



Essential steps to safe, clean care

# Essential Steps to Safe, Clean Care

## Care Bundle Tools

(Preventing the Spread, Urinary Catheters, Enteral Feeding)



Preventing the Spread

## Essential Steps to Safe, Clean Care

### Preventing the Spread of Infection

**Aim:** To reduce the risk of microbial contamination in everyday practice and to ensure there is a managed environment that minimises the risk of infection to service users, staff and visitors

**Risk Elements:**

- Hand hygiene
- Use of personal protective equipment
- Aseptic technique
- Safe disposal of sharps

<b>Name:</b>	
<b>Designation:</b>	
<b>Place of work:</b>	
<b>Task(s) being performed:</b>	

Observation	Preventing the Spread of Infection Review Tool
<b>Hand Hygiene</b>	<p><b>In accordance with the SBC hand hygiene policy, have hands been:</b></p> <ul style="list-style-type: none"> <li>▪ Decontaminated prior to each episode of care using an effective hand washing technique with soap and water or using an alcohol rub? (5 moments)</li> <li>▪ Decontaminated following each episode of care, using an effective hand washing technique with soap and water or using an alcohol rub?</li> <li>▪ Have staff followed the correct hand hygiene procedure, e.g. the six steps?</li> </ul> <p><b>Are Hands/wrists free from:</b></p> <ul style="list-style-type: none"> <li>▪ Jewellery other than a plain band?</li> <li>▪ Watches/bangles?</li> </ul> <p><b>Are nails short, clean and free from:</b></p> <ul style="list-style-type: none"> <li>▪ Nail varnish?</li> <li>▪ False nails?</li> </ul>
<b>Personal Protective Equipment</b>	<p><b>Does the staff member wear the appropriate protective equipment when at risk of exposure to blood and bodily fluids?</b></p> <ul style="list-style-type: none"> <li>▪ Single use, plastic aprons?</li> <li>▪ Gloves when carrying out invasive procedures or when in contact with sterile sites, non-intact skin or mucous membranes, any area where there is a risk of exposure to blood, bodily fluids, secretions or excretions?</li> <li>▪ Goggles/visors?</li> </ul>
<b>Aseptic Non-Touch Technique (ANTT)</b>	<p><b>Are appropriate actions taken to:</b></p> <ul style="list-style-type: none"> <li>▪ Minimise the risk of airborne contamination?</li> <li>▪ Assemble all sterile items for procedure?</li> <li>▪ Use a dressing pack that contains a plastic backed sterile field?</li> <li>▪ Use a non-touch technique following the ANTT policy</li> </ul>
<b>Safe Disposal of Sharps</b>	<p><b>Does the member of staff ensure that:</b></p> <ul style="list-style-type: none"> <li>▪ A sharp's container is available at the point of use?</li> <li>▪ That sharps are disposed of by the person who has used it?</li> <li>▪ Needles and syringes are kept intact?</li> <li>▪ Needles are not re-sheathed?</li> <li>▪ Sharps are not passed from hand to hand?</li> <li>▪ Containers are not filled over ¾ full?</li> </ul>
<b>Safe Disposal of Waste</b>	<ul style="list-style-type: none"> <li>▪ Is all waste disposed of correctly in accordance with the SBC Policy?</li> </ul>

**References:**

Dougherty, L. Lister, S. (2008) The Royal Marsden Hospital Manual of Clinical Nursing Procedures seventh ed.: Blackwell: Oxford  
 Department of Health (2007) Essential steps to safe, clean care. Crown: London

# Preventing the Spread of Infection Review Tool

(To be used for observations)

Observation	Element					Have all the elements been completed?
	Hand hygiene	PPE	ANTT	Sharps	Waste	
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Compliance for each risk element:						

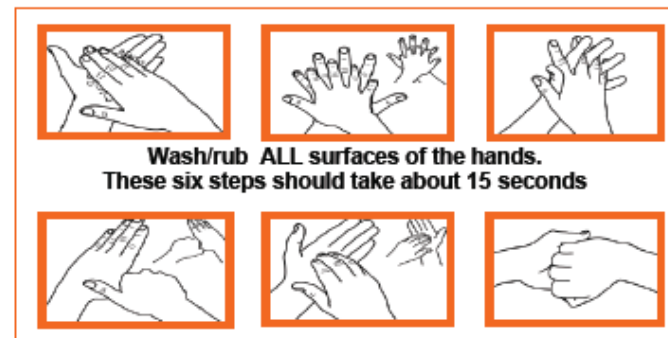
## Preventing the Spread of Infection Review Tool Issues and Actions

	Issues	Actions
Hand hygiene		
PPE		
ANTT		
Sharps		
Waste		

**ESSENTIAL STEPS - Prompts for assessors**  
**Preventing the spread of infection**

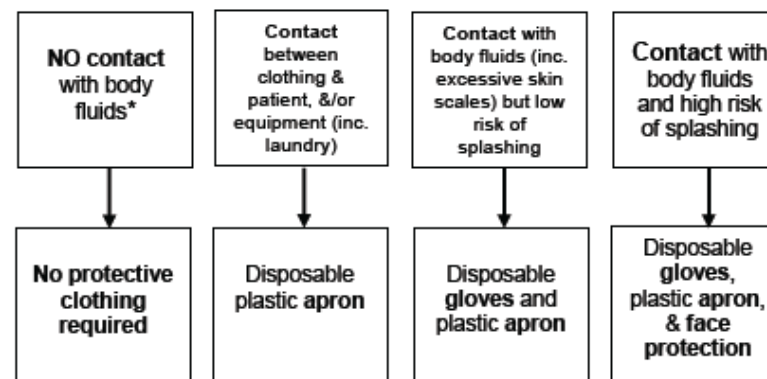
Intervention	Criteria required	Standard not achieved if
Hand hygiene (prior to patient contact)	Suitable method chosen – soap and water or alcohol if hands visibly clean	Hands not washed. Nail varnish False nails
	Technique used for hand washing or alcohol rub effectively cleans hands (e.g. 6 steps see over)	Wrist watch Wrist or hand jewellery (plain wedding band allowed)
Personal Protective equipment	Gloves, apron, face protection worn as appropriate. (See risk assessment over).	PPE not worn as required by procedure
Aseptic Non Touch Technique	Sterile equipment used	Level of asepsis is not maintained/ breaks in asepsis not addressed.
	Aseptic Non-touch technique adopted	
Sharps	Sharps container available – not overfilled	Failure to safely use sharps and dispose of at point of use.
	Sharps used safely e.g. not resheathed/ passed hand to hand.	
	Sharps disposed of intact by the user.	

**Suggested hand washing and alcohol application technique**



**Risk assessment for the use of PPE**

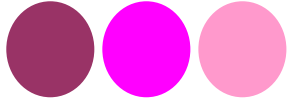
\*NB the term body fluids includes wounds



**Risk assessment for asepsis.**

Staff undertaking clinical procedures requiring asepsis must hold an ANTT competency

Aseptic Non Touch Technique to be used at all time during clinical procedures requiring asepsis and documented as such



## Essential Steps to Safe, Clean Care Urinary Catheter Insertion and Continuing Care

Urinary Catheterisation is the insertion of a specially designed tube into the bladder, using aseptic technique, for the purpose of draining urine, the removal of clots/debris, and the instillation of medication. (Royal Marsden, 2008)

**Aim:** To prevent/reduce the occurrence of urinary tract infections related to indwelling urethral catheters

### **Risk elements:**

#### **Catheter Insertion**

- Assess the need for catheterisation
- Clean the urethral meatus
- Selection of catheter drainage options
- Preventing the spread of infection

#### **Continuing care:**

- Sterile sample of urine
- Maintaining a closed drainage system
- Drainage bag position
- Preventing the spread of infection

<b>Name:</b>	
<b>Designation:</b>	
<b>Place of work:</b>	
<b>Task(s) being performed:</b>	

Observation	Urinary Catheter Insertion Review Tool
<b>Assess Need</b>	<ul style="list-style-type: none"> <li>▪ Is there clear indication that catheterisation is necessary?</li> <li>▪ Does the indication fall into the criteria identified?</li> <li>▪ Have other routes been explored?</li> </ul>
<b>Hand Hygiene</b>	<p><b>In accordance with the SBC hand hygiene policy, have hands been:</b></p> <ul style="list-style-type: none"> <li>▪ Decontaminated prior to each episode of care, using an effective hand washing technique with soap and water or using an alcohol rub?</li> <li>▪ After each episode of care, using an effective hand washing technique with soap and water or using an alcohol rub?</li> <li>▪ Have staff followed the correct hand hygiene procedure? (6 steps)</li> </ul> <p><b>Are Hands/wrists free from:</b></p> <ul style="list-style-type: none"> <li>▪ Jewellery other than a plain band?</li> <li>▪ Watches/bangles?</li> </ul> <p><b>Are nails short, clean and free from:</b></p> <ul style="list-style-type: none"> <li>▪ Nail varnish</li> <li>▪ False nails</li> </ul>
<b>Personal Protective Equipment</b>	<p><b>Does the staff member wear the appropriate protective equipment?</b></p> <ul style="list-style-type: none"> <li>▪ Single use, plastic aprons?</li> <li>▪ Gloves when carrying out invasive procedures, e.g. contact with sterile sites, non-intact skin or mucous membranes, any area where there is a risk of exposure to blood, bodily fluids, secretions or excretions?</li> <li>▪ Goggles/visors?</li> </ul>
<b>Cleansing of Genital Area</b>	<ul style="list-style-type: none"> <li>▪ Is the genital area cleansed with normal saline prior to catheterisation?</li> </ul>
<b>Aseptic Non Touch Technique (ANTT)</b>	<p><b>Are appropriate actions taken to:</b></p> <ul style="list-style-type: none"> <li>▪ Minimise the risk of airborne contamination?</li> <li>▪ Assemble all sterile items for procedure?</li> <li>▪ Use an appropriate aseptic field (e.g. blue tray)</li> <li>▪ Use a dressing pack that contains a plastic backed sterile field?</li> <li>▪ Use ANTT following the SBC policy</li> </ul>
<b>Sterile Drainage System</b>	<ul style="list-style-type: none"> <li>▪ Is the catheter connected to a sterile, closed urinary drainage system or catheter valve system?</li> <li>▪ Has the connection between the catheter and the drainage system remained closed?</li> <li>▪ If broken has the reason been documented?</li> <li>▪ Is the bag changed in line with the manufacturer's instructions?</li> </ul>
<b>Safe Disposal of Waste</b>	<ul style="list-style-type: none"> <li>▪ Is all waste disposed of correctly in accordance the SBC Waste Policy?</li> </ul>
<b>Documentation</b>	<ul style="list-style-type: none"> <li>▪ Are all areas of documentation completed appropriately and accurately?</li> </ul>



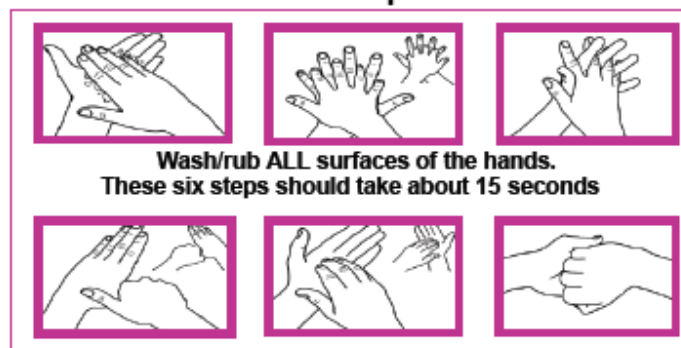
## Essential Steps - Prompts for assessors

### Urinary catheter insertion

Intervention	Criteria required	Standard not achieved if
Assess need	An assessment of the individual & their need to be catheterised i.e. continence or retention – other options considered	No review of the need for indwelling catheter carried out or in records
	Consent must be obtained	No consent obtained
Preventing the spread of infection  Refer to ES orange audit 1	Hand hygiene (see reverse) Suitable method and technique used.	Hands not washed, as over. Nail varnish, False nails, Wrist watch, wrist/hand jewellery (exc. plain wedding band)
	Personal Protective equipment used as appropriate for the procedure (see reverse)	PPE not worn as required by procedure
	Sterile equipment used Aseptic non touch technique adopted	Level of asepsis is not maintained/ breaks in asepsis not addressed.
Clean urethral meatus	0.9% sterile saline solution used to clean meatus.	Inappropriate solution used/sterility not maintained
	<b>Male</b> – hold penis with sterile gauze to maintain asepsis & retract foreskin prior to cleaning <b>Female</b> - urethral orifice visualised using sterile gauze prior to cleaning using single downward strokes	Procedure not followed as per guidelines
Sterile drainage system	Sterile drainage bag attached	Breach in closed drainage system
	Appropriate system in place for patient i.e. night bag is connected to the drainage tap of the leg bag	

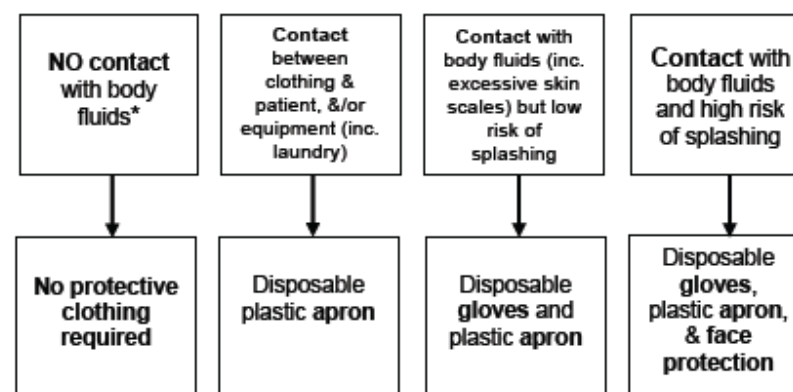
NB: Catheter insertion must be carried out aseptically and documented as such.

## Suggested hand washing and alcohol application technique



## Risk assessment for the use of PPE

\*NB the term body fluids includes wounds



In order to assess catheter insertion, the assessor must be fully aware of the Royal Marsden Guidelines on Urinary Catheterisation. In addition, NICE guidelines require:

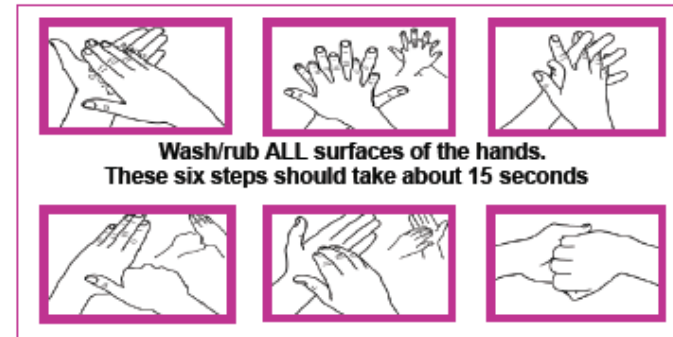
- An appropriate single use lubricant used during catheter insertion to minimise urethral trauma and infection
- Documentation of all insertions/changes and care
- For adults a 10ml catheter balloon should be standard

Observation	Urinary Catheter Continuing Care Review Tool
<b>Taking a urine sample</b>	<ul style="list-style-type: none"> <li>▪ Sound diagnostic reason for taking a specimen</li> <li>▪ Sample taken using sample port and correct technique</li> </ul>
<b>Hand Hygiene</b>	<p><b>In accordance with the SBC hand hygiene policy, have hands been:</b></p> <ul style="list-style-type: none"> <li>▪ Decontaminated prior to each episode of care, using an effective hand washing technique with soap and water or using an alcohol rub?</li> <li>▪ After each episode of care, using an effective hand washing technique with soap and water or using an alcohol rub?</li> <li>▪ Have staff followed the correct hand hygiene procedure? (6 steps)</li> </ul>
	<p><b>Are Hands/wrists free from:</b></p> <ul style="list-style-type: none"> <li>▪ Jewellery other than a plain band?</li> <li>▪ Watches/bangles?</li> </ul>
	<p><b>Are nails short, clean and free from:</b></p> <ul style="list-style-type: none"> <li>▪ Nail varnish</li> <li>▪ False nails</li> </ul>
<b>Personal Protective Equipment</b>	<p><b>Does the staff member wear the appropriate protective equipment?</b></p> <ul style="list-style-type: none"> <li>▪ Single use, plastic aprons?</li> <li>▪ Gloves when carrying out invasive procedures, e.g. contact with sterile sites, non-intact skin or mucous membranes, any area where there is a risk of exposure to blood, bodily fluids, secretions or excretions?</li> <li>▪ Goggles/visors?</li> </ul>
<b>Aseptic Non Touch Technique (ANTT)</b>	<p><b>Are appropriate actions taken to:</b></p> <ul style="list-style-type: none"> <li>▪ Minimise the risk of airborne contamination?</li> <li>▪ Ensure breaks in closed urine system are made using ANTT</li> <li>▪ Use ANTT following the SBC policy</li> </ul>
<b>Maintaining a closed drainage system</b>	<ul style="list-style-type: none"> <li>▪ Breaks in closed drainage system kept to a minimum</li> </ul>
<b>Drainage bag position</b>	<ul style="list-style-type: none"> <li>▪ The catheter bag is correctly positioned</li> </ul>

**Essential Steps - Prompts for assessors**  
**Urinary catheter continuing care**

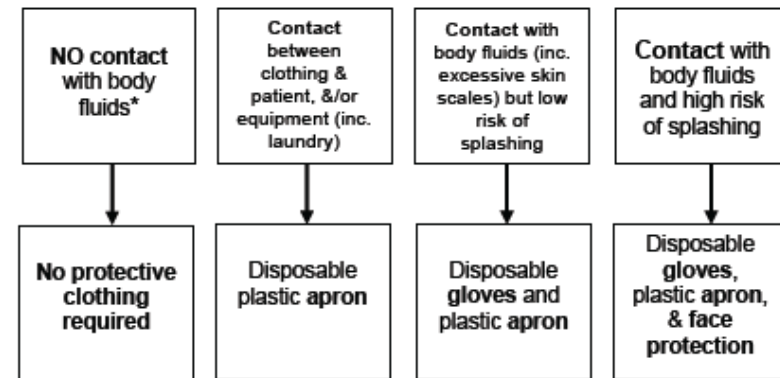
Intervention	Criteria required	Standard not achieved if
Taking a urine sample	Catheter specimens of urine are collected for a diagnostic reason such as suspected infection and as such should be documented.	Failure to document sample/reason for sample
	Samples must be collected from the drainage bag sample port located in the tubing, cleaned with an Chlorhexidine gluconate 2% in 70% alcohol impregnated swab & left to dry prior to accessing the sample port	Breaching of the closed system Failure to clean port prior to access
Preventing the spread of infection  Refer to ES orange audit 1	Hand hygiene Suitable method and technique used.	Hands not washed, as over. Nail varnish, False nails, Wrist watch, wrist/ hand jewellery (exc.plain wedding band)
	Personal Protective equipment used as appropriate for the procedure (see reverse)  Aseptic non touch technique adopted and sterile equipment used	PPE not worn as required by procedure Level of asepsis is not maintained/ breaks in asepsis not addressed.
Maintaining a closed drainage system	Breaks in the closed urinary drainage system kept to a minimum e.g; emptying urine bag, taking urine samples	Failure to minimise breaks in the closed system/ inappropriate break made.
	Urine drainage bag is emptied, using the tap and a clean receptacle when 2/3 full (also see 'Preventing the spread of infection')	Failure to wash hands prior to emptying catheter
Drainage bag position	Bag positioned below the level of the patients bladder but not touching the floor – this may be an activity carried out by the patient/carer	Drainage bag above patient bladder level or in contact with floor at any time.  Concerns re: self care not addressed with patient or carer

**Suggested hand washing and alcohol application technique**



**Risk assessment for the use of PPE**

\*NB the term body fluids includes wounds



In order to assess catheter maintenance, the assessor must be fully aware of the Royal Marsden Guidelines on Urinary Catheterisation.

In addition, NICE guidelines require:

- An appropriate single use lubricant used during catheter insertion to minimise urethral trauma and infection
- Documentation of all insertions/changes and care
- For adults a 10ml catheter balloon should be standard

## Urinary Catheter Insertion and Care Review Tool

(To be used for observations)

**A total of five observations from Catheter Insertion or Care to be completed**

Catheter Insertion Observation	Assess need	Hand hygiene	PPE	Cleansing of area	ANTT	Sterile drainage system	Safe disposal of waste	Documentation	Have all the elements been completed?
1									
2									
3									
4									
5									
Compliance:									

Catheter care Observation	Taking urine sample	Hand hygiene	PPE	ANTT	Maintaining closed draining system	Drainage bag position	Have all the elements been completed?
1							
2							
3							
4							
5							
Compliance:							

## Catheter Insertion and Care Review Tool Issues and Actions

Element	Issues	Actions
Assess need		
Hand hygiene		
PPE		
Cleansing of area		
ANTT		
Sterile drainage system		
Safe disposal of waste		
Documentation		
Taking urine sample		
Maintaining closed system		
Draining bag position		



## Enteral Feeding

# Essential Steps to Safe, Clean Care

## Enteral Feeding

**Aim:** To reduce the risk of infection associated with enteral feeding

**Risk elements:**

- Preparation and storage of feeds
- Administration of feeds
- Care of insertion site and enteral feeding tube
- Preventing the spread of infection

<b>Name:</b>	
<b>Designation:</b>	
<b>Place of work:</b>	
<b>Task(s) being performed:</b>	

Observation	Enteral Feeding Review Tool
<b>Preparation and Storage of Feeds</b>	<ul style="list-style-type: none"> <li>▪ Are feeds stored according to manufacturer's instructions and, where applicable food hygiene regulations?</li> </ul>
<b>Infection Control: Hand Hygiene</b>	<p><b>In accordance with the SBC hand hygiene policy, have hands been:</b></p> <ul style="list-style-type: none"> <li>▪ Decontaminated prior to each episode of care, using an effective hand washing technique with soap and water or using an alcohol rub?</li> <li>▪ Decontaminated after each episode of care, using an effective hand washing technique with soap and water or using an alcohol rub?</li> <li>▪ Have staff followed the correct hand hygiene procedure e.g. the six steps?</li> </ul> <p><b>Are Hands/wrists free from:</b></p> <ul style="list-style-type: none"> <li>▪ Jewellery other than a plain band?</li> <li>▪ Watches/bangles?</li> </ul> <p><b>Are nails short, clean and free from:</b></p> <ul style="list-style-type: none"> <li>▪ Nail varnish?</li> <li>▪ False nails?</li> </ul>
<b>Personal Protective Equipment</b>	<p><b>Does the staff member wear the appropriate protective equipment?</b></p> <ul style="list-style-type: none"> <li>▪ Single use, plastic aprons?</li> <li>▪ Gloves when carrying out invasive procedures, e.g. contact with sterile sites, non-intact skin or mucous membranes, any area where there is a risk of exposure to blood, bodily fluids, secretions or excretions?</li> </ul>
<b>Equipment</b>	<p><b>Is there:</b></p> <ul style="list-style-type: none"> <li>▪ Dedicated enteral feeding equipment?</li> <li>▪ A dedicated food preparation area?</li> </ul> <p><b>Has reusable equipment:</b></p> <ul style="list-style-type: none"> <li>▪ Been risked assessed and documented?</li> <li>▪ Been cleaned and dried appropriately?</li> </ul>
<b>Administration of Feeds</b>	<p><b>Does the member of staff use a non touch aseptic technique following the Royal Marsden Aseptic Technique guidelines when:</b></p> <ul style="list-style-type: none"> <li>▪ Administering feed or medicines?</li> <li>▪ Connecting the feed container administration system?</li> <li>▪ Connecting the enteral feeding tube?</li> </ul>
<b>Care of Insertion Site and Enteral Feeding Tube</b>	<ul style="list-style-type: none"> <li>▪ Is the feed tube flushed with either cooled, freshly boiled water or sterile water from a freshly opened container before and after feeding or administration of medicines?</li> </ul>
<b>Safe Disposal of Waste</b>	<ul style="list-style-type: none"> <li>▪ Is all waste disposed of correctly in accordance with the SBC Waste Policy?</li> </ul>
<b>Documentation</b>	<ul style="list-style-type: none"> <li>▪ Is all documentation completed accurately?</li> </ul>





## Enteral Feeding Review Tool Issues and Actions

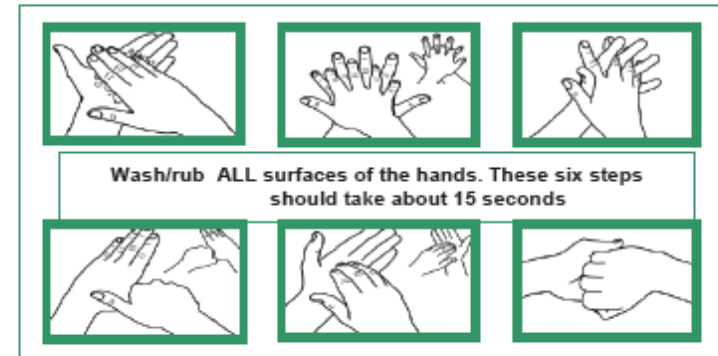
	Issues	Actions
Prep and Storage of Feeds		
Hand Hygiene		
PPE		
Equipment		
Admin of feeds		
Care of Insertion Site & Enteral Feeding Tube		
Waste		
Documentation		

## Essential Steps - Prompts for assessors

### Enteral feeding

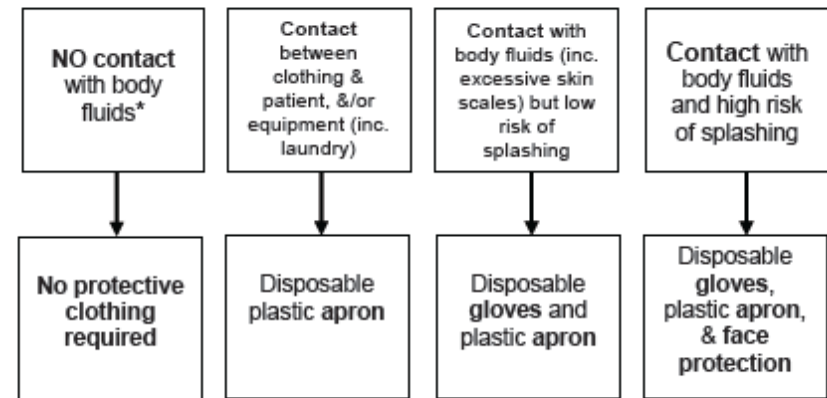
Intervention	Criteria required	Standard not achieved if
Preventing the spread of infection Refer to ES orange audit 1	Hand hygiene (see reverse) Suitable method and technique used.	Hands not washed, as over. Nail varnish, False nails, Wrist watch, wrist/ hand jewellery (exc. plain wedding band)
	Personal Protective equipment used as appropriate for the procedure (see reverse)	PPE not worn as required by procedure
	Asepsis (see below)	See below
Preparation and storage of feeds	Feed is stored correctly as per manufactures instructions (check)	Inappropriate storage not addressed.
	Preparation of clean plastic tray – wash in hot soapy water and dry with clean cloth	Tray not cleaned before preparation of feed
	Preparation carried out in a clean area away from raw foods such as meat, fish, eggs, vegetables. This may be carried out by the carer/ patient	Preparation carried out in an inappropriate area or Concerns re: self care not addressed with patient or carer
	Check expiry date and any signs of damage to the container.	Expiry date and condition of feed not checked
Administration of feeds	Aseptic non-touch technique should be used to connect the feed container to the giving set Administration sets and feed containers are single use	Level of asepsis is not maintained/ breaks in asepsis not addressed.
	The feed is given over a period appropriate to the feed type. Ready to use = 24 hours max hang time Reconstituted = 4 hours max hang time	Feed not administered appropriately.
Care of insertion site and feeding tube	The stoma / site should be cleaned daily with water & thoroughly dried. This may be carried out by the carer/ patient	The site is not cleaned. Concerns re: self care not addressed with patient or carer
	The tube should be flushed with fresh tap water (sterile or fresh boiled cooled if immunocompromised) before and after feeding or administering drugs	Incorrect solution used to flush tube

## Suggested hand washing and alcohol application technique



## Risk assessment for the use of PPE

\*NB the term body fluids includes wounds



## Risk assessment for asepsis

Aseptic technique to be used instead of a clean technique if the patient falls into any of the following categories:

- |                              |                                    |
|------------------------------|------------------------------------|
| Babies                       | Immunocompromised patients         |
| Patients with diabetes       | Frail patients                     |
| Clients with chronic disease | Patients in poor nutritional state |