

Prevention and control of healthcare-associated infections overview

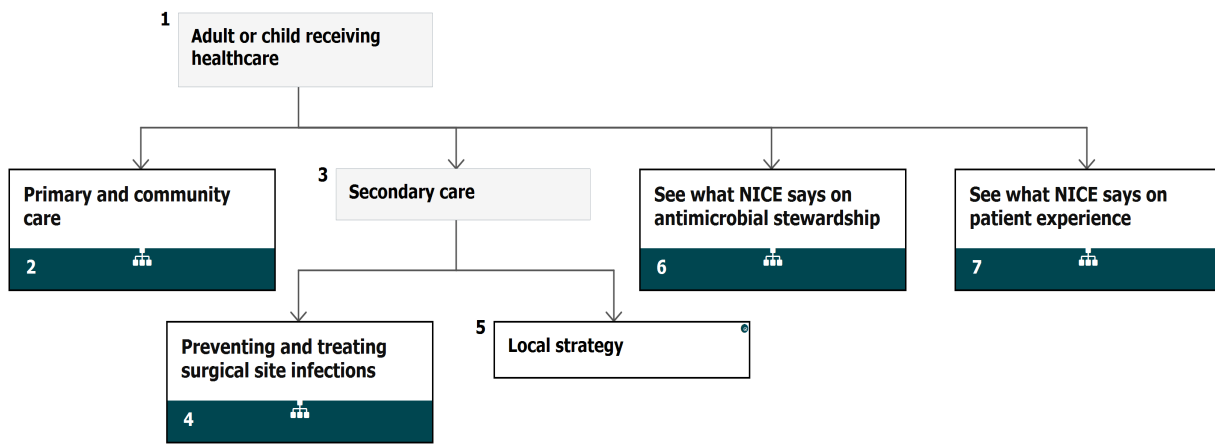
NICE Pathways bring together all NICE guidance, quality standards and other NICE information on a specific topic.

NICE Pathways are interactive and designed to be used online. They are updated regularly as new NICE guidance is published. To view the latest version of this pathway see:

<http://pathways.nice.org.uk/pathways/prevention-and-control-of-healthcare-associated-infections>

Pathway last updated: June 2017

This document contains a single pathway diagram and uses numbering to link the boxes to the associated recommendations.



1 Adult or child receiving healthcare

No additional information

2 Primary and community care

[See Prevention and control of healthcare-associated infections / Prevention and control of healthcare-associated infections in primary and community care](#)

3 Secondary care

No additional information

4 Preventing and treating surgical site infections

[See Prevention and control of healthcare-associated infections / Preventing and treating surgical site infections](#)

5 Local strategy

NICE, in partnership with the Health Protection Agency (HPA), has published the following measures of excellence in infection prevention and control, at a management or organisational level. This guidance is for board members working in (or with) hospitals.

Board-level leadership

Trust boards demonstrate leadership in infection prevention and control to ensure a culture of continuous quality improvement and to minimise risk to patients.

Be a learning organisation

Trusts use information from a range of sources to inform and drive continuous quality improvement to minimise risk from infection.

Healthcare-associated infections surveillance

Trusts have a surveillance system in place to routinely gather data and to carry out mandatory monitoring of HCAs and other infections of local relevance to inform the local response to HCAs.

Workforce capacity and capability

Trusts prioritise the need for a skilled, knowledgeable and healthy workforce that delivers continuous quality improvement to minimise the risk from infections. This includes support staff, volunteers, agency/locum staff and those employed by contractors.

Environmental cleanliness

Trusts ensure standards of environmental cleanliness are maintained and improved beyond current national guidance.

Multi-agency working

Trusts work proactively in multi-agency collaborations with other local health and social care providers to reduce risk from infection.

Communication

Trusts ensure there is clear communication with all staff, patients and carers throughout the care pathway about HCAs, infection risks and how to prevent HCAs, to reduce harm from infection.

Admission, discharge and transfer

Trusts have a multi-agency patient admission, discharge and transfer policy which gives clear, relevant guidance to local health and social care providers on the critical steps to take to minimise harm from infection.

Patient and public involvement

Trusts use input from local patient and public experience for continuous quality improvement to minimise harm from HCAs.

Trust estate management

Trusts consider infection prevention and control when procuring, commissioning, planning, designing and completing new and refurbished hospital services and facilities (and during subsequent routine maintenance).

New technology and innovation

Trusts regularly review evidence-based assessments of new technology and other innovations to minimise harm from HCAs and antimicrobial resistance.

For more information about how these measures of excellence can be used in practice, see the NICE guideline on [healthcare-associated infections: prevention and control](#).

NICE has written [information for people visiting, or receiving treatment in, NHS hospitals on the prevention and control of healthcare-associated infections](#).

Quality standards

The following quality statements are relevant to this part of the interactive flowchart.

Healthcare-associated infections quality standard

1. Surveillance
2. Collaborative action
3. Responsibilities of hospital staff
4. Planning, design and management of hospital facilities
5. Admission, discharge and transfer

Infection prevention and control quality standard

2. Organisational responsibility

Surgical site infection quality standard

7. Surveillance – surgical site infection

6 See what NICE says on antimicrobial stewardship

[See Antimicrobial stewardship](#)

7 See what NICE says on patient experience

[See Patient experience in adult NHS services](#)

Glossary

Aseptic technique

an aseptic technique ensures that only uncontaminated equipment and fluids come into contact with susceptible body sites, which should be used during any clinical procedure that bypasses the body's natural defences; using the principles of asepsis minimises the spread of organisms from one person to another

Clean surgery

surgery involving an incision in which no inflammation is encountered, without a break in sterile technique, and during which the respiratory tract, alimentary or genitourinary tracts are not entered

Clean-contaminated surgery

surgery involving an incision through which the respiratory, alimentary, or genitourinary tract is entered under controlled conditions but with no contamination encountered

Contaminated surgery

surgery involving an incision in which there is a major break in sterile technique or gross spillage from the gastrointestinal tract, or an incision in which acute, non-purulent inflammation is encountered; open traumatic wounds that are more than 12–24 hours old also fall into this category

CRBSI

catheter-related bloodstream infection

Debridement

the excision or wide removal of all dead (necrotic) and damaged tissue, that may develop in a surgical wound

Direct patient care

'hands on' or face-to-face contact with patients, in other words any physical aspect of the healthcare of a patient, including treatments, self-care and administration of medication

Dirty or infected wound

an incision undertaken during an operation in which the viscera are perforated or when acute inflammation with pus is encountered (for example, emergency surgery for faecal peritonitis), and for traumatic wounds where treatment is delayed, there is faecal contamination, or devitalised tissue is present

Hand decontamination

the use of handrub or handwashing to reduce the number of bacteria on the hands; in this interactive flowchart, this term is interchangeable with 'hand hygiene'

Handrub

a preparation applied to the hands to reduce the number of viable microorganisms; this guidance refers to handrubs compliant with British standards (BS EN1500; standard for efficacy of hygienic handrubs using a reference of 60% isopropyl alcohol)

HCAIs

healthcare-associated infections

Healing by primary intention

occurs when a wound has been sutured after an operation and heals to leave a minimal, cosmetically acceptable scar

Healing by secondary intention

occurs when a wound is deliberately left open at the end of an operation because of excessive bacterial contamination, particularly by anaerobes or when there is a risk of devitalised tissue, which leads to infection and delayed healing; the wound may be sutured within a few days (delayed primary closure), or much later when the wound is clean and granulating (secondary closure), or left to complete healing naturally without the intervention of suturing.

Healthcare workers

people employed by the health service, social services, a local authority or an agency to provide care for a sick, disabled or elderly person

Healthcare waste

any waste produced by, and as a consequence of, healthcare activities

Interactive dressing

modern (post-1980) dressing materials, designed to promote the wound healing process through the creation and maintenance of a local, warm, moist environment underneath the chosen dressing, when left in place for a period indicated through a continuous assessment process

Perfusion

blood flow through tissues or organs; if not optimal, it can increase the risk of infectious complications (particularly surgical site infections)

Personal protective equipment

equipment that is intended to be worn or held by a person to protect them from risks to their health and safety while at work; examples include gloves, aprons, and eye and face protection

Sources

[Healthcare-associated infections: prevention and control](#) (2011) NICE guideline PH36

Your responsibility

The guidance in this pathway represents the view of NICE, which was arrived at after careful consideration of the evidence available. Those working in the NHS, local authorities, the wider public, voluntary and community sectors and the private sector should take it into account when carrying out their professional, managerial or voluntary duties. Implementation of this guidance is the responsibility of local commissioners and/or providers. Commissioners and providers are reminded that it is their responsibility to implement the guidance, in their local context, in light of their duties to avoid unlawful discrimination and to have regard to promoting equality of opportunity. Nothing in this guidance should be interpreted in a way which would be inconsistent with compliance with those duties.

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Contact NICE

National Institute for Health and Care Excellence
Level 1A, City Tower
Piccadilly Plaza
Manchester
M1 4BT

www.nice.org.uk

nice@nice.org.uk

0845 003 7781