



# Infection Prevention & Control News

Issue 2

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

Our first issue was well received and we have returned this time with even more 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 **December!**



Advice on measures to take to reduce the risk of CPE can be found at:

- NHS GG&C: CPE Education: [www.nhsggc.org.uk/your-health/infection-prevention-and-control/education-training/cpe-carbapenemase-producing-enterobacteriaceae/](http://www.nhsggc.org.uk/your-health/infection-prevention-and-control/education-training/cpe-carbapenemase-producing-enterobacteriaceae/)
- IPCT guidance on CPE: [www.nhsggc.org.uk/your-health/infection-prevention-and-control/prevention-and-control-of-infection-manual-policies-sops-guidelines/disease-specific-policies-sops/](http://www.nhsggc.org.uk/your-health/infection-prevention-and-control/prevention-and-control-of-infection-manual-policies-sops-guidelines/disease-specific-policies-sops/)

## Bug Byte:

# Carbapenemase Producing Enterobacteriaceae

CPE are a type of bacteria that are extremely resistant to antibiotics; these gram negative bacteria, which are part of the normal range of bacteria found in the gut, cause many infections such as urinary tract infections, intra-abdominal infections and bloodstream infections, all of which can be **life-threatening**.

Over the last decade CPE have spread throughout the world and are now endemic in healthcare facilities in many countries.

**All patients admitted to acute hospitals** in Scotland should have a risk assessment when they are admitted, using the CPE screening sticker. Patients who have been an inpatient outside of Scotland in the last 12 months are considered **high risk of CPE colonisation**.

**Sampling:** A rectal swab (adults) or stool sample (paeds) in addition to swabs of any wounds or catheters

**Isolation:** Is required until 3 negative samples are achieved, at least 48hrs apart. If a patient is positive for CPE then isolation would continue until discharge and then on any subsequent admissions.

### What can you do?

- ✓ Consistently applying Standard Infection Control Precautions (SIPCs)
- ✓ Consistently use Transmission-Based Precautions (TBPs) to prevent the spread of CPE.

Katie Anderson. Infection Prevention and Control Nurse, South Glasgow Paeds

# Things happening this quarter..

- Launch of the UUC Hub
- Launch of IPC Flu packs



## Launch of the Urethral Urinary Catheter Care Hub!

The new Urethral Urinary Catheter Care Hub has now been launched on the IPC website and is where you will find information and resources concerning urethral urinary catheter care.

As you all know, many of our patients will require an indwelling urinary catheter to be inserted during their stay in hospital therefore it vitally is important that staff involved in the insertion and maintenance of these devices have access to training and guidance to ensure the comfort and safety of their patient.

The Infection Prevention and Control Team (IPCT) are working in conjunction with Practice Development to ensure that staff are supported and have the knowledge and skills to care for a patient with a urethral urinary catheter. The UUC Hub will provide an easy to navigate list of all our current resources regarding education and training for all staff to make use of.

We are always looking for ways to improve our website and expand this resource, so if there is anything further you would like to see included on the UUC Hub webpage please email Pamela Joannidis / Kerry Carr with details.

## Urethral Urinary Catheter Care Hub

### Welcome to the Urethral Urinary Catheter Care Hub!

The UUC Hub is where you will find all of our information and resources concerning Urethral Urinary Catheters.

Many of our patients will require an indwelling urinary catheter to be inserted during their stay in hospital. It is important that staff involved in the insertion and maintenance of these devices have access to training and guidance to ensure the comfort and safety of their patient. The Infection Prevention and Control Team (IPCT) are working in conjunction with Practice Development to ensure that staff are supported and have the knowledge and skills to care for a patient with a urethral urinary catheter.

#### NHS GGC Documents:

- [SOP for the insertion & maintenance of Adult Indwelling Urethral Urinary Catheters](#)
- [Care Plan for the Insertion & Maintenance of Adult Indwelling Urethral Urinary Catheters](#)

Links to urinary catheter guidelines can be found at:

- [Urethral catheterisation and suprapubic recatheterisation for adult patients](#)
- [Male urethral catheterisation Competency booklet](#)

#### Education

Staff caring for a patient who requires an indwelling urethral urinary catheter should complete the NES module entitled 'Urinary catheterisation'. Staff should log in to LearnPro NHS and add the NES Urinary catheterisation to their programme.

Use this link to access the [LearnPro NHS site](#)

#### HEI

The Healthcare environment inspection team may visit your ward to inspect the care and maintenance of these devices. Published on the HEI website are the methodology and inspection aide memoir. We recommend that staff familiarise themselves with these two documents.

- [HEI Inspection Methodology document](#)
- [HEI Inspection aide memoir](#)

#### NHS GGC Infection Prevention and Control Team (IPCT)

The IPCT have developed a tool to measure compliance with the urethral urinary catheter care plan. This

## Infection Prevention And Control

- About Us
- Care Checklists
- Care Plans
- Decontamination
- Education & Training
- Guidelines & Documents
- Hand Hygiene
- Urethral Urinary Catheter Care Hub**
- Prevention and Control of Infection Manual (Policies / SOPs / Guidelines)
- Norovirus
- Patient Information
- Reports and Publications
- Risk Assessments
- IPC Bulletin
- IPC Team (documents)
- IPC Audit Tool Guidance Documents for NHSGGC Staff
- IPC Strategies

A link to the UUC Hub can be found in the side bar on the IPC home page

### Launch of IPC Flu Hub!

The IPC team are also launching the new Flu Hub in time for winter.

This hub will contain:

- ✓ The IPC Influenza SOP
- ✓ The IPC Influenza Aide Memoire
- ✓ The IPC Influenza Care Checklist
- ✓ The IPC Influenza fact sheet (for patients / parents)



The hub has been put together for ease of access to all of the resources staff will require when they are caring for a patient with Influenza. All materials will be available to view download and print from our IPC website.

Click here for to view the Influenza Hub: [www.nhsggc.org.uk/your-health/infection-prevention-and-control/prevention-and-control-of-infection-manual-policies-sops-guidelines/disease-specific-policies-sops/influenza-hub/](http://www.nhsggc.org.uk/your-health/infection-prevention-and-control/prevention-and-control-of-infection-manual-policies-sops-guidelines/disease-specific-policies-sops/influenza-hub/)

## Major Vascular and Large Bowel Surgical Site Infection Surveillance

The aim of surgical site infection (SSI) surveillance is to monitor the incidence of wound infection.

Following the National HAI Point Prevalence study of 2011 and with Scottish Government directives, Major Vascular and Large Bowel surgery has now been made a mandatory inclusion to the surveillance programme.

Structure and process indicators have been added to provide data for improvement.

Standard or 'full' surveillance methodologies are conducted for new mandatory procedures, to ensure the risk factors for SSI are fully understood within the patient population. Standard surveillance includes both inpatients and readmission surveillance to 30 days if no implant in place, and 90 days if an implant is in place.

GG&C commenced SSI surveillance in these two procedure categories in July 2016 prior to becoming mandatory in April 2017. The IPC surveillance team use a software package called ICNet for the collection and analysis of data. Surgeries are fed from OPERA (theatre management system) to ICNet by means of OPCS codes, as all surgeries have a specific code; this gives the total number of procedures per month.

ICNet also links in to TrakCare and the microbiology lab system so there is the capability to capture readmissions, which triggers an alert for the surveillance nurses to further investigate why patients may have been readmitted to a hospital within our Board.

Microbiology alerts are triggered when any specimens such as wound swabs, wound pus or tissue cultures are processed. This enables the surveillance nurses to capture any potential wound infection issues quickly and easily to enable further clinical investigation.

*Helen O'Neil, Surveillance Nurse, Infection Prevention and Control*

# What Matters To You? 2017



In June this year, the Infection Prevention and Control Team (IPCT) took part in What Matters to You day. This involved having conversations with staff and patients about Hand Hygiene, MRSA, Single Room Isolation, Peripheral Venous Catheters (PVC) and Healthcare Worker's view of IPC Service. Each conversation incorporated the 5 key 'Must Do with Me' elements of care. This ensured that our interactions were person-centred and were marked by listening, enablement, dignity, compassion and respect (HIS, 2017).

## This is some of what we learned:

### **Hand Hygiene**

Patients told us that hand hygiene is important to them. They worry that they may get an infection and are reassured that staff undertake hand hygiene. However, they also told us they would like staff to talk to them about hand hygiene and in particular how to use the alcohol hand gel properly. We plan to look at the information we provide locally on alcohol hand gel and what we can do to promote its use.

### **Isolation**

Some patients told us that being in isolation can be nice, quiet and peaceful while others found it lonely. There are many reasons why a patient may find isolation a lonely experience, for example; some felt they didn't get a visit from their loved ones because they were worried about catching an infection. Through our discussions we learned that isolation could be improved for these patients if a television was available or even just access to the remote to be able to change the channel. One patient just wanted to have the buzzer where they could reach it. We also discovered that although patients received information leaflets they really appreciated the IPCNs visiting to talk to them about the reason for their isolation and that patients often don't feel involved in decisions about their care. Patients with MRSA or CDI do not always retain the information we give them when we first visit and as a result we will try to visit a second time to talk to them again.

### **MRSA**

All patients we spoke to enjoyed having the IPCN visit to discuss MRSA and answer their questions. Many patients are treating themselves with nasal cream and body wash but not many understood why they were doing it. For example, one patient knew he had MRSA but not that it was in his blood stream. As a result, the IPCT are developing an MRSA decolonisation leaflet for a patient, which explains decolonisation and has illustrations to demonstrate the application of nasal cream.

### **PVC**

During our discussions we made some valuable insights for example, some patients told us that they would have liked to have been more involved in the decision to insert their PVC and a few would have liked to have been given a leaflet about their PVC, for more information.

Many patients responded to our questions with an understanding that their PVC was a necessary part of their treatment however, some found it painful and pointed out that it caught on blankets and clothing and that the alarms on the IV pumps disturbed their sleep. Through our discussions we learned that a PVC can interrupt a patient when eating, dressing, washing and going to the toilet.

As a result of our discussions the IPCT will encourage staff to give out the PVC patient information leaflet to empower patients to discuss with staff, any problems they experience with their PVC.

# What Matters To You? 2017

## Staff

Staff let us know that they felt infection prevention and control was very important and that the local infection control team were very supportive. They contacted their team regularly for advice and enjoyed a good working relationship with them in particular, when completing actions from IPC audits and undertaking IPC teaching.

Through our discussions we discovered that often clinical staff don't feel involved in our process for SOP and policy development however, they do use the materials on our IPC web pages. Some staff told us they found it difficult to challenge work colleagues about standards of IPC practice. Staff would also like more information on the significance of some organisms in particular and requested that our patient information leaflets be simplified and made easier to read.

The IPC SOP group are currently developing fact sheets for patients which we hope will be easier to read than the current information leaflets and the IPC Quality Improvement Team are planning focussed work to help staff locally to implement standard infection control precautions.

For more information on What Matters to you 2017 visit:

<http://www.whatmatterstoyou.scot/> Here you will find feedback on 'What Matters to You 2016 and 2017, along with case studies from around Scotland as well as inspiration and ideas on how to take part, that you might want to consider for next year!!

*Pamela Joannidis, Nurse Consultant Infection Prevention and Control*



## Meet the Team! - West/Health and Social Care Partnerships

The West/Health and Social Care Partnership Infection Prevention and Control Team (IPCT) is led by Lead Nurse Kirsty Ferguson and her team of Infection Control Nurses; Alison Edwardson, Liz Marshall, Libby Patterson, Mhairi Brown, Nicola Mallon and their team administrator Nadia Hester

In addition to their base site at Gartnavel General Hospital, the team provide an Infection Prevention and Control service to a wide range of areas including, Beatson West of Scotland Cancer Centre, Glasgow Dental Hospital, NHSGGC Mental Health Hospitals, Forensic Services, Learning Disability, NHSGGC Community Services and Prison Healthcare and have a combined experience of over 80 years in the field of infection prevention and control.



The team are always looking for new, innovate ways to deliver education and have recently developed a pack of cards to be used during staff discussions or training to promote knowledge and encourage discussion on a number of IPC topics. The IPCNs have used the cards during buzz sessions on the Gartnavel site to positive feedback, with Clinical Nurse Educator Ann-Frances Cullen describing the cards as '*an engaging and easy way to learn, which allows staff to answer questions as well as give feedback*'. Following on from these successful buzz sessions, the West IPCNs will use this new education resource more widely and it may soon be buzzing to an area near you.

You can contact the team on [0141 211 3405](tel:01412113405) and as always they'll be 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:** Alcohol hand rub makes my hands sore



**BUSTED**

**FACT:** Hand gel, when used properly is less likely to cause chapped skin than soap and water!

**MYTH** If you wear disposable gloves, you do not need to carry out hand hygiene:

**FACT:** Hand hygiene should be performed before you put on your disposable gloves **and** after you have removed them



**BUSTED**

**MYTH:** You can't send a specimen of vomit to test for viral gastroenteritis

**FACT:** Vomit can be sent to virology to test for viral gastroenteritis, so give them the boak!



**BUSTED**

## Useful Links



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