

Infection Prevention and Control

Around the clock

Infection Control



“There remains the question whether at some future date the control of hospital cross-infection will have reached such a level of effectiveness that there will no longer be a place for an Infection Control Sister in General hospitals.

A similar argument that bacteriologists would become unnecessary in hospitals because of the advent of antibiotics was a familiar one about 1945 but is rarely heard today.

The future of hospital cross-infection is impossible to predict, but its present toll of misery is such that it would seem wiser to contemplate any measure that might reduce its incidence than to worry unduly about the possibility of an unemployed ICS at some future time.”

Moore. B. Control of Infection (1961)

The employment of a Senior Member of the Nursing Staff as a member of the Infection Control Team in General Hospitals.

45 years later

'Hospital superbug' MRSA spreads to animal
12 THE SUN, Tuesday, January 11, 2005

CLEANERS' PAY CUT OVER DIRTY WARDS
Head matron's war on MRSA
HOSPITAL cleaning firms who leave wards dirty will lose PAY, the Government's head matron said yesterday. Cleaning firms, however, say they are not to blame for the spread of MRSA, which has killed in the past 10 years a child and a woman. She said the Government should pay for the extra staff needed to clean the wards.
By JANE BYRNES, Health Editor

NURS GAVE OUR NEW BABY MRS!

SUPERBUGS KILL 20,000 A YEAR

Daily Mail, Thursday, January 27, 2005
Shock as health chiefs rule bouquets at the bedside are unhygienic

Hospital bans visitors from turning up with flowers

KILLER ON WARDS: KNOT ON!
 Doctors are told to keep their ties tucked away to beat deadly MRSA bug
By Mike Merritt And Himaya Quasem

DOCTORS are being ordered to tuck in their ties to stop the spread of killer MRSA.

DIRTY DOCS
Hospital medics carry killer bug in neck-ties
 Doctors' neck-ties have been revealed as a key source of the superbugs killing patients in Scots hospitals.

Infected ties are carrying MRSA (Methicillin Resistant Staphylococcus Aureus) and other potentially fatal bugs from patient to patient.

Alarming research identifying ties as a prime source of infection yesterday prompted calls for ward doctors to ditch their neckwear.

Dr Nigel Cumberland, consultant microbiologist at Frimley Park Hospital, Sussex, is one of the authors of the report published by the Royal College of Surgeons in England.

He said: "The tie is a decorative but functionless item of clothing, worn by most male doctors.

AMBULANCES SPREAD MRSA
Bugs found in every vehicle we tested

'Clean yourself' advice on MRSA

 Patients should bring their own medical wipes and scrub up before coming to hospital to cut MRSA, say advisors.
 They should ask relatives to launder their clothes and make sure their visitors have washed themselves properly before entering the ward.
 The Patients Association's 10-point code also advises patients to collect their own rubbish and insist staff wash their hands to cut infection risk.

Nurses welcomed most of the measures but questioned their practicality.

Patients' cleanliness code

- Wash before coming to hospital
- Ask relatives to launder nightwear/bring toiletry supplies
- Visitors should be freshly showered/bathed
- Only two visitors at a time
- Visitors should not sit on the bed
- Patients in isolation should not have visitors
- Ask staff/visitors to wash their hands
- Bring medical wipes with you and clean your hands after using a bottle or bed pan
- Collect your own bedside rubbish
- Fill out hospital questionnaires

Hospitals draw up new MRSA rules

 Two north London hospitals have drawn up strict new hygiene guidelines to combat the spread of the hospital superbug MRSA.
 Nurses uniforms at North Middlesex and Chase Farm hospital, both in Enfield, will be laundered on site and ties and wrist watches will be banned.
 Both hospitals have high rates of the bacteria-busting bug.

NEW NHS SUPERBUG IS WORSE THAN MRSA

12 KILLED BY A NEW HOSPITAL SUPERBUG

12 DIE IN JUST ONE NHS HOSPITAL
The deadly new bug stalking our wards

Public/Patient Expectation

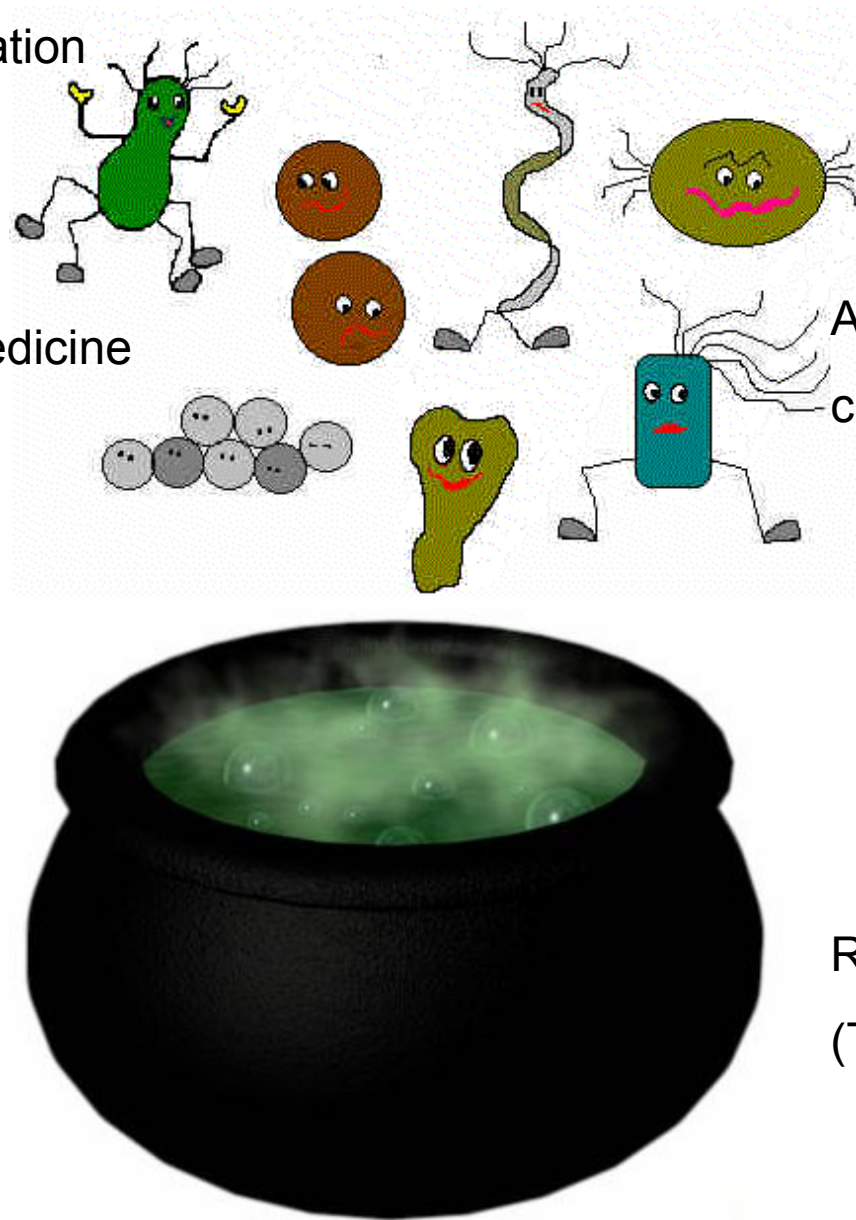
Targets

Use of Antibiotics

Advances in Medicine

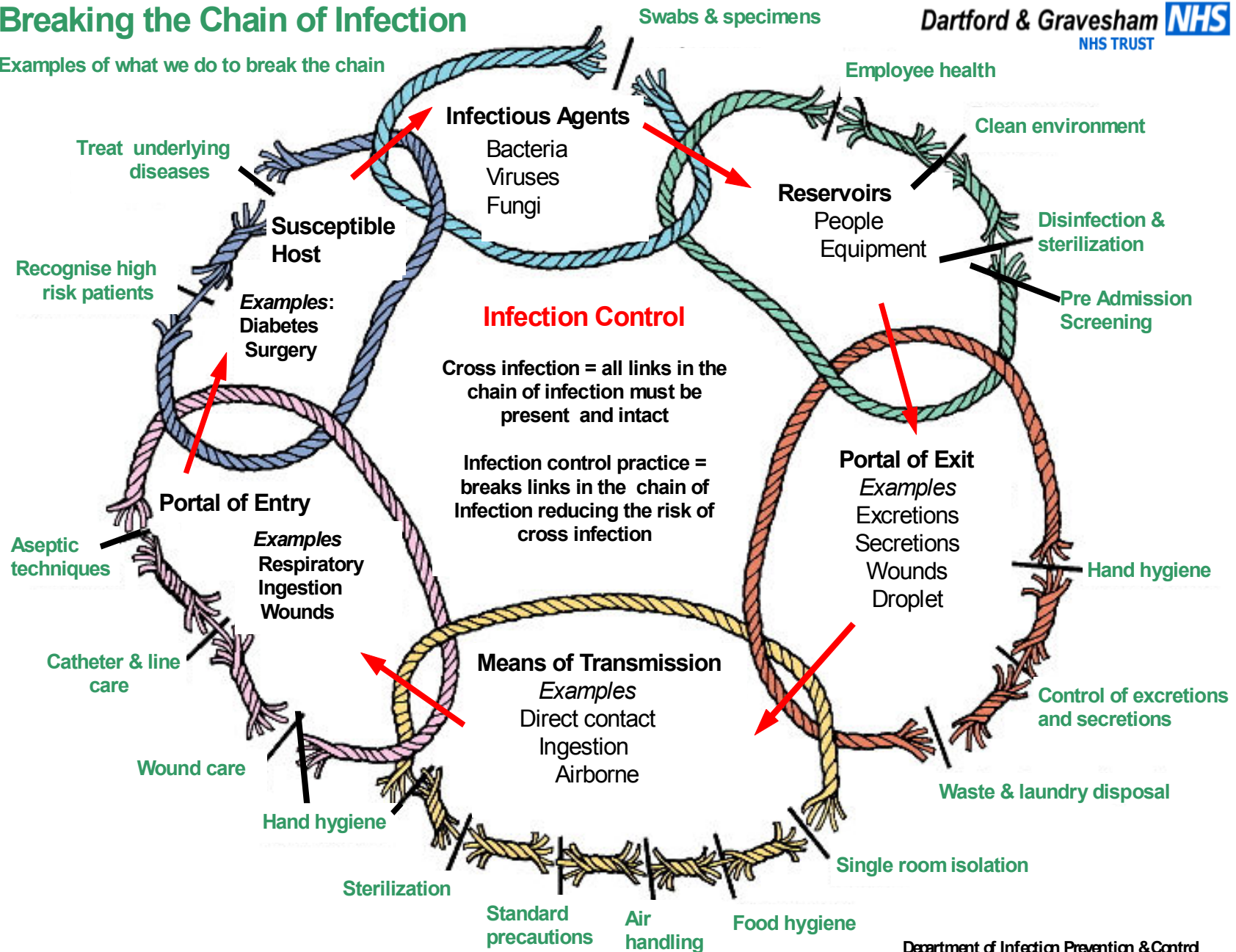
Aging Population/
chronic conditions

Re-emerging Diseases
(TB, Influenza)

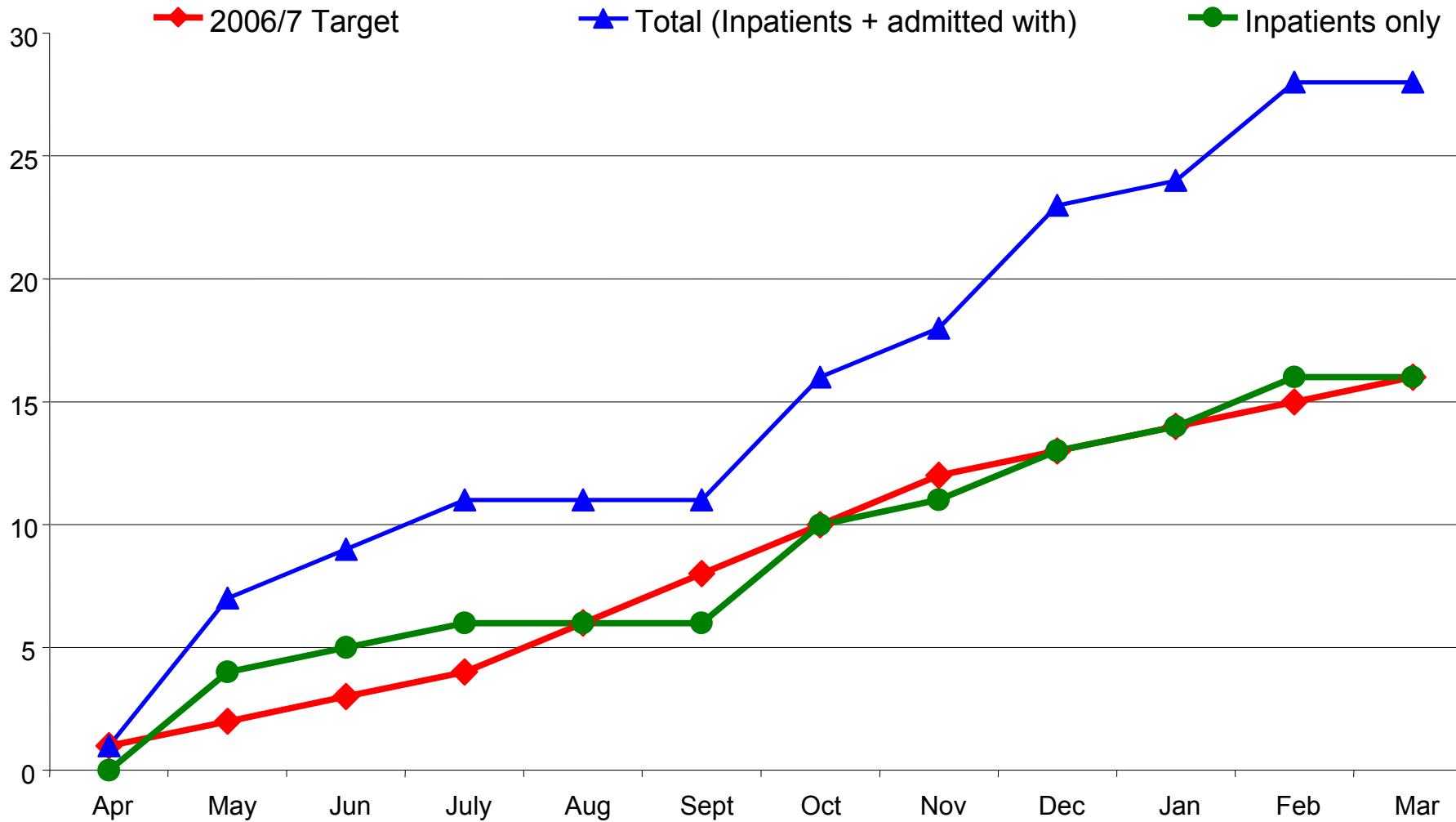


Breaking the Chain of Infection

Examples of what we do to break the chain

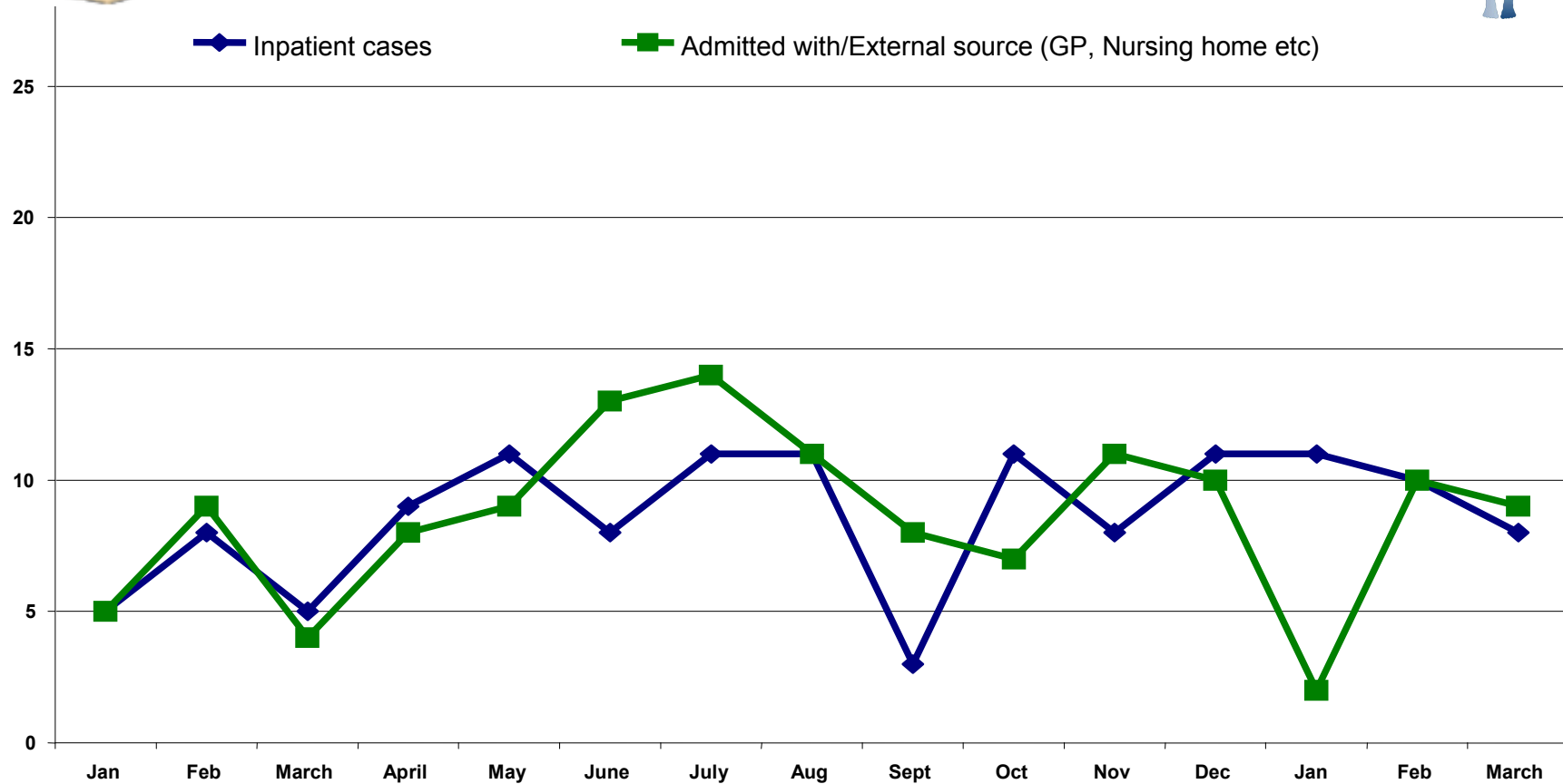
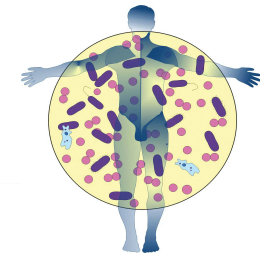


MRSA Bacteraemias 2006-2007

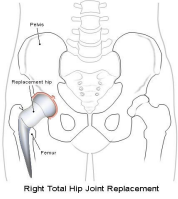




Clostridium difficile cases >65's (Positive Laboratory Specimens) January 2006 - March 2007



Notes: We have not had any identified cases of type 027 (Hypervirulent strain of Clostridium difficile)
From April 2007 we will be reporting all positive laboratory specimens irrespective of age 2

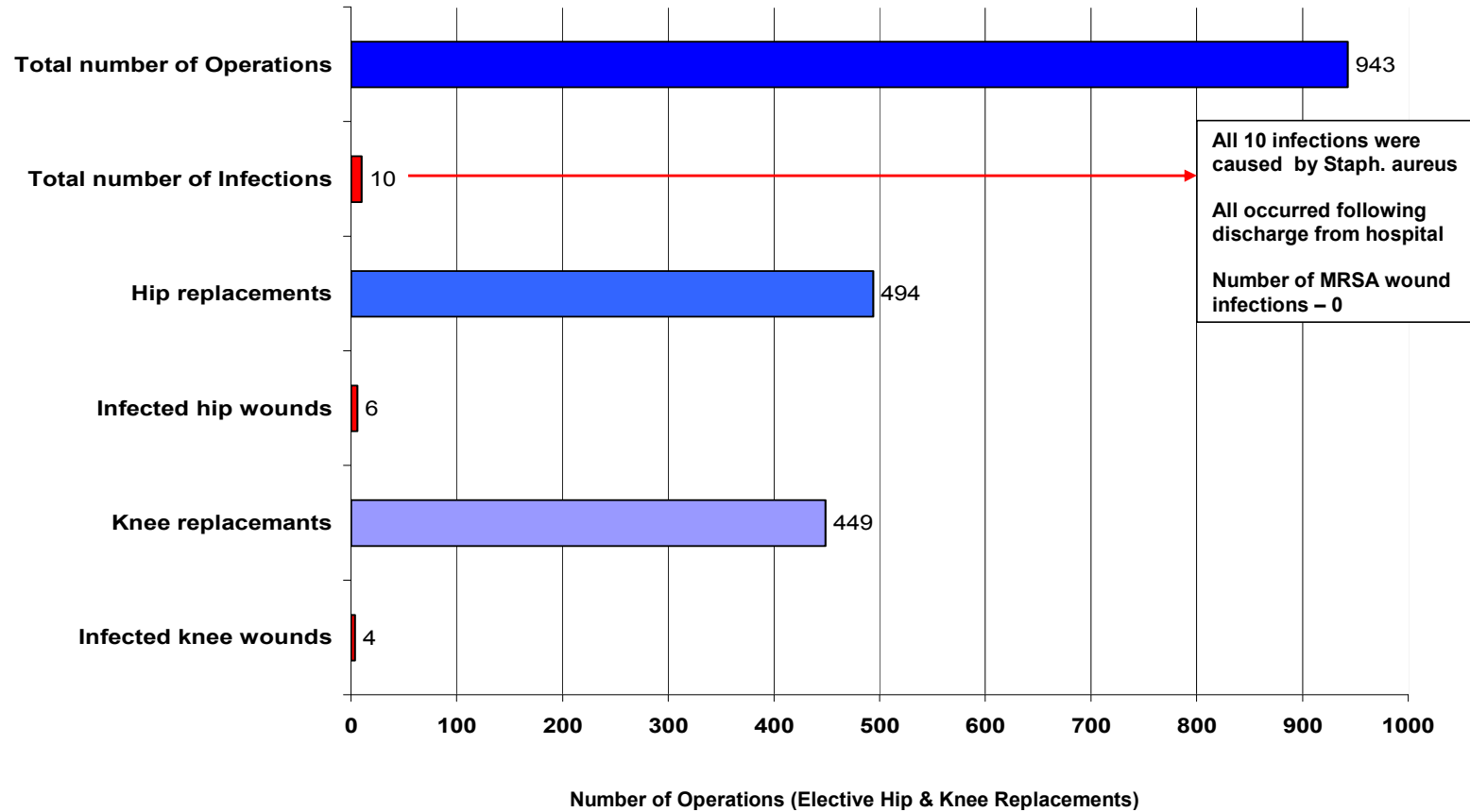


Post Operative Wound Infections

Elective Hip & Knee Replacements April 2004 – December 2006



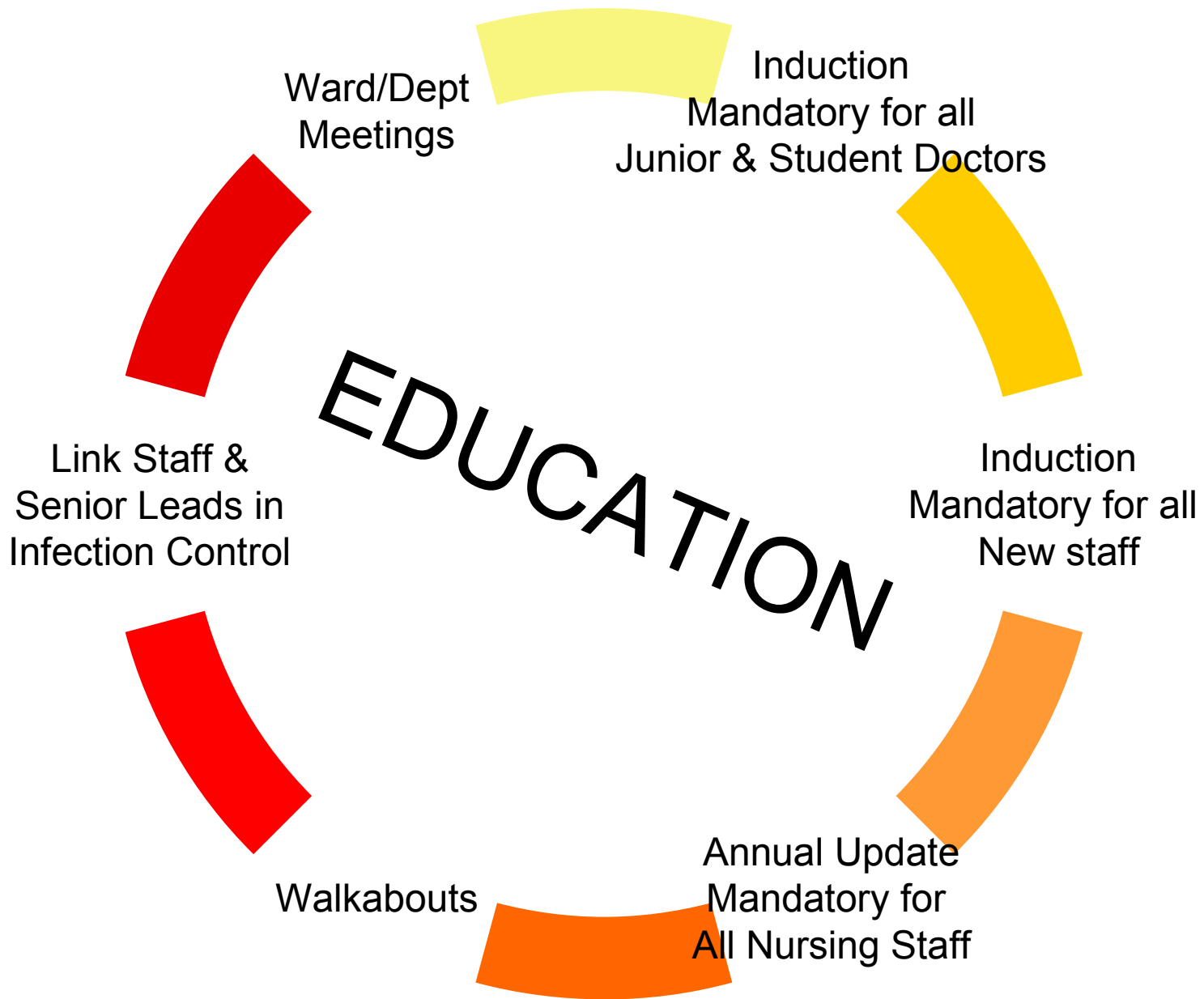
Results of surveillance undertaken from admission until discharge from ward / bridging team



Results of the Third Prevalence Survey of Healthcare Associated
Infections in Acute Hospitals 2006
Published February 2007

Prevalence Rate	National	Darent Valley Hospital
	8.19%	5.2%

Infection type	National Rate	Darent Valley Hospital Rate
MRSA	1.28%	0.3%
Clostridium difficile	1.98%	1.5%
Norovirus	0.74%	0.0%
Surgical site	1.27%	0.9%
Urinary tract	1.80%	0.6%
Pneumonia	1.27%	1.8%
Gastrointestinal	2.02%	0.9%
Lower respiratory tract	0.55%	0.6%
Primary bloodstream	0.62%	0.3%



What are we doing about MRSA and other infections?

Hand hygiene (Staff, Patients and Visitors)



Clean environment & equipment



Prudent use of antibiotics



Working as a TEAM to provide a safe, clean environment for patients

