

Operating standard

Procedure: Infection prevention	
Number: 5	
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Topic overview
The steps taken in Care Homes to protect residents and staff from infection represent an important element in the quality of care, particularly as some infections have the capacity to spread within environments where susceptible people share eating and living accommodation. It is also important to be aware of the possibility of infection in residents and for care workers to identify these promptly.

Commissioner requirements
The commissioner expects that providers will comply with the requirements set out in the documents indicated at the end of this Operating Standard and be able to provide evidence to that effect. In doing so residents and staff will be protected from avoidable infections.

Providers will
<p>All good practice interventions are encompassed within Hygiene Code compliance. The following list reflects best practice which could be assessed by observation or questioning:</p> <ul style="list-style-type: none"> • All staff are trained to understand infection prevention responsibilities of their individual role. • Previous infection and risk of infection should be assessed and documented for each resident. • Staff are aware of Sepsis and trained to recognise signs and escalate. • Care plans should reflect infection status and specify best practice relating to any invasive devices. • Staff providing personal care must be bare below the elbows, have short nails without nail varnish and not wear any rings other than a plain band. • Work-wear must be clean on each shift and of material that can withstand high temperature laundering. • Hand hygiene performed according to the World Health Organisation (WHO) '5 moments'¹. • Adequate protective clothing must be available and used appropriately according to risk of procedure. • Equipment and environment are cleaned/disinfected according to policy. • Medical devices must be stored to avoid contamination.

¹ http://www.who.int/gpsc/5may/tools/workplace_reminders/en/

- Laundry is handled, stored and cleaned appropriately to minimise contamination of staff, equipment and environment.
- Sharps are safely disposed of in correct containers.
- Waste is correctly segregated in colour coded bags and stored in a locked area before collection.
- Laboratory specimens are collected appropriately, (using aseptic technique where required) stored safely before collection.
- Specimen results are recorded to detect patterns, clusters or outbreaks.
- Antimicrobial medication is reviewed regularly and complies with local guidance.
- Antibiotic usage can be reduced by use UTI management tool.
- Annual influenza vaccination is encouraged and recorded for both residents and staff.

Quality indicators

Quality requirement	Method of measurement
Staff are seen to be bare below the elbows	Observation
Equipment is visibly clean and free from dust.	Observation
A named lead for infection prevention is identified.	Documentation and evidence of activity.
Staff are aware of Sepsis signs and escalation.	Training records

The Care Quality Commission (CQC)

http://www.cqc.org.uk/sites/default/files/20150324_guidance_providers_meeting_regulations_01.pdf page 43 (12(2)h)

Providers are referred to the hygiene code for guidance.

<https://www.gov.uk/government/publications/the-health-and-social-care-act-2008-code-of-practice-on-the-prevention-and-control-of-infections-and-related-guidance>

A common source of information on the prevention and control of infection in Care Homes was published in February 2013.

<https://www.gov.uk/government/publications/infection-prevention-and-control-in-care-homes-information-resource-published>

NICE guidance

<http://www.nice.org.uk/guidance/qs61/chapter/list-of-quality-statements>

<https://www.nice.org.uk/guidance/cg139/chapter/1-Guidance>

Link to app approved by local DIPC group.

<http://www.nes.scot.nhs.uk/education-and-training/by-theme-initiative/healthcare-associated-infections/training-resources/preventing-infection-in-care-@-home.aspx>

NHS Kernow IPAC web page

<https://www.kernowccg.nhs.uk/your-health/infection-prevention-and-control/care-homes/>

Sepsis Training

<https://www.e-lfh.org.uk/programmes/sepsis/>

Care Home UTI Management Tool for persons >65

Care home suspects a resident has a UTI and has ruled out other sources of infection (see reference sheet)



NEW ONSET Symptoms	What does this mean?	Tick if present
Dysuria	Pain on urinating	
Urgency	Need to pass urine urgently/new incontinence	
Frequency	Need to urinate more often than usual	
Suprapubic tenderness	Pain in lower tummy/above pubic area	
Haematuria	Blood in urine	
Polyuria	Passing bigger volumes of urine than usual	
Loin pain	Lower back pain	
Delirium	Confusion - new onset or worsening of pre-existing	



Less than 2 symptoms (or 1 if urinary catheter)-
UTI UNLIKELY:
 -Observe,
 -Manage symptoms
 -Encourage fluid intake

2 or more symptoms- **UTI LIKELY**
 Please record vital signs



Vital signs		Result
Temperature		
Heart rate		
Respiratory rate		
Blood Glucose		Diabetic? Y / N
Bloods Taken?		wcc: CRP
Catheter	Temp Perm	



Action Plan	Done
Phone GP: state symptoms and vital signs	
Collect Mid Stream Urine specimen and send to microbiology lab	
Fax this tool to GP	
Name/Sign/designation	Date/ Time

Patient:.....
 DOB:.....
 Nursing Home:.....
 Date:.....

GP Management Decision

Prescribing guidance at
<https://www.eclipsesolutions.org/Cornwall/info.aspx?chapterid=9>

☐ **Face to face review by GP undertaken?**

(If YES then GP to complete below. If NO then carer to complete based on conversation with GP)

DIAGNOSIS

- ☐ Lower UTI
- ☐ Pyelonephritis
- ☐ Currently not clear. Await MSU & monitor patients symptoms
- ☐ Other

PLAN (tick all that apply)

- ☐ Review in 24 hours
- ☐ Mid Stream Urine specimen (MSU)
- ☐ Antibiotics prescribed & details.....
- ☐ Other

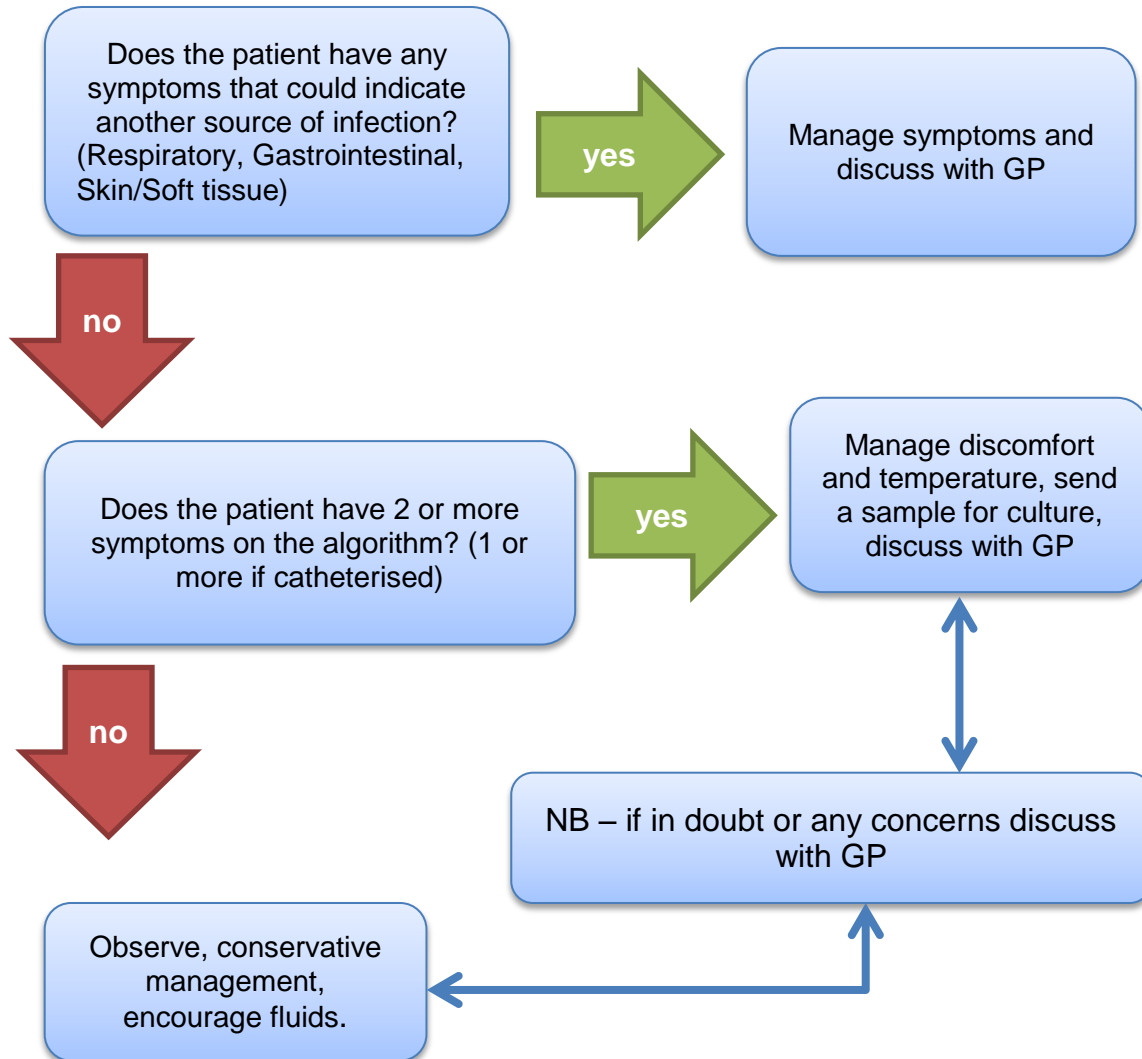
Sign & print.....

Date.....

Designation.....

Management Pathway for when care home suspects UTI

(simplified from Sign 88)



URINE CULTURE IN WOMEN AND MEN > 65 YEARS

Only send urine for **culture** if **two or more signs of infection**, especially dysuria, fever > 38 ° or new incontinence.

Do not treat asymptomatic bacteriuria in the elderly as it is very common.

Treating does not reduce mortality or prevent symptomatic episodes, but increases side effects & antibiotic resistance.

URINE CULTURE IN WOMEN AND MEN WITH CATHETERS

Do not treat asymptomatic bacteriuria in those with indwelling catheters, as bacteriuria is very common and antibiotics increase side effects and antibiotic resistance.

Treatment does not reduce mortality or prevent symptomatic episodes, but increase side effects & antibiotic resistance.

Only send urine for **culture in catheterised** if **features of systemic infection**. However, always:

- Exclude other sources of infection.
- Check that the catheter drains correctly and is not blocked.
- Consider need for continued catheterisation.
- If the **catheter** has been in place for **more than 7 days**, **consider changing** it before/when starting antibiotic treatment.

Do not give antibiotic prophylaxis for catheter changes unless history of symptomatic UTIs due to catheter change.

Face to face review between patient and prescribing clinicians is NICE Quality Standard when diagnosing a UTI (UTI's in adults QS90, June 2015)