



## Methicillin-Resistant Staphylococcus Aureus (MSSA) Bloodstream Infection Awareness Educational Session

NEL IPC team will be holding educational training sessions to promote awareness of MSSA and explore what you can do to help your residents or patients, reduce avoidable harm and improve safety.

We are holding three two-hour sessions in November and December. All three sessions will provide the same level of information; therefore, you just need to attend one of the sessions. You can choose based on your other commitments.

The three available dates and times are as follows:

- Tuesday, November 28, 2023 (14.00–16.00 hrs)
- Thursday, November 30, 2023 (10.00–12.00 hrs)
- Tuesday, December 5, 2023 (13.00–15.00 hrs.)

Please sign up and confirm your place using the link below .

<https://forms.office.com/e/hqwbx50cUH>



Or you can scan the QR code using your camera on your SMART phone.

### CALL TO ACTION—Practice nurse needed to join Gloves-off task and finish group

The 'Gloves are off' campaign, being launched for community and primary care providers in NEL, aims to improve patient safety by ensuring that patients and their families are seen by staff with clean hands. The aims of the project are to reduce community acquired infections, improve hand hygiene compliance, reduce the level of dermatitis in staff due to the overuse of gloves, improve environmental impact.

We are seeking a practice nurse from primary care to join the short life Gloves-off task and finish group to support the role out of this project. A GP from Tower Hamlets will be supporting this project as well as a representative from the care home sector. Would you or do you have any nurses who would like to be involved? Please email contact details to [nelondonicb.ipc@nhs.net](mailto:nelondonicb.ipc@nhs.net) by **24/11/23**.

IPC Team contact details

Generic email for advice: [nelondonicb.ipc@nhs.net](mailto:nelondonicb.ipc@nhs.net)

[nelondonicb.ipc@nhs.net](mailto:nelondonicb.ipc@nhs.net)

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## Gloves usage in health care



### When to wear non-sterile single-use gloves :

- When handling potentially infectious materials or when coming into contact with contaminated items and surface.
- When there is a possibility of coming into direct contact with a patient's blood or body fluids, mucous membranes and non intact skin.
- If the health worker's skin is not intact .
- If the patient's skin is not intact .
- When performing venepuncture or venous access injections, because of the potential for blood exposure at the puncture site.

### After treatment is complete and before leaving areas of patient-care activity:

- Remove gloves promptly and discard accordingly
- Perform hand hygiene immediately after removing and discarding gloves.

### When undertaking injections, DO NOT use gloves:

- For routine intradermal, subcutaneous and intramuscular injections.
- If the health worker's skin is intact.
- If the patient's skin is intact.

### Healthcare workers should not:

- Wash or decontaminate gloves for reuse
- Wear gloves:
  - away from bedside and in corridors
  - at nursing stations to handle phones or charts
  - to handle clean linen
  - to clean equipment or patient-care supplies
  - In hallways or elevators

## Aseptic Non-Touch Technique (ANTT)

Aseptic technique is used during clinical procedures to minimise the risk of contaminating a vulnerable or susceptible site, such as a wound or the bladder with potentially pathogenic micro-organisms.

It also helps to prevent the transfer of micro-organisms from one person to another.



### Infection Prevention & Control components of ANTT

- Identify and protect 'key parts' (i.e. syringe hubs) and sites' (i.e. wounds , IV insertion sites).
- Use hand hygiene, ANTT, a defined aseptic field, sterile equipment and or clean existing key parts, such as IV access port (for example with 2% Chlorhexidine gluconate with 70% isopropyl alcohol solution).
- Do not touch key parts/sites directly, (risk assess and if necessary wear sterile gloves).

### Infection Prevention & Control Principles of ANTT

Always decontaminate hands effectively with soap and water or alcohol hand rub prior to undertaking a procedure

Never contaminate 'key parts' of the equipment or the patients' susceptible site

Touch non 'key parts' of the equipment with confidence

Take appropriate infection prevention and control precautions

Photo credit:s

[How to reduce glove use | RCN Magazines | Royal College of Nursing](#)

[CQC guidance for infection prevention and control | Practice](#)

#### Health care waste (Including Clinical)

Clinical waste means waste from a healthcare activity (including veterinary healthcare) that:

- ◆ Contains viable micro-organisms or their toxins which are known or reliably believed to cause disease in humans or other living organisms. For example, if a patient is known or suspected to be infected, or colonized, by an infectious agent. Clinical judgement should be applied in the assessment of waste and should consider the infection status of a patient and the item of waste produced.
- ◆ Contains or is contaminated with a medicine that contains a biologically active pharmaceutical agent, or
- ◆ Is a sharp, or a body fluid or other biological material (including human and animal tissue) containing or contaminated with a dangerous substance within the meaning of Regulation (EC) No 1272/2008 of the European Parliament and of the Council on classification, labelling and packaging of substances and mixtures, as amended from time to time.

Offensive waste is waste that:

- ◆ Is not clinical waste,
- ◆ Is not infectious, but may contain body fluids, secretions or excretions,

## Safe waste disposal at care area level:



### Always dispose of waste:

Immediately and as close to the point of use as possible; and

Into the correct segregated color coded rigid container or sharps box if a sharp

Liquid waste, eg, suction canisters, must be rendered safe by adding a polymer gel or compound to the container prior to placing in an orange lidded leak proof bin or yellow lidded leak proof bin if contaminated by pharmaceuticals.

Waste bags must be no more than 2/3 full and no more than the UN approved weight and must be securely tied using a plastic tie or secure knot using a 'swan neck' to close. Waste must be traceable back to ward/care area or department, this may be achieved by writing on bags (prior to use), attaching sticky labels or uniquely numbered tags with the post code on them.

Store all waste in a designated, safe, lockable area while awaiting collection. Collection schedules must be acceptable to the care area and there should be no build-up of waste receptacles.

Local guidance on management of waste at care level, eg, domiciliary settings should be followed.

### Categories of waste and segregation at Source

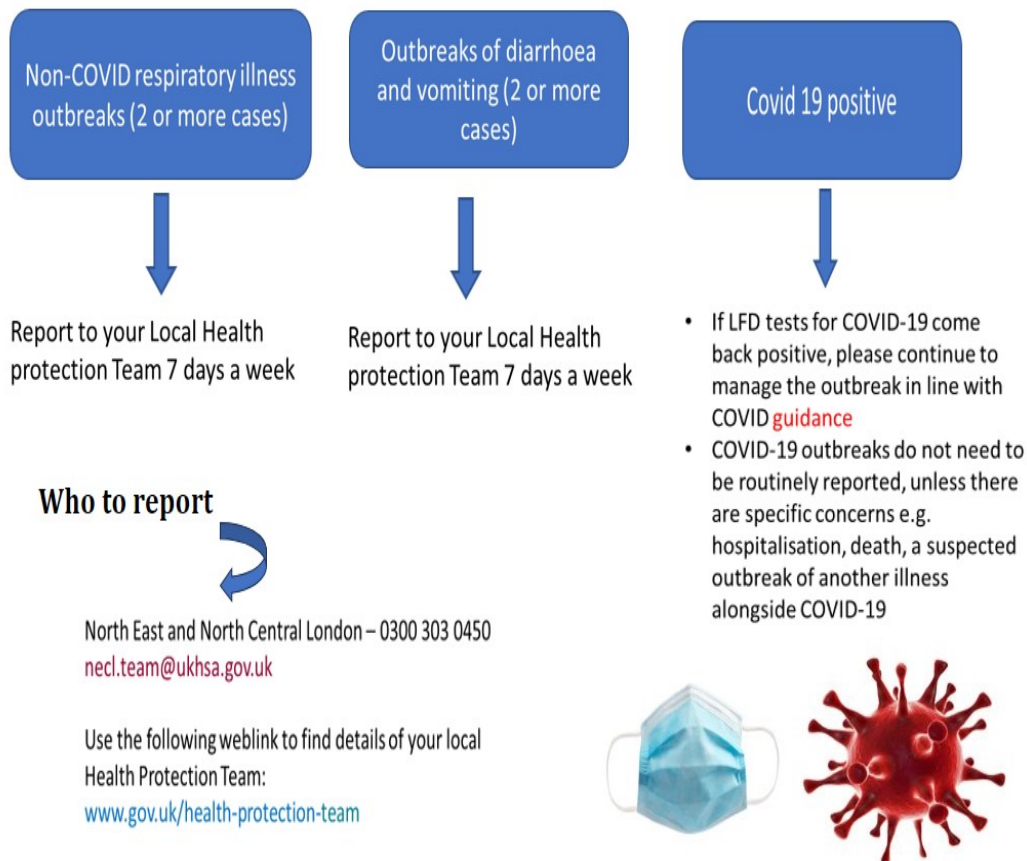
Category	Segregation	Treatment/disposal
Offensive (non-infectious)	Yellow bag with black stripe (tiger) bag	Energy from waste, landfill or other permitted processes
Clinical waste (infectious only)	UN approved orange bag, UN approved box or sharps container	For alternative treatment
Healthcare waste contaminated with non-hazardous pharmaceuticals or chemicals)	UN approved yellow bag, UN approved box or sharps container	For incineration or other permitted process
Waste contaminated with cytotoxic or cytostatic medication	UN approved purple bag, UN approved box or sharps container	For incineration
Non-hazardous pharmaceuticals (no sharps)	Blue box/container	For incineration or other permitted process
Anatomical waste/full blood bag and blood preserves	UN approved red lidded container	For incineration only
Domestic	Black/clear bags	Energy from waste, recovery or landfill
Recycling	Clear, green or another color bag	Recycling

# Spotlights on Outbreak Management



## Outbreak Definition

- ⇒ An outbreak consists of 2 or more positive or clinically suspected linked cases of a particular illness within the same setting . This means the cases are linked to each other and transmission within the care setting is likely to have occurred.
- ⇒ Once an outbreak is recognised you can initiate an outbreak Risk Assessment and action plan independently .



Winter readiness: Ensure you have good supplies of **personal protective equipment (PPE)**.

### Reminder about Immunisations:

- ◇ Ensure your residents aged 65 years and over are immunised against **pneumococcal** disease.
- ◇ Ensure all staff, and residents aged 65 and over (especially those in clinical risk groups) are immunised against seasonal Influenza.
- ◇ Ensure residents and staff have had their initial doses of **COVID-19** vaccine and promote uptake of any booster doses offered.
- ◇ Ensure your residents are immunised against **shingles** when they reach 70 years of age.

### Useful Links:

- [20221220-Winter-readiness-information-for-London-Adult-and-Social-care-Settings-2022-23-FINAL.pdf \(transformationpartners.nhs.uk\)](#)
- [Norovirus: managing outbreaks in acute and community health and social care settings - GOV.UK \(www.gov.uk\)](#)
- [Care homes: infection prevention and control - GOV.UK \(www.gov.uk\)](#)
- [COVID-19 supplement to the infection prevention and control resource for adult social care](#)

## World Antimicrobial Resistance Awareness Week - 18th to 24th November 2023

World Antimicrobial Resistance Awareness Week aims to increase awareness of antimicrobial resistance and to encourage best practices among the general public, health workers and policy-makers to avoid the further emergence and spread of antimicrobial resistance. Untreatable infections affect everyone. To preserve the efficacy of these critical medicines, we need to act together. Please consider the following actions for World Antimicrobial Resistance Awareness Week

### Action:

Bookmark the new location for the recently updated [Primary Care Antimicrobial Infection Guideline](#), familiarise yourselves with the recommended antibiotics, length of treatments, and additional advice when managing infections in primary care.

Prescribe a 5-day course of Amoxicillin 500mg capsules as opposed to a 7-day course, wherever indicated, as per our primary care antimicrobial infection guidelines – more information on antibiotic duration can be found [here](#).

The RCGP TARGET '[Treating Your Infection](#)' leaflets for common infections are available in 25 languages and in a pictorial format – consider sharing with your patients

For further information on WAAW please visit the [UKHSA site](#) to visit some of the resources and toolkits that have been developed for both clinicians and patients.

Consider registering to attend these national online events

- ⇒ Monday 20th November 2023 1pm-2pm - Optimising duration of antibiotic use in primary care – Implementing change ([Click here](#) and then Join AMS virtual Professional Group to register)
- ⇒ Tuesday 21st November 2023 12.30pm-1.30pm - [Managing acute respiratory tract infections in children in primary care: an evidence update](#)
- ⇒ Wednesday 22nd November 2023 6.30pm – 7.30pm - [Acne and COPD exacerbation: Reviewing patients on long term/repeated antibiotics](#)



**Antibiotics**  
**Antivirals**  
**Antifungals**  
**Antiparasitics**