

Healthcare Associated Infection (HAI)

Key Message

Healthcare Associated Infections (HAIs) are infections which are acquired by people while receiving treatment or during a healthcare intervention within a health or care setting. HAIs can be life threatening, can often complicate recovery, extend a hospital stay, and can increase stress on patients, carers and families. Infection prevention and control is key is reducing HAIs in all care settings.

In addition to HAIs there is increasing incidence of Antimicrobial Resistance (AMR). AMR is a growing national and international concern and has been referred to as a "global threat to public health" by the World Health Organisation. With few new antibiotics in the pipeline it is imperative that we safeguard the resource we have available to ensure that antimicrobials remain effective for future generations.

Scottish Infection Prevention and Control Education Pathway (SIPCEP)

NHS Education for Scotland is leading the way in demonstrating a national approach to infection prevention and control with the introduction of the Scottish Infection Prevention and Control Education Pathway (SIPCEP). The aim of the pathway is to enable all staff to contribute to a health and care culture in which safety related to infection prevention and control is of the highest importance.

The pathway comprises three layers - **Foundation**, **Intermediate** and **Improvement** and provides a progression path for health and social care staff.

Further details regarding the pathway can be found on the [NES website](#) .

What does this mean for the Effective Practitioner?

All health and social care practitioners are required to assess and minimise the risk of infection at all times. The [National Infection Prevention and Control Manual](#) outlines the Standard Infection Control Precautions (SICPs) and is designed to help prevent cross-transmission from recognised and unrecognised sources of infection. The [Scottish Infection Prevention and Control Education Pathway \(SIPCEP\)](#) is aligned to the Manual and provides the underpinning education to support implementation of each SICP in all health and care settings.



Learning Activities

Find more work-based learning activities on the effective practitioner website at www.effectivepractitioner.nes.scot.nhs.uk



Risk

Find out where your local Infection Prevention & Control team are based. Discuss their role and explore with them the areas of risk in your own workplace.

- Discuss any concerns that you or your team have – have there been any HAIs in your area?
- What was the nature of these HAIs?
- Were they managed appropriately and were any changes made to prevent them in future?

Depending on the nature of your work you might want to consider factors such as Hand Hygiene; Personal Protective Equipment; Safe Management of the Care Environment; Safe Management of Blood and Body Fluid Spillages; Safe Management of Care Equipment; Prevention and Exposure Management; Patient Placement/Assessment for Infection Risk; Safe Management of Linen, and Safe Management of Waste.

Use the learning from this to review local practice and discuss with colleagues ways in which you can reduce the risk for your service users.

Record your learning in your professional portfolio.

Related KSF core dimensions: health safety and security, service improvement.

Notes



Hand Hygiene

Your 5 Moments for Hand Hygiene



The World Health Organisation (WHO) have published [5 Moments of Hand Hygiene](#) which documents best practice for all staff working with and caring for people in health and social care settings. It sets out guidelines on the appropriate moments to carry out hand hygiene:

1. Before touching a patient
2. Before clean/aseptic procedures
3. After body fluid exposure risk
4. After touching a patient
5. After touching patient surroundings.

Over the course of a day consider all the tasks that you are undertaking. Ask yourself

- When might you have contaminated your hands?
- Did you need to perform hand hygiene before or after these tasks?
- Did you use the correct hand hygiene technique shown below?
- Did you use the correct technique for hand hygiene when using an alcohol-based hand rub?
- Can you identify the circumstances where using liquid soap and water will be effective and an alcohol-based hand rub is not?
- Did you perform hand hygiene once you removed your gloves?
- Did you notice any colleagues breaching hand hygiene guidelines? If yes, what did you do about it?

Consider if there any local practices that need to be reviewed in order to adhere to your local HAI policy.

Record your learning in your professional portfolio.

Related KSF core dimensions: health safety and security, service improvement and quality.

Notes



Changing Practice

Using a PDSA cycle to reduce healthcare associated infection

The Plan-Do-Study-Act (PDSA) cycle is shorthand for testing a change in the real work setting — by planning it, trying it, observing the results, and acting on what is learned. This is the scientific method used for action-oriented learning.

Using PDSA allows you to test out an idea for improvement, explore options and iron out difficulties over several cycles of small-scale changes before making wider changes.

Discuss with your colleagues/observe practice to identify if there are any practices taking place in your area which may be increasing the risk of healthcare associated infection.

Use the PDSA checklist to effect a change:

Plan, Do, Study, Act (PDSA) Checklist

Plan

- What exactly will you do?
- Who will be involved and how?

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- When will it take place?
- Where will it take place?
- What will you measure?
- What do you predict will happen?

Do

- Implement the plan and record:
 - What was actually done and when?
 - Any unexpected observations or problems?
- Collate and begin to analyse the data

Study

- What were the results?
- Did they differ from your expectations? (If so how/why?)
- What have you learned from completing this cycle?

Act

- What action will you now take to:
 - Refine your improvement idea and re-test it? or
 - Implement it and embed the change? or
 - Reject the idea and prepare to test a new one?

KSF Dimensions: health safety and security, service improvement.

Notes

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Antimicrobial Stewardship

Antimicrobial stewardship can be defined as taking care of antibiotics to ensure we use them correctly so that they remain active for future generations. This is one of key methods to address antimicrobial resistance along with prevention of transmission of resistant organisms through infection control and improved environmental decontamination. Effective stewardship has been shown to reduce healthcare associated infections with associated benefits for patient outcomes.

- Plan and discuss with a colleague or your line manager how you can promote effective antimicrobial stewardship within your role
- Consider how you will share this work with your colleagues
- Challenging Communication/Conversations: Reflect on when you could have adopted the areas of nursing influence in the past and consider how you will change your future practice i.e. when antibiotics had been prescribed longer than recommended on policy.

Record your learning in your professional portfolio.

Related KSF core dimensions: personal and people development, health safety and security, service improvement.

Notes

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Standard Infection Control Precautions (SICPs)

There are 10 Standard Infection Control Precautions that provide national guidance for prevention of Healthcare Associated Infections. They act as the minimum standard that should be considered at all times when providing care. The Standard Infection Control Precautions are often referred to as 'SICPs'. They are:

1. Hand Hygiene – cleaning your hands properly and regularly
2. Personal Protective Equipment – by this we mean disposable gloves and aprons and occasionally eye protection and fluid repellent masks
3. Respiratory and Cough Hygiene- explains simple steps to take to help prevent passing on colds and other illnesses
4. Patient Placement/Assessment for Infection Risk – which relates to the occasional need to temporarily separate an individual who has an infection from others, to prevent it spreading
5. Safe Management of Blood and Body Fluid Spillages – this includes cleaning up spillages such as blood, urine and vomit
6. Safe Management of the Care Environment – which includes cleaning of furniture and fittings
7. Safe Management of Care Equipment – this is the cleaning and maintenance of equipment such as wheelchairs, commodes or hoists
8. Safe Management of Linen – this is about safely managing clean and soiled towels, sheets and clothing
9. Safe Management of Waste (including sharps) – the correct management of waste, which can be anything from soiled bed pads to sweetie wrappers
10. Occupational Safety: Prevention and Exposure Management (including sharps) – this is about protecting yourself from needles, scratches and splashes of body fluids such as blood.

Read Chapter One of the [National Infection Prevention and Control Manual](#) on Standard Infection Prevention and Control Precautions (SICPs) and

- Identify at least two areas of practice relating to any of the SICPs that could be implemented or improved in your practice/care setting

Record in your professional e-portfolio any actions or discussions you have undertaken to make these improvements

Related KSF core dimensions: Personal and people development, health safety and security, service improvement.

Notes