Learning to apply infection control policies on the ward


During my preceptorship within my current clinical area, I was presented with the ward copy of the trust's policies folder. It included the policies and guidelines on infection control, which I read one after the other. However, I found it difficult to relate them to my own clinical practices as, until then, I had rarely nursed seriously infectious patients within the ward environment. This, therefore, was the reason I chose to study this topic.

Although I have nursed patients with methicillin-resistant Staphylococcus aureus (MRSA) in the community and hospice setting, I had little experience of nursing them in an environment where they could be a real source of contamination to others. Therefore, I hoped the article would offer a more balanced approach to infection control than the trust's policies and provide rationales and research-based evidence in a format that was easy to understand.

To complete the nursing care plans in the second time out box and the general guidelines on wound care for a patient with an infected abdominal wound, I studied a nursing manual used on the ward. Also, my colleagues and I discussed the formulation of a formal care plan, or care map, for patients admitted with MRSA, or those who are subsequently tested positive while staying on our ward.

This discussion provided an opportunity for us to express our feelings and educate the students who were present. It also acted as a reminder that practices must be updated on a continuing basis. All those present thought it was a positive experience, and the sister decided to offer the subject for further discussion at the trust's quality circle, which she attends every three months. The sister hoped to bring back ideas and research-based evidence in a format that was easy to understand.

To develop my knowledge in the area of assessment, I intend to find out if there are any assessment tools other than those used for specific clinical procedures such as catheterisation or wound evaluation.

This article has already improved my assessment skills as I now ask patients if they are aware of MRSA and hospital-acquired infections. I also enquire if they have experienced these in the past or if they have been in contact with someone who may have had them. Once I have finished my assessment, I complete care plans if action is appropriate. If no action is required, I simply note my assessment results in the nursing Kardex for accountability purposes and to highlight my findings to my colleagues.

Reading the article also made me realise that I needed to develop my understanding of the immunological competence of individual patients. Recently, I have nursed a patient whose immune system was suppressed deliberately to stop the advancement of his eye disorder until a corneal graft operation could be undertaken. The patient was nursed on an open ward which, after three days of a five-day course of immunosuppressant treatment, seemed inappropriate to me, having read the article. I requested that the patient was moved to an individual cubicle with en suite facilities in the hope of preventing any preoperative infections developing as a result of his suppressed status. Unfortunately, this request could not be granted during that shift, but, after discussion with the consultant, the patient was given priority to be moved as soon as a cubicle became available. This involved moving another patient, who had no clinical reason for having an individual cubicle, and refusing to take a ‘medical boarder’ from another ward.

I felt that I had been a successful advocate for my patient’s wellbeing by reducing his chances of developing a hospital-acquired infection or an infection introduced by the arrival of a patient from another ward. As a junior member of staff, it took a great deal of courage to achieve this. Afterwards, the consultant and other staff members agreed that prevention of possible exposure was better than the use of further prophylactic drug interventions in this case.

To further enhance my professional development, I intend to review and update my practices regularly. I also hope to complete a course in wound care, which could lead to employment as a district nurse or wound care tissue viability nurse, which was a part of my career plan.