



DE~BUGGED

Infection Control Newsletter for Worcestershire Primary Care and Mental Health Partnership Trusts



TIS THE SEASON OF NOROVIRUS...

Noroviruses are the most common cause of viral gastroenteritis in England and Wales. In the past, they have also been called 'winter vomiting viruses', 'small round structured viruses' or 'Norwalk-like viruses'. The virus is easily transmitted from one person to another and can be spread by contact with an infected person; by consuming contaminated food or water or by contact with contaminated surfaces or objects. The infectious dose is very small and swallowing as few as 10 - 100 virus particles may be enough to cause illness.

Norovirus often causes outbreaks because it spreads so easily and can survive in the environment for many days (some research suggests at least 30 days). There are many different strains of norovirus, immunity is short-lived and infection with one strain does not protect against infection with another strain. Outbreaks therefore tend to commonly occur in semi-closed environments such as hospitals, nursing homes, schools and on cruise ships, where people are in close contact with one another for long periods. The most effective way to respond to an outbreak is to institute good hygiene measures such as strict adherence to hand hygiene especially when handling food, after contact with infected people or contaminated surfaces and after using the toilet. The use of bleach cleaning to regularly disinfect areas also reduces spread as does isolating ill people for up to 48 hours after their symptoms have ceased and not allowing infected people to prepare food until 48 hours after symptoms have finished.

The most common symptoms are nausea, vomiting and diarrhoea. Symptoms often start with the sudden onset of nausea followed by projectile vomiting and watery diarrhoea. However, not all of those infected will experience all of the symptoms. Some people may also have a raised temperature, headaches and aching limbs. Symptoms usually begin around 12 to 48 hours after becoming infected. The illness is self-limiting and the symptoms will last for 12 to 60 hours. There is no specific treatment for norovirus apart from letting the illness run its course. It is important to drink plenty of fluids to prevent dehydration. Most people make a full recovery within 1-2 days, however some people can become unwell due to dehydration and require medical care. Generally, outbreaks will be shortened when control measures are implemented quickly, such as closing wards to new admissions and implementing strict hygiene measures including bleach cleaning and isolation/segregation of those with symptoms for up to 48 hours after symptoms have resolved. It is impossible to prevent infection, but early recognition and good hygiene measures (eg frequent hand washing) are essential in containing infection.



LET'S DESIGN BUGS OUT...

The Design Council, Department of Health and NHS Purchasing and Supply Agency have brought top designers together with clinical specialists, patients and frontline staff to test an innovative approach to procurement.

The challenge was to design and manufacture healthcare associated products that would help to control the risk of Infections by making hospital furniture and equipment easier and quicker to clean. Interested in seeing the designs? Then visit <http://www.designcouncil.org.uk/Design-Council/Files/Landing-pages/Design-Bugs-Out/Overview/>



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



FACTS FOR INPATIENT UNITS

- Be vigilant for signs and symptoms of viral gastro-enteritis. If you suspect a problem please act promptly and contact the infection control team on 01386 502552.
- Remember to ask questions relating to symptom presentation in the last 48 hours when receiving admissions/transfers. This is in the individual themselves and also in those around them eg others in a ward or home setting.
- If staff present with symptoms of viral gastro-enteritis wherever possible they should provide a specimen and should not return to work until they are 48 hours symptom free.
- Display poster at entrance to ward advising those who are or have been symptomatic not to visit until 48 hours symptom free.
- Bleach cleaning has now been implemented as a precautionary measure in all inpatient units—check it is happening in yours!
- Be cautious about any exposed food such as open tins of biscuits/boxes of chocolate or items of fruit which may be contaminated.



WHAT IS MEANT BY ANTIBIOTIC RESISTANCE?

There is no doubt that the discovery and use of antibiotics has proved to be greatly beneficial in treating **bacterial infections** yet there is obvious global concern over resistance. When someone receives antibiotics over a period of time, one of two things can happen....

Either the organism dies or it adapts to the situation resulting in formation of a resistant gene. As bacteria multiply these rogue genes then have the capability of being passed on. There is also the potential of it jumping between different organisms resulting in rapid spread throughout other strains. The risk of antibiotic resistance occurring increases if antibiotics are inappropriately prescribed or if given at the wrong dose/duration or in the event of a individual not completing the prescribed course. Implications of this include:

- ☞ Problems finding alternative treatment and where it exists may be more toxic or less effective.
- ☞ Prolonged healthcare intervention
- ☞ Results in ill health and inconvenience
- ☞ Increased costs

Actions that should be taken mainly relate to the prudent use of antibiotics. For example:-

- ☞ No prescribing for simple coughs and colds and viral sore throats.
- ☞ Limiting prescribing for uncomplicated cystitis in women to 3 days in and limit over the phone prescribing to exceptional cases.
- ☞ Adherence to the antimicrobial prescribing policy where possible. This is available under infection control on www.worcestershirehealth.nhs.uk.
- ☞ Educating patients and others on appropriate use of antibiotics.

It is in everyone's best interest to treat antibiotics as a 'valuable and non-renewable resource and treasure them for future generations' (DoH 1998. *Path of least resistance.*)

WITH CHRISTMAS IN THE PAST REMEMBER THAT .

some presents are more welcome than others. Many germs can be spread by hand

contact. Cleansing your hands thoroughly and on a regular basis with soap and warm water or an alcohol based hand hygiene product greatly reduces the risk of infections spreading.

GERMS—WASH YOUR HANDS OF THEM!!



2010 TEACHING PLANNED



With the start of a new year a new training programme has been planned. Flyers will be sent out nearer the time but just in case you wish to plan ahead and see what is on offer the dates of the days and groups of staff they relate to are detailed below.

- ☞ March 1st study day for qualified and non qualified nursing staff working in mental health inpatient settings
- ☞ March 9th and 16th 2 hour mrsa update for practice nurses (venues to be confirmed)
- ☞ May 20th main infection control conference and product exhibition
- ☞ June 15th pct provider community staff (qualified and non qualified)
- ☞ September 14 community mental health staff
- ☞ September 28 main study day for health-care assistants
- ☞ November 4 study day for qualified and non qualified nursing staff working in community hospitals
- ☞ November 10 study day for nursing staff in general practice

In addition to this, an accredited module is available through university of Worcester and details on this and all the above course can be obtained from Gail Preece on 01905 681531.

Online training can also be accessed on www.infectioncontrol.nhs.uk. Infection Control training for provider services staff and Mental Health Trust staff is also included in all induction and minimising the risk refresher training provided through Central Training Services.

INFECTION CONTROL POLICIES AND PROCEDURES BINDER



The last three months have seen considerable input into the infection control policies and procedures binder with a complete version update anticipated very soon! A number of sections are now completed and can be viewed on www.worcestershirehealth.nhs.uk and by clicking on shared services and infection control and following the menu on the left hand side. When the redrafting is completed new binders containing all the guidance will be distributed, in the interim all exiting guidance remains current and appropriate but go on have an early preview and see what you think of the new contents...