



## Essential steps to safe, clean care

Reducing healthcare-associated infections in Primary care trusts; Mental health trusts; Learning disability organisations; Independent healthcare; Care homes; Hospices; GP practices and Ambulance services.

### Urinary catheter care

#### Aim

To reduce the occurrence of urinary tract infections related to indwelling urethral catheters

#### Risk elements

##### Catheter insertion

- Assess the need for catheterisation
- Clean the urethral meatus
- Selection of catheter drainage options
- Preventing the spread of infection

##### Continuing care

- Sterile sample of urine
- Maintaining a closed drainage system
- Drainage bag position
- Preventing the spread of infection



## Context

Urinary tract infections (UTI's) are the largest single group of healthcare associated infections (HCAI) and the presence of a urinary catheter and the duration of its insertion are contributory factors to the development of a urinary tract infection (Emmerson 1996).

The Department of Health (2001) commissioned the EPIC team at Thames Valley University to produce a set of guidelines for preventing healthcare associated infection, which included the insertion and management of short term indwelling urinary catheters in acute care. The National Institute for Health and Clinical Excellence (NICE 2003) developed infection control guidelines for primary and community care which addressed the prevention of infections during long term urinary catheterisation.

'Winning Ways' (DH 2003) identified actions necessary to improve infection control in all invasive devices, which were underpinned by Saving Lives (DH 2005).

## Risk elements and safety actions

The risk elements of the care process are based on the NICE guidelines (NICE, 2003). The risk elements form the basis of a method to reduce the occurrence of urinary tract infections related to indwelling urethral catheters, and the safety action points indicate how the risk elements should be carried out. They focus on preventing and controlling infection. However, because infection has a complex inter-relationship with encrustation and blockage, these aspects of catheter management are also addressed.

The list of elements and safety action points are not meant to replace existing guidelines but to act as a simple method for improving the reliability of the clinical process. Where local guidance and policies already exist, their use in clinical practice can be assessed by using this intervention, or by tailoring the review tool to meet local needs.

The assessment of urinary catheter care has been divided into two sections to reflect clinical practice and to aid review. The first set of elements is appropriate for catheter insertion. The second set is appropriate for the daily, continuing care of catheters. Education of patients/clients and healthcare personnel should be integral to all risk elements.

These guidelines should be read in conjunction with Essential steps to safe, clean care: Preventing the spread of infection:



### 1. Urinary catheter care, catheter insertion

#### Assess the need for catheterisation

- Avoid if possible.

#### Clean the urethral meatus

- Clean the urethral meatus prior to insertion of the catheter.



## Selection of catheter drainage options

- Indwelling catheters should be connected to a sterile closed urinary drainage system or catheter valve.

## Preventing the spread of infection

- Refer to the Essential steps to safe, clean care: Preventing the spread of infection.
- Always use an aseptic technique.

## 2. Urinary catheter care, continuing care

### Sterile sample of urine

- Urine samples must be obtained from a sampling port, using an aseptic technique.



### Maintaining a closed drainage system

- Indwelling catheters should be connected to a sterile closed urinary drainage system or catheter valve.
- A link system should be used to facilitate overnight drainage, to keep the original system intact.
- Healthcare personnel should ensure that the connection between the catheter and the urinary drainage system is not broken, except for good clinical reasons (for example changing the drainage bag in line with the manufacturer's recommendations).



### Drainage bag position

- The drainage bag should be above floor level but below bladder level, to prevent reflux or contamination.

### Preventing the spread of infection

- Refer to the Essential steps to safe, clean care: Preventing the spread of infection.

## References

Department of Health (2003) Winning ways: working together to reduce healthcare-associated infection in England. Department of Health, London. [www.dh.gov.uk/assetRoot/04/06/46/89/04064689.pdf](http://www.dh.gov.uk/assetRoot/04/06/46/89/04064689.pdf)

Emmerson, AM, Enstone, JE, Griffin, M, et al. (1996) The Second National Prevalence Survey of infections in hospitals—overview of the results, *J Hosp Infect*; 32, pp 175-190.

National Institute for Health and Clinical Excellence (2003) Infection control. Prevention of healthcare-associated infection in primary and community care, Department of Health, London. [www.nice.org.uk/page.aspx?o=CG002](http://www.nice.org.uk/page.aspx?o=CG002)

Pratt, RJ, Pellowe, C, Loveday, HP et al, (2001) The epic project: developing national evidence-based guidelines for preventing healthcare-associated infections, phase 1: guidelines for preventing hospital-acquired infections, *J Hosp Infect*, 47 (suppl) pp S1-82 [www.epic.tvu.ac.uk/epicphase/1.html](http://www.epic.tvu.ac.uk/epicphase/1.html)

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## Urinary catheter care, catheter insertion

### Assess the need for catheterisation

- Avoid if possible.
- Education of patients/clients, their carers and healthcare personnel should be integral to all risk elements.



### Clean the urethral meatus

- Clean the urethral meatus prior to insertion of the catheter.

### Selection of catheter drainage options

- Indwelling catheters should be connected to a sterile closed urinary drainage system or catheter valve.



### Preventing the spread of infection

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## Urinary catheter care, continuing care

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### Drainage bag position

- The drainage bag should be above floor level but below bladder level, to prevent reflux or contamination.



### Preventing the spread of infection

- Refer to the Essential steps to safe, clean care: Preventing the spread of infection.



# Review tool

Name:  
Role (of person completing form):

Period of time over which the review was conducted:

## 1. Catheter insertion risk elements

|  | Assess need              | Clean urethral meatus    | Sterile drainage system  | Preventing the spread of infection | Have all elements been completed?<br>Yes/No |
|--|--------------------------|--------------------------|--------------------------|------------------------------------|---|
| Observations 1                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/>                    |
| 2  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/>                    |
| 3  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/>                    |
| 4  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/>                    |
| 5  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/>                    |
| Compliance for each risk element<br>Target: 100% | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>           |   |

Name:  
Role (of person completing form):

Period of time review was conducted in:

## 2. Continuing care risk elements

|  | Sterile sample of urine  | Maintaining a closed drainage system | Drainage bag position    | Preventing the spread of infection | Have all elements been completed?<br>Yes/No |
|--|--------------------------|--------------------------------------|--------------------------|------------------------------------|---|
| Observations 1                                   | <input type="checkbox"/> | <input type="checkbox"/>             | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/>                    |
| 2  | <input type="checkbox"/> | <input type="checkbox"/>             | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/>                    |
| 3  | <input type="checkbox"/> | <input type="checkbox"/>             | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/>                    |
| 4  | <input type="checkbox"/> | <input type="checkbox"/>             | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/>                    |
| 5  | <input type="checkbox"/> | <input type="checkbox"/>             | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/>                    |
| Compliance for each risk element<br>Target: 100% | <input type="checkbox"/> | <input type="checkbox"/>             | <input type="checkbox"/> | <input type="checkbox"/>           |   |

### How to use the review tool

**Step 1** All staff have had the opportunity to look at the review tool and supporting evidence. They have had time to ask questions and understand why it is being used.

**Step 2** A short period of time to conduct the series of observations is determined. The number of observations needed is determined by the team or individuals involved.

**Step 3** Following direct patient/client contact or procedure, complete the review tool horizontally. Indicate 'yes' when a risk element has been performed or is considered not applicable and 'no' when it has not been performed.

**Step 4** When each observation has been completed, identify whether all risk elements have been performed.

**Step 5** The aim is for all risk elements to be completed within the care process. When this is not being achieved, score the risk elements vertically on the review tool. This will help to identify which risk elements are not being performed.

**Step 6** Timely feedback should be given, and a change in actions or practice should be implemented to progress improvement. Refer to the risk elements and safety actions in the leaflet for evidence to support the change in action.

Number of yes scores ÷ Number of observations × 100 = % Compliance for each risk element

In this example another quick way to score is to allocate 20 points to every yes answer, which will give you a % compliance for each risk element.

# Certificate



**Name:**

**Has been observed during direct patient/service user care and has safely carried out the high risk elements in Urinary catheter care**

**Signatory:**

**Employers name:**