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Revised EPIC3 guidelines impact on OPAT

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What is EPIC 3?

- Published in 2014
- NICE accredited – evidence based guidance to prevent health care associated infections in hospitals and acute care settings
- Standardise practice and maintain patient safety
- Endorsed by Department of Health
- Need to be incorporated into local guidelines

General rules….

Hospital / acute environment

- Visibly clean
- Increase cleaning in infection outbreak
- Consider disinfectants
- Shared equipment – cleaned and decontaminated
- Education of staff

Hand hygiene

- Washing / alcohol rub
- Bare below the elbows
- Appropriate use of gloves
- Not endorsed

Asepsis

- Educate staff to be trained and competent in aseptic technique

Use of PPE

1. Remove gloves
2. Apron
3. Eye protection
4. Mask / respirator

Then decontaminate hands

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Safe use and disposal of sharps

- Minimum handling
- No re-sheathing
- Discarded at point of use
- Sharps containers conform to national standard
- Educate staff
- Use safer sharps to provide safe systems of work for staff

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Guidance with intravascular access devices

- Staff to be trained and assessed as competent
- Aware of manufacturers advice – individual catheters, connection and administration set dwell time, compatibility with antiseptics and other fluids
- Before discharging a patient with a VAD, patients and carers taught to prevent infection and manage device

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Skin decontamination

Chlorhexidine gluconate 2% in Isopropyl alcohol 70%

- To clean skin prior to insertion and on-going care
- Allow to dry
- Chlorhexidine impregnated sponge or daily cleansing as a strategy to reduce catheter related bloodstream infection
- Use povidone iodine if patient sensitive to chlorhexidine

Dressing

- Clear, transparent dressing changed every 7 days or sooner if peeling or soiled

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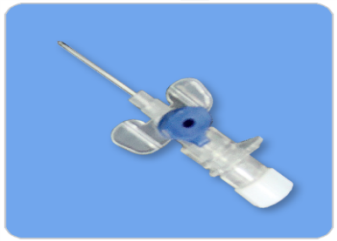
Care and Maintenance

- Chlorhexidine gluconate 2% in Isopropyl alcohol 70% to clean catheter hub for 15 seconds and allow to dry
- No evidence for use of antimicrobial lock, systemic antibiotics, systemic anticoagulants
- Sterile normal saline to flush and lock catheter lumens
- Change administration sets as recommended by manufacturer, or if become disconnected – no sooner than 96 hours for IV fluids, for blood products at end of transfusion or every 12 hours, lipid containing TPN every 24 hours

Peripheral cannula / PICC

The **new** recommendation which has changed practice:



Peripheral Vascular Catheters should be re-sited when clinically indicated and not routinely, unless device specific recommendations from the manufacturer indicate otherwise

PICCs recommended for medium term access

Conclusion

- Use quality improvement interventions to support the appropriate use and management of intravascular access devices:
- Protocols for insertion, maintenance, prompt removal of VAD
- Audit, feedback of compliance with guidance
- Continuing professional education

Any Questions

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