



# DE~BUGGED

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

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



## IPC ON THE INTERNET/INTRANET...

For over 10 years we have kept our website updated with useful information. Have you ever looked? Do you know how to access our website??? Pages include:

-  **Current Issues** what is new and what is happening...
-  **Policies, Procedures and Guidelines** all our current policies and procedures and our new "Guidance at a Glance" for CPE and influenza and "Quick Screening Guides" for MRSA and CPE can be accessed here.
-  **Norovirus** information on avoidance and guidance on care and management of those with viral gastro-enteritis.
-  **Study Days and Training, including workbooks** updated with all our upcoming Study Days and Link Nurse Sessions as well as providing access to workbooks on important IPC practices linked to hand hygiene, asepsis and catheter care as well as options for various staff groups to use as a mandatory update.
-  **Leaflets** many, many leaflets on so many infections which may be useful for both patients and staff.
-  **Audit Tools** for use in different settings, why not download one and check compliance in your workplace or team.
-  **Posters and Resources** all of our posters whether it is linked to Hand Hygiene, Waste, Decontamination, Infection Specific information, Promoting Safe Practices, Management of blood-borne contamination incidents and spillages.
-  **Further Web Links and Information** to support searches for key IPC topics.
-  **Newsletters** you're reading me!!!! All our De-Bugged Newsletters are here.
-  **Nursing/Care Homes** specific section for Nursing and Care Homes which is updated in conjunction with the CCG, there is all sorts of useful information.

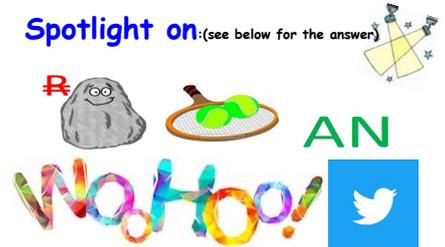
Have a look!!!! You can access us via the Trust Intranet A-Z, Infection Prevention and Control Service or via [www.worcestershirehealth.nhs.uk/infection-control-service](http://www.worcestershirehealth.nhs.uk/infection-control-service).

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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

Spotlight on: (see below for the answer)



Yes we are now on Twitter, you can follow us at [https://twitter.com/WHCT\\_Infection](https://twitter.com/WHCT_Infection) we will be using our account to highlight key messages, forthcoming events and promote clean safe care. Help us get to 100 followers and spread our IPC messages and information!

**Spotlight on: OCTENISAN** Did you manage to work out the antiseptic above... Octenisan is our main agent used for decolonisation of patients identified with Meticillin Resistant *Staphylococcus aureus* (MRSA) colonisation. It contains Octenidine, an antiseptic with no known resistance that is gentle on skin and has a residual 24 hour action following use. To ensure ease of application you can obtain this product as a liquid to use as a shower gel/liquid soap substitute, impregnated in wash mitts or shower hats. If a patient is prescribed Octenisan always spend time explaining why and also how to apply the Octenisan. Postcards detailing the method of application can be obtained from the IPCNs or you can take a look on YouTube at the Shülke uploads which detail method of application. The antiseptic should be used neat on wet skin like a shower gel, left in contact with the skin for one minute and then rinsed off. If bathing/showering is not possible then the antiseptic should be applied onto a wet body surface using a disposable cloth, left in contact with the skin for one minute and then rinsed off. Over the period of 5 days, 2 hair washes should occur on day 2 and day 4, using the Octenisan body wash or the Octenisan wash cap. To promote successful decolonisation, the following is recommended:

-  bath or shower daily using Octenisan for the five days (bed bath is satisfactory alternative).
-  wet skin and/or hair, apply an adequate amount of Octenisan and wash whole body and/or hair observing contact time of 1 minute.
-  pay particular attention to around the nostrils, axillae, navel, groins/perineum and feet. Rinse off thoroughly.

Please contact IPCNs if you require further information.



## INFECTION PREVENTION AND CONTROL CONFERENCE AND PRODUCT EXHIBITION

### OUR IPC JOURNEY

So hard to believe that this year will be our 20th conference and product exhibition. Join us on 9th May 2019 at Charles Hastings Education Centre to hear about your many IPC successes and plans for the future to further enhance provision of clean, safe care. Sessions will focus on diagnosis, care and management of infections as well as the latest on safe working practices and antimicrobial stewardship to ensure that we all take the necessary actions to minimise the spread of infection.

Look out for our invitation memos which will be distributed during February or just ring us to find out more information. There may be some of you who have attended all 19 previous conferences and for some it may be your first.... Join us for a full day of celebrations and understand just how far we have all come on our journey to ensure effective infection prevention and control is a fact and not just a phrase. It is something that relates to us all and must be practiced consistently everyone.



**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.**



## IGNAZ SEMMELWEIS

Did you know that a statue of Ignaz Semmelweis has been unveiled at the World Health Organisation this month to honour this pioneer of infection prevention and control. His observations on hand hygiene have had a huge impact on the consistent provision of clean safe care; Semmelweis was a Hungarian physician whose work demonstrated that hand-washing could drastically reduce the number of women dying after childbirth. This work took place in the 1840s at the maternity clinic of the Vienna General Hospital in Austria. It is easy now to just accept this

as we all now know how important it is to cleanse hands to prevent the spread of infection. **Why Can't We Say Goodbye to Missed Moments of Hand Hygiene?**

As healthcare staff we all know hand hygiene is essential and is one of the most effective ways of preventing the spread of infection. So then why is hand hygiene compliance still such an issue in healthcare? Having recently reflected on visits to healthcare settings with friends and family as a team we have between us seen a number of missed hand hygiene opportunities including but not limited to:

- ☞ in between patients when touching items/objects in their environment
- ☞ prior to or following touching a patient (this might be between patient observations, reviewing end of bed notes etc)
- ☞ following removal of personal protective equipment.

You could say that possibly there is a need for patients to challenge however not being the healthcare professional in this scenario makes it very difficult. This makes it all the more important for us as healthcare professionals to support each other to act in a manner that promotes consistent provision of clean, safe care and always think about what we would want to see occurring, possibly some of the opportunities above were not missed but hand hygiene was not seen.

It should be easier than ever for us to be fully compliant with hand hygiene requirements, we can refer to the World Health Organisation Five Moments for Hand Hygiene (WHO 2009), have designated hand wash facilities in healthcare settings, can access alcohol hand gel and skin cleansing wipes, are aware of the importance of being bare below the elbows and can access regular update sessions as well as self audit our practice.



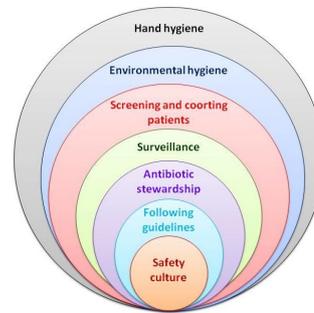
## MORE HANDS AND MORE CLEANING—KEY TO SUCCESS

*This Valentines Day why not pick an aspect of infection prevention and control to love... it could be a piece of equipment such as a commode, an article of personal protective equipment or it could even be your hands...*

This time of year, the common cold and many other pathogens are prevalent but there are precautions we can take to reduce our chances of contracting and spreading them. The best thing that we can do is to practice careful hygiene and caution with surfaces that we touch. Cleaning schedules and hand hygiene should be our two main actions. It is known that the human flu viruses can survive on surfaces for up to eight hours and we are aware that in favourable conditions, some bacteria like *E. coli*, can double in numbers every 20 minutes. This indicates that many items can become contaminated, it is interesting to think of items touched by many that may not be included in a cleaning programme. Items listed by the CDC in America as playing a part in the spread of infection include:

- ☞ Remote controls, phones, computers and tablets
- ☞ Door handles and light switches
- ☞ Fuel pumps
- ☞ Escalator handrails and lift buttons

Statistics on the germs that linger on these objects have been collated by the University of Arizona and one example of an everyday non healthcare item was fuel pumps... 71% were identified as colonised with winter infections, proving hand hygiene is key in prevention of infection.



## SEVEN STRATEGIES TO PREVENT INFECTION (Massimo Sartelli)

This should be an image that we can all identify with detailing key factors that are in place to promote infection prevention and control. These include ensuring that guidelines are used and advice sought to enhance clinical practice in infection prevention and control with prompt diagnosis and appropriate screening, prudent use of appropriate antimicrobial agents and ensuring that clinical practices are appropriate including cleaning, hand hygiene and use of standard precautions, but where indicated additional transmission based precautions are used to minimise spread. Check out your area...

## ANTIBIOTIC SURVEY 2019



On 28 January 2019, an ECDC-funded survey to assess healthcare workers' knowledge and perceptions about antibiotic use and resistance launched across Europe. Previous studies have mostly focused on the general public and medical students, highlighting a gap in the understanding of these topics by healthcare workers and by other health students. Following a process of validation and piloting across Europe, the survey is now available for completion. **The survey closes on 14 February 2019.** Click this link to access the English version: <https://surveys.phe.org.uk/TakeSurvey.aspx?SurveyID=9IKJ5585H>

The aim is to have a return of 10,000+ responses with representation from healthcare workers including doctors, nurses, midwives, dentists, pharmacists, clinical scientists, hospital managers, allied health professionals, nursing associates, technicians and healthcare students. The objectives of the study are:

- ☞ to gain a better understanding of knowledge and perceptions to provide a base to support future needs in terms of policy and education changes, and
- ☞ to fill gaps in terms of evaluation of communication campaigns targeting healthcare workers

Please cascade the link of the survey actively to relevant organisations and colleagues as well as healthcare students. If you are using social media please use #ECDCAntibioticSurvey.

## WINTER INFECTIONS INCLUDING VIRAL GASTROENTERITIS



It is important that we all do what we can to prevent the spread of infection. Guidance on influenza or viral gastroenteritis is available from IPCNs. The rhyme below provides some guidance for Trust staff who are off sick with diarrhoea and/or vomiting and think infection may be the cause of their symptoms.

**Irrespective of role, if you have D and V  
You must be 48 hours symptom free  
If infection is the cause of vomit or poo  
Colleagues will not thank you for using their loo.**

**When symptoms have ceased, remember this rhyme  
And plan your return for the right time  
Recording the 48 hours as medical exclusion  
Will bring your episode to its conclusion.**



Look out for our new 'Guidance at a Glance' for CPE and influenza in inpatient units.

Answers to frequently asked questions linked to the provision of care and treatment for patients who are being screened for or who are known to be colonised with CPE and also additional guidance for patients who we know or suspect to have influenza.