

INFECTION CONTROL AND CARE HOMES

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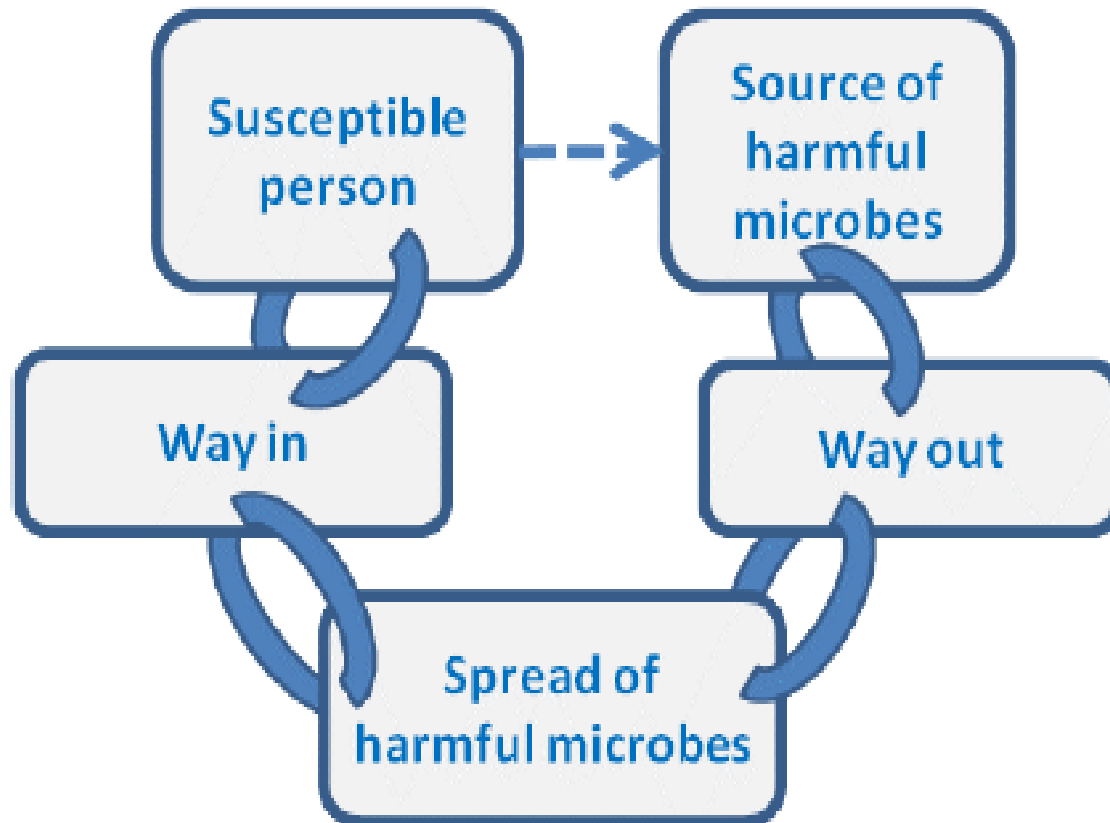
Care Homes

Code of Practice: 10 criteria for CQC

England

Compliance criterion	Registered providers will need to demonstrate
1.	Systems to manage and monitoring IPC
2	Provide & maintain a clean and appropriate environment
3	Ensure appropriate AB use to improve outcomes & ↓AMR
4	Provide suitable accurate information on infections
5	Prompt identification of infection (or risk). Timely treatment.
6	IPC followed by all care workers (incl volunteers & contractors)
7	Adequate isolation facilities
8	Adequate access to lab support
9	Policies for IPC
10	Occupational health needs for staff (in relation to infection)

The Chain of Infection



Hand hygiene -prevention



Hand hygiene

Hand decontamination

Having clean hands is the most effective way of preventing infection from spreading. There are 5 important moments when you should clean your hands:



Adapted from 'My 5 Moments for Hand Hygiene' - World Health Organization

PPE-prevention



ToDipOrNotToDip


*Bath and North East Somerset
Clinical Commissioning Group*

To Dip or Not To Dip – a patient centred approach to improve the management of UTIs in the Care Home environment

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AMR

A defined daily dose (DDD) of antibiotics per 1000 people living in England per day



2011



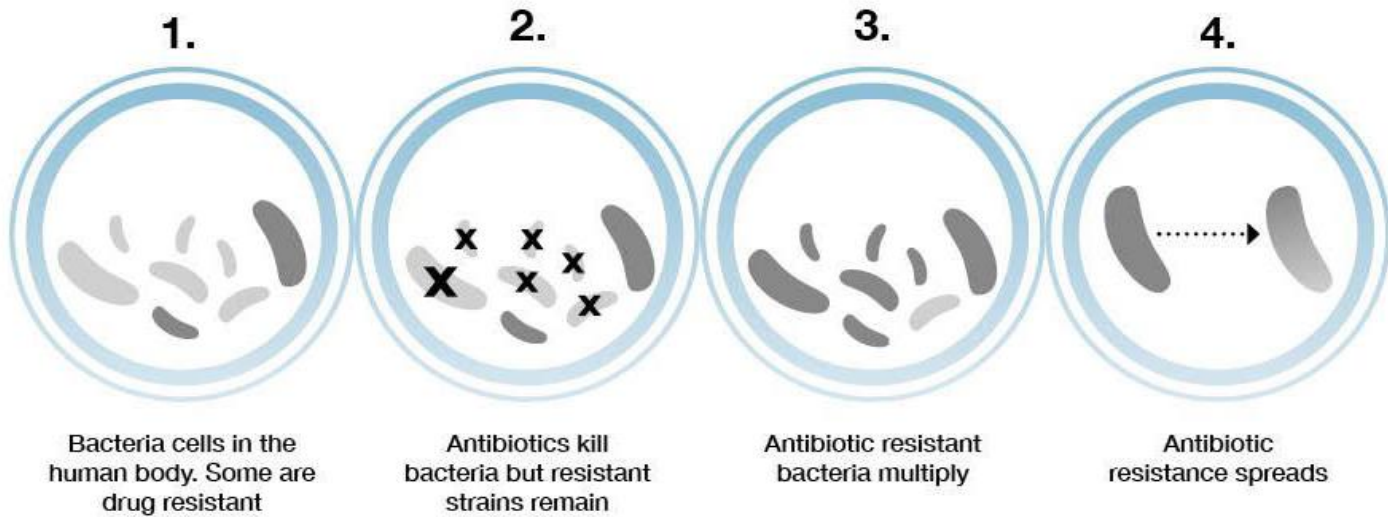
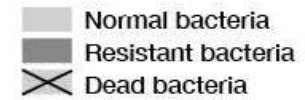
2014



over the past 4 years

AMR

How antibiotic resistance occurs



RESOURCES-prevention

NHSI catheter passport and resource tools :

<https://improvement.nhs.uk/resources/urinary-catheter-tools/>

Out of hospital management of UTIs in elderly patients-Antibiotics is supported by Health Education England :

e-lfh.org.uk/programmes/ant...

UTI –leaflet for older adults



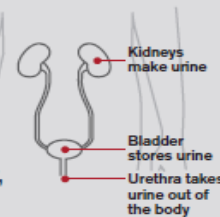
URINARY TRACT INFECTIONS

A leaflet for older adults and carers.

WHAT IS A URINE INFECTION?

A urine infection occurs when bacteria in any part of the urine system cause symptoms.

If a urine test finds bacteria but you are otherwise well, do not worry, this is common, and antibiotics are not usually needed. However, severe urine infections can be life threatening.



WHAT YOU CAN DO TO HELP PREVENT A URINE INFECTION?

Are you drinking enough? Look at the colour of your urine.



- Drink enough fluid (6–8 glasses) so that you pass pale coloured urine regularly during the day, and to avoid feeling thirsty, especially during hot weather
- Avoid drinking too many fizzy drinks or alcohol
- There is no proven benefit of cranberry products or cystitis sachets
- Prevent constipation. Ask for advice if needed
- Maintain good control of diabetes

Stop bacteria spreading from your bowel into your bladder:

- Wipe genitals from front to back after using the toilet
- Change pads and clean genitals if soiled
- Keep the genital area clean and dry; avoid scented soaps
- Wash with water before and after sex

Speak to your pharmacist about referral to a GP or other treatments.

CAUTI_s



To stop CAUTI don't catheterise

Haematuria – clots and heavy

Obstruction – mechanical urology

Urology/gynaecology/perianal surgery/prolonged surgery

Decubitus ulcer – to assist the healing of a perianal/sacral wound

Input output monitoring

Nursing at the end of life

Immobilisation due to unstable fracture/neurological deficit

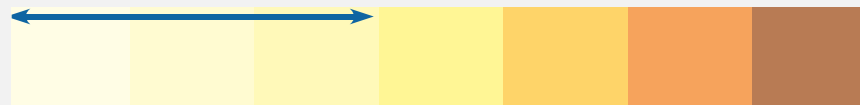
If there's no indication, make that catheter disappear...

Catheter maintenance

- Maintain a closed sterile drainage system.
- Keep the catheter secure.
- Keep the bag below the bladder and off the floor.
- Maintain uninterrupted flow.
- Empty bag regularly.

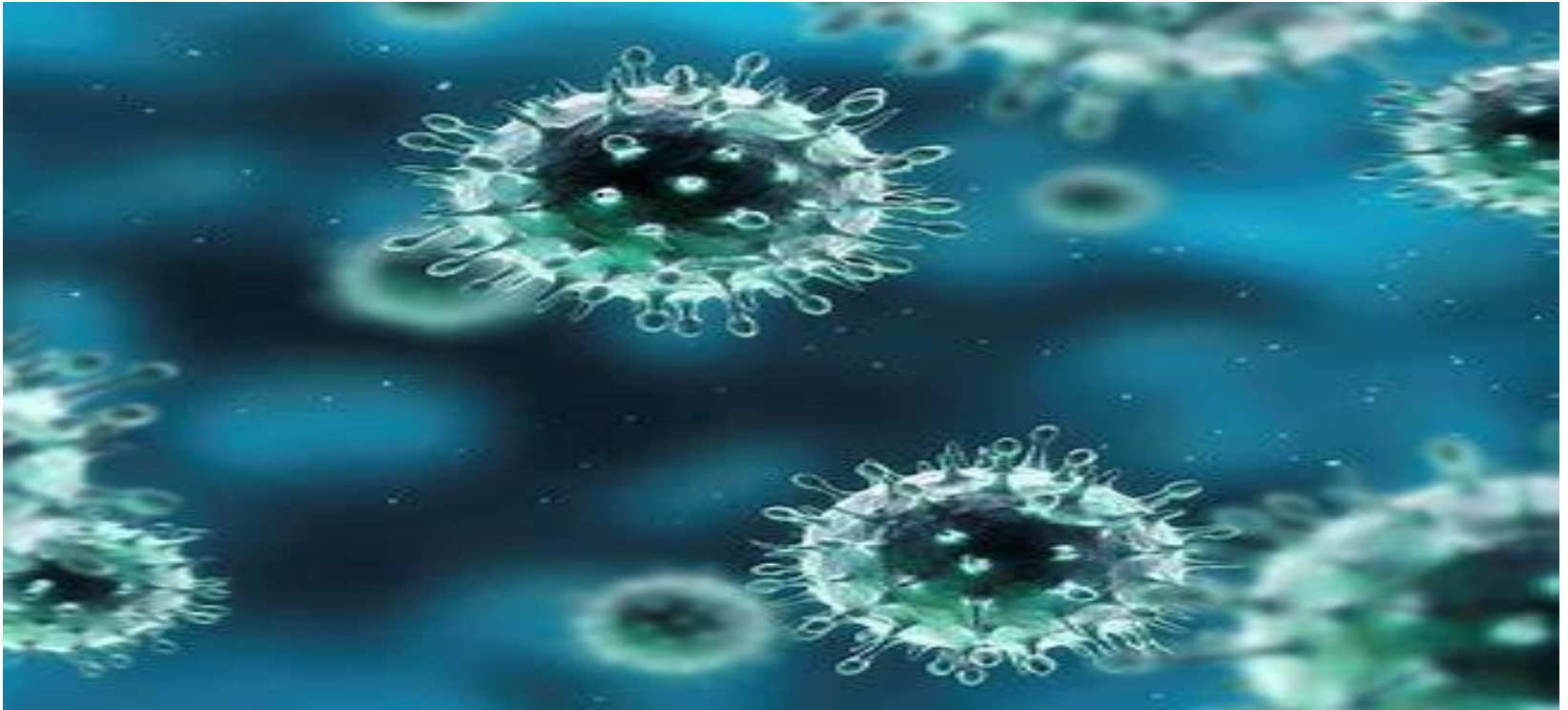
Catheter top tips

- Remove post operatively within 24 hours.
- Assess the need for the catheter daily if an inpatient (at planned intervals for others) and document.
- Advise/provide peri-urethral care with soap and water, 3 times a day and after each bowel movement.
- Use an aseptic non-touch technique.



PINCH-ME

- P-PAIN
- I-INFECTION
- N-POOR NUTRITION
- C-CONSTIPATION
- H-HYDRATION
- M-OTHER MEDICATION
- E-ENVIRONMENTAL CHANGE



INFLUENZA OUTBREAKS IN CARE HOME

Preventing an outbreak

HOW TO FIGHT FLU THIS WINTER!

GET YOUR VACCINE

1 Having your flu jab protects yourself, your family, colleagues and people receiving care and support. It's a serious illness that can result in death. The vaccine is typically up to 70% effective, depending on the strains of flu circulating each year. So be a flu champion and have the jab.

WASH YOUR HANDS

2 As well as getting your jab, you can help reduce the spread of flu by regularly washing your hands, particularly after sneezing or coughing. You can pass flu on without having any symptoms, so wash your hands regularly.

STAY AWAY

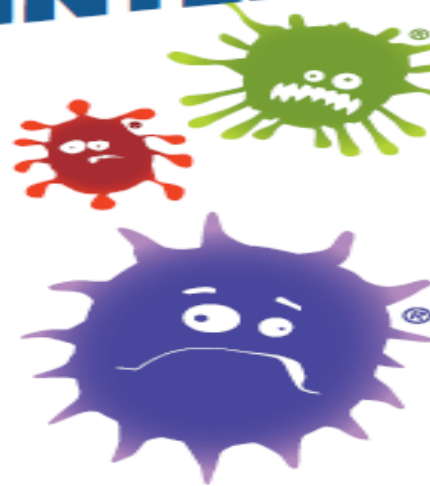
3 If you have flu, stay away from work until you are better. The virus is highly infectious and outbreaks can happen quickly. So do everyone a favour and don't add to the spread of flu.

Protect yourself, your family, colleagues and people receiving care and support - So a flu fighter gets your flu jab.


flu fighter
residential care

A leading workplace campaign delivered by
 **NHS Employers**

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Have your free vaccination



Public Health Suffolk – Care Home Checklist for the 2018-19 Flu Season

No.	Task	Completed Y/N	Comment/Further Action
Residents			
R1	Do you have an up to date list of residents aged over 65?		
R2	If you have any residents under the age of 65, do you have an up to date list of them and if they are in a clinical at risk group. At risk groups for 2018-19 are: <ul style="list-style-type: none"> chronic (long-term) respiratory disease, such as severe asthma, chronic obstructive pulmonary disease (COPD) or bronchitis; chronic heart disease, such as heart failure; chronic kidney disease at stage three, four or five; chronic liver disease; chronic neurological disease, such as Parkinson's disease or motor neurone disease, or learning disability; diabetes; splenic dysfunction or asplenia; a weakened immune system due to disease (such as HIV/AIDS) or treatment (such as cancer treatment); morbidity obese (defined as BMI of 40 and above). 		
R3	Have you shared your up to date lists with the GP surgery(ies) that look after your residents? (This may include speaking to residents beforehand to learn who has given consent for the vaccination).		
R4	Have you discussed and arranged a date for the vaccine to be given to the residents? Will this be a special clinic or part of a regular ward round?		
R5	Have you informed the residents, staff & others that may need to know of the date that the vaccinations are taking place?		
R6	Do you have a mechanism for new residents who join during the flu season to identify if they require the flu vaccination, obtained suitable consent and informed the GP?		
Infection, Prevention & Control			
I1	Have you considered having a "flu champion"? (A member of staff, usually a senior nurse or manager who can help promote flu vaccination throughout the season. This has been shown to greatly improve the success in keeping flu vaccination programme on the agenda).		
I2	Have you used national marketing materials to promote the flu vaccine to residents, staff, & visitors?		
I3	Have you reminded staff and visitors of the other methods to minimise flu? <ul style="list-style-type: none"> Good hand hygiene; Cleaning Surfaces; Having plenty of tissues for people to use; 		

Author: Marc Rolph, Health Protection Manager

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14	<ul style="list-style-type: none"> Personal Protective Equipment (PPE) to hand for staff to use Have you displayed "Catch it, Bin It, Kill It" posters or information on hand hygiene found on the NHS Choices website http://www.nhs.uk/Livewell/Fluandshingles/Pages/how-to-wash-your-hands-properly.aspx		
15	Have you made sure that you have enough stock of liquid soap, paper towels, and hand sanitisers are fully stocked in common areas.		
16	Have you made sure that your infection control policies are up to date, read & understood by all staff?		
17	Do you have adequate stocks of cleaning products inc spill kits ready for use when required?		
18	Have you made sure linen management systems are in place as well as enough clinical waste disposal systems including foot operated bins? (You may need to speak with your waste provider that you could require additional collections during the winter season.)		
Health & Social Care Workers			
H1	Have you made sure that all eligible staff know where and how to get their free flu vaccine before winter starts? For eligibility please refer to back to the briefing note. Further information is in the Flu vaccination leaflet "Who should have it and why" available at https://www.gov.uk/government/publications/flu-vaccination-who-should-have-it-this-winter-and-why		
H2	Have you checked that your staff are able to access the vaccine and offered them assistance if necessary? (e.g. permission to leave early to visit the GPharmacy to have the vaccine)		
H3	Have you a system in place that records the staff uptake of the vaccine Not to include identifiable information , but the numbers eligible and the numbers of staff who have had the vaccination. This is to capture uptake rates.		
Outbreak Management			
Early recognition of a flu like illness outbreak amongst staff and/or residents is vital. An outbreak is defined as two or more cases linking by time or place. Prompt reporting to your local Public Health England Health Protection Team is essential for the control of the outbreak and the possible prescribing of medication.			
O1	Do you have an outbreak plan which considers appropriate isolation for residents/staff with symptoms? (For example, are single cases being isolated in their bedroom you may need to consider co-locating)		

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Outbreak notice

ATTENTION VISITORS

WE ARE EXPERIENCING AN **OUTBREAK**

- You may be at risk of becoming ill
- Please speak to the nursing staff

 Wash Your Hands or Use an Alcohol-based Hand Rub:

- ✓ When you arrive
- ✓ Before leaving
- ✓ After coughing, sneezing or blowing your nose



ML MEDWISBOROUGH HEALTH UNIT
www.healthunit.com

 REGIONAL INFECTION CONTROL NETWORK
www.healthunit.com

References & further information

Further information can be found at:

*<http://www.skillsforhealth.org.uk/standards/item/216-the-care-certificate>

-- aims to ensure all workers have same knowledge and behaviours to provide safe/effective care. It has 15 standards, all are needed to gain certificat

**<http://www.skillsforhealth.org.uk/images/standards/care-certificate/workbooks/Standard%2015%20-%20Infection%20prevention%20and%20control.pdf>

The training/self learning resource can also be used to supplement “e-learning” for health modules:

1. Infection Prevention and Control: Clinical and Infection Prevention and Control, non-Clinical Infection Prevention and Control, and Infection Prevention and Control Assessment – Levels 1 and 2. <https://www.e-lfh.org.uk/updated-statutory-and-mandatory-e-learning-sessions-now-live/>
2. Skills for health (DOH) this includes: Core skills training framework (CTSF) – 10 mandatory subjects including infection prevention and control – 1h courses Skills for health E learning <http://www.skillsforhealth.org.uk/images/services/e-learning/SFH%20E-learning%20Brochure.pdf>

Infection prevention Control (private organisation): Preventing Infection Workbook: Guidance for staff providing Care at Home
<http://www.infectionpreventioncontrol.co.uk/resources/preventing-infection-workbook-and-guidance-for-care-at-home/>

IHS choices: conditions and treatments. This is a compilation of facts and advice on a whole range of infections including conjunctivitis, mpetigo, athletes foot, *C. difficile*, Candidiasis (thrush), *E. coli* O157, Giardiasis, Otitis, Scabies, Styes,
<https://www.nhs.uk/Conditions/Pages/hub.aspx>

Clostridium difficile: infection and infection prevention through hygiene in the home. <https://www.ifh-homehygiene.org/factsheet/clostridium-difficile-infection-and-infection-prevention-through-hygiene-home>

Thank you

**If any of you would like to be part
of the Task & Finish Group
supporting the GNBSI project-
please contact Julia Shields**

You are all most welcome

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