



DE~BUGGED

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

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

BE IPC SMART Thanks©

To support staff in their consistent provision of clean, safe care, an A4 list which can be laminated and displayed has been drafted to provide standards to focus on at a glance.

These are available for inpatient and community settings and a version for General Practice and Nursing Home settings are both underway. If you think this would be useful to further enhance or promote infection prevention and control in your workplace, at a team meeting or as a resource for you and your team please contact us on 01386 502552 to arrange for a copy to be emailed or sent, you can also download from www.worcestershirehealth.nhs.uk. Make it a true team approach to consistent provision of clean, safe care by using these as prompts and reminders at team meetings or at focus group sessions.

Hand Hygiene and Personal Protective Equipment

- Undertake hand hygiene in accordance with the five moments.
- Carry personal issue alcohol hand gel.
- Challenge your colleagues to undertake hand hygiene and promote hand hygiene to patients.
- Hand wash sinks must only be used for hand washing.
- Always remember to cleanse hands following removal of any PPE.
- Ensure aprons, gloves and eye protection are all available and worn when indicated.

Box above shows information from inpatient BE IPC SMART

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If you require further information about any item in this newsletter please contact the Infection Prevention & Control Nurses on 01386 502552/32552



ENHANCE HAND HYGIENE



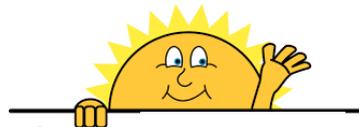
The problem with not cleansing your hands is that you then transfer micro-organisms some of which may cause infections, to everything you touch, ensuring that hand hygiene occurs at the right time is key in minimising infection. It is not just healthcare staff who need to undertake hand hygiene it is everybody, as healthcare staff we should actively consider how we can further promote hand hygiene to patients, visitors and carers. PDI have produced 'patient hand hygiene' cards indicating times when it is advisable for the patient to clean their hands. The card also provides information on the use of hand wipes, which are an easy method of achieving hand hygiene if the patient cannot access a hand wash sink. PDI produce two types of single patient wipes: Sani-Hands Wipes (maceratable) and Hygea Hand Wipes. If you would like information regarding either the 'patient hand hygiene' card or the wipes please contact the IPC team.



FLU VACCINES

DID YOU KNOW that frontline healthcare workers are more likely to be exposed to the influenza virus during winter months as it is likely they will have contact with patients who have influenza. It has been stated that a much higher proportion of healthcare workers contract flu compared to the general population. Having a flu vaccination reduces this risk considerably. In addition to vaccination being offered in NHS Trusts the Department of Health and Social Care (DHSC) has stated that homecare workers will be eligible for free flu vaccinations in England for 2018/19, as they were last year. The letter from Professor Dame Sally Davies, Chief Medical Officer, says: "NHS England will continue to make funding available in 2018/19 to support the vaccination of social care workers that offer direct patient/client care. This will supplement any schemes that employers have in place to offer the flu vaccination to their workforce..." **Remember prevent infection by vaccination...**

The sun is shining and it is hard to believe that we need to be planning



to prevent what we think of as winter infections but **NOROVIRUS CAN STILL PRESENT IN THE SUMMER...** Clusters of norovirus are still presenting in neighbouring counties and there is always a risk in community and healthcare settings. To keep your area safe please continue to discourage visitors who are or have been either unwell with diarrhoea and/or vomiting in the last 48 hours or have been caring for someone in the last 48 hours who has been symptomatic. It is also imperative that staff are aware of the need to remain vigilant when accepting admissions/transfers to ensure that they have asked questions relating to prevalence of symptoms within a ward/area and in the individual being transferred. **START PLANNING SO WE CAN BE FLU LESS THIS WINTER.** Last year we saw a number of cases of influenza and we now have an opportunity to plan within services actions we can take to minimise the impact of influenza. Think about vaccinations for your patients, residents and yourself... make sure you are aware of symptoms of influenza so you will promptly diagnose it and ensure that you know who is eligible for treatment with antivirals and how you access these in addition to the precautions you will put in place to minimise spread.



Please be alert in your workplace and 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.



URINALYSIS IN THE OLDER ADULT

Urinalysis is a simple method of monitoring a person's health status as the make-up of urine can change in response to illness. However, inappropriate dipstick testing can lead to over-diagnosis of UTIs, unnecessary prescribing of antibiotics which can result in medication-related complications such as antimicrobial resistance and *Clostridium difficile*.

What does a Positive Dipstick mean? The most significant markers of a UTI are leukocyte esterase and nitrite.

Positive for Leucocytes:

- Relies on the reaction of leukocyte esterase produced by neutrophils and a positive result suggests pyuria associated with a UTI.
- Shows the presence of white blood cells.
- Can be produced by the presence of bacteria (but may be contamination).
- Not always present when infection is present
- False positive results are common.



Positive for Nitrites:

- Breakdown of urinary nitrates to nitrites - not found in normal urine.
- Some bacteria can produce this reaction and a positive result suggests their presence.
- Bacteria maybe the cause of nitrites and leucocytes being present, however these alone do not mean an infection. Indirect indicators of the presence of bacteria (e.g. urinary nitrites) are likely to be much less valuable than urine culture. Accurate diagnosis requires the judgement of a combination of clinical signs and symptoms and a positive urine culture.

What does a Negative Dipstick mean?

- A negative dipstick result strongly suggests there is no UTI.
- A negative dipstick result is not always 100% reliable - suspect UTI if reliable symptoms are present.

What's the harm in doing a dipstick test?

- It is difficult to ignore a positive result.
- It can be difficult to assess an older person, therefore relying on the dipstick result may result in another diagnosis being missed.
- It can trigger antibiotics being prescribed when they may not be required.

Visit www.worcestershirehealth.nhs.uk and click on care homes and UTI to view guidance from Worcestershire CCGs on this topic.

Spotlight on: METRONIDAZOLE



Within the Worcestershire Primary Care Antibiotic Prescribing Guidance, metronidazole is recommended to treat dental abscesses and as a first line for mild/moderate *Clostridium difficile* and giardia. For most infections that are treated with metronidazole individuals will start to feel better in a few days but for some it may take longer. If it is being used to treat rosacea, it may take several weeks to notice a difference. The most common side effects of metronidazole are feeling sick, vomiting and diarrhoea and in some a slight metallic taste in your mouth. It is recommended that people taking this antibiotic do not drink alcohol whilst on treatment and for the two days following completion. Metronidazole comes in many different forms as a tablet, a suspension, a suppository, a gel or cream, in some instances it may also be given intravenously, method of administration will be based on infection and clinical presentation.

As well as sun cream... remember insect repellent as incidence of painful horsefly bites is expected to soar this summer. Sunny days are cause for celebration but they are good news for biting flies too. Horseflies are most active in the summer months and although known for biting horses, they also have a taste for human skin. Conservationists say they are seeing huge numbers of the blood-sucking insects this year and people are being bitten regularly. The insect bites can be painful and cause blistering or swelling, and bring the possibility of infection. Experts have provided their tips on how to avoid being bitten or what to do if a horsefly bites you – including using insect repellent, keeping the wound clean and applying a cold compress. Horsefly bites can cause more severe reactions than other types of insect because of the way people's immune systems react to proteins in the fly's body. They also release a chemical which stops the blood clotting so they can drink more, which contributes to the body's response. The bites can be slow to heal and have the potential to become infected.



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LOOK OUT FOR INFORMATION ON OUR ANNUAL CONFERENCE AND PRODUCT EXHIBITION FOR HEALTHCARE SUPPORT WORKERS ON 22ND OCTOBER 2018 AT CHARLES HASTINGS EDUCATION CENTRE.

WORKING WITH DOGS IN HEALTHCARE



The Royal College of Nursing (RCN) has highlighted a significant growth in the number of animals, particularly dogs, seen in healthcare settings due to their role in supporting people. This may be assistance dogs, including guide dogs, hearing dogs, medical alert dogs, autism assistance dogs, dogs supporting people with mental health issues or animal assisted intervention or visiting dogs which may be the patients' own pet.

Whilst acknowledging the benefits dogs bring to people, the RCN has recently published, 'Working with Dogs in Health Care Settings: a protocol to support organisations considering working with dogs in health care settings and allied health environments' (RCN 2018). This guidance is to ensure infection prevention and control (IPC) issues are addressed and allergy and health and safety concerns considered. Guidance states that:

- Both dog and handler must be up to date with routine vaccinations and the dog should be clean and well-groomed prior to visiting.
- The dog must not be allowed to lick anyone or sit fully on the bed, if placing paws on the bed this must be on a protective pad which is disposed of following each visit to avoid contamination from one patient to the next. In addition everyone must undertake hand hygiene following touching the dog.
- The dog must not be fed on raw food.
- Not visiting or seeking advice before visiting if either the owner or dog is unwell with a cold or cough, develops a skin condition or have diarrhoea or vomiting in the last 48 hours.
- If visiting a patient with a wound, the wound must be covered.

The document is available at www.rcn.org.uk or contact IPC team for advice.



Microbiologists revealed on Channel 4's Food Unwrapped how double dipping can spread bacteria very quickly as even a small amount of someone's saliva in a dip will allow bacteria and viruses to multiply.

