NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

SCOPE

1 Guideline title

Infection prevention and control of healthcare-associated infections in primary and community care.

1.1 Short title

Infection prevention and control (update CG2)

2 The remit

NICE has commissioned the National Clinical Guidelines Centre for Acute and Chronic Conditions to partially update 'Infection control: prevention of healthcare-associated infection in primary and community care' (NICE clinical guideline 2 [2003]).

3 Clinical need for the guideline

3.1 Epidemiology

a) In 2004, the Department of Health reported that approximately 300,000 healthcare-associated infections occurred per year in hospital and primary care in the UK. In 2007, infectious diseases accounted for 70,000 deaths, 150,000 hospital admissions and 40 per cent of GP consultations in the UK. In the same year, meticillin resistant *Staphylococcus aureus* (MRSA) bloodstream infections and *Clostridium difficile* infections were recorded as the underlying cause of, or a contributory factor to, approximately 9000 deaths in hospital and primary care.

b) Healthcare-associated infections are estimated to cost the NHS approximately £1 billion a year; £56 million of this is estimated to be incurred following discharge of patients from hospital.

3.2 Current practice

a) Advances in healthcare mean that many more people now survive serious illness. Although, infection is still one of the many risks associated with treatment and/or care, this risk can be minimised if preventative measures are in place.

b) The rapid transfer of patients from hospital to the community, as well as the increasing number of complex procedures performed in primary and community care, increase the risk of patients acquiring a healthcare-associated infection. This can exacerbate existing or underlying conditions, delay recovery and adversely affect quality of life.

c) Healthcare workers are also at risk of acquiring an infection as a result of exposure to infection when caring for patients.

d) Healthcare-associated infections are commonly linked with invasive procedures or devices. For example:

- indwelling urinary catheters are the most common cause of urinary tract infections
- bloodstream infections are often associated with vascular-access devices
- respiratory infections are associated with artificial ventilation of the patient
- wound infections are associated with surgery.

e) Healthcare-associated infections are caused by a wide range of microorganisms. These are often carried by the patients themselves, but have taken advantage of a route into the body provided by an invasive device or procedure.

f) This clinical guideline will update the key clinical areas identified below for preventing healthcare-associated infections in primary and community care. It will not cover those aspects of infectious diseases addressed by related NICE guidance, but will refer to them as appropriate. Any recommendations from the previous guideline (NICE clinical guideline 2) in clinical areas not mentioned below will be incorporated into this updated guideline.

4 The guideline

The guideline development process is described in detail on the NICE website (see section 6, 'Further information').

This scope defines what the guideline will (and will not) examine, and what the guideline developers will consider. The scope is based on the referral from the Department of Health.

The areas that will be addressed by the guideline are described in the following sections.

4.1 Population

4.1.1 Groups that will be covered

a) All adults and children receiving healthcare where standard infection control precautions apply in primary and community care.

b) No specific equalities issues have been identified.

4.1.2 Groups that will not be covered

a) People not receiving NHS healthcare in community care settings.

b) People receiving healthcare in secondary care settings.

4.2 Healthcare setting

a) Primary-care settings, such as general practices, dental clinics, health centres and polyclinics. This also includes care delivered by the ambulance service.

b) Community-care settings, such as residential and care homes, and schools and prisons where NHS healthcare is provided.

4.3 Clinical management

4.3.1 Key clinical issues that will be covered

a) Standard infection control precautions:

- Hand hygiene:
  - When to decontaminate hands in relation to patient care in different healthcare settings, including after the removal of gloves.
  - Choice of hand-cleaning preparation (alcohol-based decontamination products, non-alcohol based decontamination products, antimicrobial/antiseptic hand-washes or agents, or liquid soap and water).
  - What is the most effective hand decontamination technique?
- Personal protective equipment:
  - Safe disposal of personal protective equipment in line with European Union (EU) legislation.
  - Appropriate use of plastic aprons and fluid-repellent gowns.
- Safe use and disposal of sharps:
  - Safe disposal of sharp instruments and needles in relation to patient care in different healthcare settings, in line with current EU legislation.

b) Long-term urinary catheters:

- Does bladder irrigation, instillation or washout reduce encrustations/blockages?
- Does bladder irrigation, instillation or washout reduce symptomatic urinary tract infections?
- Which catheters provide the best protection against urinary tract infections (impregnated catheters, silicon catheters or latex catheters)?

c) Percutaneous gastrostomy feeding:

- Care of enteral feeding tubes, particularly the use of syringes for flushing.

d) Vascular-access devices:

- Which dressings provide the best protection against centrally and peripherally inserted catheter-related bloodstream infection (impregnated dressings, patch, patch plus plain dressings or plain dressings)?
- What is the most suitable solution for:
  - Decontaminating peripheral and centrally inserted catheter ports and hubs prior to access?
  - Decontaminating skin when changing dressings?
- What are the elements of best practice in the preparation, administration and storage of infusions/drugs in order to prevent contamination?
- What is best practice when managing venous-access devices?

4.3.2 Clinical issues that will not be covered

a) Advice on the diagnosis, treatment or management of specific infections.

b) Procedures for the insertion of urinary catheters, percutaneous gastrostomies or vascular-access devices.

c) Infection prevention measures for invasive procedures conducted by ambulance services, such a major trauma, other than the clinical areas listed.

d) Decontamination or cleaning of the healthcare environment and equipment.

4.4 Main outcomes

a) All cause mortality.

b) Short- and long-term infection-related mortality.

c) Short- and long-term infection-related morbidity.

d) Rates of patients presenting with a healthcare-associated infection or colonisation, such as MRSA.

e) Length of time to treat infection.

f) Hospital admittance rates.

g) Short-, medium- and long-term quality of life.

h) Rates of needle stick injuries.

i) Costs.

4.5 Economic aspects

Developers will take into account both clinical and cost effectiveness when making recommendations involving a choice between alternative interventions. A review of the economic evidence will be conducted and analyses will be carried out as appropriate. The preferred unit of effectiveness is the quality-adjusted life year (QALY), and the costs considered will usually be only from an NHS and personal social services (PSS) perspective. Further detail on the methods can be found in 'The guidelines manual' (see ‘Further information’).

4.6 Status

4.6.1 Scope

This is the consultation draft of the scope. The consultation dates are 25 November to 23 December 2009.

4.6.2 Timing

The development of the guideline recommendations will begin in March 2010.

5 Related NICE guidance

5.1 Published guidance

5.1.1 NICE guidance to be updated

This guideline will update and replace the following NICE guidance:

- Infection control. NICE clinical guideline 2 (2003). Available from www.nice.org.uk/CG2

5.1.2 Other related NICE guidance

- Needle and syringe programmes. NICE public health guidance 18 (2009). Available from www.nice.org.uk/PH18
- Surgical site infection. NICE clinical guideline 74 (2008). Available from www.nice.org.uk/CG74
- Antimicrobial prophylaxis against infective endocarditis in adults and children undergoing interventional procedures. NICE clinical guidleine 64 (2008). Available from www.nice.org.uk/CG64
- Urinary tract infection in children. NICE clinical guideline 54 (2007). Available from www.nice.org.uk/CG54
- Urinary incontinence. NICE clinical guideline 40 (2006). Available from www.nice.org.uk/CG40
- Tuberculosis. NICE clinical guideline 33 (2006). Available from www.nice.org.uk/CG33
- Nutrition support in adults. NICE clinical guideline 32 (2006). Available from www.nice.org.uk/CG32

6 Further information

Information on the guideline development process is provided in:

- ‘How NICE clinical guidelines are developed: an overview for stakeholders the public and the NHS’
- ‘The guidelines manual’.

These are available from the NICE website (www.nice.org.uk/guidelinesmanual). Information on the progress of the guideline will also be available from the NICE website (www.nice.org.uk).