

F1 & F2 Doctor induction

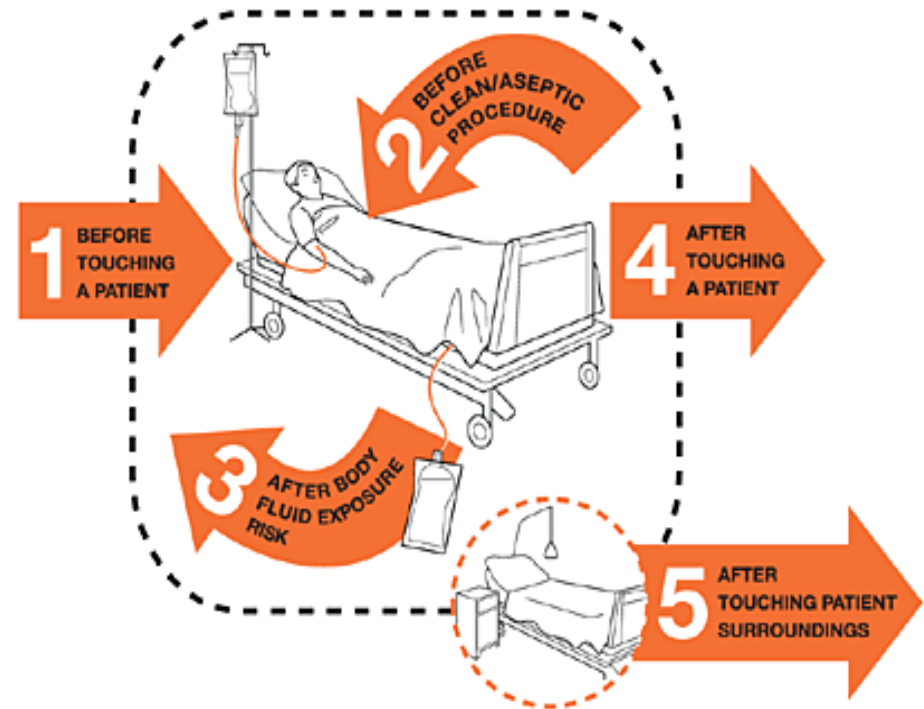


Infection Prevention Team
June 2021

Hand Hygiene

5 Moments of Hand Hygiene

1. Before touching a patient
2. Before clean/aseptic technique
3. After body fluid exposure
4. After touching a patient
5. After touching patient surroundings



Hand Hygiene

Alcohol hand rub →

- If your hands are visibly clean and free from organic material
- Apply 1-2 pumps to the palm of your hands and rub together for 15-30 seconds until completely dry



Hand Hygiene

Soap & Water



- If your hands are visibly soiled/dirty
- After removal of PPE
- Use soap and water when caring for a patient with *Clostridioides difficile* - alcohol gel is not effective



Hand Hygiene

How to wash?



- Ensure hands are wet with luke-warm water before applying soap
- Apply 1-2 pumps of soap
- Rub hands together for 15-20 seconds
- Rinse for a minimum of 5 seconds, ensuring hands are free from residual soap
- Pat hands dry with single use paper towels

Handwashing Technique

How to Handwash?

WASH HANDS WHEN VISIBLY SOILED! OTHERWISE, USE HANDRUB

Duration of the handwash (steps 2-7): 15-20 seconds

Duration of the entire procedure: 40-60 seconds



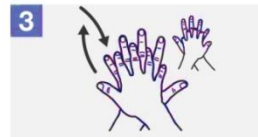
Wet hands with water;



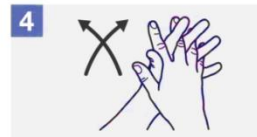
Apply enough soap to cover all hand surfaces;



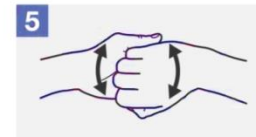
Rub hands palm to palm;



Right palm over left dorsum with interlaced fingers and vice versa;



Palm to palm with fingers interlaced;



Backs of fingers to opposing palms with fingers interlocked;



Rotational rubbing of left thumb clasped in right palm and vice versa;



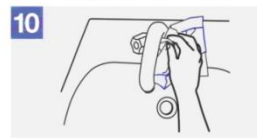
Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;



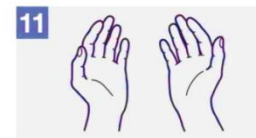
Rinse hands with water;



Dry hands thoroughly with a single use towel;



Use towel to turn off faucet;



Your hands are now safe.

Personal Protective Equipment (PPE)



Isolation

- **Essential care items are outside the side room - yellow aprons, gloves, gowns (if applicable), masks**
- **Keep patient notes outside the room**
- **Ensure correct signage on the door**
- **Door to be kept closed at all times**
- **Do not come out of room with PPE**
- **Wash your hands with soap and water before leaving room**

Red Isolation Card

To be displayed on isolation room door for:

- Diarrhoea/vomiting
- *Clostridioides difficile*
- GDH positive
- Campylobacter
- Salmonella
- Norovirus











Blue Isolation Card

To be displayed on
isolation room door for:

- MRSA
- Strep A
- ESBL
- CPE
- CRO

DOOR MUST BE KEPT CLOSED AT ALL TIMES United Lincolnshire Hospitals NHS

CONTACT ISOLATION

	Please speak to the Nurse In Charge before entering	
	Hands MUST be decontaminated before entering this room, using soap and water or alcohol hand rub	
	Disposable aprons MUST be worn by all staff on entry and removed before exiting	
	Disposable gloves MUST be worn by all staff on entry and removed before exiting	
	Hands MUST be decontaminated before leaving this room, using soap and water	

Safety Precautions

- Avoid adjusting PPE once you enter isolation area
- Avoid touching your face
- Minimise contact with environmental surfaces
- All cuts and lesions **MUST** be covered with a waterproof dressing

DO NOT TAKE MEDICAL NOTES INTO THE ROOM

DOOR MUST BE KEPT CLOSED AT ALL TIMES










Yellow Isolation Card

To be displayed on
isolation room door for:

- Immunocompromised patients
- Neutropenic sepsis
- Post transplant patients

DOOR MUST BE KEPT CLOSED AT ALL TIMES United Lincolnshire Hospitals NHS Trust

PROTECTED ISOLATION

	Please speak to the Nurse In Charge before entering	
	Hands MUST be decontaminated before entering this room, using soap and water or alcohol hand rub	
	Disposable aprons MUST be worn by all staff on entry and removed before exiting	
	Disposable gloves MUST be worn by all staff on entry and removed before exiting. When a gown is worn the glove MUST extend to cover the wrist of the isolation gown	
	Hands MUST be decontaminated before leaving this room, using soap and water	

Safety Precautions

- Avoid adjusting PPE once you enter isolation area
- Avoid touching your face
- Minimise contact with environmental surfaces
- All cuts and lesions **MUST** be covered with a waterproof dressing

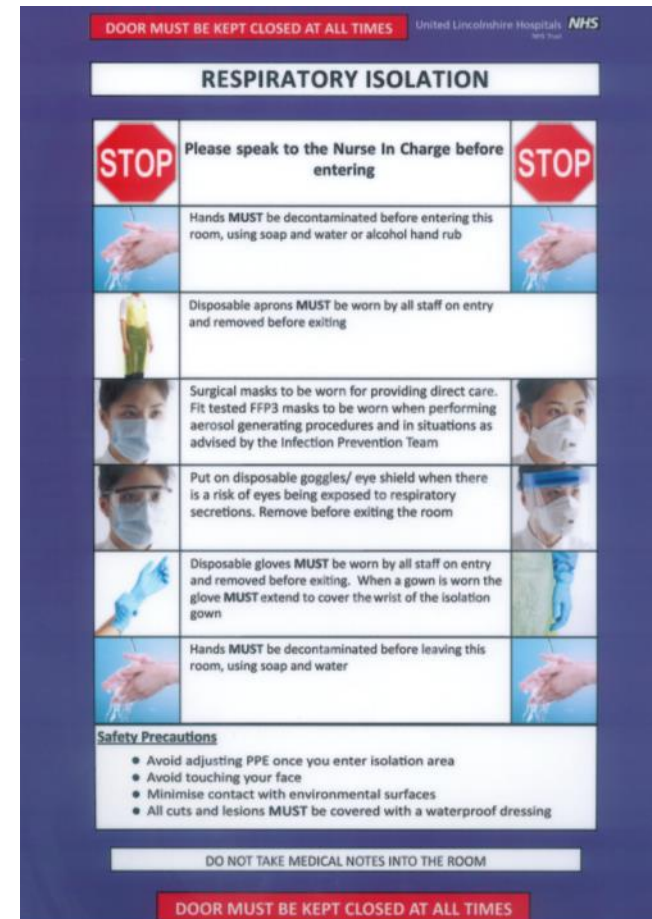
DO NOT TAKE MEDICAL NOTES INTO THE ROOM

DOOR MUST BE KEPT CLOSED AT ALL TIMES

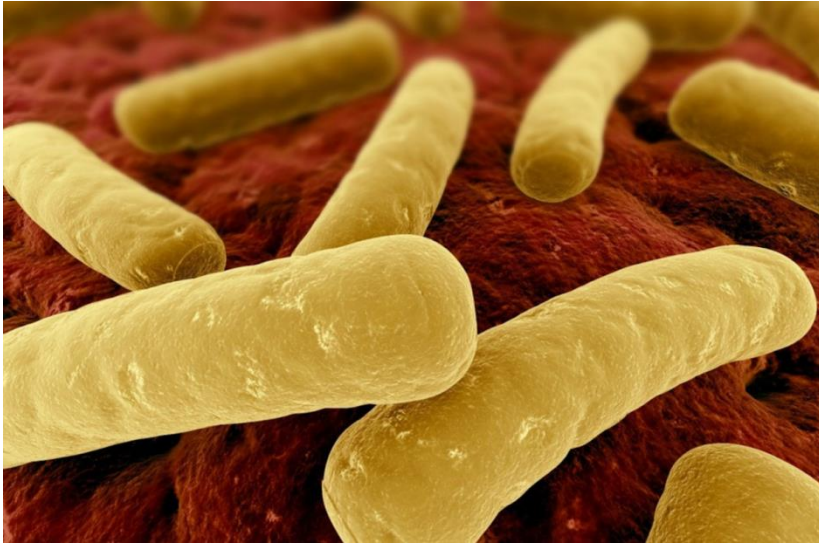
Purple Isolation Card

To be displayed on isolation room door for:

- Covid -19
- Influenza
- Possible or confirmed TB cases
- Multi Resistant Organism in sputum



Organisms



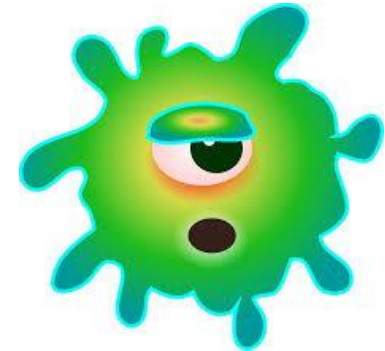
Clostridioides difficile also known as
CDIFF

Clostridioides difficile facts

Clostridioides difficile is a spore-forming bacteria

Symptoms include are:

- Watery diarrhoea
- Fever
- Nausea/Vomiting
- Abdominal Pain
- Transmission happens from person to person by faecal oral route.
- Spores survive in clinical environments for lengthy periods of time
- Outbreaks can happen!
- Manage as per Trust guidelines

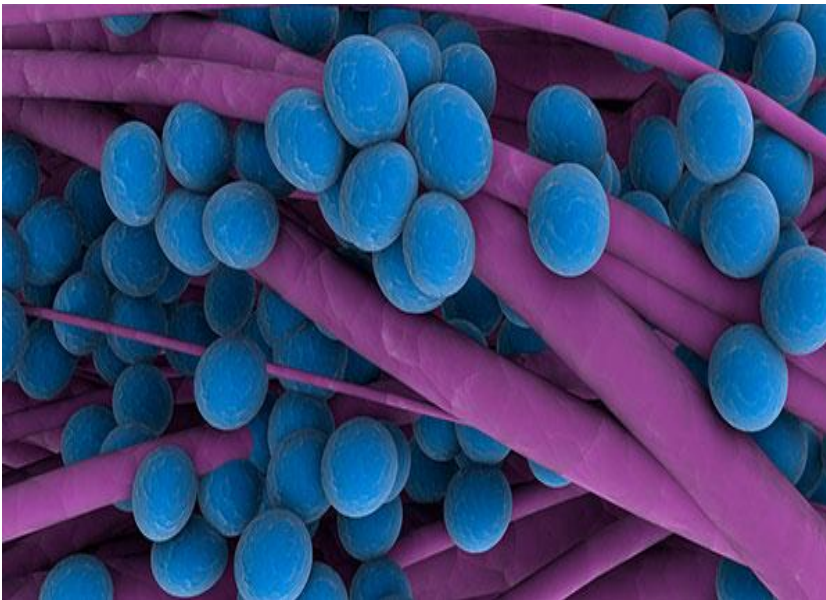


Clostridioides difficile

- **Manage as per Trust guidelines**
- **Review antibiotics/PPI's**
- **Complete checklist on intranet for CDI/GDH patients**
- **It is your responsibility to ensure correct IP precautions, prescribe antibiotics correctly and act on Consultant Microbiologist advice**

MRSA Bacteraemia's

- ULHT threshold for 2021/2 is 0 cases
- To date 0 trust acquired cases



Antibiotic Stewardship

Always make sure effective, appropriate antibiotic prescribing is key!

All antibiotic treatments must have:

- A clinical indication
- A stop date
- Regular reviews including:
- An early IV to oral switch
- An early switch from broad to narrow spectrum antibiotics



CDI – Antibiotic Risks

HIGH RISK	MEDIUM RISK	LOW RISK
Cefalexin	Co-Amoxiclav	Benzylopenicillin
Cefuroxime	Tazocin	Amoxicillin
Ceftazidime	Meropenem	Flucloxacillin
Ceftriaxone	Ertapenem	Nitrofurantoin
Ciprofloxacin	Erythromycin	Trimethoprim
Moxifloxacin	Clarithromycin	Gentamicin
Clindamycin		Doxycycline (Tetracyclines)
		Metronidazole
		Vancomycin

Blood Culture Collection

Contamination can lead to:

- Inappropriate antibiotic prescribing
- Further tests
- Lengthened hospital stays
- Contamination can be reduced by:
- Effective hand hygiene and aseptic technique
- Use of a blood culture collection pack
- Careful preparation of the patient's skin (using 2% Chlorhexidine where appropriate)
- Disinfecting the blood culture bottle tops (using 2% Chlorhexidine/70% Alcohol swabs)
- Peripheral venepuncture rather than intravenous line collection
- Training and competency updates

Aseptic non-touch technique (ANTT)

ANTT comprises a number of fundamental components including:

Reduction of environmental risks

- Hand washing
- Non-touch technique protection for key parts
- Correct cleaning of key parts
- Single use key devices/equipment
- Use of gloves and sterile fields, an apron as required



Waste Streams



Tiger Stripe

Used for:
'Offensive waste'
Saline bags
Incontinence waste
Dressings/catheters
Gloves/aprons
Oxygen masks and
tubing



Orange

Used for:
Infected waste
from isolation
rooms



Black Domestic

Used for:
Paper towels
General packaging

Waste Streams For Sharps



Yellow Sharps Bin
Used for:
Needles, in most
general
ward/outpatient
areas



Blue bin
Used for:
Pharmaceutical waste
Blister packs
Inhalers
Out of date medicine
Glass bottles with
residual medicine



Purple Lid Bin
Used for:
Cytotoxic sharps
waste
Cytostatic waste



IT WASN'T ME!!!

