

**Welcome to the NEL ICS Infection Prevention and Control (IPC) Newsletter**

As a team, our vision is to work in partnership with health and care delivery partners in North East London to reduce health care associated infections and improve patient safety.

We support delivery partners to understand the impact of infection and improve infection control practices. This will enable partners to discharge their responsibilities to patients, residents, staff, visitors and themselves. We will achieve this by observing and monitoring practice, undertaking surveillance, supporting with outbreak investigations, delivering education and training, providing specialist advice, promoting best practice and dissemination of guidance.

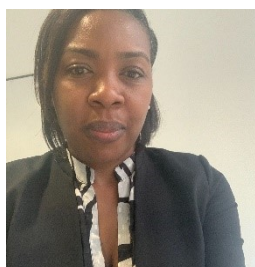
Each month, we will produce and share a newsletter which will provide updates about team developments, new guidance, training opportunities and much more.

**This month for the seventh edition of the IPC newsletter, we have included an update on International IPC Week, including the poster and links to the daily webinars, a spotlight on Influenza, guidance for care homes on how to sign up to NHS Mail in order to access our new online platform via Futures NHS, the current UTI Prevention Campaign, and updated guidance around covid-19 medicine delivery units.**

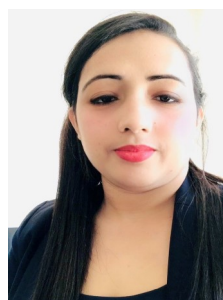
If you have any suggestions for content you would like to see featured within the newsletter or would like to contact the team with a general IPC enquiry, please send an email to [nelondonicb.ipc@nhs.net](mailto:nelondonicb.ipc@nhs.net)

If you have not received previous newsletters—please let us know by emailing the above address and we will send these to you.

**IPC Team Contact:**



**Sandra Smith**  
Deputy Director of  
Infection Prevention and Control  
Tel: 07769 382399



**Gyanu Adhikari**  
IPC Clinical Nurse Specialist  
– Place lead for Redbridge  
Tel: 07551 564659



**Rebecca Clancy**  
IPC Clinical Nurse Specialist –  
Place lead for Tower Hamlets, New-  
ham, Waltham Forest and Barking and  
Dagenham



**Luca Comisi**  
IPC Clinical Nurse Specialist –  
Place lead for Havering and City and  
Hackney  
Tel: 07551 593253



## What is Influenza?

Influenza or 'Flu' is an acute viral infection affecting the respiratory tract. There are three main types of influenza virus (A, B & C) that affect humans but Influenza A is the most common and usually the cause of flu outbreaks in winter.

**Flu isn't the same as the common cold.** Flu is caused by a different group of viruses and the symptoms tend to start more suddenly, be more severe and last longer.

## How is it spread?

Influenza virus is spread by **respiratory droplets**. Infected people cough or sneeze and the virus is sprayed into the air, landing on nearby surfaces and objects or into their hands. It is passed to other people when they are in close contact i.e. they are touching hands or are sneezed on, or when they touch surfaces or objects that are contaminated with droplets.

## What are the symptoms?

Influenza should be suspected if the following symptoms are present: Residents should be closely monitored for signs and symptoms, particularly during the winter months when flu is most common.

If you suspect a resident has flu, IMMEDIATELY inform the resident's GP and the person in charge

## How long do symptoms last?

For most people, symptoms usually resolve within 3-7 days.

Care home residents are vulnerable because they are often elderly and frail, have underlying health conditions and are living in a closed environment where the virus can spread easily. Serious health complications, including secondary chest infections and pneumonia, can develop as a result of the flu and in these situations it can be life-threatening.

## How is it treated?

Healthy people usually recover with rest, plenty of fluids, and over-the-counter paracetamol or ibuprofen. People at greater risk, including care home residents, may be given prophylactic antiviral medication, regardless of whether they have had their seasonal flu vaccination. Some people may require supportive care in hospital.

**People with flu can be infectious 1 day before their symptoms start, until 5-7 days after their symptoms have gone. The average infectious period is 2 days.**

## Do 2 or more residents or staff have the following symptoms?

- Fever of 37.8°C or above
- New onset or acute worsening of one or more of these symptoms:
  - cough
  - runny nose or congestion
  - sore throat
  - sneezing
  - hoarseness
  - shortness of breath
  - wheezing
  - chest pain
- Sudden decline in physical or mental ability

UKHSA's [latest media briefing](#) published on 2nd October urges eligible people to take up the offer of flu and COVID-19 vaccines ahead of winter. This provides the best level of protection against severe illness and will help ease the pressure on the NHS this winter.

[Recent UKHSA modelling](#) shows last year's flu vaccinations prevented around 25,000 hospitalisations in England. Even with this success, the health impact of last year's flu season remained severe, with hospitalisations [and excess winter deaths from flu higher than those from COVID-19 at the peak of the 2022/23 season.](#)

### Does the vaccine actually help?

Last winter, getting vaccinated against flu cut the risk of being hospitalised by around:

- 66 per cent in children
- 25 per cent in adults aged 65 years and older
- 33 per cent in other adults with underlying health conditions (UKHSA Sept 2023)

## Useful Links:

Influenza-like illness (ILI): managing outbreaks in care homes: <https://www.gov.uk/government/publications/acute-respiratory-disease-managing-outbreaks-in-care-homes>

Managing vaccines in care homes: Influenza (CQC Guidance)

<https://www.cqc.org.uk/guidance-providers/adult-social-care/managing-vaccines-care-homes>

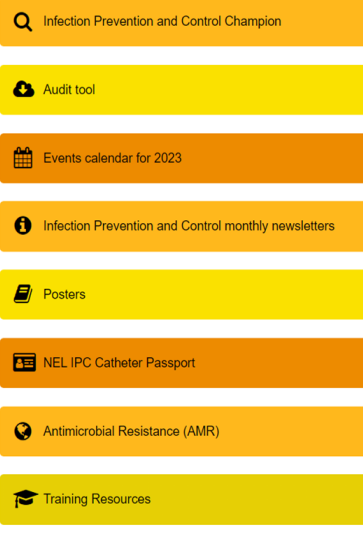
Get Winter Strong: why having a flu vaccination matters - UK Health Security Agency (blog.gov.uk)

This guidance revisits current guidance on behaviours that can reduce the spread of respiratory infections known to peak during the autumn and winter period: ['Get winter strong: revisiting respiratory infection guidance for a safer season'](#)

## NHS Mail for Care Homes/Future NHS Platform:

The NEL ICB IPC Team has launched a website using the FutureNHS Platform. This is a website in which Care Providers can log into to access all up to date IPC guidance, information, videos, posters and templates.

- Click on the link below to and register with on FutureNHS : <https://future.nhs.uk/Home/grouphome>
- Link to the NEL ICB IPC FutureNHS page: <https://future.nhs.uk/nelicinfectionpreventioncontrol> alternatively you can manually find the workspace.
- Note: You need to have an nhs.net email address to log in.
- A step by step guide will be circulated in due course. Please email us if you have not received this.



In order to access this website, Care providers will need to ensure they have an NHS.net email address. We are aware some care homes don't currently use this but are entitled to do so. To get NHSMail, care homes need to make an online application at [portal.nhs.net/Registration#/careprovider](https://portal.nhs.net/Registration#/careprovider). The form should be completed by one person on behalf of each site.

More information & guidance on the process can be found here:

<https://www.england.nhs.uk/ourwork/clinical-policy/ordering-medication-using-proxy-access/getting-a-secure-email-account-a-guide-for-social-care-organisations/signing-up-for-nhsmail/>

Ensure you are aware of whether any of your residents may meet this criteria.

## Covid Medicines Delivery Units:

The NHS offers treatment to people with Covid-19 who are at the highest risk of becoming seriously ill.

If residents are high risk, they must have a lateral flow test to confirm whether they are covid positive.

If someone has symptoms, but their test is negative, they should take another test on each of the next two days (three tests in total over three days).

If someone who meets the high risk criteria test positive for covid-19, their GP should be informed. Call 020 3196 3239 or email [NEL.CMDUReferral@nhs.net](mailto:NEL.CMDUReferral@nhs.net) to discuss and refer where required.

### Those at highest risk of getting seriously ill from COVID-19 include:

- Down's syndrome, or another chromosomal condition that affects your immune system
  - certain types of cancer, or had treatment for certain types of cancer
  - sickle cell disease
  - certain conditions affecting your blood
  - chronic kidney disease (CKD) stage 4 or 5
  - severe liver disease
  - had an organ transplant
  - certain autoimmune or inflammatory conditions, such as rheumatoid arthritis or inflammatory bowel disease
  - HIV or AIDS and have a weakened immune system
  - a condition affecting your immune system
  - a condition affecting the brain or nervous system, such as multiple sclerosis, muscular dystrophy, motor neurone disease, myasthenia gravis, Huntington's disease, Parkinson's disease or certain types of dementia
  - certain lung conditions or treatments for lung conditions
- This list is a summary and does not cover everything.

Please ensure you check this link regularly to keep up to date with any changes in guidance for Adult social care settings. It was last updated on the 27th September: <https://www.gov.uk/government/publications/infection-prevention-and-control-in-adult-social-care-covid-19-supplement/covid-19-supplement-to-the-infection-prevention-and-control-resource-for-adult-social-care>

Further information can be found below:

[Covid-19 treatments - NHS North East London \(icb.nhs.uk\)](https://www.nhs.uk/covid-19/treatments)

<https://www.gov.uk/government/publications/higher-risk-patients-eligible-for-covid-19-treatments-independent-advisory-group-report-march-2023>

[Treatments for COVID-19 - NHS \(www.nhs.uk\)](https://www.nhs.uk/covid-19/treatments)

# UTI Prevention and Awareness Campaign: 12th-21st October 2023

The NHS and UK Health Security Agency (UKHSA) are raising awareness of urinary tract infections (UTIs), as [new data shows](#) they have led to more than 800,000 admissions to hospitals across the country over the past five years.

While UTIs are a year-round concern, ahead of what is expected to be another busy winter in the NHS, clinical leaders are reminding people – particularly those aged 65 and older, and carers – of the steps they can take to reduce their risk of getting a harmful infection.

New data, published today, shows there were **over 1.8 million hospital admissions involving UTIs** between 2018-19 and 2022-23 – the majority of which involved patients **aged 65 and older**. This includes admissions because of UTIs as well as those for another reason where the patient also had a UTI.

Last year (2022/23), of the 147,285 admissions with a primary diagnosis of UTI, 56% (82,392) were people over 65 years old, with the highest number in the 80-84 age group (17,280 admissions).

Additionally, UTIs are one of the leading causes of life-threatening E. coli bloodstream infections in England, and are a major contributor to the burden of antibiotic resistant infections in this country. A quarter of urine samples analysed in the first half of 2023 had bacteria resistant to a common type of antibiotic used in treatment. **Older adults are more prone to UTIs – making up almost three fifths of admissions for UTIs over the past five years.** If left unmanaged UTIs can lead to severe infection, sepsis, and in the most serious cases death.

## What is a UTI?

**Urinary tract infections (UTIs)** affect your urinary tract, including your bladder, urethra, or kidneys. Sometimes, a UTI can develop into a severe infection that can cause you to become very ill and you may then need to go to hospital.

### Here are some things you can do to prevent UTIs

#### Stay hydrated

Drink enough fluids regularly, like water or squash, to boost hydration. More trips to the toilet may be necessary, but don't reduce your intake.



#### Don't hold it

Avoid holding your pee and visit the toilet as soon as possible when you need to go.



#### Prioritise personal hygiene

Wash or shower daily, especially if you suffer from incontinence.



### Keep the genital area clean and dry with these tips:

#### Wipe from front to back after using the toilet

to prevent bacteria from spreading.



#### Avoid using scented soaps, gels or sprays as they may cause irritation.



#### Change incontinence pads frequently

Don't wait if they're soiled.



A range of resources, including posters, have been developed for local NHS areas to share with all their services and these can be found here: <https://drive.google.com/drive/folders/1NTO-sqbjqV-PXEjCtBMLCMwjbB3ceyF5>

### Here are some symptoms you may experience with a UTI:

- Needing to pee more frequently**, suddenly, or more urgently than usual.
- Pain or a burning sensation** when peeing.
- Needing to pee at night** more often than usual.
- New pain** in the lower tummy.
- New incontinence or wetting yourself** that is worse than usual.
- Kidney pain** or pain in the lower back.
- Blood** in the pee.
- Changes in behaviour**, such as acting agitated or confused (delirium). This could be a symptom of a UTI but could also be due to other causes, which need to be ruled out.
- General signs of infection**, like a fever, a high temperature or feeling hot and shivery, with shaking (rigors) or chills.
- A very low temperature** below 36°C.

You may experience fewer of these symptoms if you have a urinary catheter.

Please refer to our June newsletter (in the photos below) for more advice on the importance of hydration, and information on IPC measure in relation to prevention Catheter Associated UTIs. If you did not receive this newsletter, please let us know via [nelondonicb.ipc@nhs.net](mailto:nelondonicb.ipc@nhs.net) and we will send this to you

[UTI prevention and awareness toolkit 12-21st October, 2023 - Infection Prevention Control](#)

Don't forget to join Charlotte Trumplers webinar focusing on the importance of Hydration on Wednesday 18th October from 12.30-13.15. The link can be found on page 5.

**The importance of hydration:** Drinking adequate fluids can help to prevent UTIs and reduce the risk of urinary tract infections. We are currently experiencing very warm weather and the need for residents to drink water is more important. Symptoms of dehydration to look out for include: Dry mouth, lips and eyes; Feeling dizzy or lightheaded; Headaches; Feeling tired; Lack of concentration; Urinating small amounts, and less than four times per day.

**Effects of dehydration:** Increasing constipation, Poor oral health, Urinary Tract Infection (UTI), Pressure ulcers, Kidney stones, Headaches, Dizziness leading to falls, Pain when urinating (UTI), Feeling dizzy or lightheaded, Headaches, Feeling tired, Lack of concentration, Urinating small amounts, and less than four times per day.

**What can you do to prevent dehydration?** Ensure residents are drinking 6-8 mugs of fluids per day. Top 10 hydrating fruits and vegetables: Watermelon, Orange, Pineapple, Strawberry, Kiwi, Peach, Apple, Pear, Grapes, Blueberries.

**The Urine Colour Chart:** 1 (Lightest) to 8 (Darkest). 1-3 is Hydrated, 4-6 is Dehydrated, 7-8 is Critical Dehydrated.

**Catheter Care Awareness week: 19th - 23rd June 2023** Catheter Care Awareness week aims to raise awareness and focus on preventing patients and professionals to question current practice and improve and reduce catheter use. NHS.uk provides a range of resources for residents, staff, and professionals. The major risk factor for developing a UTI is having a urinary catheter in situ and between 43% and 56% of UTIs are associated with having a urinary catheter in situ. Each time a break is made in the closed system, e.g. changing a catheter bag, it is an opportunity for infection to be introduced.

**Signs of a catheter-associated urinary tract infection (CAUTI):** Urinary frequency, urgency, pain, and/or cloudy, abnormal urine, high temperature (fever) and tachycardia. Change in behaviour, agitation, confusion/delirium, dizziness, falls (low blood pressure) and loss of appetite may all be indicators of CAUTI if clearly linked. More local problems such as catheter obstruction, blood in the urine, foul smelling or discoloured/cloudy urine can also be indicators of active infection.

**Prevention:** Right care, Right patient, Right staff and management of catheters to wash their hands thoroughly and frequently. Wipes during the insertion of a catheter is important to clean away from the starting to avoid contaminating the catheter when it enters the body. The need for indwelling catheters should be assessed on a daily basis and removed if not required. If residents are self-caring, ensure they wash and dry their hands before and after any procedure with the catheter/bag. If infection is suspected despite good practice, it is not recommended to add antibiotics. Change the bag when they're 2/3 full and change the bag frequently if possible (if possible open observation). The catheter bag should be below bladder level, and the outlet tap should not touch the floor as this can introduce bacteria into the bag. Report to the GP if there is any sign of infection. Individualised care information on page 3.

**North East London Catheter Passport:** The NHS Catheter Passport is currently being developed to be a tool for residents with long-term catheters. It is used as a tool for communication between different healthcare staff. This will be completed by the healthcare professional using insertion, removal or review. If a resident is admitted to hospital, the passport should be handed over to hospital staff to update. The document provides the patient and health care professionals with relevant catheter care information, including the reason for catheterisation, catheter type, size, insertion site, catheter-related equipment, planned catheter change and removal planning. This will form part of the residents care plan and should encourage regular monitoring, documentation, consideration of indication and overall reviews. Longer term plans are in place to digitalise the catheter passport. Use of the catheter passport will be notified.

**QR Codes:** QR Codes can scan the QR code to download the catheter passport or ask care homes will receive the paper copy.

### IPC Champions Network

The last IPC Champions network meeting was held virtually on 26/9/23. This was a development day, including live webinars throughout the day. The topics covered ranged from IPC Audits, Basics of Microbiology, Antimicrobial Resistance, and Outbreak Management.

The next IPC Champions meeting will be held virtually in November. **Please look out for the invitation for this in due course.**

### Dates for your diary:

Date	Event
15th-21st October	National IPC Week
12-21st October 2023	UTI Awareness
18th-24th November	World Antimicrobial Awareness Week

# International Infection Prevention Week 2023

London's program of free daily webinars  
Monday 16 - Friday 20 October - 12.30 - 1.15pm



Monday	Tuesday	Wednesday	Thursday	Friday
Erfan Kidia & Taher Esfandiari SE London	Sanjeev Bundhoo NE London	Charlotte Trumper SW London	Jane Young NW London	Bharat Patel UKHSA
"Primary care AMS"	"Water safety"	"Hydration"	"Faecal incontinence and e-coli rates"	"CPE - antibiotic resistant bacteria"

To join the above webinars—please double click on the links within the document attached to the Newsletter distribution email.

### Links to useful guidance:

*Updated* – National Infection Prevention and Control manual- [NHS England » National infection prevention and control Health Building Note 00-09: Infection control in the built environment - https://www.england.nhs.uk/wp-content/uploads/2021/05/HBN\\_00-09\\_infection\\_control.pdf](https://www.england.nhs.uk/wp-content/uploads/2021/05/HBN_00-09_infection_control.pdf)

National standards of healthcare cleanliness- <https://www.england.nhs.uk/wp-content/uploads/2021/04/B0271-national-standards-of-healthcare-cleanliness-2021.pdf>

Notifiable diseases and causative organisms: how to report- <https://www.gov.uk/guidance/notifiable-diseases-and-causative-organisms-how-to-report>

Safe and sustainable management of healthcare waste: [Health Technical Memorandum 07-01: Safe and sustainable management of healthcare waste \(england.nhs.uk\)](https://www.england.nhs.uk/publication/health-technical-memorandum-07-01-safe-and-sustainable-management-of-healthcare-waste/)

(HTM 04-01) Safe water in healthcare premises -<https://www.england.nhs.uk/publication/safe-water-in-healthcare-premises-htm-04-01/>

Appendix 1 – Mental health and learning disability settings - [Health Building Note 00-09: Infection control in the built environment \(england.nhs.uk\)](https://www.england.nhs.uk/publication/health-building-note-00-09-infection-control-in-the-built-environment/)