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

Infection Prevention & Control Newsletter provided by Worcestershire Health & Care NHS Trust



JOIN US ON 17 MAY AND BE INFECTION PREVENTION AND CONTROL SMART...



Worcestershire Health and Care 

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The Annual Infection Prevention and Control Conference and Product Exhibition for Qualified Staff is planned for the 17th May 2017 at the Charles Hastings Education Centre. Jot the date down in your diary and look out for the flyers. We hope that you will be able to join us. In the morning we will be focusing on infections including Group A strep, Carbapenemase Producing Enterobacteriaceae, Blood Stream Infections, Sepsis, PVL *Staphylococcus aureus* and Antimicrobial Stewardship. The afternoon will then focus on infection prevention and control activities to ensure we can all continue to provide smart, clean, safe care. Attendance at this event also equates to a mandatory update session. Interested? Please call 01386 502552 to book a place or alternatively keep an eye out for the flyers.

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

SPOTLIGHT ON LOUISE HOUGH (ADMIN IPC)



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

ADMIN TIPS TO MINIMISE INFECTION THIS WINTER...

INFECTION PREVENTION WEEK 2016

We celebrated Infection Prevention Week in November by encouraging colleagues to reflect on their practice. Each day of the week communications or tweets were sent out to promote key aspects of infection prevention and control by focusing on:



Monday Think about being an Infection Preventionist and making it easy to consistently provide clean, safe care.

Tuesday Consider prescribing and use of antibiotics in your area today and take time and look at the primary care guidance.

Wednesday Focus on hand hygiene and compliance with the five moments.

Thursday Know your stuff day to include the infections that present in your clinical areas, their care and management and know what to do when things go wrong e.g. managing spillages of blood/body fluids or needlestick injuries and

Friday was focus on decontamination with the quiz won by Athelon Ward who reviewed their schedules and shared the findings from their review. A worthy win that demonstrated excellent schedules and compliance.

Pictured SN Jodie Fidoe and HCSW Charlie Probert from Athelon receiving the decontamination hamper.



As admin for the Infection Prevention and Control Team I have learnt that infection prevention and control really is "Everyone's Business". We ALL have a responsibility to protect our colleagues, ourselves and our patients whether we have direct or indirect patient contact. Even as an admin person who has no contact with patients, you still may have contact with colleagues who do. Let's focus on those computers and desk items!! We are fab at cleaning direct patient care items and medical devices but the items that are used the most and by a variety of different people seems to get missed! This could be telephones or keyboards. Think about how many different people may use the computer or phone in a day??? Do you know **100%** that their hands are clean??? All sorts of bugs and viruses can live for a long time on surfaces, including the flu virus and the common cold. Did you know on average there are 400 times more bacteria living on your keyboard/mouse/phone than there are on the average toilet seat!!! You should wipe your keyboard over with a detergent wipe on a regular schedule and definitely when it is visibly soiled. If you are in a clinical area make sure these items are on your cleaning schedule and just consider the type of services you are providing and whether a wipe clean keyboard cover may be a helpful purchase. Always try and touch these items with clean hands to further reduce the risk.. **Remember clean hands save lives. Practice and Promote clean hands and cleaning schedules...**

Please be alert in your workplace; 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.

Remain vigilant for patients or residents who are presenting with possible signs and symptoms of infection. Prompt diagnosis is key in preventing the spread of infection.



INFECTION PREVENTION AND CONTROL FOCUS: ARE YOU... USING THE RIGHT PERSONAL PROTECTIVE EQUIPMENT (PPE) AT THE RIGHT TIME?

Questions – Why am I wearing PPE?...If wearing gloves should I wear sterile or non sterile?... If wearing gloves should I be wearing an apron? ... If wearing an apron should I be wearing gloves?... Do I require eye/face protection?... Do I need to wear a mask? ... If so what type of mask do I need? ... Within healthcare we are advised to ‘think smart’ - consider innovative ways of working and be aware of financial constraints. The question is, can we think of PPE use in this way? Minimising the risk of infection to patients, relatives and staff is paramount, requires constant consideration, risk assessment and application of safe working practices including the use of PPE. The amount of PPE used within healthcare is vast but rarely do we see over use of PPE or use in an incorrect scenario. Appropriate use of PPE is however worth consideration. Selection of PPE should be based on an assessment of the:

- ✎ risk of transmission of micro-organisms to the patient or carer;
- ✎ risk of contamination of healthcare practitioners’ clothing and skin by patients’ blood, body fluids or cleaning products listed under COSHH.

To be compliant, safe, cost effective and minimise the risk of infection, staff must ensure they have access to the type of PPE required through their risk assessment, also that PPE is:

- ✎ put on immediately before the task in the correct order and
- ✎ removed immediately following the task in the correct order and disposed of in the appropriate waste stream. **Hand hygiene must always be undertaken following the removal of PPE.**

Removal of PPE in the correct order is more important than the order you put it on which is mainly for convenience and achieving a good fit. This requires apron to be worn first, then mask if indicated, eye protection next and finally gloves. Removal is the most important though, even if you only need to remove gloves and apron they should be removed in the correct order to minimise contamination. First remove gloves (carefully to avoid further contamination, don't touch the outside of the glove with your ungloved hand), next off is the apron (break at the back and fold inwards, touching only the side next to you). Finally and in a safe place away from aerosol contamination or splashes remove eye protection and then mask if needed.



QUESTION TIME
 **What are antivirals?** Antivirals are a class of medication specifically used for treating viral infections not bacterial ones. Most antiviral treatments are used against a specific viral infection and unlike most antibiotics do not destroy their target, they aim to inhibit their development. Antivirals are much talked about at the moment as we use them as treatment and also prophylaxis in vulnerable patients with or exposed to Flu. Learn more on Influenza: Treatment and Prophylaxis using Anti-Viral Agents by visiting:

<https://www.gov.uk/government/publications/influenza-treatment-and-prophylaxis-using-anti-viral-agents>

Remember posters are available from the Infection Prevention and Control Nurses or by visiting www.worcestershirehealth.nhs.uk.

Taken from: Infection Prevention Society Calendar 2017 Beating Infection with a Smile. 😊

JANUARY – Staphylococcus aureus

Where to find me? Approximately 1 in 3 people carry me harmlessly on their skin, I can also be found colonising the nose and upper respiratory tract. I cause skin infections and food poisoning.



How to catch me? I am a bacteria usually spread through skin to skin contact or by sharing contaminated items like towels. Occasionally I spread through coughing/sneezing and eating contaminated food.

How to stop me? Effective hand hygiene, good use of PPE and not sharing personal items will stop me spreading.

How to kill me? Antibiotics when indicated for infection.

FEBRUARY – Scabies

Where to find me? I am a skin condition caused by the parasite *Sarcoptes scabiei*.



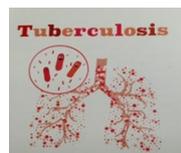
How to catch me? I am spread through prolonged, close skin to skin contact with an infected person.

How to stop me? Avoid prolonged skin to skin contact with a person who shows signs of intense skin itching/irritation or rash.

How to kill me? Application of an insecticide in line with the manufacturer’s instructions. Other household contacts may require treatment at the same time. Ensure bedding/night clothes are washed following treatment as they will be contaminated with chemical. Itching can take a while to resolve and you may require treatment for this..

MARCH – Tuberculosis (Tb)

Where to find me? I primarily affect the lungs (Pulmonary Tb) but can affect other parts of the body including glands, bones and nervous system.



How to catch me? As Pulmonary Tb, I am an airborne bacteria spread through coughing, sneezing and spitting which is inhaled.

How to stop me? BCG vaccinations can provide protection for up to 8 out of 10 people but are only offered to those at risk or healthcare workers who may be more at risk of exposure.

How to kill me? I am treatable and can be killed by multiple antimicrobial drugs given for 6 months for susceptible Tb disease. Alternatively, longer courses may be needed if I am drug resistant.