



Preventing
InfectionInfectionInfectionInfectionInfectionInfectionInfectionInfectionInfection

Name

Job Title

Guidance for General Practice

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1. Introduction

We are an NHS Community Infection Prevention and Control (IPC) Team based in North Yorkshire, and our aim is to support staff in General Practice to achieve best practice in IPC. This Workberk complements a range of educational resources and bulleting auther information is available at <u>www.infectionpreventioncor_ol.co.uk</u>

Jt j The Workbook is evidence-based using national guidance intended to be the foundation for best practice for IPC. By ving the principles within the Workbook you will demonstrate commitme to high quality care and patient safety. The Herek and Social Care 2008: code of practice on the prevention and comploid of infections and lealth a related guidance (Code of practice), Social ent o ding c Care, December 2022, states "Go IPC, in ss. is essential to ensure that people o use her and social care services receive safe and effective care".

The *IPC Education Framework* JHS Excend, 2023, describes 3 tiers to classify the IPC education equal ments distaff, including antimicrobial stew ordship (AM-1. The tiers are incremental, building from tier 1 to tier to success:

Tier 1 - Everyone working in her and social care settings

Tier 2 - the feworking on estly with/providing care to patients and/ a who we give the carrical environment

Tier 3 - All affinno are responsible for an area of care

The Workbod provides the IPC knowledge required to underpin the standard of practice expected from staff across each of the 3 tiers. It designents be undertaken in stages which allows you to complete the 'Test our knowledge' sections before moving onto the next section. The constant of your Manager will check that you have achieved 100% competency and sign the 'Certificate of completion'. You should keep it as evidence of learning and as an on-going reference guide.

Completion of this Workbook also helps your General Practice demonstrate compliance with the *Code of practice* and Care Quality Commission registration requirements in relation to IPC training.

Preventing Infection Workbook



Infection prevention and control

2

TBPs (Transmission based precautions)

In some circumstances, SICPs may not be sufficient to prevent transmission of specific infections. Therefore, additional TBPs may also need to be taken.

The need for TBPs is based on the:

- Infectious agent that is confirmed or suspected
- Severity of illness caused by the specific infection
- Transmission route of the infectious agent (which may more than one route)
- Procedures undertaken

TBPs are categorised by the following outes transmission:

Contact precautions

Used to prevent and control is feelings transmitted via direct contact with the patient, opindirectly from the ratient's immediate care environment and the environment. This is the most common route of transmission of inference.

Droplet sautions

Used to prevent a dispet of the respiratory tract of one person (at least 1) retrevised on pets from the respiratory tract of one person fractly onterprevent and pets from the respiratory tract of one person person. Droppets can penetrate the respiratory system to above the alvertified of the respiratory system to above the alvertified of the respiratory system to above the alvertified of the respiratory for the respiratory system to above the alvertified of the respiratory by the re

arborne recautions

Used to revent and control infections transmitted without necessarily having close patient contact via aerosols from the respiratory tract of one person directly onto a mucous membrane, e.g. eyes, nose, mouth, of another person. Aerosols can penetrate deeper than droplets, to the endpoint (alveoli). Unlike droplets, because the size is much smaller, aerosols can travel on air currents for potentially hours before they fall onto surfaces.

Bare below the elbows

'Bare below the elbows' (BBE) facilitates good hand hygiene. BBE is about exposing the forearms and being free from wrist and hand jewellery, including dermal piercings (other than one plain band ring). A religious bangle can be worn, but shald be moved up the forearm during hand hygiene and second during patient care activities. Disposable oversleeves, if orn, mu be removed and disposed of before hand hygiene is pe vp d. Nails should be short, free from nail varnish, false or quality and nail jewellery. Long sleeves, if worn should be rolled pushed up to the elbows.

Hand cleaning methods

Handwashing (using the technic e showi Wash hands with liquid soap, we have running ater and o with paper towels when:

- Hands are visibly soiled
- Seeing a patient who has ym, ms of miting or diarrhoea
- a continued of suspected gastrointestinal Seeing a path infection, e.g. No virus, 2 o ricile

skin wipes the be used when it is not possible to perform Non-alc handwas ing, home vi with inadequate hand hygiene facilities. be fo^p This shou the use of alcohol handrub, and staff must wash their operat the first opportunity.

Alcohol han ub (use steps 2-8 of the technique on page 15)

mstacces, except those listed above, alcohol handrub offers nd acceptable alternative to handwashing for routine hand actica oply a palmful of the alcohol handrub into a cupped hand.

hand antisepsis

Liquid soap and warm water followed by alcohol handrub licenced for surgical rubbing, or the use of an antibacterial solution licenced for surgical scrubbing, removes transient as well as resident microorganisms. This level of hand hygiene should be used prior to minor surgery. Alcohol handrub licenced for surgical rubbing can be used between procedures.

In all

hygiene.

Your 5 moments for hand hygiene at the point of care EAN/ASEPTI OCEDU BEFORE AFTER PATIENT PATIENT CONTACT CONTACT FTER CONTACT ER BODY EXPOSURERIS H PATIENT UNDING Adapted from the WHO Alliance for Patient Safety 2006 **BEFORE PATIENT** WHEN? Clean your hands t patient when approaching him/her. OL I WHY? To protect CONTACT ful germs carried on your hands. atient a **BEFORE A CLEAN**/ WHEN? Clean y immed efore any clean/aseptic procedure. 2 ASEPTIC WHY? To protect against I germs, including the patient's own, PROCEDURE from entering his/hei WH Clean your I tely after an exposure risk to body fluids (and s im AFTER BODY aft removal). 3 FLUID EXPOSURE nd the hcare environment from harmful patient t vours RISK gern WHEN touching a patient and her/his immediate n your AFTER PATIENT en leaving patient's side. surrounding 4 CONTACT WHY? To pr ourself and the healthcare environment from harmful patient ms ands after touching any object or furniture in the patient's an your AFTER CONT. WITH PATIEN imp dings when leaving-even if the patient has not been touched. 5 yourself and the healthcare environment from harmful patient To pro SURROUNDING Other example of when hand hygiene should be performed: dstare visibly dirty or soiled en h Before be start of your shift and before you go home re putting on and after removal of personal protective equipment (PPE) Before and after having a coffee/tea/meal break After coughing, sneezing or blowing your nose After using the toilet

Guidance for General Practice

Hand hygiene (SICP) 4

Where possible, ensure good ventilation by opening windows.

Decontamination of the room or area

- The room or area used for isolation should be decontaminated, e.g. cleaned and disinfected, after
- If the room or area cannot be decontaminated im diately, a notice should be displayed stating 'Isolation ar - awaiti deep clean, do not enter'.

ad If transfer to hospital is required, the ambulance service hospital department should be notified on the infectious sta the patient. Documentation, such as a patient passport or 'Interansi, form', should be health and social care infection cor completed with details of the parant's intectious ۹tr e.g. confirmed risk, suspected risk r no known risk. The form should be given to any person providing surface support or nursing/ able . ownload at medical care. A form is www.infectionpreventiond co.uk

Note

- alWay ure that any leaking wounds are Prior to transfe covered with an a ropriate dressing.
- File Stransfe documentation in the patient's notes. mon

Plea	st you knowledge ase tick the opect answer	True	False
1	and ts with specific infections should be isolated in a designated room or area.		
	Where possible, open windows to ensure good ventilation.		
3.	The room or area used for isolation should be decontaminated after use.		
4.	It is not necessary to inform the ambulance service of the patient's infectious status.		

Patient placement and assessment for infection risk (SICP) 5.

Aprons

Disposable aprons should be worn as single use items for one procedure or episode of patient care.

All healthcare facilities are recommended to adopt the national colour code for aprons, such as:

White	Clinical tasks, e.g. wound dressing
Yellow	Cleaning of treatment and minor operation rooms
Blue	Cleaning of general areas, e.g. consulting rooms
Red	Cleaning of sanitary areas
Green	Cleaning of kitchen areas

Facial protection (eye protectic masks/r/pirators, sors)

- Appropriate facial protection should know when there is a risk of splashing of blood and/or blood fluids or substances hazardous to health, e.g. dening/dist fecting products, to the face, or the patient has a confirmed or suspected infection transfer on by the copleter airborne route, such as flu, Pulmonary Theruber measles. For any new or emerging infections ofer to havatest national IPC guidance. Facial potention must be to be touched when being worn.
- Prescription glasses protection of considered as eye protection.
 Disposable of reusable eye protection should be worn when required.
- A contract surgical mask should be worn when there is a risk of plashing on to the nose or mouth or the patient has a confirmed or suspected infection transmitted by the droplet porne route, see page 10.
 - FFP3 (respirator) masks are rarely required in General Practice. Advice on wearing these is issued by the UK Health Security Agency (UKHSA). When either a disposable or reusable FFP3 mask is required, staff must have been fit tested and also perform a fit check each time a mask is worn.

support and cover the entire foot to avoid contamination.

Note

- Supplies of PPE should be available wherever care is delivered, be within the expiry.
- Hands should be cleaned before putting on and after removal and disposal of each item of PPE.
- Gloves are not a substitute for handwashing.
- Risk assessments should be performed before use of late gloves due to the potential patient and stan sensitivity to late
- Vinyl gloves are loose fitting, less charges, multikely to car, and not recommended for contact with blood or loov ands.
- All PPE should be changed by yeen each task and disposed of in the appropriate wast streat as yoon as the task is completed.
- To minimise the risk of transmission of viection, gloves, which are potentially the more contaminated item, should always be removed in a followed by the apron and then eye protection and mask usee page 22).

Test your knowledge Please tick the accrect are per	True	False
. Wearing PLE protects patients and staff from infection.		
Prescripton glasses are considered approvate eye protection.		
3. When removing PPE, gloves are the last item to be removed.		
 Infectious PPE should be disposed of in the orange waste stream. 		

6. PPE (SICP)

- To cover their nose and mouth with a disposable tissue when sneezing or coughing and using a disposable tissue for wiping and blowing their nose
- To wash their hands with liquid soap and warm running or use an alcohol handrub after coughing, sneezing, Jing or blowing their nose

uk.

Prevention

Respiratory and coug

True

False

- To cough or sneeze into the crux of the elbow if a tissue is not available. not into their hands and not into the air
- To dispose of used tissues promp into a waste bin

A 'Respiratory and cough hydiene' Poster' is available to down at www.infectionpreventioncont

ect answer

Test your knowle Please tick th

2.

- Good remirator and sough hygiene is 1 essential r suce the risk of spreading respiratory fections.
 - nza virus can survive in the environment for up to 24 hours, COVID-19 up to 72 Irs.

ae

- 3. It is not important for rooms to be well ventilated.
- 4. Cover the nose and mouth with a disposable tissue when coughing or sneezing.

Respiratory and cough hygiene (SICP)

Waste stream guide for General Practice (continued)			
aste from patients with a ction, which may be ds g. gloves, aprons, have projection			
cine wat ndues of cytok, us or cynotatic bags of yringe starter, otoxic or cytostatic medicines, e.g.			
non-n Zardous (excluding cytotoxic Ppackages ining residues of medicines			
ncludes items normally found in are:			

are containers

must only be used for the disposal of sharps.

- Should be the correct size and colour according to usage.
- Must be assembled correctly in line with the manufacturer's instructions, ensuring the lid is snapped firmly in place all around the rim to avoid spillage or injury.

- Must have the label completed with date, signature and location on assembly and locking for traceability purposes.
- Must be located in a safe position that avoids spillage and at a height that allows for safe disposal of sharps. Contain should not be placed on the floor.
- Must be away from public areas, e.g. waiting room and of of the reach of children, to avoid accidents.
- Must have the lid opening put into the temporary closed position when not in use to prevent the noof spillage.
- Must not be shaken or the contents consection to make room for more sharps or attemption of or recovery item from the sharps container.
- Must not be filled above the 'fill he' a this could result in sharps protruding from the pening
- Sharps containers must be lispliced of them the fill line has been reached.
- Containers awaiting disputed sould be stored in a secure location.

Te Plea	est you know here as tick the concilence wer	True	False
1.	All staff in the eneral Practice are responsible for the pafe than agement and disposal of waste.		
2.	Waster ons in clinical areas and toilets should be pedal operated with a lid and liner.		
3.	Waste bags should be labelled with the address and date prior to collection.		
4.	Waste classified as offensive should be placed in an orange waste bag.		

<u>Safe disposal of waste, including sharps (SICP)</u> ∞

they should be disposed of in the appropriate waste stream.

Note Some spillage kits contain solidifying polymer granules. National Patient Safety Agency Alert was issued follow number of deaths and incidents related to patients i esting the product. The Alert advises a risk assessment hd establishment of procedures to ensure supplies are stored away from the general public. All staff need to be trained on the use of Spillage kits located at: spillage kits and be aware of where they are stored. Good practice is to display si s indicat where spillage kits are stored. 'Spi^j kit location Poster' is av ble to nload at www.infectionprevention trol.c Remember the appriate spillage kit for the type Best practice is to b of spill lest vour wledge True False ck the corl answer lood or body fluids, e.g. urine, 1. As e o rhcea, may contain microorganisms. nit, à of blood or body fluid should be 2. A spilla with promptly. 3. Always ensure the spillage kit is in date. Spillage kits should be securely stored away 4. from public access.

Safe management of blood and body fluid spillages (SICI <u>б</u>

10. Safe management of care equipment

Cleaning and/or disinfection and/or sterilisation are known as decontamination. Safe decontamination of reusable medical equipment and care equipment before its first use and after each use is an essential part of routine infection control to revent the transmission of infection.

There are 3 levels of decontamination that can be and					
1. Cleaning	Is a process which physically removes divible, body fluids and many microganisms, e.g. bacteria or viruses.				
2. Disinfection	Is a process which removes or Kappenogenic (disease cauched) micromganisms, sing a disinfecting agen or reached.				
3. Sterilisation	Is a process for the complete destruction or removal of all stroorg sisms.				

1. Cleaning - how may use on heact skin and non-infectious, atlet

Detergent wipes a meneral purpose neutral detergent, warm wate fail user foths should be used for the cleaning of any reusal condical or care equipment, e.g. examination couch, fille v case, stethoscope, doppler, that has been in contact with intact skin (for example skin which has no brooks, g. izes, cuts). Cleaning is essential before arsing tion or sterilisation is carried out.

2. Disi ection - follows cleaning, for items in contact with n-intact skin, mucous membranes, body fluids, confirmed or suspected infectious patients Disinfectants are not effective if dirt or visible soiling is present.

Disinfectants can be in the form of a wipe, tablets or liquids.

11. Safe management of linen, including uniforms and workwear

Best practice in General Practice settings is to use disposable paper products, e.g. paper towels, couch rolls, to prevent the spread of infection.



Linen or fabric items are not recommended for use as it is not practical to launder them between ea patient. Couch roll should be used for no desty cover rath than a blanket.

A new disposable couch roll she is how use it to ver couches and pillows after each patient use.

Pillows, if used, should be encased in an undamaged, sealed wipeable plastic cover all the contain pated after each use.

It is recommended that disjonance curtains and screens are used. They should be changed as per local cleaning schedule or immediately if wibly wile e.g. with blood, body fluids, dirt or stains. If fabric curtains or schemes are used, they should be professionally laundered as per local cleaning schedule or immediately if why by soiled.

shing loorms or clothing worn at work

Always:

uniform when travelling to and from work

Mont a clean uniform at the start of each shift and have enough uniforms to facilitate this

 Use personal protective equipment (PPE) in accordance with 'Standard infection control precautions' (SICPs), e.g. disposable apron, to prevent contamination of uniform and workwear

12. Safe management of sharps and inoculation injuries

An inoculation incident is where the blood/body fluid of one person could gain entry into another person's body, such as

- A sharps/needlestick injury with a used instrument of needle
- Spillage of blood or body fluid onto damaged skiele.g. ruze, cut, rash, burn
- Splash of blood or blood stained body fluid into the ey nose or mouth
- Human bite causing skin to be bred

Many accidental exposures to blod and body fit is the not classed as inoculation incidence e.g. sploshes ontointact skin. In these circumstances, washing the contaminated area thoroughly with liquid solution was crunning water is all that is required. Exposure to steller earps an also not considered to be inoculation injuries.

Good practice to one out a seedlestick/sharps injury

- Where possible, se say marps devices which have a protection mechanic a incorporated.
- **Never** recap, and les one to the high risk of injury.
- Dispose of the needle and syringe as one unit. If his necessary to detach the needle, gut at care must be taken,
 - prefer bly using the device on the sharps container.



Stops should be disposed of at the point of use by the person using the sharp.

- Never pass used sharps from person-to-person as it increases the risk of injury.
- Request assistance when using sharps with reluctant or confused patients.

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Note

- Hepatitis B vaccination should be offered to all staff in contact with sharps or inoculation risk.
- It is good practice to display an 'Actions to be taken following a sharps injury, blood splash or body fluid incident' poster for staff.

For further details visit

www.infectionpreventioncontrol

It's a fact

The risk of acquiring a solution of virus from an infected patient is approximately up 30% shepatitis B, 3% for hepatitis C and 0.3% for VV.

Preventi Control NHS

 Around 100,0, no "estic and other sharps related injuries are reported by theat. workers every year.

Test your knowledge Please tick the sort of answer	True	False
 Many a lidental exposures to blood and body finite are ot classed as inoculation incidents, e.g. s lasties onto intact skin. 		
2. Shares should be disposed of at the point of by the person using the sharp.		
3. Needles should be recapped after use.		
4. If you sustain a used sharps injury, you must Bleed it, Wash it, Cover it and Report it.		

significant wounds that are less than 48 hours old, cavity wounds or wounds of patients who are significantly immunosuppressed, have diabetes or are at high risk of infection.

Aseptic technique competency

- Only staff trained and competent in an aseptic ter sique should undertake the procedure.
- An 'Aseptic technique competency: Annual Assessment Tool' should be completed on an annual basic Available to download at <u>www.infectionpreventioncont_co.uk</u>.
- Training records and audit tools found available fr inspection.

Summary for wour 1 dre > .gs					
Description	Aseptic tec m. ve	an technique			
Gloves		Non-sterile			
Dressings	Sten	Sterile			
Cleans 6 solution	Sterile w. r/saline/ a. ptic	Tap water (drinking quality)			

symbols and their meaning 5-01-31 2024-01 Use by date, i.e. Date of manufacture, i.e. manufactured use by 31 January 2026 during January 2024 Do not reuse. LOT **ABC123** single use, use only once Batch code

16. Specimen collection

A specimen is a sample of human tissue or body fluid, e.g. blood, urine, faeces, pus or sputum, taken from a patient to identify microorganisms, e.g. bacteria and viruses, that cau disease and to provide medical direction for appropriate treatment. Sometimes, specimens are obtained for providering purposes, e.g. checking for blood and kidney disease.

All specimens are a potential infection risk to staff and should be handled and transported safely. Therefore fall specimens may be collected using 'Standard infection control recautions'.

Microscopy, culture and sensitivities areas is the process in which microorganisms and their anymicrobial sensitivity are identified.

Specimens for MC&S should only be usen if there are indications of a clinical infection, there takes, pages 51 and 52). This helps reduce the risk of heppy priate intibiotic prescribing.

Wherever possible to the a fresh spectrue. As much relevant clinical information, e. sym, and current or recent antibiotic treatment, recent travely groad, should be included on the speciment that ensure the most appropriate tests are undertakened the Proceed.

Wash hand before and after specimen collection.

ar appropriate personal protective equipment (PPE).

- Care should be taken not to contaminate the option of the outer container or label.
 - Ensure the lid is securely closed and place the container in the plastic transport bag.



 Specimens should be labelled correctly, all details completed on the form and placed in the appropriate specimen bag. 16. Specimen collection (Key topic)

Remember

- Venepuncture poses a risk of infection to both the patient and staff member performing the procedure.
- Use safer sharps devices incorporating a protection mechanism, where possible.
- Best practice is to decontaminate the skin prior venepuncture.

It's a fact

In 2010 WHO highlighted the most concerct practices from to increase the risk of needlestic anjury and training on of disease as being:

- Recapping used need is using two nands.
- Recapping and disass, in, ing vac, ym containing tubes and holders
- Reusing tour subject and viscount subject holders that may be contaminated with back sign and sometimes blood

Test your know dge Please tick the or out answer	True	False
1. Venepulature only poses a risk to the patient.		
 Use stier sharps devices which incorporate a protoction mechanism, where possible. 		
3. Wearing gloves can help prevent acquiring a blood-borne virus if you sustain a needlestick injury when undertaking venepuncture.		
4. Blood samples can be taken in any order.		

18. C. difficile

Clostridioides difficile (C. difficile) is a bacteria that is present in the gut of 30%-40% of babies and 3%-5% of adults. Our 'good' bacteria (normal flora) keep the growth of *C. difficile* in check However, when antibiotics are given for an infection, the antibiotics can disturb the balance of bacteria in the gut and *C. difficile* can multiply rapidly producing toxins (poisons) that cause in mmating of the bowel and diarrhoea.

C. difficile produces microscopic spores, which are invisible the naked eye, and are hard to kill, these an open passed in diarrhoea. The spores are resistant to air dryll, and heat, and can survive in the environment for provins and every year

Risk factors for C. difficile

The risk factors associated, the acquire C. difficile are:

- Age: incidence is much han in the aged over 65 years
- Underlying discusse: those with pronic renal disease, underlying gash the tipal conditions and oncology patients
- Antibiotic therapy. atients too are receiving or recently received attibiotic treatment (within 3 months), especially broad-spectrum, attibiotic.
- **Recent hysraul stay:** patients who are frequently in hospital on who have had a lengthy stay in hospital
- Bernergey: those who have had bowel surgery
- Other m dication: patients receiving anti-ulcer medications, including, antacids and proton pump inhibitors (PPIs), for treating reflux (heartburn and indigestion)
- Nasogastric tubes: patients with a nasogastric tube in situ
- Previous history of colonisation or infection with C. difficile: patients are at greater risk of developing C. difficile infection (CDI)

19. MRGNB, including CPE

Some types of Gram-negative bacteria, which live naturally in the gut, have developed the ability to be resistant to many commonly used antibiotics. These bacteria are known as Mittiresistant Gram-negative bacteria (MRGNB). Not only are mese bacteria resistant to antibiotics, but they can also pass on this resistance to other types of bacteria. The types of bacteria that most commonly develop this ability include:

- E. coli
- Klebsiella
- Pseudomonas
- Enterobacter
- Proteus

If MRGNB cause an infection of a xample urinary tract infection, pneumonin or wound infection, they are very difficult to treat as they are reasonable to many anti-otics.

Over recent years, and or type CMRGNB known as carbapent of producing Interobacterales (CPE) has been identified. These is not ant scains of bacteria produce an enzyme that restricts the powerful group of antibiotics, such as imported whereas used in hospitals. Until now, these have been the 'last mort' antibiotics relied on when other antibiotics have been the tract infections.

In the UK, other the last number of years, there has been a rapid increased infection and colonisation by CPE bacteria causing a number of outbreaks.

It is important to remember that MRGNB are not usually a problem to people who are healthy, but are a risk to vulnerable people.



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Where are these bacteria found?

These bacteria are commonly found in the gastrointestinal tract (gut) where they are part of the 'healthy' bacteria (normal flora). They can also be found:

- In the environment
- In water or soil
- On the hands of staff
- On care equipment

These bacteria are often found in urine specimens submittee to the Microbiology Department.

Risk factors for MRGNB

People at most risk of being compised or infected with MRGNB are:

- Those who in the last P h other
 - Been appendient in any he nital, UK or abroad
 - Had multiple hospital treatments, e.g. dialysis, or have had cancer characterized
 - Events triously is artified as CPE positive (includes household an ever home contacts of confirmed cases)
 - Bee admitted to a hospital augmented care or high-risk unit

Or based on local epidemiology:

- immunosuppressed
- Have had previous exposure to broad-spectrum antibiotic courses, particularly carbapenems in the last month
- Are resident in 'Long Term Care Facilities', particularly where higher levels of interventional care are provided, e.g. long-term respiratory ventilation

19. MRGNB, including CPE (Specific infection)

MRGNB colonisation: means that MRGNB is present on or in the body without causing an infection. Colonisation with MRGNB may be long term

MRGNB infection: means that the MRGNB is present on opin the body and is multiplying causing clinical signs of infection, e.g. urine infection, pneumonia, or wound infection

Routes of transmission

MRGNB can be spread by:

- Direct contact: person-to-person, e.g. ptact with an infected person
- Indirect contact: medical device, can equip, ont or environment that have not been appropriately decontaminated, e.g. toilet flux, buttors andle, toilet assistance rails

Management of a patient concentration sted with MRGNB

- Always use 'Standard infection untrol precautions' (SICPs) and, where require 'Transpission based precautions' (TBPs) should be used used used to all k assessed basis, particularly where there is a presence of used drainage, diarrhoea or faecal politisence. Indese situations, there is increased potentiation environmental contamination and subsequent risk of transmission.
 - Patients at inding for a wound dressing, where possible, should be sureduled at the end of the session to allow time environmental cleaning and disinfection.
- A long a leved fluid repellent gown should be worn if there is
 initial extensive splashing of body fluids to the uniform,
 e.g. dealing with an ileostomy.
- If the patient has attended for an examination or procedure, reusable devices, care equipment, the treatment couch and the immediate area, should be cleaned and disinfected (see sections 10 and 13).



Preventing Infection Workbook

MRSA. If infection is present, antibiotic treatment should be prescribed and suppression treatment considered.

Routes of transmission

MRSA can be spread by:

- Direct contact: person-to-person, e.g. touching, dressing a wound
- Indirect contact: medical devices, care equipmed environment that have not been appropriately decontaminated

MRSA screening

How to take a nasal swab for JIRSA s eening

- Wash hands, pply pron and non-sterile glove
- Place a iele trops theither sterile 0.9% sodium a long or sterile water onto the swab
 thing can not be contaminate the swab.
- Notice the theory of the swab inside the nostril at the angle shown.
 - It is not ecessary to insert the swab too far much enostril.

20. MRSA (Specific infecti

- Gently rotate the swab ensuring it is touching the inside of the nostril.
- Repeat the process using the same swab for the other nostril.
- Place the swab into the container.
- Remove and dispose of gloves and apron and clean hands.
- Complete patient details on the container and specimen form. Request 'MRSA screening' under clinical details on the form.

the immediate area, should be cleaned and disinfected (see sections 10 and 13).

- Repeat screening and suppression treatment is not required unless the patient has recurrent infection, is particularly vulnerable, poses a special risk to others, e.g. healthcare worker, or spread of infection is continuing in close antacts.
- Communicate PVL-SA status to any receiving hear and social care providers (see page 18).

Note

 An advice sheet 'PVL-SA Information for solice users' is available to download at www.infectionpreventioncontrol.o.uk.

It's a fact

- Panton and Valentine we that Dock is who discovered this toxin which kills white bloot ce. (leuk tytes), and is known as 'leukocidin'.
- PVL-SA has play. and in a number of outbreaks of fatal bacterial infections.

Test you know size Please tick the conject reviewer	True	False
 ML-SA pluces a toxin which destroys white blood ells. 		
e.g. mill ary training camps.		
3. A should be suspected if a patient has recurrent boils, abscesses, or if there is a history PVL-SA in any close contact.		
4. Repeat screening and suppression treatment is always required.		



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22. Respiratory illnesses

Respiratory illnesses are a major cause of hospitalisation, morbidity and death in the elderly and are amongst the most common winter ailments, predominantly due to a viral infliction. People suffering from underlying chronic health conditions become more susceptible and vulnerable to sever assess Vaccination provides the best protection against accurrent spreading infection.

Other viral infections, such as human meapned povirus respiratory syncytial virus (RS), parainfinenza and annovirus, are not usually considered to a pof public health concern.

Respiratory illness sympletes vary, et commonly include continuous cough, high te oblature, fortness of breath, body aches and tiredness.

How are respirately viewes pread? Respiratory viruses a spread y:

- Precomments drople consmission. Droplets are generated during rough 9, conezing, talking. If droplets from an infected proson come into contact with the mucous membranes, e.g. eyes, nose, mouth, of another person, they conseques infection. Droplets remain in the air for a short period and can travel about 1 metre. They can land on surfaces and equipment and can infect others if touched and ther erson then has contact with their eyes, nose, mouth
- Aerosol transmission is usually associated with an aerosol generating procedure (AGP). An AGP can result in the release of airborne particles (aerosols) from the respiratory tract, when treating someone with a confirmed or suspected viral infection. During an AGP, smaller viral particles than

23. Viral gastroenteritis/Norovirus

Viral gastroenteritis is usually caused by a virus known as Norovirus, other less common causes include Rotavirus and Sapovirus. The incubation period for viral gastroenteritis rates from 24-48 hours, but cases can occur within 12 hours of exposure.

Viral gastroenteritis is highly infectious and can spread usif from person-to-person, therefore, it is important to use 'Standard infection control precautions' (SICPs) and, where required 'Transmission based precautions' (TBPs).

What does viral gastroenteritis c

Symptoms include:

- Sudden onset of vomiting which an a projectile
- Watery non-bloody diarr
- Abdominal cramps
- Nausea
- Headache, low grad fever

The illness asts 2. 2 hours with no long term effects.

s of transission

Norovirus is transmitted primarily through the faecal/oral route by:

been wayed thoroughly

- direct contact: faecally contaminated food or water. Medical devices, care equipment or environment, that have not been appropriately decontaminated, e.g. toilet flush button/hand, toilet assistance rails
- Also, via the droplet route: infectious droplets in vomit can remain in the air and be swallowed by another person





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Management of a patient with viral gastroenteritis/Norovirus

- Where possible, see an infectious patient virtually, e.g. using a smart phone, tablet or computer, or in their own home. Refer to the 'Patient placement and assessment for infection risk Policy for General Practice'.
- Always use 'Standard infection control precautions' (SICP) and, where required, 'Transmission based precutions' (TBPs) should be used on a risk assessed basis.
- Alcohol handrub should **not** be used for hand hygien as i not effective at killing Norovirus.
- Communicate viral gastroenteritientatus cany receiving health and social care providers (see hage)

Due to the highly infectious name of yeal gastroenteritis/ Norovirus, if a patient versits or humarrhoea:

- In a toilet, the area shows e immediately deemed 'out of order' and cleaned and ising sted promptly
- Elsewhere in the unperal Practice, clean and disinfect the area promptly using an unppriate spillage kit. If possible, movemaiting patients to another waiting room/area until the spillage multicendee with

Te	se tick the prect answer	True	False
1.	Vintgasmenteritis is mildly infectious.		
2.	The cubation period for viral gastroenteritis		
3	Norovirus is transmitted primarily through the faecal/oral route via direct or indirect contact.		
4	Alcohol handrub is not effective at killing Norovirus.		

Key references

British Medical Association (May 2012) CQC Registration—What you need to know, Appendix B Policies and Protocols Guidance for GP

Care Quality Commission Homepage [online]

Chadwick P.R., et al, Guidelines for the management of norovirus outbreaks in acut and community health and social care settings *Journal of Hospital Infection Volume* 10, 127-191 (*June* 2023)

Department of Health (December 2022) Health and Social Care Act 2008 de of practice in the prevention and control of infections and related guidance

ble

Department of Health (2022) Health Technical Memorandum 07-01: Safe and management of healthcare waste

Department of Health (2009, updated 2019) Clostridium difficile infection: How to de problem

Department of Health (2008) *HIV post-exposure prophylaxis*: Consider from the UK Chief Medical Officer's Export Advisory Group on AIDS and the solution of t

Harrogate and District NHS Foundation Trust November 2 (1) Commune Vection Prevention and Control Policies for General Practice

Health Protection Agency (November 2008) Generative diagnosis and management of PVL-associated Staphylococcus at the infection of SA) in England 2nd Edition

Loveday HP, et al, epic3: National EV et al Based of relines for Preventing Healthcare-Associated Infections in NHS Hospital on E and *Journ of Hospital Infection 86S1 (2014) S1–S70*

Medicines and Health and Poducts Register for Activery (2021) Managing Medical Devices Guidance for healthcare of the care on misation

National Institute for Health and Care and the ce (2012, updated 2017) Infection: prevention and control of healthcare-associated infection in primary and community care Clinical Guideline

NHS England (March 19) Infection evention and control education framework

NHS England 1022, where the National infection prevention and control manual (NIPCM) for England

England A ucrobial resistance (AMR) <u>www.england.nhs.uk/ourwork/prevention/</u> antimicrobial-resi

NHS and S Improvement (April 2021) National Standards of Healthcare Cleanliness

Public Health Ingland (May 2020, updated October 2020) *Diagnosis of urinary tract infections:* quick reference tool for primary care

Clinical Nursing Procedure 10th Edition

UK Health Security Agency (2013, updated September 2023) *Immunisation Against Infectious Disease (The Green Book)*

UK Health Security Agency (September 2022) *Framework of actions to contain carbapenemase* -producing Enterobacterales <u>www.gov.uk/government/publications/actions-to-contain-</u> <u>carbapenemase-producing-enterobacterales-cpe</u>

WHO (2010) Guidelines on drawing blood: Best practices in phlebotomy

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