

# Practice Nurse IPC Forum

**Speakers:**

**Sharon Egdell Interim IPC Specialist for the Integrated Care System**

**Debbie Bunn Medicines Optimization Pharmacist (East Surrey)**

**Kate Gorman Quality & Patient Safety Lead / Patient Safety Specialist**

**Erika Bowker Quality Lead Primary Care**

IPC queries [syheartlandsicb.shipc@nhs.net](mailto:syheartlandsicb.shipc@nhs.net)

6<sup>th</sup> October 2022



# MRSA Bacteraemia Post Infection Reviews

What are they?

- MRSA BSI's can be prevented and nationally there is a zero-tolerance threshold. This is because MRSA BSI's are associated with increased risk of mortality and are therefore deemed as avoidable harm in Health and Care settings
- Post Infection Reviews aim to applying the test of effectiveness learning into clinical practice, to reduce the risk of MRSA BSI's occurring & improve patient outcomes.
- This learning opportunity relies on strong partnership working by all organisations involved in the patient's care pathway, to jointly identify and agree the possible causes of, or factors that contributed to, the patient's MRSA BSI.





# MRSA Bacteraemia Post Infection Reviews continued

How might I be involved?

- Before the meeting the the PM and yourself will be contacted by Kate Gorman from the ICS Patient Safety Team, and she will require details from the GP Practice to be submitted via the PIR form (see additional guidance on completing the form correctly)
- Once all of the information is gathered from all of the organisations involved in the patient's care then a meeting with everyone is arranged (via MS teams) by the ICS Patient Safety team.
- System partners meet to discuss the patients care pathway in the 3 months leading up to the MRSA BSI occurring.
- All aspects of care, comorbidities and risk factors are discussed to establish, (where possible), the cause or contributing factors and identify learning across the health & social care system
- Action points are then agreed and ways in which these can be collaboratively achieved
- Contact [Kategorman@nhs.net](mailto:Kategorman@nhs.net) for more information





# Standard Infection Control Precautions

SICPs are the fundamental infection prevention and control measures that should be used in all healthcare 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)





# Standard Infection Control Precautions

## Personal Protective Equipment:

- PPE is worn to protect the wearer from exposure to infectious diseases that can be carried in blood and bodily fluids, as per HSE PPE regulations <https://www.hse.gov.uk/toolbox/ppe.htm>
- •PPE should also be worn in accordance with HSE PPE regulations
- •It is the responsibility of the staff member to wear PPE provided in the workplace and to ensure you know how to don and doff safely
- •If worn and removed correctly , PPE will reduce your risk of exposure to infections
- •PPE should be changed between episodes of care, with exception of reusable eye protection and disposable surgical masks which can be worn for sessional use . If mask becomes soiled or damp, change for a new one
- •Gloves must be changed between activities/ episodes of care and hand hygiene performed before putting on a new pair





# Standard Infection Control Precautions

## Personal Protective Equipment:

- Masks- source control measure or PPE ? What is the difference
- Eye protection
- Gloves
- Aprons





# Standard Infection Control Precautions

## Personal Protective Equipment:

- PPE should be removed and disposed of correctly
- Failure to carry this out correctly could contaminate your skin and clothing
- When wearing PPE it should be removed in the following order:
  - 1.Gloves
  - 2.Perform hand hygiene-hand gel is sufficient if hands are not visibly soiled
  - 3.Apron
  - 4.Perform hand hygiene
  - 5.Eye protection –if worn . Reusable eye protection must be cleaned and disinfected when removed and labelled with your name to stop others using –risk of cross infection
  - 6.Perform hand hygiene
  - 7.Face mask –if sessional use , change between sessions





# Standard Infection Control Precautions

## Safe Management of the Care Environment – Water Quality :Why is it important ?

- Waterborne organisms such as Pseudomonas and Legionella can present a risk to staff and patients in all healthcare settings. Guidance on water safety in Healthcare Premises is available in this document: [Health Technical Memorandum 04-01: Safe water in healthcare premises – Part B: Operational management \(england.nhs.uk\)](#). This guidance applies to all healthcare premises, however small, where there is a duty of care under the Health and Safety (HSE) at Work etc. Act 1974.
- It is incumbent on the owner of the setting to ensure a named duty holder is identified, who will be responsible for appointing a competent person with sufficient authority and knowledge of the installation to help take the measures needed to comply with the law. This would be a water safety authorising engineer/ independent adviser.







# Standard Infection Control Precautions

## Safe Management of Care Equipment

- CQC requires all practices to keep a cleaning log signed by practitioners after each session, to state they have cleaned re-useable equipment between each patient – why?





# Standard Infection Control Precautions

## 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 )

Clean between  
each Patient:





**And finally- Why cleaning the environment effectively is so important..... Norovirus hasn't gone away !!**

- [Vomiting Larry - A demonstration and explanation from his creator - YouTube](#)





# Is skin cleaning prior to venepuncture required?

- The answer is yes!
- Why? To reduce the risk of introducing infection, (e.g., MRSA, MSSA or other multi resistant organism living on the patient's skin) , into the patients' bloodstream, which would be deemed as avoidable harm .
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- 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:
- [Preparation of the venepuncture site \(transfusionguidelines.org\)](https://www.transfusionguidelines.org)
- [Venepuncture \(infectionpreventioncontrol.co.uk\)](https://www.infectionpreventioncontrol.co.uk)

