

Sepsis Policy

Introduction

Quality statements are the commitments that providers, commissioners and system leaders should live up to. Expressed as 'we statements', they show what is needed to deliver high-quality, person-centred care.

When they refer to 'people' we mean people who use services, their families, friends and unpaid carers. This includes:

- people with protected equality characteristics
- those most likely to have a poorer experience of care or experience inequalities.

Elizabeth Finn Homes (EFH) will commit to the following quality statements for:

Learning culture

We have a proactive and positive culture of safety based on openness and honesty, in which concerns about safety are listened to, safety events are investigated and reported thoroughly, and lessons are learned to continually identify and embed good practices.

Safe systems, pathways and transitions

We work with people and our partners to establish and maintain safe systems of care, in which safety is managed, monitored and assured. We ensure continuity of care, including when people move between different services.

Safe environments

We detect and control potential risks in the care environment. We make sure that the equipment, facilities and technology support the delivery of safe care.

Infection prevention and control

We assess and manage the risk of infection. We detect and control the risk of it spreading and share any concerns with appropriate agencies promptly.

Medicines optimisation

We make sure that medicines and treatments are safe and meet people's needs, capacities and preferences by enabling them to be involved in planning, including when changes happen.

Assessing needs

We maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, well-being and communication needs with them.

Delivering evidence-based care and treatment

We plan and deliver people's care and treatment with them, including what is important and matters to them. We do this in line with legislation and current evidence-based good practice and standards.

Consent to care and treatment

We tell people about their rights around consent and respect these when we deliver person-centred care and treatment.

Responding to people's immediate needs

We listen to and understand people's needs, views and wishes. We respond to these in that moment and will act to minimise any discomfort, concern or distress.

Person-centred care

We make sure people are at the centre of their care and treatment choices and we decide, in partnership with them, how to respond to any relevant changes in their needs.

Care provision, integration, and continuity

We understand the diverse health and care needs of people and our local communities, so care is joined-up, flexible and supports choice and continuity.

Partnerships and communities

We understand our duty to collaborate and work in partnership, so our services work seamlessly for people. We share information and learning with partners and collaborate for improvement.

Learning, improvement and innovation

We focus on continuous learning, innovation and improvement across our organisation and the local system. We encourage creative ways of delivering equality of experience, outcome and quality of life for people. We actively contribute to safe, effective practice and research.

Equality Statement

EFH is committed to equal rights and the promotion of choice, person-centred care and the promotion of independence. This policy demonstrates our commitment to creating a positive culture of respect for all individuals. The intention is, as required by the Equality Act 2010, to identify, remove or minimise discriminatory practice in the nine named protected characteristics of age, disability, sex, gender reassignment, pregnancy and maternity, race, sexual orientation, religion or belief, and marriage and civil partnership. It is also intended to reflect the Human Rights Act 1998 to promote positive practice and value the diversity of all individuals.

Policy Statement

Sepsis is difficult to recognise, common and a potentially life-threatening condition.

NICE has provided guidance that all healthcare staff and students involved in assessing people's clinical condition are given regular, appropriate training in identifying people who might have sepsis. They include within this guidance staff working in community care and those working in care homes.

See 'Sepsis: recognition, diagnosis and early management NICE guideline (NG51) 1.12.1 Training and education.'

The sepsis policy for EFH aims to give the staff training and knowledge to think 'could this be sepsis' if the resident they are caring for presents with certain signs and symptoms and when and how to escalate their concerns.

This policy and procedure are provided for the regulated activity of accommodation for people with personal care and nursing.

Sepsis (also known as blood poisoning/septicaemia) is the immune system's over reaction to an infection or injury.

Staff will be trained in the early recognition and consideration of signs that could be sepsis.

Staff will have training 'How To Spot Sepsis in Adults':

- **S**lurred speech or confusion
- **E**xtrême shivering or muscle pain
- **P**assing no urine in a day
- **S**evere breathlessness
- **I**t feels like you are going to die
- **S**kin mottled or discoloured

Staff will be trained in mandatory basic life support, which is updated as a minimum on an annual basis, and first aid training in line with 'Skills for care: Core and mandatory training.'

The staff will be given guidance in how to escalate a concern.

Where the staff member encounters a resident that they consider requires emergency intervention they should call/ask a colleague to call 111/999, even if they are not sure, giving as much information as they can, guided by the control room operator. They should not leave the resident unless it is to call for help.

It is important to note that some conditions may mimic sepsis, e.g. a resident with insulin dependent diabetes having a hypoglycaemic episode may be pale, cold, clammy, have rapid breathing and possibly have an altered conscious state. Therefore, it is important to consider their medical conditions identified in their care plan and support them in line with their treatment plans, e.g. check blood sugar level and give juice. Depending on the condition they may require rapid intervention, 111/999, but not necessarily due to sepsis.

This policy must be read by all staff, including managers involved in the care of the resident.

Some people are more at risk than others of becoming unwell very quickly and developing serious illness e.g. sepsis. It is important that anyone who cares for a resident knows how to spot the signs of deteriorating health, which includes sepsis.

The Policy

EFH is committed to supporting residents to have as independent and normal a life as possible.

People receiving care are often more vulnerable to deterioration in their health due to communication issues, social isolation, and other social care needs. Developing an infection, e.g. urinary tract, which goes untreated can lead to a situation that increases the risk of developing sepsis.

EFH will provide staff with the requisite training and supervision to be able to recognise any deterioration in the resident's condition that could be a developing sepsis, ensuring they receive timely intervention from an appropriate healthcare professional to treat the condition, e.g. GP.

Why is Sepsis Important?

Sepsis (also known as blood poisoning/septicaemia) is the immune system's over reaction to an infection or injury. Normally our immune system would fight off infection but sometimes, for unknown reasons that are not fully understood, it attacks the body's organs and tissues. If not treated immediately then sepsis can result in organ failure and death. However, with early diagnosis and treatment it can successfully be treated with antibiotics.

Sepsis is a time critical condition. As an example, in septic shock (the most severe form of sepsis) a delay of one hour in commencing antibiotic treatment increases the chances of death by 8%.

Recognition and timely intervention are vital in the survival of the person with sepsis, the UK Sepsis Trust developed a set of six tasks, known as the 'Sepsis Six' that are to be initiated within one hour by healthcare professionals, these include oxygen, blood cultures, antibiotics, fluids, lactate measurements and urine output monitoring, it is therefore vital that the care staff recognise the possibility of sepsis in the service user and call for help immediately. See 'Sepsis frequently asked questions.'

A study in 2013 showed that 80% of infections giving rise to sepsis originated from the community. To date, every year 40% of all sepsis survivors suffer permanent, life changing aftereffects and five people die every hour in the UK from sepsis.

Recognising Sepsis

HOW TO SPOT SEPSIS IN ADULTS

Seek medical help urgently if you (or another adult) develop any of these signs:

- S**lurred speech or confusion
- E**xtrême shivering or muscle pain
- P**assing no urine (in a day)
- S**evere breathlessness
- I**t feels like you're going to die
- S**kin mottled or discoloured

All staff providing resident care must have training in the policy of recognising the deteriorating resident and the staff must follow this policy and escalate their concerns.

Care staff are not usually trained to measure clinical observations such as blood pressure, pulse, or respirations in a resident whom they suspect of being very unwell, possibly suffering from sepsis. These markers are commonly used in assessing for sepsis by healthcare professionals.

Care staff in EFH homes have been made aware of the NEWS2 scoring and senior care staff and Registered nurses are able to monitor clinical observations used to recognise sepsis.

The staff must be able to recognise physical symptoms that could potentially be sepsis, these could consist of:

- Acting confused, slurred speech or not making sense.
- Blue, pale or blotchy skin, lips or tongue.
- A rash that does not fade when you roll a glass over it, the same as meningitis.
- Difficulty breathing, breathlessness or breathing very fast.

A commonly occurring infection that can potentially lead to sepsis is a urinary tract infection.

If the staff suspects the resident's condition 'could be sepsis' they should call 111/999 and inform the control room operator that they suspect sepsis.

The staff must also inform the team leader as per organisational protocol and remain with the resident until the ambulance arrives, providing first aid or resuscitation if necessary.

It is important to note that some conditions may mimic sepsis, e.g. a resident with insulin dependent diabetes having a hypoglycaemic episode may be pale, cold, clammy, have rapid breathing and possibly have an altered conscious state.

Therefore, it is important to consider their medical conditions identified in their care plan, and support them in line with their treatment plans, e.g. check blood sugar level and give juice. Depending on the condition they may require rapid intervention, 111/999, but not necessarily due to sepsis.

Referring to hospital advice for EFH staff

Use your clinical judgement supported by physiological assessment. Use National Early Warning Score 2 (NEWS2) scoring (encouraged by NHS England) to refer urgently to hospital any acutely unwell patient with suspected or confirmed infection according to the following triggers.

Score 7 or more

Make an emergency referral to hospital (via blue-light ambulance) for immediate critical care input

Score 5-6 total, or 3 or more on any single parameter

Make an immediate referral to an acute care setting and ensure the patient is reviewed by an acute clinician within an hour.

Alternatively, refer for emergency medical care in hospital (usually by blue-light ambulance in the UK) any acutely unwell patient with suspected or confirmed infection who:

Meets one or more of the UK National Institute for Health and Care Excellence (NICE) high-risk criteria (red flags)

1. Objective evidence of new altered mental state (e.g., new deterioration in Glasgow Coma Scale/AVPU ['Alert, responds to Voice, responds to Pain, Unresponsive'] scale)
2. Respiratory rate: ≥ 25 breaths per minute OR new need for oxygen (40% or more fraction of inspired oxygen [FiO₂]) to maintain saturation $>92\%$ (or $>88\%$ in known chronic obstructive pulmonary disease)
3. Heart rate: >130 beats per minute
4. Systolic blood pressure ≤ 90 mmHg or more than 40 mmHg below normal
5. Not passed urine in previous 18 hours, or for catheterised patients passed <0.5 mL/kg of urine per hour
6. Mottled or ashen appearance
7. Cyanosis of skin, lips, or tongue
8. Non-blanching petechial or purpuric rash of skin

EFH will:

- Require all staff to comply with policy and procedure.
- Ensure all staff have training in how to 'spot' the deteriorating resident which could be possible sepsis, this will be reinforced with regular training and policy updates on 'what to do and when.'
- Ensure all staff are aware of the system of escalating concerns.
- Provide support and care based on the resident's preferences and wishes which will be documented into the resident's detailed care plan should their condition deteriorate.
- Ensure all staff will be aware of any potential deterioration within the resident's care plan that may be due to the resident's medical conditions, e.g. infected wound.
- Ensure the EFH Clinical Handover document is updated to reflect any residents at risk.
- Require staff to escalate immediately via the locally agreed procedure all deterioration in the resident's condition or concerns that staff may have about them.
- Staff that feel the resident's needs are too complex for them to competently provide safe care or are not confident in 'spotting' signs of deterioration/possible sepsis should not be required to care for that resident.
- Ensure people who are more at risk than others of becoming unwell very quickly and developing serious illness, e.g. sepsis, are identified and staff are aware to monitor them as per their care plan.
- Ensure anyone who cares for a resident knows how to spot the signs of deteriorating health/suspected sepsis.

References and Further Reading

<https://www.nhs.uk/conditions/sepsis/>

<https://sepsistrust.org/wp-content/uploads/2022/06/Sepsis-Manual-Sixth-Edition.pdf>

<https://sepsistrust.org/about/about-sepsis/>

<https://sepsistrust.org/professional-resources/sepsis-e-learning/>

Review date	Next Review Date
November 2024	November 2027