

# Infection Prevention and Control

## Primary Care Newsletter

### ISSUE 2 ~ January 2012

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Welcome to the second edition of NHS Kirklees Primary Care News Letter. This month's issue contains information about the following topics -

1. GP Training Results
2. Leigonella
3. Bug of the Month; Norovirus
4. Flu Update

#### 1. GP Training in Kirklees

From April to September 2011 a total of 13 GP practices took part in the one and a half hour general infection prevention and control training, and a total of 126 people attended, comprising of nurses, GP's, managers and admin staff.

HCA	RGN	Admin	Manager	GP	Student	Phlebotomist	Cleaner
4	26	59	12	21	2	1	1

Evaluation forms were completed at the end of every session. The table below identifies the participants' responses.

		Total	%	% non-responders
<b>Were the aims/objectives indicated at the start of the course met?</b>	Fully	117	93%	2%
	Partially	6	5%	
	Not at all	0	0%	
<b>Was the presentation and delivery:</b>	Very Good	112	89%	2%
	Satisfactory	11	9%	
	Unsatisfactory	0	0%	
<b>Was the level of the training pitched:</b>	Too High	2	2%	2%
	At the right level	120	95%	
	Too Low	1	1%	

<b>Has this training identified any further topics around infection prevention and control that you would like further training on?</b>	Yes	7	6%	6%
	No	111	88%	

After analysing comments on the evaluation forms one GP stated that a separate training session for clinical staff should take place focusing more on clinical practice. Two admin workers stated that the training sessions were pitched too high and felt that it was not relevant to them. Seven people identified that they would like further training.

Comments included:

- Session on waste disposal
- More regular updates on infection prevention and control
- More than one training session to ensure all staff can attend
- Longer training session

## **2. Legionella**

Many GP practices will be aware that the Infection Prevention and Control (IPC) Audit Tool includes a question relating to showers within the premises. This has been added to the IPC audit tool to highlight the potential risks associated with Legionella. The Health and Safety Executive (HSE) have produced guidance and information relating to Legionella.

### **What is legionella?**

Legionella bacteria are common in natural and artificial water systems. They can survive at low temperatures and thrive at temperatures between 20°C and 45°C. They are killed at higher temperatures and this is the main method used for their control in domestic water systems.

Legionellosis is the name given to a group of pneumonia-like illnesses caused by legionella – the most serious and well-known being Legionnaires’ disease. Legionnaires’ disease is serious in elderly and infirm patients; pneumonia is a common cause of death in people over 70. Infection is caused by breathing small droplets of water contaminated by the bacteria. Anyone can get infected but those most at risk include elderly people, smokers, alcoholics, and those suffering from cancer, diabetes, chronic respiratory disease or kidney disease.

## What do I have to do about legionella?

Under the Health and Safety at Work etc Act 1974 you have a duty to consider the risks from legionella that may affect people in your care. The Control of Substances Hazardous to Health Regulations 2002 (as amended) say that you must assess the risks to all staff and patients from bacteria like legionella and take suitable precautions.

### Controlling the risk

#### *Design*

The system should be designed to avoid the conditions that favour the growth of legionella:

- ensuring pipework is as short and direct as possible;
- ensuring adequate insulation of pipes and tanks;
- using materials that do not encourage the growth of legionella; and
- protecting against contamination, eg fitting storage tanks with lids.

#### *Operation and maintenance*

You should ensure that your system is operated to minimise growth of legionella. One way of doing this is to store hot water above 60°C and distribute it at above 50°C. Water systems need to be routinely checked and inspected by a competent person and the risk assessment should be reviewed regularly.

Alternatives include ionisation, UV light, chlorine dioxide, ozone treatment or regular thermal disinfection of the system. These will need proper installation, maintenance and monitoring.

You should seek professional advice when considering new or alternative treatment systems.

<b>LOW RISK</b>	<b>HIGH RISK</b>
<b>Population</b> Fit, healthy – eg adolescents in a residential care home	<b>Population</b> Elderly, weakened immune system
<b>Hot water system</b> Well maintained, clean and properly insulated Purpose-built – storage cisterns and calorifiers correct size for intended use Frequently used Regularly cleaned and maintained	<b>Potential for droplet formation</b> Showers or spray from taps  <b>Hot water system</b> Infrequently maintained, dirty cold water tanks poorly insulated or tanks in warm part of building  Adapted/converted system – oversized cisterns or calorifiers

	<p>Infrequently used – eg pipes may contain lukewarm water for long periods (deadlegs)</p> <p>Materials and fittings which support the growth of legionella</p> <p>Hot water heater or storage tanks holding water below 50 degrees centigrade or not heating contents uniformly</p>
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### 3. Bug of the Month:-

#### Norovirus

Norovirus is estimated to cost the NHS in excess of £ 100 million per annum (2002-2003 figures) in years of high incidence. Approximately 3000 people a year are admitted to hospital with norovirus in England and the incidence in the community is thought to be about 16.5% of the 17 million cases of Infectious Intestinal Disease in England per year, and there is evidence that this burden has increased over the past Decade.

Norovirus usually lasts 2-3 days and people often feel generally unwell with a raised temperature, headache and aching limbs. The illness is usually mild in nature and gets better without antibiotics.

The incubation period (time taken from catching the bug to becoming unwell) is usually 1 to 2 days and people remain infectious for 48 hours after their symptoms have stopped.

#### **Why is it a problem?**

The infection spreads very rapidly because it is in the vomit and diarrhoea of those affected. Large numbers of people can be affected and it is important to stop the illness from spreading to others.

#### **How can I stop the spread of diarrhoea and vomiting?**

The most important way to prevent infection is to wash your hands with plenty of soap and warm running water:

- Before eating food
- After going to, or helping others go to the toilet

We would also recommend if you have symptoms and become unwell:

- Please do not visit places where there are vulnerable people e.g. the very young or where there are young/old including hospitals and care homes

- It is advisable to stay at home until symptoms have settled for 48 hours. If possible try to keep yourself away from other household members
- Ensure the toilet is cleaned regularly with a hypo chlorite cleaning products.

### **Will I need treatment?**

Not usually, but sometimes diarrhoea and vomiting can result in dehydration. It is important to drink plenty of fluids in order to prevent this from happening. Antibiotics are not needed. If your symptoms do not get any better after 72 hours or get worse seek advice from your GP or NHS Direct.

## **5. Influenza**

Influenza or 'flu' is a respiratory illness associated with infection by influenza virus. Symptoms frequently include headache, fever, cough, sore throat, aching muscles and joints. There is a wide spectrum of severity of illness ranging from minor symptoms through to pneumonia and death.

The Department of Health has advised that the procurement of the influenza vaccine will remain the responsibility of GP practices for the 2012/13 programme. There has been no decision on central procurement of the vaccine following the consultation earlier this year.

- Uptake of flu vaccine in Kirklees in frontline healthcare workers following the second survey collection (1 September 2011 to 30 November 2011) was 52.3%. The SHA continues to closely monitor flu vaccine uptake in frontline health care workers.
- PCT V&I/Flu leads are engaging with GPs to ensure that the CMO targets are achieved in those individuals over the age of 65 years and those individuals in the clinical at risk groups under 65 years including pregnant women.
- There is a major regional initiative to support midwives to actively encourage pregnant women to be immunised. The PCT flu lead has worked with the Heads of Midwifery in CHFT and MYHT to signpost pregnant women to their GP for the vaccination. Q& A for midwives has been developed and shared with all midwives and practices.
- Once the campaign is completed the PCT flu lead will be informing individual practices of their uptake in the clinical risk groups and ranking against all Kirklees practices.

All IPC policies can be found and downloaded from our web site along with lots of other useful resources and information. The link to Infection Prevention and Control Home Page is below.

[www.kirklees.nhs.uk/your-health/infection-prevention-and-control/](http://www.kirklees.nhs.uk/your-health/infection-prevention-and-control/)

## Infection Prevention & Control Team

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