



# DE~BUGGED

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

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

## CARBAPENEMASE PRODUCING ENTEROBACTERIACEAE

Over the last 5 years, the UK has seen a rapid increase in the incidence of infection and colonisation by multi-drug resistant carbapenemase-producing organisms. **Unless we act now, spread of carbapenem-resistant bacteria will pose a significant threat to public health in the future.** The Acute trust toolkit for the early detection, management and control of carbapenemase-producing Enterobacteriaceae provides expert practical advice for frontline clinicians and staff to prevent or reduce spread of these bacteria into (and within) health and residential care settings and as part of health economy approach in Worcestershire. Key recommendations from this document are being adopted for use in primary care whilst a community tool kit is awaited. The document provides basic public health risk assessment tools and information for the patient and their contacts.



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

Enterobacteriaceae are a large family of bacteria that usually live harmlessly in the gut of all humans and animals. However, these organisms are also some of the most common causes of opportunistic urinary tract infections, intra-abdominal and blood-stream infections. They include species such as *Escherichia coli*, *Klebsiella* spp. and *Enterobacter* spp. Carbapenems are a valuable family of antibiotics normally reserved for serious infections caused by drug-resistant Gram-negative bacteria (including Enterobacteriaceae). They include meropenem, ertapenem, imipenem and doripenem. Carbapenemases are enzymes that destroy carbapenem antibiotics, conferring resistance. The toolkit provides advice on early isolation and precautions, early detection and appropriate follow up. To view the document visit [http://www.hpa.org.uk/webw/HPAweb&HPAwebStandard/HPAweb\\_C/1317140378529](http://www.hpa.org.uk/webw/HPAweb&HPAwebStandard/HPAweb_C/1317140378529)

If you would like to discuss the content further please contact the Infection Prevention and Control Nurses on 01386 502552—look out for further information....

## What's in the News?

**MERS warning posters to airports** Public Health England have sent two posters out to major UK airports to warn about the risks of Middle East Respiratory Syndrome Coronavirus (MERS-CoV). The first poster gives general advice for travellers to the Middle East, while the second issues advice for travellers returning to the UK.

**Uptake of the new shingles vaccine continues to improve** Public Health England has released data which shows that the uptake of the new Shingle vaccine in 70 and 79 year olds continues to increase. The programme offers routine vaccination for those aged 70 years, and a catch up campaign, which for the first year of the programme was targeted at 79 year olds. In the first 8 months since the introduction of this programme, 54.8% of 70 year olds and 53.1% of 79 year olds have been vaccinated. This is an increase of 8.2% for the 70 year olds and 7.6% for the 79 year olds when compared to the previously published preliminary data up to the end of January 2014.

**Immunisation for babies leaflet** Public Health England has updated the "Guide to Immunisation for babies up to 13 months of age leaflet to include information on the number and types of pneumococcal bacteria that the vaccine protects against.

**Legionnaires' disease in baby alert** Public Health England and NHS England have temporarily advised against the use of home birthing pools with built in heaters and recirculation pumps. These pools are potentially filled up to 2 weeks in advance of the birth. This follows a single case of Legionnaires' disease identified in a baby born in this specific type of birthing pool at home.

**Vaccination against pertussis** Public Health England has published information on Pertussis (Whooping Cough) vaccination for pregnant women. This document aims to protect infants by boosting pertussis immunity in pregnant women.



In September 2012 a team was developed which brought together NHS staff from across Worcestershire to work on a plan to reduce the number of C dif cases. It comprised of staff from Worcestershire Health and Care NHS Trust, Worcestershire Acute Hospitals Trust, the local Clinical Commissioning Groups, Public Health and the then Health Protection Agency. Together, an approach was developed which has led to levels of this infection reducing across the county. In 2013/14 there were just over 40 per cent less cases than in the previous year. Improved practices, additional education for staff, further promotion of prudent antibiotic prescribing and raising public awareness are said to have contributed to the improvement. This has been recognised nationally by the Infection Prevention Society's award scheme as the group have been identified as one of the finalists in the Team of the Year award.

## TAKE THE LEAD CONFERENCE & PRODUCT EXHIBITION

This year the Infection Prevention and Control Conference and Product Exhibition for non qualified Clinical Staff is planned for 24 September at the Charles Hastings Education Centre. The day is entitled "Take the Lead" and will look at how all staff can further enhance and influence clinical practices of their own and others to promote infection prevention and control. Topics discussed on the day will include Hand Hygiene, a review of the last twelve months related to infection prevention and control, specimens and diagnosis of infection and blood borne virus management. The afternoon will provide delegates with an opportunity to consider practices in their own area and explore any improvements which could be made looking at the EPIC 3 guidance. A number of product exhibitors will also be in attendance. If you require more information or would like to book a place, please contact us on 01386 502552.



VISIT [www.worcestershirehealth.nhs.uk](http://www.worcestershirehealth.nhs.uk) for more information

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## A SNIPPET ABOUT SNIP SNIPPING...

Nowadays there is a trend towards clean-shaven and graded hair-cuts. Hair clippers and shaving equipment are commonly used to achieve these styles and the question could be posed as to whether there is a known risk of infection relating to these items being shared? Blood-borne viruses (BBV) have infected millions of people worldwide, many people may not realise they are carrying a virus. When we consider that during procedures including hair removal there may be accidental exposure to blood hence there is potentially a risk of BBV transmission. Having appropriate and effective practices in place when using any shared equipment is essential as a means to reduce the risk of infection. Some studies undertaken have concluded that knowledge on BBV and general practices within hairdressing/barbers vary throughout the world. HSE (Health and Safety Executive) provided an 'example risk assessment (accessed via [www.hse.gov.uk](http://www.hse.gov.uk)) for a hairdressing salon compiled in conjunction with National Hairdressers Federation (NHF). This identified the possible risks relating to cuts and grazes on staff or clients, recommending 'use of disposable blades wherever possible' (HSE), in particular must be in place 'when using cut throat or straight edged razors' (NHF). In addition ensuring clean equipment of which NHF stated that 'brushes and combs should be washed in hot soapy water and put in disinfectant between each client – or use a UV cabinet to destroy organisms'. NHF explained that 'sterilising spray is good for metal products like scissors, clippers, razor handles or blade holders' however it is important to recognise that in order to achieve effective decontamination the item must be cleaned first to remove organic matter/debris etc.



- ✂ Take time to think about what multi-use items you have in your workplace. Are there appropriate practices/resources in place to ensure the equipment is decontaminated effectively?
- ✂ How can you provide assurance to the client/patient and others that these items are decontaminated between use? Single use items are the way forward. There are surgical clippers available which have single use 'heads'. These clippers are recommended by NICE (2013 -'Surgical Site Infection') 'if hair removal is necessary, then clipping may be associated with a reduced rate of infection' as this reduces the amount of skin damage therefore promoting skin integrity, assisting in minimising the risk of surgical site infection.
- ✂ Do you have hair removal equipment in your work place? e.g. Razors, hair clippers, electric shavers as these MUST be single patient use or single use. Having appropriate effective practices in place are essential as within healthcare we must ensure provision of clean, safe care.



You may have seen flu fighter posters within NHS settings or seen campaigns which set out to protect healthcare staff, patients and those who are increasingly vulnerable from flu. Why can't we be a county with the highest uptake of vaccine in healthcare workers... because many of us choose not to get vaccinated. Flu causes fever, sore throat, muscle aches, headache and yes it can prove fatal. Look after yourself and this year, please make time and get your flu jab, think of it as a gift to yourself.

## DON'T SPREAD INFECTION—CLEANSE YOUR HANDS

All health care staff should always cleanse their hands thoroughly, immediately before and after coming into contact with a patient, their surroundings, blood/body fluids and following removal of gloves. Hands can usually be cleansed with either soap and water or an alcohol-based handrub; soap and water must be used when the hands are obviously soiled or contaminated with bodily fluids, or when caring for people with diarrhoea or vomiting. All staff should be aware of an effective hand cleaning technique. Although hand hygiene in healthcare has improved in recent years we could still do better. Bugs (microbes) such as bacteria and viruses can easily be spread by touch. They may be picked up from contaminated surfaces, objects or people, then passed on to others. Effective hand hygiene either by washing with soap and water or by using an alcohol-based handrub is recognised as crucial in reducing avoidable infection. PLEASE make a pledge today; improve your hand hygiene and that occurring in your workplace. Think about when you should cleanse your hands, ensure you are bare below the elbows, cleanse hands in accordance with guidance and acknowledge good practice. If you would like to borrow the glow and tell box or receive more information on hand hygiene please contact the Infection Prevention and Control Nurses on 01386 502552.



## CHECK YOUR FACTS

To be certain your practices are right please reflect on the points below, if there is any aspect of MRSA screening or treatment you wish to discuss further please contact one of the Infection Prevention and Control Nurses on 01386 502552.



**Within Community Hospital settings for inpatients, undertake a routine screen on admission. Use liquid media swabs for nose and groin (you will receive a single result). All wounds and any invasive devices should be swabbed separately using a charcoal swab, remember to include a urine specimen with the screen if the patient is catheterised. ONLY if the patient is known to be positive on admission should you send separate swabs for nose and groin.**



If screens positive, refer to antimicrobial prescribing guidance for treatment.

**Rescreen for Community Hospital inpatients should occur two days after completion of decolonisation. It includes all wounds and invasive devices, including CSU. A rescreen should always be taken using separate charcoal swabs for nose and groin (one swab does both nostrils and a second swab does both groins). It is imperative that separate swabs are used for the rescreen to enable any further treatment to be targeted to positive sites.**

- ✂ If MRSA is isolated in the nose and is sensitive to mupirocin, a five day course of nasal Bactroban should be prescribed.
- ✂ If MRSA is not isolated on the nasal swab, there is no requirement for the prescription of nasal bactroban. In addition, when a course of nasal bactroban has been completed for rescreening, please wait for the rescreen result prior to recommencing this agent as it may not be required.

If you work within inpatient mental health settings, the principles above are still relevant but you will only screen patients who present with specific risk factors for infection which includes:

- ✂ All patients admitted with an invasive device or have one inserted during their stay (to include urinary catheter).
- ✂ All known IV drug users.
- ✂ All patients who are admitted from another healthcare setting including care homes.
- ✂ All patients presenting with a wound, including those who self injure during their stay.

**Within General Practice there should not be a regular need for pre op MRSA screening to be undertaken by the practice, it is the responsibility of the surgical team to ensure this is undertaken. If needed the surgical team should provide advice on sites to swab, methodology and treatment. Within Primary Care swabbing is generally undertaken in those who present with an infection, we know are positive or are frequent attenders of healthcare. Quick Reference Guides can be sent out to you in addition to information on how to swab and how to use decolonisation treatment such as Octenisan Wash. Seek advice if you are unsure.**