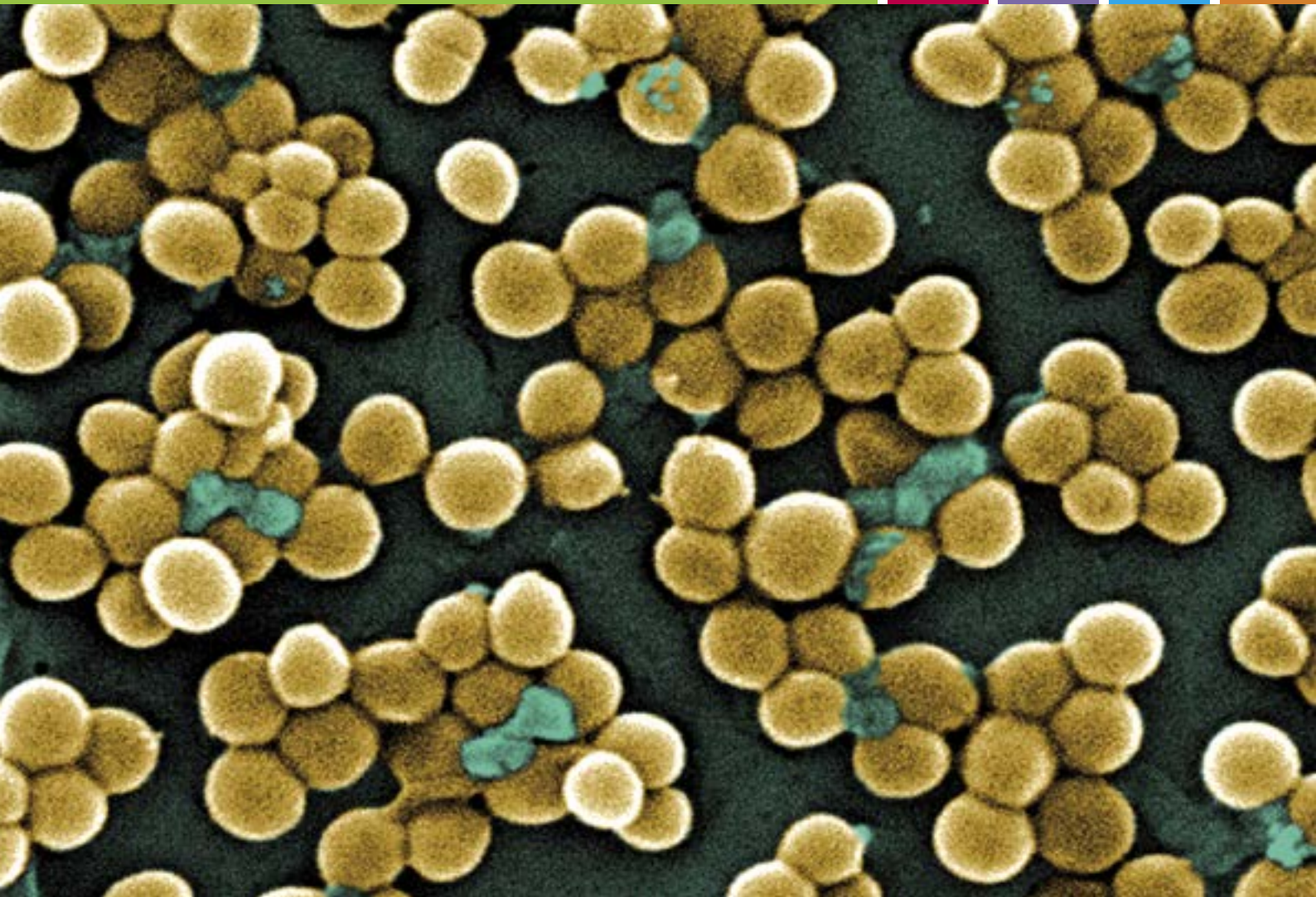


Creating a Strategic Focus to Support the Prevention of Infection

RCN statement

POLICY AND POSITION STATEMENTS



Acknowledgements

Rose Gallagher, Professional Lead, Infection Prevention and Control, Royal College of Nursing

This publication is due for review in November 2020. To provide feedback on its contents or on your experience of using the publication, please email publications.feedback@rcn.org.uk

Publication

This is RCN policy and position statement. An evidence-based RCN position on a particular topic. It describes an explanation, a justification or a recommendation for a course of action that reflects the RCN's stance regarding a particular issue.

Description

This statement outlines the RCN's position on priorities for action to support improvements in the preventing infection within health and care settings to accompany revision of the UK strategy on antimicrobial resistance.

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RCN statement

Antimicrobial resistance is an increasing global priority and one where nursing has a key contribution to make (RCN, 2014). The prevention of infection is central to reducing demand for antibiotics. Within health and care settings the priority focus on reducing the spread of multi-resistant gram negative organisms is recognised by all devolved health and care systems and has reignited awareness of the importance of good infection prevention practices in all care settings.

The Royal College of Nursing (RCN) recognises the leadership of the United Kingdom in the global context of antimicrobial resistance and welcomes the planned revision of the UK strategy based on the call to action via the Chief Medical Officer in 2013 (Department of Health, 2013).

The RCN, as the representative professional body for the largest component of the health and care workforce, is calling for five priority areas to be included in the next iteration of the UK AMR strategy. RCN members have informed development of this statement and are clear that the prevention of infection needs to be given increased prominence as it is fundamental to delivery of the AMR Strategy's aims. Inclusion of the RCN action areas described below will allow the implementation of actions in a proportionate manner across the UK's four health and care systems based on existing priorities, underpinned by an ongoing evaluation of progress.

1. Strengthening hand hygiene through strategic and multi-professional leadership

Hands are acknowledged to be the most effective way to transfer micro-organisms (bacteria, viruses and fungi) between staff, patients/clients and the care environment which can result in infection if contact with a vulnerable patient or body site occurs. Hand hygiene is acknowledged as the most effective way to prevent this, however, sustaining efforts, motivation and compliance is known to be a challenge globally. Following the closure of the NPSA *Clean Your Hands* campaign, a national focus and drive to direct activities and policy has been absent.

Action – The RCN is calling for the establishment of a national multi-professional

group to provide leadership and advise governments on key priorities for action (for example, assessment of innovative products, research and priorities for improving hand hygiene and assurance of compliance in care settings). Such groups should be funded and supported through clear governance structures as part of the next UK strategy and be available to each devolved administration as required.

2. Glove use

RCN members are very concerned about the inappropriate and overuse of gloves in health and care settings and the risks that such practices pose to both patients/clients and health care workers. Wearing gloves when not required undermines hand hygiene strategies (gloves can effectively transmit micro-organisms between patients if not removed between care tasks), place wearers at risk of occupationally acquired dermatitis and represent a waste of resources.

Action – The RCN is calling for the correct use of gloves to be included in all hand hygiene compliance measurement activities (for example, audit) and development of a national tool to support this. Additionally, the RCN is calling for a revised and incremental approach to measuring hand hygiene compliance as one element of a revised approach to improving hand hygiene. The ability to observe, measure and implement changes to improve hand hygiene compliance (including appropriate glove use) should be the responsibility of all health and care staff and not solely the remit of infection prevention teams.

3. Establishment of national policies for infection prevention and control in health and care settings

The development and updating of infection prevention policies in England is undertaken by individual provider organisations and represents a significant duplication of effort for infection prevention teams. Additionally, current practice risks variation in standards and ultimately clinical practice due to the absence of up-to-date national guidelines. Devolved UK administrations are establishing national policies and guidelines which England could utilise as a starting point and learn from their experience.

This would ultimately release capacity in infection prevention teams and strengthen consistency. An opportunity exists to build on existing resources and explore the possibility of UK-wide guidance in the future.

Action – The RCN is calling for the establishment of national infection prevention and control policies in England to support all care settings and be implemented by 2020.

4. Determining the implications of infection prevention and control practices on workforce numbers

The provision of sufficient numbers of staff to deliver care is central to patient safety and efficiency in the workplace. Safe staffing means having enough nursing staff with the right skills and knowledge, in the right place, at the right time. The RCN also recognises the need for nurses and cleaners in particular to have sufficient time to practice infection prevention activities fully, including the cleaning of patient equipment and the care environment. There is currently no evidence that can be used to develop safe staffing calculations that takes into account the inclusion of time to clean or practice infection prevention activities between patient/client contacts. Emerging evidence suggests that in high activity areas this can be considerable (Kane, Scott and Rankin, 2017).

Action – The RCN is calling for protected research funding to identify the impact of safe and effective infection prevention and control and cleaning activities. The findings of this research should inform future workforce planning across all health and care settings.

5. Strengthening quality improvement processes to support the prevention of infection

Improving the quality of care provided within the NHS and other service providers is central to productivity and avoidance of poor patient outcomes or experience. There has been a significant recognition of the benefits of quality improvement (QI) methodologies and

approaches to effect positive and sustainable change in all areas of clinical practice. The prevention of infection has started to adopt such approaches but many infection prevention teams report a lack of knowledge or access to QI expertise. Greater integration of QI and infection prevention and control expertise for planned activities as part of infection prevention control annual programmes of work would support positive change and ownership of infection prevention at the clinical level.

Action – Health care organisations should review their structure and capacity for quality improvement and consider how the prevention of infection can be prioritised locally within QI programmes to support infection prevention and control teams.

Delivering and evaluating priority action areas

The delivery of all of the above requires investment in continuing professional development and education of the current workforce to deliver sustainable and measurable improvements. As part of the RCN professional programme of work planned activity in 2018, we will continue to work with our members to monitor delivery of the five action areas to enable improvements to the quality of care provided, and the continuing status of the UK as a global leader in the prevention of infection that delivers demonstrable reductions to the risk of antimicrobial resistance in health and care settings.

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