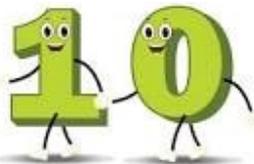




# DE~BUGGED

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

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



## MAKE INFECTION PREVENTION YOUR INTENTION... 100% OF THE TIME

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There are many actions you can take to enhance IPC but here are the top ten to countdown on for your practice and ensure you and your colleagues are aware of some of the key actions you can take to reduce the risk of infection.

- 1. Always practice good hand hygiene** Use the 'Your 5 moments for hand hygiene' and perform hand hygiene appropriately for every care intervention, remember always hand hygiene following removal of gloves.
- 2. Stay home if you are ill** Help prevent the spread of infections such as viral gastroenteritis by making sensible decisions about when you are not well enough to work.
- 3. Know if antibiotics are appropriate** Ensure antibiotics are prescribed appropriately, consider physical symptoms, test results and follow local guidelines. Educate your patients on antibiotic stewardship and encourage them to take prescribed antibiotics correctly.
- 4. Provide patients and visitors with advice** Infection prevention and control is everyone's responsibility, including patients. Share your knowledge with patients and visitors to reduce the risk of infection by displaying infection prevention advice posters and information e.g. 'Hand washing guide' poster at hand wash basins and 'Respiratory and cough hygiene Poster' in public areas.
- 5. Use personal protective equipment (PPE)** PPE should be used when caring for patients with a confirmed or suspected infection or when there is a risk of exposure to blood and/or body fluids, cleaning equipment or the environment
- 6. Keep your vaccinations up to date** Staff and patients should be up-to-date with their routine vaccinations, COVID-19 and flu. Having an annual flu jab helps protect staff, patients and families from influenza. Don't forget to book your **COVID-19 booster and flu jab.**
- 7. Use an aseptic technique** where this is indicated.
- 8. Use natural and artificial ventilation** All enclosed workplaces must be ventilated by natural or artificial means. Consider improving ventilation by opening windows.
- 9. Keep the environment and care equipment clean** An unclean environment or piece of care equipment increases the risk of infection, reusable care equipment must be cleaned between each patient use. If the environment or equipment is not decontaminated properly it can spread infection to patients, staff and visitors. Ensuring the environment is free from clutter and damage, will enhance ease of effective cleaning.
- 10. Know how to access IPC advice and the assurance you have for IPC practices within your setting,** spend time discussing IPC with your colleagues to share knowledge, concerns and any new practices.

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, 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 increase our followers and spread our IPC messages and information!



**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.

## NEWS FLASH BUGS IN THE NEWS REVISITED

Last issue we discussed that a diagnosis had been made in England in a patient who had recently travelled to Nigeria, where they were believed to have caught Monkeypox before coming to the UK. **Monkeypox** is a rare viral infection from which most people recover in a few weeks, it does not spread easily between people and the risk to the wider public are very low. Much has moved on since this time, there is specific guidance around IPC linked to monkeypox and definitions to support appropriate triage of patients. Initial symptoms of monkeypox include fever, headache, muscle aches, backache, swollen lymph nodes, chills and exhaustion. A rash can develop, often beginning on the face, then spreading to other parts of the body. The rash changes and goes through different stages before finally forming a scab, which later falls off. It can be spread when someone is in close contact with an infected person. The virus can enter the body through broken skin, the respiratory tract or through the eyes, nose or mouth and is spread by contact with infected animals such as monkeys, rats and squirrels or by virus contaminated objects, such as bedding and clothing. Within England we have had a total of 3103 cases at time of writing, the good news is that there is a decline in daily case numbers. More information on cases, triage questions and case data is available on gov.uk website.

## UNIVERSAL MASK WEARING...

Over the winter months guidance is likely to change on whether masks are required or levels of COVID-19 and other respiratory infections are low enough to support the option to not routinely mask within healthcare settings. At the moment any decisions to not wear masks will be a pause to universal mask wearing. Love them or hate them they are likely to be here for a while. Protecting from some infections by covering your nose and mouth but also more importantly preventing you from touching your face with contaminated hands. Remember over the nose is where it goes, under the chin is where it should begin. Please follow the guidance to protect yourself and others.



**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.**



## COOK YOUR FOOD TOO QUICK... YOU MAY GET SICK

As people are out enjoying the warm weather and sunshine with barbecues and alfresco dining the change to food preparation particularly with chicken can cause health issues for individuals which can have unpleasant implications. *Campylobacter* is one of several infections associated with food poisoning. Issues with the preparation and cooking of chicken is a common risk for this infection. It is important that the preparation and storage of raw chicken does not cause contamination to the environment and subsequently other food prepared within the same area. Raw chicken should be stored carefully wrapped in the fridge which should be 5°C or below ensuring that no other items are contaminated. Preparation should occur ensuring that the chicken meat or juices do not contaminate the environment or equipment to be used with other foods. When cooked, chicken should be hot, not pink inside and with clear juices running from it. Foodborne illnesses can have a significant health impact with roughly 2.4 million cases of infection in 2018 in the UK (Food Standards Agency 2020). A proportion of these cases will end up requiring hospital or antibiotic treatment based on the type of infection acquired. Within the same report *Campylobacter* ranked as the most common infection requiring healthcare intervention. It can be characterised by diarrhoea, malaise, fever, nausea and vomiting. Therefore, if a patient has gastrointestinal symptoms, a medical and medication review is required to aim to identify the cause. A stool sample should be obtained and sent to the laboratory with a microscopy, culture and sensitivity test assisting with diagnosis of this infection. Putting clinical details on the request form is also very helpful for the laboratory staff. Therefore, ensure that when sending a stool sample to the laboratory the appropriate tests are requested on ICE with management of the patient appropriately within the healthcare environment to minimise any potential risks to others while awaiting a diagnosis. Sometimes *Campylobacter* requires treatment with clarithromycin if an individual is unwell, refer to the Primary Care Antimicrobial Prescribing Guidelines. If a patient presents with loose stools consider these points: isolate, review, sample, diagnose, manage and monitor to ensure a safe recovery from infection.

## CLOSTRIDIODES DIFFICILE—IN YOUR SIGHT

Currently we are seeing an increase in cases of *Clostridioides difficile* associated diarrhoea. The SIGHT mnemonic supports our actions and is an easy way to remember management.

**S** for suspect that diarrhoea may have an infectious cause.

**I** for isolate the patient

**G** for gloves, apron, visor and mask so the PPE you require to do the task

**H** for hand hygiene, don't forget with C diff or any form of diarrhoea hand washing is always promoted.

**T** for test, if someone has type five stool, this is stool that will take on the shape of the container then a sample should be sent and tested so we can ensure prompt appropriate treatment and management. If the result is positive for C diff then the standard treatment is now vancomycin 125mg QDS for 10-14 days. If you have a minute visit the up dated prescribing guidance on [www.worcestershirehealth.nhs.uk](http://www.worcestershirehealth.nhs.uk).

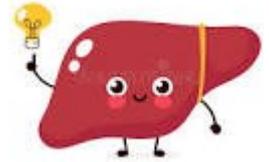


The IPC Team are promoting their **BE SMART** resource to ensure we all remain on track with IPC practices, precautions and management, it can be used as a checklist to review standards and promotes a fresh eyes concept. Copies of this resource are available for inpatient and community teams... interested please contact us for a copy. Knowing IPC practices within a setting is essential and ensure there is an awareness of risks and practices that can be improved is also key, if you are interested in undertaking an audit in your setting please contact the IPC team for advice on the best audit tool or review process for your setting.

## HEPATITIS A HOT TOPIC

This year there has been media coverage with regards to hepatitis cases rising among young children aged 10 and under since January 2022. Hepatitis is a term used to describe inflammation of the liver and it can have a bacterial or viral cause or be linked to specific medical conditions. Viral infections such as Hepatitis B and C spread from blood and then Hepatitis A and E are spread by the faecal oral route. The current cases in children are being investigated with a possible underlying viral cause being the source of the illness. Some people who have hepatitis are not aware as they do not develop symptoms. If symptoms do develop, they can include:

-  abdominal pain
-  temperature
-  loss of appetite
-  feeling nauseated or vomiting
-  muscle or joint pain
-  feeling unusually tired or unwell
-  dark urine, pale, grey-coloured faeces
-  itchy skin
-  jaundice



Hepatitis infections may be acute and short lived or they may become chronic infections, this depends on the type of hepatitis the individual is infected with. Long term complications can occur based on the type of hepatitis, the individual and their behaviours. For the liver, this can include fibrosis, cirrhosis, loss of function, and cancer. The impact for the individual can be significant and it is important that appropriate treatment is provided. Healthcare workers must also be alert to the potential risks of transmission for certain types of hepatitis which are commonly identified by a letter e.g. hepatitis B. It is important where an individual is identified with hepatitis that the healthcare worker is aware of the type of hepatitis and if it is a new or chronic infection and the mode of spread for the infection. For some types of hepatitis, vaccinations are available. In healthcare where there is a risk of exposure to blood and body fluids, staff are advised to have a hepatitis B vaccination. However, there are no vaccinations for some other types of hepatitis which can also be spread through blood and body fluid exposure. Within healthcare hepatitis C is the other main cause for concern due to its lack of vaccination protection. Therefore, when working in healthcare settings it is important to remember the key steps to protect against exposure to blood and body fluids where this could occur, as well as what to do if an exposure occurs e.g. a sharps/splash incident, as well as management of blood and body spills. Think PPE including eye protection, good sharps practice, first aid and follow up after an incident and cleaning and disinfection if an incident occurs. Remember many individuals will not be aware they have a blood borne virus therefore by implementing standard infection control precautions we can protect ourselves and each other.

## GLOVES AND THE PLANET...

A new resource linked to appropriate use of non sterile disposable gloves has been launched by the RCN. This compliments their existing skin health and glove awareness resources supporting hand hygiene. The resource considers:

-  The principles and practice of glove use — why and when to wear gloves, donning and removing and contamination transfer.
-  How to make one change to make your own glove use more sustainable.
-  Key information and resources to help users recognise and understand skin health issues.

There is a Massive Open Online Course (MOOC) planned which will be free to access and designed for all staff and care settings. This is an opportunity to consider the importance of appropriate glove use as well as how overuse can lead to damage to hands and reduce hand hygiene. Remember that by protecting your hands, you can also play our part in protecting our planet.



Don't forget to visit [www.worcestershirehealth.nhs.uk](http://www.worcestershirehealth.nhs.uk) for all resources linked to infection prevention and control!