



DE~BUGGED

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

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

INFECTION RISK ASSESSMENTS BLACK OR WHITE ?

Risk assessments are the processes we use to identify what risks are present to patients and from patients to staff, visitors and carers. It also includes the things we do to control those risks, remember we are all aiming for the same goal of clean, safe care and there will be a number of options to work through and consider. In IPC there are two assessments:



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If you require further information about any item in this newsletter please contact the Infection Prevention & Control Nurses on 01386 502552/832552

☞ For the patient – if an organism is detected on testing what risk does it pose, can the risk of harm be minimised.

☞ For other patients, staff and families – what does identification of an organism mean for others, what counts as an exposure, what would the clinical consequences of acquisition mean for those exposed?

What should we all consider when undertaking an IPC risk assessment...

☞ Routes of transmission—how do infections spread this could be direct from one person to another, in the air, through water, on surfaces, via food....

☞ Patient burden—when someone has a micro-organism either colonising or causing infection how infectious are they? Remember viruses are usually present in greater quantities than bacteria.

☞ Survival in the environment—how long will the micro-organism survive on surfaces, in the air, in water...

☞ The infectious dose – how much exposure is needed to cause infection.

☞ The consequence-colonised or infected, does the infection always cause harm, will it clear...

☞ Patient susceptibility – is the patient immune so vaccination or prior infection or are they more at risk if they get infected because they are immunocompromised?

☞ Endogenous or exogenous infection, does the micro-organism spread from one site to another in the same patient i.e. from your nose where it does no harm to a surgical wound or will it/has it spread to/ from others.

☞ What is the routine screening in place to minimise the risk and what other mitigating measures such as use of PPE, hand hygiene, ventilation, distancing or cleaning are undertaken.

☞ How vigilant are we for signs and symptoms of infection to ensure prompt identification?

Risk assessments underpin all IPC activities and every scenario includes different exposures, different organisms and different patients all of which will impact on the risk assessment. No two scenarios are ever the same and so no two risk assessments will be identical, our knowledge of infections develops and so comparison is not appropriate as the needs of the patient population or risks involved are unlikely to be identical. Remember risk assessments change as scenarios change, they change as more information becomes available. This isn't a failing, it is responding to situations and knowledge and is a strength; IPC is not black and white it has many shades of grey to ensure consistent provision of clean safe care.

We are on Twitter, you can 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.

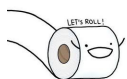


Help us increase our followers and spread our IPC messages and information!

Have you ever thought that you use your hands more than anything else when coming into contact with the world: **What is your "typical day" like from your hands point of view?** How can we minimise some of the risks and also ensure that we continue to consistently promote clean, safe healthcare?



WATCH OUT FOR VIRAL GASTRO-ENTERITIS



Clusters of norovirus are starting to present and there is always a risk of outbreaks and periods of increased incidence in our healthcare settings over the winter months. To keep your area safe please continue to discourage visitors who are or have been either unwell with diarrhoea and/or vomiting in the last 48 hours or have been caring for someone in the last 48 hours who has been symptomatic. Please remain vigilant when accepting admissions/transfers to ensure that questions relating to prevalence of symptoms within a ward/area and in the individual being transferred have been checked. The quicker possible issues are identified and precautions implemented the quicker cases will resolve. If you have any concerns linked to diagnosis, care or management of patients with possible viral gastro-enteritis please contact the IPCNs for advice.

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. You would also be invited to regular training sessions with an aim of increasing your knowledge and understanding of IPC. It would be good to have you as part of our link team – If you are interested contact us on 01386 502552.



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.

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Our Time with Antibiotics

Each November, World Antibiotic Awareness Week (WAAW) aims to increase global awareness of antibiotic resistance and to encourage best practices among the general public, health workers and policy makers to avoid the further emergence and spread of antibiotic resistance. Since their discovery, antibiotics have served as the cornerstone of modern medicine. However, the persistent overuse and misuse of antibiotics in human and animal health have encouraged the emergence and spread of antimicrobial resistance (AMR) which occurs when microbes, such as bacteria, become resistant to the drugs used to treat them. What simple intervention can you undertake within your workplace to spread the message about preserving antibiotics? Can you:



- 👉 optimise the use of antibiotics in your workplace
- 👉 promote awareness and understanding of the issue with your colleagues or patients
- 👉 take actions to reduce the need for antibiotics by preventing infections think vaccination, wound care, IPC practices, management of invasive devices
- 👉 strengthen knowledge of yourself and others on our antibiotic prescribing guidance? Possibly consider working through the IPC team antibiotic stewardship workbook for some top tips.

Please take a minute to reflect on how valuable antibiotics are and how we can continue to ensure their effectiveness.

MYTH

People with flu have visible symptoms.

FACT

7 out of 10 people carrying the virus have no symptoms. This does not stop you infecting others so you still need the jab.

It's the time of year to roll up your sleeve and reduce your chance of both COVID-19 and Influenza. Predictions for the winter are that we will see an increase in flu cases and associated influenza issues, this is based on southern hemisphere modelling. Take a minute to protect yourself, your families, your colleagues and your patients by having the flu jab. Please keep a look out for information, promote to others and if offered to you accept. Prevention is better than cure and it is possible that you may be asymptomatic with the flu but still be able to spread it to others, please do your bit to help Worcestershire have a flu free winter and

inFLUence

those around you to take up the offer of the flu jab too.

I say I say I say... Why couldn't the skeleton go to the Christmas party?

He had no body to go with

CLOSTRIDIoidES 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.



INFECTIONS IN THE PAST AND PRESENT Currently there seems to be a number of infections increasing, as well as C diff and Group A strep along with our usual winter infections such as flu and norovirus there are a couple of other infections which are starting to be seen.



Diphtheria is a rare infection in England due to the success of the routine immunisation programme that was introduced in 1942, at that time the average annual number of cases was about 60,000 with 4,000 deaths. A small number of cases have been seen recently. Diphtheria can present with a range of clinical presentations. Classic respiratory diphtheria is characterised by a swollen 'bull neck' and difficulty in breathing, a milder respiratory form of the disease includes patients presenting with a sore throat or pharyngitis, this can occur in immunised or partially immunised individuals. Guidance is available on www.gov.uk, for contact with suspected cases staff should wear an IIR mask, visor, apron and gloves. **Polio** is a highly infectious viral disease, transmitted person to person predominantly through the faecal-oral route, less frequently via contaminated food and water. With the ability to multiply in the intestine, it can cause fever, fatigue, headache, vomiting, stiffness of the neck and painful limbs. One in 200 infections lead to irreversible paralysis, usually of the legs. Polio mainly affects children under 5, however any age group can contract the disease, particularly if unvaccinated. Prevention is by vaccination, either oral polio vaccine or oral inactivated polio vaccine, both of which are safe and effective and used worldwide in different combinations to ensure the best possible protection. Currently, there is no cure for polio and vaccination is key. Between February and July 2022, environmental sampling of some areas of London sewage, isolated sustained detection of two, type 2 poliovirus, thought to be linked to vaccine derived poliovirus. The case definition for this includes acute flaccid paralysis/myelitis which is characterised by rapid onset of weakness of an individual's extremities, often including weakness of the muscles of respiration and swallowing, progressing to maximum severity within 10 days. The term 'flaccid' indicates weakness. The Consultant Microbiologist must be contacted with any concerns and clinicians will be asked to collect a number of samples including two stool samples 48 hours apart, throat swabs or nasopharyngeal aspirate (NPA) and cerebrospinal fluid (CSF). In addition, testing stool samples for enteroviruses is indicated for all acute neurological illness presentations including meningitis. Guidance can be found on www.gov.uk. Please seek advice from the IPC Team if concerned.



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