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

Infection Prevention & Control Newsletter for NHS Worcestershire & Worcestershire Health & Care NHS Trust



ROSES ARE RED, VIOLETS ARE BLUE PREVENTING INFECTION IS THE RIGHT THING TO DO

Worcestershire Health and Care 

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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

Whatever others may say or do, always remember that your practices relating to infection prevention and control can prevent and if consistently implemented will reduce the risk of infection spreading. Think about practices in your work place; whether it is hand hygiene, use of protective clothing such as gloves and aprons, decontamination of shared equipment, environmental cleaning, isolation precautions or antibiotic stewardship. Knowledge and compliance with these practices demonstrated by yourself and your colleagues will minimise infection risks for those who access your service. Remember:

- Many infections seen in healthcare are preventable by consistently implementing high standards of practice.
- Controlling and preventing infections is the right thing to do for patients.



BARE BELOW THE ELBOWS 5 MOMENTS

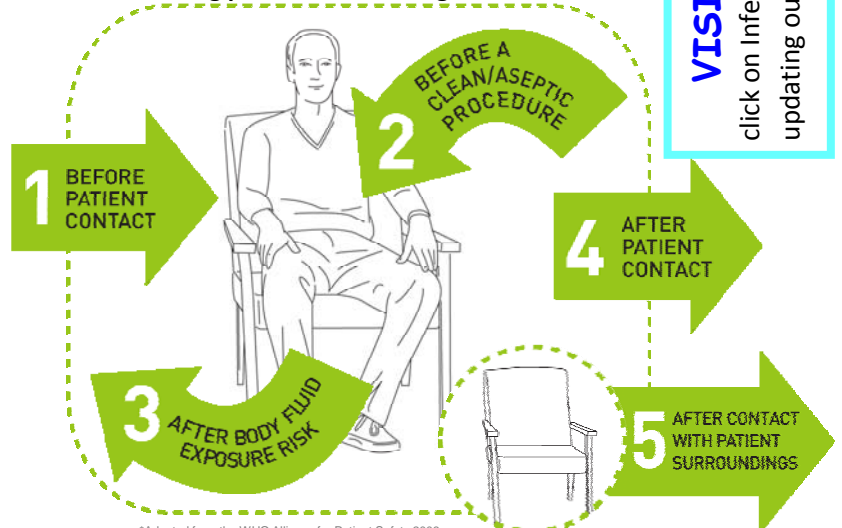
All staff who are required to undertake hand hygiene as part of their role must ensure that they and their colleagues who undertake hand hygiene as part of their role are **'bare below the elbows'** at all times when undertaking any clinical contact or when undertaking tasks which require hand hygiene. Predominantly this relates to clinical staff but it can also relate to housekeeping and catering staff. This recommendation **sets** out to ensure that hands can be decontaminated effectively. As well as ensuring sleeves are short or can be rolled securely up to the elbow to enable proper cleansing of hands, the guidance also states that nails should be short and clean – no nail polish or extensions, wrist watches are not worn in clinical areas and no other items of jewellery are worn around the wrist, no rings with stones should be worn, only plain band rings are recommended.

Finally... take only the items you need into the clinical area which in some cases may be the patient's home e.g. do not take handbags etc. into bed space areas, where risk of contamination is highest.

IN ADDITION TO THE 5 MOMENTS OF HAND HYGIENE, REMEMBER HANDS MUST ALWAYS BE CLEANSED FOLLOWING GLOVE REMOVAL.

The 5 Moments for Hand Hygiene approach adopted across the NHS defines the key moments when health-care workers should perform hand hygiene. This evidence-based, field-tested, user-centred approach is designed to be easy to learn, logical and applicable in a wide range of settings. It recommends that health care workers clean their hands in the following situations. Please ensure that you can demonstrate that you are compliant with this at all times.

- before touching a patient,**
- before clean/aseptic procedures,**
- after body fluid exposure/risk,**
- after touching a patient, and**
- after touching patient surroundings.**



*Adapted from the WHO Alliance for Patient Safety 2006

VISIT www.worcestershirehealth.nhs.uk
click on Infection Prevention and Control and you will see where we are updating our website and can access a variety of new resources on line.

UNDERTAKING EFFECTIVE HAND HYGIENE IS THE MOST IMPORTANT WAY TO PREVENT THE SPREAD OF INFECTION

5 FACTS ABOUT ANTIBIOTICS



CLOSTRIDIUM DIFFICILE

ONE Antibiotics revolutionised medicine. They make many different infectious diseases treatable and surgery much safer. Some medical procedures, such as transplants, would have been unthinkable without antibiotics, as the risk of infection is too high.

TWO Antibiotics carry the seeds of their own destruction. Antibiotics kill sensitive bacteria whilst resistant ones, which arise naturally, survive to infect further patients. This is a great demonstration of Darwin's theory of natural selection, but one that creates problems for treatment.

THREE Some antibiotics have already been lost to resistance. More are under threat - Penicillin is no longer effective for staphylococcal wound infections, ampicillin (form of penicillin) is no longer used for urinary tract infections and ciprofloxacin (a synthetic antibiotic) is no longer effective in treating gonorrhoea.

FOUR New antibiotics are hard to find and to licence. From the 1940s to the 1990s the answer was to develop new antibiotics, but this development has slowed. New antibiotics are less profitable than treatments for chronic diseases, and much of the pharmaceutical industry concentrates on other areas.

FIVE We need to try to slow the selection and spread of resistance. That means not using antibiotics for common colds, which are viral infections and do not respond to antibiotics. It means using antibiotics better - 'right drug, right dose, right duration'. It means preventing patients getting infected in the first place. Think of practices you can ensure are in place to minimise the risk of infection.

VISIT www.worcestershirehealth.nhs.uk for more key facts on antibiotics...



CLEANING SCHEDULES: DRAFT THEM, KNOW THEM AND ADHERE TO THEM

Knowing what to clean and when you need to clean it, makes compliance with standards for clean, safe care much easier. Ensure all staff in your area know who is responsible for cleaning each piece of equipment and various aspects of the environment. High standards of cleanliness are imperative to reduce the spread of infection. Staff should be aware of how equipment is cleaned, when it is cleaned and who is responsible for this. Think about the setting you work in and consider edges, ledges, behind items, underneath equipment such as shower chairs and bath hoists, even the underside of tables can be contact points. Think about how often or when surfaces that are considered as contact points are cleaned, this can include light switches and door handles. If you require more information on devising schedules for your area please contact the infection prevention and control team. Can you prove that the equipment you use is clean and demonstrate you absolutely know this...

SHARED EQUIPMENT should also be considered. Items such as blood glucose monitors, stethoscopes, BP monitors, oxygen saturation probes, auriscopes, examination lamps etc must all have a set cleaning schedule. Can you prove that this schedule is followed in your area and most importantly is the item consistently, without exception **CLEAN?**

The Health Protection Agency has been carrying out testing of norovirus samples obtained in England since the number of cases started to rise in October 2012. The findings revealed a cocktail of different strains that were circulating including the new strain called Sydney 2012 and another strain called New Orleans 2009, although no one strain was dominant. The latest testing of the most recent outbreaks this year has now shown that Sydney 2012 has overtaken all others to become the dominant strain. This particular strain was first seen in Australia (and takes its name from the place it was first identified) and has also been seen in France, New Zealand and Japan. This new strain does not cause more serious illness than others and the methods of managing cases and outbreaks are the same for any strain of norovirus. Keep your work place safe and prevent spread by discouraging 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. **Remain vigilant when accepting admissions/transfers and ask questions relating to prevalence of symptoms within a ward/area and in the individual being transferred.** Please ask these questions for all transfers or admissions and do not rely on others to provide the information. **Contact Infection Control on 01386 502552 for advice and always be aware that prompt identification and consistent implementation of infection control practices will minimise spread.**

Across all the Clinical Commissioning Groups within Worcestershire a key priority is to reduce the number of cases of *Clostridium difficile*. A review has been commissioned to provide additional assurance that all the necessary processes are in place and healthcare providers and prescribers are doing all within their powers to minimise risk factors for *Clostridium difficile* associated diarrhoea. The outcomes from this review should be available during February. We already know information on risk factors for all the cases. Based on the number of cases occurring in Worcestershire residents up to the end of November 2012 (a total of 168 cases), the following data has been gathered:

47% of cases are over the age of 81.

75% of cases have had a recent hospital stay.

87% of cases have had a recent course of antibiotics.

49% of cases have had a recent course Proton Pump Inhibitors (PPIs)

93% of cases on either/or antibiotics/PPIs.

13% of cases recently had cytotoxic drugs.

25% of cases with recent or continued use of laxatives.

KNOW THE FACTS...

- People who are right-handed, do not wash their right hand as thoroughly as their left hand and vice versa
- Germs have the capacity to stay alive on your hands for about three hours.



NOROVIRUS SYDNEY 2012