

Infection control is a
fundamental aspect
of a nurse's role



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Infection control is a fundamental aspect of a nurse's role, as well as the responsibility of everyone who works within healthcare systems (Department of Health (DH) 2006a).

Infection control and the prevention of all infection remains a major goal within all healthcare settings, and lies with all healthcare professionals and personnel's responsibility to ensure this is achieved. The NHS and healthcare systems have specialised infection control teams to ensure an effective infection control programme has been planned and implemented, also regularly evaluate the effectiveness of programmes and update their findings. The infection prevention and control team provides advice about the prevention and management of infection including outbreaks of diarrhoea and vomiting, as well as promoting education and awareness to patient's and carers. They work closely with staff and senior members of the healthcare setting to ensure that correct policies and procedures are adhered to. (www.nhs.uk/infection-prevention-and-control/).

Healthcare consists of a multi disciplinary team and all professionals must work together in order to encourage the effectiveness of the infection control programme is achieved. Microbiology has become an advanced science in the investigation of infections and the management of their control in the hospital setting, the study of living organisms that are so small that can not be seen by the naked eye, Microbes are everywhere, they are able to survive in almost every conceivable environment(J. Wilson). Many species of bacteria exists as well as virus and other micro organisms, but thanks to advance scientific findings a very small proportion cause disease and infection (J. Wilson).

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The student nurse acted appropriately and was aware of following the NMC guidelines at all times within the clinical area of placement, and adhering to confidentiality guidelines and ethical policy.

The student nurse was called to assist Mr. Jones who had alerted the staff on the ward that he was in need of assistance in the toilet. When entering the room it was obvious to the student nurse that Mr. Jones was distressed. Mr. Jones had been incontinent and defecated on to the floor of the toilet and surrounding area. The student nurse gave reassurance to Mr. Jones to encourage the relief of his anxiety and distress, making the care of people your first concern, treating people kindly and considerately. (NMC2009).

According to the Bristol stool chart the stools that Mr. Jones had passed were type 7, the Bristol stool chart shows seven categories of stool and was developed by K. W Heaton and S. J Lewis at the University of Bristol and first published in the Scandinavian journal of Gastroenterology in 1997. Types 5-7 according to the Bristol stool chart may indicate diarrhoea and urgency, with stools passed watery with no solid pieces which presents entirely liquid.

The Bristol stool chart is an extremely useful guide as having a reference to adhere to gives the healthcare professional a better understanding and descriptive way of passing on information regarding their patient, a great deal of information can be learnt by the consistency of the patients stool as to indicate if there is any cause to be concerned, *Clostridium difficile* is an infection which is seen within the healthcare setting such as the hospital or care home, and was first recognised in the late 1970s, it does not present a problem in a healthy person but can present a problem in people who have

been taking long term antibiotics, as this can interfere with good bacteria within the gut which can encourage C. difficile bacteria to multiply and produce toxins which causes diarrhoea and vomiting, C. difficile is more common in the over 65 age group, and can be spread through cross contamination from patient contact, via healthcare staff or via contaminated surfaces within the environment. (www.nhs.uk/conditions/clostridium-difficile). Healthcare environments are constantly battling against outbreaks of infection with implementing effective control measures which the infection control teams have implemented in guidelines from policy and procedures, in many cases time of outbreaks can not be determined but effective control measures can prevent the spread of infection to other areas, Norovirus which can present huge problems and stress to the healthcare setting can usually be determined to present in the winter months, vomiting and diarrhoea can present any time outside this time frame and procedures will be a duty of care to adhere to, to minimise the risk of the spread of infection. An outbreak within the clinical setting may be defined as 'two or more cases of the same infection which are linked in time and place' and any suspicion of an outbreak must be reported and documented to the relevant departments. (The Health Act 2006).

Having identified the risks of potential cross contamination and infection the student nurse intentions were to ensure that the necessary precautions were adhered to. Protective clothing such as gloves and aprons should be worn in accordance with the standard universal precautions policy. Staff can be at risk of infection or transference of pathogens if they do not comply with good infection control practices. " Essential skills clusters for nurses".

The student nurse prior to assisting Mr. Jones any further made sure adequate protective clothing was worn with putting gloves and apron on. Wearing uniforms or protective personal clothing is affected by current legislation. (Health and Safety at work Act 1974). The student nurse had made the decision not to wear 'added' protective clothing as in this situation her personal judgement did not feel it necessary, face masks and eye protection are not always necessary for most intervention or activity to prevent cross infection, however, when there is a likelihood of accidental splashes from blood, body fluids, secretions and excretions to the face they must be worn. (Arrowsmith 2005, p. 81, Pratt et al. 2007).

The first priority of the nurse is the patient, so that they feel comfortable and less distressed about the situation, Make the care of people your first concern, treat people as individuals and respect their dignity (NMC 2009). It is a general legal and ethical principle that valid consent must be obtained before starting treatment or providing personal care for a patient. Explaining clearly the student's intentions to Mr. Jones was important to ensure that Mr. Jones was informed and consented to the student nurse helping with personal care he was to receive, you must ensure that you gain consent before you begin any treatment or care (NMC2008). Mr. Jones mental capacity was at a satisfactory level to have the ability to understand what had just occurred and made the informed personal choice that the student nurse could assist him with resolving the situation that he had found himself in, For consent to be valid, it must be voluntary and informed, and the person consenting must have the capacity to make the decision.([www. nhs. uk/conditions/consenttotreatment](http://www.nhs.uk/conditions/consenttotreatment/)).

The hygiene needs of Mr. Jones were met, using soap and water and clean underwear and gown was supplied. Hygiene needs are an important fundamental role of the nurse, and the protection of the skin and ensuring the patient's skin is left clean and dry. Skin care is critically important, remembering to cleanse and protect the skin, especially if the skin has been exposed to urine or stool, also being aware of damaged skin, which can lead to infection, especially serious among the elderly. As well as infection it is essential to promote the prevention of skin breakdown, again, especially within the elderly. The presence of urine and faeces on the skin increases the normal PH of 4.0 -5.5 and makes the skin wet. The rise of PH and excess moisture increases the risks of tissue breakdown and infection. (Ersser et. al. 2005). This also ensured that cross contamination of any possible infection did not pass onto any person on the ward and contamination of the surfaces at Mr. Jones bed space. Bacteria may multiply rapidly to create a source of infection, provided that a suitable vehicle transfers them to a susceptible site on the patient. (Infection control in clinical practice, J. Wilson).

Appropriate handling of infected items is the key to minimise the risk of transmission and cross contamination within the clinical area and responsibility of the student nurse and all other staff within the clinical areas, removal of gloves and aprons after use should be disposed of in the nearest clinical waste bin and soiled linen placed in a red linen bag. Contamination of the environment is a necessary duty of the nurse and the relevant domestic staff on the ward was informed of the area of risk, NHS Infection control precautions policy states, that spillages of faeces and/or vomit must be

cleaned up immediately using detergent and water. The area should then be disinfected using a hypochlorite 10, 000ppm (Antichlor Plus) solution. Prior to the student nurse escorting Mr. Jones back to his bed space within the ward necessary and crucial hand washing was carried out thoroughly and encouragement for Mr. Jones to carry out the same precautions were implied, by doing so this action discouraged transmission of pathogens and possible cross contamination. Hand decontamination is a low tech clinical intervention that can prevent transmission of infection (DH2006b). Unclean hands have been shown to be a significant vehicle for the transmission of micro organisms and contribute to outbreaks of infection in healthcare environments. (Pratt et al 2007).

A healthcare professional's role and responsibility is to collaborate with those in their care at all times and to encourage education and understanding about their individual promotion of health and wellbeing, NMC, Standards of conduct, performance and ethics states that, you must support people in caring for themselves to improve and maintain health, and recognise and respect the contribution that people make to their own care and wellbeing. The student nurse encouraging Mr. Jones to wash his hands and help with his personal care can encourage promoting Mr. Jones independence and mental wellbeing as well as encourage the understanding of the importance of discouraging of cross contamination within the environment.

A senior member of the nursing staff was immediately informed regarding the situation with Mr. Jones as the information was important with the care he was currently receiving and relevant to any future care that he was about to receive, as well as the possible risk of infection as type 7 stool poses to <https://assignbuster.com/infection-control-is-a-fundamental-aspect-of-a-nurses-role/>

the environment. The need to respect peoples confidentiality is a duty of care to the patient so it would be necessary to ensure the patient was informed that any information passed on was in their best interest, NMC 2010 states, you must ensure people are informed about how and why information is shared by those who will be providing their care and you must disclose information if you believe someone may be at risk of harm, in line with the law of the country in which you are practising.