



**Healthcare acquired infections
Policy position**

College position

The control and management of healthcare acquired infections (HAIs) is complex. Surgeons have a responsibility for patient safety and a lead role in assuring best practice to keep to a minimum the risk of HAIs in their practice. In part this is a direct personal responsibility for appropriate behaviour in dealing with patients and in part a responsibility as part of the wider clinical workforce to ensure that the environment is safe.

Key points:

- Individual surgeons have a responsibility to uphold best practice for infection control, where the evidence exists, particularly in areas of personal hygiene such as hand washing and the use of protective clothing such as gloves when in direct contact with patients. Local and national measures to increase hand washing compliance, such as audits of hand washing and hygiene code inspections by the Healthcare Commission, should be supported. Surgeons should also collaborate with the director of infection prevention and control or an equivalent person to ensure that appropriate infection control measures are in place for their own work. Furthermore, surgeons should alert their employers when they have concerns over the cleanliness of a hospital or other facilities in which they have contact with patients.
- The College will press for and support the implementation of policies, backed up by the appropriate evidence, that are shown to decrease the transmission of infections that affect patient safety and outcomes. This will include policies that address:
 - bed occupancy levels and related impact on cleaning procedures and movement of patients. We support the Department of Health's target that occupancy levels should not exceed 82% and should be published on a unit by unit basis;
 - adequate staffing (healthcare staff to patient ratio) appropriate to the surgical procedure and design of services to minimise transmission of infections, particularly the provision of isolation beds, which are used for their intended clinical purpose;
 - introducing screening programmes for HAIs for elective admissions with a high risk of infection; and
 - supporting the provision of information for the public and the profession, both within and outside the clinical setting, about the risks of infection and measures in place to minimise the risk.
- Intuitive interventions that have no evidence base and whose implementation does not harm patient safety or outcomes should be accommodated where practically possible, though priority should be given to evidence-based best practice. For example, surgeons should adhere to the 'bare below the elbows' policy contained within the 2008 hygiene code when in direct contact with patients.

Background

Simple preventative strategies, primarily focused on hand washing and cleanliness, have proved successful in reducing the spread of infection if high levels of compliance and standards are maintained.¹ The first national guidelines for preventing HAIs in NHS hospitals in England were published in 2001, reviewed in 2005 and subsequently republished as the 'epic2' guidelines in 2007.² Guidelines for uniforms and work wear were issued separately as part of the Department of Health's hygiene code in 2008.³

Managing infection is a complex issue that cannot concentrate only on hygiene and cleanliness; there are other important measures:^{4,5}

- understaffing, which results in a low healthcare worker to patient ratio and increases the risk of transmission of infection often due to increase in the number of different patient contacts;
- high bed occupancy levels, which can impede normal infection control practices;⁶
- targeted screening programmes for HAIs for elective admissions with a high risk of infection; and
- increased provision of beds either in single-patient rooms or that are allocated to infection control, which are essential to isolate patients.

These issues often become extremely important at times of high patient admission rates because the system has limited capacity to scale up accordingly. Without a comprehensive plan that addresses all aspects of the control of infection, the benefits of any specific strategies in place are likely to be limited and possibly undermined.

College role

The College believes the government should take action to minimise the risk of HAIs wherever they occur through policies based on the best available evidence. The College will work with our Patient Liaison Group, surgeons and the specialty associations to develop ways to collect and provide information on all aspects of the management and risks of HAIs.

Surgeons have a responsibility to themselves and their team to minimise the risk to the patient. For policies and procedures to succeed, a team approach is needed in which every member of the team takes ownership for aspects of the infection control policies. For example, this should be nurse practitioners enforcing hand washing protocols or theatre staff inspecting operating theatres before surgery.

The College advises fellows and members to adhere to the 2008 hygiene code or their trust's policies despite the lack of supporting evidence for many interventions. We also encourage rigorous local debate about the overall local infection control policy and the need for the prioritisation of some key evidence-based issues such as hand washing, bed occupancy levels and staffing levels. Where the implementation of a policy is not backed up by evidence but does no harm to patient safety or their outcomes, surgeons should accommodate this where practically possible but not at the detriment to established evidence-based policies.

References for further reading

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4. Clements A, Halton K, Graves N *et al*. Overcrowding and understaffing in modern health-care systems: key determinants in methicillin-resistant *Staphylococcus aureus* transmission. *Lancet Infect Dis* 2008; **8**: 427–434.
5. Harbarth S, Fankhauser C, Schrenzel J *et al*. Universal screening for methicillin-resistant *Staphylococcus aureus* at hospital admission and nosocomial infection in surgical patients. *JAMA* 2008; **299**: 1,149–1,157.
6. National Audit Office. *Improving patient care by reducing the risk of hospital acquired infection: A progress report*. London: The Stationery Office; 2004.

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