated infection in primary and community care, Department of Health, London.
Hand hygiene

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1. Preparation:
   - Wetting hands under running water before applying liquid soap:
   - Washing:
      - The hand-wash solution must contact with all surfaces of the hand:
        1. Palm to palm.
        2. Right palm over left dorsum and left palm over right dorsum.
        3. Palm to palm and fingers interlaced.
        4. Backs of fingers to opposing palms with fingers interlocked.
        5. Rotational rubbing of right thumb clasped in left palm and vice versa.
        6. Rotational rubbing backwards and forwards with clasped fingers of right hand in left palm and vice versa.
   - Rinsing:
     - Hands should be rinsed thoroughly before they are dried.
   - Drying:
     - A good-quality paper towel should be used to dry thoroughly.
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References

www.epic.tvu.ac.uk/epicphase/1.html
www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/HealthcareAcquiredInfection/
www.nai.ac.uk/publications/nao_reports/03-04/0304876es.pdf
www.nice.org.uk/page.aspx?o=CG002

Risk elements and safety actions

The risk elements of the care process are based on Saving Lives (DH, 2005), Prevention of healthcare associated infection in primary and community care (NICE, 2003) and the EPIC guidelines (Pratt et al, 2001), and the safety action points are how the risk elements should be carried out. The list of elements and safety action points are not meant to replace existing guidelines but to act as a simple method for improving the reliability of the clinical process. Where local guidance and policies already exist, their use in clinical practice can be assessed by using this intervention, or by tailoring the Review tool to meet local needs.

The risk elements are:

- Hand hygiene
- Aseptic technique
- Personal protective equipment
- Use of personal protective equipment
- Safe disposal of sharps

A clean and safe (aseptic/aseptic non-touch) technique as appropriate

- Shands equipment should be used.
- Staff should always use aprons and sterile gloves for invasive devices and wound care (as appropriate).

Safe disposal of sharps

- A sharps container should be available at the point of use.
- Whoever uses the sharp must dispose of it themselves.
- Staff should not remove the needle from the syringe before disposal into the sharps bin.
- Staff should never re-sharpen needles.
- Staff should not pass sharps from hand to hand.
- Staff should not overfill sharps containers.

References

The impact of healthcare-associated infection (HCAI) has prompted steps to prevent and reduce risk throughout the patient’s care journey. In 2003, Winning Ways recommended that all staff apply "rigorously and consistently the measures known to be effective in reducing the risks of healthcare-associated infection", and specified that there should be high levels of compliance with infection prevention and control procedures (DH 2003).

In 2004, a review by the National Audit Office (NAO 2004) of the progress in infection control, since their previous report in 2000, commented that healthcare organisations should acknowledge the importance of infection control practices. To aid the improvements in standards, the Infection Control Nurses Association published the Infection Control and Audit tools for the community which provide detailed methodologies for monitoring infection control activities in the non-acute setting (ICNA 2005).

The introduction of Essential steps provides opportunity for all staff caring for people within a variety of settings to prevent the spread of infection. Essential steps have been developed to support all other infection prevention and control recommendations in place, with the aim of addressing infection control throughout the patient and service user journey. These Essential Steps can be considered for all clinical procedures and care processes.

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Personal protective equipment

- Staff should wear personal protective equipment (PPE) if at risk of exposure to blood and bodily fluids.
- These may include gloves, aprons, masks and goggles/spectacles.
- Gloves and aprons should be used as single-use items.

References
Department of Health , London. www.npsa.nhs.uk/cleanyourhands/campaign

How should we be doing this

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Period of time over which the review was conducted:

\[
\frac{\text{Number of yes scores}}{\text{Number of observations}} \times 100 = \% \text{ Compliance for each risk element}
\]

In this example another quick way to score is to allocate 20 points to every yes answer, which will give you a % compliance for each risk element.

Aseptic technique

Have all equipment sterile before use

Safe disposal of sharps

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