Infection Risk – What the RCN is doing to help improve practice

RCN Continence Care Forum
About the Royal College

Largest professional nursing organisation with 435,000 members
UK wide and international membership
Represents members and members interests
Supports members with confidential advice and welfare
Influence and implement policy that improves the quality of patient care
Promote and engage in nursing research
Sustains a member-led organisation to deliver its values and mission
1. **Produces** evidence-based, consensus professional standards

2. **Collaborates** with partner organisations to produce evidence-based, consensus standards

3. **Endorses** (i.e. Adopts for UK nursing) relevant standards produced by other organisations

4. **Contributes** to development and review of NICE guidance, SIGN guidelines and Regulatory Standards

5. **Influences** what Regulatory and other standards are produced

6. **Produces** (and endorses) professional resources and learning opportunities to support implementation of standards e.g. audit tools.
RCN Publications


• Royal College of Nursing (2017) Creating a strategic focus to support the prevention of infection: RCN statement, London: RCN.


• The management of diarrhoea in adults: RCN guidance for nursing staff( Currently being updated)
Updated RCN Continence Care Guidance
Competencies

- Competency based acquired skill
- Mapped to skills for health and national occupational standards
- A standardised approach across the UK
- Best practice versus minimum standards
- Adaptable to acute, community and other sectors
- Consistency
Management of lower bowel dysfunction, including Digital Rectal Examination and Digital Removal of Faeces

• Key Audience is for Nurses
• Mapping against new guidance
• Assessment, Conservative management, Medication
• Hand hygiene
• Handling and Disposing of body waste
• End of Life
• Environment and equipment.
Infection prevention and Control

- 4 Nations – links to current documents
- More in depth chapters
- Pre-disposing medical conditions or factors that could cause diarrhoea
- Care of the environment
| S | Suspect that a case may be infective where there is no clear alternative cause for diarrhoea |
| I | Isolate the patient and consult with the infection control team while determining the cause of the diarrhoea |
| G | Gloves and aprons must be used for all contacts with the patient and their environment |
| H | Hand washing with soap and water should be carried out before and after contact with the patient and the patient’s environment |
| T | Test the stool for toxins, by sending a specimen immediately |

Department of Health (2009) Clostridium difficile infection: How to deal with the problem, London: DH
RCN Catheter guidelines

Are a holistic professional nursing resource which includes the prevention of infection

Have been developed by members from a specialist bladder management perspective

Will have impact if all elements of care are managed not just IPC
RCN Catheter Care

- Key audience is for Health care professionals – all grades
- Mapping against new guidance
- Reflective of clinical evidence at European level
- Hand hygiene
- Handling and Disposing of body waste
- Environment and equipment.
- Catheter passports
- Antibiotic prescribing
H – Haematuria.
O – Obstructed.
U – Urologic surgery.
D – Decubitus ulcers – open sacral or perineal sore in an incontinent person.
I – Input/output monitoring.
N – Not for resus/end of life care – comfort.
I – Immobility due to physical restraints.
(Adams et al, 2012)
Bladder washouts and Catheter Maintenance solutions

• High risk of infection / sepsis
• Rationale for the use of
• Anti-microbial catheter inflation solution
Guidance at a Glance

• A generic flow chart for consideration with problematic catheters
• Think about simple causes and rectify
• Evidence based
• More than one solution
Thank you for listening
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