



# DE~BUGGED

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

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

## HAND HYGIENE STILL SIMPLY THE BEST WAY TO REDUCE INFECTION



Volume 2 Issue 26  
October 2017



For an IPC Team, considering ways in which hand hygiene, yes hand hygiene can be further promoted is key to success because although we are all aware of the importance and strive to be perfect YES we can do better. Some tips to reflect on...

### Ensure patient safety – Make effective hand hygiene a habit

A missed opportunity for hand hygiene or incorrect hand hygiene technique can have a huge impact on patients. Please take time to stop transmission of infection through use of effective hand hygiene. Ensure information is available in your work place to trigger hand hygiene practices and take any opportunity to remind your colleagues or promote best practice.

### Facilitate the undertaking of hand hygiene

Appropriately placed and accessible hand wash sinks with soap and paper towel dispenser or alcohol gel dispensers facilitate hand hygiene but carry personal issue to make this more achievable and remember the importance of Bare Below the Elbows.

Out on visits? Then consider the use of Hygea Hand and Face Wipes.

### Use the correct hand hygiene technique

Include all areas of the hand and wrist regardless of whether you wash or gel.

Want some new dispenser labels that have technique on them—ask IPCNs for samples.

### Follow the 'five moments' of hand hygiene

This includes following the removal of gloves. Please, please reflect on after touching a patient and ensure that hand hygiene is undertaken, this is our most frequent missed opportunity and one where we have the greatest opportunity to change and enhance practice. Remember what you would want if you were the patient... finally...

### Keep your hands healthy

Moisturise to ensure skin is intact and in good condition, intact skin is your best defence mechanism against infection. Look after yourself and get prepared for the winter

If you require further information about any item in this newsletter please contact the Infection Prevention & Control Nurses on 01386 502552/32552

### TOP TIP

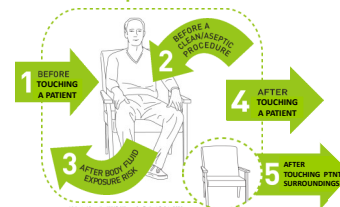
The best way to prevent influenza is to have your flu jab. Keep yourself and those you care about safe.



### REMEMBER TO CONSIDER YOUR PATIENTS

In inpatient settings where patients may miss the opportunity to receive a flu vaccine due to their hospital stay please ensure that they can access one and don't miss out. ALSO check that admissions in, if eligible for flu vaccine, have taken this opportunity or support them in obtaining a flu vaccine during their stay if they wish.

### Your 5 moments for hand hygiene at the point of care\*



## SEASONAL INFLUENZA-BE PREPARED

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 and know the actions you need to take when caring with someone who has known or suspected flu. REMEMBER BE VIGILANT !**



## NOROVIRUS—BE PREPARED



Clusters of cases of viral gastro-enteritis have started to present in community and healthcare 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 including whether they have previously been positive.** Please ask these questions for all transfers or admissions and do not rely on others to provide the information. **Contact Infection Prevention and Control on 01386 502552 for advice.**

**BE READY FOR THE WINTER INFECTIONS... KNOW HOW TO IDENTIFY AND WHAT ACTIONS TO TAKE**



## NICHE YOUR 5 MOMENTS FOR ANTIBIOTIC PRESCRIBING

In November we are presented with an opportunity to further consider antibiotic prescribing during Antibiotic Awareness Week. In Worcestershire in addition to using this as an opportunity to reflect on our use of antibiotics it is also an opportunity to celebrate our success. There is approved guidance for the prescription of antibiotics (oral and IV guidance) in addition to sensitivity reports, which ensure compliance with prescribing are key antimicrobial stewardship activities. Despite the fact that we are aware of many successes please view this week as a further opportunity to consider the antibiotics you prescribe or administer, ensure NICHE is completed with and reflect on whether antibiotics are truly required.

### 1. NEED FOR AN ANTIBIOTIC

**WHEN:** Before you prescribe and at any review – consider not prescribing or delayed prescription if patient is well, self-limiting infection (e.g. upper respiratory tract) or no clinical benefit – address patient concerns.

**WHY:** Patients exposed to antibiotics are more likely to develop resistant bacteria making subsequent infections more difficult to treat. Patients who understand about their infection are less likely to re-present.

### 2. INVESTIGATIONS CULTURES BEFORE PRESCRIBING

**WHEN:** When first-line therapy has failed, the patient has been in hospital recently, recurrent infection, pregnancy or known resistance. Consider in severe/serious infection, immunocompromised or co-morbidity.

**WHY:** Cultures are necessary to confirm antibiotic susceptibility and guide you in choosing the most appropriate therapy. They also help us to understand the epidemiology of antibiotic resistance.

### 3. CHOICE SPECTRUM OF ANTIBIOTIC

**WHEN:** Before you prescribe and at any review – consult local or national guidelines – if a positive microbiology test is available, use the narrowest spectrum effective antibiotic.

**WHY:** Use of broad-spectrum antibiotics (e.g. cephalosporins, co-amoxiclav and fluoroquinolones) leads to the emergence of highly resistant bacteria.

### 4. HOW LONG IS YOUR PRESCRIPTION FOR?

**WHEN:** Before you prescribe and at any review consult local or national guidelines – document your planned length of therapy – if no serious infection (e.g. septic arthritis), can you stop if patient is better? ALWAYS DOCUMENT THE REASON FOR THE CHOICE AND DURATION OF AGENT.

**WHY:** The longer you expose bacteria to an antibiotic, particularly at low concentrations, the more likely bacteria are to become resistant – dosing correctly is important to achieve adequate concentrations.

### 5. EVALUATE YOUR PATIENT AND PRESCRIPTION

**WHEN:** At any review – is your patient clinically improving? Are any microbiology tests positive? Modify antibiotic therapy according to local or national guidelines and the principles of NICHE.

**WHY:** It may be appropriate to change the antibiotic for patients with positive tests. Patients not improving may require more tests, a different antibiotic or hospital referral. Can you stop if patient is better?

## DON'T MISS OUT RE-MEMBER YOUR PATIENTS! URINARY CATHETER PASSPORT

Developed by the Continence and Infection Prevention and Control Nurses and CCG. This patient held document was launched in the summer to support the provision of evidence based care. All the facts relating to dates of and reasons for, catheterisations can be in one document together with general information for patients regarding the care of an indwelling catheter. Worcestershire residents with a long term catheter should now have been issued with this resource.

## SELF REVIEW



There is now a short audit tool/questionnaire (only one piece of A4) to review your IPC practices. This sets out to provide healthcare staff with a quick checklist that they can refer to and consider whether their practices are perfect with regard to the key infection prevention and control areas highlighted by the tool. The sections include Hand Hygiene, Personal Protective Equipment, Decontamination, Sharps and Waste Handling and knowledge of key facts such as how to deal with certain scenarios and where to access information. If you would like a copy contact the IPCNs or visit

[www.worcestershirehealth.nhs.uk](http://www.worcestershirehealth.nhs.uk)

## Infection Prevention Society Calendar 2017 Beating Infection with a Smile.

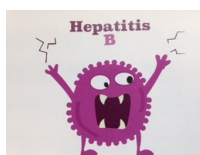
### OCTOBER – Hepatitis B

**Where to find me?** I'm found in blood and body fluids and have a higher prevalence in some countries.

**How to catch me?** From contaminated items or exposure through blood or body fluids of carriers with the virus.

**How to stop me?** Practice safe sex, use single use needles and decontaminate equipment that has been in contact with blood or body fluids.

**How to kill me?** I cannot be killed but can be treated with antiviral medication.



### NOVEMBER – Influenza

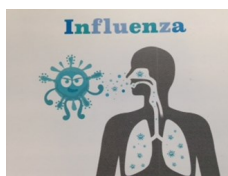
**Where to find me?** Nose and throat.

**How to catch me?** I float! I drop and land upon your hand as droplets in the air.

**How to stop me?** Coughs and sneezes spread diseases. Catch me, bin me, kill me.

**How to kill me?** Severe cases can be treated with antivirals, not antibiotics.

Get your annual flu jab to help protect against me.



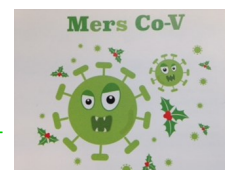
### DECEMBER – Mers Co-V

**Where to find me?** Lower respiratory tract.

**How to catch me?** Travel to affected areas: animal reservoir or contact via droplet and airborne spread.

**How to stop me?** Use airborne precautions.

**How to kill me?** I cannot be killed but may require you to have organ support and symptom management.



CPE QUICK REFERENCE SCREENING GUIDES HAVE BEEN DISTRIBUTED TO COMMUNITY HOSPITAL WARDS  
MRSA QUICK REFERENCE GUIDES HAVE BEEN DISTRIBUTED TO ALL WARDS

