



Infection Prevention and Control Resource for Adult Social Care

9. Essential IPC considerations for clinical interventions and procedures

Clinical interventions in adult social care (ASC) settings, such as wound care, catheter management and other medical device management need strict attention to infection prevention and control (IPC) practice, otherwise there is risk of serious harm, outbreaks and increased use of antibiotics, contributing to antimicrobial resistance.

Below are key considerations and proactive measures for the most common clinical interventions carried out in ASC settings.

Safeguarding statement

Some individuals may not have the capacity to comprehend or follow this guidance. In keeping with the Mental Capacity Act 2005, care and support workers must presume capacity unless assessed otherwise, provide tailored support to enable understanding, and document any capacity assessments clearly. Where a person lacks capacity, decisions or protective measures must be made in their best interests and be proportionate, necessary, and least restrictive, with involvement from relevant professionals and those close to the individual wherever appropriate.

Always ensure any information sharing about an infectious individual is done so in a compassionate but proportionate way.

22 **Aerosol generating procedures**

23 Aerosol generating procedures are clinical procedures that result in the production of
24 airborne or respiratory particles that come out of an individual's mouth, nose, or lungs
25 (respiratory tract). Examples of these include any procedure that can cause the individual
26 to cough or procedures that use a suction catheter to clear an individual's airway.

27 If the individual has a suspected or confirmed respiratory infection, aerosol generating
28 procedures (or if they are coughing, sneezing or singing) may increase the risk of
29 spreading pathogens to other people who are close by. [This aide memoire](#) provides
30 optimal placement of the infectious individual (isolation) and respiratory protective
31 equipment (RPE) advice which can be helpful for care setting to identify high risk
32 procedures which may require RPE.

33 If a care and support worker is not sure whether a clinical procedure is an aerosol
34 generating procedure, always ask the care manager or their nominated deputy.

35 When carrying out an aerosol generating procedure it is important to wear the correct RPE
36 which protects against pathogens that transmit through the air.

37 Respiratory protective equipment includes:

- 38 • Filtering Face Piece class 3 (FFP3) respirator (must be used in line with [HSE](#)
39 [guidance](#)) (link to RPE section of standard precautions section)
- 40 • eye protection
- 41 • gown or apron

42 **Continuous positive airway pressure (CPAP) and bilevel positive** 43 **airway pressure (BiPAP)**

44
45 CPAP is a treatment for obstructive sleep apnoea (OSA), a condition that can be life-
46 threatening.

47 CPAP and BiPAP treatment must be given as prescribed and by a care and support
48 worker who is trained to use it.

49 Clear guidance from [NICE](#) and [NHS England](#) is available to support and encourage
50 individuals that need to use this treatment regularly.

51 These are high risk procedures for spreading respiratory infections so use RPE if the
52 individual is suspected or confirmed to have a respiratory infection.

53 Ventilating the room after use or during use can help disperse particles from the air more
54 quickly.

55 Follow the manufacturer's instructions to ensure the equipment is cleaned regularly.

56 **Aseptic Technique**

57 Aseptic (sterile) technique is the way of working that prevents pathogens from getting into
58 wounds, equipment, or other parts of the body during care tasks, by keeping everything
59 clean and using correct hand hygiene and equipment. Aseptic technique is usually used by
60 healthcare workers to prevent contamination of wounds or other vulnerable body sites
61 during clinical interventions or procedures such as dressing wounds and inserting or
62 removing a urinary catheter or other medical device. The term sterile refers to something
63 that is clean and free of pathogens.

64 When using aseptic technique:

- 65 • clean hands thoroughly before starting the procedure
- 66 • avoid touching vulnerable body sites and sterile equipment where possible
- 67 • use sterile gloves if touching a vulnerable site or handling sterile parts of equipment or
68 devices
- 69 • only use sterile fluids and sterile equipment (any sterile equipment and fluids will state
70 they are sterile clearly on the packaging)
- 71 • check sterile packs are within their expiry date and are intact with no sign of damage
72 before use
- 73 • never place contaminated or non-sterile items in the sterile field
- 74 • never reuse single-use items

- 75 • minimise movement around the procedure area to reduce the risk of contamination

76 Aseptic technique helps prevent infection in all care settings. Most aseptic clinical
77 procedures will be carried out by registered healthcare professionals, but the main
78 principles of aseptic technique should be understood and applied by all care and support
79 workers to support safer care.

80 **Managing invasive indwelling devices and** 81 **wounds**

82 Individuals with wounds or an invasive device, are at a higher risk of infection.

83 Common invasive devices and wounds include:

- 84 • urinary catheters
- 85 • peripheral venous catheters
- 86 • enteral feeding tubes
- 87 • tracheostomies
- 88 • stoma care appliances
- 89 • chronic wounds
- 90 • surgical wounds

91
92 Care and support workers should follow their care settings policy for managing invasive
93 devices and wounds and always follow evidence-based guidelines to ensure safe and
94 effective care. [EPIC3](#), [ANTT](#) and [National infusion and vascular access society](#) are
95 evidence-based resources to support the safe management of invasive devices and
96 wounds.

97 Health professionals often visit care settings to deliver clinical care such as inserting
98 invasive devices and carrying out wound care.

99 Care and support workers should be competent with the skills and knowledge to manage
100 invasive devices and wounds safely in their care settings. They should be able to

- 101 recognise signs of infection (high temperature, redness, swelling or pain) and know when
102 to report concerns to healthcare professionals.
- 103 Key IPC practices when caring for someone with an invasive device or wound include:
- 104 • always clean hands before and after contact with the individual's medical device or
105 wound
 - 106 • using aseptic (sterile) technique for all device and wound care
 - 107 • in communal settings (care homes, day centres), using dedicated clinical spaces for
108 care. If this isn't possible, an individual's room is acceptable but avoid using
109 bathrooms. Always clean the immediate surroundings such as worktops thoroughly
110 before using as a medication or equipment preparation area
 - 111 • in someone's own home or in extra care housing making sure a clean space for care is
112 set up. Avoid using bathrooms and always clean the immediate surroundings such as
113 worktops thoroughly before using as a medication or equipment preparation area
 - 114 • storing all equipment so it is clean, dry, and protected from contamination (for example
115 store equipment in lidded, plastic boxes)
 - 116 • when moving from one place to another always keep equipment clean, dry, and
117 protected from contamination
 - 118 • always following the manufacturer's instructions for how to use, store, clean and
119 replace equipment and keeping complete records of all maintenance
 - 120 • ensuring each individual has a documented care plan detailing their wound/device
121 care needs and review by a health care professional
 - 122 • monitoring for signs of infection, prompting healthcare professionals to assess any
123 ongoing need for devices, and documenting this clearly in the individual's care plan

Question 1: For those working in domiciliary care, does this final point on communication and education feel appropriate for home care (domiciliary) settings? What changes would you recommend to make it more useful?

124

- 125 • communicating and educating the individual and their relatives about infection risks,
126 the importance of hand hygiene, and what signs and symptoms to report (such as
127 redness, swelling, pain, fever, or discharge). Provide clear instructions on what to do
128 and who to contact if concerns arise

129 These steps help prevent infection and keep individuals receiving care and support safe.
130 Further information can be found in NICE guidance for [prevention and control in](#)
131 [community care](#).

132 **Urinary catheter care**

133 If an individual has a urinary catheter, they are at higher risk of infection because bacteria
134 can enter where the catheter goes into the body.

135 The GP or district nurse should regularly review whether the catheter is still needed and
136 remove it as soon as possible.

137 Always note the date of catheter insertion and why it was needed in the individual's care
138 records.

139

140 **Preventing catheter associated urinary tract infections (CAUTIs)**

141 To prevent CAUTIs:

- 142 • encourage the individual to drink enough fluids (for more information on hydration see
143 Section 5: Fundamental of Care)
- 144 • clean hands and put on disposable gloves before touching the catheter or drainage
145 bag
- 146 • after handling catheter, remove gloves and immediately clean hands again
- 147 • clean the catheter entry point daily with soap and water
- 148 • keep the catheter and drainage bag connected at all times (closed system) to reduce
149 infection risk. Only disconnect when changing the catheter bag
- 150 • if a night bag is used, attach it to the leg bag without breaking the closed system and
151 ensure it is stored appropriately between uses in the individual's own room if they are
152 not single use.

- 153 • always keep the drainage bag below bladder level, to allow urine to drain properly
- 154 • avoid letting the bag touch the floor; use a catheter bag stand
- 155 • empty the bag regularly to prevent backflow and change it when clinically needed
- 156 • use a clean container to empty the bag. Avoid touching the drainage tap to the
157 container
- 158 • in a care home, use a sluice or toilet to dispose of urine
- 159 • in a home setting, use the toilet to dispose of urine
- 160 • clean the container used to empty the catheter bag after use and let it air dry until next
161 needed
- 162 More information on urinary catheter care and preventing infections is available in the
163 [NICE infection prevention and control guidance for urinary catheters](#).

164 **Enteral feeding**

165 Enteral feeding is used when an individual cannot eat by mouth. Liquid feed is given
166 through a tube that enters the body in one of three ways:

- 167 • naso-gastric (NG) – through the nose into the stomach
- 168 • percutaneous endoscopic gastrostomy (PEG) – directly into the stomach
- 169 • jejunostomy – directly into the small intestine

170 **Preventing infection**

171 To prevent infection:

- 172 • store feed exactly as the manufacturer instructs
- 173 • clean hands thoroughly before preparing feed or touching equipment
- 174 • handle equipment as little as possible
- 175 • clean and dry the tube entry site every day

- 176 • flush the tube with fresh water before and after feeding or giving medications to
177 prevent blockages
- 178 • if the individual is immunosuppressed, use cooled freshly boiled water or sterile water
179 from a freshly opened container (not tap, bottled, or table water)
- 180 • use minimal handling and aseptic technique when connecting the feed to the tube
- 181 • pre-packed feeds can be used for up to 24 hours during a feeding session
- 182 • feeds prepared on site should be used within 4 hours
- 183 • after each session, dispose of bags and administration sets according to local waste
184 rules. Do not dispose of them in sinks

185 Antimicrobial administration

Question 2: Should this section expand to all medicine administration rather than specifically antimicrobial medicines?

186 An antimicrobial is a medicine or substance that kills pathogens or stops them growing.

187 Correct administration ensures antimicrobials work properly and reduces the risk of
188 antimicrobial resistance (AMR) (for more information on AMR and AMS see Section 2.
189 Why preventing infections is important).

190 Gloves and aprons are not required for the administration of antimicrobials unless there is
191 a risk of blood or bodily fluid exposure. Face protection may be required for administering
192 antimicrobials for individuals with respiratory infections and/or respiratory symptoms (link
193 to PPE section).

194 Under the [Health and Social Care Act 2008 \(Regulated Activities\) Regulations 2014](#) and
195 [Regulation 12: Safe care and treatment - Care Quality Commission](#) every antimicrobial
196 administered should have a printed label showing:

- 197 • individual's name
- 198 • date of administration

- 199 • name and strength of antibiotic
- 200 • dose and frequency to be administered
- 201 Capsules should be swallowed whole. If an individual has difficulty swallowing, contact the
202 prescriber for an alternative formulation.
- 203 For liquid antimicrobials:
- 204 • shake the bottle well before use to ensure even concentration
- 205 • use a medicinal measuring spoon or oral syringe to measure the dose accurately. Do
206 not use household spoons as they are less accurate
- 207 • medicinal oral syringes and spoons should be cleaned after each use using the same
208 process used for normal cutlery
- 209 Give antimicrobials according to the dosing schedule:
- 210 • give antimicrobials at the prescribed times and in relation to food, if indicated
- 211 • if a dose is missed, give it as soon as possible unless it's almost time for the next dose
- 212 • do not double dose to catch up
- 213 • ensure the full course is completed to prevent AMR
- 214 • record start and stop dates in the care plan. See Section 2. Why preventing infections
215 is important, for more information on Antimicrobial Resistance and Stewardship

216 **Adverse effects**

Question 3: Is it helpful to include a section on adverse effects?

- 217 Mild side effects like stomach discomfort or occasional diarrhoea are normal. Contact the
218 GP if symptoms are severe, persistent, or could indicate C. difficile infection for instance
- 219 (For more information see Section 8b. Managing suspected infectious diarrhoea and/or
220 vomiting in adult social care settings).

221 Allergic reactions, such as skin rashes, should also be reported immediately to your GP, or
222 NHS 111 if the GP is unavailable. If symptoms are severe (e.g., swelling of the face, lips,
223 or difficulty breathing), call 999.

224 **Expiry and storage**

225 Please ensure the following measures are followed:

- 226 • check the expiry date before giving antimicrobials; return expired medicines to the
227 supplier
- 228 • store medicines away from heat, moisture, and sunlight
- 229 • store antibiotic liquids in the refrigerator (+2°C to +8°C), where indicated
- 230 • monitor and record fridge temperatures daily in care homes; take action if
231 temperatures are outside the safe range
- 232 • in someone's own home, fridge temperature monitoring is not required
- 233 • reconstituted powders and leftover liquids deteriorate quickly so discard any partially
234 used medicines

235 **Pathology Specimens: collection, handling** 236 **labelling, transport and result follow up**

237 Pathology specimens are clinical specimens, swabs or samples (solid or liquid) taken from
238 an individual to check for infection or other conditions, for example sputum, blood, urine or
239 wound swab.
240

241 Specimens may be hazardous, so it is important that they are handled and transported
242 safely to prevent spreading infection. If samples get contaminated they can give incorrect
243 results leading to unnecessary antimicrobial prescribing and unnecessary or laboratory
244 work. This can also cause delays in treatment.

245 It is important that specimens are only taken when there are clear signs of infection and
246 when clinically indicated. Always check with a healthcare professional and never test if
247 there are no signs of infection.

248 The following information will help care and support workers to carry out correct processes
249 for collecting the sample, completing the microbiological forms and follow up.

250 [Before collecting a specimen:](#)

- 251 • check with the local laboratory or GP for guidance on containers and transport
252 requirements
- 253 • follow laboratory instructions carefully to avoid errors

254 When collecting the specimen:

- 255 • use a leakproof container that is approved by the laboratory receiving the sample. The
256 laboratory can advise if it is not clear which container to use.
 - 257 • label the container clearly with
 - 258 • individual's first and last name
 - 259 • individual's date of birth
 - 260 • the date of collection
 - 261 • place the container inside a designated microbiology seal-able polythene bag
 - 262 • put the request form in the side pocket of the polythene bag and not with the specimen
263 itself
 - 264 • do not use clips or staples as they can puncture the polythene bag
- 265 When completing the request form, include:
- 266 • the patient identifier (usually an NHS number, name and date of birth)
 - 267 • the test required
 - 268 • specimen site/type
 - 269 • relevant clinical details, including medications- the more information the better
 - 270 • date and time specimen was taken

271 Incomplete forms, labels or specimen containers may cause the laboratory to reject the
272 sample.

273 When handling or transporting the specimen:

274 • keep the outside of the container and bag clean and free from blood or body fluids

275 • transport samples to the laboratory promptly. If delayed, most samples can be
276 refrigerated, but must not be placed with food or medication

277 • for car or courier transport, use a UN3373 compliant container

278 • for postal samples, use an approved Post Office container with absorbent material,
279 and send it first class

280 ASC setting should have a process in place to ensure specimens are always followed up
281 and acted upon. When following up the specimen result:

282 •
283 always note the expected date/time for result return and who will be reviewing
284 them

285 • review test results promptly upon receipt and follow instructions for action

286 • communicate all results immediately to the individual and/or their family

287 There is information available on [packaging and transport requirements for patient](#)
288 [samples](#) including sending by post and general information about [pathology testing](#).

289 **Summary of questions for** 290 **stakeholders**

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292 and education feel appropriate for home care (domiciliary) settings? What changes would
293 you recommend to make it more useful?

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