Welcome to the first issue of the Infection Prevention and Control Team (IPCT) news bulletin!

This quarterly publication is designed help keep you updated and informed with all the latest infection prevention and control news and developments as well as informative specialist articles provided by members of the team.

We hope you enjoy!

Please send any submissions or feedback to Pamela Joannidis / Kerry Carr and look out for the next issue in September 2017.

**Contents:**

- Things happening this quarter...
- Point Prevalence 2016
- Bug Byte : Pseudomonas
- Meet the Team: South Glasgow
- Mythbusters
- Useful Links

**Things happening this quarter...**

- The Launch of Chapter 3 of the National Infection Prevention and Control Manual – April 2017
- The SAB Sticker
- New Care Checklists
Launch of Chapter 3 of the National Infection Prevention and Control Manual – April 2017

Chapter 3 of the National Manual was launched by Health Protection Scotland in April 2017. The chapter, entitled ‘Healthcare Infection Incidents, Outbreaks and Data Exceedance’ is a guide for IPCTs managing healthcare infection incidents.

The NHSGGC IPCT were fortunate to have significant input into the development of the chapter and associated tool. We were also selected to be one of three pilot testing sites.

For clinical teams, a new tool you will see us using is the ‘hot debrief’. This document is designed for the chairperson of the incident management team to give rapid feedback to members about what went well or any urgent actions required. In many cases this tool will replace the need for a more formal outbreak report which takes longer to complete.

The contents of the chapter can be found at the link below: http://www.nipcm.hps.scot.nhs.uk/chapter-3-healthcare-infection-incidents-outbreaks-and-data-exceedance/

Dr Teresa Inkster, Lead Infection Control Doctor

The SAB sticker - coming soon to a case note near you...

Prevention of Staph aureus bacteraemia (SAB) is a key priority for NHSGGC and we are currently above the national (HEAT) target. Of equal importance is the appropriate management/treatment of SABs and prevention of complicated infection or subsequent relapse.

Based on an audit of 99 cases of adult SAB in Quarter 3 of 2016 it is clear we have evidence of under treatment and high relapse rate/mortality despite availability of guidance and regular recommendations made by colleagues in microbiology and infectious diseases.

The SAB sticker was the brain child of Karen Downie, antimicrobial pharmacist in Inverclyde hospital and complements the nationally approved guidance for SAB management available at;

https://www.scottishmedicines.org.uk/SAPG/Quality_Improvement/SAB_algorithm_colour.pdf Your local

Infection control teams will be placing the sticker (below) in patient’s case notes, to be completed by medical staff. Thanks you in advance for your cooperation.

Dr Teresa Inkster, Lead Infection Control Doctor

This patient has a Staphylococcus aureus Bacteraemia (SAB)

Please complete the clinical management checklist below

Please initial and date when completed

To be completed by medical staff

1. Source of SAB Identified
2. ECHO performed
3. Infected line(s) removed
4. Patient discussed with an infection specialist (Micro or ID)
5. Antibiotic therapy - minimum 14 days IV recorded on kardex. Flucloxacillin 2g 6 hourly or if TRUE penicillin allergy IV Vancomycin

Please refer to NHS GGC Staphylococcus aureus management guideline
Introduction of Care Checklists

The IPCT will be launching their new **IPC Care Checklists** at the beginning of July. These will replace the existing care plans and will be available to download from the NHS GG&C IPC web site.

Page 1 (as shown below) provides a list of criteria that should be in place as a minimum when a patient requires isolation due to suspected or known infection. The care checklist should be completed every day while the patient is isolated, to ensure that each of the essential criteria is met. If any of the criteria cannot be met, the back page offers HCW a space to document the reasons why and what has been put in place instead. This risk assessment should be reviewed daily and the outcome recorded.

The IPC Care checklists represent a record of the application of standard and transmission based precautions and we hope that HCW can use them to support consistent and high level care for our patients. See a sample Loose Stools care checklist below.

*Pamela Joannidis, Nurse Consultant, IPC.*

---

**Checklist should be commenced when a patient is placed into isolation.**

**The checklist should be initialled daily by the staff member completing it. It should then be signed off at the bottom, once the patient is no longer isolated/terminal clean has been completed.**

**The checklist should be completed daily. Staff should enter the date and fill out the checklist with ticks or crosses, depending on whether each criteria has been met or not.**
During the months of September, October and November 2016 IPC staff in conjunction with GGC Antimicrobial Pharmacists undertook the National Healthcare Associated Infection and Antimicrobial Prescribing Point Prevalence Survey throughout ten hospitals in the Board. This survey is undertaken throughout Scotland every five years and measures the specific types and overall prevalence of HAI. The information collected enables identification of priority areas for future interventions to prevent and control HAI, for antimicrobial stewardship and for future targeted incidence surveillance of HAI. Local analysis of the data is very positive and shows a decrease in the HAI rate within Acute Hospitals from the previous survey undertaken in 2011.

Local results have indicated an overall HAI rate of 3.1% for NHSGGC Acute Hospitals which is a reduction from the 2011 rates of 4.7% for NHSGGC and 4.9% nationally.

The Royal Hospital for Children had an HAI rate of 3.6%; a reduction from 6.1% in 2011.

Data on antimicrobial dosing and indications was also collected and this will be presented in the national report which is due to be issued in late spring 2017.

Ann Kerr, Lead Nurse - Surveillance

These are gram negative, rod-shaped bacteria often found in the environment especially in soil and ground water. The most common is Pseudomonas aeruginosa, an opportunistic organism which does not usually cause serious infection in healthy individuals. Patients in hospital can be at higher risk of infection especially if they have a weakened immune system. They can include patients who are ventilated, have burns or who have complications of prematurity. Those with chronic conditions such as cystic fibrosis and diabetes can also be at particular risk. Infections of the ear, eye and skin are often not serious and can be treated with antibiotics. However infections of the lung, blood stream or surgical wound can lead to serious life threatening illness. Many pseudomonas bacteria are becoming more resistant to antibiotics and as a result infections are becoming more challenging to treat. Pseudomonas aeruginosa, can cause outbreaks in hospital and the source is often linked to tap water.

What can you do?

- Undertake hand hygiene as per 5 key moments
- Clean reusable patient equipment thoroughly after each use and store dry
- Make sure you use all the water outlets in your department regularly
- Ask Estates to remove any outlets you don’t use regularly
- Don’t allow water to create stagnant reservoirs
- Only use Hand wash basins to carry out hand hygiene

Pamela Joannidis, Nurse Consultant, IPC

Advice on measures to take to reduce the risk of pseudomonas from water can be found at:

- NHS GG&C: Water Systems Safety Policy:

- IPCT guidance on Pseudomonas:
The Adult Infection Prevention and Control Team (IPCT) at Queen Elizabeth University Hospital Campus (QEUH) provide specialist Infection Prevention and Control advice and support for all adult areas on-site and Mearnskirk Hospital.

The team consists of:

**Lead Nurse** - Lynn Pritchard

**Senior Infection Prevention and Control Nurses** - Jackie Barmanroy, Donna McConnell, and Sofie Singh

**Infection Prevention and Control Nurses** - Fiona Gallagher, Janice Walker, Claire Pugh and Allana Kelly

**Administrator** - Calum MacLeod

Together they have an impressive total of over 60 years experience working in IPC, which is a constantly changing and challenging speciality. The top five things the team enjoy at work are; investigating *Staphylococcus aureus* bacteraemia (SAB), high risk pathogens / pathogenic evolution, developing / delivering education, patient engagement and supporting staff as an extended part of a ward or unit’s team.

You can contact the team on **0141 451 (8)5603**, they are happy to help with any infection prevention and control queries.

**MYTHBUSTERS!**

Every quarter our Infection Prevention and Control Team will seek to clear up some common myths!

**MYTH:** IPC have banned flowers in all clinical areas

**FACT:** IPC have not banned flowers but do advise against them in critical care and transplant wards.

**MYTH:** You can’t send a stool sample if it is mixed with urine.

**FACT:** Stool samples **can** be sent to both microbiology and virology if contaminated with urine, so..... urine luck!

Even if your stool sample is contaminated with urine it can still be sent!

**MYTH:** Clearance samples are required for Clostridium difficile.

**FACT:** No need for clearance samples. Patient is non infectious when asymptomatic for 48 hours and bowel movements have returned to normal, or on the advice of the IPCT

**Useful Links**

- [Infection Prevention and Control Manual (link is available on all desktops)](link)
- [Infection Prevention and Control Team Contact Details](link)
- [National Infection Prevention and Control Manual](link)