



DE~BUGGED

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

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



Worcestershire Health and Care 

Volume 2 Issue 10
October 2013











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

FLU

Influenza occurs most often in winter and usually peaks between December and March in the UK. The influenza virus was first identified in 1933. There are two main types that cause infection: influenza A and influenza B. Influenza A usually causes a more severe illness than influenza B. One reason why the flu vaccine is given annually is because the influenza virus is unstable and new strains and variants are constantly emerging. For most people influenza infection is just a nasty experience, but for some it can lead to more serious illnesses, there is no way of knowing who will be affected or suffer from complications; the most common being bronchitis and secondary bacterial pneumonia. **Remember that you can carry and pass this infection on to others without having any symptoms yourself so get vaccinated. Protect yourself, your family and your patients.**

BE AN INFECTION PREVENTIONIST

Infection Prevention and Control is a priority and is something that we would all want to be perfect if receiving healthcare. There are a number of activities which if part of your daily routine will help others and reduce the risk of infection. These include:

-  Ensuring hand hygiene products (soap, alcohol gel and skin cleansing wipes) are used, accessible and empty dispensers promptly replenished.
-  Ensuring multi-surface detergent wipes and 70% hard surface disinfection wipes are available at point of use so items are decontaminated immediately after use.
-  Putting cleaning schedules in place for clinical equipment and ensuring they are known, promoted and implemented.
-  Making sure your vaccinations are up to date - vaccination is key to preventing infection, unless vaccinated healthcare staff are susceptible to infections e.g. Flu.
-  Posters are displayed to promote infection prevention and control.
-  Sharps bins are stored safely, labelled, available at point of use and the need for brackets has been actively considered.
-  Placement of waste bins makes it easy to dispose of the right waste in the right bin. Bins are also labelled to promote segregation.
-  Protective clothing such as gloves, aprons and eye protection can easily be accessed and is worn when necessary by you and your colleagues.

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.

THOUGHT

Your skin acts as a natural barrier against harmful microbes that cause infection BUT smart bugs have found alternative ways to cause infection. By making a few changes and encouraging others to join you we can BEAT THE BUGS and prevent the spread of infectious diseases

Take a look around you—is your healthcare environment how you would want it to be if you were the patient... Take action NOW if the answer is no discuss with your manager or contact Infection Prevention and Control for advice...



A B C OF LAUNDRY

Did you know that there have been a number of changes over recent months to the way in which linen and laundry should be managed across health and social care. The main change relates to the need for all **linen identified as infectious** (e.g. arising from a patient who is known or suspected to have an infection and where contact, enteric, respiratory or blood or body fluid precautions are indicated) should be placed in a **RED** alginate bag as currently occurs. This bag should then be placed inside a **WHITE** bag and labeled using **yellow 'infected linen' tape** around the neck of the bag. Rolls of the new tape can be ordered along with supplies of laundry bags. If you have any questions relating to this change in practice please contact one of the Infection Prevention and Control Nurses on 01386 502552. Further guidance is also available in the pages within Section B of the Infection Prevention and Control Guidelines (available on www.worcestershirehealth.nhs.uk) and posters detailing the change can be obtained from Gail Preece on 01386 502597. The following key points relating to safe handling of laundry should be implemented at all times:

- 👤 Clean linen must always be stored in a clean area and protected from contamination.
- 👤 Linen skips and the appropriate linen bag should be taken to the area required. The linen should be transferred directly to the bag. Staff should not be carrying linen or leaving it on the floor.
- 👤 When handling used linen appropriate protective clothing should be worn - i.e. single use disposable plastic aprons and gloves should be worn if contact with blood/body fluid is anticipated.
- 👤 Linen bags must be sealed at the neck when no more than three-quarters full. In some instances this could be two-thirds full, as is dependent on content.
- 👤 When moving linen bags they should be held away from the body to minimise contamination.
- 👤 Where laundry is being processed on site colour coding of bags may also have changed slightly and if there are any concerns advice should be sought from the Infection Prevention and Control Team.
- 👤 Areas that undertake their own laundering are advised to review practices in place, types of items laundered and ensure that washing machines and driers used within the Trust are included in a planned preventative maintenance programme.








TIPS TO MINIMISE SPREAD

NOROVIRUS

Clusters of cases of viral gastro-enteritis are now being identified in community and health-care settings. Please keep your area safe and 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. 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.** 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.**

- 👤 Prompt diagnosis or identification of viral gastro-enteritis is essential and will minimise spread, if in doubt treat diarrhoea as infectious.
- 👤 Do not come to work if you are unwell yourself with signs and symptoms of viral gastro-enteritis and do not return to work until you have been free of symptoms for 48 hours.
- 👤 Ensure you wear clean work wear/uniform for every shift/period of duty.
- 👤 Do not eat or drink in clinical areas or when undertaking clinical tasks – No communal boxes of chocolates or biscuits! Food items must be stored appropriately.

KNOW YOUR BRISTOL STOOL CHART

Bristol Stool Chart	
Type 1	 Separate hard lumps, like nuts (hard to pass)
Type 2	 Sausage shaped but lumpy
Type 3	 Like a sausage but with cracks on the surface
Type 4	 Like a sausage or snake, smooth and soft
Type 5	 Soft blobs with clear-cut edges
Type 6	 Fluffy pieces with ragged edges, a mushy stool
Type 7	 Watery, no solid pieces. Entirely Liquid

The use of the Bristol Stool Chart enables standardised monitoring of stool and prompt identification of diarrhoea. This can be defined either as stool loose enough to take the shape of a container used to sample it or as types 5–7 (only

type 5 if not normal for that individual). Infectious diarrhoea should be considered if diarrhoea is not attributable to any other cause, including medicines or ongoing conditions. Make sure you and your colleagues use this tool to categorise stool and identify diarrhoea. For further information on stool samples please contact the Infection Prevention and Control Nurses.



Focus on: EDWARD JENNER

Edward Jenner was an English Scientist who was often referred to as the Father of Immunology. He was born in Gloucestershire on 17 May 1749 and trained to be a doctor. He is most renowned for his work to develop a vaccine for smallpox. Jenner

noticed that milkmaids were immune to smallpox, he thought that this was because the pus from blisters caused by cowpox (a disease similar to smallpox but less severe protected the milkmaids from the severe version of illness, smallpox.

He tested the theory by inoculating a boy called James Phipps with pus from the cowpox blisters of a milkmaid. James had a fever but did not get smallpox. Jenner repeated this many times, including on his own son when he was 11 month old. Many ridiculed him but he continued to prove that those he inoculated with cowpox were immune to smallpox. In 1789 the results were finally published and Jenner used the word vaccine from the Latin 'vacca' for cows. In 1840, the British government provided the public with vaccination against smallpox (using cowpox) for free. The global eradication of Smallpox was endorsed by the World Health Organisation in 1980 who stated that "the world and its peoples have won freedom from smallpox". Dr Jenner was someone who changed the world.