



Shaping a healthier Warrington
Analysis Improvement Protection

INFECTION CONTROL NEWS FOR THE DENTAL TEAM

April 2016

Volume 2, Issue 1

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ZIKA VIRUS

Zika Virus causes mild symptoms but is potentially devastating

The progressive outbreak of Zika Virus in South Central America and the Caribbean continues to pose threats to pregnant women who may be travelling or have recently travelled to affected areas;

Due to increasing evidence of the association with microcephaly and other central nervous system abnormalities in foetuses, pregnant women who have recently travelled to an affected area, should inform their Midwife or Obstetrician on return in order that further management can be facilitated.

Symptoms include fever, rash nausea and joint pain and though it is not thought to be transmitted from person to person, there has been 5 documented case of transmission sexually. Health care workers including Dental health professionals are not at risk of transmission, Standard precautions should be applied as normal.

Those who have no choice around travel should practice scrupulous Mosquito bite associated measures throughout the day, but particularly late afternoon early evening when mosquito activity is more prevalent.

50% Deet will repel Mosquito's up to 12 hours and can be used on pregnant women, which should be repeated following application of sunblock.

Anyone planning pregnancy should avoid conception whilst in the affected area and for 28days following return.



St. Helens Council



INCREASE OF SCARLET FEVER IN ENGLAND

Myth

The hotter the water you use for handwashing, the better .

Fact

Studies show that water temperature does not affect microbe removal. In fact, there is no research to prove that higher temperatures improve handwashing at all. Hotter water can also dry out skin, which leaves your skin more susceptible to germs and can make handwashing painful. It is best to wash your hands with the temperature that you find comfortable.

Did you know
Tuberculosis is only infectious when present in the lungs or throat.

Public Health England (PHE) has reported steep increases in scarlet fever notifications across England, with a total of 6157 new cases since the season began in September 2015. This is the third season in a row where the incidence of scarlet has shown a marked increase.

To date around 600 cases are being notified each week with further increases expected as we reach the peak season between late March and mid April.

Scarlet fever is mainly a childhood disease and is most common between the ages of two and eight years. It was once a very dangerous infection, but has now become much less serious. Antibiotic treatment should be given to minimise the risk of complications. There is currently no vaccine for scarlet fever.

Scarlet fever is an infectious disease spread through close contact with individuals carrying the organism (often in the throat) or indirect contact with objects and surfaces contaminated with the bacterium. Typically there are seasonal rises in scarlet fever between December and April each year.

Symptoms usually clear up after a week and the majority of cases will resolve without complication as long as the recommended course of antibiotics is completed.

Potential complications include ear infection, throat abscess and pneumonia. Patients who do not show signs of improvement within a few days of starting treatment should seek urgent medical advice.

PHE is alerting healthcare practitioners so they can be mindful of this when assessing patients. Close monitoring, rapid and decisive response to potential outbreaks and early treatment of scarlet fever with an appropriate antibiotic remains essential, especially given the potential complications associated with group A streptococcal infections.

As scarlet fever is highly contagious, children or adults diagnosed with scarlet fever are advised to stay off school or work until at least 24 hours after the start of antibiotic treatment to avoid passing on the infection.



Further information/ update go to: <https://www.gov.uk/government/news/increase-in-scarlet-fever-across-england>



HTM 01 05 SELF- AUDITING TOOL

Audits for infection control monitoring all aspects of standard precautions should be carried out every 6 months (HTM 01 05). Unless areas requiring immediate improvement it would be advised audit reviews are carried out sooner.

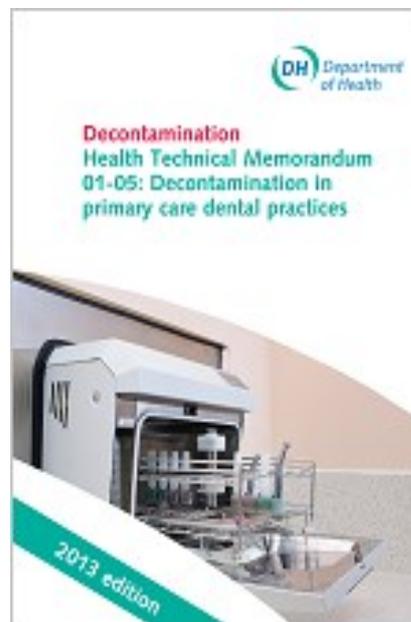
If using the HTM 01 05 audit tool then you will cover all the areas necessary to comply with Legislation and the HTM 01 05 guidance. **A copy of your self audit results including any action plans should be forwarded to Karen Jones either electronically or hard copy. Contact details at back of this newsletter.**

Electronic version download—Infection Prevention Society (IPS)

The electronic software which can normally be downloaded from the IPS website is currently experiencing technical issues regarding downloading and compatibility issues with Window's programmes.

The current advice is to download the questions set document only. This produces a hard copy version . Please note if completing in this format no scorings or action plan will be generated. It is important that any areas not complying a manual action plan should be drawn up and actioned accordingly.

IPS link: <http://www.ips.uk.net/professional-practice/resources1/dental-audit-tool/>



ips Infection Prevention Society

ANNUAL INFECTION CONTROL STATEMENTS- REQUIRED BY ALL PRACTICES. PLEASE SUBMIT FOR PERIOD APRIL 2015 - MARCH 2016

Your practice statement is now due.

The Health and Social Care Act 2008 Code of Practice Criterion 1 requires:

'An annual statement, for anyone who wishes to see it, including patients and regulatory authorities, should be prepared by the Infection Control Lead '.

All practices as part of their compliance with the Health & Social Care Act should produce an annual infection control statement which should provide a short review of the following:

- known infection transmission event and actions arising from this
- Audits undertaken and subsequent actions
- Risk assessments undertaken for prevention and control of infection

- Training received by staff regarding infection control
- Review and update of policies, procedures and guidance.

As well as a copy being made available at the practice; it is requested that a copy be sent to Karen Jones . An electronic version would be preferred as this can be forwarded to the appropriate agencies as and when required.

If anyone requires any assistance compiling or requires further information please contact Karen Jones .

HERPES SIMPLEX VIRUS: TREATING PATIENTS

SHOULD PATIENTS BE TREATED WHO HAVE ACTIVE ORAL
HERPES?

Yes they can be treated but only for emergency treatment. Clinicians need to risk assess each case individually. It is important to remember that the within the dental setting, we need to be very aware of herpes and practice infection control measures to prevent the spread of this disease.

The spreading of the Herpes Simplex Virus (HSV) in the dental setting is well documented. The vesicular fluid has the most condensed virus and it diminishes as the blisters rupture. Viral shedding continues from the healing lesion. Another issue is that a person who harbours the virus can shed asymptomatically. HSV can cause persistent infection and is shed in saliva. There is also evidence of transmission of HSV to health-care workers from patients and from dental workers to patients. Also gloves are not a complete protection against this virus. Pathogens can enter through small defects in the gloves and health-care workers can be contaminated during use or after the removal of gloves.

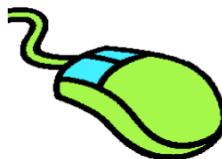
It has been previously well documented that HSV virions have been found present on door handles up to 2 hours later from contact and the virus has been shown to survive on a patients dental chart for several hours. Another factor to consider is that dental personnel have been found to contract herpetic whitlow's following contact with herpetic lesions.

One potentially under-recognized transmission vector involves an aerosolized saliva/herpes mix. The use of safety glasses, even with side shields, may protect against direct spray, but will be of questionable use against an aerosol containing the virus. HSV has also been found in the saliva of asymptomatic individuals and poses a clear risk for cross-infection. Components of saliva and respiratory fluids are included in aerosols, and thus posing a portal of transmission.

Practices should have a protocol in place for the treating of patients presenting with a HSV. Clinicians should assess as to whether treatment is absolutely necessary, if not the appointment should be re-scheduled. Signage should be displayed in the practice for patients requesting that they notify the practice prior to their appointment if they are symptomatic and that non-emergency appointments will have to be re-scheduled.

Further information: Journal of Dental Education, Sept 2007: Vol. 71 no 9 1133-1144

<http://www.jdentaled.org/content/71/9/1133.full>



INFECTION CONTROL LEAD NURSE FORUM GROUP MEETINGS - DATES FOR 2016

New Venue: *Low House HCRC, Training Room, 2nd Floor, Crab Street, St Helens, WA10 2DJ*

Thursday 16th June 2016— 6 -7.30 pm

Thursday 15th September 2016— 6 -7.30 pm

Thursday 1st December 2016— 6 -7.30 pm

Warrington Wolves Stadium, Warrington , WA2 7NE

Tuesday 21st June 2016- 6 -7.30 pm at Warrington Wolves, Room F27

Tuesday 20th September 2016— 6 -7.30 pm at Warrington Wolves, Room F27

Tuesday 13th December 2016- 6 -7.30 pm at Warrington Wolves,

You are welcome to attend either meeting as the agenda will be the same for both venues.

If you are interested in attending and have not been before please can you contact me in advance. Contact details on the back page.

Join us on Facebook

If you would like to join our dental forum group on Facebook please contact Karen (details on back page.)

EMAIL COMMUNICATION WE NEED YOU!!!!

Have you notified us of your most up to date email address for your practice?

If not , please can you get in touch so we can ensure you receive all our communication speedily.

Contact details

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I N F E C T I O N C O N T R O L T R A I N I N G

Would your practice like some infection control training?

If so please get in touch (see contact details above). I will come to your practice when suits you to deliver infection control training . It can be tailored to suit your training needs. It will also be verifiable CPD!



Are you thinking of refurbishing at your practice? Surgeries, general environment or installing a local decontamination unit (LDU) ? Then please get in touch and we can provide you with professional advice regarding infection control measures you will need to consider.