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

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

USE OF WIPES FOR DECONTAMINATION OF SURFACES & EQUIPMENT

Worcestershire Health and Care 
NHS Trust

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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

The selection of wipes is important as infection prevention efforts may be reduced if a product is not fit for its intended purpose. RCN (2011) guidance on the selection and use of disinfectant wipes sets out to provides information on all aspects of wipes and can be accessed from their website. Surfaces may have dirt, micro-organisms (as a liquid or in dry soiling) or both present and understanding how wipes work is crucial to achieving the intended and best result. There are two types of wipe promoted in the Trust and these are multi-surface [detergent wipes](#) and 70% alcohol [disinfectant wipes](#). Equipment or surfaces which are visibly dirty will require cleaning with a detergent wipe prior to disinfection. Disinfectant wipes are suitable only for items that appear visibly clean otherwise the disinfectant will be inactivated by the dirt and will probably not act on any micro-organisms present. Generally disinfectant wipes are only recommended for use on hard surfaces.

“PICK & MIX”

STUDY DAY FOR HCAS & SUPPORT WORKERS

The Infection Prevention and Control Annual Product Exhibition and Study Day for HCAs and Support Workers is planned for 27th September 2011 at Charles Hastings Education Centre. If you are interested in hearing about blood borne viruses, diarrhoea and how to promote clean safe care then please contact us on 01386 502552/01905 681531 to book a place. This day can be accessed by staff working in Worcestershire Health & Care NHS Trust, NHS Worcestershire, Worcestershire GP practices or nursing homes.



DETERGENT WIPES

Detergents are essential to the cleaning process, acting to release dirt from a surface (eg the immediate patient environment or equipment). Following use, dirt and a proportion of the micro-organisms will be retained by the wipe and removed on it. Any micro-organisms not removed from the surface will remain inactivated but are still there so can transfer to patients or other locations via the wiped equipment or hands of staff.



DISINFECTANT WIPES

Within the Trust it is recommended that 70% alcohol wipes are used if a disinfectant wipe is required. Their use should always follow a detergent wipe. Some wipes contain disinfectants that are also reported to clean but these can be inactivated by too much dirt so a two step process is by far the best. Remember once a wiped surface dries, all disinfectant activity stops and should any residue of disinfectant be left behind, it will have no effect on further dry contamination such as microbes (including spores) in dust, which will inevitably settle on it or be transferred to it soon after cleaning.



DID YOU KNOW...

-  If a wipe is dry it will not be effective. This could be because it has not be stored appropriately or you are decontaminating a large surface and the wipe is moist at the start but not at the end.
-  Disinfectant wipes are only effective if used on a clean surface.
-  Wipes should be used for a single item and staff must be aware of the potential risk of transferring micro-organisms/spores from one surface to another if wipes are used on multiple surfaces.
-  The entire surface should be wiped thoroughly with a wipe that is moist and free of visible soiling for it to have achieved it's purpose.
-  Posters are available from the Infection Prevention and Control Team detailing appropriate wipe usage.

NEW SURVEILLANCE DATA REQUIREMENTS

As from 1st April 2011 we were required to monitor and report on all Meticillin Sensitive *Staphylococcus aureus* (MSSA) bloodstream infections and from 1st June 2011 all *E. coli* blood stream infections. This is in addition to our current reporting on MRSA bacteraemias and cases of *Clostridium difficile* across the health economy of Worcestershire. As part of this increased surveillance the team are required to review cases to identify risk factors and where appropriate the source of infection. This involves contacting GPs and other healthcare settings for further information where an individual may have received care or treatment. This is a national requirement so please be patient with us! Although mandatory surveillance is time consuming it can help to reduce the number of infections by identifying the risk factors for infection on a national basis; allowing the comparison of organisations performance locally and nationally; and enabling the development of interventions and some assessment of their effectiveness.



WAS THIS YOURS?

With the hope of summer warmth fans make an appearance. Prior to use these should be checked to ensure that they are visibly clean. Sometimes it can be difficult to arrange for blades to be cleaned but fans should be free from visible dust before being put into use. If you are thinking of purchasing some new fans for use in your area consider ease of cleaning, options may include tower/column or bladeless fans.

HOW TO AVOID E COLI INFECTION

Following cases of *E. coli* O104 in Germany earlier this year, remember the following ways to avoid infection...

-  Wash hands thoroughly after using the toilet (and after helping others eg changing nappies), handling raw meat, before meals and after contact with animals.
-  Cook all minced meat products eg burgers thoroughly.
-  Ensure that refrigerators are working correctly.
-  Don't leave cooked foods, meat or dairy products out at room temperature.
-  Store food so it does not become contaminated eg uncooked and cooked items must be kept separate at all times.
-  Thoroughly wash all salad vegetables.
-  Current advice from the UK's Food Standards Agency (FSA) states that sprouted seeds - such as alfalfa, mung beans (beansprouts) and fenugreek should only be eaten if they have been cooked thoroughly and not eaten raw.
-  Be aware that ideally you should not prepare food for others until you are 48 hours symptom free following diarrhoea.
-  Boil any drinking water if you are unsure of its source.
-  Do not swim in water that you think may be contaminated by cattle/sheep.

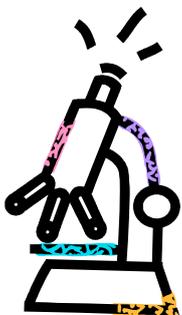


MRSA SCREENING UPDATE



In May of this year the DH commissioned University College London (UCL) and the Health Protection Agency to carry out an independent review of the national MRSA screening programme. Within Worcestershire, data was collected as part of the national voluntary audit of MRSA screening between the 9th to the 15th May 2011. The results of this will be collated across England and will look at the implementation, clinical and cost-effectiveness, and impact on patient management of MRSA screening undertaken since April 2009, with the aim of helping Trusts achieve real patient benefits from screening that is appropriate to local circumstances and risks. If you wish to discuss the screening or interpretation of result within your area or for a single patient contact the team on 01386 502552.

A VISIT TO THE MICROBIOLOGY LAB... BY SARAH TWOMLOW STUDENT NURSE



Whilst on placement as a Student Nurse with the Infection Prevention and Control Team I was pleased to visit the microbiology laboratory at Worcestershire Royal Hospital. On arrival I was made very welcome by the staff, they spend 4 years training and are extremely knowledgeable. I spent some time with the Consultant Microbiologist who took me on a tour of the department, this enabled me to have a better understanding of the procedures and processes that specimens go through and how the end result is obtained. I learnt what happened when specimens reach the lab, the use of different agar plates to grow specific micro-organisms and then the sensitivity analysis undertaken to enable the correct treatment to be prescribed.

It was extremely interesting to be able to see how much work goes into processing of each specimen and it really highlighted to me how important it is to ensure that all the correct information is on both the request form and the specimen, also to ensure it is the correct sample with the request form to enable an appropriate diagnosis and provision of correct treatment. The number of specimens for testing each day is phenomenal as I am sure you can appreciate. It was fascinating and I feel that other student nurses would benefit from visiting the microbiology lab so that they could see the whole process that specimens go through and the importance of the work done.