

Infection Control Glossary

This glossary provides a summary of key terms, definitions and abbreviations linked to infection prevention and control. It sets out to support staff knowledge on guidance contained in other sections and also linked to other infection prevention and control publications within the Trust.

It is anticipated that referring to this glossary will compliance with the Health and Social Care Act 2008 (updated 2010).

Advice is available from the Infection Prevention and Control Team on 01386 502552 or out of hours from the on call medical microbiologist via switchboard at either Worcestershire Royal Hospital or the Alexandra Hospital Redditch.

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Learning and Development

Worcestershire Health and Care NHS Trust recognises the importance of ensuring that its workforce has every opportunity to access relevant training. The Trust is committed to the provision of training and development opportunities that are in support of service needs and meet responsibilities for the provision of mandatory and statutory training.

All staff employed by the Trust are required to attend the mandatory and statutory training that is relevant to their role and to ensure they meet their own continuous professional development.

GLOSSARY OF INFECTION CONTROL TERMS

ACINETOBACTER	An aerobic Gram-negative bacillus commonly isolated from the hospital environment (especially intensive care units) and hospitalised patients; can cause healthcare-associated infections, especially wound infections and pneumonia.
ALCOHOL HANDRUB (HYGIENIC HAND RUB)	A hand decontamination preparation based on alcohol, for the purposes of these guidelines encompasses agents that are either liquid or gel formulas. Basically can include any alcohol-containing preparation (liquid, gel or foam) designed for application to the hands for hygienic hand antisepsis.
ANTIMICROBIAL	A substance that kills or inhibits the growth of micro-organisms.
ANTISEPSIS	The use of chemical or physical methods to destroy or inhibit micro-organisms on living tissues having the effect of limiting or preventing the harmful results of infection.
ANTISEPTIC	A substance that destroys or inhibits the growth of micro-organisms and is sufficiently non-toxic to be applied to skin or mucous membranes.
ASEPTIC NON-TOUCH TECHNIQUE (ANTT) www.antt.co.uk	A method used to prevent contamination of susceptible sites by Micro-organisms that could cause infection, achieved by ensuring that only sterile equipment and fluids are used and the parts of components that should remain sterile, e.g. the tip of intravenous connectors, are not touched or allowed to come into contact with non sterile surfaces.
BACTERAEMIA	Presence of micro-organisms in the bloodstream.
BIOFILM	A film of proteins and micro-organisms that form over the surface of foreign material when it is in contact with tissue. This can act as a reservoir for infection and will be protected from antimicrobial treatment due to the glycoprotein film.
BLOODSTREAM INFECTION (BSI)	The presence of microbes in the blood with significant clinical consequences (e.g. fever, chills, hypotension).

BODY FLUIDS	Blood; excretions like urine, faeces, vomit, meconium, lochia; secretions like saliva, tears, sperm, colostrum, milk, mucous secretions, wax, vernix; exudates and transudates like lymphatic, pleural fluid, cerebrospinal fluid, ascitis fluid, articular fluid, pus (except sweat); organic samples like tissues, cells, organ, bone marrow, placenta.
BRONCHITIS	Inflamed bronchi, usually because of a viral or bacterial infection. Chronic bronchitis is not caused by infection and is actually a form of chronic obstructive pulmonary disease (COPD). Symptoms of acute bronchitis include heavy coughing, shortness of breath, wheezing, and phlegm production.
CARRIER	A person (host) who harbours a micro-organism (agent) in the absence of discernible clinical disease. Carriers may shed organisms into environment intermittently or continuously and therefore act as a potential source of infection.
CASE	A person with symptoms.
CATHETER-ASSOCIATED URINARY TRACT INFECTION (CAUTI)	The presence of symptoms or signs attributable to micro-organisms and infection (CAUTI) that have invaded the urinary tract, where the person has, or has recently had, a urinary catheter.
CATHETER-RELATED BLOODSTREAM INFECTION (CRBSI)	An infection of the bloodstream where micro-organisms are found in a blood culture taken from a peripheral vein of a patient with a CVAD, the patient has clinical signs of infection (e.g. fever, chills, hypotension) and there is no other apparent source for the infection. For surveillance purposes this often refers to BSI that occur in patients with a CVAD and where other possible sources of infection have been excluded. A more rigorous definition is where the same micro-organism is cultured from the tip of the catheter as grown from the blood; simultaneous quantitative blood cultures with at least a 5 to 1 ratio of micro-organisms cultured from the CVAD versus peripheral; differential time to positivity of at least 2 hours for peripheral cultures versus from CVAD.
CATHETER-RELATED INFECTION (CR-INFECTION)	Any infection related to a central venous access device, it includes local (e.g. insertion site) and systemic (e.g. bloodstream) infections.

CENTRAL VENOUS ACCESS DEVICE (CVAD)	A vascular catheter inserted (from a variety of sites) with the tip located in the superior vena cava. CVADs are used for giving multiple infusions, medication or chemotherapy, temporary haemodialysis, monitoring of central venous pressure and frequent blood sampling.
CHEMOPROPHYLAXIS	The administration of antimicrobial agents to prevent the development of an infection or the progression of an infection to active disease.
CLEAN/ASEPTIC PROCEDURE	Any care activity that implies a direct or indirect contact with a mucous membrane, non-intact skin, an invasive medical device. During such a procedure no germs should be transmitted.
CLINICALLY-ACQUIRED INFECTION	Infection acquired during clinical/therapeutic care; not present or incubating at the start of care/treatment.
<i>Clostridium difficile</i>	A spore-forming anaerobic Gram-positive bacillus that can infect the gut and cause disease, e.g. diarrhoea and/or pseudomembranous colitis, especially in patients receiving antimicrobial therapy. When causing diarrhoea may also be termed as <i>Clostridium difficile</i> associated diarrhoea (CDAD).
COHORT	A group of patients infected or colonised with the same micro-organism, grouped together in a designated area of a unit or ward.
COLONISATION	The presence of micro-organisms at a body site(s) without presence of symptoms or clinical signs of illness or infection. Colonisation may be a form of carriage and is a potential method of transmission.
COMMENSAL	A micro-organism resident in or on a body site without causing clinical infection.
COMMUNICABLE PERIOD	The time in the natural history of an infection during which transmission may take place.
CONTACT	An exposed individual who might have been infected through transmission from another host or the environment.
CONTAMINATION	The presence of micro-organisms on a surface or in a fluid or material.

CRITICAL SITE	Critical sites are associated with risk of infection. They either correspond to body sites or medical devices that have to be protected against harmful germs (called critical sites with risk of infection for the patient), or body sites or medical devices that potentially lead to hand exposure to body fluids and bloodborne pathogens (called critical sites with body fluid exposure risk).
DISINFECTANT	A chemical agent which under defined conditions is capable of disinfection.
ENCRUSTATION	Urinary proteins, salts and crystals that adhere to the internal and external surface of a urinary catheter.
ENDEMIC	The usual level or presence of an agent or disease in a defined population during a given period.
ENDOGENOUS INFECTION	Micro-organisms originating from the patient's own body which cause harm in another body site.
EPIDEMIC	An unusual, higher than expected level of infection or disease by a common agent in a defined population in a given period.
EPIDEMIOLOGY	The study of the occurrence and cause of disease in populations.
EXOGENOUS INFECTION	Micro-organisms originating from a source or reservoir which are transmitted by any mechanism to a person, i.e. contact or airborne routes.
FLORA	Micro-organisms resident in an environmental/body site.
HAND CARE	Actions to prevent skin irritation.
HAND HYGIENE	Any action of hygienic hand antisepsis in order to reduce transient microbial flora (generally performed either by hand rubbing with an alcohol-based formulation or hand washing with plain or antimicrobial soap and water). This may also reduce the number of resident micro-organisms over time.
HEALTHCARE ASSOCIATED INFECTION	Any infection by any infectious agent acquired as a consequence of a person's healthcare or which is acquired by a healthcare worker in the course of their working duties. This infection must not be present or incubating at the time of healthcare intervention and must be directly linked to healthcare undertaken.

HEALTHCARE WASTE (HAZARDOUS WASTE)	Waste material that consists wholly or partly of human tissue, blood or body fluids, excretions, drugs or other pharmaceutical products, swabs/ dressings, syringes, needles or other sharp instruments.
HEALTHCARE WORKER	Any person employed by a health service, social service, local authority or agency to provide care for sick, disabled or elderly people.
HIGH RISK PATIENTS	High Risk Patients with an increased probability of infection due to their underlying medical condition. Often refers to patients in intensive care units, those receiving total parenteral nutrition, and immunocompromised patients.
HOSPITAL-ACQUIRED (<i>nosocomial</i>) INFECTION	Infection acquired during hospitalisation; not present or incubating at the time of admission to hospital.
HYPOCHLORITE	A chlorine (bleach) based disinfectant.
IMMUNITY	The resistance of a host to a specific infectious agent.
IMMUNOCOMPROMISED	A state of reduced resistance to infection that results from malignant disease, drugs, radiation illness or congenital defect.
INCIDENCE	The number of new cases of a disease (or event) occurring in a specified time.
INCUBATION PERIOD	The time interval between initial exposure to the infectious agent and the appearance of the first sign or symptoms of the disease in a susceptible host.
INDEX CASE	The first case to be recognised in a series of transmissions of an agent in a host population.
INDICATION FOR HAND HYGIENE	Moment during health care when hand hygiene must be performed to prevent harmful germ transmission and/or infection.
INDWELLING URETHRAL CATHETER	A catheter inserted into the bladder via the urethra and left in place for a period of time.
INFECTION	The damaging of body tissue by micro-organisms or by poisonous substances released by the micro-organisms.
INVASIVE MEDICAL DEVICE	Any medical device that enters the body either through a body opening or through a skin or mucous membrane breaking.

ISOLATION	The physical separation of an infected or colonised host from the remainder of the at risk population in an attempt to prevent transmission of the specific agent to other individuals and patients.
<i>Klebsiella pneumoniae</i>	Gram-negative bacteria frequently responsible for healthcare associated infections of wounds and urinary tract, particularly in immunocompromised patients; may also cause pneumonia.
METICILLIN RESISTANT <i>Staphylococcus aureus</i> (MRSA)	Strains of <i>Staphylococcus aureus</i> that are resistant to many of the antibiotics commonly used to treat infections. Epidemic strains also have a capacity to spread easily from person-to-person.
MICROBIOLOGICAL CLEARANCE	The reduction of the number of pathogenic micro-organisms in a specimen below that detectable by conventional means.
MICRO-ORGANISM	A microscopic entity capable of replication. It includes bacteria, viruses and the microscopic forms of algae, fungi and protozoa.
NEEDLE-FREE DEVICES (ALSO NEEDLELESS INTRAVASCULAR CATHETER CONNECTORS)	Intravascular connector systems developed to help reduce the intravascular catheter connectors) incidence of needlestick injury while facilitating medication delivery through intravascular catheters. There are three types of needle-free connectors: blunt cannula (two-piece) systems, one-piece needle-free systems, and one-piece needle-free systems with positive pressure.
NEEDLE SAFETY DEVICE (ALSO NEEDLE PROTECTION/PREVENTION DEVICE)	Any device designed to reduce the risk of injury associated with a contaminated needle. This may include needle-free devices or mechanisms on a needle, such as an automated re-sheathing device, that cover the needle immediately after use.
NOROVIRUS (FORMERLY NORWALK VIRUS)	Norovirus (formerly Norwalk virus) is an RNA virus from the Calciviridae family. It causes approximately 90% of epidemic non-bacterial outbreaks of gastroenteritis around the world in people of all ages. The virus is transmitted by faecally contaminated food or water or person to person spread.
NITRILE	A synthetic rubber made from organic compounds and cyanide.

OCCUPATIONAL EXPOSURE TO BLOOD/BODY FLUID	Healthcare worker receives a percutaneous injury (e.g. a needlestick or cut with a sharp object) or contact of mucous membrane or non intact skin (e.g. exposed skin that is chapped, abraded, or afflicted with dermatitis) with blood, tissue, or other body fluids that are potentially infectious.
OUTBREAK	Two or more epidemiologically linked cases of infection caused by the same micro-organism in place and/or time.
PANDEMIC	An epidemic that is geographically widespread; occurring throughout a region or the world.
PARTICULATE FILTER MASKS (OR RESPIRATORS)	Facemasks which are designed to protect the wearer from inhaling small airborne particles, including micro-organisms. They are made to defined performance standards that include filtration efficiency. To be effective they must be fitted close to the face to minimise leakage.
PATHOGEN	A micro-organism capable of producing disease.
PATHOGENICITY	The ability of an infectious agent to cause disease in a susceptible host.
PERCUTANEOUS INJURY	An injury that results in a sharp instrument/object, e.g. needle, scalpel, cutting or puncturing the skin.
PERIPHERALLY INSERTED CENTRAL VENOUS CATHETERS (PICC)	A vascular catheter inserted into the superior vena cava from the basilic or cephalic vein.
PERSONAL PROTECTIVE EQUIPMENT (PPE) SPECIALISED CLOTHING OR EQUIPMENT WORN TO PROTECT AGAINST HEALTH AND SAFETY HAZARDS.	Specialised clothing or equipment worn to protect against health and safety hazards, within healthcare settings this commonly relates to single use disposable plastic aprons, gloves, eye/face protection and masks.
PHLEBITIS	Inflammation of the wall of a vein which may be caused by an infectious process.
PNEUMONIA	An inflammation of one or both lungs. Pneumonia is frequently but not always due to infection. The infection may be bacterial, viral, fungal or parasitic. Symptoms may include fever, chills, cough with sputum production, chest pain, and shortness of breath.

POST EXPOSURE PROPHYLAXIS (PEP)	Drug treatment regimen administered as soon as possible after an occupational exposure where there is indication of HIV to reduce the risk of acquisition.
PREVALENCE RATE	The ratio of the total number of individuals who have a disease at a particular time to the population at risk of having the disease.
PSEUDOMEMBRANOUS COLITIS	Inflammation of the large intestine (colon) associated with antibiotic use, typically hospital-acquired and most commonly caused by <i>Clostridium difficile</i> . Symptoms include diarrhoea, sometimes bloody, rarely progressing to sepsis and acute abdomen.
RESERVOIR	Any animate or inanimate focus in the environment in which an infectious agent may survive and multiply and which may act as a potential source of infection.
RESIDENT (HAND) FLORA	Micro-organisms that colonise the deeper crevices of skin and hair follicles as they have adapted to the hospital environment. Not readily transferred to other people or objects, or removed by the mechanical action of soap and water. They can be reduced in number with the use of antiseptic agents.
RESIDUAL EFFECT (HANDWASH AGENT)	A chemical that persists on the skin and continues to kill micro-organisms for a period of time.
SEVERE ACUTE RESPIRATORY SYNDROME (SARS).	A severe form of pneumonia caused by a coronavirus.
SEROCONVERSION	The development of antibodies not previously present resulting from a primary infection.
SHARPS	Instruments used in delivering healthcare that can inflict a penetrating injury, e.g. needles, lancets and scalpels.
SHARPS INJURY	See percutaneous injury.
SOURCE	Place where micro-organisms are growing or have grown.
SPORADIC CASE	A single case which has not apparently been associated with other cases, excretors or carriers in the same period of time.
STERILE	Free from all living micro-organisms for the purpose of the item.

STERILISATION	A process that removes or destroys all micro-organisms including bacterial spores.
STERILISING AGENT (STERILANT)	An agent or combination of agents which under defined conditions leads to sterilisation.
SURGICAL MASKS (IDEALLY FLUID REPELLENT/FLUID SHIELD MASKS)	A mask that covers the mouth and nose to prevent large droplets from the wearer being expelled into the environment. As these masks are generally also fluid repellent they also provide some protection for the wearer against exposure of mucous membranes to splashes of blood/body fluid.
SURVEILLANCE	A systematic collection, analysis and interpretation of data on specific events (infections) and disease, followed by dissemination of that information to those who can improve the outcome.
SUSCEPTIBLE	A person presumably not possessing sufficient resistance (or immunity) against a pathogenic agent who contracts infection when exposed to the agent.
TRANSIENT (HAND) FLORA	Micro-organisms acquired on the skin through contact with surfaces. The hostile environment of skin means that they can usually only survive for a short time, but they are readily transferred to other surfaces touched. Can be removed by washing with soap and water.
TRANSMISSION	The method by which any potentially infecting agent is spread to another host.
VANCOMYCIN RESISTANT ENTEROCOCCI (VRE)	Enterococci are Gram-positive bacteria that are naturally present in the intestinal tract of all people. Vancomycin is an antibiotic to which some strains of enterococci have become resistant. These resistant strains are referred to as VRE and are frequently resistant to other antibiotics generally used to treat enterococcal infections. Serious VRE infections usually occur in hospitalised patients with serious underlying illnesses.
URINARY TRACT INFECTION (UTI)	The presence of symptoms or signs attributable to micro-organisms invading the urinary tract.
VIRULENCE	The intrinsic capabilities of a micro-organism to infect a host (person) and produce disease.

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