

RUH

Information for Patients
Focus on Infection Control



United in Excellence

We are agreed – patients, visitors and staff – that infection control is our number one priority

By the very nature of having hundreds of thousands of people coming and going from the hospital site and the clinical procedures taking place, it is a 24 hour commitment to keep people, equipment and the environment at the Royal United Hospital (RUH) as clean and safe as possible. It is everyone's responsibility to follow simple infection control advice.

There are many ways of reducing infection but hand hygiene is universally essential, particularly before and after touching a patient. Some of the infection control measures can be seen as you walk around the hospital, from nursing and domestic staff wearing protective clothing to carry out tasks (when it is necessary) to notices encouraging the use of hand gel at entry to ward areas.

There are also many activities and examples of good practice being carried out 'behind the scenes' at the RUH – whether it is the daily reporting of laboratory results which inform infection control decisions or the contribution of the infection control team to the design of new buildings and refurbishments. Every single day our specialist Infection Control nurses and microbiologists check and respond immediately to any ward reports of patients with suspected or confirmed infectious conditions.

MRSA

MRSA stands for meticillin resistant *Staphylococcus aureus*. It is a common germ that can live quite harmlessly in the nose, throat and sometimes on the skin of healthy people. This is referred to as 'colonisation' or carriage. Some people will remain 'colonised' with MRSA but live completely normal lives.

Staph. aureus may cause harm (infection) when it has the opportunity to enter the body. People requiring health or social care in the community, those requiring multiple admissions to hospital and people with broken skin such as severe eczema or a longstanding wound, or who are very unwell and vulnerable to infection generally are more at risk.

Those types of *Staph. aureus* which have developed resistance to an antibiotic known as meticillin, and other antibiotics similar to meticillin, are known as MRSA.

Patients who have MRSA colonisation do not look or feel different from other RUH hospital patients. Taking swabs from body sites such as the nose and perineum (groin) can detect MRSA.

Hand hygiene is the most important way of preventing spread of MRSA which is largely through direct contact. To protect other vulnerable patients and themselves hospital staff will wear gloves and an apron for procedures involving patient contact for tasks like washing or changing a wound dressing. Alcohol gel is effective in removing MRSA from hands.

Patients who have MRSA should let staff know when they come into hospital or attend their GP for treatment or an appointment.

MRSA can be treated but the choice of antibiotics is limited. If a patient has symptoms of infection antibiotics may be required, either as tablets or injections. The length and type of treatment will vary from person to person. Antibiotics will treat the infection but not necessarily clear MRSA from the nose, skin or other places where it can be found, so antiseptic soap and nasal cream can be used to clear MRSA from these sites.

What is done to prevent spread of MRSA?

- For patients the most important method of preventing spread is to wash hands carefully with soap and water or alcohol gel
- Everyone who has contact with a patient or the immediate environment must clean their hands
- Patients may be moved into a single room or 'cohort' nursed with other patients who have MRSA
- Staff will wear gloves and aprons when giving a patient personal care to prevent spread to other patients and from patient to staff
- A sign is placed on the patient's room door to remind everyone entering to take precautions and follow infection control advice
- These precautions continue until the patient is discharged or once the MRSA has been cleared or reduced to a minimal level.

Family and friends can still visit and nursing staff will advise them on precautions they need to take – all visitors should wash their hands on leaving the room or bed area. For more information pick up a leaflet from the PALS office in the atrium at the main entrance to the RUH.

Clostridium Difficile

Clostridium difficile (C. diff) is the name of one of the bugs that may be present in small numbers in the bowel (gut) of healthy people that usually cause no harm.

Sometimes as a result of taking antibiotics, some bacteria in the bowel are killed but C. diff is left behind and can reproduce in large numbers. It then irritates the gut lining, causing symptoms that can include diarrhoea, abdominal cramps, loss of appetite, fever and nausea.

Anyone taking antibiotics, particularly more than one type of antibiotic, people with inflammatory bowel disease or who have had treatment or surgery on the stomach and/bowel are particularly at risk.

Where possible any antibiotics being taken are stopped and the C. diff symptoms may then subside without further treatment. However a patient may be given an antibiotic specifically to treat the C. diff infection on the instruction of a doctor.

When C. diff causes diarrhoea it invisibly contaminates the environment, where it can survive for long periods and then be picked up on other people's hands and, via hand to mouth contact, can be transferred into the stomach and bowel.

What is done to prevent spread of C. Diff?

- For patients the most important method of preventing spread is to wash hands carefully with soap and water after using toilet facilities and also before eating
- Everyone who has contact with a patient or the immediate environment must clean their hands with soap and water
- Patients may be moved into a single room or small ward
- Staff will wear gloves and aprons when giving a patient personal care to prevent spread to other patients and from patient to staff
- A specific toilet or commode will be assigned to a patient to prevent spread to other patients
- A sign is placed on the patient's room door to remind everyone entering to take precautions and follow infection control advice
- These precautions continue until the patient has been free of diarrhoea for two days.

Family and friends can still visit and nursing staff will advise them on precautions they need to take – all visitors should wash their hands on leaving the room or bed area.

Infection Fiction

Patient records are touched by many members of staff – could the paperwork be contaminated with MRSA and C. diff and what steps are taken to disinfect paperwork?

Patients' records can become contaminated with a range of germs. Unfortunately it is not possible to disinfect the record without damaging them. This is why we advise staff to clean their hands after touching notes and before touching the patient.

The RUH should only have automatic doors without handles

If you are concerned about door handles the best place to clean your hands is at the patient bedside using either the sink or the alcohol hand rub on the locker or from a dispenser on the wall.

Nurses should return to wearing hats

Whilst some people think that traditional nurses hats look very smart they contribute nothing to hygiene. They were often worn for days or weeks without being replaced with a clean one. Clean hair, tied back if long, is much more hygienic.

You can only get MRSA and C. diff in dirty hospitals

Everyone expects a hospital to be clean, in the same way as you expect a hotel to be clean. However, MRSA and C. diff infection can occur even in the cleanest hospitals and this is because of the use of antibiotics. Whilst some antibiotic use is unavoidable, the unnecessary use of antibiotics is important in both hospitals and in your GP surgery.

Infection Control role of VISITORS

The RUH recognises the benefits for patient recovery for visitors to come in and see their relatives or friends.

Infection control is everyone's responsibility and we expect visitors to:

- Wash hands before and after your ward visit using soap and water or hospital hand gel dispensers at the entrance to bays and on lockers on wards
- Stay home if they have a cold, infection or stomach upset with diarrhoea and vomiting and only visit if they have had no symptoms for at least 48 hours
- Keep children, especially babies, home because they are vulnerable to germs and infections brought in to hospital
- Use the chairs on wards to sit down on, not the beds
- Stick to the visiting times so that domestic staff can clean wards and around bed spaces

Why poorly visitors should stay home

Visitors who are unwell themselves can cause outbreaks of infection in hospital, particularly diarrhoea or vomiting. Patients who are already feeling poorly then have the added discomfort of vomiting and diarrhoea if there is an outbreak on their ward. Sometimes the impact of ward closures due to diarrhoea and vomiting leads us to cancel operations due to shortage of beds.

Infection Control role of PATIENTS

As a patient or visitor you can play a part in assisting us by:

- Only bringing in essential items because storage is limited on wards and it makes it easier for our staff to clean bedside cabinets
- Tell us if you or anyone you have been in close contact with has had diarrhoea or vomiting in the 48 hours before admission
- Washing hands with soap and water after using toilet facilities and before eating. If you can't get to a sink then hand wipes can be used
- Avoid touching a drain or drip or wound. If a dressing is loose or soiled tell a member of the nursing staff
- Asking your family and friends not to visit if they are unwell, particularly if they have had vomiting or diarrhoea or been in close contact with someone with these symptoms. They should not visit until they have been clear of symptoms for at least 48 hours.
- Reminding visitors to clean their hands before and after visiting you – they can use the hand gel
- Not sitting on other patients' beds and asking your visitors to use chairs on the ward to sit on
- Telling a member of the ward team if your ward, bathroom or equipment is unclean. Discuss any concerns with the matron or sister in charge
- Asking your visitors to stick to visiting times so we can have easier access to clean bed spaces and wards

When a ward is closed to visitors due to an infection outbreak it may be necessary to restrict visitors. In exceptional circumstances visits may be possible if this is agreed in advance with the ward manager or nurse in charge.

Infection control role of STAFF

Upping the ante on hospital infection: Infection control is championed right across the RUH

Building on the NPSA 'Clean your hands' campaign and the Department of Health 'Saving lives' initiative, our focus has been on Infection Control responsibilities at all levels.

There are now Infection Control leads at board level, clinicians at directorate level and nurses at ward level.

On the clinical side matrons and doctors have carried out thorough review of frequently performed invasive procedures where, by their very nature, there is a higher risk of infection. Policies, procedures and practice for urinary catheterization, central and peripheral vein drips, surgical wounds and ventilator assisted pneumonia have been audited.

Giving infection the elbow

A dress code has been introduced for all staff at the RUH. All staff working in clinical areas must roll up sleeves above the elbow and remove watches so as to leave arms bare and making hand washing easier.

There is a commitment to Infection Control in non-clinical areas including food hygiene, portering and cleaning services

The Cleaning Services Manager works very closely with the infection control team to ensure our wards and other clinical areas are all cleaned.

To comply with national NHS cleaning standards colour coded cleaning equipment has been introduced throughout the hospital. This equipment ensures that potential cross contamination is prevented.

Other important environmental improvements have also been made on wards that assist easier cleaning and improve infection control.

We are well underway with a programme of refurbishing bathrooms, shower rooms and toilets with attractive easy to clean panelled walls and sensor operated lighting and shower controls that reduce the need to touch surfaces.

Here to listen and help

Patients, relatives or carers with concerns or needing advice about their care at the RUH can get in touch with the Patient Advice and Liaison Service (PALS). A range of advice leaflets are available in the PALS office.

The RUH believes that by responding quickly and sensitively situations can often be dealt with to the satisfaction of everyone concerned.

PALS liaise with hospital staff and relevant organisations where appropriate to help in practical ways.

PALS can be found in the atrium next to the shop at the main entrance to the hospital. Contact PALS on 01225 82 5656.

See it and sort it - Executive Walkabout

The Director of Nursing and her team do regular walkabouts on wards and in clinical areas to check cleanliness. When they see a shortfall they take action immediately and check it again on their next visit.

“I am totally committed to working with our matrons and the teams that are responsible for cleanliness. Our number one priority is delivering high quality care in a clean and safe environment.”

Director of Nursing Francesca Thompson