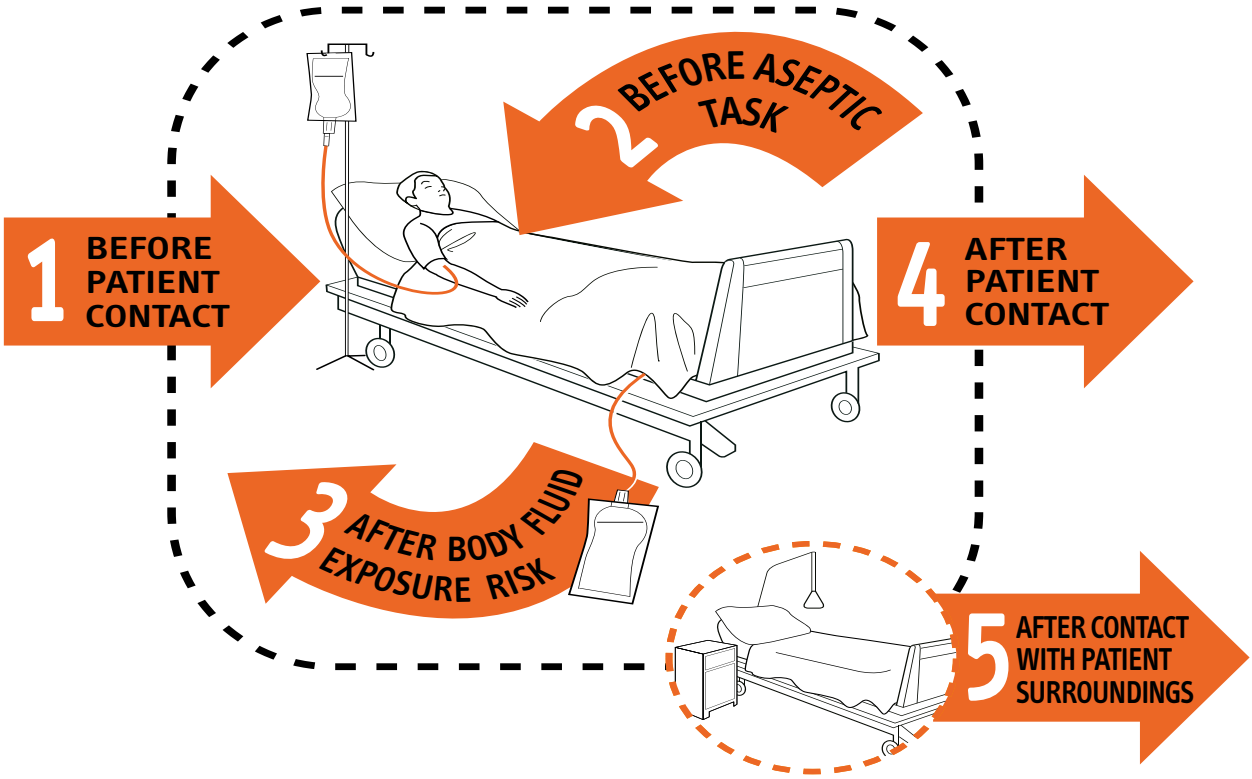
Section nine
Infection control

Your Five Moments for Hand Hygiene

Your 5 moments for HAND HYGIENE



1 BEFORE PATIENT CONTACT	**WHEN?** Clean your hands before touching a patient when approaching him or her **WHY?** To protect the patient against harmful germs carried on your hands
2 BEFORE AN ASEPTIC TASK	**WHEN?** Clean your hands immediately before any aseptic task **WHY?** To protect the patient against harmful germs, including the patient's own germs, entering his or her body
3 AFTER BODY FLUID EXPOSURE RISK	**WHEN?** Clean your hands immediately after an exposure risk to body fluids (and after glove removal) **WHY?** To protect yourself and the health-care environment from harmful patient germs
4 AFTER PATIENT CONTACT	**WHEN?** Clean your hands after touching a patient and his or her immediate surroundings when leaving **WHY?** To protect yourself and the health-care environment from harmful patient germs
5 AFTER CONTACT WITH PATIENT SURROUNDINGS	**WHEN?** Clean your hands after touching any object or furniture in the patient's immediate surroundings, when leaving - even without touching the patient **WHY?** To protect yourself and the health-care environment from harmful patient germs

WHO acknowledges the Hôpitaux Universitaires de Genève (HUG),
in particular the members of the Infection Control Programme, for their active participation in developing this material.

World Health Organization

October 2006, version 1.

Your 5 moments for HAND HYGIENE

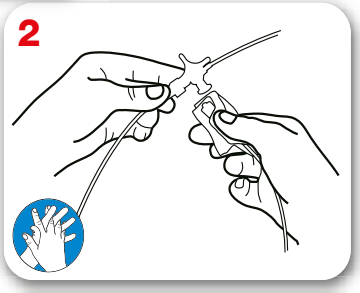
Design : mondofragilis network

1

BEFORE
PATIENT CONTACT

Clean your hands before touching a patient when approaching him or her

2



BEFORE
AN ASEPTIC TASK

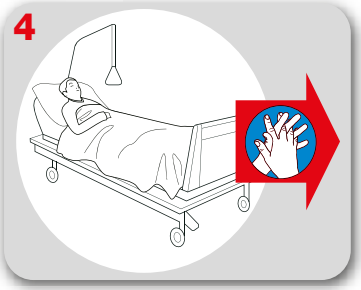
Clean your hands immediately before any aseptic task

3

AFTER
BODY FLUID EXPOSURE RISK

Clean your hands immediately after an exposure risk to body fluids (and after glove removal)

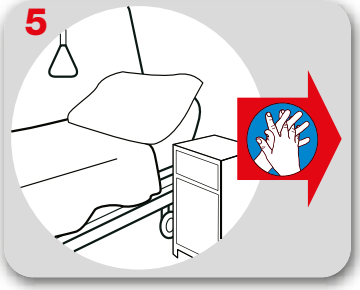
4



AFTER
PATIENT CONTACT

Clean your hands after touching a patient and his or her immediate surroundings when leaving

5



AFTER
CONTACT WITH PATIENT SURROUNDINGS

Clean your hands after touching any object or furniture in the patient's immediate surroundings, when leaving - even without touching the patient

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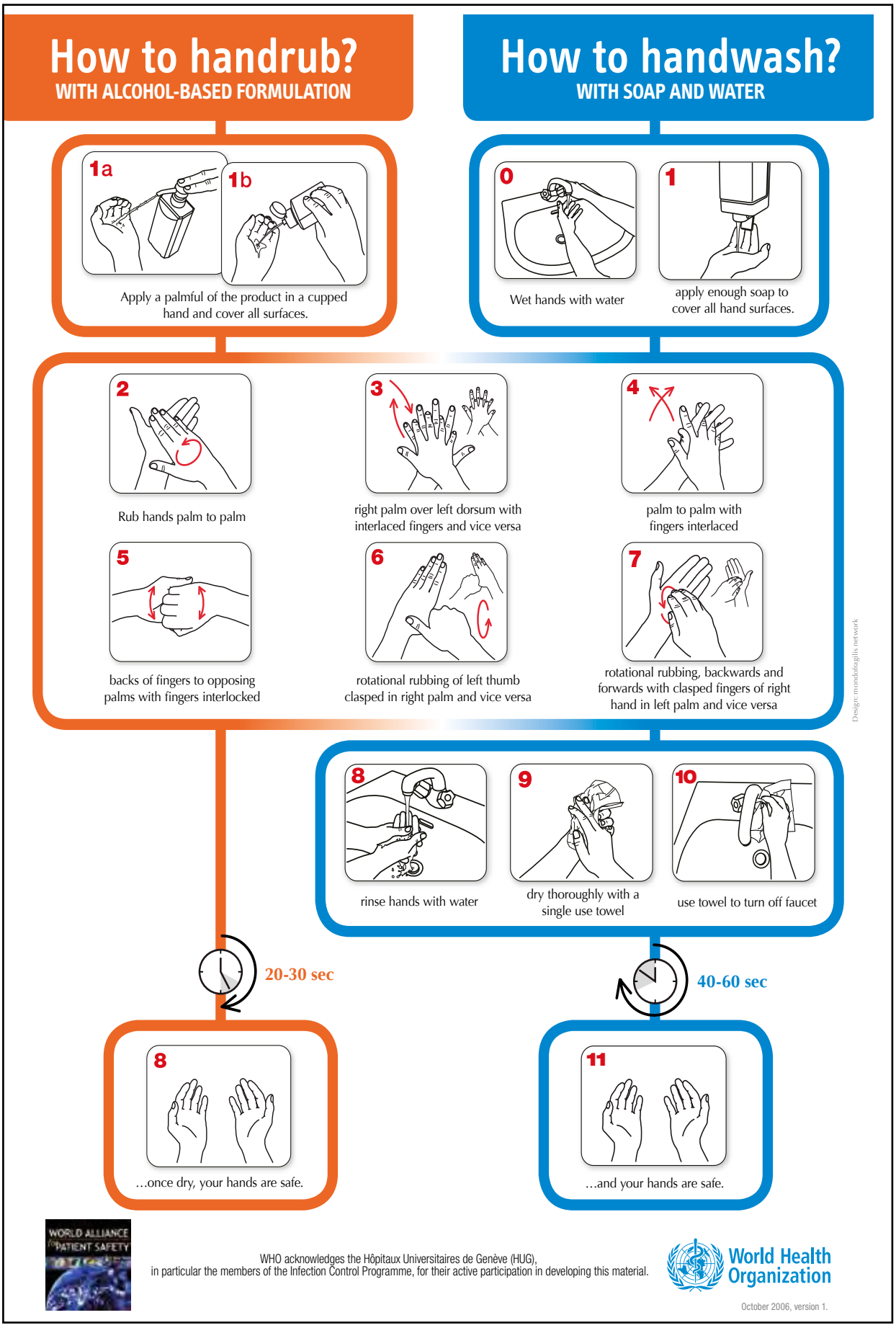
How to Hand Rub / Handwash



What else can be done to help?

The doctors will review all medications including any antibiotics you are taking.

You need to ensure that you drink plenty of fluids e.g. tea, water, to prevent dehydration from the diarrhoea. Your bowel movements will be monitored and recorded so that the nurses can assess you and the severity of your symptoms.

The nursing team will help you cope with the diarrhoea and ensure that the environment is kept clean. If you have any concerns please ask the medical and nursing teams looking after you.

Can I give *Clostridium difficile (CDIFF)* to my family and friends?

Healthy people who are not taking antibiotics are at very low risk of getting this germ. Their best protection against even a small risk is to
wash their hands after visiting you and follow the precautions as outlined above.

Will I be treated?

Mild diarrhoea may resolve once the antibiotics that caused the symptoms are stopped. More serious diarrhoea can last longer without treatment. If you need to be treated, your doctor will prescribe the correct medication.

Additional Information

Clostridium difficile (CDIFF) infections can recur days or even weeks later. It is important if your symptoms return or persist you seek medical advice without delay.

Care should be taken if you need antibiotics in the future as this may trigger a return of symptoms.

Other sources of information about health and health care:

NHS Choices is the country's biggest health website and gives all the information you need to make choices about your health.
www.nhs.uk

NSCP Patient Advice & Liaison Service (PALS)

If you want to make a comment about this service or need some advice or information about this or any other local NHS service, please contact:

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Email: commentsandcomplaints@nsomersetcp-cic.nhs.uk

Updated May 2016

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NORTH SOMERSET COMMUNITY PARTNERSHIP

Clostridium difficile (CDFF)

What is *Clostridium difficile (CDIFF)*?

It is a bacterium (germ) found in the large bowel that may produce toxins which can irritate and cause inflammation of the lining of the bowel.

What effect does this have?

The inflammation can cause explosive, offensive and watery diarrhoea. Some people also experience nausea, stomach ache, fever and loss of appetite.

How is it diagnosed?

A sample of liquid faeces is tested for the presence of the *Clostridium difficile (CDIFF)* toxins.

Who is at risk of this infection?

Those who have been treated with antibiotics are at greatest risk of *Clostridium difficile (CDIFF)* infection. Most of those affected are the elderly with serious underlying illnesses. Other people who may be at risk are those who have repeated hospital admissions, those whose immune system is affected by illness and/or treatment and those who have had recent surgery.

How do I get it?

Some people can be healthy carriers of *Clostridium difficile (CDIFF)* or infection can occur when the germ enters the body through the mouth and is swallowed. Usually a person will be on, or have recently been given, antibiotics for another infection. The normal (good) gut bacteria will be reduced, leaving a patient more vulnerable to infection from CDIFF.

Infection can develop after cross infection from another patient, either through direct patient to patient contact, via healthcare staff, or via a contaminated environment. A patient who has *Clostridium difficile (CDIFF)* diarrhoea excretes large numbers of the bacteria in their liquid faeces. These can contaminate the general environment around the patient's bed in hospital, toilet areas, commodes, etc. The bacteria produce spores which can survive for a long time and be a source of hand-to-mouth infection for others.

How do we reduce the risk of *Clostridium difficile (CDIFF)* spreading in hospital?

- If you have symptoms (diarrhoea) you will be placed in a single room, where possible and have designated toilet facilities

- You will need to take special care with hand washing. Wash hands in soap and water after using the toilet or commode, before eating, taking tablets and every time you leave the room

- It is also important that all staff and visitors wash their hands with soap and water when they come in or when they leave your room. Do not be shy about reminding people.

- Staff will wear aprons and gloves when they come in to care for you or handle items in your room. Items in your room will either stay with you or be cleaned when they are removed from your room.

What can be done to help prevent the spread of MRSA?

- Use all treatments as prescribed.
- All heath care staff should wear gloves and a plastic apron when caring for you. They should remove them and wash their hands when finished. This is to prevent spread of infection from person to person.
- Pay strict attention to your handwashing and insist everyone who has contact with you also washes their hands or uses the alcohol gel. If you are unable to use the hand wash basin please use the hand wipes provided.
- It is not necessary for visitors to wear gloves if, for example, they are just talking to you or assisting you at meal times, but hands must be washed after all contact. However, gloves and an apron should be worn if they are involved in aspects of your personal care.
- Clothing and bed linen should be changed frequently. Laundry should be washed at the highest temperature that the fabric allows.
- Equipment and the environment must be cleaned regularly.

Additional Information

- Family and friends are not at risk from MRSA, as it does not normally affect healthy people.

To prevent the spread of MRSA, they should wash their hands thoroughly at all times and ensure all cuts or abrasions on their hands are covered with waterproof dressings.

- It is safe for pregnant women to have contact with someone who has MRSA.
- MRSA can come back without your knowledge.
- **Remember:** Good hand hygiene is the easiest way to prevent the spread of MRSA and other germs.

Other sources of information about health and health care:

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Meticillin Resistant *Staphylococcus Aureus* (MRSA)

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Staphylococcus aureus **is a bacterium (germ) commonly found on the skin and in particular in moist areas like the nose, groin and wounds. Usually its presence is harmless, but like many other bacteria can cause infection.**

What is MRSA?

MRSA stands for Meticillin Resistant *Staphylococcus aureus*. It is a type of *Staphylococcus aureus* that is resistant to the more commonly used antibiotics and therefore it is more difficult to treat as there is a reduced choice of antibiotics available, although it is still treatable.

Where does MRSA come from?

Approximately 30% of the population carries *Staphylococcus aureus* on their skin or in their nose without becoming aware of it. Some people will also carry the resistant strain i.e. MRSA, without being aware of it.

How is MRSA spread?

It is usually passed on by human contact, particularly people's hands. When hands have been in contact with MRSA and are not washed Thoroughly, MRSA can be transferred to the next person.

Where is MRSA most commonly found?

MRSA can survive in the environment, particularly in dust, but is most commonly found on humans in the nose, armpits and groin. It can also be found living on some open areas of skin such as leg ulcers.

How is MRSA diagnosed?

A specimen such as nose swab, wound swab or urine sample will be sent by your Doctor or Nurse to the laboratory for examination. These specimens may be taken due to inflammation, discharge etc. or as part of our screening policy.

How is MRSA treated?

Remember MRSA does not always cause infection. You may not notice any physical difference. However, you may be prescribed a specific cream or ointment to eliminate it from the nose and any wounds. If you develop an infection which requires antibiotic treatment you will be prescribed treatment based on the laboratory results.

If you need to stay in hospital because of your medical condition or because it has caused an infection you may be moved into a single room. This is to prevent MRSA spreading to other patients. Your visitors should wash their hands or use the alcohol hand gel when entering and leaving the ward.

"Approximately 30% of the population carries *Staphylococcus aureus* on their skin or in their nose without becoming aware of it. Some people will also carry the resistant strain, without being aware of it".

In addition to the advice overleaf, whilst in hospital:

Isolation: If you do become unwell in hospital you may be moved to a side room or to an area with other patients with the same illness.

Cleaning: The ward environment will be thoroughly cleaned and disinfected at least daily and medical equipment will be cleaned and disinfected after each use. If you have any concerns regarding cleanliness, please inform a member of the nursing staff.

Laundry: Your soiled clothing will be placed in a plastic Patients' Clothing Bag for your family/friends to launder. Use a hot wash and separate cycle from other household laundry.

Visiting other areas: To help prevent the spread of norovirus please do not visit other areas of the ward or hospital during this time.

Additional Information

You can get further advice and information by:

Asking your Doctor or Healthcare Professional

Other sources of information about health and health care:
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Developed by The Infection Prevention & Control Team

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Norovirus

What are noroviruses?

Noroviruses are a group of viruses that are the most common cause of gastroenteritis (stomach bugs). In the past, noroviruses have also been called 'winter vomiting viruses', 'small round structured viruses' or 'Norwalk-like viruses'.

What are the symptoms?

The most common symptoms include nausea, vomiting and or diarrhoea. Some people may also experience a raised temperature, headaches and aching limbs.

Symptoms begin around 12 to 48 hours after the person becomes infected. The illness is self-limiting and the symptoms usually last for 12 to 60 hours.

Why does norovirus often cause outbreaks?

Norovirus often causes outbreaks because it is easily spread from one person to another and the virus is able to survive in the environment for many days. Because there are many different strains of norovirus, and immunity is short-lived, outbreaks tend to affect more than half of exposed people.

How can these outbreaks be stopped?

Outbreaks can be difficult to control and long-lasting because norovirus is easily transmitted from one person to another and the virus can survive in the environment. The most effective way to respond to an outbreak is to clean and then disinfect hard surfaces, especially around the toilet, and clean up vomit promptly, to reduce risk of infection. Wash soft furnishings and fabrics following the manufacturer's instructions and institute good hygiene measures including hand-washing with soap and water.

How is norovirus treated?

If you develop diarrhoea, a sample may be sent to the laboratory for testing. There is no specific treatment for norovirus apart from letting the illness run its course. It is important to drink plenty of fluids to prevent dehydration. Once the norovirus symptoms have subsided for over 48 hours no further action is necessary and your treatment will continue as before.

How can I prevent others from becoming infected?

Isolation: Isolate yourself if possible until 48 hours after the symptoms have stopped.

Hand washing: It is important that you wash your hands after using the toilet, commode, and urinal and before eating, drinking or taking medication. Moist skin wipes are an alternative if you are unable to access a wash basin. Do NOT rely on alcohol hand gel as this is not effective against norovirus.

Cleaning: It is best to use detergent and warm water followed by a bleach-based disinfectant on any surfaces and objects that could be contaminated with a norovirus.

Laundry: Wash any clothing, or linens, which could have become contaminated with norovirus in a washing machine at the hottest wash the garment will allow.

Visitors: It is advised to keep visitors to a minimum and only visit if absolutely necessary. Norovirus is very infectious and there is a high possibility visitors may acquire it despite the stringent precautions in place. Visitors who are medically unwell e.g. receiving chemotherapy are at a higher risk. Requests to wash hands must be complied with. People should not visit if they are unwell, suffering from or had symptoms of diarrhoea and vomiting themselves in the last 48hours.

Staff: Affected staff are excluded from work, until they have been free from symptoms for 48 hours.

Bare Below the Elbows

Are you bare below the elbow?

As well as keeping hands clean, it is also essential that all staff working in a clinical environment or carrying out clinical care avoid wearing false nails, watches, bracelets, charity bands or stoned rings which could potentially harbour germs which can contribute to the spread of infection.

To help hand decontamination be effective:

- Keep fingernails clean and short
- Do not wear false nails or nail polish
- Cover up breaks on skin with a waterproof dressing
- Take off all hand and wrist jewellery except a plain wedding band
- Roll up long sleeves or take off jumpers/cardigans

Spread the word, not infection…

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