



# DE~BUGGED

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

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



## BE SIMPLY THE BEST

As we visit areas there are always points that get discussed frequently... Listed below are some of the areas we offer advice on fairly frequently with some tips to help you provide high standards of infection prevention and control:

- ✎ If dealing with a patient who has an invasive device—know why it is in use, when it requires changing and the advice you can give to minimise the risk of infection. The most important question to ask yourself is do they really need an invasive device.
- ✎ Undertaking an MRSA screen—this needs to include a swab of both nostrils, a swab of both groins, swabs of wounds and invasive device sites in addition to a catheter specimen of urine if indicated.
- ✎ Sent a specimen? —please look up the result, there was a reason you sent a sample therefore the result needs to be reviewed.
- ✎ Remember to suspect infection in patients who present with possible signs and symptoms, this could include diarrhoea linked to viral or bacterial infection or potentially more systemic signs of infection as an indicator of sepsis. For more information on this refer to the SEPSIS 6 guidance on <http://sepsistrust.org/info-for-professionals/survive-sepsis/>
- ✎ Implement cleaning schedules in your team and area to ensure that clinical equipment is cleaned appropriately in the correct time frame.
- ✎ Finally, remember the four points which enable best practice:
  - ✎ Always consider infection (prompt diagnosis and then implement precautions).
  - ✎ Promote vaccination and where possible seek to prevent infection by minimising invasive devices and procedures.
  - ✎ Ensure antibiotics are prescribed in accordance with primary care guidance.
  - ✎ Stop infections from spreading—please do all you can to adhere to the WHO (2009) five moments of hand hygiene and implement your standard (universal) precautions.



Worcestershire Health and Care

NHS Trust

Volume 2 Issue 17



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

## MEDICAL DEVICES

A **medical device** is an instrument, apparatus, implant, in vitro reagent, similar or related article that is used to diagnose, prevent or treat disease or other conditions, and does not achieve its purposes through chemical action within or on the body (which would make it a drug). From an infection control perspective:

- ✎ Never reuse single use items.
- ✎ Always dispose of devices in the appropriate waste stream and seek guidance on disposal of significant devices.
- ✎ Ensure you follow manufacturer's guidance on the cleaning and decontamination of each device.
- ✎ Ensure that servicing schedules are appropriate and in accordance with the manufacturers guidance.
- ✎ Complete a decontamination certificate if sending devices away for repair or maintenance.
- ✎ Check all devices you use are within their correct service date.

The MHRA provide a poster on the definition of various symbols, make sure you are aware of the meanings that the common signs have.

**Items that display this symbol must be used once and then disposed of. Remember don't use them twice just use them once...**

**No healthcare provider will support the re-use of single use devices, don't put your patients at risk, don't get caught out.**



**HELP US "GO VIRAL" OUR LATEST CONFERENCE WAS A SUCCESS DUE TO THE NUMBER OF STAFF THAT ATTENDED. HEALTH CARE ASSISTANTS AND SUPPORT WORKERS WE KNOW YOU CAN EQUAL AND MAYBE BETTER THIS—BOOK YOUR PLACE NOW FOR "WINNING WAYS"**

This year the Infection Prevention and Control Conference and Product Exhibition for Healthcare Support Workers and Healthcare Assistants is planned for 13 October 2015 at the Charles Hastings Education Centre. The day is entitled "**Winning Ways**" and will look at how we can further enhance our own clinical practices and also those of others to improve infection prevention and control and stop the spread of infection. Topics discussed on the day will take us on a journey of infection prevention and control and include initiatives such as wound care and management, the role of an Infection Preventionist and celebrate our successes over the last year. In addition, sessions will be presented on *Listeria* and how to minimise infection in the environment. Afternoon sessions will offer delegates the opportunity to choose the infections that interest them the most and participate in group sessions to learn more about these viruses, bacteria or ectoparasites and how patients can be treated and cared for when known to be infected or colonised with these agents. A number of product exhibitors will also be in attendance. If you require more information or would like to book a place, please contact the Infection Prevention and Control Team on 01386 502552.



## ANTIMICROBIAL RESISTANCE

“Antimicrobial resistance (AMR) is a ticking time bomb not only for the UK but also for the world,” the Government’s Chief Medical Officer Dame Sally Davies noted.

Currently, resistant bacteria kill some 25,000 people across Europe each year, close to the number that die in road accidents. Unless something happens soon this toll could rise. For instance, the National Risk Register for Civil Emergencies notes that a widespread outbreak of a bacterial blood infection could affect 200,000 people and, if it could not be treated effectively with existing drugs, approximately 80,000 could die. Against this background, there is an increasing recognition that tackling resistant bacteria requires everyone to play their part. In 2013, healthcare professionals prescribed over 41.6 million antibiotic items. Indeed, according to the survey for the European Antibiotic Awareness Day (EAAD) in 2013, 41% of UK residents had taken antibiotics in the last 12 months compared to a European average of 35%. Approximately 60% of these antibiotic prescriptions were for probable respiratory tract infections (RTIs). In this survey, respiratory infections (flu, bronchitis, cold and sore throat) accounted for four of the top five reasons for taking antibiotics in the UK (urinary tract infections were the remaining reason). However, most acute uncomplicated respiratory infections are viral or self-limiting bacterial infections and antibiotics do not provide any benefit. Start to think about healthcare professionals and also patients behaviour to reduce the volume of antibiotics expected and prescribed. We are currently updating the primary care prescribing guidance so please look out for the update and remember our NICHE guidance next time you prescribe or desire antibiotics...



**VISIT**  
[www.worcestershirehealth.nhs.uk](http://www.worcestershirehealth.nhs.uk)  
click on Infection Prevention and Control for latest information

## THE DOWNSIDE OF SUMMER

Public Health England (PHE) is reminding people to be ‘tick aware’ this summer. Ticks are small, spider-like creatures that feed on the blood of animals, including people. Their size varies depending on their development stage. Nymphs are about the size of a poppy seed, while adult ticks look more like tiny spiders. Ticks can survive in many places, but prefer moist areas with dense vegetation or long grass. The species most commonly found on people is *Ixodes ricinus*, more commonly known as the sheep or deer tick. They are usually found in woodlands, grassland, moorland, heathland and some urban parks and gardens. Ticks don’t jump or fly, but wait until an animal or person brushes past to climb on. They then bite to attach to the skin and start to feed on the blood. It may take several days to complete their blood meal, before they drop off. Ticks can be found throughout the year, but are most active between spring and autumn. Ticks can transmit bacteria that cause diseases such as Lyme disease, which can lead to very serious conditions if left untreated. Symptoms of Lyme disease can include a circular rash, fatigue and muscle and joint pain. More serious conditions such as viral-like meningitis, facial palsy, nerve damage and arthritis can develop without treatment, so prevention and early detection are crucial. Lyme disease can be treated with a course of antibiotics. More information is available on [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/411747/20150305\\_PHE\\_factsheet\\_TICKBITEdocx.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/411747/20150305_PHE_factsheet_TICKBITEdocx.pdf)



## MERS-CoV BE PREPARED AND KNOW THE FACTS

Middle East respiratory syndrome coronavirus (MERS-CoV) is a viral respiratory disease. It is a new strain of coronavirus and symptoms include fever and cough that progress to a severe pneumonia causing shortness of breath and breathing difficulties. In some cases, diarrhoea may be the first symptom to present. Currently there is insufficient information to make standard treatment recommendations and patients have to be assessed on a case by case basis; there is also no vaccine available for this viral infection. An algorithm detailing investigation and public health management of possible cases of severe acute respiratory illness associated with MERS-CoV can be accessed on [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/433668/MERSCoV\\_PossibleCasesAlg\\_v25.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/433668/MERSCoV_PossibleCasesAlg_v25.pdf). Currently, a possible case is any person with severe acute respiratory infection requiring admission to hospital: with symptoms of a fever of 38°C or history of fever, and cough AND with evidence of pulmonary parenchymal disease AND not explained by any other infection or aetiology AND AT LEAST ONE OF history of travel to, or residence in, an area where infection with MERS-CoV could have been acquired in the 14 days before symptom onset OR close contact during the 14 days before onset of illness with a confirmed case of MERS-CoV infection while the case was symptomatic OR a healthcare worker based in ITU caring for patients with severe acute respiratory infection, regardless of history of travel or use of Personal Protective Equipment OR part of a cluster of two or more epidemiologically linked cases within a two-week period requiring ICU admission, regardless of history of travel. As of 8 June 2015: Bahrain, Jordan, Iraq, Iran, Kingdom of Saudi Arabia, Kuwait, Oman, Qatar, United Arab Emirates, Yemen and South Korea are the countries that are detailed in the travel history. Know how you would manage a patient presenting with a new or novel infection, this is of particular relevance for GP practice and MIU staff.

## PRESCRIBING ANTIBIOTICS Think NICHE

NICHE is an electronic poster campaign with its acronym inviting prescribers to consider the following:

- Need** (for antibiotic)
- Investigation** (cultures for prescribing)
- Choice** (spectrum of antibiotic)
- How Long** (is your prescription for)
- Evaluate** (your patient and prescription)



Posters are available in pop art, infographic and diagrammatic formats, with the infographic version available for both hospital and community settings.



**ALWAYS follow the “5 NICHE moments to make a difference and prevent antibiotic resistance**