



ROYAL COLLEGE OF
PHYSICIANS OF IRELAND

Policy Group on Healthcare-Associated Infection (HCAI)

**Advice on the prevention and control of
infection for hospital visitors and patients
discharged from hospital**

PHYSICIANS OF IRELAND



Executive Summary

Preventing infection is very important to a patient's welfare. A healthcare associated infection (HCAI) is an infection that occurs after contact with the healthcare system in its widest sense and one that is acquired in a hospital, in primary care, in a patients' home or in a nursing home.

These infections occur when microbes or germs enter the body through a wound or an opening, such as the mouth, eyes or urinary tract. Between 5 -10% of patients admitted to acute hospitals will develop a HCAI¹. These include infections of the urinary and respiratory tract, surgical site or wound infections after surgery and bloodstream infection. Such infections are largely caused by bacteria, e.g. *Staphylococcus aureus* but viruses may also be responsible such as norovirus, which causes winter vomiting infection.

Not all HCAs are preventable but good standards of hygiene and best personal and professional practice in hospitals and elsewhere will reduce the risk of acquiring or spreading infection. **For the visitor**, adhering to some simple guidelines is important for patient, healthcare staff and visitor protection. **For the patient on discharge from hospital**, hand hygiene, general personal hygiene, and normal standards of cleanliness, are key measures in avoiding infection.

This document summarises advice for visitors on ways that they can prevent infection among those they are visiting, outlines general advice for patients in infection prevention once they are discharged and outlines responsibilities of healthcare providers on advice needed for patients when they are discharged with a medical device.

¹ Journal of Hospital Infections (2008) 69, 230-248



ADVICE FOR THE HOSPITAL VISITOR

Family and friends are a huge source of support and motivation for patients to get well. However, there are some rules and guidelines involved for visitors which are necessary for the operation of the institution and which are also very much in the interests of patients, visitors and healthcare staff.

Are visiting regulations important?

Yes. Visiting regulations are required to:

- Allow staff the time for the essential care of patients and related activities
- Protect patients and visitors from infection
- Provide quiet time for patients to recuperate
- Facilitate meal times
- Assist with hygiene and cleaning
- Help in the safe movement of hospital supplies, waste and laundry

However, visiting arrangements do vary depending on the type of institution and the level of care required by the patient. It is essential that all visitors adhere to these regulations.

There are no nationally agreed visiting times. Visiting times are specific to each healthcare institution.

When should visitors visit?

Visitors should only visit during normal visiting times. In acute hospitals, most visits should usually be for no longer than twenty minutes. Where there are exceptions, e.g. visiting a critically ill near relative at short notice, clarification from senior nursing or medical staff should be sought but this will normally be granted, given the circumstances. Visitors should not linger beyond the normal visiting times as this will interrupt those activities listed above.

Common sense largely dictates who visits and when these visits should take place. For example, only close relatives should visit an acutely ill patient recovering from major surgery whereas later during recuperation after the surgery, the visitor may benefit from the company of friends, but this is at the discretion of the patient and his/her family.

Children's hospitals usually allow open visiting for parents and guardians. Some restrictions may apply to other family members. Notices will advise.

When should visitors not visit a patient in hospital?

Visitors must always put the welfare of the patient first when considering whether or not to visit. There are certain situations when visitors, be they family or friends, should not visit. These include:

- **If visitors pose a risk to patients or healthcare staff.** Visitors can harbour infection and pass it on to the patient. It must be remembered that even trivial infections in the healthy population may cause serious infection amongst hospitalised patients. Common examples include, **respiratory viral infections** such as the common cold or influenza, **diarrhoea** and

vomiting which may be caused by norovirus or *Clostridium difficile*. In addition, chicken pox or shingles is a reason not to visit hospitals as it can have very serious consequences for some patients such as those with cancer².

- **Outside recommended visiting times** unless by prior arrangement with the clinical/area/ward manager; see example above.
- **When instructed by hospital notices not to do so**, e.g. during outbreaks of norovirus infection when hospital-visiting times can be changed at very short notice. Visitors are expected to cooperate with emergency measures. Information will usually be displayed at the entrance to the hospital to this effect.

A good rule of thumb is not to visit hospitals if feeling unwell for any reason. Visitors should be symptom free for at least 48 hours after being unwell or after an episode of either diarrhoea or vomiting.

Why are there extra restrictions on children visiting healthcare institutions?

Children are more prone to acquiring and transmitting infections to others. A child's immune system is not as well developed as that of an adult. Children are therefore more prone to childhood illnesses, e.g. chickenpox, measles, mumps and rubella. Children also suffer more from 'coughs and colds' during winter months, especially during seasonal outbreaks and epidemics. Therefore children,

- Are at risk of acquiring an infection from a patient or passing an infection on to a patient while visiting.
- Can have certain illnesses and viral conditions e.g. influenza, that can have serious consequences for patients.
- Should only visit during designated children's visiting times, accompanied by an adult, and with supervision throughout the visit.

How many visitors should visit a patient and for how long?

At most two visitors per patient at the same time is generally considered good practice. Many patient surveys also agree with this recommendation, as the patient is in need of rest and is recuperating, the duration of the visit should be kept to a minimum, e.g. 20 minutes. Also, visitors should not normally roam from ward to ward visiting multiple patients. This practise increases the risk of spreading infection from one ward to another.

How important is hand hygiene for visitors?

Hand hygiene is critical for all in the prevention of infection. Before leaving home to visit a patient in hospital, visitors should attend to personal hygiene including hand washing. On entry to any healthcare institution visitors must always clean/decontaminate their hands.

- An alcohol hand gel/rub/foam can be used on visibly clean hands. If hands are dirty, soap and water must be used.
- All surfaces of the hands should be cleaned including the wrists using the gel for 30 seconds, and then allowing the hands to dry.

² RCPI Policy Group on Healthcare-Associated Infection (HCAI) – HCAI in Patients with Cancer: Identify the Risks and Implement Preventive Measures



- If using soap and water, after lathering the hands, all surfaces of the hands and wrists should be vigorously cleaned for at least 15-30 seconds, before rinsing.
- A clean disposable paper towel should be used to dry the hands and this should be discarded into the domestic waste bin.
- The lid of the bin should never be touched as this contaminates the hands after cleaning.
- If visiting a patient in an isolation room, hand hygiene as above should be repeated just before entering the room and also on departure. In addition there may be specific instructions in relation to the wearing of personal protective equipment e.g. apron, mask or gloves. A door sign may indicate what special precautions are required but consult with hospital staff for further assistance.

What other visitor etiquette is important during the visit?

Common sense and sensitivity to the needs of the patient and all healthcare staff should guide what other measures are required. These include:

- Do not sit on the patient's bed.
- Do not use patient bathroom or toilet facilities.
- Do not touch any medical device or equipment.
- Do not touch wounds.
- Respiratory hygiene and cough etiquette must be adhered to during the visit if the visitor should sneeze or cough. A visitor should cough or sneeze into a disposable tissue, place this in a waste bin and then attend to hand hygiene.

Is it appropriate to bring flowers and gifts to patients?

Flowers and gifts can be welcome items for patients to receive. There may be restrictions depending on the acuity of the patient or the space available to house these items. Usually, notices will advise where restrictions apply.



ADVICE FOR PATIENTS GOING HOME FROM A HEALTHCARE INSTITUTION

Attention to a few simple measures will help reduce the risk of acquiring an infection at home or in the community for patients after discharge from hospital. Much of what is required is similar to the advice for visitors above and will logically follow on from measures taken in hospital by patients and healthcare staff.

How important is hand hygiene?

Hand hygiene is critical for all in the prevention of infection. It reduces the risk of acquiring or spreading infection from one person to another in all settings.

Washing with soap and water is sufficient once all surfaces of the hands are vigorously cleaned and a clean hand towel is used to dry the hands. Alcohol gels/rub/foam are becoming popular and can be used on visibly clean hands at home.

Is personal hygiene relevant?

Regular bath/showers with due attention to oral hygiene are important. These will contribute to general health and help prevent infection, e.g. changing clothes, bed linen and towels regularly reduces the risk of infection.

What are the important elements of hygiene in the home?

Good housekeeping supports measures to prevent infection in the home.

- A clean environment is recommended in any setting.
- Stagnant water can be a breeding ground for bacteria. Do not leave water in buckets or basins lying around.
- Taps and water outlets should not be left unused for long periods of time. Regular use or the flushing of infrequently used water outlets will reduce the risk of waterborne infection. It is a good idea to ensure water cisterns are well covered to prevent debris or vermin contaminating the domestic water supply.

Are diet and exercise relevant?

Yes. A nutritious well balanced diet combined with moderate exercise, as appropriate, is conducive to health and promotes healing in all settings. Patients and their relatives should discuss specific aspects of these with relevant healthcare staff.

What questions should patients ask before going home?

The patient's healthcare team should address specific concerns with each patient prior to discharge. There are also advice leaflets available from many healthcare institutions and also from the Health Protection Surveillance Centre (www.hpsc.ie). However, the patient or family should ask questions and find out where to get further information and support if needed such as for example from patient self-help groups. The patient must also be advised about whom to contact should any concerns arise at home.

Advice for patients going home from a healthcare institution with a medical device *in situ*

There are many different types of medical devices that are used in healthcare today. These devices include central lines and urinary catheters and are often vital for continuing care of a patient. Central lines allow patients to receive essential treatments e.g. fluid therapy, chemotherapy, antibiotics or other medication either in hospital or at home.

Before leaving hospital the patient and or carers should be instructed and supervised in all aspects of the device management. Written and verbal information supporting this instruction, about the device, how to care for the device, the site of insertion, the dressing, how to inspect for signs of infection or other complications, how to maintain patency of the device (if appropriate), and where to seek help when required should be provided.

The General Practitioner/Practice Nurse, Public Health Nurse or Specialist Hospital Nurse are support professionals allowing for intravenous therapies in patient and care homes. As part of the discharge process the patient and or carers should be given written contact details of whom to contact for further advice.

The patient and or carer should understand the following key points:

1. **Hand hygiene:** remains the cornerstone of infection prevention prior to insertion, handling, dressing change and any manipulations (giving fluids, medication, flushing) to the device or line.
2. **Intravenous site dressing:** should be dry and clean. It should be visually inspected regularly and only changed as required or on the recommendation of the health professional. The dressing used and the frequency of change will depend on instruction prior to discharge. A supply of dressings and or a prescription should be given to the patient and or carer prior to discharge.
3. **Observe the site for signs of infection regularly:** these include the following:
 - Redness
 - Heat
 - Tenderness, pain or soreness
 - Bruising
 - Unusual swelling

If there are concerns phone the named professional contact for advice.

4. **Avoid unnecessary handling or manipulation:** manipulation of the device should be kept to a minimum.

Advice for patients going home with a surgical site wound

Patients are now being discharged from hospital early after surgery although longer stays are required for major surgeries. Most acute wounds heal in an ordered timely fashion. Clips or non-absorbable sutures may not have been removed and this necessitates removal by the General Practitioner or Public Health Nurse either in the patient's home or a return visit to hospital or General Practitioner's surgery for removal is required.



Before leaving hospital the patient with a surgical wound should be instructed in the immediate aspects of wound care. An information leaflet should advise about wound care, how to manage the dressing, how to recognise signs of infection, when and where clips or sutures are to be removed and where to seek advice when required. In the immediate aftermath after discharge it is advisable to phone the hospital ward for advice. However, care will then pass to the General Practitioner or Public Health Nurse. Patients should be advised whom to contact should a concern arise.

Patients discharged home with a surgical wound should understand the following:

1. **Hand hygiene:** remains the cornerstone of infection prevention and should be carried out before and after any manipulation or inspection of the wound.
2. **Personal hygiene:** a daily wash or shower is recommended.
3. **Observe for signs of infection:** signs of infection include
 - Redness
 - Heat
 - Unusual discharge
 - Pain

If you have concerns seek advice from the named contact.



Summary of Recommendations

Visitors to a healthcare institution

- Hand hygiene, before and after visiting, is the most effective way of reducing infection risk.
- While visitors are a major support to the patient and are welcome to visit during visiting hours, visitors can pose a risk to patients if they are themselves unwell.
- Caution is especially required with regard to children in case of childhood illness e.g. measles, mumps, rubella or chickenpox.
- All visits to acute hospitals should be limited to no more than twenty minutes, except in special circumstances, and then only with the agreement of the patient and healthcare staff.
- Visitors should avoid, where possible, visiting more than one patient in hospital during the same visit. Moving from ward to ward can spread infection.

Patients going home from a healthcare institution

- Hand hygiene is the most effective means of reducing infection risk.
- Daily personal hygiene is conducive to health and healing.
- A clean environment reduces any risk and promotes wellbeing.
- Regular and nutritious meals promote health.
- Routine daily activity/exercise contributes to patient wellbeing.
- Patients should have clear written instructions and contact details of healthcare staff if they are discharged with a medical device.



RCPI Policy Group on Healthcare-Associated Infection (HCAI)

As part of The Royal College of Physicians of Ireland's (RCPI) aim to play a proactive role in the development of healthcare policy, it is convening a number of issue-focused policy groups that will allow medical experts to meet and discuss healthcare matters of concern to health professionals, healthcare providers and the general public. These policy groups will produce evidence-based position papers that outline the issue and propose specific steps to address the issue.

The RCPI Policy Group on Healthcare-Associated Infection was established in 2008. It has published individual position papers on contributory factors and other topics related to HCAI.

Professor Hilary Humphreys (Chair) - Professor of Clinical Microbiology, RCSI, & Consultant Microbiologist, Beaumont Hospital, Dublin.

Dr Ciarán Donegan - Consultant Physician in Healthcare of the Elderly, Beaumont Hospital, Dublin.

Ms Rosena Hanniffy - Assistant Director of Nursing /Midwifery Infection Prevention and Control, Coombe Women and Infants University Hospital, Dublin.

Dr Phil Jennings - Public Health Specialist, Director of Public Health, HSE.

Dr Paddy Mallon - Infectious Disease Physician, Mater Misericordiae Hospital, Dublin, & College Lecturer, University College Dublin.

Dr Brian O'Connell - Consultant Microbiologist, St James's Hospital, Dublin, and Medical Director of the National MRSA Reference Laboratory.

For more information contact:

Joanna Holly
Royal College of Physicians of Ireland
Frederick House
19 South Frederick Street
Dublin 2

Direct Ph: 01 863 9743
Mobile Ph: 087 212 0245
Main Ph: 01 863 9700

joannaholly@rcpi.ie
www.rcpi.ie



ROYAL COLLEGE OF
PHYSICIANS OF IRELAND

FREDERICK HOUSE, 19 SOUTH FREDERICK STREET, DUBLIN 2

TEL: +353 1 863 9700 FAX: +353 1 672 4707 EMAIL: COLLEGE@RCPI.IE WEB: WWW.RCPI.IE