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Infection Control Newsletter for Worcestershire Primary Care and Mental Health Partnership Trusts

SWINE FLU—THE LATEST!



Cases of Swine Flu (H1N1) continue to present throughout Worcestershire although over recent weeks the number of reported cases is reducing. The majority of cases in the UK have been mild and people have recovered fully. At present the main groups of the population presenting with symptoms of flu-like illness are in the under 1's and 1-4 years age groups although all age groups have been affected. Those with symptoms of influenza are still being urged to contact the **National Pandemic Flu Service on 0800 1513 513** or if you have access to the internet you can check your symptoms using the NHS Direct symptom checker. Clinicians are now encouraged to diagnose pandemic (H1N1) 2009 influenza cases on the basis of symptoms. The clinical diagnostic criteria are a fever [pyrexia $\geq 38^{\circ}\text{C}$] or a history of fever AND influenza-like illness (TWO OR MORE of the following symptoms: cough; sore throat; rhinorrhoea; limb or joint pain; headache; vomiting or diarrhoea) OR severe and/or life-threatening illness suggestive of an infectious process.

General hygiene can help to reduce transmission of all viruses, including the swine flu virus. This includes covering your nose and mouth when coughing or sneezing, using a tissue when possible, disposing of dirty tissues promptly and carefully, maintaining good basic hygiene, for example washing hands frequently with soap and water to reduce the spread of the virus from your hands to your face or to other people and cleaning hard surfaces (such as door handles) frequently using a normal cleaning product.

NHS staff involved in clinical care have been encouraged to have their swine flu vaccination in order to ensure that they themselves do not become ill and - just as importantly - that they cannot unknowingly infect colleagues and patients, who may feel the effects much more severely than them.

Worcestershire 
Primary Care and Mental Health Partnership Trusts

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If you require further information about any item in this newsletter please contact the Infection Control Nurses on 01386 502552



E COLI—ARE FARMS SAFE TO VISIT?

The outbreak of E coli at a farm in Surrey has left many people wondering if farms are a safe place to visit with young children? Godstone Farm was the centre of controversy in recent weeks when 93 cases of E coli were linked to it's premises. *Escherichia coli* (*E. coli*) are common bacteria which live in the intestines of warm blooded animals. There are certain forms (strains) of *E. coli* which are normally found in the intestine of healthy people and animals without causing any ill effects, however some strains are known to cause illness in people. Among these is a group of bacteria which are known as Vero cytotoxin-producing *E. coli* or VTEC. Humans may be infected by VTEC O157 or other VTEC strains when they consume food or water that has become contaminated by faeces from infected animals. Infection may also result from direct or indirect contact with animals that carry VTEC or from exposure to an environment contaminated with animals faeces, such as farms and similar premises with animals which are open to the public. In these cases the bacteria are transferred from contaminated material to the mouth when proper hand hygiene advice is not followed. E coli infection can cause illness, ranging from mild through to severe bloody diarrhoea, mostly without fever, through to serious conditions known as haemolytic uraemic syndrome (HUS) or thrombotic thrombocytopenic purpura (TTP) that affect the blood, kidneys and in severe cases the central nervous system. So is it safe to visit? Yes, but remember that hand washing is essential especially after handling animals or their environment and before eating/drinking. Young children especially should be supervised to make sure they hand wash correctly!!

NOROVIRUS!

Norovirus season is here once again! Are you up to date with what you should do?

- ☞ Carry out effective hand hygiene as appropriate
- ☞ Ensure effective environmental cleaning occurs, e.g. in toilet areas
- ☞ No return to work until you are at least 48hours symptom free
- ☞ Report symptoms to managers
- ☞ Avoid contact with others



95% of people say they wash their hands after using the toilet but observations have found that only 52% actually do. Micro-organisms that are likely to be found in toilet areas have the potential to cause nausea, vomiting, diarrhoea, fever and abdominal cramps and spread easily from one person to another. Please remember to wet, wash, rinse and dry after using the toilet.



DID YOU KNOW?

It's impossible to sneeze with your eyes open?



A VERY MERRY NON INFECTIOUS CHRISTMAS!

It's the time of year when we are looking forward to a happy, healthy Christmas but what can we do to prevent ourselves from getting ill over the festive period? Top tips include.....

-  Wash your hands frequently when cooking and especially between handling raw and cooked foods.
-  Thaw the meat/poultry thoroughly at room temperature.
-  Cook food for the appropriate cooking time then refrigerate leftovers within one and a half hours.
-  Do not keep leftovers for more than three days
-  Avoid cross contamination between raw and cooked foods
-  Organise your refrigerator and store food safely
-  Enjoy!

SKIN ANTISEPSIS—WHAT'S ON YOUR PATIENTS/SERVICE USERS SKIN?



Intravascular devices are an indispensable part of medical care (Wilson 2006) and as a result are one of the most commonly performed medical procedures. Canulas, central and peripheral lines breach the skin, allowing a direct route into the body for migration of skin organisms, therefore strict infection control precautions and adherence to guidance is paramount to minimise the risk of infection.

Effective skin antiseptics must be undertaken prior to insertion of an intravascular device and during device dressing changes in line with Pratt et al (EPIC 2) (2007) guidance. The guidance recommends a single patient use application of 2% chlorhexidine gluconate in 70% isopropyl alcohol (Chloraprep). This should be applied with a back and forth motion for 30 seconds to create friction, aiding the solution to work into skin crevices. The solution must be allowed to dry before insertion of the device. (Alternative antiseptics should be sought if the patient/service user has a history of chlorhexidine sensitivity or the manufacturer prohibits the use of chlorhexidine/alcohol around the device). Chloraprep must also be used for skin antiseptics prior to taking blood cultures; however it is not necessary for routine venepuncture. Further information on preparation and use of Chloraprep can be found at www.chloraprep.co.uk.

Additionally, EPIC 2 recommends a single patient use application of 2% chlorhexidine gluconate in 70% isopropyl alcohol when decontaminating the injection/connection port or catheter hub of an intravascular device, before and after it has been used for access, (unless contraindicated by the manufacturer's recommendations), allowing the solution to dry. This preparation can be found in the form of a wipe for decontamination of medical devices (Chloraprep is only for skin antiseptics). The wipe, PDI Sani-Cloth CGH 2% can be purchased from the NHS Supply Chain, code VJT103.

Improve patient/service user outcome - minimise the level of skin micro-organisms!

REFERENCE

Pratt RJ; Pellowe CM; Wilson JA; Loveday HP; Harper P; Jones SRLJ; McDougall C; Wilcox MH. (2007) Epic 2: National Evidence-Based Guidelines for Preventing Healthcare-Associated Infections in NHS Hospitals in England [EPIC -Richard Wells Research Centre:Thames Valley University](http://www.epic.tvu.ac.uk/PDF%20Files/epic2/epic2-final.pdf)
<http://www.epic.tvu.ac.uk/PDF%20Files/epic2/epic2-final.pdf>

INFECTION CONTROL TRAINING 2009-2010

Infection Control Education is provided throughout the year and can be accessed through a variety of study days or update sessions. A study day for staff working within [Mental Health](#) is planned for **Monday 11th January 2010** at the Charles Hastings Education Centre, Worcester. For further information or a full list of the training planned for 2009/2010 please contact Gail Preece on 01905 681531.

LET'S TALK INFECTIONS!



A report by the Care Quality Commission has documented concerns around a lack of communication between care homes and hospitals (Care Quality Commission; September 2009). They identified a need for information about infections to be provided on those patients who have or who are recovering from such illness. This is to enable continuity of nursing and medical intervention, providing high quality, safe care. The report continued to state that 17% of (participating) care homes claimed they had not received any information on discharge whilst others explained that the details were sometimes late, incomplete or illegible.

Understandably maintaining open communication whether written or verbal is invaluable - instilling confidence, minimising duplication of investigations/treatment and enabling continuity of care. Although this report focuses on care establishments and hospital settings it provides us all with 'food for thought' - is there any way to improve communication between our departments/wards/other disciplines on discharge or transfer of patients/service users? After all it is good to talk !!!!

REFERENCE Working together to prevent and control infections'; Care Quality Commission; September 2009.

ABOUT TO POST YOUR X-MAS CARDS?

A woman was working in a post Office in California. One day she licked the envelopes and postage stamps instead of using a sponge. That very day the lady found a cut on her tongue. A week later, she noticed an abnormal swelling of her tongue. She went to the doctor, and they found nothing wrong. Her tongue was not sore or anything. A couple of days later, her tongue started to swell more, and it began to get really sore, so sore, that she could not eat. She went back to the hospital, and demanded something be done. The doctor took an x-ray of her tongue and noticed a lump. He prepared her for minor surgery. When the doctor cut her tongue open, a live cockroach crawled out!!!! There were cockroach eggs on the seal of the envelope. The egg was able to hatch inside of her tongue, because of her saliva, which was warm and moist....!

