Infection Prevention

Doctors Induction
July 2017

Infection Prevention is a high priority for Wye Valley NHS Trust

It is expected that all staff maintain the highest standard of Infection Prevention practice

‘Infection Prevention and Control is everyone’s business’

Why infection prevention is important

Poor compliance with infection prevention policies will be challenged and escalated if it continues.

Think and challenge yourselves – does the patient need that indwelling device, follow Trust antimicrobial prescribing policy.

External monitoring

CQC- compliance against Health Act (2008)

NHS Improvement/Commissioners/Health Protection England- monitor specific infection rate data:

Clostridium *difficile* – trajectory of 18.

To date: 5 PCR EIA +ve.

1 no lapse in care.

1 lapse contributing to infection.

1 lapse not contributing to infection.

2 awaiting review.

Zero tolerance of infection

MRSA bacteraemia – zero tolerance. Last case 18/03/13

MSSA bacteraemia

E *coli* bacteraemia – CQUIN for 20% reduction by 2020. Large proportion are urinary catheter related.

Klebsiella

Pseudomonas

Remember – has your patient had inpatient care outside of Hereford or Powys?

If the answer is yes – CPE screen.

Standard precautions

- Hand hygiene
- Use of personal protective equipment
- Safe disposal of waste
- Safe management of linen
- Cleaning and decontamination
- Specimen management
- Management of infections
- Safe use of sharps

Hand Hygiene

Bare below the elbow

- Cover all breaks with occlusive waterproof dressing
- Rings and wrist jewellery must never be worn in the clinical area

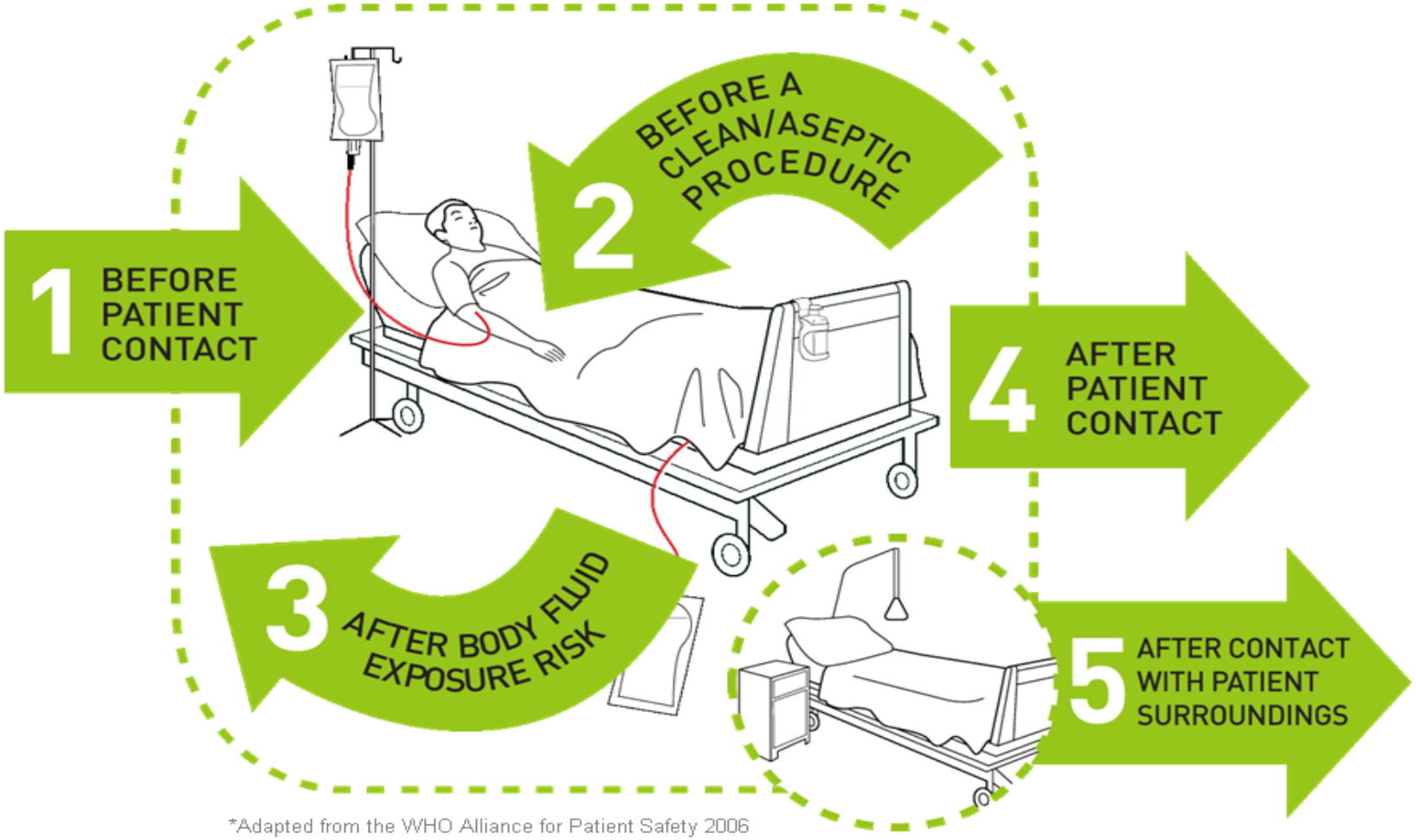
Nails

- Keep finger nails short
- No nail varnish – clear or coloured & no false nails

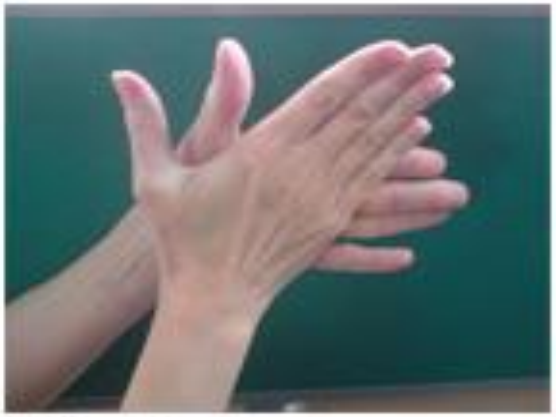
Report any allergic reactions rashes to Health@Work 4013

Regularly moisturise your hands to prevent skin breakdown

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



*Adapted from the WHO Alliance for Patient Safety 2006

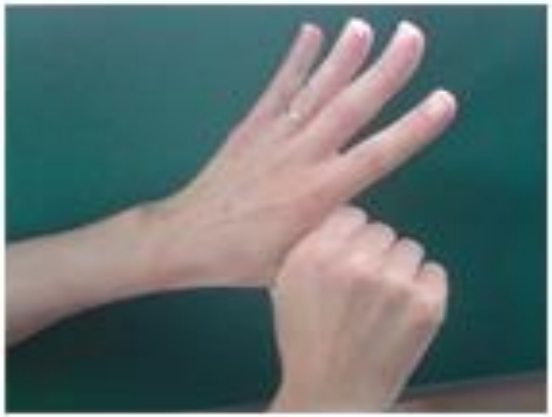


Rub palm to palm

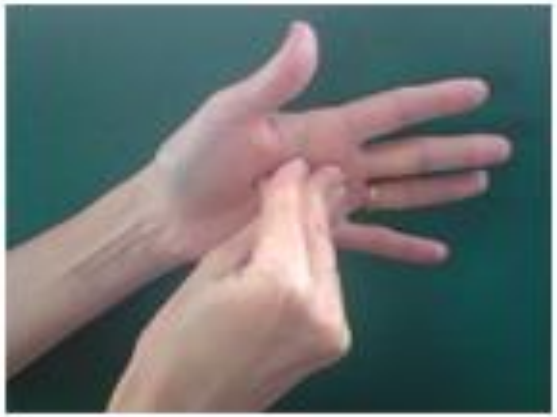
Rub the back of both hands

Rub palm to palm interlacing the fingers

Rub the backs of fingers by interlocking the hands



Rub the thumbs



Rub palms with fingertips

Hand washing –

visibly soiled or following contact with a patient with loose stools, diarrhoea or C. *diff*

Application of Alcohol Hand Gel – on visibly clean hands

Personal protective equipment

- Single use PPE must be worn for each patient
- It protects mucus membrane and skin from the potential exposure from spray and splatter
- It must be single use or if reusable (e.g. visors) cleaned between after each use
- It must be removed prior to leaving the treatment area

Exposure incidents

- The EU Directive (2010/32/EU) on the prevention of sharps injuries states that all healthcare organisations must have measures in place to prevent exposure injuries to their staff, as well as reduce the incidence and prevalence of occupational injuries to NHS staff every year.

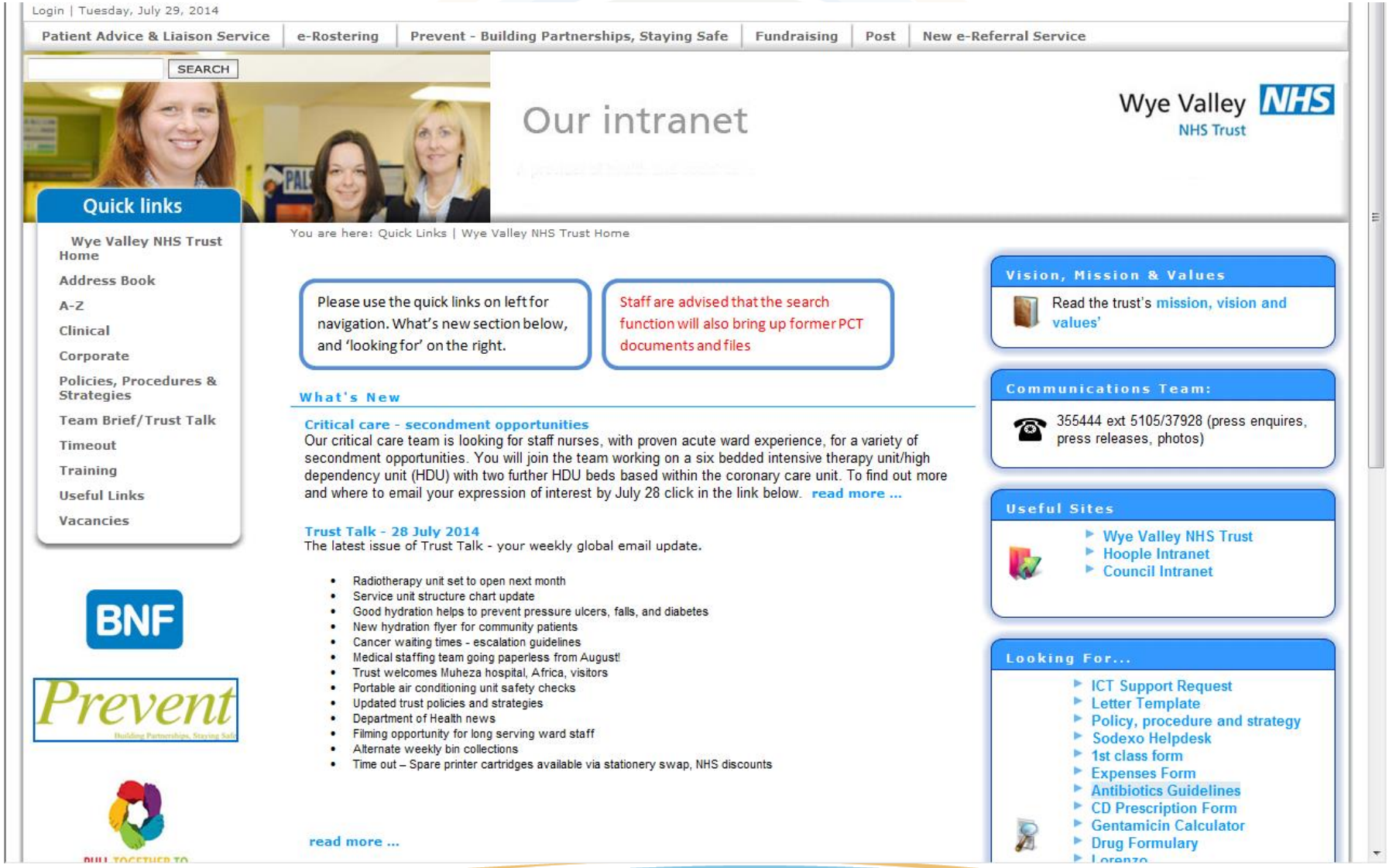
- WVT has sharp safety devices.

Are you using them?

75 exposure incidents reported
in 2016-17

18 (29%) Medical staff

Antibiotic stewardship



Department of Health
Advisory Committee on Antimicrobial Resistance and Healthcare Associated Infection (ARHAI)

Antimicrobial stewardship

Right Drug, Right Dose, Right Time, Right Duration..

….. Every patient.

START SMART

THEN FOCUS

CLINICAL REVIEW & DECISION# AT 48 HOURS

Do not start antibiotics in the absence of evidence of bacterial infection

- Take history of relevant allergies
- Initiate prompt effective antibiotic treatment within one hour of diagnosis (or as soon as possible) in patients with life threatening infections
- Comply with local prescribing guidance
- Document clinical indication and dose on drug chart and in clinical notes
- Include review/stop date or duration
- Ensure relevant microbiological specimens taken

Clinical review, check microbiology, **make and document decision#**

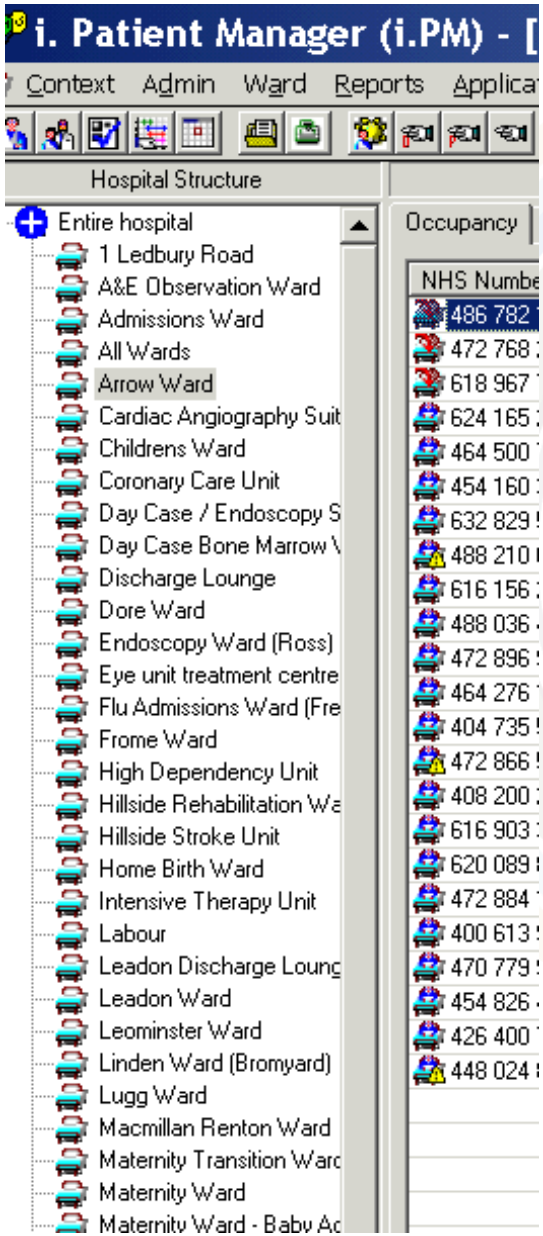
1. **STOP**
2. **IV/oral switch**
3. **Change: to narrow spectrum agent**
4. **Continue and review again after a further 24 hours**
5. **OPAT***

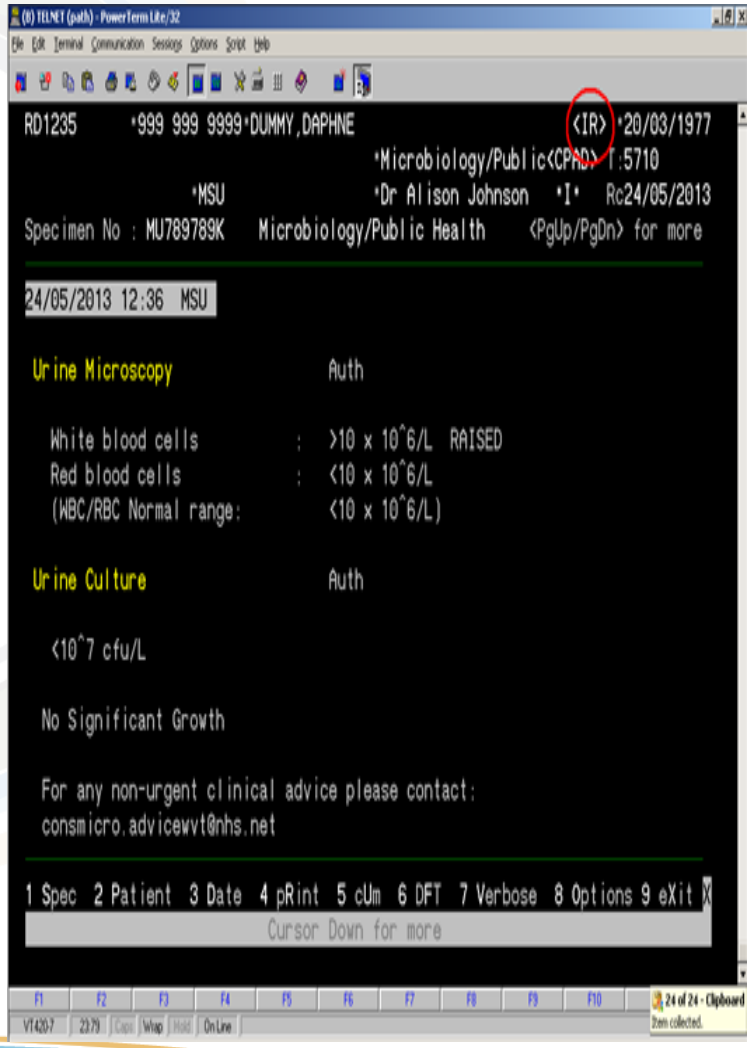
DOCUMENT DECISION

 # Antimicrobial Prescribing Decision

***Outpatient Parenteral Therapy**

Surveillance





ANTT

ANTT aims to **Prevent** the contamination of wounds and other susceptible sites by ensuring that only uncontaminated equipment, referred to as '**key parts**' or sterile fluids come into contact with susceptible or sterile body sites during clinical procedures

If contaminated, **key-parts** provide a **direct route for transmission of pathogens** between the procedure and the patient

Non-key parts can be touched with confidence

The aim is for **asepsis** not sterility

- **The healthcare professional needs:**
- to ensure that hands, even though they have been washed, do not contaminate the sterile equipment or the patient
- to decide between sterile or non sterile field/gloves and simply ask themselves **'can I do this procedure without touching key-parts?'**
- If the answer is **NO** – then use a sterile dressing pack and sterile gloves

Protecting the aseptic state of key-parts is critically important, simply, the optimal way of protecting key-parts is never to touch them

Key-sites: wounds, including insertion sites

Key-parts: the aseptic key parts of the procedure equipment that need to have direct contact with risk areas of the patient, key-sites, or any liquid infusion

Use **each** and **every** time a cannula is inserted

Remove the documentation sticker from the outside of the pack, **place into the patients notes** and fully complete

Central Venous Access Devices

The presence of a CVAD places the patient at a very high risk of acquiring a bacteraemia

The following must be adhered to when managing CVADs:

CVADs **must** only be accessed by competent practitioners who have undertaken training at WVNHST

CVADs **must** be accessed using ANTT

Ports **must** be cleaned using 2% chlorhexidine in 70% isopropyl alcohol and allowed to dry

TPN having a dedicated port, **must not** be disconnected unless during an aseptic bag change and the port **must not** be used for taking blood or giving medication

Any signs of CVAD infection must be regarded as serious and the line considered for removal

Blood Cultures

Contaminated blood cultures can lead to misdiagnosis and inappropriate treatment of patients. It is therefore essential that the technique used for sampling a blood culture yields the most aseptic sample possible.

Please ensure that a needle and syringe technique is not used to obtain a blood culture. The blood culture packs provided throughout the trust must be used

Only take blood for culture when there is a clinical need to do so and not as routine

Blood cultures **must** only be collected by competent members of staff

Only sign the form if you took the blood yourself.

Always take a fresh stab

Follow the Trust protocol for taking Blood Cultures

Document any issues with patient on Microbiology Form

Contact Infection Prevention in a timely manner if you are contacted regarding a contaminated sample

Urinary catheter

UTI are the most common healthcare associated infection in acute hospitals, with the risk of developing a CAUTI increasing the longer a catheter remains in situ.

- 31.6% of all patients have a urinary catheter inserted during their stay in hospital. (Hospital Infection Society, 2007).
- Is a urinary catheter required in the first place?

ENSURE:

Ensure urinary catheters are inserted with **full aseptic technique.**

Antibiotic prophylaxis **must be** administered in instances of previous CAUTI history linked to a catheter insertion .

Remove the documentation sticker from the outside of the pack, **place into the patients notes.**

Remove catheter at earliest opportunity.

Contact details

On call microbiologist via switchboard

Infection Prevention Team

Ext 5133

Bleep 037

Mobile**615

Infectionprevention@wvt.nhs.uk