

Safe & Sound

Infection Control information for patients & visitors



The Royal Devon & Exeter NHS Foundation Trust, patients, visitors and staff are agreed that infection control and patient safety is a priority.

By the very nature of having hundreds of thousands of people coming and going from the hospital site, and the clinical procedures taking place, it is a 24 hour commitment to keep people, equipment and the environment at the RD&E as clean and safe as possible.

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Respond, Deliver & Enable

Infection FICTION

Hand gel should be at the main entrance

Hand hygiene on entry to the hospital building does not protect patients from infection of any kind.

The key point for hand hygiene, either using soap and water or an antibacterial rub, is at the bedside or in the clinic room by the health care staff who are providing care. Hand hygiene for everyone after using toilet facilities and before eating is most effective.

Staff should not wear their uniform outside of the hospital as it spreads infections like norovirus

The wearing of uniforms off site does not compromise infection control. Uniforms are worn to enable patients to identify different types of healthcare staff and are otherwise exactly the same as ordinary clothes, which many people also wear to work in healthcare settings.

They hold no special properties in terms of protection and they pose no greater risk than ordinary clothes.

When ward staff are caring for patients with an infection such as diarrhoea and/or vomiting they wear protective clothing such as aprons and gloves which are then removed and safely disposed of.

Patient records are touched by many members of staff so paperwork may be contaminated with MRSA and *C. diff*

Patients records can become contaminated with a range of germs. Unfortunately it is not possible to disinfect the record without damaging them.

This is why we have signs on all the notes trolleys in the wards advising staff to clean their hands after touching the notes and before touching the patients.

The RD&E should only have automatic doors without handles and all toilets should have non-touch flushes and taps

Non-touch flushes are helpful but where they are not available the risk of spread of infection can be overcome by simply washing hands after flushing. Paper towels used to dry hands after hand washing should be kept in the hands to turn off the taps, avoiding recontamination of clean hands.

If concerned about door handles, then the best place to clean your hands is once you arrive at the patient bedside using either the sink or the alcohol hand rub at the foot of the bed or in a dispenser on the wall.

Nurses should return to wearing hats

Hats on nurses contribute nothing to hygiene. Clean hair, tied back if long, is much more hygienic.

You can only get MRSA and *C. diff* in dirty hospitals

Everyone expects a hospital to be clean, in the same way as you expect a hotel to be clean. However, MRSA and *C. difficile* infection can occur even in the cleanest hospitals and this is because of the use of antibiotics.

Whilst some antibiotic use is unavoidable, the appropriate prescription and use of antibiotics in hospitals and in GP surgeries is important.

Infection control role of visitors

The RD&E recognises true benefits of patient recovery for visitors to come in and see their relatives or friends

Infection control is everyone's responsibility and we expect visitors to:

Wash hands before and after your visit using soap and water or hospital hand gel dispensers at the foot of beds on wards

Stay home if they have a cold, infection or stomach upset and only visit if they have had no symptoms for at least 48 hours

Keep children, especially babies, home because they are vulnerable to germs and infections brought into hospital

Use the chairs on wards, not beds

Stick to the visiting times so that housekeepers can clean wards and around bed spaces

Why poorly visitors should stay at home

Visitors who are unwell themselves can cause infection outbreaks in hospital, particularly diarrhoea or vomiting.

Patients who are already feeling poorly then have the added discomfort of vomiting and diarrhoea if there is an outbreak on their ward, staff sickness levels go up, wards are closed to new patient admissions and visitors if this means there are fewer beds available this can leave us with no choice but to cancel operations.



Royal Devon and Exeter **NHS**
NHS Foundation Trust

**Visitors are
welcome -
bugs are not**

**If you have had
diarrhoea or
vomiting in the
last 48 hours**

STAY AWAY

Infection control is our number one priority

www.rdehospital.nhs.uk

Clostridium difficile

***Clostridium difficile* is the name of one of the bugs that may be present in small numbers in the bowel (gut) of healthy people that usually cause no harm.**

Sometimes as a result of taking antibiotics, some bacteria in the bowel are killed but *Clostridium difficile* is left behind and can reproduce in large numbers. It then irritates the gut lining, causing symptoms that can include diarrhoea, abdominal cramps, loss of appetite, fever and nausea.

Anyone taking antibiotics (particularly more than one type of antibiotic); people with inflammatory bowel disease or who have had treatment or surgery on the stomach and/bowel are particularly at risk.

Where possible any antibiotics being taken are stopped and the *C. diff* symptoms may then subside without further treatment. However if a patient is given an antibiotic specifically to treat the *C. diff* infection then a doctor will advise on its use.

When *Clostridium difficile* causes diarrhoea it invisibly contaminates the environment where it can survive for long periods and then be picked up on other people's hands and by hand to mouth contact, can be transferred into the stomach and bowel.

What is done to prevent spread?

- ✓ For patients the most important way of preventing spread is to wash hands carefully with soap and water after using toilet facilities and also before eating
- ✓ Everyone who has contact with a patient or the immediate environment must clean their hands
- ✓ Infected patients may be moved into a single room or small ward area called a bay
- ✓ Staff will wear gloves and aprons when giving a patient personal care to prevent spread to other patients and from patient to staff
- ✓ A specific toilet or commode will be assigned to a patient to prevent spread to other patients
- ✓ A sign is placed on the patient room door to remind everyone entering to take the precautions and follow infection control advice
- ✓ These precautions continue until the patient has been free of diarrhoea for two days

Family and friends can still visit. Nursing staff will advise them on the precautions they need to take. All visitors should wash their hands on leaving the room or bed area.

Deep cleaning

The RD&E has reaped the benefits of its investment in specialist deep cleaning technology as an infection control measure in addition to the round-the-clock cleaning activity of the housekeeping service.

Hydrogen peroxide vapouriser machines decontaminate infected areas with dry mist, particularly where *Clostridium difficile* cases are reported. The mist reaches places which manual cleaning cannot reach.

During a deep clean, all patients, furniture and fittings are removed from the ward area.

A team involving estates, nursing and housekeeping staff repairs and cleans the ward environment and the furniture before the ward is re-opened.

- The Trust has achieved a year on year reduction in Methicillin Resistant *Staphylococcus aureus* (MRSA) bacteraemias since reduction targets were set in 2004/5. During 2010/11 only two MRSA bacteraemias were identified and attributed to the RD&E, against a target of four. This reflects a 93% reduction since 2004/5.

- The Trust introduced a more sensitive laboratory diagnosis test for *Clostridium difficile* in October 2010 to ensure more accurate results – this means more cases are being identified which would previously have been missed. However there was still a further reduction in 2010/11 which achieved local and national targets. The Trust deep cleaning programme has made a significant contribution to this achievement.



MRSA

MRSA stands for meticillin resistant *Staphylococcus aureus*. It is a common germ that can live quite harmlessly in the nose, throat and sometimes on the skin of healthy people. This is referred to as 'colonisation' or carriage. Some people will remain 'colonised' with MRSA but live completely normal lives.

Staph. aureus may cause harm (infection) when it has the opportunity to enter the body. People requiring health or social care in the community, those requiring multiple admissions to hospital and people with broken skin such as severe eczema or a longstanding wound, or who are very unwell and vulnerable to infection generally are more at risk.

Those types of *Staph. aureus* which have developed resistance to an antibiotic known as methicillin, and other antibiotics similar to methicillin, are known as MRSA.

Patients who have MRSA colonisation do not look or feel different from other Royal Devon & Exeter hospital patients. Taking swabs from body sites such as the nose, throat and perineum (groin) can detect MRSA.

If infection is suspected a swab or sample is sent to the RD&E laboratory to check for all types of bacterial infection, including MRSA.

Hand hygiene is the most important way of preventing spread of MRSA which is largely through direct contact. To protect other vulnerable patients and themselves hospital staff will wear gloves and an apron for procedures involving patient contact for tasks like washing or changing a wound dressing.

Patients who have MRSA and need to come in to a hospital or doctor's surgery for treatment or an appointment should let the staff know.

MRSA can be treated but the choice of antibiotics is limited. If a patient has symptoms of infection antibiotics will usually be required, either as tablets or injections.

The length and type of treatment will vary from person to person. This will treat the infection but not necessarily clear MRSA from the nose, skin or other carriage sites so antiseptic soap, mouthwash/gargle solution and a nasal cream can be used to clear the MRSA from these sites.



Screening

All RD&E elective (planned) surgery and emergency inpatients are screened for MRSA. The aim of this screening activity is to reduce the risk of infection developing during invasive procedures for those patients unaware they are carrying MRSA and to minimise the risk of carriers spreading MRSA to other vulnerable patients whilst in hospital. At least 40,000 samples are tested by our laboratory staff in a year.

- Gloves are not required for the screening activity pictured above

Staff training & awareness

Throughout the year staff compliance is checked for effective hand hygiene including monthly observation by Infection Control Link Nurses on wards to ensure good practice is being followed. In addition we run activities and information campaigns to raise awareness of this essential infection control activity.



Did you know?



We have made a film for patients and visitors about hand hygiene in hospital which can be watched on our website www.rdehospital.nhs.uk

- A lightbox can reveal what hand washing may have not removed (pictured)
- Frontline staff uniform tunics are bare from the elbow down to make hand washing easier and more effective
- When a new building or refurbishment is planned infection control is an important part of the design and work including the materials, location and number of washing facilities and bed space for cleaning access
- All Trust staff attend basic infection control training as part of their induction to the RD&E - everyone has a responsibility not just front line healthcare colleagues

