



DE~BUGGED

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

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



ARE YOUR SHARPS SAFE...

Worcestershire Health and Care 

NHS Trust

Volume 2 Issue 5
July 2012



The European Directive on the prevention of sharps injuries in the healthcare sector was adopted in the UK in May 2010. The Directive applies to all workers in hospitals and the wider healthcare sector e.g. community and prisons and aims to prevent sharps injuries to healthcare workers by establishing an integrated approach to risk assessment, risk prevention, awareness raising and training, and implementing response and follow up procedures. Many of these will already be in place in your workplace but there is a requirement to and all necessary measures must be implemented by May 2013. Some of the underlying principles of the Directive are:

-  to ensure a well trained and adequately resourced workforce,
-  to highlight responsibilities of employers, individuals and the role of safety representatives,
-  to promote a no blame culture which ensures incidents are reported,
-  to prevent exposure where possible and NEVER ASSUME there is not a risk.

Employers must review their current policies, procedures and risk assessments to ensure compliance with existing legislation and the new Directive and if indicated by risk assessments new safety measures, equipment and training must be implemented; this includes ensuring adequate resources are available to introduce, purchase and educate about new safety measures e.g. safety sharps, self sheathing needles and needleless IV ports. Within the Health and Care Trust a Working Group is working to ensure that all these principles are met. [How does this apply to you?](#)

As a health care worker you must assess the risk of exposure to a blood borne infection and identify if it can be eliminated. If exposure cannot be eliminated then the risk should be minimised by:

-  Ensuring you are adequately trained to undertake the clinical procedure.
-  Ensuring you are familiar with policies and procedures.
-  Following safe systems of work e.g. using personal protective equipment, not re-sheathing needles, disposing of sharps at point of use and using safety sharps (self sheathing) or needleless ports.
-  Reporting concerns about sharps safety.
-  Reporting all needlestick injuries and following correct protocol.
-  Ensuring you are up to date with Hepatitis B vaccination.
-  Safety devices should be considered and can include self sheathing heparin injections, insulin pen needles and IV canulae, vacutainer needles with safety shields and needleless IV ports.

For more information contact the Infection Prevention and Control Team or go to http://www.rcn.org.uk/data/assets/pdf_file/0008/418490/004135.pdf

REMEMBER NEVER ASSUME THERE IS NOT A RISK!!



VISIT www.worcestershirehealth.nhs.uk

click on Infection Prevention and Control and you will see where we are updating our website and can access a variety of new resources on line.

SIMPLY THE BEST!

The Infection Prevention and Control Conference for Healthcare Assistants and Support Staff is planned for 20 September 2012 at the Charles Hastings Education Centre. The theme for this year relates to being "Simply the Best" better than all the rest—please note Tina Turner will not be making an appearance! Speakers will be discussing the value of audit in infection prevention and control, use of safe working practices to prevent the spread of infection, what's happening in Worcestershire, HIV infection and new initiatives in infection prevention and control. Delegates will have an opportunity to ask questions relating to infection prevention and control before the day finishes. A number of companies will be attending the day and be available to discuss their products e.g. representatives are expected from Go-Jo hand hygiene products, Danone Probiotic drinks, various wound care companies, pulp products, gloves and wipes used in healthcare. Please contact Gail Preece on 01386 502597 for details or to book a place.



UNDERTAKING EFFECTIVE HAND HYGIENE IS THE SINGLE MOST IMPORTANT WAY TO PREVENT THE SPREAD OF INFECTION

TESTING FOR *Clostridium difficile* INTERPRETING THE RESULTS

In accordance with guidance issued by the Department of Health, the Worcestershire Acute Hospitals Trust Microbiology Department has changed its testing protocol for the investigation of *Clostridium difficile* disease. Three tests are now applied.

✎ The first test (**GDH antigen EIA**) is a screening test. GDH antigen is associated with the presence of the actual *C.difficile* organism. A negative test is therefore regarded as a good negative predictor – a negative test signifies absence of *C.difficile*.

For specimens testing positive for GDH antigen, two further tests are used:

✎ The first is an **enzyme immune-assay (EIA) for *C.difficile* toxin**. If both GDH antigen and toxin EIA tests are positive, then this is indicative of toxin producing *C.difficile*, and therefore in those who are symptomatic indicative of *C.difficile* infection which would require treatment.

✎ If the toxin EIA is negative, a further molecular **toxin PCR test** is done – if this test is negative the GDH antigen test is a probable false positive and not indicative of *C.difficile* disease. If it is positive, it signifies probable colonisation of a toxigenic strain of *C.difficile*, even if the toxin is not currently being expressed. Clinical assessment is therefore required to determine further management of the patient, if symptomatic treatment for *C.difficile* infection would be recommended.

This testing algorithm is more complex than that used before but should more reliably identify patients with *C.difficile* disease. The comments made by the laboratory included on specimen results have been developed to provide interpretative guidance but further advice regarding individual patients is always available via the Infection Prevention and Control Nurses on 01386 502552 or by contacting the consultant medical microbiologists.

CLEANING SCHEDULES



Knowing what to clean and when you need to clean it, makes compliance with standards for clean, safe care much easier. Ensure all staff in your area know who is responsible for cleaning each piece of equipment and various aspects of the environment. High standards of cleanliness are imperative to reduce the spread of infection. Staff should be aware of how equipment is cleaned, when it is cleaned and who is responsible for this. Think about the setting you work in and consider edges, ledges, behind items, underneath equipment such as shower chairs and bath hoists, even the underside of tables can be contact points. Think about how often or when surfaces that are considered as contact points are cleaned, this can include light switches and door handles. If you require more information on devising schedules for your area please contact the infection prevention and control team. Can you prove that the equipment you use is clean and demonstrate you absolutely know this...



TREATMENT FOR C DIF

For information on the treatment of *Clostridium difficile* refer to Page 50 of the Worcestershire antimicrobial prescribing guidance available on www.worcestershirehealth.nhs.uk and follow links for infection control and policies.

FIND OUT MORE ABOUT CRYPTOSPORIDIOSIS www.hpa.org.uk

‘Cases of Cryptosporidiosis are now within expected seasonal norms’ following a recent increase in cases within a few regions including the West and East Midlands (HPA June 2012). Cryptosporidiosis is reportable, enabling the Health Protection Agency to undertake surveillance to identify any potential source. However for the recent cases, no obvious cause of infection has yet been identified.

Cryptosporidium is a protozoan parasite of which the most common symptom is mild to severe diarrhoea lasting anywhere between 2 days and 4 weeks. Accompanying symptoms can include stomach cramps, weight loss and fever. In a healthy person this is a self limiting illness however it can be more severe if immunocompromised. Cryptosporidium oocysts are passed in faeces and may survive in the environment for months. Transmission can be:

✎ Person to person e.g. by the faecal–oral route or via contaminated nappies

✎ Animal to person e.g. through contact with farm/household pets

✎ From water e.g. drinking water which is contaminated by human sewage or agricultural contamination, contaminated swimming pool as a result of faeces or inadequate pool maintenance.

Prevention of spread is through effective hand washing after contact with faeces, nappies and/or animals and safe disposal of sewage. Parents/carers are advised to ensure children follow guidance when visiting farms/petting centres.



SIGHT...



Over the next few months the infection prevention and control team are will be promoting the concept of SIGHT when discussing management of inpatients or residents with diarrhoea. Initially published to promote care of patients with *Clostridium difficile* this mnemonic actually provides information on actions that should be considered as part of

S Suspect Infection

I Isolate the patient and obtain necessary advice whilst ascertaining possible causes for diarrhoea

G Gloves and Aprons must be use for all contacts with symptomatic patients and their environment

H Hand Washing with soap and water is promoted as the initial method for hand hygiene when carrying for someone with diarrhoea (top up by using gel after thorough washing and drying)

T Test the stool. Collect a specimen and request testing for MC&S and *C dif*, virology may be requested during times of norovirus prevalence.