



DE~BUGGED

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

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

A NEW YEAR—A TIME FOR IPC REVIEW

The beginning of a new year represents a fresh start and an opportunity to make resolutions to minimise the risk of infection. Your skin acts as a natural barrier against harmful microbes that cause infections, but smart “bugs” have found alternative routes to get into your body and cause infection.

By taking and promoting to others a few simple actions, you can easily prevent the spread of many infectious diseases. The list below has some ideas

Promote hand hygiene Hand hygiene whether this is washing, using wipes or if hands are visibly clean and you have not been in contact with diarrhoea and/or vomiting using alcohol hand gel is the single most important action to prevent infection

Cover your mouth when you cough or sneeze and promote to others Coughing or sneezing can spread infection by aerosols. The current recommendation is to cover your mouth with your arm, sleeve, or crook of the elbow, rather than using your hands.

Promote and accept vaccination Our immune system is designed to have a “memory” of previous infections, vaccination ‘tricks’ the body into thinking that it has been infected by a particular microbe, enhancing it’s own defences against subsequent infection.

Remember the importance of food hygiene Food-borne illnesses frequently arise from poor food preparation and dining habits, many of these are preventable.

Be a smart traveller Infectious diseases can be picked up whilst traveling, make sure you are aware of any risks in the areas you are visiting and are properly prepared.

Practice safe sex. Sexually transmitted diseases are probably the most easily preventable infectious disease. By being smart about safe sex, transfer of infections from one person to another can be prevented.

Exercise caution with animals. Infections that can spread from animals to people are ‘zoonotic diseases’. Ensure that any pets are in good health and hand hygiene occurs after contact.

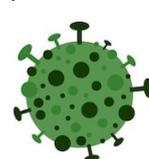
Watch the news. A good understanding of current events can help us make wise decisions, whether this is about where we go, what we do or what we eat.

With Best Wishes for an Infection Free 2020! From the IPC Nurses.

WUHAN NOVEL CORONAVIRUS (WN-COV)

A coronavirus is a common virus that in humans can cause respiratory infections, these are typically mild and include the common cold however some rarer forms of coronaviruses are serious. Over 800 people died from Middle East Respiratory Syndrome (MERS), this first appeared in 2012 in Saudi Arabia and then in other countries in the Middle East, Africa, Asia, and Europe. In 2003, over 750 people died from a severe acute respiratory syndrome (SARS) outbreak. As of 2015, there were no further reports of cases of SARS globally.

This month, following a December 2019 outbreak in China, the World Health Organisation has identified a new coronavirus-Wuhan Novel Coronavirus (WN-CoV). This is a new respiratory illness that has not previously been seen in humans. Outbreaks of novel virus infections among people are always of public health concern. The risk from these outbreaks depends on the characteristics of the virus, including whether and how well it spreads between people, the severity of the resulting illness and the medical or other measures available to manage the impact of the infection. As this situation is so new, many of these facts are evolving on a day by day basis. Within the Trust, [Interim IPC Guidance at a Glance for Wuhan Novel Coronavirus](#) is available for staff to refer to on www.worcestershirehealth.nhs.uk under infection control and policies. General information about the virus and current situation can also be accessed on www.gov.uk.



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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



Please give us a follow on Twitter, [WHCT_Infection](#) we will be using our account to highlight key messages, forthcoming events and promote clean safe care. Help us get to 250 followers and spread our IPC messages and information! Look out for our spotlight on Antibiotics during Antibiotic Awareness Week in November.



DATES FOR YOUR DIARY

- Link Event for Nursing Homes**
26th February 2020 Ectoparasites and Pets
- Update Session for staff in General Practice**
'Focus On' 18th February 2020.
- Main Conference and Product Exhibition for Qualified Clinical Staff at Charles Hastings Education Centre**
20th May 2020

In addition to planned updates we are always happy to attend your workplace and provide update sessions to small groups of staff. If you are interested in attending one of the above sessions, would like to arrange an update for your workplace or have an interest in infection prevention and control and would like to know more please contact us on 01386 502552.



Please be alert in your workplace and ensure consistent provision of clean, safe care and minimising infection 100% of the time.

RESPIRATORY ETIQUETTE SO IMPORTANT

In the winter months coughs and colds are a common problem many caused by respiratory viruses: RSV - respiratory syncytial virus is one such infection which can cause cold symptoms in adults and very commonly children, almost all children will have had RSV by the age of 2 years old. For vulnerable groups, RSV can sometimes lead to bronchiolitis or pneumonia and significant respiratory symptoms in those who are immunocompromised or with underlying heart or lung conditions. There is no antibiotic treatments for RSV or other viruses, it is supportive treatment e.g. plenty of rest, plenty of fluids and over the counter pain relief if appropriate e.g. paracetamol. Points for good practice to reduce infection spread include:

- ✎ Covering coughs and sneezes with a tissue or cough/sneeze into your elbow.
- ✎ Cleansing hands regularly.
- ✎ Regular cleaning of surfaces that are likely to get contaminated e.g. phones, touch surfaces etc.
- ✎ Staying at home if unwell.



These points for good practice apply to many respiratory infections particularly also flu. It's not too late to vaccinate and in FLU-ence others to do the same, if we can reduce circulating respiratory viruses we help to protect ourselves and others too.



LET'S TALK ABOUT MOUTHCARE

Mouth care can be seen as a 'basic task' and an 'easily delegated' role within the healthcare setting, however evidence shows that a person's oral health can deteriorate rapidly during admission to a hospital or Care Home. In 2015 Health Education England launched the Mouth Care Matters program, with the aim to promote and provide better mouth care within the healthcare setting, this was due to issues that were highlighted following a review. Issues included; lack of oral health care plans, lack of staff time and insufficient training for staff, which were found to contribute towards poor oral health. Trials within hospital settings have evidenced a massive reduction in hospital acquired pneumonias where mouth care has been mandatory twice daily. Not only reducing the number of hospital acquired infections, but also improving the overall nutritional intake of the person.

For those patients that are unable to undertake mouth care, an alternative product called Moutheze is available, eliminating the discomfort that can be caused through using a regular tooth brush. Keep an eye out for the pilot study on an Oral Health Care Plan within the Trust, this will be in use within inpatient areas. The idea is to ensure that an oral healthcare plan will be not only undertaken but monitored and recorded daily, providing a quick and easy tool to help promptly diagnose/prevent oral healthcare conditions. There is a Mouth Care Matters Regional Development Day on Thursday 2nd April 2020 1000-1600hrs at Birmingham Dental Hospital exploring why and how to implement the Mouth Care Matters programme. More information can be found at www.bit.ly/mouthcarematters.



Did you know? Meropenem is in the class of antibiotics called Carbapenems, these are very broad spectrum antibiotics often reserved for last line of treatment in many difficult to treat gram-negative infections. Unfortunately there are now bacteria such as Carbapenemase Producing Enterobacteriaceae (CPE) that are resistant to meropenem, making them very difficult to treat. By 2050 it is estimated that deaths due to antibiotic resistance will be greater than deaths due to cancer and road traffic accidents combined! Using antibiotics only when needed, at the right dose and duration can help reduce this major public health threat.



SPOTLIGHT ON URINARY CATHETERS AHEAD OF PLANNED INPATIENT REVIEW...

Patients with an invasive device such as a urinary catheter are at a higher risk of developing an infection. Catheter associated urinary tract infections account for a possible 75% of all urinary tract infections acquired within the hospital setting. Prompt removal of the device is always promoted when no longer deemed necessary. With the annual eight week catheter audit about to commence, here are just a few things to remember:

- ✎ Always gain and document consent when carrying out catheter care.
- ✎ Document choice of catheter and size – what's appropriate for the patient.
- ✎ Ensure appropriate catheter care procedures are undertaken using correct techniques.
- ✎ Urinary Catheter passport – should be completed and given to the patient.
- ✎ Completion of Urinary Catheter Care Plan on Carenotes.
- ✎ If a CSU is required, this should be collected via the needle free access port using the Urine Monovette device.
- ✎ Continue daily reviews and monitoring of the catheter to establish if it is still required.



UPDATE ON URINARY TRACT INFECTIONS (UTIs)



UTIs can affect different parts of the urinary tract including the bladder, urethra, ureters and kidneys. It is important to remember that UTIs are often caused by bacteria entering the body through the urethra, particularly in older age groups with more females than males affected. Additionally when catheters are in place, the presence of bacteria in urine becomes inevitable.

Within healthcare, infections can lead to delayed discharges, further treatment, as well as having an impact on the overall health and wellbeing of individuals. During a point prevalence survey in hospitals and long term care facilities UTIs were noted to be one of the most common infections. UTIs do not always need treatment with antibiotics and can at times be successfully treated with good hydration, analgesia and rest. Accurate diagnosis of a UTI or catheter-associated UTI (CAUTI) is important to prevent the use of unnecessary treatment with antibiotics. An accurate diagnosis of a UTI should be a combination of clinical judgement based on signs and symptoms and a positive urine culture. Carrying out a urinalysis to identify a UTI can be misleading particularly on over 65's as up to half of older adults and most people with a catheter will have bacteria in the urine without any signs or symptoms of infection. Signs or symptoms of a UTI can include frequency, abdominal pain, offensive smelling urine and being generally unwell. In the older age group, changes in behaviour like confusion or agitation may be apparent.

On www.worcestershirehealth.nhs.uk resources linked to UTI diagnosis are available in addition to the Worcestershire Guidelines for Primary Care Antimicrobial Prescribing Guidelines (under policies). The prescribing guidance will provide information on antibiotic options but there is a need to review sensitivities from the sample result as well to ensure effective antibiotic treatment for the best outcome. Remember preventing dehydration has a lot of other benefits for health one of which is to reduce the number of UTIs.