

IPC NEWS

Edition 1 : Back to basics

*What you need to know about infection prevention and control.
The latest guidance, updates and learning...*

Hot Topics

- Local increase in MRSA bloodstream infection
- Learning points
- Back to basics - it's all about prevention

What can you do to help...

- Become an antibiotic guardian

What would you like to see in our next newsletter?

Let us know by email to IPC.wirralct@nhs.net or call 0151 604 7750.

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Local increase in MRSA BSI

There's been an increase in MRSA bloodstream infection (BSI) in Wirral with three cases since 1 April 2016.

Cases of MRSA can cause serious illness and even result in death

What you need to know:

1. Don't dipstick urine from catheters - we found antibiotics had been prescribed based on urinalysis undertaken on a patient with a catheter. Unfortunately urinalysis dipstick testing in patients with a urinary catheter does not give accurate results.

Urine samples should be taken from the needle free port on the catheter bag with a syringe and sent directly to Microbiology if infection is suspected and record observations.

2. Avoid inappropriate prescribing - use of broad spectrum antibiotics increases the risk of methicillin-resistant Staphylococcus aureus (MRSA), Clostridium difficile and resistant urinary tract infections.

3. Communication is vital - missed opportunities to communicate and share vital infection status/patient information amongst organisations/professionals increases risks to patients - make sure patients have alerts documented on their health records.

4. Use the catheter passport and avoid delaying referrals to the Continence Service - infection related to catheter use is a consistent theme found in cases. Recurrent issues have been identified as limited use of the catheter passport and delayed referral to the Continence Service.

Back to basics...

it's all about prevention

MRSA is a resistant organism; however the control measures remain the same for all infections and colonisations. Strict IPC control measures should be in place with every single patient regardless of their infection status these include:

5 moments of hand hygiene

1. Before touching a patient
2. Before clean/aseptic procedure
3. After body fluid exposure risk
4. After touching a patient
5. After contact with patient surroundings



Personal protective equipment (PPE)

Correct use of personal protective equipment (PPE). Aprons and gloves should **only** be worn when anticipating contact with blood or body fluids, and when providing personal care/wound management.

Don't forget:

- remove PPE before exiting the room
- sometimes the misuse of PPE contributes to the spread of infection - only use it when you need to (see above)
- always wash your hands on removal of PPE using the Ayliffe technique

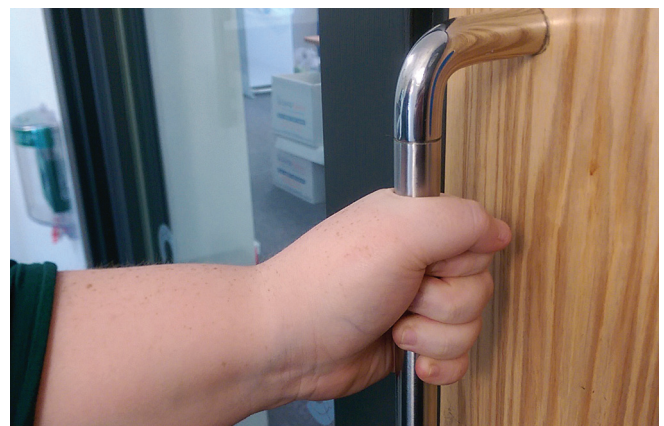
Beat the bugs

Never underestimate the power of cleaning!

Bugs can survive on surfaces and objects that we touch regularly.

Clean equipment before and after contact with a patient and ask yourself when the last time you cleaned under a table, a door handle etc.

These are often the place we touch the most.



Only send wound swabs when there is a clinical sign of infection

You should only send a swab of a wound when there is clinical sign of infection:

- swelling
- purulent discharge
- redness
- wound deterioration
- heat
- systemic temperature

You do not need to send a swab to test for clearance of MRSA. It's all about clinical assessment of a patient, have you thought of taking a specimen (sputum sample/urine sample) and waiting for the result, sometimes this prevents antibiotics being prescribed that will not work because the bug that is causing the problem is resistant.

Make sure you record your observations.

Remember... it is your responsibility to follow up a sample result. Speak to the GP, is the result back?

We do not advise routine screening of wounds to check if a bug has gone.



Calling all prescribers... new antimicrobial guidelines now available here mm.wirral.nhs.uk/formulary/

Key messages

- Sometimes antibiotics are not required and this will only increase the resistance - therefore review the patient, do they have signs of infection?
- Keep up to date with your training - don't forget you are responsible for your own learning and practices may have changed. When did you last do catheter, PICC line care training? You want to feel confident next time you deal with one right?
- Become an antibiotic guardian - antibioticguardian.com - whilst we continue to use antibiotics inappropriately we continue to increase the resistance. Soon there will be a time when antibiotics will no longer work!
- Implement an alert system that identifies the patient's infection status
- Educate patients and carers

All of these simple measures could prevent a patient from acquiring a blood stream infection.

Make a difference, make it count. Together we can protect our patients.

Get your flu jab!

Last year the number of flu-related admissions into intensive care or high dependency units in the UK increased compared to the previous year.

There were reports of flu outbreaks within hospitals and other care settings where transmission from health and social care workers to patients/residents is likely to have facilitated the disease. In one outbreak, 118 staff and 49 patients were infected. A second resulted in six infections among neonates and one death.

The flu jab isn't just about keeping yourself safe. It's about protecting your family, colleagues and patients. **Make sure you get your flu jab!**