

Practice Nurse IPC Forum

Speakers:

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Agenda

- Updated IPC Code of Practice for Primary Care

[Health and Social Care Act 2008: code of practice on the prevention and control of infections and related guidance - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

- Group A Streptococcus
- Preventing spread of infection in Wound Clinics (Lower Limb)
- Topics for next Forum





Health & Social Care Act 2008:code of practice on the prevention and control of infections & related guidance

- Updated 13th December 2022
- Specific section for Primary Care
- CQC are asking on inspections – how have staff being made aware of the updates in the code?
- The law states that the code is to be taken into account by the CQC when it makes decisions about registration against the IPC (including cleanliness) requirements
- Read it & make sure you are aware
- [Health and Social Care Act 2008: code of practice on the prevention and control of infections and related guidance - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/health-and-social-care-act-2008-code-of-practice-on-the-prevention-and-control-of-infections-and-related-guidance)





Health & Social Care Act 2008:code of practice on the prevention and control of infections & related guidance

- 10 Criteria – Primary Care guidance for each criteria

- IPC Lead to write Annual statement:

The content of might include a short review of any:

- significant IPC events and the learning from them
- actions arising from the above
- audits undertaken and subsequent actions
- risk assessments undertaken for prevention and control of infection
- induction and training received by staff
- reviews and updates of policies, procedures and guidance


Department
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Guidance

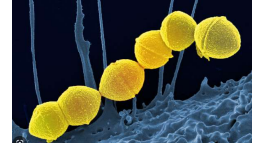
**Health and Social Care Act 2008:
code of practice on the prevention
and control of infections and related
guidance**

Updated 13 December 2022





Group A Streptococcus (GAS) – what is it & why do I need to know about it?

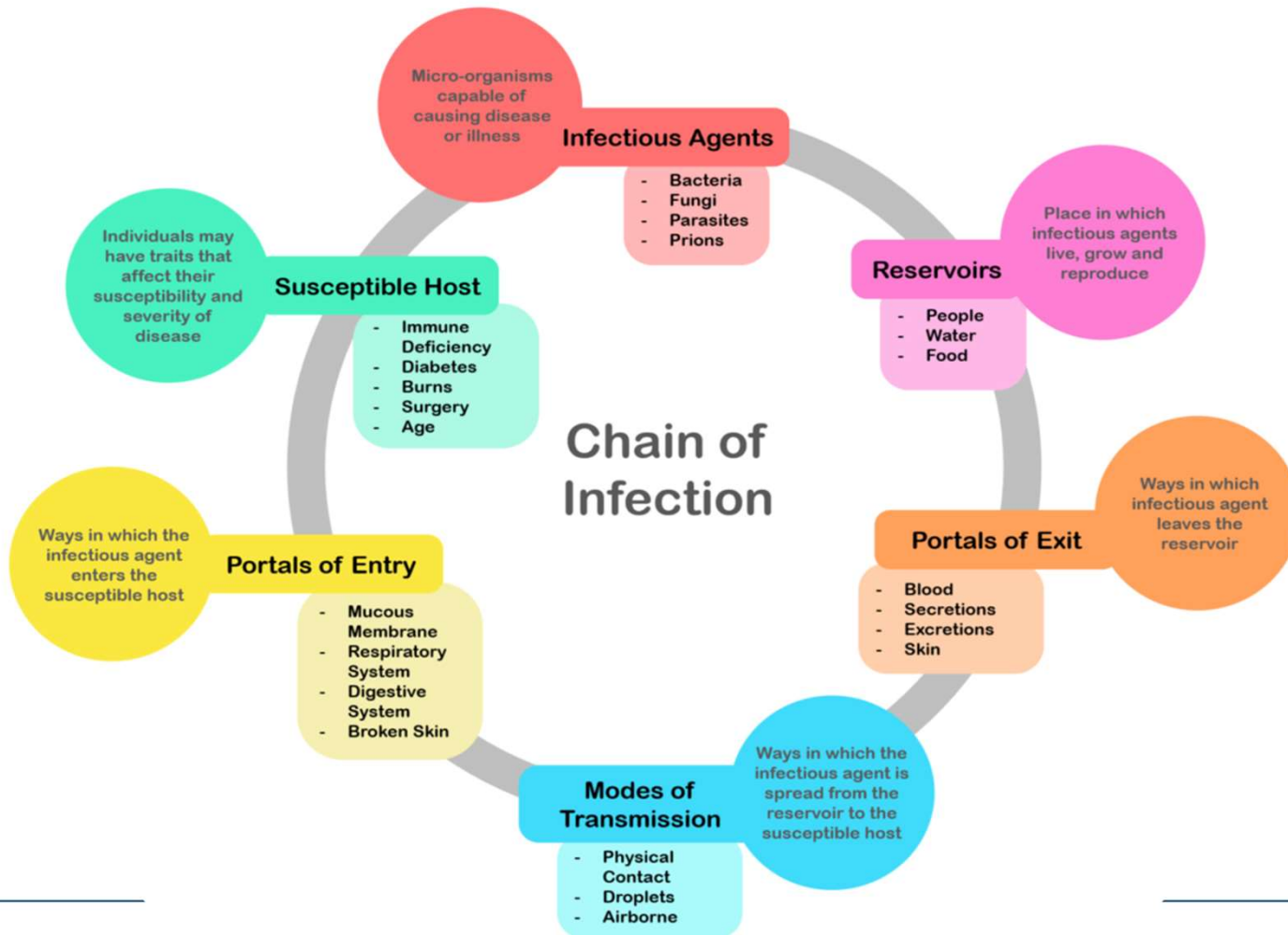


- Group A Streptococcus (GAS) is a bacteria that can be carried in the nose and throat and can also live on skin . It can cause sore throats , scarlet fever and skin & soft tissue infections, e.g. Impetigo and cellulitis .
- The bacteria has multiple virulence factors that enable it to efficiently evade the hosts immune system :
 - iGAS – (invasive Group A Streptococcus)- when the bacteria evades host immune system and gets into bloodstream . Portals of entry into the bloodstream can be through breaches in skin integrity, respiratory tract .
 - iGAS can also cause Necrotising Fasciitis
 - iGAS is associated with increased mortality





How infections spread- Chain of Infection:





How is GAS Spread?

- Respiratory droplets from nose and mouth of a colonised/
infected individual
- Hands
- Equipment
- Uniforms





Preventing transmission and invasive disease:

- Adopt Standard IPC Precautions (SICP's) for all patients when carrying out clinical activities and:
 - Adopt best practice when managing lower limb wounds (leg ulcers , diabetic foot ulcers) :
 - *Buckets- see slide 14
 - Low threshold of suspicion for recognition and reporting of wounds that are failing to heal/ early signs of infection – seek specialist TVN review





Standard Infection Prevention & Control Precautions (SICP's)

SICPs are the fundamental infection prevention and control measures that should be used in all Health & Care settings and for all patients , to reduce the risk of transmitting infectious agents from both recognised and unrecognised sources of infection:

[C1691_National-infection-prevention-control-manual-for-england-V-2.3.pdf](#)

There are 10 elements of SICPs:

1. Patient placement/assessment of infection risk
2. Hand hygiene
3. Respiratory and cough hygiene
4. Personal protective equipment
5. Safe management of the care environment
6. Safe management of care equipment
7. Safe management of healthcare linen
8. Safe management of blood and body fluids
9. Safe disposal of waste (including sharps)
10. Occupational safety / managing prevention of exposure (including sharps)





Hand Hygiene at the Point of Care:

four 5 moments for hand hygiene
at the point of care*





Cleaning & Disinfection of equipment :

Safe Management of Care Equipment -

Wipes should be medical grade and contain

- disinfectant agents that have been tested as
- being effective against bacteria and viruses,
- i.e. EN 14476 and EN 1276. An example of such a product would be Quaternary Ammonium Compounds (QAC's)





Venepuncture:

- Skin cleaning should be performed before venepuncture
- Why? To reduce the risk of introducing infection, (e.g., MRSA, MSSA, GAS or other multi resistant organism living on the patient's skin) , into the patients' bloodstream, which would be deemed as avoidable harm .
- Guidelines advise using 70% isopropyl alcohol/2% chlorhexidine gluconate applied as a single-step procedure, allowing to air dry, and refraining from re-palpating the vein after cleansing:





Venepuncture: Marsden Manual online

lines	14. Select the vein by careful palpation to determine size, depth and condition (Action figure 13.7).	Show
Access devices: for vacuum	15. Release the tourniquet.	Show
Access devices: for syringe	16. Select the device, based on vein size, site and volume of blood to be taken. Use a 23 swg winged infusion device for small veins, metacarpal or feet veins.	Show
radial artery	17. Wash hands with bactericidal soap and water or alcohol-based handrub and allow to dry.	Show
sampling:	18. Reapply the tourniquet.	Show
peripheral (ion method)	19. Put on gloves.	Show
entral venous	20. Clean the patient's skin carefully for 30 seconds using an appropriate preparation, for example chlorhexidine 2% in 70% alcohol, and allow to dry. Do not repalpate or touch the skin (Action figure 13.8).	Show
antimicrobial	21. Remove the cover from the needle and inspect the device carefully.	Show
smear using	22. Anchor the vein by applying manual traction on the skin a few centimetres below the proposed insertion site (Action figure 13.9).	Show
ear	23. Insert the needle smoothly at an angle of approximately 30°. However, the angle will depend on the size and depth of the vein (Action figure 13.9).	Show
eye	24. Reduce the angle of descent of the needle as soon as a flashback of blood is seen in the tubing of a winged infusion device or when puncture of the vein wall is felt.	Show
nose	25. Slightly advance the needle into the vein, if possible.	Show
penis	26. Do not exert any pressure on the needle.	Show
rectum	27. Withdraw the required amount of blood using a vacuumed blood collection system (Action figure 13.10). Collect blood samples in the draw order shown in Table 13.4.	Show
skin		
throat		
vagina		
wound		
midstream te		





Leg ulcers and buckets:

- Buckets can be used for social cleanliness, to soften hyperkeratosis skin and any other build-up of dry skin or exudate
- Associated risks-spread of infection, such as MRSA, MSSA, GAS via invisible skin scale deposits/exudate left in the bucket
- Best practice to reduce the risks:
 - Label bucket – “ For leg ulcer cleansing use only “
 - Disposable liner inside bucket
 - Change bucket liner for each leg
 - Remove liner after each use
 - Clean and disinfect bucket after each use (medical grade product)
 - Clean and disinfect bucket at the end of leg ulcer clinic session, dry thoroughly and store inverted on a shelf (not at ground level)





UK Health
Security
Agency



Taking off personal protective equipment (PPE)

Standard Infection Control Precautions

Please see donning and doffing video to support this guidance: https://youtu.be/-GncQ_ed-9w

- PPE should be removed in an order that minimises the risk of self-contamination

- Gloves, aprons (and eye protection if used) should be taken off in the patient's room or cohort area

1 Remove gloves. Grasp the outside of glove with the opposite gloved hand; peel off. Hold the removed glove in the remaining gloved hand.



Slide the fingers of the un-gloved hand under the remaining glove at the wrist. Peel the remaining glove off over the first glove and discard.



2 Clean hands.



3 Apron. Untie or break apron ties at the neck and let the apron fold down on itself.



Break ties at waist and fold apron in on itself – do not touch the outside – **this will be contaminated**. Discard.



4 Remove eye protection if worn. Use both hands to handle the straps by pulling away from face and discard.



5 Clean hands.



6 Remove facemask once your clinical work is completed. Untie or break bottom ties, followed by top ties or elastic, and remove by handling the ties only. Lean forward slightly. Discard. DO NOT reuse once removed.



7 Clean hands with soap and water.



<https://www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-non-aerosol-generating-procedures>





Topics for next Forum?

- Please send suggestions to:
syheartlandsicb.shipc@nhs.net

Thankyou for your continued support to achieve continuous IPC improvements within the Primary Care setting

