



Community Infection Prevention and Control Policy for General Practice

(also suitable for adoption by other healthcare providers,
e.g. Dental Practice, Podiatry)

Invasive devices

INVASIVE DEVICES

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Organisation:

Signature: Name:

Job title:

Adoption date:

Review date:

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Community Infection Prevention and Control
Harrogate and District NHS Foundation Trust
Gibraltar House, Thurston Road
Northallerton, North Yorkshire. DL6 2NA
Tel: 01423 557340
email: infectionprevention.control@nhs.net
www.infectionpreventioncontrol.co.uk

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1. Introduction

An invasive device provides an entry point for microorganisms, such as bacteria, to enter the body and is a potential source for introducing infection.

All staff involved in inserting or managing an invasive device should be educated about the standard principles of infection prevention and control (IPC). Information on this policy should be included in IPC training for all relevant staff groups.

Always use 'Standard infection control precautions' (SICPs) and, where required, 'Transmission based precautions' (TBPs), refer to the 'SICPs and TBPs Policy for General Practice'.

GP Practices should ensure regular audits to monitor compliance with the Policy are undertaken to provide assurance, e.g. aseptic technique.

2. Definition of an invasive device

Invasive device

A device which, in whole or in part, penetrates inside the body, either through a body orifice or through the surface of the body.

Surgically invasive device

A device which penetrates inside the body through the surface of the body, with the aid of or in the context of a surgical operation/procedure.

3. Examples of invasive devices

Below are some examples of invasive devices, this list is not exhaustive:

- Vascular access devices:
 - Peripheral vascular access device
 - Central venous access device, e.g. peripherally inserted central catheter (PICC), skin-tunnelled catheter, implanted port
- Urinary catheters
- Suprapubic catheters
- Wound drains

- Gastrostomy tubes
- Subdermal contraceptive implants
- Intrauterine devices

4. Period of use

The length of time an invasive device can be used for is categorised as follows:

- **Transient**
Normally intended for continuous use for less than 60 minutes
- **Short term**
Normally intended for continuous use for not more than 30 days
- **Long term**
Normally intended for continuous use for more than 30 days

5. Inserting an invasive device

- Prior to insertion, the need for any invasive device should be evaluated and any alternative methods be considered.
- Only staff trained and deemed competent in aseptic technique, refer to the 'Aseptic technique Policy for General Practice', and the insertion of the type of device being inserted should perform the procedure. An aseptic technique competency assessment tool can be downloaded at www.infectionpreventioncontrol.co.uk.
- The insertion should take place in a clinical environment, e.g. treatment room.
- Ensure all care equipment used for the procedure is sterile, the packaging is intact and equipment within the expiry date.
- Prior to inserting a device through the skin, appropriate skin decontamination should be performed, e.g. 2% Chlorhexidine in 70% alcohol.
- SICPs and, where required TBPs, and aseptic technique should be applied during the insertion of the device. Refer to the 'SICPs and TBPs Policy for General Practice' and the 'Aseptic technique Policy for General Practice'.
- Details of the device, reason for insertion and date inserted, should be recorded in the patient's notes.

6. Managing an invasive device

Only staff trained and deemed competent in manipulation of the type of device inserted should perform the procedure. If staff are unfamiliar with a particular

device, advice and protocols should be obtained from the relevant specialist teams.

The need for an invasive device must be reviewed regularly and the device should be removed as soon as possible.

The principles of care for any invasive device are to:

- Prevent infection
- Maintain a 'closed' system with as few connections as possible to reduce the risk of contamination
- Keep the device patent
- Prevent damage to the device and any attachments

SICPS and, where required, TBPs and aseptic technique should be applied when manipulating the device.

Any signs or symptoms of infection associated with the device should be recorded in the patients' notes and applicable action taken. Seek further appropriate advice as required, e.g. Specialist Nurse, Consultant Microbiologist.

7. Infection Prevention and Control resources, education and training

The Community IPC Team have produced a wide range of innovative educational and IPC resources designed to assist your General Practice in achieving compliance with the *Health and Social Care Act 2008: code of practice on the prevention and control of infection and related guidance* and CQC registration requirements.

These resources are either free to download from the website or available at a minimal cost covering administration and printing:

- 27 IPC Policy documents for General Practice
- Preventing Infection Workbook: Guidance for General Practice
- IPC CQC inspection preparation Pack for General Practice
- IPC audit tools, posters, leaflets and factsheets
- IPC Bulletin for General Practice Staff

In addition, we hold educational study events in North Yorkshire.

Further information on these high quality evidence-based resources is available at www.infectionpreventioncontrol.co.uk.

8. References

Department of Health and Social Care (Updated December 2022) *Health and Social Care Act 2008: code of practice on the prevention and control of infections and related guidance*

National Institute for Health and Care Excellence (March 2012, updated February 2017) *Healthcare-associated infections: prevention and control in primary and community care. Clinical Guideline139*

National Institute for Health and Care Excellence (February 2006, reviewed July 2017) *Nutrition support for adults: oral nutrition support, enteral tube feeding and parental nutrition*

Royal Marsden NHS Foundation Trust (2020) *The Royal Marsden Hospital Manual of Clinical and Cancer Nursing Procedures 10th Edition*