



DE~BUGGED

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

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



RESPIRATORY INFECTIONS: WINTER WOES AND SPRING SURPRISES

As we are still in the winter months as Spring starts on the 1st March, respiratory infections are still circulating alongside COVID-19! As guidance around COVID-19 is rapidly changing for the general public, as healthcare workers or staff working within the healthcare environment, we must continue to follow the guidance specific to the setting we are in. Other respiratory infections can cause difficulties and problems particularly for susceptible individuals who have underlying conditions predisposing them to infection. Respiratory tract infections refers to any of a number of infectious diseases involving the respiratory tract. They are divided into two types: *Upper respiratory tract infection (URTRI)* and *lower respiratory tract infection (LRTI)*. Upper Respiratory Tract Infections (URTI) tend to be acute infections involving the nose, sinuses, pharynx or larynx and commonly includes pharyngitis, laryngitis, sinusitis, otitis media and common colds all of which can be unpleasant and cause similar symptoms to each other. There can be a number of viruses responsible for colds and other upper respiratory tract infections. Rhinovirus is the most common virus causing colds and tends to be responsible for 10-40% of these. Many URIs generally do not cause significant morbidity and mortality in healthy individuals. However some can also cause LRTI as well as secondary bacterial infections. Some can also cause significant infection in immunocompromised individuals. Colds are one of the most common infectious diseases. On average, adults can experience 2-4 episodes per year, children 5-7. Seasonal patterns generally occur; in the Autumn/Winter – Flu, RSV and Coronaviruses tend to be common. Then in Spring rhinoviruses (most significant), enteroviruses and adenoviruses start to circulate. A lower respiratory tract infection affects the lower airways, such as with bronchitis, or the air sacs (alveoli) at the end of the airways, as in the case of pneumonia and therefore can also be serious particularly if an individual falls into a vulnerable category or already has an underlying respiratory condition. Some infections can affect both the upper and lower respiratory tract as is the case in COVID-19 or influenza, or a person could develop a secondary bacterial infection following a virus. It is important to maintain key IPC principles of hand hygiene, decontamination, PPE and screening and isolation, both for staff and patients in line with the current guidance to minimise the risks that still challenge us with COVID-19 and secondarily note the reduction these practices have on other respiratory infections.

VISIT WWW.WORCESTERSHIREHEALTH.NHS.UK

For over 12 years we have kept our website updated with useful information. Have you ever looked? Do you know how to access our website??? Pages include:

-  **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 for those with viral gastro-enteritis.
-  **Training, including workbooks** find out how to access workbooks on important IPC practices linked to hand hygiene, asepsis, catheter care and stewardship 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 checkout IPC standards.
-  **Posters and Resources** all of our posters whether it is linked to Hand Hygiene, Waste, Decontamination, Infection Specific information, Promoting Safe Practices, Management of bloodborne contamination incidents and spillages.
-  **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.
-  **Further Web Links and Information** to support searches for key IPC topics.
-  **Newsletters** you're reading me!!!! All our De-Bugged Newsletters are here. Have a look!!!! 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

Please give us a follow on
TWITTER [WHCT_infection](https://twitter.com/WHCT_infection)

VIRAL GASTRO-ENTERITIS



Clusters of cases of viral gastro-enteritis are appearing in community and healthcare settings. It is 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 including whether they have previously been positive.** Remember for staff who present with symptoms and infection cannot be excluded they need to be 48 hours symptom free before returning to work. Please ask these questions for all transfers or admissions and do not rely on others to provide the information. **Contact Infection Prevention and Control Nurses for advice.**

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.

A big welcome to Jeanette the newest nurse to the team, these are her observations in the first month of being with us...

LOVE THEM OR HATE THEM THEY ARE NOW A PART OF LIFE



But are we using them correctly? Single Use, shouldn't be reused, put in a pocket or thrown on the car dashboard ready for next time. Everyone has by now found the most comfortable way to fit their mask, take time to adjust the metal strip across the bridge of your nose and remember once applied, avoid touching the mask. If you need to expose your mouth undo from one side hold in front of you then replace without touching the front of the mask or your face. Do not pull down under your chin and always keep over your nose. When removing or replacing masks, take off from the loops and put straight into an appropriate bin. Then of course whatever you do – do not forget the Infection Prevention and Control mantra "Wash or gel your hands" pre and post procedure.

I sat in on a Webex meeting recently, there were approximately 20 people taking part, some in twos and threes, others on their own; Masks were worn appropriately (if more than one person in the room). Observing participants I was aware that the "unmasked" would touch their mouths/noses/eyes/ears 3 to 4 times more than those wearing a mask. Yes no one was actually in a clinical environment (all as far as I could see were in an office) and no I hadn't seen them wash or gel hands prior to, or after the meeting. It was just an observation, that a simple mask can be a deterrent in reducing the risk of unconsciously passing organisms into our own bodies and of course on to the next person.

HANDS UP IF YOU KNOW YOUR



Hand hygiene is one of the most important procedures for preventing the spread of infection, don't overlook how this simple task prevents the spread of infection. Did you know...

- 👉 All staff should ensure that they update themselves on hand hygiene and aware of the five moment for hand hygiene (opportunities where hand hygiene is required). Did you know the time that most people forget about is when they remove gloves.... Gloves are worn to protect the wearer from contamination, they are not designed to be worn all of the time, just when you carry out a task where they are indicated, they should then be removed carefully to avoid contamination of the hands and had hygiene undertaken. NEVER decontaminate gloves, always removed cleanse hands and replace.
- 👉 Look after your colleagues and prompt each other to undertake hand hygiene, it is essential that everyone takes responsibility to ensure that the care provided is carried out in a safe manner.
- 👉 It is best practice to be 'Bare Below the Elbows' to facilitate effective hand hygiene when delivering direct care.
- 👉 Use liquid soap, warm running water and paper towels, for routine handwashing.
- 👉 Alcohol based handrub is an effective alternative to handwashing and is useful when there is a need for rapid hand disinfection. It is not effective if hands are visibly dirty or soiled, or when caring for people with vomiting and/or diarrhoea, including *Clostridioides difficile*.
- 👉 An antimicrobial solution should be used prior to an invasive procedure. With a proper technique.
- 👉 All staff should know when to wash their hands and have an appropriate poster displayed in their workplace to promote hand hygiene,
- 👉 Hand hygiene is important **before** putting on and **after** removal of each item of personal protective equipment.
- 👉 It is recommended that, for assurance purposes, you undertake regular reviews to monitor compliance with hand hygiene practices, visit www.worcestershirehealth.nhs.uk and review IPC audit tools and Section A1 of the guidance document for further information.

Roses are Red Violets are Blue

Hand hygiene is simple BUT It's down to you

CORONAVIRUS Always consider but don't dismiss other infections. Remember protect yourself and others.



PLEASE WEAR YOUR PPE PROPERLY

Personal Protective Equipment (PPE) is designed to protect you from harmful substances such as chemicals or infectious agents. In a pandemic situation, it can also help prevent the transmission of infection between staff, between staff and patients and between patients. PPE is however just one measure within the hierarchy of controls used in the workplace. The type of PPE you need will depend on a risk assessment which will consider the environment you work in and the procedures you carry out. PPE is only good at protecting if it is worn appropriately. So:

- 👉 IIR masks are designed to cover the nose and mouth, do not touch the front and change them when moist, damaged, distorted or contaminated and do this in a safe area, distanced from others. IIR masks are not chin warmers, bracelets or designed to be nose exposers....
- 👉 Visors are designed to protect your face and eyes (and IIR mask) from contamination. Please store them appropriately, clean them appropriately and dispose of them in accordance with Trust guidance. They are not designed to be worn on the shoulder.
- 👉 Undertaking AGPs make sure you have the right PPE, require fit testing then please contact the IPC Team.
- 👉 Gloves and aprons are patient and task specific, remove your PPE in the correct order, always gloves first followed by your apron, don't forget hand hygiene.
- 👉 Together let's keep each other safe and protected.

Remember out of hours urgent advice is available from the on call medical microbiologist via switchboard at either Worcestershire Royal Hospital or the Alexandra Hospital Redditch.



TOP TIP



As it is often not possible to tell who has or is carrying an infection, it is essential that all staff apply safe systems of working at every opportunity and consistently implement IPC standards as per national guidance.

Don't forget to visit www.worcestershirehealth.nhs.uk for all resources linked to infection prevention and control!