



DE~BUGGED

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

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

VACCINE COLD CHAIN



With the promise of warm summer days on the horizon the Vaccine Cold Chain needs to remain a chilling reality. Vaccines are sensitive biological substances that may lose their effectiveness if they become too hot or too cold at any time. Vaccines naturally biodegrade over time, and storage outside of the recommended temperature range - including during transportation - may speed up a loss of potency, which cannot be reversed (DH 2013). This may result in failure of the vaccine to protect as well as wastage and unnecessary costs to the NHS.



A recent review of current practice across Worcestershire found that a range of vaccines are stored and administered in many different areas and by a variety of clinical staff. The snapshot of results that this review provided show that generally the maintenance of the vaccine cold chain is given the degree of care necessary for safe practice. However, it is important that we have documented evidence of this. An accurate daily recording of actual, min/max fridge temperatures is imperative in all areas. This can be facilitated by using the 'four Rs': Read, Record, Reset and React. Temperature records of vaccine storage should be kept for a minimum of 11 years.

Staff must ensure that local practice is in accordance with national policy for the ordering, storage, stock control, distribution, transport and disposal of vaccines. All staff that handle vaccines should know how to access the DH Immunisation against Infectious Diseases electronic guidance "(Green book)".

www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book and should also be aware of the **their Immunisation Policy and Procedures**.

SELF AUDIT—GIVE IT A GO AND PROVE TO YOURSELF THAT YOUR STANDARDS ARE HIGH



The Infection Prevention and Control Team have now devised a short audit tool/questionnaire (only one piece of A4 paper). This sets out to provide healthcare staff with a quick checklist that they can refer to and consider whether their practices are perfect with regard to the key infection prevention and control areas highlighted by the tool. The sections include Hand Hygiene, Personal Protective Equipment, Decontamination, Sharps and Waste Handling and knowledge of key facts such as how to deal with certain scenarios and where to access information. If you would like to have a copy either email Gail.Preece@hacw.nhs.uk or view on www.worcestershirehealth.nhs.uk.

THE RIPPLE EFFECT CONFERENCE AND PRODUCT EXHIBITION



This year the Infection Prevention and Control Conference and Product Exhibition for Qualified Clinical Staff is planned for 14 May at the Charles Hastings Education Centre. The day is entitled "The Ripple Effect" and will look at how we can further enhance and influence clinical practices of our own and others to promote infection prevention and control. Topics discussed on the day will take us on a journey of infection control through time and into the future. Specific topics include Antibiotics, Resistant Infections, Hand Hygiene, Vaccination and a review of the last twelve months related to infection prevention and control. The afternoon will provide delegates with an opportunity to consider practices in their own area and explore any improvements which could be made looking at the EPIC 3 guidance. A number of product exhibitors will also be in attendance. If you require more information or would like to book a place, please contact Gail Preece on 01386 502597.



DICTIONARY CORNER

A disease is "infectious" if it can be spread by contact with infected people, animals, food, water or objects. If a disease can be spread by contact with an infected person, it is considered contagious". So, do "infectious" and "contagious" mean the same thing—the answer to this is no. For example: Rabies is "infectious" because you can catch it from an infected animal. But, rabies is not "contagious" because you can't catch it from an infected person.



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

What's New to Read?

EPIC 3 has just been published...

Access on: [http://](http://www.journalofhospitalinfection.com/article/S0195-6701(13)60012-2/abstract)

[www.journalofhospitalinfection.com/article/S0195-6701\(13\)60012-2/abstract](http://www.journalofhospitalinfection.com/article/S0195-6701(13)60012-2/abstract)

"EPIC 3 guidelines provide comprehensive recommendations for preventing healthcare associated infection in hospital and other acute care settings based on the best currently available evidence. As national evidence-based guidelines they are broad principles of best practice that should be integrated into local practice guidelines and audited to reduce variation in practice and maintain patient safety."

NICE Quality Standard QS 61—

Infection Prevention and Control provides a fast, easy summary view of NICE guidance on 'prevention and control of healthcare-associated infections' with interactive flow charts to follow.

<http://guidance.nice.org.uk/QS61>



SCARLET FEVER—Did You Know...

There is a continued substantial increase in scarlet fever notifications across England is evident with a total of 7,198 new cases being reported since the season began in September 2013. Scarlet fever is a seasonal disease and this is the time of year when the highest numbers of cases are typically seen. As such, a decline in numbers of cases should become evident over the coming weeks. On average in previous years, approximately 1,836 cases of scarlet fever, have been reported for the same period (September to April).

New guidance on the public health management of scarlet fever outbreaks in schools, nurseries and other child care settings has been published by Public Health England. The guidelines also include resources such as template letters for parents / guardians, staff and GPs highlighting the signs and symptoms of scarlet fever and the need for symptomatic children to stay off school and see their GP promptly. If a diagnosis of scarlet fever is made, antibiotics should be given and the child must stay off school until they have received 24 hours of antibiotics.

Symptoms of scarlet fever include a sore throat, headache and fever accompanied by a characteristic rash. It is mainly a childhood disease and is most common between the ages of 2 and 8 years and is not preventable by vaccine. Although scarlet fever is usually a mild illness it should be treated with antibiotics to reduce risk of further complications.

Promoting good hand hygiene within schools and childcare settings is also key in controlling spread in addition to children and adults being encouraged to cover their mouth and nose with a tissue when they cough and sneeze and to wash their hands after using or disposing of tissues.

NOROVIRUS

Clusters of cases of viral gastro-enteritis continue to be identified 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 including whether they have previously been positive.** Please ask these questions for all transfers or admissions and do not rely on others to provide the information. **Contact one of the Infection Prevention and Control Nurses on 01386 502552 for advice.**



THINK ABOUT CLEANING SCHEDULES

We all avoid touching the obviously dirty things like toilets, waste bins and items that appear soiled but for every well-known example, there are a host of under-the-radar threats, one of the three below will surely relate to you.



Keys Anyone who drives — or just plans on returning home at the end of the day — probably has a set in their pocket, but who thinks about whether they are clean...

Handbags A study of admin staff found hand bags, wallets or purses were one of the most contaminated items touched. In fact, one (very small) study found E. coli on 25 percent of purses tested (out of a 50 purse sample). Where do you put your bag when you go to the toilet?



Phone Studies have repeatedly cited mobile phones as risk factors for infection, and we largely have our own unwashed hands to blame. One study found faecal bacteria on 18% of mobile phones.

All of these are going to be in extremely low numbers and unlikely to cause harm, instead think about near patient equipment in your area. There is lots we would not want to share with others so please ensure that equipment is stored clean, protected from contamination and included in appropriate cleaning schedules with a frequency in place that minimises the risk of cross infection e.g. an item is cleaned between use with each patient.



If you could see the germs, you'd wash your hands

HANDS

Quick Facts

Hand hygiene undertaken correctly reduces the spread of germs and infections. **Healthcare associated infections** can mean

a longer stay in hospital and illness.

Healthcare workers play a major part in reducing the movement of microorganisms.

Hand hygiene should be performed in front of patients.

Why is hand hygiene important? Correct hand hygiene is the single most important way to reduce spread of infections. Our hands may look clean but many germs are invisible to our eyes and because of this we can unknowingly transmit germs on our hands to others and the environment. Remember 80% of infections are spread through touch.

When should you clean your hands? Hand hygiene is a general term referring to the use of soap and water or a hand rub to cleanse your hands. It is important to perform hand hygiene in accordance with the five moments for hand hygiene AND following removal of gloves or other protective clothing. This approach if followed will minimise the spread of infection. The Five Moments for hand hygiene are:

- 👉 Before patient contact
- 👉 Before a clean/aseptic procedure
- 👉 After body fluid exposure risk
- 👉 After patient contact
- 👉 After contact with patient surroundings—this includes when you leave a bed space, single room, consulting area or patients own home

Remember

- 👉 Use alcohol hand rubs only when hands are visibly clean. They are not appropriate for use if you have cared for someone with diarrhoea and/or vomiting
- 👉 Use soap and water when you start and end a shift, prior to your break, when your hands are actually soiled, you have cared for someone with diarrhoea and/or vomiting or your hands are tacky due to repeated use of gel.

Whether you hand wash or use hand rub always make sure you are bare below the elbows and cover all the different aspects of your hand.

When hand washing

- 👉 wet hands with water
- 👉 apply soap and rub all over
- 👉 rinse off with water
- 👉 pat hands dry with paper towel
- 👉 dispose of paper towel in bin.

Ensure hand hygiene products (soap, alcohol gel and skin cleansing wipes) are accessible, used and that empty dispensers are promptly replenished.

Always try to perform hand hygiene in front of your patients so they are aware of the high standards of practice you have.

VISIT

www.worcestershirehealth.nhs.uk

click on Infection Prevention and Control for latest information