Maintaining Asepsis Beyond Hospital Walls

Delivering Safe Care in Unpredictable Home & Community Environments

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Aim

To critically explore the challenges and opportunities associated with maintaining ANTT in community environments and consider how clinicians can adapt practice whilst maintaining patient safety.



A day in the Life of a Community Clinician

Planning the Day



Clinicians must ensure they have all required

- Equipment
- Consumables

Good planning is key in achieving ANTT

Insulin care

- Clinician used the sink in the kitchen for hand wash. There was liquid soap available and sink is clean.
- Used kitchen towels to dry hands.
- Checked glucose level wearing gloves. Removed gloves, disinfected hands with alcohol gel.
- Administered the insulin using standard ANTT
- Disinfected the glucometer with wipes.
- Alcohol hand solution used for after care and before entering the car.

5 moments of hand hygiene





Catheterisation

Patient is a hoarder and there is limited space for clinical care.

Clinicians having to be creative in finding solutions.

Can ANTT be achieved?!

Post op Wound and stitch removal



- Pet walks over the aseptic field

Can ANTT be achieved?!

Skin Tear

Would you wash your hands here?



Enoxaparin injection



- Triage nurse requested clinician to visit patient for treatment dose of enoxaparin
- During visit nurse finds out the patient is infected with C-Diff

Can ANTT be achieved?!

Blood test



Infestation in property:
- bed bugs
- flees
- maggots

Can ANTT be achieved?!

Post op Wound and stitch removal

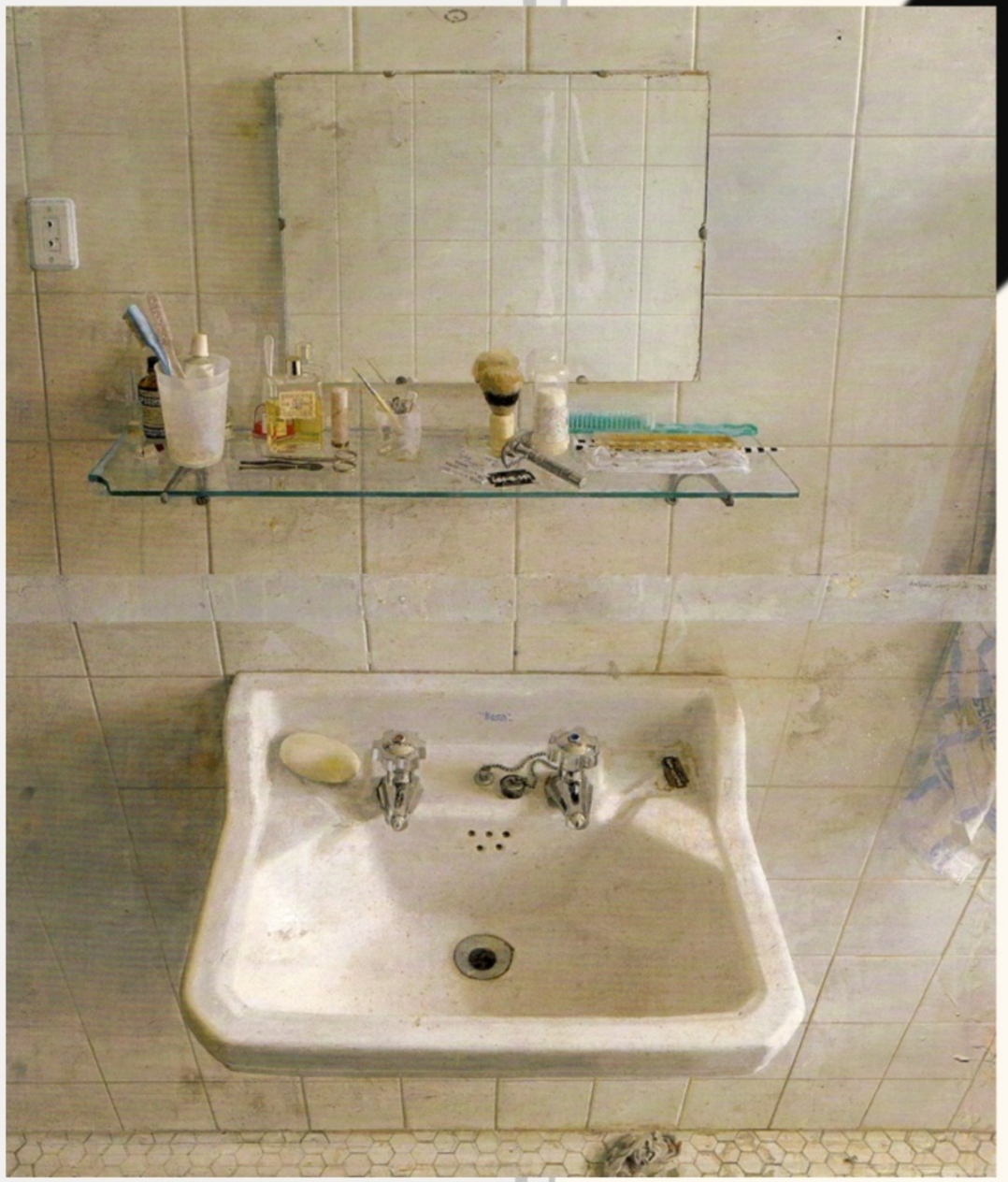


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Car boot and equipment bags

An overlooked clinical environment?

Infection Prevention and Control "should be practiced wherever clinical care takes place"

Payne & Peach, 2021

- Equipment transported between multiple patients
- Storage of specimens and sharps
- Extreme temperature fluctuations
- Limited national guidance

Should community vehicles be viewed as an extension of the clinical environment?



What does the evidence show?

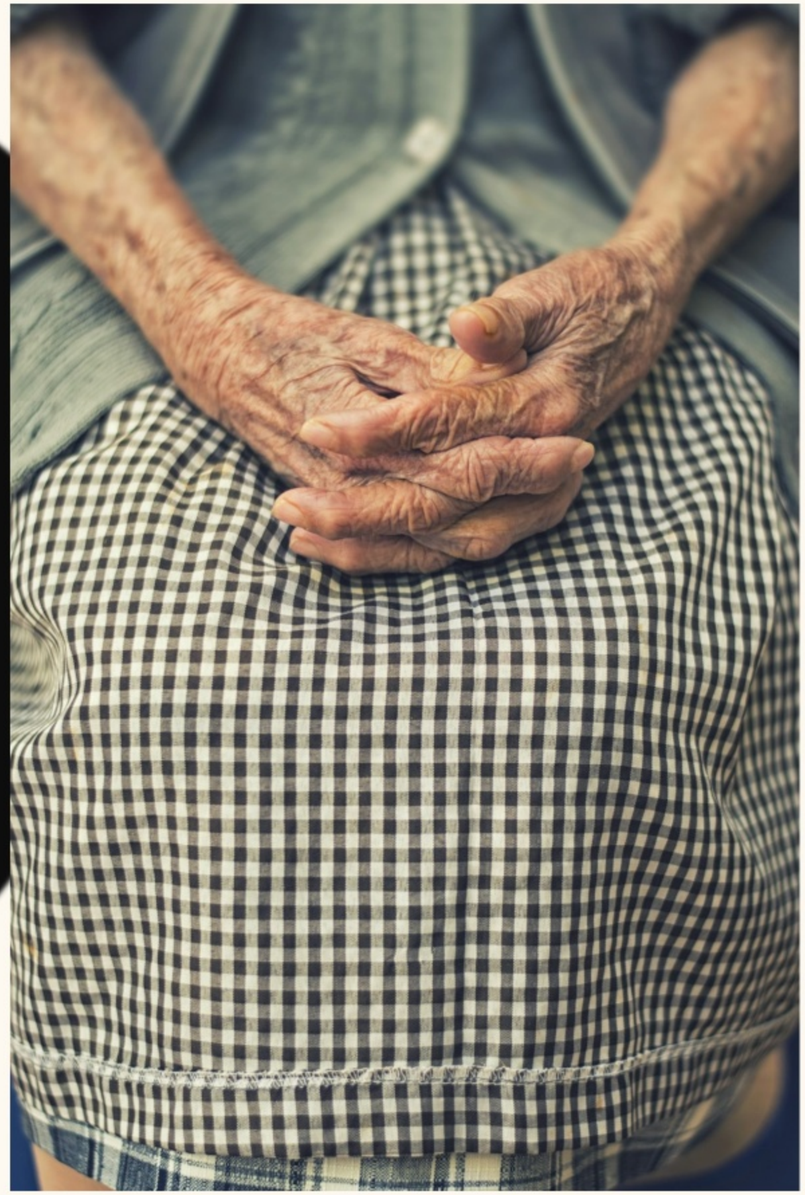
Challenges

- Environment
  - Unpredictable care settings

- Education and practice
  - ANTT education inconsistencies and hospital focused
  - Compliance not assessed consistently
  - Ambiguous and historical terminology
  - Theory/practice application gap
  - Myths

- Organisation
  - Workload and resource pressures
  - Lone working
  - Logistics





Community Nursing

The facts

- Older population, living longer with chronic conditions - Vulnerable to HAIs (infections)
- Infection remains a major cause for unplanned hospital admissions, including sepsis
- ANTT is achievable in Community and is the prefered approach
- ANTT is used by most NHS organisations
- The challenges above do not justify abandoning aseptic principles
- Hand hygiene - most important IPC measure

Evidence recommendations

- Integrated approach - local/national/ international healthcare providers and higher education institutions
- Education and compliance
  - Effective hand hygiene
  - PPE
  - Maintaining aseptic field
  - Identifying breaks in aseptic procedures
- Standardisation - ANTT framework
- Auditing
- Industry - community focused products
- Regular risk assessments

The NHS direction

The NHS 10 year Plan

More care closer to home - community
Community focused services

- Workforce development
- More community placements through HEIs
- ANTT relevant in CN services

Key Messages

- Community environments increase infection risks
- Home environments should not justify reduced standards
- ANTT is achievable through adaptation and risk assessment
- Hand hygiene remains the cornerstone of practice
- Education, audit and competency assessment are essential
- Community services require greater investment and support



Any Questions?

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