



DE~BUGGED

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

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



Worcestershire Health and Care NHS Trust

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NATIONAL AMBITION TO REDUCE GNBSI

There is a national ambition to reduce healthcare associated Gram-negative blood stream infections (healthcare associated GNBSIs) by 50% by March 2021.

These are devastating infections and often result in admission to critical care and in some cases mortality. Onset of infection is often in the community but we also know that half of all community onset cases have had some healthcare interventions either from acute, primary or community care recently. Within Worcestershire we have surveillance data indicating to us for E coli, one of the most frequent causative agent of a GNBSI and recognise that we can only achieve the reductions by working together across the whole health and social care sector. The objective is also supported by the Quality Premium for Clinical Commissioning Groups (CCGs). **An improvement hub which** brings together resources and promotes good practice can be accessed on <https://improvement.nhs.uk/resources/preventing-gram-negative-bloodstream-infections/>. Please review catheter and also hydration info in this newsletter to understand some of the actions you can take to support this initiative.

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

ANTIBIOTIC GUIDANCE



The Primary Care Antibiotic Prescribing guidelines used within the Trust have just been updated and can be accessed at

www.worcestershirehealth.nhs.uk/infection-control-service/policies-procedures-and-guidelines/ and scrolling down to antibiotic prescribing guidelines. The main revision on this occasion is linked to treatment of uncomplicated urinary tract infections and choice of antibiotic therapy.

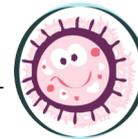


DID YOU KNOW... If you use the PDI wipe bucket as shown, it can be refilled five times with the refill packets. The bucket must be visibly clean and dry and then wiped with a 70% alcohol hard surface disinfection wipe and left to dry prior to refilling with the refill pack, wipes must remain in flow-wrap pack. Please date the bucket when refilling and dispose of the bucket after five refills.

MRSA CHANGES IN PRACTICE... KNOW YOUR STUFF...

There are a couple of changes in the screening for and management of MRSA that need to be noted by clinical teams.

- ✎ The first point relates to decolonisation of MRSA. CX antiseptic dusting powder® (Chlorhexidine acetate 1% dusting powder) used as part of MRSA decolonisation protocols is currently not available due to a manufacturing issue, the other decolonisation agents including a nasal preparation if indicated and Oc-tenisan® antimicrobial wash lotion remain available and should be used as indicated. Currently protocols for decolonisation will not include CX powder, please note there is no direct replacement for this product, manufacturing is not likely to recommence until much later this year.
- ✎ The second point relates to the need for MRSA screening on admission to community hospitals or inpatient units or following risk assessment to mental health settings within the Health and Care Trust. MRSA screening when indicated on admission has previously been undertaken in the Trust using liquid media swabs, these are no longer available and therefore the use of standard charcoal swabs for admission screens, as are currently used on screens of known positive patients should be used. On admission screens the nose and groin swabs can go on one ICE request however for patients who are known to be positive to ensure separate nose and groin results a separate ICE request is indicated for each sample. All existing supplies of liquid media swabs can continue to be used.



Please **LOOK** be alert in your work-place; check all aspects of infection prevention and control are in place for consistent provision of clean, safe care and minimising infection 100% of the time. Remain vigilant for patients/residents who are presenting with possible signs and symptoms of infection. Prompt diagnosis is key in preventing the spread of infection. Although we are in the summer months cases of norovirus and flu still present...

JOIN US ON 31 OCTOBER FOR HEALTHCARE SUPPORT WORKER CONFERENCE

The Annual Infection Prevention and Control Conference and Product Exhibition for healthcare assistants and support workers is planned for the 31st October 2017 at the Charles Hastings Education Centre and posters and invitations will be sent out soon. The morning will be spent discussing different infections and the afternoon will focus on the activities we can undertake to provide SMART, CONSISTENT clean, safe care. Representative from a number of companies will also be present. Attendance at this event can also equate to a mandatory update session. Interested? Please call 01386 502552 to book a place or find out more.



URINARY CATHETER REVIEW

Earlier in the year, the annual 8 week review of catheters and catheter care was undertaken across all inpatient areas. The report included:

- ✎ the number of patients with an indwelling urinary catheter
- ✎ the prevalence of UTIs linked to indwelling catheters
- ✎ a review of practices associated with catheter insertion, ongoing care and maintenance
- ✎ Identified areas of best practice and provided information on areas where practices could be further enhanced.

Findings indicated good knowledge and clinical practices in addition to demonstrating that the rate of catheter associated urinary tract infection in the Trust was lower than the national average. The main area to discuss further links to documentation, particularly around the insertion and care of urinary catheters. Standardisation of documentation is important and ensuring consistently within a team that key points are documented such as catheterisation details and all interventions, including removal. The report also highlighted the need to send a CSU as part of routine MRSA screening when a patient is admitted with a catheter in situ and also include on subsequent screens. If you work in an inpatient area and have not seen a copy of this review please contact the infection prevention and control nurses. If you need to refresh your knowledge of catheterisation and catheter care have a look at the Trusts Catheter Care in the Community (Adults) Guidelines or consider completing the IPC workbook relating to urinary catheters. Why not get your students to complete it too!! Find it at: <https://www.worcestershirehealth.nhs.uk/infection-control-service/study-days-and-training->

COMING SOON! URINARY CATHETER PASSPORT

Developed by the Continence and Infection Prevention and Control Nurses and CCG. This will be a patient held document which aims to support the provision of evidence based care by having all the facts relating to dates of, and reasons for, catheterisations in one document together with general information for patients regarding the care of an indwelling catheter. Over the next six months it is anticipated that Worcestershire residents with a long term catheter will start to be issued with this resource.



Infection Prevention Society Calendar 2017 Beating Infection with a Smile.

JULY – Lyme Disease

Where to find me? I live in the northern hemisphere in woodland, heathland and long grass.

How to catch me?

From the bite of infected ticks.

How to stop me?

Wear long trousers and socks, hat, long-sleeved shirt and use specialist pesticides.

How to kill me?

Antibiotics.

AUGUST – Campylobacter

Where to find me?

I am found in uncooked poultry.

How to catch me?

Eating poultry that is still pink and not cooked properly.

How to kill me?

Cook, cook, cook.

SEPTEMBER – Ringworm

How to find me?

I am a fungus that feeds by breaking down living or dead tissue in humans. I am particularly attracted to a tough, waterproof type of tissue called keratin, which is present in skin, hair and nails.

How to catch me?

I am medically known as *tinea* ringworm, and am a common fungal infection causing a red or silvery ring like rash on the skin. Most often found on arms and legs. My fungal spores are passed through direct skin contact or from sharing items such as towels or bedding.

How to stop me?

Contact precautions are required if caring for someone with me.

How to kill me?

Antifungal creams affect my cell wall causing my contents to leak out and die.



TAKE A LOOK...



First year student nurse Julia Barrett is currently on placement at the Day Rehabilitation Unit, PoWCH where she was tasked by her mentor, Sister Anne Caseley to design a notice board to raise awareness of the importance of hydration. Julia, feeling creative, also devised a notice board to promote hand hygiene. Both boards clearly set out to minimise infections either by encouraging hydration or promoting hand hygiene. If anyone wishes to view them, the boards are currently displayed in day rehab. Fantastic work Julia, thank you for promoting two important issues.

Are you drinking enough?

1

2

3

4

5

6

7

8

Making sure people stay hydrated is key to staying well, it keeps you healthy and fit, prevents dehydration and can help prevent urinary tract infections. This simple tool promotes assessment of urine by colour to indicate hydration status. Healthy urine being 1-3 and urine with a colour of 4-8 indicating a need to drink more. Remember this relates to everyone staff, patients, visitors and YOU! For a sample of resources please contact the Infection Prevention and Control Nurses.



Remember leaflets on a variety of infections are available from the Infection Prevention and Control Nurses or by visiting www.worcestershirehealth.nhs.uk.