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

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

CALLING ALL HEALTHCARE SUPPORT WORKERS JOIN US ON THE ROAD TO IPC SUCCESS

Have you an interest in infection prevention and control and would like to enhance your knowledge and share key facts about IPC with your colleagues and patients/residents.... If so please join us on Wednesday 9th October 2019 at Charles Hastings Education Centre.

Plans for the day include the importance of mouthcare and it's role in minimising infection, importance of hydration, diagnosis and management of UTIs, including catheter care, sample collection, antibiotics and your role in stewardship. Fun sessions planned around audit and review of IPC and decontamination in addition to break out sessions in the afternoon exploring actions we can all take to prevent infection but in a new and novel way. If you are interested in hearing more or booking a place please contact us on 01386 502552 or 32552.



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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



We are on Twitter, follow us at 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 150 followers and spread our IPC messages and information!

SAFE BARBECUES

Just by spending a few extra minutes making sure food is prepared and stored correctly and cooked thoroughly could save days of stomach upset and misery. Research shows that food poisoning figures almost double in the summer months with the increase in alfresco eating. Tips to stay safe:

- Hand hygiene/Clean surfaces are key
- Light barbecues with sufficient time.
- Use separate utensils for raw and cooked food and always keep raw items separate from cooked.
- Keep food covered to prevent contamination and keep hot food hot and cold food cold.
- Turn food regularly when cooking and make sure meat is cooked thoroughly.



IT ALL STARTS WITH A GLASS OF WATER...

Staying hydrated is a simple way to help avoid infections and reduce use of antibiotics. Whether it is drinking water, eating fruit or vegetables with water content or snacking on jelly, preventing infections such as Urinary Tract Infections (UTI) by keeping hydrated avoids the need to prescribe antibiotics and reduces the risk of developing resistant infections. Did you know that adults should drink at least 1.5 litres of fluid every day. For people who are over the age of 65 it is known that they are at a greater risk of dehydration which can have harmful effects including increasing the risk of developing an infection. Consider ways to promote hydration to your patients but also don't forget about yourself, family and friends.



As well as sun cream... remember insect repellent as the 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 numbers of this blood-sucking insects appear to be increasing 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 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. The bites can be slow to heal and have the potential to become infected.



Have you an interest and passion for infection prevention and control (IPC) or want to know more?

Why don't you become one of our link staff?

You would act as a link between the IPC team and your clinical area; assisting in raising awareness and promoting best practice as a means of minimising the risk of infection and promoting clean safe care.

Don't just think you would be expected to fully understand this role as this comes with time and support from the IPC team. You would also be invited to regular training sessions with an aim of increasing your knowledge and understanding of IPC guiding you on ways to enhance the role and your impact. It would be good to have you as part of our link team – If you are interested contact us on 01386 502552 (32552).

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.



THE DOWNSIDE OF SUMMER

Public Health England (PHE) is reminding people to be 'tick aware' this summer. Ticks are small, spider-like creatures that feed on the blood of animals, including people. Their size varies depending on their development stage. Nymphs are about the size of a poppy seed, while adult ticks look more like tiny spiders. Ticks can survive in many places, but prefer moist areas with dense vegetation or long grass. The species most commonly found on people is *Ixodes ricinus*, more commonly known as the sheep or deer tick. They are usually found in woodlands, grassland, moorland, heathland and some urban parks and gardens. Ticks don't jump or fly, but wait until an animal or person brushes past to climb on. They then bite to attach to the skin and start to feed on the blood. It may take several days to complete their blood meal, before they drop off. Ticks can be found throughout the year, but are most active between spring and autumn. Ticks can transmit bacteria that cause diseases such as Lyme disease, which can lead to very serious conditions if left untreated. Symptoms of Lyme disease can include a circular rash, fatigue and muscle and joint pain. More serious conditions such as viral-like meningitis, facial palsy, nerve damage and arthritis can develop without treatment, so prevention and early detection are crucial. Lyme disease can be treated with a course of antibiotics.

GOOD PRACTICE—UTI DIAGNOSIS/MANAGEMENT

There is much new guidance linked to urinary tract infections, the list below represents a summary of key points to consider, from an IPC perspective we are looking at adding information into existing guidance and working through Trust guidance considering information from NICE and PHE to ensure we can enhance practice.

- ✎ Do NOT perform urine dipsticks in elderly (>65 years) to diagnose infection as this becomes unreliable with increasing age. Consider symptom presentation; if symptomatic and antibiotics indicated send a sample for culture.
- ✎ Do not treat asymptomatic bacteriuria in the elderly.
- ✎ Review urine culture to check sensitivities to antibiotics, suspected pyelonephritis or sepsis, suspected UTI in men, failed treatment/persistent symptoms recurrent UTI (2 in 6 months or 3 in 12 months in males & females).
- ✎ Don't send urine for clearance checks, review symptom presentation.

Men and Women with Catheters

- ✎ Do not treat asymptomatic bacteriuria in those with indwelling catheters, bacteriuria is common and does not mean antibiotics are required.
- ✎ Only send urine for culture in catheterised individuals if features of systemic infection, remember to check sensitivities. Always:
 - ✎ Exclude other sources of infection.
 - ✎ Check that the catheter is draining and is not blocked.
 - ✎ Consider need for continued catheterisation.



If the catheter has been in place for more than 7 days, consider changing it during antibiotic course. Do not give antibiotic prophylaxis for catheter changes unless history of symptomatic UTIs due to catheter change. Document actions in Urinary Catheter Passport.

ANTIBIOTIC GUARDIAN AWARDS...

Did you know that Worcestershire Health and Care Trust were shortlisted for the Antibiotic Guardian Awards earlier this year linked to infection prevention and control and antibiotic stewardship activities. This linked to the quarterly reviews which are undertaken across inpatient areas to review antibiotic usage. Key outcomes from this can be demonstrated by positive trends in assurance data available including reduced antibiotic use and appropriateness and compliance with guidance, all thoughts that staff should actively consider. From an infection control perspective, the adoption of a process at point of care cannot be underestimated as it has provided many opportunities to further promote stewardship and IPC at ward level and understand how compliance can be enhanced. The process has provided an opportunity to enhance compliance with prescribing guidance and documentation of reason for antibiotic by the prescriber on the medication chart, educate others on actions they can take to enhance stewardship and inform the development of tailored antibiotic frailty guidance for use in community inpatient settings.

Plans are in place to ensure that progress continues and one area currently being considered is additional guidance linked to urinary tract infections and processes to enhance specimen collection. Following shortlisting it is hoped that others will consider adopting the simple monitoring approach which would be easily transferable to care homes to enhance stewardship and monitor use of antibiotics.

REMINDER ALL CHANGE IN NAMES...



Reclassification of some of our well known micro-organisms as we know them is pending. Just when we have all got our heads round the names of our regular pathogens they are going to change. In support of this the microbiology lab will be reporting with new name and old name for a period of time... name changes to look out for include:

- ✎ *Clostridium difficile* will become *Clostridioides difficile*
- ✎ *Klebsiella pneumoniae* ATCC 700603 will become *Klebsiella quasipneumoniae*
- ✎ *Enterobacter aerogenes* will become *Klebsiella aerogenes* (AmpC+)
- ✎ The family of Enterobacteriaceae will become Enterobacterales which will include seven different groups one of which will be Enterobacteriaceae along with others.

Please don't worry about this as explanations will be included on reports, if you have any questions please contact the Infection Prevention and Control Nurses, these are not new infections just the old infections with new names.

INFLUENZA—THINK AHEAD

Hopefully you will have seen flu fighter posters within NHS settings or seen campaigns undertaken to date which set out to protect healthcare staff, patients and those who are increasingly vulnerable from flu. Yes it is the summer but please spend some time thinking about how you are going to promote flu vaccine to your patients and colleagues later this year. We need

to be prepared and it is never too early to plan. Flu causes fever, sore throat, muscle aches, headache and yes it can



prove fatal. Look after yourself and this year, please make time to promote the importance to your patients and also get your flu jab, think of it as a gift to yourself.

