

# Atal heintiau sy'n gysylltiedig â gofal iechyd mewn gofal sylfaenol a chymunedol

**Deall arweiniad NICE – gwybodaeth i gleifion,  
eu gofalwyr, a'r cyhoedd**

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**I archebu copïau**

Gellir archebu copïau o'r llyfryn hwn o Linell Ymateb y GIG, ffônïwch 0870 1555 455 a dyfynnwch rif cyfeirnod N0220. Mae copi Saesneg yn unig ar gael hefyd, rhif cyfeirnod N0219. Mae canllaw clinigol NICE y seiliwyd y wybodaeth hon arno, sef Infection control: prevention of healthcare-associated infection in primary and community care, ar gael o wefan NICE ([www.nice.org.uk](http://www.nice.org.uk)). Gellir cael copïau hefyd o Linell Ymateb y GIG, rhif cyfeirnod N0218.

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## **Y Sefydliad Cenedlaethol dros Ragoriaeth Glinigol**

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## Ynglŷn â'r wybodaeth hon

Mae'r wybodaeth hon yn disgrifio'r arweiniad y mae'r Sefydliad Cenedlaethol dros Ragoriaeth Glinigol (a elwir yn NICE) wedi ei ddsbarthu i'r GIG ar atal heintiau mewn pobl sy'n cael gofal iechyd yn eu cartrefi neu mewn meddygfeydd meddygon teulu, canolfannau iechyd neu glinigau, neu rywle arall yn y gymuned. Mae'n seiliedig ar ganllaw clinigol a elwir yn *Infection control: prevention of healthcare-associated infection in primary and community care*, a gynhyrchwyd gan NICE ar gyfer meddygon, nyrsys a phobl eraill sy'n gweithio o fewn y GIG yng Nghymru a Lloegr. Mae canllaw NICE yn disgrifio'r gweithdrefnau y dylai gweithwyr gofal iechyd (megis meddygon a nyrsys) eu dilyn er mwyn lleihau'r risg o haint i'w cleifion.

Er bod y llyfryn hwn yn disgrifio sut y gallwch chi a'ch gofalwr helpu i leihau'r risg o haint, dylai eich meddyg neu eich nyrs ddilyn y gweithdrefnau yn union fel y cânt eu disgrifio yma. Os oes gennych unrhyw bryderon am y gweithdrefnau a gaiff eu dilyn gan eich meddyg neu eich nyrs trafodwch hyn gyda hwy. Ni fydd gweithiwr gofal iechyd cydwybodol yn poeni am gael ei holi, a chael ei atgoffa os oes angen, i ddilyn y cyngor yn y canllaw.

Er bod y wybodaeth yn y llyfryn hwn wedi cael ei hysgrifennu'n bennaf ar gyfer cleifion a gofawyr, efallai y bydd yn ddefnyddiol hefyd i aelodau'r teulu ac ar gyfer pobl sydd â diddordeb mewn atal heintiau neu ofal iechyd yn gyffredinol.

Mae geirfa yn y cefn hefyd i egluro rhai o'r geiriau technegol a gaiff eu defnyddio.

## Canllawiau clinigol

Mae canllawiau clinigol yn ymwneud â gwella'r gofal a'r driniaeth a ddarperir gan y gwasanaeth iechyd. Caiff yr argymhellion o fewn canllawiau NICE eu paratoi gan grwpiau o weithwyr iechyd proffesiynol, cynrychiolwyr lleyg sydd â phrofiad o'r cyflwr neu'r broblem a gaiff ei thrafod neu wybodaeth amdanynt, a gwyddonwyr. Bydd y grwpiau yn edrych ar y dystiolaeth sydd ar gael am y ffordd orau o drin neu reoli cyflwr neu broblem ac yn gwneud argymhellion yn seiliedig ar y dystiolaeth hon.

## Yr hyn a gaiff ei gwmpasu gan yr argymhellion

Gall canllawiau clinigol NICE edrych ar wahanol feysydd o ddiagnosis, triniaeth, gofal, hunan-gymorth neu gyfuniad ohonynt.

Mae'r argymhellion o fewn *Infection control: prevention of healthcare-associated infection in primary and community care* yn nodi llawer o gamau i osgoi haint a ddylai gael eu dilyn gan unrhyw un sy'n rhoi neu'n derbyn gofal yn y cartref, mewn canolfan iechyd neu glinig, neu rywle arall yn y gymuned. Maent yn cynnwys:

- ffyrdd o osgoi heintiau, gan gynnwys golchi dwylo, defnyddio menig a ffedogau, defnyddio offer miniog yn ddiogel, ac addysgu cleifion a'u gofalwyr am heintiau
- ffyrdd o osgoi a rheoli heintiau ar gyfer pobl y mae angen cathetr wrinol arnynt (gweler tudalen 12), bwydo enteraidd (gweler tudalen 15) neu gathetr gwythiennol canolog (gweler tudalen 18).

Nid yw'r llyfryn hwn yn disgrifio heintiau penodol na diagnosis o heintiau na'u triniaeth. Os ydych am gael gwybod mwy am heintiau, dylech ofyn i'ch nyrs gymunedol, eich meddyg neu weithiwr gofal iechyd arall.

## Sut y defnyddir canllawiau o fewn y GIG

Yn gyffredinol, disgwylir i weithwyr gofal iechyd yn y GIG ddilyn canllawiau clinigol NICE. Ond bydd adegau pan na fydd yr argymhellion yn addas ar gyfer rhywun oherwydd ei gyflwr neu

ei chyflwr meddygol penodol, iechyd cyffredinol, dymuniadau neu gyfuniad o'r rhain. Os ydych o'r farn nad yw'r driniaeth neu'r gofal a gewch yn cyfateb i'r driniaeth neu'r gofal a ddisgrifir yma, dylech drafod eich pryderon gyda'ch meddyg neu weithiwr gofal iechyd arall.

## Os ydych am ddarllen fersiynau eraill o'r canllaw hwn

Mae *Infection control: prevention of healthcare-associated infection in primary and community care*, sef canllaw ar gyfer gweithwyr iechyd proffesiynol, a'r canllaw llawn (sy'n cynnwys manylion argymhellion y canllaw a sut y cawsant eu datblygu), ar gael o wefan NICE ([www.nice.org.uk](http://www.nice.org.uk)).

## Ynglŷn â rheoli heintiau

Achosir heintiau gan germau fel bacteria, ffyngau neu firysau a gaiff fynediad i'r corff. Gallant fod yn fach ac aros mewn un lle, fel casgliad, neu gallant ledaenu drwy'r corff, fel y ffliw. Yn aml, gellir ymdrin â heintiau yn weddol rhwydd, ond weithiau gallant achosi problemau difrifol. Mae'r argymhellion o ran rheoli heintiau o fewn canllaw NICE yn ymwneud ag atal heintiau sy'n gysylltiedig â gofal iechyd – er enghraifft, ffyrdd o atal

germau rhag cael eu lledaenu ar ddwylo gweithiwr gofal iechyd neu ofalwr.

Rhoddir y cyngor isod ar gyfer unrhyw un sy'n rhoi neu'n derbyn gofal gartref neu yn y gymuned.

Mae hyn yn cynnwys cleifion, eu gofalwyr (gallai hyn gynnwys aelodau o'r teulu), nyrsys cymunedol, dietegwyr, ac unrhyw un arall sy'n cymryd rhan mewn gofalu am bobl. Ceir cyngor pellach ar gyfer pobl sy'n defnyddio cathetr wrinol, bwydo enteraidd neu sydd â chathetr gwythiennol canolog. Cyn gadael yr ysbyty, dangosir i chi sut i ymdopi gartref a bydd y cyngor a roddir i chi yn cynnwys ffyrdd pwysig o leihau'r risg o gael eich heintio. Pan fydd yn berthnasol, cewch eich cynghori ar yr angen am sebon hylifol, deunydd glanhau dwylo diheintiol, tywelion a blychau offer miniog a sut i gael cyflenwadau.

Os oes gennych gwestiwn am unrhyw beth yn y llyfryn hwn, siaradwch â'ch gweithiwr gofal iechyd.

## Ynglŷn â golchi dwylo

Mae'n hanfodol golchi eich dwylo yn rheolaidd ac yn ofalus os ydych yn gofalu amdanoch chi eich hun neu rywun arall gartref.

## Pryd i olchi eich dwylo

- Os yw'ch dwylo'n edrych yn fudr.
- Cyn ac ar ôl unrhyw weithgaredd a allai fod wedi baeddu eich dwylo, hyd yn oed os ydynt yn ymddangos yn lan, megis ar ôl bod i'r toiled a chyn ac ar ôl paratoi bwyd.
- Cyn ac ar ôl bob gweithgaredd neu weithdrefn sy'n golygu cysylltiad â'r claf, cyn cyffwrdd eich corff eich hun (os mai chi yw'r claf) neu gyffwrdd ag offer.
- Os ydych yn gofalu am fwy nag un person, golchwch eich dwylo rhwng bob un ohonynt.

## Sut i olchi eich dwylo

- Gorchuddiwch unrhyw friwiau â phlaster sy'n gwrthsefyll dŵr.
- Cadwch eich ewinedd yn fyr, yn lan a heb unrhyw liw arnynt.
- Tynnwch eich oriawr ac unrhyw emwaith megis breichledau neu fodrwyau (os yn bosibl).
- Gwlychwch eich dwylo o dan ddŵr cynnes yn syth o'r tap.
- Os yw'ch dwylo'n edrych yn fudr, defnyddiwch sebon hylifol neu doddiant gwrthfeicrobaidd (gwrth-germau) a dŵr.
  - Sicrhewch fod yr hylif golchi dwylo a ddefnyddir gennych yn gorchuddio holl arwynebedd eich dwylo. Rhwbiwch eich

- dwylo yn ei gilydd yn gyflym am o leiaf 10 i 15 eiliad, heb anghofio blaenau eich bysedd, eich bodiau a rhwng y bysedd.
- Golchwch y sebon oddi ar eich dwylo gyda dŵr cynnes a sychwch hwy gyda thywelion papur o ansawdd da sy'n gallu amsugno dŵr ac sy'n feddal.
  - Os yw eich dwylo yn edrych yn lan, defnyddiwch hylif glanhau dwylo gydag alcohol ynddo, pan fydd ar gael.
    - Sicrhewch fod y toddiant yn gorchuddio holl arwynebedd eich dwylo. Rhwbiwch hwy gyda'i gilydd yn egniol, heb anghofio blaenau eich bysedd, eich bodiau a rhwng y bysedd.
    - Rhwbiwch ef i mewn nes y bydd wedi diflannu ac y bydd eich dwylo'n sych.
  - Defnyddiwch hylif i iro'r dwylo'n rheolaidd er mwyn atal eich dwylo rhag sychu. Dywedwch wrth eich gweithiwr gofal iechyd os oes unrhyw sebon neu gynnyrch arbennig yn creu dolur ar eich croen.

## Ynglŷn ag offer diogelwch

Efallai y bydd angen i chi ddefnyddio offer diogelwch gartref er mwyn atal heintiau rhag cael eu cario rhyngoch chi a'r sawl yr ydych yn gofalu amdanynt.

## Menig

Byddwch yn cael cyflenwad o fenig diogelwch arbennig os oes eu hangen arnoch. Maent yn gweithredu fel rhwystr pellach, ond dylech bob amser olchi eich dwylo cyn ac ar ôl eu defnyddio. Os yw eich croen yn sensitif i rwber, neu os bydd yn adweithio o ganlyniad i wisgo menig, dywedwch hynny wrth eich gweithiwr gofal iechyd.

Gwisgwch eich menig cyn cyffwrdd unrhyw ran o du mewn y corff (gan gynnwys y tu mewn i'r geg) neu anaf, neu os ydych yn cynnal gweithgaredd a fydd yn arwain at gyffwrdd gwaed neu hylifau'r corff neu offer miniog neu fudr.

Dim ond unwaith y dylid gwisgo pob pâr o fenig. Dylech newid eich menig rhwng pob claf, a rhwng gweithgareddau neu weithdrefnau gwahanol ar gyfer yr un claf.

Dylai eich gweithiwr gofal iechyd roi cyngor i chi am y ffordd o gael gwared â hwy. Wedi i chi gael gwared â hwy, golchwch eich dwylo (fel y disgrifir ar dudalen 8).

## Ffedogau

Dylech gael cyflenwad o ffedogau plastig y gellir cael gwared â hwy os oes unrhyw risg y bydd hylifau corfforol neu waed yn colli ar eich dillad.

Gwisgwch y ffedog ar gyfer un weithdrefn yn unig. Dylai eich gweithiwr gofal iechyd roi cyngor i chi am y ffordd o gael gwared ar y ffedog. Wedi i chi gael gwared â hi, golchwch eich dwylo (fel y disgrifir ar dudalen 8).

## Mygydau wyneb a diogelwyr llygaid

Caiff mygydau wyneb a diogelwyr llygaid eu darparu os oes risg y bydd hylifau yn mynd ar eich wyneb neu eich llygaid.

## Ynglŷn ag offer miniog

'Offer miniog' yw unrhyw beth a allai eich torri, eich crafu neu eich pigo fel nodwyddau, ffleimiau neu unrhyw offer miniog arall.

## Gwybodaeth bwysig am offer miniog

- Peidiwch â gafeael mewn offer miniog fwy nag sydd angen.
- Gwaredwch offer miniog ar unwaith ar ôl eu defnyddio.
- Rhowch offer miniog a ddefnyddiwyd yn eich blwch arbennig ar gyfer offer miniog. Rhowch y blwch mewn lle diogel, oddi ar y llawr ac o afael plant.
- Peidiwch â throsglwyddo offer miniog o un person i un arall.

- Peidiwch â rhoi'r pen yn ôl ar nodwyddau, eu torri na'u tynnu'n ddarnau cyn eu defnyddio neu eu gwaredu mewn blwch offer miniog.
- Gofynnwch i'ch nyrs gymunedol neu feddyg sut i gael gwared â blwch offer miniog. Ni ddylent gael eu rhoi gyda gwastraff arferol y cartref.

## Ynglŷn â cathetrau wrinol

Efallai y cewch gathetr os na allwch basio dŵr (wrin). Mae sawl rheswm am hyn – er enghraifft o ganlyniad i anaf neu lawdriniaeth neu am nad yw eich pledren yn gweithio fel y dylai.

Pibell wag sy'n draenio wrin o'r bledren i fag draenio arbennig yw cathetr. Efallai mai falf cathetr yn hydrach na bag fydd gennych; a chaiff hwn ei agor ar adegau rheolaidd er mwyn draenio'r wrin o'ch pledren.

Mae cathetr ymbreswylol yn un sydd yn ei le drwy'r amser. Caiff cathetr ysbeidiol ei osod ar adegau rheolaidd neu pan fyddwch yn teimlo'r angen i basio dŵr. Efallai y caiff cathetr ysbeidiol ei ddefnyddio os ystyrir ei bod yn briodol ar gyfer eich cyflwr meddygol.

Fel arfer, caiff y cathetr ei osod drwy'r wrethra (y bibell y bydd yr wrin yn dod allan drwyddi fel arfer). Weithiau, caiff cathetr ei osod yn y

bledren drwy dwll arbennig a gaiff ei wneud yn ochr yr abdomen (gelwir y math yma o gathetr yn 'gathetr uwcharffed'). Mae balŵn fach yn cadw'r cathetr yn ei le y tu mewn i'r bledren.

Ar ôl ymarfer ychydig, bydd llawer o bobl yn ei chael yn hawdd ymdopi â chathetr gartref. Cyn i chi adael yr ysbyty, dangosir i chi sut i ofalu am eich cathetr a'r system ddraenio. Rhoddir cyflenwad o offer i chi a chewch wybod sut i gael mwy ohonynt pan fydd eu hangen arnoch, a sut i gael cymorth ar ôl i chi ddychwelyd adref.

Os byddwch yn dod i allu pasio dŵr heb eich cathetr, dylai gael ei dynnu gan eich gweithiwr gofal iechyd cyn gynted â phosibl.

## Osgoi haint – beth y gallwch ei wneud

Mae'n gyffredin iawn cael haint pan fyddwch yn defnyddio cathetr wrinol. Bydd bacteria yn mynd i mewn i'r wrethra o'r bag draenio, neu lle mae'r bibell yn mynd i mewn i'ch corff.

Bydd dilyn y cyngor isod yn helpu i leihau'r risg o haint ac yn ei reoli.

### Ymdrin â'r cathetr

- Golchwch eich dwylo (fel y disgrifir ar dudalen 8) cyn ac ar ôl ymdrin â'r cathetr neu'r bag draenio.

- Golchwch y fan lle mae'r cathetr yn mynd i mewn i'r corff gyda dŵr a sebon a chofiwch ei sychu.

### Atal rhwystrau yn y cathetr

- Dylai eich meddyg neu eich nyrs ofalu bod gweithdrefnau ar waith a fydd yn helpu i leihau'r risg o gael problemau gyda'ch cathetr, megis rhwystrau yn y bibell.

### Cathetrau ysbeidiol

- Wrth osod cathetr ysbeidiol, defnyddiwch yr iriad a roddwyd i chi (bydd rhai cathetrau ysbeidiol ar gael wedi eu hiro eisoes). Mae'r iriad yn ei gwneud yn haws i osod y cathetr ac yn helpu i osgoi haint. Os ydych yn defnyddio pecyn o iriad, dim ond unwaith y dylai hwn gael ei ddefnyddio ac yna ei daflu. Gall blychau neu diwbiau o iriad gael eu defnyddio fwy nag unwaith, ond dim ond un claf ddylai eu defnyddio.
- Golchwch eich cathetr ysbeidiol â dŵr a chofiwch ei storio wedi sychu yn ôl cyfarwyddiadau'r gweithgynhyrhydd (dylai eich gweithiwr gofal iechyd ddweud wrthyh sut i wneud hyn).

### Rheoli'r system ddraenio

- Cadwch eich bag draenio neu falf y cathetr ynghlwm wrth y cathetr bob amser, ac eithrio wrth newid y bag. Mae'r 'system gaeëdig' hon yn lleihau'r risg o haint.

- Yn ystod y nos, ychwanegwch eich bag draenio nos arbennig heb dorri'r system gaeëdig.
- Cadwch y bag draenio yn is na'ch pledren er mwyn galluogi'r wrin i ddraenio.
- Peidiwch â gadael i'r bag gyffwrdd y llawr pan fyddwch yn y gwely neu'n gorffwyso, gan y gall hyn gynyddu'r risg o haint. Defnyddiwch y stand a roddwyd i chi.
- Gwagiwch eich bag draenio yn rheolaidd – er enghraifft pan fydd yn llawn, pan fyddwch yn teimlo'n anghyfforddus neu pan fydd yn tynnu'n erbyn y cathetr.
- Dylai eich gweithiwr gofal iechyd eich cyngori o ran pa mor aml y dylai'r bag draenio gael ei newid.
- Gofynnwch i'ch nyrs gymunedol am gyngor o ran arwyddion a symptomau haint, a beth i'w wneud os ymddengys nad yw'r cathetr yn draenio.

## Ynglŷn â bwydo enteraidd

Caiff bwydo enteraidd, a elwir weithiau yn faeth enteraidd neu fwydo artiffisial, ei ragnodi ar gyfer oedolion a phlant na allant fwyta yn ôl yr arfer. Rhoddir bwyd hylifol drwy bibell fain a fydd yn mynd i mewn i'r corff drwy un o dair ffordd:

- drwy'r trwyn i'r stumog – bwydo trwynol-stumogol
- yn uniongyrchol i'r stumog – gastrosemi neu fwydo PEG
- yn uniongyrchol i mewn i'r coluddyn bach – bwydo drwy'r coluddyn gwag.

Efallai y bydd angen bwyd drwy bibell am amser hir iawn neu hyd yn oed am weddill eu hoes ar rai pobl sy'n cael trafferthion mawr gyda'u system draul. Gall sawl un reoli eu therapi maeth eu hunain gartref.

Cyn i chi adael yr ysbyty, cewch chi a'ch gofalwr/gofalwyr hyfforddiant trylwyr nes y byddwch yn teimlo'n hyderus ynglŷn ag ymdopi gartref. Cewch gefnogaeth a chymorth gan weithwyr gofal iechyd unwaith y byddwch gartref a chyhyd ag y bydd angen bwyd arnoch drwy bibell.

## Osgoi haint – beth y gallwch ei wneud

Mae'n bwysig iawn i bobl sy'n cael eu bwydo'n enteraid osgoi haint gan y gall heintiau megis gastro-entiritis (salwch yn y stumog) ddigwydd. Dylech ddilyn y cyfarwyddiadau manwl a'r gweithdrefnau a ddangoswyd i chi. Mae'n bwysig iawn golchi'r dwylo'n ofalus ac yn aml (gweler tudalennau 8–9).

Pan fydd yn bosibl, dylech gael bwyd sydd wedi ei becynnu ymlaen llaw ac yn barod i'w ddefnyddio ac nad oes angen ei gymysgu na'i wanhau. Os oes angen i chi neu'ch gofalwr baratoi'r bwyd, mae'n bwysig peidio â'i gyffwrdd yn uniongyrchol gyda'ch dwylo, a defnyddio gweithle glân ac offer glân wrth ei baratoi. Dylid defnyddio dŵr berwedig wedi ei oeri neu ddŵr diheintiedig ffres (nid dŵr mwyn o botel na dŵr arferol) i gymysgu'r bwyd. Gellir ei baratoi hyd at 24 awr ymlaen llaw a'i gadw yn yr oergell, os yw cyfarwyddiadau'r gweithgynhyrchydd yn nodi fod hynny'n dderbyniol.

### **Pwyntiau pwysig am fwydo enteraidd**

- Storiwch y bwyd yn ôl cyfarwyddiadau'r gweithgynhyrchydd.
- Golchwch eich dwylo'n drylwyr (gweler tudalen 8) cyn paratoi'r bwyd neu gyffwrdd yr offer.
- Peidiwch â gafeael yn yr offer ddim mwy nag sydd raid.
- Golchwch y fan lle mae'r bibell yn mynd i mewn i'r corff (lleoliad y gosodiad neu'r stoma) gyda dŵr bob dydd a'i sychu'n dda.
- Er mwyn atal rhwystrau, dylid rhedeg dŵr tap ffres drwy'r bibell fwydo enteraidd cyn ac ar ôl bwydo neu roi meddyginiaethau. Dylai dŵr ffres berwedig sydd wedi ei oeri neu ddŵr diheintiedig (nid dŵr mwyn o botel na

dŵr arferol) allan o gynhwysydd sydd newydd gael ei agor gael ei redeg drwy bibellau bwydo enteraidd ar gyfer pobl nad yw eu systemau heintrydd yn gweithio'n iawn (sydd yn 'wrthimiwn').

- Ceisiwch beidio â chyffwrdd y system fwydo ddim mwy nag sydd raid wrth ei chysylltu â'r bibell.
- Gellir defnyddio pecyn o fwyd a becynnwyd ymlaen llaw am hyd at 24 awr o fewn sesiwn fwydo. Ni ddylai bwyd a baratowyd gennych chi eich hun gael ei ddefnyddio am fwy na 4 awr o fewn unrhyw sesiwn fwydo.
- Ar ôl pob sesiwn, gwaredwch y bagiau a'r setiau gweinyddu gyda sbwriel arferol eich cartref.
- Gofynnwch i'r gweithiwr gofal iechyd sy'n gofalu am agwedd fwydo enteraidd eich gofal am arwyddion a symptomau o haint. Gofynnwch beth y dylech ei wneud os ydych yn credu bod gennych haint.

## Ynglŷn â chathetrau gwythiennol canolog

Pibell a gaiff ei rhoi yn un o'r gwythiennau mwyaf yw cathetr gwythiennol canolog (CVC), fel arfer y frest neu'r gwddf. (Pibell waed sy'n cario gwaed i'r galon yw gwythien.)

Mae sawl rheswm pam bod angen CVC ar bobl. Efallai fod angen cynnyrch gwaed arnynt, neu gyffuriau ar ffurf hylif, neu fwyd neu hylifau eraill i gael eu cyflwyno i mewn i'r llif gwaed yn araf. Efallai y bydd angen i rai pobl ddefnyddio CVC am amser hir neu am weddill eu hoes. Gyda help a chymorth, gall llawer o gleifion ymdopi â'u CVC gartref.

## Osgoi haint – beth y gallwch ei wneud

Gan fod CVC yn cael ei roi mewn gwythïen fawr, gall heintiau difrifol ddigwydd yn gyflym iawn. Rhaid i bobl sydd â CVC, eu gofalyddyr a'u gweithwyr gofal iechyd ddilyn y rheolau caeth hyn er mwyn atal haint rhag datblygu.

Cyn i chi adael yr ysbyty, cewch chi a'r gofalydd/ gofalyddyr hyfforddiant dwys o ran ymdrin â'ch CVC yn ddiogel gartref. Byddwch yn cael cymorth parhaus a chymorth ar ôl i chi ddychwelyd gartref er mwyn i chi barhau i deimlo'n gyfforddus ynglŷn â dilyn y cyfarwyddiadau hyn.

Bydd eich gweithwyr gofal iechyd hefyd wedi cael hyfforddiant arbennig mewn osgoi haint.

### Pwyntiau pwysig am gathetrau gwythiennol canolog

- Sicrhewch eich bod yn dilyn y cyfarwyddiadau a roddir gan eich gweithiwr gofal iechyd bob amser.

- Golchwch eich dwylo'n ofalus gyda dŵr a sebon neu doddiant glanhau dwylo (fel y disgrifir ar dudalen 8) cyn cyffwrdd eich CVC.
- Gwisgwch fenig diheintiedig i gyffwrdd â'r gosodiad neu i newid eich rhwymiad.
- Newidiwch y rhwymiad dros y gosodiad bob 7 diwrnod neu'n amlach na hynny os oes angen, er enghraifft os bydd yn gwlychu, yn mynd yn fudr neu'n llacio. Defnyddiwch y toddiant glanhau a'r rhwymladau a roddwyd i chi.
- Peidiwch â rhoi unrhyw eli, hylif na thoddiant ar leoliad y gosodiad os nad yw wedi cael ei ragnodi ar eich cyfer.
- Golchwch eich cathetr a'r manau lle mae'n mynd i mewn i'r corff yn unol â'r cyfarwyddiadau, cyn ac ar ôl i chi ei ddefnyddio, gyda'r sylweddau a roddwyd i chi.
- Newidiwch eich set weinyddu yn unol â'r cyfarwyddiadau a gawsoch.

**Cysylltwch â'ch gweithiwr gofal iechyd neu adran achosion brys eich ysbyty os ydych yn tybio bod gennych haint (yr arwyddion cyffredin yw chwydd lle mae'r gosodiad yn mynd i mewn i'r corff, teimlo'n sâl a thymheredd uchel), neu os oes unrhyw beth yn edrych neu'n teimlo'n wahanol. Dylech gael rhif ffôn brys yn ogystal â'r rhif i'w ffonio yn ystod oriau gwaith. Mae'n bwysig ymateb yn gyflym.**

## Gwybodaeth bellach

Mae canllaw NICE (canllaw ar gyfer gweithwyr proffesiynol) *Infection control: prevention of healthcare-associated infection in primary and community care*, a'r canllaw llawn (sy'n cynnwys holl fanylion argymhellion y canllaw a sut y cawsant eu datblygu) ar gael o wefan NICE, [www.nice.org.uk](http://www.nice.org.uk). Mae copïau o *Infection control: prevention of healthcare-associated infection in primary and community care* hefyd ar gael gan Linell Ymateb y GIG; ffoniwch 0870 1555 455 a dyfynnwch rif cyfeirnod N0218.

Mae gan Galw Iechyd Cymru wybodaeth am y materion a gaiff eu cynnwys yn y llyfryn hwn. Edrychwch ar wefan Galw Iechyd Cymru, [www.nhsdirect.nhs.uk](http://www.nhsdirect.nhs.uk), neu ffoniwch Galw Iechyd Cymru ar 08 45 46 47.

Mae mwy o wybodaeth am NICE a'r ffordd y caiff canllawiau NICE eu datblygu ar wefan NICE, [www.nice.org.uk](http://www.nice.org.uk). Gallwch lwytho'r llyfryn *The Guideline Development Process – Information for the Public and the NHS* oddi ar y wefan, neu gallwch archebu copi drwy ffonio Llinell Ymateb y GIG ar 0870 1555 455 a dyfynnu rhif cyfeirnod N0038.

# Geirfa

## **Set weinyddu**

Yr holl bibellau sydd eu hangen i roi hylifau neu fwyd i mewn i gorff yr unigolyn.

## **Hylif glanhau dwylo gydag alcohol**

Hylif a ddefnyddir gennych i'w rwbio dros eich dwylo i ladd germau a all achosi haint, sy'n sychu'n gyflym.

## **Bacteria**

Germau microsgopig a all achosi haint.

## **Pledren**

Organ cyhyrog, gwag yn y corff sy'n dal wrin.

## **Cathetr**

Pibell fain a gaiff ei defnyddio i roi hylif i'r corff neu i'w ddraenio ohono.

## **Falf cathetr**

Falf sydd wedi ei chysylltu â phen allanol y cathetr sy'n galluogi wrin i gael ei adael yn y bledren nes y caiff y falf ei hagog. Rhaid agor y falf i ddraenio'r wrin ar adegau rheolaidd, fel nad yw'r bledren yn mynd yn rhy llawn.

## **Cathetr gwythiennol canolog (CVC)**

Pibell a gaiff ei rhoi yn un o'r gwythiennau mawr, fel arfer yn y frest neu'r gwddf. (Pibell waed sy'n cario gwaed i'r galon yw gwythïen.)

### **Bwydo enteraidd**

Rhoi bwyd ar ffurf hylif drwy bibell yn uniongyrchol i mewn i'r llwybr traul (perfedd).

### **Dietegydd**

Gweithiwr gofal iechyd proffesiynol sy'n arbenigo mewn diet a maeth.

### **Ffwng**

Germau microbotig (sy'n wahanol i facteria neu firysau) sy'n gallu achosi haint, yn arbennig ymysg pobl sy'n wan a musgrell.

### **Hylif glanhau dwylo**

Gweler 'hylif glanhau dwylo gydag alcohol'.

### **Cathetr wrethrol/wrinol ymbreswylol**

Cathetr a gaiff ei roi yn y bledren drwy'r wrethra ac sy'n aros yn ei le am gyfnod o amser.

### **Cathetr (wrinol) ysbeidiol**

Cathetr y gallwch ei gosod a'i thynnu fel y bo'r angen.

### **Fflaim**

Llafn bach miniog â dwy ymyl iddi (a ddefnyddir fel arfer i gael samplau gwaed).

### **Cathetr (wrinol) hirdymor**

Cathetr a gaiff ei osod yn ei le am o leiaf 28 diwrnod.

### **Bwydydd parod**

Bwydydd a gaiff eu paratoi a'u cyflenwi gan y gweithgynhyrchydd, sydd ond angen eu cysylltu i'r set weinyddu neu'r bibell fwydo.

**Offer miniog**

Unrhyw offer miniog a allai achosi niwed. Mae hyn yn cynnwys sgapel, nodwyddau a ffleimiau.

**Defnydd untro**

I'w ddefnyddio unwaith yn unig.

**Diheintiedig**

Heb germau, er enghraifft menig diheintiedig, cathetr diheintiedig.

**Cathetr uwcharffed**

Cathetr a gaiff ei osod yn y bledren drwy dwll a wneir yn yr abdomen.

**Wrethra**

Y bibell naturiol yn y corff sy'n cario wrin o'r bledren i'r tu allan.

**Cathetr wrinol**

Pibell fain hyblyg a ddefnyddir i ddraenio wrin o'r bledren.

**Bag draenio wrinol dros nos**

Bag a gaiff ei ddefnyddio dros nos i gasglu wrin.

**Firysau**

Germau sydd hyd yn oed yn llai na bacteria a all achosi haint (maent yn gyfrifol am sawl haint cyffredin, megis annwyd, brech yr ieir a'r frech goch).

**Sharps**  
Any sharp instrument that could cause injury. This includes scalpels, needles and lancets.

### Single-use

For use on one occasion only.

### Sterile

Germ free, for example sterile gloves, sterile catheter.

### Suprapubic catheter

A catheter that is inserted into the bladder through a hole made in the abdomen.

### Urethra

The natural tube in the body that carries urine from the bladder to the outside.

### Urinary catheter

A thin flexible tube used to drain urine from the bladder.

### Urinary night drainage bag

A bag used for overnight urine collection.

### Viruses

Germ even smaller than bacteria that can cause infection (they are responsible for many common infections, such as colds, chickenpox and measles).

- Enteral feeding**  
Giving liquid food through a tube directly into the gastrointestinal tract (gut).
- Dietitian (or dietician)**  
A healthcare professional who specialises in diet and nutrition.
- Fungi**  
Microscopic germs (different from bacteria or viruses) that can cause infection, especially in people who are weak and debilitated.
- Handrub**  
See 'Alcohol based handrub'.
- Indwelling urethral/urinary catheter**  
A catheter that is inserted into the bladder through the urethra and remains in place for a period of time.
- Intermittent (urinary) catheter**  
A catheter you can put in and remove as needed.
- Lancet**  
A small pointed two-edged blade (usually used to obtain blood samples).
- Long-term (urinary) catheter**  
A catheter left in place for 28 days or more.
- Ready-to-use feeds**  
Feeds prepared and supplied by the manufacturer, which only require attaching to the administration set or feeding tube.

**Administration set**  
All the tubing necessary to deliver fluids or feeds into a person.

**Alcohol-based handrub**  
A liquid that you use to rub over your hands to kill germs that can cause infection, and which dries quickly.

**Bacteria**  
Microscopic germs that can cause infection.

**Bladder**  
A hollow, muscular organ in the body that holds urine.

**Catheter**  
A thin tube used to put liquids into the body or drain them away.

**Catheter valve**  
A valve connected to the catheter outlet that allows urine to be kept in the bladder until the valve is opened. The valve must be opened to drain urine away at regular intervals, so that the bladder doesn't get too full.

**Central venous catheter (CVC)**  
A tube that is put into a major vein, normally in the chest or neck. (A vein is a blood vessel that carries blood to the heart.)

## Further information

The NICE guideline (a guide for professionals), *Infection control: prevention of healthcare-associated infection in primary and community care*, and the full guideline (which contains all the details of the guideline recommendations and how they were developed) are both available from the NICE website, [www.nice.org.uk](http://www.nice.org.uk). Copies of *Infection control: prevention of healthcare-associated infection in primary and community care* are also available from the NHS Response Line; telephone 0870 1555 455 and give the reference number N0218.

NHS Direct has information on the issues covered in this booklet. See the NHS Direct website, [www.nhsdirect.nhs.uk](http://www.nhsdirect.nhs.uk), or phone NHS Direct on 08 45 46 47.

There is more about NICE and the way that the NICE guidelines are developed on the NICE website, [www.nice.org.uk](http://www.nice.org.uk). You can download the booklet *The Guideline Development Process – Information for the Public and the NHS* from the website, or you can order a copy by phoning the NHS Response Line on 0870 1555 455 and quoting reference number N0038.

Contact your healthcare worker or hospital's emergency department if you think you have an infection (common signs are swelling at the insertion site, feeling unwell and having a temperature), or if anything looks or feels different. You should be given an emergency number as well as one to call during office hours. It is important to act quickly.

- Make sure you follow the instructions given by your healthcare worker at all times.
  - Wash your hands carefully with soap and water or a handrub solution (as described on page 8) before touching your CVC.
  - Wear sterile gloves for touching the insertion site or changing your dressing.
  - Change the dressing on your insertion site every 7 days or sooner if necessary, for example if it becomes wet, dirty or loose. Use the cleaning solution and dressings provided. Do not put any cream, ointment or solution on the insertion site, unless it has been prescribed for you.
  - Clean your catheter and its entry points as instructed, before and after you use it, with the solutions provided.
  - Change your administration set as you have been instructed.
- Important points about central venous catheters**

Your healthcare workers will also have had special training in avoiding infection.

## About central venous catheters

A central venous catheter (CVC) is a tube that is put into a major vein, normally in the chest or neck. (A vein is a blood vessel that carries blood to the heart.)

There are many reasons why people may have a CVC. They may need blood products, liquid drugs, food or other fluids delivered slowly into their bloodstream. Some people may need to use a CVC for a long time or for life. With help and support, many patients can manage their CVC at home.

### Avoiding infection – what you can do

Because a CVC is put into a major vein, serious infections can happen very quickly. People with CVCs, their carers and healthcare workers need to follow these strict rules to prevent infection. Before you leave hospital, you and your carers/ will have in-depth training in managing your CVC safely at home. You will be given ongoing support and help after you return home so that you continue to feel confident about following these instructions.

- Wash the place where the tube enters the body (insertion site or stoma) with water every day and dry it well.
- To prevent blockage, the enteral feeding tube should be flushed with fresh tap water before and after feeding or administering medications. Enteral feeding tubes for people whose immune systems are not functioning properly (who are 'immunosuppressed') should be flushed with either cooled freshly boiled water or sterile water (not bottled mineral or table water) from a freshly opened container.
- Handle the feeding system as little as possible when connecting it to the tube. A pack of pre-packaged feed can be used for up to 24 hours in a feeding session. Feeds that you have prepared yourself should not be used for longer than 4 hours in a feeding session.
- After each session dispose of the bags and administration sets as household rubbish.
- Ask the healthcare worker who looks after the enteral feeding aspect of your care about signs and symptoms of infection. Find out what to do if you think you have an infection.

## Avoiding infection – what you can do

Avoiding infection is very important for people who are on enteral feeding because infections such as gastroenteritis (stomach upset) can occur. You should follow the detailed instructions and procedures you have been shown. Careful and regular hand washing is very important (see pages 7–9).

Whenever possible, you should be given pre-packaged feed that is ready to use and does not need mixing or diluting. If you or your carer have to prepare the feed, it is important not to touch it directly with your hands, and to use a clean working area and clean equipment when preparing it. Cooled boiled water or fresh sterile water (not bottled mineral or table water) should be used to mix the feed. It may be prepared up to 24 hours in advance and kept in the fridge, if the manufacturer's instructions say it is alright to do so.

### Important points about enteral feeding

- Store the feed according to the manufacturer's instructions.
- Wash your hands thoroughly (see page 8) before preparing the feed or touching the equipment.
- Handle the equipment as little as possible.

## About enteral feeding

Enteral feeding, sometimes called enteral nutrition or artificial feeding, is prescribed for adults and children who cannot eat normally. Liquid feed is given through a fine tube that enters the body by one of three ways:

- through the nose into the stomach – naso-gastric feeding
- directly into the stomach – gastrostomy or PEG feeding
- directly into the small bowel – jejunostomy feeding.

Some people who have serious problems with their digestive system may need to receive feed through a tube for a long time or even for life. Many can manage their own nutrition therapy at home.

Before you leave hospital, you and your carers/ will have thorough training until you feel confident about managing at home. You will get support and help from healthcare workers once you get home and for as long as you need tube feeding.

- Wash your reusable intermittent catheter with water and store it, dry, according to the manufacturer's instructions (your healthcare worker should tell you how to do this).

## Managing the drainage system

- Keep your drainage bag or catheter valve connected to the catheter at all times, except when changing the bag. This 'closed system' reduces your risk of infection.
- At night, add on your special night drainage bag without breaking the closed system.
- Keep your drainage bag lower than your bladder to allow urine to drain.
- Don't let the bag touch the floor when you are in bed or resting, because this can increase the infection risk. Use the stand provided.
- Empty your drainage bag regularly – for example, when it is full, you feel uncomfortable, or when it pulls on the catheter.
- Your healthcare worker should advise you about how often the drainage bag should be changed.
- Ask your community nurse to advise you about the signs and symptoms of infection, and what to do if the catheter does not appear to be draining.

- **Intermittent catheters**  
When inserting an intermittent catheter, use the lubricant you have been given (some intermittent catheters are supplied ready lubricated). The lubricant makes it easier to put the catheter in place and helps avoid infection. If you are using a sachet of lubricant, then this should be used once then thrown away. Containers or tubes of lubricant can be used more than once, but should only be used by one patient.

- **Preventing catheter blockages**  
Your doctor or nurse should make sure that there are procedures in place that will help to reduce the risk of having problems with your catheter, such as blockages in the tube.

- **Handling the catheter**  
Wash your hands (as described on page 8) before and after handling your catheter or drainage bag.  
Clean the place where the catheter enters your body daily with soap and water and dry it.

It is very common to get an infection when you are using a urinary catheter. Bacteria get into the urethra from the drainage bag, or at the point where the tube enters your body. Following the advice below will help to reduce and control infection.

## Avoiding infection – what you can do

With practice, many people find it easy to manage a catheter at home. Before you leave hospital you will be shown how to look after your catheter and drainage system. You will be given some supplies and told how you will be able to get more supplies when you need them, and how to get support and help after you return home.

If you become able to pass urine without your catheter, it should be removed by your healthcare worker as soon as possible.

## About urinary catheters

You may be given a catheter if you cannot pass water (urinate). There are several reasons why this could be the case – for example, because of an injury or operation, or because your bladder is not working properly.

A catheter is a hollow tube that drains urine from your bladder into a special drainage bag. You may have a catheter valve instead of a bag; this is opened at regular intervals to drain the urine from your bladder.

An indwelling catheter is one that's in place all the time. An intermittent catheter is inserted at regular intervals or when you feel the need to urinate. An intermittent catheter may be used if it is considered appropriate for your medical condition.

Usually, the catheter is inserted through the urethra (the tube where urine normally comes out). Sometimes a catheter is inserted into the bladder through a specially made hole in the side of the abdomen (this type of catheter is called a 'suprapubic catheter'). A small balloon keeps the catheter in place inside the bladder.

## Face masks and eye protection

Face masks and eye protection will be provided if there is a risk of fluids splashing into your face or eyes.

## About sharps

'Sharps' are anything that might cut, graze or prick you such as needles, lancets or sharp instruments.

## Important things about sharps

- Handle sharps as little as possible.
- Discard sharps immediately after use.
- Put used sharps in your special sharps container. Keep the container in a safe place, off the floor and out of the reach of children.
- Do not hand sharps from one person to another.
- Do not re-cap needles, break them, or take them apart before using them or disposing of them in a sharps container.
- Ask your community nurse or doctor about how to dispose of sharps containers. They should not be put in normal domestic waste.

You should be given a supply of disposable plastic aprons if there is a risk of body fluids or blood splashing onto your clothes. Wear the apron for one procedure only. Your healthcare worker should advise you on how to dispose of the apron. After you've disposed of it, wash your hands (as described on page 8).

## Aprons

Your healthcare worker should advise you on how to dispose of the gloves. After you've disposed of them, wash your hands (as described on page 8).

Each pair of gloves should only be used once. Gloves should be changed between patients, and between different activities or procedures for the same patient.

Put on your gloves before having any contact with the inside of the body (including inside the mouth) or with a wound, or if you're carrying out an activity that might lead to contact with blood or body fluids or with sharp or dirty instruments.

You will be given supplies of special protective gloves if you need them. They act as an additional barrier, but you should still wash your hands before and after you use them. If you are sensitive to rubber, or experience a skin reaction using gloves, tell your healthcare worker.

## Gloves

You may need to use protective equipment at home to stop infection passing between you and the person you are caring for.

## About protective equipment

- If your hands look clean, use an alcohol-based handrub, where supplied.
  - Make sure the solution used covers all the surfaces of your hands. Rub them together vigorously, remembering the tips of your fingers, your thumbs and the areas between the fingers.
  - Rub it in until it has evaporated and your hands are dry.
- Use a moisturising hand cream regularly to prevent dry hands. Tell your healthcare worker if a particular soap or product irritates your skin.

- Before and after every activity or procedure involving contact with the patient, before contact with your body (if you are the patient), or with equipment.
- If you are caring for more than one person, wash your hands in between looking after each person.
- Cover any cuts or grazes with a waterproof plaster.
- Keep your fingernails short, clean and free from nail polish.
- Take off your watch and any jewellery such as bracelets or rings (if you can).
- Wet your hands under luke-warm running water.
- If your hands look dirty, use a liquid soap or antimicrobial (anti-germ) solution and water.
- Make sure the handwash you are using covers all of the surfaces of your hands.
- Rub your hands together vigorously for at least 10 to 15 seconds, remembering the tips of your fingers, your thumbs and the areas between the fingers.
- Rinse your hands with warm water and dry them with good quality paper towels that are absorbent and soft.

## How to wash your hands

- If your hands look dirty.
- Before and after any activity that could have dirtied your hands, even if they look clean, such as after going to the toilet and before and after preparing food.

## When to wash your hands

Regular, careful hand washing is vital if you are looking after yourself or somebody else at home.

## About hand washing

If you have questions about anything in this booklet, talk to your healthcare worker.

This includes patients, their carers (this could include family members), community nurses, dietitians, and others involved in caring for people. There is additional advice for people who use a urinary catheter, have enteral feeding or have a central venous catheter. Before leaving hospital, you will be shown how to manage at home and the advice you'll be given will include important ways of reducing your risk of infection. Where applicable, you will be advised on the need for liquid soap, disinfectant handrub, towels and sharps containers and how to obtain supplies.

Infections are caused by germs such as bacteria, fungi or viruses entering the body. They can be minor and stay in one area, like a boil, or they can spread throughout the body, like flu. Often, infections are easily dealt with, but sometimes they can cause serious problems. The recommendations on infection control in the NICE guideline are about preventing infections that are associated with healthcare – for example, ways of preventing germs being spread on the hands of a healthcare worker or a carer.

The advice below is for anyone giving or receiving care at home or in the community.

## About infection control

*Infection control: prevention of healthcare-associated infection in primary and community care*, a guide for professionals, and the full guideline (which contains all the details of the guideline recommendations and how they were developed) are both available from the NICE website ([www.nice.org.uk](http://www.nice.org.uk)).

**If you want to read other versions of this guideline**

In general, healthcare workers in the NHS are expected to follow NICE's clinical guidelines. But there will be times when the recommendations won't be suitable for someone because of his or her specific medical condition, general health, wishes or a combination of these. If you think that the treatment or care you receive does not match the treatment or care described here, you should discuss your concerns with your doctor or other healthcare worker.

## How guidelines are used in the NHS

This booklet does not describe specific infections or the diagnosis or treatment of infections. If you want to find out more about infections you should ask your community nurse, doctor or other healthcare worker.

- ways of avoiding infection, including hand washing, using gloves and aprons, using sharps safely, and educating patients and their carers about infection
- ways of avoiding and controlling infection for people who need a urinary catheter (see page 12), enteral feeding (see page 16) or a central venous catheter (see page 19).

followed by anyone giving or receiving care at home, at a health centre or clinic, or elsewhere in the community. They cover:

The recommendations in *Infection control: prevention of healthcare-associated infection in primary and community care* provide a set of measures to avoid infection that should be

NICE clinical guidelines can look at different areas of diagnosis, treatment, care, self-help or a combination of these.

## What the recommendations cover

Clinical guidelines are about improving the care and treatment given by the health service. The recommendations in NICE guidelines are prepared by groups of health professionals, lay representatives with experience or knowledge of the condition or problem being discussed, and scientists. The groups look at the evidence available on the best way of treating or managing a condition or problem and make recommendations based on this evidence.

## Clinical guidelines

There is also a glossary at the back explaining some of the technical words used.

may also be useful for family members and for people with an interest in infection prevention or healthcare in general.

## About this information

This information describes the guidance that the National Institute for Clinical Excellence (called NICE for short) has given to the NHS on preventing infection in people receiving healthcare at home or in GP surgeries, health centres or clinics, or elsewhere in the community. It is based on a clinical guideline called *Infection control: prevention of healthcare-associated infection in primary and community care*, produced by NICE for doctors, nurses and others working in the NHS in England and Wales. The NICE guideline describes what procedures healthcare workers (such as doctors and nurses) should follow to minimise any risk of infection to their patients.

Although this booklet explains how you and your carer can help reduce the risk of infection, your doctor or nurse should follow exactly the same procedures described here. If you have any concerns about the precautions taken by your doctor or nurse please discuss this with them. A conscientious healthcare worker will not mind being asked, and if necessary reminded, to follow the advice in the guideline.

Although the information in this booklet has been written chiefly for patients and carers, it

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**Routine tests carried out before a planned surgical operation**  
Understanding NICE guidance – information for people  
who are going to have a planned operation, their carers,  
and the public

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**To order copies**

Copies of this booklet can be ordered from the NHS Response Line,  
telephone 0870 1555 455 and quote reference number N0220.  
A version in English only is also available, reference number N0219.  
The NICE clinical guideline on which this information is based,  
*Infection control: prevention of healthcare-associated infection in  
primary and community care*, is available from the NICE website  
([www.nice.org.uk](http://www.nice.org.uk)). Copies can also be obtained from the NHS  
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# Prevention of healthcare- associated infections in primary and community care – Understanding NICE guidance – information for patients, their carers and the public