G8	Standard	Prevention of healthcare associated infections (HCAIs) whilst moving and handling (M & H)

Systems are in place to cover all reasonably foreseeable handling situations where cross transmission of HCAIs may occur from recognised and/ or unrecognised sources to patients/ service users/ staff/ visitors and vice versa in health and social care settings. If cross contamination occurs, appropriate decontamination measures are initiated to control further spread.

Justification

Rationale

Standard infection control precautions (SICP) in relation to M&H should be applied routinely in all health and social care settings to prevent the spread of infection. This includes:

- balancing risks by minimising/ reducing direct contact with patients/ service users where acceptable
- decontamination of hands and equipment
- use of personal protective equipment (PPE*)*
- use of bed space guidelines as appropriate

Authorising Evidence

HSWA (1974); DH (2006); DH (2009); DH (2010[a]); DH (2010[b]); MHOR (2004); MHSWR (2000); PPE (2005)

Links to other published standards & guidance

CQC (2010); DH (1995); DH (2003); DH (2005); DH (2011); HPC (2008); HPA (2006); NAO (2004); NICE (2003); NPSA (2008a&b); NMC (2010); NRIC (2004); POST (2005); RCN (2009); RCN (2012); Ruszala et al (2010); Space for health; WHO (2006)

Cross reference to other standards in this document

G1-40

Appendices

4, 5, 7, 21

Verification Evidence

- requirements for compliance to achieve and maintain this standard

- The organisation's IPC and linen policies are available for all staff.
- Resources are available and accessible for the care of patients/ service users with infection, such as hand washing/ decontamination facilities, single patient use equipment, single rooms where appropriate.
- Infection prevention risk assessments are carried out on admission/ on the first visit to a patient/ service user/ client.

- All staff demonstrate:
- effective hand washing and decontamination procedures
- appropriate use of PPE
- knowledge and use of local procedures for laundering and decontamination of hard equipment

- There is evidence of periodic audits of work areas, equipment and staff hand hygiene.
- Guidelines are available for:
- the decontamination of equipment
- storage of laundered equipment.

- Written information/ guidance for patients/ service users/ clients and others is provided.

G8 Protocol – prevention of healthcare associated infections (HCAIs) whilst M&H

Authors: Janet Cook, Joan Gabbett

Throughout G8 there is an expectation that the manual handling practitioner (MHP)/ back care advisor (BCA) and others involved in MH will access and comply with the organisation's IPC policy and guidance.

1. Introduction and background

This protocol relates to infection prevention and control (IPC) as it applies to M&H practice. Further clinical IPC issues are not included.

In the past, many carers, particularly nurses, suffered back injury (Pheasant & Stubbs, 1992). Following the introduction of new regulations[1] employers had to provide mechanical aids to reduce the risk of injury. At the time, little thought was given to the prevention of cross contamination[2] caused in part by the use of such equipment (Boden, 1999; Barnett et al, 1999).

Prevention of infection is a fundamental requirement for safer practice. Experts estimate that, at any one time, 9% of in-patients have a hospital acquired infection (HAI) (National Audit Office (NAO), 2004). HAIs may cause 5000 deaths, and contribute to over 15,000 deaths per year in the UK (NAO, 2004). HCAIs are caused by bacteria, viruses and fungi, mostly harmless to healthy people, but causing ill-health when the body's natural balance is disturbed.

The hands of healthcare workers are a major route through which persons can become infected; micro-organisms are transmitted by staff from one person to another, or from the environment to the person (Department of Health (DH), 2003).

M&H practice inevitably involves direct contact with persons, their clothing and equipment, and the environment in both community and hospital settings with implications for the transmission of HCAIs.

It is now evident that certain pathogens[3] can survive for extended periods on objects and surfaces, persist despite disinfection and transfer to healthcare workers hands (Weber & Rutala, 2011; Otter et al, 2011). These pathogens may have serious consequences, particularly for elderly people, as many bacteria have developed a resistance to antibiotics which makes any infection harder to treat (Parliamentary Office for Science and Technology, 2005). The

[1] Management of Health and Safety at Work Regulations (MHSWR, 2000) and the Manual Handling Operations Regulations (MHOR, 2004) which first came into force in 1993.
[2] The process of bacteria being transferred between health care worker and patient or from the environment.
[3] Micro-organisms that can cause disease.

Health Protection Agency (HPA) reported a 130% increase in deaths from Clostridium difficile between 1994 and 2004 (HPA, 2006).

Hand hygiene[4] by healthcare workers remains the main preventative measure but compliance with good practice is usually low (Pittet et al, 2011).

Standard, previously known as universal, precautions were first recommended as a result of the HIV and AIDS risk to healthcare workers (Centre for Disease Control 1985, 1988) whereupon everyone was considered as a possible carrier. The precautions were designed for staff and others who came into contact with people or bodily fluids. In the late 1980s the UK adopted, then expanded, universal precautions to include all routes of transmission.

More recently, the DH (2003) and the National Institute for Clinical Excellence (NICE) (2003) set out guidelines to combat HAI in secondary and primary care and since January 2004 mandatory reporting to the Health Protection Agency (HPA) is required for all cases of a virulent pathogen in the over-65-year age group (HPA, 2006).

Subsequent recommendations were written by the World Health Organisation (WHO) (2006) and the Saving Lives Programme, a national strategy for the prevention and control of HCAIs, was set up (DH' 2005) with the aim of reducing infection rates by 60% by 2008.

Recent reductions in some HCAIs (linked with improvements of IPC) have been achieved by implementation of the Health and Social Care Act 2008 (DH, 2010[a])[5] with the contribution of the Infection Prevention Practitioner (IPP) (King et al, 2011[a]).

The IPC minimum standards document developed by the Royal College of Nursing (RCN) and the Infection Prevention Society (RCN 2009) seeks to highlight current issues and encourage the four UK Departments of Health and independent Health and Social Care organisations to develop common standards.

For the MHP increased/ continued awareness of their influence/ effect on the infection transmission pathway via direct contact with patients, their working environment and handling equipment is fundamental to safe M&H practice.

While the IPP or specialist nurse is the key worker to advise in healthcare settings, the document 'Essential practice for infection prevention and control; Guidance for nursing staff' (RCN, 2012) could also provide useful information for MHPs/BCAs.

[4] Including hand washing, hand decontamination (Section 2: Management).

[5] A code of practice (DH 2010[a]) which identifies criteria for the assessment of cleanliness and competence. Within this code of practice (p 97) are specific references to registered providers of healthcare in acute care, care homes, primary care medical and dental services and ambulance trusts.

2. Management, organisation, supervision and support

All UK healthcare organisations must comply with national strategy and regulatory standards for IPC (RCN, 2012).

All areas should be managed and organised following recognised best practice for the prevention of HCAIs (MHSWR, 2000; Care Quality Commission (CQC), 2010).

All healthcare personnel should have access to adequate and appropriate resources/ facilities for hand washing, decontamination[6] of hands and equipment[7] (Personal Protective Equipment at Work Regulations (PPE) 2005; NICE, 2003). Guidance on alternative arrangements for hand hygiene should be available for situations where facilities are not suitable or available[8].

There should be regular meetings between the IPC and bed management teams[9] (The Health Act, 2006) to ensure compliance on prevention and control of HCAIs.

All healthcare personnel involved in care must;

- be trained and updated (NICE, 2003)
- understand the risks associated with HCAIs
- have knowledge of their organisation's IPC policy and procedures
- use the information to inform their practice.

The IPP or link worker should be available for specialist advice and guidance on IPC requirements for individuals or situations.

MHP/BCAs working in partnership with those assisting with manual handling activities should be able to provide information and guidance on relevant IPC practice required by the person receiving care.

Systems, including audit should be in place to monitor and evaluate healthcare workers' practice, competence and adherence to organisational policy.

All staff have a responsibility to report concerns where care is compromised or practice becomes unsafe (HSWA, 1974; Nursing and Midwifery Council (NMC), 2010; Health Professions Council (HPC) 2008).

[6] Involves a combination of processes; cleaning, disinfection &/ or sterilisation which result in the removal or reduction of micro-organisms from hands, equipment or hard surfaces.
[7] PPE: Protective clothing or equipment used to reduce infection risk; includes gloves, aprons, masks, eye protection.
[8] Some emergency situations and community settings.
[9] With regard to planning patient admissions, transfers, discharges and movement between departments and other healthcare facilities.

3. Staffing levels

Sufficient numbers of suitably qualified staff must be employed and rostered (CQC, 2010, Outcome 13) for effective IPC to be achieved. The MHP/BCA should highlight concerns if unable to achieve the required standards.

4. Staffing competencies[10] (after Benner, as cited in Ruszala et al, 2010)

All staff, of whatever discipline, must:

- use the recommended hand washing techniques (WHO, 2006)
- follow hand decontamination procedures
- use frameworks that guide decision making on when to wash and decontaminate hands (WHO, 2006)
- use PPE appropriately[11]
- decontaminate equipment[12] in line with local policy/ guidance

The Novice will require information, demonstration, supervision and guidance from a mentor/ supervisor to become competent and reliable. Information will include where to access local policies. Observation and practice must focus on IPC procedures and practice, hand hygiene, the use of PPE and equipment hygiene, cleaning and disinfection.

The Advanced Beginner, Competent, Proficient practitioner and Expert will all require ad hoc observation and testing (RCN, 2009).

The IPP, the expert IPC practitioner, should be able to:

- identify IPC risk factors
- meet the required standard of IPC practice
- support and guide patients/ service users, staff and others in reducing infection risks.

5. Environment

The space and layout should be organised to minimise risk of cross contamination (National Resource for Infection Control (NRIC) 2004). It is recommended that bed spaces in acute areas should be a minimum of 3.6m bed centre to bed centre (NRIC, 2004). Hignett and Lu (2010) suggest current recommendations of just below $12m^2$.

Ideally, IPC should be designed into new healthcare builds (Department of Health, 2011; Design Council, 2009)[13]; NRIC 2004).

[10] Useful guidance can be found in the RCN (2012) publication.
[11] Local policy/ guidelines must be followed for selection of gloves, aprons etc. Risk assessment is required for gloves due to materials – Latex sensitivity (RCN 2012).
[12] (Section 2 Management; Section 11 Handling equipment).

Alcohol hand gel[14] must be available at the 'point of care' in all primary & secondary care settings (National Patient Safety Agency (NPSA) 2008).

The premises, any equipment and materials used by a healthcare provider must be maintained to an appropriate standard of cleanliness[15] (CQC, 2010; DH 2010[a], 12(2)(c)).

Local policy/ guidance should be followed for cleaning M&H equipment after discharge prior to a new admission and for cleaning following contamination with blood or virulent pathogens[16] such as Clostridium difficile. If necessary, advice should be sought from the IPP or cleaning manager.

The MHP/ BCA and all healthcare personnel should understand:

- the significance of frequently touched surfaces[17].

Be aware of and know:

- the local system for cleaning
- who is responsible for cleaning which area or equipment
- the methods and materials[18] to be used
- the area where cleaning/ decontamination should take place (RCN, 2012).

Notices should be displayed in health and social care environments that provide information for patients/ service users and others on IPC risks and preventative measures.

6. Communication and information systems regarding initial referral and entry to the system

This is not within the remit of the MHP/ BCA.

There should be a system in place for informing all concerned of the risks and control measures.

---

[13] A collaboration between the NHS & the Design Council has resulted in hospital furniture & equipment which eliminates dirt traps and is easier and quicker to clean.

[14] Different types such as personal hand gel/ free standing dispensers can provide an effective alternative to hand washing with soap and water unless hands are obviously soiled. NB Alcohol is not a cleansing agent.

[15] Cleaning is said to be the critical aspect in infection prevention (RCN 2012).

[16] Certain micro-organisms which may persist in the environment and have resistance to disinfection (Otter et al 2011).

[17] More likely to be contaminated; examples include light switches, door handles, bed safety rails.

[18] Local policy/ guidance must be followed for the selection and use of materials such as cloths and detergents, wipes or newer technologies such as microfibre cleaning cloths. Also see NPSA Safer practice notice 15 (2007) re colour coding of cleaning materials, and NPSA Revised Healthcare Cleaning Manual (2009) for specific cleaning recommendations for equipment e.g. hoists.

7. Treatment planning

At all stages of a person's journey goals should be agreed and treatment planned by the multidisciplinary team (MDT)[19].

The IPC risk assessment should be used in conjunction with the MH risk assessment to guide handling decisions[20] and identify necessary precautions[21].

For a patient/ service user with a known HCAI, movement between environments should be minimised[22].

8. Moving and handling tasks

M&H tasks should be based on risk assessment. The use of SICP will apply (section 4, staffing competencies; section 5, environment).

Good hand hygiene is essential for all handling tasks and environments. Hands should be washed immediately before and after glove and apron use or alternative arrangements[23] used.

The use of PPE (section 2, management, organisation, supervision and support) will be required when handling a person with a known or suspected HCAI. The MHP/ BCA should follow local guidelines for the selection of gloves[24], aprons[25], masks[26] or eye protection[27].

Any necessary equipment should be available prior to the M&H of a patient/ service user with a known or suspected infection.

All equipment should be person specific (section 11, handling equipment).

The MHP/ BCA should work in partnership with patients/ service users and others performing or assisting with M&H activities by:

- providing information and guidance on the required IPC practice
- encouraging patients/ service users and others to remind her/him about hand washing and the use of hand rub (Pittet et al, 2011).

[19] The IPP should be a core member of the team.
[20] Additional time or personnel may be necessary to meet IPC requirements.
[21] Such as use of PPE, single person use equipment (Section 11, handling equipment).
[22] The venue should be the person's bed, or room, rather than, for example, a therapy department.
[23] Alcohol hand gel (section 5, environment) may be necessary in emergency and certain community situations.
[24] Used to avoid contact with blood and bodily fluids. NB Risks associated with latex include skin and respiratory problems (RCN 2012). It is recommended that these are also colour coded (NPSA (2007), NPSA (2009).
[25] Worn to reduce contamination risk from persons with a known or suspected HCAI. It is recommended that these are also colour coded (NPSA (2007), NPSA (2009).
[26] Provide protection from airborne viruses/ respiratory infection.
[27] Such as goggles/ visors in circumstances where face/ eye protection from splashes of blood or body fluids is necessary.

9. Moving and handling assessment

The risk assessment process should take account of known or potential infection risk and its possible influence on handling activities. The requirement for specific IPC precautions should be used to guide decision making.

10. Methods, techniques and approaches

These will relate to the speciality. Specific guidance may be provided by, or requested from, the IPP.

11. Handling equipment

Policy guidelines for the decontamination of handling equipment and the cleaning of hard surface equipment[28] must be available for *all* staff[29] taking part or involved in manual handling activities.

Sufficient supplies of handling equipment must be provided, according to the needs of the speciality or area. Easy access to equipment will help reduce infection risk. Staff must know how to order/ reorder equipment.

Hoist slings and any fabric equipment should be considered as single patient use, and must be if the patient is known to have a HCAI. Types available include:

- disposable; which can be safely disposed of in accordance with local waste policy, when soiled, wet or no longer required
- re-usable, which must be laundered according to the manufacturer's instructions, the organisation's IPC and laundry policies and DH guidelines HSG (95) 18 (Boden, 2003), before allocation to another person.

When patients/ service users/ relatives and others are interested in purchasing their own equipment they will need to be suitably advised on both equipment purchase and decontamination.

12. Other equipment and furniture

All health and social care providers should provide sufficient supplies of suitable other equipment[30]. Wherever possible these should be identified as person specific.

When hard equipment, including hired equipment, is no longer required by a person it must be routinely decontaminated. If it is not possible to

[28] Beds, baths, commodes, chairs, hoists, sliding boards.
[29] This may include domestic services, housekeeping and estates staff.
[30] Trolleys, beds, couches, wheelchairs, commodes, walking aids, arm chairs and specialised seating.

decontaminate hired equipment on site, liaison between organisations will be required.

13. Risk rating for each task

This will be as for the speciality, with the addition of any extra precautions required as a result of the infection. The risk may be increased if handlers are reluctant or unable to follow normal handling procedures.

To carry out a 'suitable and sufficient' assessment, each task should be evaluated as part of the assessment process, so that the level of risk is quantified. Such assessments should be used, wherever possible, in the design of a safe system of work, and in highlighting any residual risks.

Various systems exist, but it is suggested that the NHS risk management 5x5 matrix, with 0-25 scale, is used for an overall evaluation of risk (NPSA, 2008) (see CD1, appendix 9 in folder 5). It is in common use, simple to use with 5 levels of risk, determined by a calculation of the likelihood or probability of an adverse event occurring multiplied by the severity of consequences or impact should it occur.

Likelihood/Probability (0-5) x Severity of Consequences or Impact (0-5) = 0-25

The values below are based on this system. Calculations lead to the following possible scores or ratings: -

1 – 6 = Low; 8 – 12 = Medium; 15 – 16 = High; 20 = Very High; 25 = Extreme

These ratings can then be used to alert staff, to prioritise action and justify any necessary expenditure to make the situation safer, on the basis of reasonable practicability. Options can be evaluated by considering risks, costs, and actions planned or taken, to reduce the level of risk to the lowest level that is reasonably practicable, which can thus be demonstrated.

14. Alerting the Moving and handling team

As with any M&H situation this will depend on the speciality and the situation. Liaison between agencies, healthcare workers and the M&H team should include information that the person has a known or suspected infection.

15. Referral to and involvement of other specialists

The IPP will be a core member of the MDT providing advice on IPC requirements (King et al, 2011[b]). Co-operation between the M&H and IPC teams, equipment library, mortuary, engineers, EBME and equipment supply companies is essential and mutual referral should be routine where applicable.

16. Transport (internal and external)

Moving/ transporting patients/ service users with HCAIs between areas should be minimised to reduce exposure (HPA 2006). If this is inevitable, local guidelines should be followed. Any member of staff/ carer involved in the transfer of a patient/ service user must be informed of any IPC requirements.

If possible, and advisable, any relevant handling equipment should accompany the patient/ service user.

17. Discharge and transfer planning

Local guidelines/ policies will apply including liaison with the IPP/ team. Essential information regarding the patient, such as infection status, should be communicated to the MDT and relevant others (e.g. school) who will be taking over care.

18. References

Health and Safety at Work etc Act (1974) Reprinted 1994 London: TSO Ch 37 section 2 & 7

Barnett D, Thomlinson C, Perry R, Marshall A and MacGowan P (1999) *An audit of the use of manual handling equipment and their microbiological flora – implications for infection control* Journal of Hospital Infection (1999)43: 309-313

Benner P (1984) *From novice to expert. Excellence and power in clinical nursing practice* Boston: Addison-Wesley pp 13-34 as cited in Ruszala S, Hall J and Alexander P (2010) in Standards in Manual Handling Towcester: NBE

Boden, MA (1999) *Infection control in moving and handling* Professional Nurse March 1999 Vol 14 No6 p387-389

Boden, MA (2003) Guidelines for the Decontamination of Moving and Handling Equipment Nurse2Nurse Vol 03, Issue 04, 2003 p40-41

Centre for Disease Control (1985, 1988) *Universal precautions for prevention of transmission of human immunodeficiency virus, hepatitis B virus, and other bloodborne pathogens in health-care settings* MMWR (Morb Mortality Wkly Rep) 1988: 37(24): 377-82, 387-88 as cited in Universal precautions in Wikipedia http://en.wikipedia.org/wiki/Universal_precautions retrieved 29.08.11

Care Quality Commission (2010) *Essential Standards of Quality and Safety* http://www.cqc.org.uk/_db/_documents/Essential_standards_of_quality_and_sa

fety_March_2010_FINAL.pdf retrieved 29.08.11 Outcome 8 (infection control), 13 (staffing levels)

Department of Health (1995) *Hospital laundry arrangements for used and infected linen HSG (95) 18* http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4012310.pdf retrieved 29.08.11

Department of Health (2003) *Winning ways Working together to reduce Healthcare Associated Infection in England* London: DoH www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4064682 retrieved 29.08.11 p18

Department of Health (2005) *Saving Lives: a delivery programme to reduce healthcare associated infection including MRSA Self Assessment and Action Planning Tool www.dh.gov.uk/reducingmrsa* retrieved 07.04.12

Department of Health (2006) *The Health Act Code of Practice for the Prevention and control of Healthcare Associated Infections* Revised Jan 2008 http://www.DH.081928 retrieved 7.04.12

Department of Health (2009) *The Health and Social Care Act 2008*: adult social care key 12, Cleanliness and infection control

Department of Health (2010[a]) *The Health and Social Care Act 2008*: Code of Practice on the prevention and control of infections and related guidance, London: DH www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyandGuidance/DH_122604 retrieved 29.08.11

Department of Health (2010[b]) *Health and Social Care Act 2008* (Regulated Activities) Regulations (2010) http://www.legislation.gov.uk/ukdsi/2010/9780111491942/regulation/12 retrieved 29.08.11 Part 4, reg 12

Department of Health (2011) *Gateway reference 16587* Crown copywright www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_131183 retrieved 06.04.12

Design Council (2009) *Design Bugs Out* www.designcouncil.org.uk/designbugsout retrieved 06.04.12

Health Professions Council (2008) *Standards of Conduct, Performance and Ethics* www.hpc.org.uk/registrants/raising concerns/ retrieved 21/02/12

Health Protection Agency (2006) *HPA Report 2006:* deaths involving clostridium difficile: England and Wales 1999-2004 *Health Statistics Quarterly* Spring 2006

HSE (2000) *L21 Management of health and safety at work Management of health and Safety at Work Regulations ACOP and guidance* Sudbury: HSE Books www.hse.gov.uk/pubns/books/l21.htm retrieved 29.08.11 Regs 3(1), 4, 5

HSE (2004) *L23 Manual handling Manual Handling Operations Regulations 1992 (as amended) guidance on regulations* 3rd ed Sudbury: HSE Books Reg 4(1)(a)&(b)

HSE (2005) *L25 Personal protective equipment Personal Protective Equipment at Work Regulations 1992 (as amended)* 2nd ed Sudbury: HSE Books Regs 4-10

Hignett S, Lu J (2010) *Space to care and treat safely in acute hospitals: recommendations from 1866 to 2008* Applied Ergonomics 2010 Sep;41(5):663-673

King D; Wright D; Gallagher R; Allen L; Wakefield K. (2011[a]) *IPS & RCN Position Statement: Equity and excellence: Liberating the NHS Securing continuing infection prevention support for NHS England* Journal of Infection Prevention: May; 12 (3) 97-100

King D, Wright D, Gallagher R, Allen L, Wakefield K. (2011[b]) *Comment-Spotlight on Commissioning- reflecting on the future role and value of infection prevention* Journal of Infection Prevention: 12 (3) 99-100

National Audit Office (2004) *Improving Patient Care by Reducing the risk of Hospital Acquired Infection: A Progress Report* as cited in Postnote (2005)

National Institute for Health and Clinical Excellence (2003) *Infection control Prevention of healthcare-associated infection in primary and community care CG2* London: NICE www.nice.org.uk retrieved 29.08.11 1.1.2 p5-6, 1.1.3 p6-7, Criteria 1-3 p40

NPSA National Patient Safety Agency (2007) *Colour coding hospital cleaning materials and equipment Safer Practice Notice 15* London: NPSA www.nrls.npsa.nhs.uk/resources/type/guidance/?entryid45=59810 retrieved 29.05.12

NPSA National Patient Safety Agency (2008a) *Clean hands save lives: patient safety alert* London: NPSA www.nrls.npsa.nhs.uk/resources point 3 retrieved 29.08.11

NPSA National Patient Safety Agency (2008b) *A Risk Matrix for Risk Managers* www.npsa.nhs.uk Retrieved 18.02.13

NPSA National Patient Safety Agency (2009) *The revised healthcare cleaning manual* London: NPSA www.nrls.npsa.nhs.uk/resources/patient-safety-topics/environment/?entryid45=61830 retrieved 29.05.12

Nursing & Midwifery Council (2008) *The code: Standards of conduct, performance and ethics for nurses and midwives* London: NMC

Nursing and Midwifery Council (2010[a]) *Raising and escalating concerns: Guidance for nurses and midwives* London: NMC

National Resource for Infection Control (2004) *Health Facilities Note 30 Infection Control in the Built Environment* soon to be superseded by HBN 00-09 http://www.nric.org.uk/IntegratedCRD.nsf/MainDocuments/A9A5CF6884ECE82880257058004FC745?OpenDocument retrieved 29.08.11 but unable to continue without password. Also try http://www.spaceforhealth.nhs.uk/ need password

Otter JA, Yezli S, French GL, (2011) The role played by contaminated surfaces in the transmission of nosocomial pathogens. Review article. *Infection Control and Hospital Epidemiology* July 32 (7) 687-698

Parliamentary Office for Science and Technology (2005) *Infection control in Healthcare Settings* www.parliament.uk/parliamentary_offices/post/pubs2005 retrieved 29.08.11

Pheasant, S and Stubbs, D (1992) *Back pain in nurses: epidemiology and risk assessment* Applied Ergonomics 23:4, 226-232

Pittet D, Panesar SS, Wilson K, Longtin Y, Morris T, Allan V, Storr J, Cleary K, Donaldson L (2011) *Involving the patient to ask about hospital hand hygiene: a National patient Safety Agency feasibility study* Journal of Hospital Infection April 77(4) 299-303

Royal College of Nursing (2009) *Infection prevention and control: Minimum standards* www.rcn.org.uk retrieved 8.10.11 London: RCN publication code 002 725

Royal College of Nursing (2012) *Wipe it Out: Essential practice for infection prevention and control; Guidance for nursing staff* RCN: London

Weber DJ & W A Rutala (2011). The role of the environment in Transmission of Clostridium difficile infection in healthcare facilities; Commentary. *Infection Control & Hospital Epidemiology; March* 32 (3) 207-210

WHO (2006) *Five Moments for Hand Hygiene* www.who.int/gpsc/tools/Five_moments/en/ retrieved 8.10.11

Further reading, useful websites

Creamer E, Humphreys H. (2008) The contribution of beds to health care acquired infection: the importance of adequate decontamination. *Journal of Hospital Infection 69* (1) 8-23

Department of Health (2010) *Equity and excellence:* liberating the NHS. Department of Health: London

Eddan A C & J L Willan (2009). A local response to implementing Saving Lives in a large acute trust. *British Journal of Nursing Oct* 8-21; 18(18) 1132-42

Griffiths P, Renz A, Hughes J, Rafferty AM. (2009). Impact of organisation and management factors on infection control in hospitals: a scoping review*. Journal of Hospital Infection;* Sept 73(1) 1-14

Huslage K, Rutala WA, Sickbert-Bennett E, Weber DJ. (2010). A quantitative approach to defining "high-touch" surfaces in hospitals. *Infection Control and Hospital Epidemiol 31* (8) 851-853

Larson EL, Quiros D, Giblin T, Lin S (2007) *Relationship of anti-microbial control policies and hospital infection control characteristics to anti microbial resistance rates.* American Journal of Critical Care Mar 16(2) 110-120

National Patient Safety Agency (2007) *The national specifications for cleanliness in the NHS: a framework for setting and measuring performance outcomes* London: NPSA www.nrls.npsa.nhs.uk/resources/patient-safety-topics/environment/?entryid45=59818 retrieved 29.05.12

National Patient Safety Agency (2009) *The national specifications for cleanliness in the NHS: a framework for setting and measuring performance outcomes in ambulance trusts* London: NPSA www.nrls.npsa.nhs.uk/resources/patient-safety-topics/environment/?entryid45=61467 retrieved 29.05.12

National Patient Safety Agency (2010) *The national specifications for cleanliness in the NHS: a framework for setting and measuring performance outcomes in primary care medical and dental premises* London: NPSA www.nrls.npsa.nhs.uk/resources/?entryid45=75241 retrieved 29.05.12

National Patient Safety Agency (2010) *The national specifications for cleanliness in the NHS: a framework for setting and measuring performance outcomes in care homes* London: NPSA www.nrls.npsa.nhs.uk/resources/type/guidance/?entryid45=75240&p=1 retrieved 29.05.12

Nursing & Midwifery Council (2010b) *Fitness to Practise annual report*: 1st April 2009-31 March 2010

Pratt RJ, Pellowe CM, Wilson JA, Loveday HP, Harper P, Jones SRLJ, McDougall C and Wilcox MHI (2007) epic2: National evidence-based guidelines for preventing healthcare associated infections in NHS hospitals in England. *Journal of Hospital Infection 65S*; S1-S64

Wiseman, S (2004) *Implementing effective infection control in the hospital environment* www.nursingtimes.net/nursing-practice-clinical-

research/implementing-infection-control-in-the-hospital-environment/204143.article retrieved 29.08.11 Vol 100, issue 36, p46

www.cabe.org.uk

Summary/ Key Messages

- **The intention of the entire strategy and standards document is to contribute to the improvement of: -**
  - The quality of care - 'patient experience' (dignity, privacy and choice)
    - clinical outcomes
  - Patient/ person safety
  - Staff health, safety and wellbeing
  - Organisational performance – cost effectiveness and reputation, etc.

- **The standard for G8 is:**

Systems are in place to cover all reasonably foreseeable handling situations where cross transmission of HCAIs may occur either from recognised and/or unrecognised sources to patients/ service users/ staff/ visitors and vice versa in health and social care settings. If cross contamination occurs, appropriate decontamination measures are initiated to control further spread.

- **Standard infection control precautions (SICP) are key, together with the necessary knowledge and skills in M&H**

- **Special points for G8 are: -**
  - **SICP should be applied routinely in all health and social care settings, this includes:**
    - **Infection prevention risk assessments are carried out**
    - **Effective hand washing is routine**
    - **Personal protective equipment (PPE) is used where necessary**
    - **Bed space guidelines are followed**
    - **Appropriate decontamination of equipment is carried out**
    - **Written information/ guidance on SICP is provided for staff, patients/ service users and others**