



DE~BUGGED

Focusing on the provision of Clean, Safe Care...

Infection Prevention & Control Newsletter for Worcestershire Health & Care NHS Trust and CCGs

Worcestershire Health and Care 

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GLOBAL HAND HYGIENE MONTH

All health care staff should always cleanse their hands thoroughly, immediately before and after coming into contact with a patient, their surroundings, blood/body fluids and following removal of gloves. This is in compliance with the World Health Organisation Five Moments for Hand Hygiene. Hands can usually be cleansed with either soap and water, skin cleansing wipes or an alcohol-based handrub; soap and water or skin cleansing wipes must be used when the hands are obviously soiled or contaminated with bodily fluids, or when caring for people with diarrhoea or vomiting. All staff should be aware of an effective hand hygiene technique that covers all aspects of the hand. Although hand hygiene in healthcare has improved in recent years we could still do better. Bugs (microbes) such as bacteria and viruses can easily be spread by touch. They may be picked up from contaminated surfaces, objects or people, then passed on to others. Effective hand hygiene is recognised as crucial in reducing avoidable infection. PLEASE this May think about how you can improve your hand hygiene and that of your colleagues. Think about when you should cleanse your hands, ensure you are bare below the elbows, cleanse hands in accordance with guidance and acknowledge good practice. If you would like to borrow the glow and tell box or receive more information on hand hygiene please contact the Infection Prevention and Control Nurses on 01386 502552.



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Please be alert in your workplace and check that all aspects of infection prevention and control are in place ensuring consistent provision of clean, safe care and minimising infection 100% of the time.

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

NOTE: Clusters of cases of viral gastro-enteritis are apparent in community and healthcare settings. Please keep your area safe and discourage visitors who are or have been either unwell with diarrhoea and/or vomiting in the last 48 hours or have been caring for someone in the last 48 hours who has been symptomatic. It is imperative that staff are aware of the need to remain vigilant when accepting admissions/transfers to ensure that they have asked questions relating to prevalence of symptoms within a ward/area and in the individual being transferred.

SPLISH SPLASH... THE FACTS

Did you know that

-  more than 50% of healthy people have *Staphylococcus aureus* living in or on their nasal passages, throat, hair or skin.
-  Within the first 15 minutes of bathing, the average person sheds many colony forming units (CFU) of *Staphylococcus aureus*. The average individual swimmer contributes at least 0.14 grams of faecal material to the water, usually within the first 15 minutes of entering. Showering with soap before swimming helps stop the spread of germs by removing faecal material from the body.
-  In the UK between 1.2% and 1.3% of the total population acquire outer ear infections each year, due to contaminated water remaining in the ear after swimming or bathing.

INFECTION PREVENTION CALENDAR

May–July 2016

Beating Infection with a Smile

(Adapted from the Infection Prevention Society Calendar).

MAY: is the world safe in your hands?
ALWAYS DECONTAMINATE YOUR HANDS IN LINE WITH THE '5 MOMENTS' OF HAND HYGIENE.



 **JUNE:** Splish, splash what's in the bath? ...Beware Legionella coming to a shower near you. Remember water running, remove lime-scale.

JULY: Fun in the sun?.....Have your vaccinations first.



Do you want some posters for your workplace, are you keen to promote hand hygiene or other aspects of infection prevention and control? OR Would you like to join our group of link staff? Interested? Contact one of the nurses on 01386 502552

VISIT www.worcestershirehealth.nhs.uk
click on Infection Prevention and Control for latest information

TOP TIPS FOR SUCCESSFUL USE OF WIPES



Regular cleaning of surfaces and equipment is essential to minimise infection. Using the right wipe at the right time will ensure that surfaces are cleaned effectively. Wipes are single use and if over-used can re-contaminate surfaces so ensure that you can access them when needed. Top tips for success include:

- 👉 **Prepare** - Before you start always wear the necessary protective clothing
- 👉 **Use a wipe to either clean or disinfect.**
- 👉 **Dispose of the wipe as soon as possible without touching additional surfaces**
- 👉 **Dispose of gloves and apron and cleanse hands**
- 👉 **Identify item is decontaminated and can be used.**



SPRING CLEANS...



It has come to that time of year when spring cleaning is on the agenda, a good time for cleaning and de-cluttering cupboards, drawers or rooms that are forgotten, rarely used or difficult to manage because of time constraints. On completion you may find extra storage space and have a sense of satisfaction that you have an orderly system in place. When considering areas/surfaces/items used there is much guidance on processes and methods eg. Health and Social Care Act (DH2015), EPIC 3 and National Standards of Cleanliness which all identify that cleanliness and provision of an appropriate environment are necessary not only from patient safety perspective including minimising the risk of infection, but for other reasons such as...

👉 making a positive statement to patients, residents and visitors
 👉 demonstrating attention to detail, the level of care and the way the hospital/care home/area/team is organised and run
 👉 promoting public confidence
 👉 meeting expectations

Take a moment to consider your work environment...
 👉 Does the environment appear clean, tidy and clutter free?
 👉 Are environmental surfaces and equipment in good state of repair and fit for purpose?
 👉 Is equipment clean and appropriately stored?
 👉 Are there replacement/refurbishment plans in place where required?
 👉 Do you have a cleaning schedule in place which identifies:-the surface/item; frequency of cleaning; product to use and responsibility for the task eg. housekeeping/clinical staff?
 👉 Do you undertake regular audits/walkaround to check your work environment and equipment?

Think whether any changes are required in your work environment as well as celebrating everything that is perfect.



DID YOU KNOW... Chocolate has now been found in one study to have an anti-bacterial effect on the mouth...

Did you know that for the 2016/17 flu season all NHS Trusts have been set a national target to vaccinate **at least 75% of front line clinical staff** against seasonal flu. Flu jabs are available to ALL staff working for Worcestershire Health and Care NHS Trust and the flu campaign starts in mid-October and runs until the end of January. Read more about the benefits of the flu jab for you and your patients in our July edition of De-Bugged.

URINARY CATHETERS



Know your
ABCDEF



Urinary catheterisation is clinically indicated in certain situations e.g. acute retention or to monitor urine output, but it carries many risks, including infection. Data from the National Audit Office (2009) indicates that 80% of urinary tract infections can be linked to an indwelling catheter. Following completion of our annual review of urinary catheters across the Trust, the following points are your ABC of recommendations:

A – Aseptic technique must be used for catheterisations and, together with the use of lubricating gel, must be evidenced in the documentation relating to the catheterisation.

B – Batch number and expiry date of the lubricating gel and catheter (use label from catheter) must be documented in the catheterisation details. A **Booklet**, currently in draft form, is being produced by the continence team, IPC team, Acute Trust and CCG colleagues. This will be a 'passport' held by catheterised patients and aims to support the provision of evidence based care by having all the facts relating to dates of, and reasons for, catheterisations in one document.

C – CSUs must be obtained on admission if a patient is admitted to a ward area with a catheter in situ and this must be sent linked to the admission MRSA screen.

Catheter valves should be considered to enable bladder tone to be maintained or improved and the use of valves prior to a trial without the catheter (TWOC) may improve the outcome.

D – Discover and **Document** why and when a patient was catheterised. When a patient is admitted to your ward or caseload with a catheter in situ you must know why and when it was inserted, otherwise how do you know if it can be removed or when it requires changing? Remember, patients who have been catheterised in the Acute Trust are likely to have short term catheters.

E – Evidence relating to all aspects of catheter care and interventions must be documented in the patients notes. This includes evidencing that reviews of the continued need for the catheter are regularly undertaken.

Educate patients and carers about how to look after their catheter.

F – FINALLY, do your patient a **Favour** and, where possible, REMOVE their catheter at the **First** opportunity.

National Audit Office (2009) [online] Available at <http://www.nao.org.uk/wp-content/uploads/2009/06/0809560.pdf>

INFLUENZA—BE PREPARED...



Hand Hygiene is the single most important measure to minimise healthcare associated infection. Make sure you promote and provide Clean, Safe Care.

