Hertfordshire and West Essex Integrated Care System

NHS
Hertfordshire and West Essex
Integrated Care Board

Presentation on:

Infection Prevention and Control in General Practice Up-Date

Tuesday 28th March 2023

hwe.hcai@nhs.net

www.hwetraininghub.org.uk

Working together
for a healthier future

Common themes identified during the ICAT audit process

The IPC Education Framework

IPC Matters

Common themes identified during the ICAT process

INFECTION PREVENTION SOLUTIONS

The below are not in place

IPC programme

- What IPC measures are needed in the practice
- Policies, procedures and guidance and how they will be kept up to date and monitored for compliance
- Initial and ongoing training staff will receive where appropriate
- https://www.gov.uk/government/publications/the-health-and-social-care-act-2008-code-of-practice-on-the-prevention-and-control-of-infections-and-related-guidance

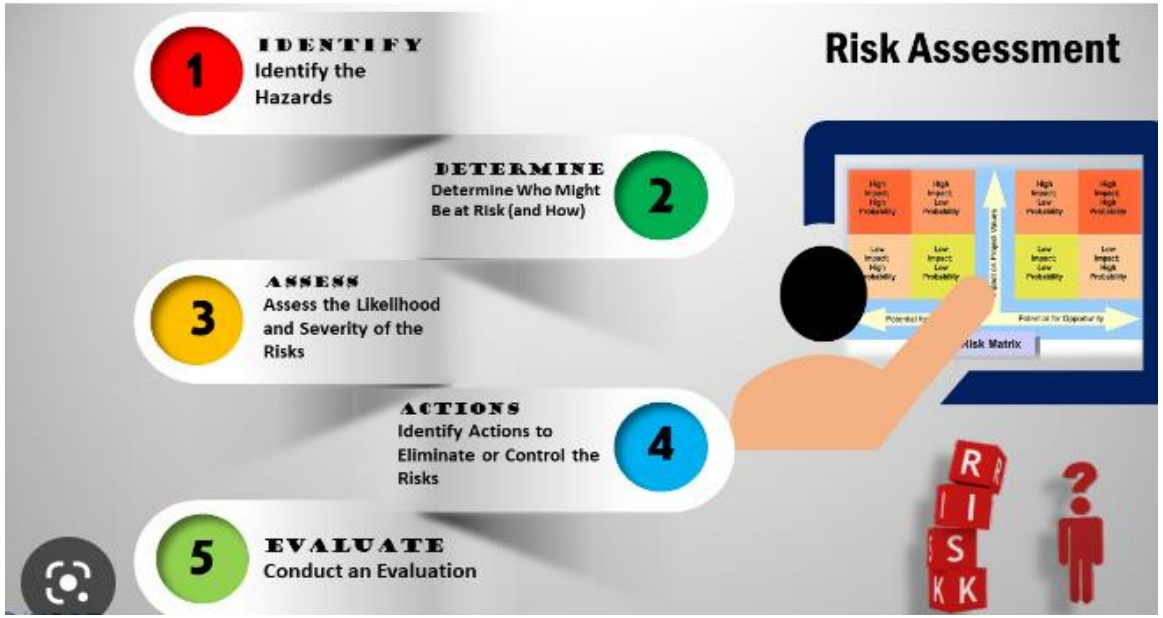
Annual statement

- Known infection transmission event and actions arising from this
- Audits undertaken, as part of a quality improvement programme, and subsequent actions implemented
- Risk assessments undertaken and any actions taken and recorded for prevention and control of infection
- Education and training received by staff
- Review and update of policies, procedures and guidance
- Antimicrobial prescribing and stewardship

safer sharps & risk assessments are not in place

Where it is not reasonably practicable to avoid the use of medical sharps, the Sharps Regulations require employers to:

Use safer sharps (incorporating protection mechanisms) – regulation 5(1)(b)



The employer must substitute traditional, unprotected medical sharps with a ‘safer sharp’ where it reasonably practicable to do so

Sharps and equipment are not being managed appropriately

- Health & Safety (Sharps) Regulations 2013
- Have a handle and temporary closing mechanism
- Be disposed of when the manufacturers fill line is reached
- Be labelled with the point of origin and date of assembly and disposal
- Be situated between shoulder and waist height on a flat surface
- Be disposed of on a 3 monthly basis (even if not full)
- be closed, signed and dated and stored in a designated, safe, lockable area awaiting collection
- Consignments notes to be completed

Control of Substances Hazardous to Health (COSHH) data sheets are not available for all disinfectants and cleaning agents used

Provide information on products

Describe hazards presented

Give information on storage , handling and emergency measures in case of an accident

Cleaning schedules are not in place

Cleaning schedule			
Clinical environment (FR2)			
Item	**Person responsible**	**What product will be used**	**Frequency of cleaning**
Work surfaces	Clinical team	Detergent/Disinfectant	Full clean daily including touch points plus at least twice a day touch point cleaning and clean when dirty/soiled
GP/Nurse/ chair	Clinical team	Detergent/Disinfectant	Full clean daily including touch points plus at least twice a day touch point cleaning and clean when dirty/soiled
Patient chair	Clinical team	Detergent/ Disinfectant	Full clean daily including touch points plus at least twice a day touch point cleaning and clean when dirty/soiled, used by an infectious patient
Treatment couch	Clinical team	Detergent/Disinfectant	Full clean daily including touch points and full clean including touch points between patients /when soiled /dirty i
Sink taps	Clinical team	Detergent/Disinfectant	At least two cleans daily including touch points / clean when soiled/ dirty
Soap dispenser push button	Clinical team	Detergent/Disinfectant	At least two cleans daily / clean when dirty/soiled
Dani centres	Clinical team	Detergent/Disinfectant	At least two cleans daily / clean when dirty/soiled
Touch points i.e. door handles , rails etc	Clinical team	Detergent/Disinfectant	At least two cleans daily / clean when dirty/soiled
Clinical equipment FR2			
Item	**Person responsible**	**What products will be used**	**Frequency of cleaning**
Stethoscope	Clinical team	Detergent/Disinfectant	Full clean weekly / clean between patients / when dirty/ soiled
Otoscope – earpieces are discarded after single patient use	Clinical team	Detergent /Disinfectant	Full clean weekly / clean between patients/ when dirty/ soiled
Ophthalmoscope	Clinical team	Detergent /Disinfectant	Full clean weekly / clean between patients/ when dirty/ soiled
BP machine and cuff	Clinical team	Detergent /Disinfectant	Full clean weekly / clean between patients/ when dirty/ soiled
Tympanic thermometer	Clinical team	Detergent /Disinfectant	Full clean weekly / clean between patients / when dirty/ soiled
Treatment couch	Clinical team	Detergent/Disinfectant	Full clean weekly / clean between patients/ when dirty/ soiled
Dressing trolley	Clinical team	Detergent /Disinfectant	Full clean weekly / clean between patients/ when dirty/ soiled

Cleaning checklists are not in place

Cleaning checklist										
Day	Mon AM	MON PM	TUE AM	TUE PM	WED AM	WED PM	THU AM	THU PM	FRI AM	FRI PM
Item										
Work surface										
GP/Nurse chair										
Patient chair										
Treatment couch										
Door handles										
Sink taps										
Soap dispenser push button										
Dani centre										

All appropriate IPC policies are not in place or easily accessible

To include

- Hand Hygiene
- PPE
- Sharps management
- Inoculation and splash injuries
- Decontamination of clinical equipment/ environment
- Waste management
- Blood and bodily fluid spillages

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Staff do not know the below sign or concept

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Clinical hand wash basins are not being used for hand hygiene only

- Only used for this purpose and not used for the disposal of other liquids
- Be free from inappropriate items
- Have mixer taps, no overflow or plug, Taps should not be aligned to run directly into the drain aperture. Must be in a good state of repair
- Sterile items/ PPE not to be stored by the pipe u-bend
- Have wall mounted liquid soap and paper towel dispensers

Good cleaning regimes are not in place

- High and low surfaces to be clean
- Inappropriate equipment not to be stored in the cleaners cupboard
- Cleaners cupboard to be clean/not cluttered
- Colour coding poster to be displayed
- Equipment to be colour coded
- Equipment to be stored dry and clean
- Mops to be stored inverted
- Single use items not to be reused
- Cleaning schedules/ checklists to be in place
- Spillage kits to be in date

Sterile gloves are not being worn whilst carrying out an aseptic technique

The following are some examples of when an aseptic technique should be used, but is not an exhaustive list:

- When inserting an invasive device
- When dressing wounds less than 48 hours old
- When dressing wounds healing by primary intention, e.g. surgical wounds
- When dressing deep wounds that lead to a cavity or sinus
- When dressing burn wounds
- Minor surgery procedures
- Suturing wounds
- Insertion of intrauterine devices (IUD)
- If the patient is immunosuppressed, diabetic or at high risk of infection

Glove selection guide	Sterile		Non-sterile			
Procedure and type of contact Ticks indicate which glove to use for the procedures listed and if they should be sterile or non-sterile. Please note that this is not an exhaustive list.	Latex	Nitrile	Latex	Nitrile	Vinyl	Domestic
Aseptic technique	✓	✓				
Blood/blood stained body fluids contact			✓	✓		
Body fluids contact			✓	✓	✓	
Clean technique			✓	✓		
Decontamination of care equipment			✓	✓	✓	
Domestic tasks						✓
IUCD insertion	✓	✓				
Minor surgery	✓	✓				
Rectal examination			✓	✓		
Short and non-manipulative tasks					✓	
Urinary catheterisation	✓	✓				
Vaginal examination			✓	✓		
Venepuncture/Phlebotomy			✓	✓		

Other update

The Infection Prevention & Control Education Framework

Standards for organisations who develop and deliver educational programmes

1. IPC Practitioners must inform the development of IPC learning and practice development
2. Applying standard IPC Precautions (SICPs) and evidence-based practice for preventing HCAI associated with invasive devices and procedures will be incorporated into all health and social care related education programmes
3. Antimicrobial resistance (AMR) and Antimicrobial Stewardship (AMS) is an integral part of education programmes
4. Transmission based IPC precautions (TBPs), screening programmes, Hierarchy of controls (HOC) and IPC risk assessment will be incorporated into relevant education programmes
5. IPC will be appropriately incorporated into all health and social care related education programmes in a contextually relevant approach. This will support the promotion of appropriate IPC in the delivery of care
6. Management, maintenance and planning of the built environment is incorporated into related education programmes

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Infection Prevention and Control (IPC)

Infection • Together
We can fight infection

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Does IPC Still Matter Post Covid?

- Healthcare associated infections (HCAIs) are a major public health concern and a significant cause of global morbidity and mortality.
- The European Centre for Disease Prevention and Control (ECDC) estimates that “3.2 million patients develop a HCAI every year in Europe”.
- HCAIs remain persistently as high as 25% in England.
- The cost to the patient cannot be estimated.
- The cost to the NHS, including the length of stay is estimated to be more than £1 billion per annum.
- Emerging resistant strains.
- HCAIs result in morbidity and mortality.
- Although some infections cannot be prevented, IPC measures can control the spread.

The Culprit-micro organisms/Bugs

- Microscopic organisms, such as bacteria, viruses, fungus.
- Infestations such as scabies, body lice, head lice.
- These are living organisms – not visible to the naked eye.
- They multiply, spread and evolve.
- They exist in environments, hands of health care workers, air (in poor ventilation) and in our bodies e.g. gut, blood, skin, hair and body fluids.

The Culprit-micro organisms/Bugs

Resistant Organisms

- Cabarpenem –resistant Enterobacteriaacea (CPE)
- Methicillin-resistant Staphylococcus Aureus (MRSA)
- Vancomycin –resistant enterococococcus (VRE)
- Multi drug resistant Tuberculosis (MDRTB)

Super bugs

- Clostridium Difficile
- Tuberculosis
- Blood-borne viruses
- Ecoli
- Klebsiella
- Psuedomonas

Ecto Parasites

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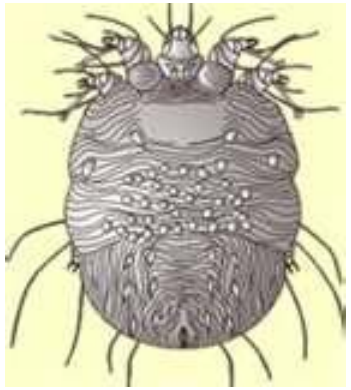

Endo Parasites

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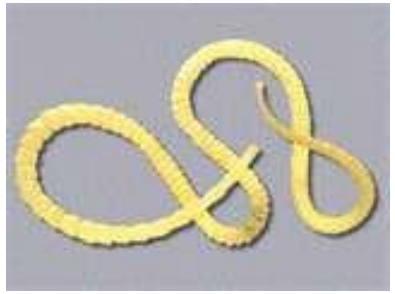

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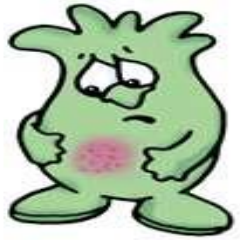
Risk Factors

- Extremes of age and pressures to Social Care System.
- Immuno-suppression such in Cancer, Diabetes, and HIV/AIDS-increased contact with healthcare
- Critically ill patients and high bed occupancy.
- More patients being seen in the Community and Primary Care.
- Stress and mental health issues.
- Non vaccinated community pockets.
- Poor access to healthcare e.g in marginalised.
- Alcohol/Drug use.
- Malnutrition and overcrowding.
- Poor environmental hygiene, poor personal hygiene.

Modes of Spread



- Direct contact i.e. via hands
- Indirect contact e.g. pens, door handles
- Airborne-aerosol droplets e.g. TB, Chickenpox
- Environment and equipment e.g. MRSA
- Inoculation-bloodborne viruses
- Food-borne
- Sexual i.e. sexually transmitted infections
- Vectors e.g. insects, pests

How do they Spread-Transmission

- **Swallowed Infections**
  - Eating contaminated food or drinking contaminated water
  - Sucking fingers, thumbs, biting finger nails, smoking a cigarette with dirty hands
  - Hands can become contaminated from touching pets, farm animals, raw meat and poultry, soiled nappies, toilets...
  - Gastro-enteritis caused by salmonella, E.coli 0157 Noro-virus and Clostridium difficile.
  - If the illness is from food, causes food poisoning.
  - Hepatitis A from contaminated food, water, hands etc
- **Blood to blood**
  - Needlestick injuries
  - Sharing of needles in substance misuse
- **Bites, spits, body fluid spillages**

How do they Spread-Transmission

- **Airborne (droplet and aerosol)**
  - Inhaling droplets of moisture containing viruses, bacteria, etc, from an infected person who has coughed or sneezed.
  - Touching surfaces covered by droplets, as above or from the person's hands and then touching our own face or eyes.
  - Surfaces include door handles, telephones, toys, toilet flush handles.
- **Skin to skin contact**
  - Scabies – mites transfer across
  - Cold sores via kissing.
  - Fungal infections - ringworm, athlete's foot.
  - Family contact and giving care to children.
  - Prolonged skin to skin contact i.e. holding hands.
  - **Head to head** contact-children playing, adults having head contact with children, adults having head to head contact with adults.
- **body lice** - and in clothing and bedding.

Prevention and Control Measures

- Hand hygiene
- Safe use of PPE
- Decontamination of reusable equipment
- Environmental cleanliness
- Safe management of waste and sharps
- Management of needlestick injuries
- Staff health
- Screening and sampling
- Vaccination
- Sexual health education
- Food hygiene
- Respiratory hygiene
- Isolation of infectious cases

The Fight to Improve the Host's Survival

Body defence mechanisms

- Skin and mucous membrane
- Inflammatory response
- Immune system

Treatment

- Vaccination programmes
- Antifungal antibiotics-nystatin, amphotericin B, fluconazole
- Antivirals – Acyclovir
- Antibiotics

What more can we do?

- IPC support
- Risk Assessments
- IPC policies and guidance
- IPC training
- IPC surveillance
- IPC audits e.g iCAT
- IPC Link Professionals
- IPC projects and initiatives
- System wide collaborative work such as antimicrobials stewardship, UTI work steam
- National guidance and policy
- The Care Quality Commission (CQC)

Thank you do you have any questions

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References

- https://www.gov.uk/government/publications/the-health-and-social-care-act-2008-code-of-practice-on-the-prevention-and-control-of-infections-and-related-guidance
- https://www.hse.gov.uk/pubns/hsis7.htm
- Control of Substances Hazardous to Health (COSHH) - COSHH (hse.gov.uk)
- Hazardous substances at work: A brief guide to COSHH INDG136(rev5) (hse.gov.uk)
- NHS England » National Standards of Healthcare Cleanliness 2021
- NHS England » National infection prevention and control
- Health Building Note 00-09: Infection control in the built environment (england.nhs.uk)
- HBN_00-10_Part_C_Final.pdf (england.nhs.uk)
- Aseptic technique (infectionpreventioncontrol.co.uk)
- PPE (infectionpreventioncontrol.co.uk)
- Safe management of the care environment (infectionpreventioncontrol.co.uk)
- NHS England » Infection prevention and control education framework

(Examples for formulating risk assessments for sharps) (please note these are examples from the internet so do not specifically relate to IPC/ Sharps)

- Risk assessment: Template and examples – HSE
- appendix-5-risk-assessment-approach.docx (live.com)