

DE~BUGGED

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



HAND HYGIENE—ALL CHANGE!

A very interesting few weeks have just passed in Infection Control - the standardisation of hand hygiene products is now virtually complete in Worcestershire's Primary Care Trusts and Mental Health Partnership Trust. Prior to the fitting, areas were assessed as to what dispensers they required and where they should be located - this was always done in conjunction with staff in that area. Stickers were placed on walls, areas were mapped and a log of the requirements was kept. Fool proof?? In our dreams!! The two weeks set aside for fitting dispensers was a character building experience (not sure who has this task in their job description but

don't add it in!). It started off with 5 pallet loads of dispensers (in excess of 1,500 dispensers) being delivered—a big grovel to WSSA colleagues about storage of this dispenser mountain had already been had. This was Friday, the team of



Fitters from Purrell were expected on Monday and were aiming to fit 100-200+ dispensers a day for the next two weeks! Organised chaos-well sort of-but worth it. Fifteen different types of soap dispenser alone were taken down and new dispensers fitted! All areas were sent an information pack and details of where dispensers were to be fitted in their area and informed of the day the Fitters would be with them. Some days 5 Fitters appeared and other days there was only 2 but we got there and there are only 120 dispens-

ers left to fit! These will be done in early August, along with any areas that need to be re-visited. Dispensers fitted were for hand hygiene products manufactured by Go-Jo Purrell, to include liquid soap, alcohol gel and moisturiser. It is not over yet though... we will be visiting all areas over the next few months to put up posters, check dispensers are OK and provide leaflets for patients and visitors informing them of the importance of hand hygiene. If within your area you have encountered any problems with the dispensers, think you have been missed out or wish to discuss any aspect of the hand hygiene trial further please contact the Infection Control Nurses on 01386 502552 or for product specific enquiries contact Sarah Kidwell from Purrell on 07976 738923. An information pack has recently been sent out to Practice Managers to provide them with information about the product change which they may or may not wish to be a part of.

Worcestershire **NHS**
Support Services Agency

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



WEB NEWS



INTERESTED IN READING THE DRAFT CODE OF PRACTICE FOR INFECTION CONTROL (A Consultation Document) www.worcestershirehealth.nhs.uk

[link through to Infection Control and publications and you can access](#)



Study days planned for this year at Charles Hastings Education Centre include;

IC "4" Therapists

IC "4" staff working in Mental Health

IC "4" Ward Based Clinical Staff

2 day courses for Health Care Assistants in-patient settings

Decontamination workshops

Interested? If you require the dates or further information please contact Gail Preece on 01905 681531

INFECTION CONTROL AUDITS—EXPLAINED

The Chief Medical Officer in 'Winning Ways' (2003) highlighted the need for improvement in education, training and audit relating to infection control guidance. The purpose of audit is to monitor and improve local and clinical practice by providing data that shows what actually happens and how it compares with a predetermined standard of best practice (Damani 1997). The Infection Control Nurses use audit to identify areas of concern which indicate the need for action and further education and training. Audit is also used to highlight areas of



best practice, which reduce the risk of infection and can potentially be adopted by similar clinical areas.

The West Midlands ICNA audit tool has recently been revised in line with changes in legislation and guidance relating to infection control (Audit Tools for Monitoring Infection Control Standards 2004). The new tool relates to the principles of infection control with standards for hand hygiene, decontamination of patient equipment, sharps, linen and waste handling, clinical practices, the environment and ward/department kitchens. Scores indicate the following: 75% and below

is minimal compliance, 76-84% partial

compliance and 85% and above demonstrates full compliance. The WSSA Infection Control Nurses began using the new tool in April 2005, it is much more detailed with regard to environmental criteria. Inevitably audits now take longer to complete and can take anything up to 3 hours, previously this would have taken up to 1½ hours. On the positive side this allows much more time to utilise the ICN auditing within your area to ask any burning questions!

References

Damani N. 1997 Manual of Infection Control Procedures. Oxford University Press. Oxford.
ICNA 2004 Audit Tools for Monitoring Infection Control Standards.

WHAT IS *Clostridium difficile*?



Waste Regulations?

Have you heard that from the 16 July 2005 there are new European Waste Management Regulations. Specific guidance for the NHS is expected in October of this year and will be included in De-Bugged. At the moment our contractors are establishing how the requirements affect them and are discussing with Estates any actions that need to be taken before the NHS guidance is available. To date advice is to:

- ☺ Ensure waste is appropriately segregated in to clinical and non clinical at all times
- ☺ Label bins appropriately to indicate contents
- ☺ Ensure clinical waste bins are rigid solid walled and foot-operated.

If you have been reading the papers or watching the news recently you may have seen reports of a 'new' superbug sweeping through our hospitals. This 'new' superbug is *Clostridium difficile* and has actually been around for many years. It is a bacterial infection that may cause diarrhoea by causing an imbalance of bacteria that are naturally found in the gut.

Often *C. difficile* is associated with antibiotics and it should be considered in anyone who develops diarrhoea after a course of antibiotics within the previous few weeks. In addition to the main symptom of diarrhoea, abdominal pain, fever and vomiting may also be present and symptoms range from mild diarrhoea which may resolve once the antibiotics are discontinued, through to severe colitis. Treatment is usually with two alternative antibiotics, Metronidazole or Vancomycin, which are known to be highly effective against *C. difficile*.



Large outbreaks have been described in hospitals, spread of infection from one person to another is possible in vulnerable groups who may be elderly or on antibiotics. Person to person contact is the main risk although the bacteria forms spores which enable it to survive for long periods in the environment, e.g. on floors, in dust and around toilets/commodos. Spread can be minimised in healthcare environments by isolation of patients, use of disposable aprons and gloves when carrying out direct patient care, rigorous cleaning and thorough hand hygiene.

Sensible use of antibiotics is the key to the prevention and control of *C. difficile* but staff must be aware of the enteric precautions required and the advice to be given to patients/visitors. More information may be found on page 25-F in the Infection Control Policies and Procedures Binder. Patient leaflets are also available contact Gail Preece on 01905 681531.

INDWELLING DEVICES

Did u know...

Health Care Associated Infection (HCAI) affects an estimated one in ten NHS hospital patients each year. The two strongest risk factors linked with HCAIs are the degree of underlying illness, which often

SINGLE USE OR RE-USABLE?

Have you ever looked at an item of equipment and wondered whether it is for single use only or could be used again? The quality of disposable instruments and supplies are excellent these days, so sometimes it is hard to tell! How do you know for sure? If an item is for single use only and should be disposed of afterwards, it will display the symbol shown opposite of a two with a cross through it. This



symbol will be on many items you regularly use including syringes, boxes of gloves, dressing packs, etc and it indicates that the item may only be used only once before disposal. It is essential that staff are aware whether equipment is single use, single patient use or re-usable.

If using re-usable equipment the manufacturer's guidance on decontamination must always be followed. Now you know what to look for!



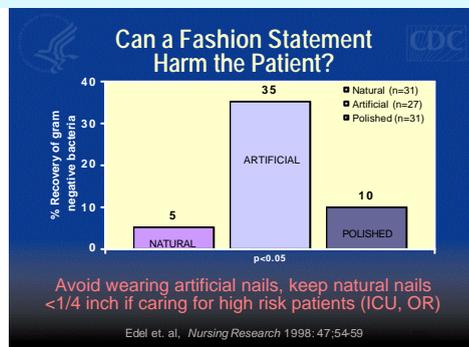
DO YOU KNOW WHAT TO DO IF YOU HAVE A SHARPS INJURY? Advice can be found in your Infection Control Policies and Procedures Binder – it is essential you know what action to take before it happens to you!

prolongs treatment and the use of medical devices. The commonest sites of HCAIs are urine, lung, wound and blood. Making sure that the correct technique is used when using indwelling devices is vital to reduce the risk of patients acquiring infection. 80% of urinary infections can be traced back to an indwelling urinary catheter. These infections arise because catheters traumatise the urethra as well as providing a pathway for bacteria and other organisms to enter the bladder. The longer a catheter is in place the higher the risk. Similarly, over 60% of blood infections are introduced by intravenous feeding lines, cannulae or similar devices. This

CAN A FASHION STATEMENT HARM THE PATIENT?

Written by Lorraine - Student Nurse on Placement with the Infection Control Nurses

Several studies have suggested that the current trend in nail extensions or nail technology has had significant implications in relation to Infection Control when delivering nursing care. The problems associated with this latest fashion accessory for the wearer include the possibility of developing fungal nail infections, infection of the skin at the base or side of the nail (paronychia), and sensitisation to the products used. The nail extensions may lift or loosen or puncture gloves or dressings increasing the risk of cross infection. The risk to patients is also associated with the difficulty in being able to effectively clean the nails when carrying out hand hygiene. Reports have suggested that there are



a higher proportion of residual gram negative bacteria in nail extensions after cleaning than in natural nails and also a higher bacterial load than in natural polished nails. Therefore, it stands to reason that the longer they are worn the more likely an increase in bacterial load and as these nails last for several weeks or

longer if maintained, it is not surprising that they have been linked to several outbreaks of infections. Consequently, studies have concluded that nail extensions are a potential reservoir of pathogens and as such pose a risk to patients and are incompatible with the delivery of quality healthcare.



is because micro-organisms on the patient's skin can gain entry to deeper tissues or the blood stream when a device is inserted into a vein.



STOP!
REMEMBER
USE ALCOHOL
GEL TO CLEANSE
YOUR HANDS IF
PHYSICALLY
CLEAN!!