



INFECTION CONTROL NEWS FOR THE DENTAL TEAM

December 2015

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THIS WINTER KEEP INFLUENZA AWAY...

For most healthy people influenza infection causes fever, headache, sore throat, joint pain and fatigue, with recovery time ranging from two to seven days. However, for some, especially older people, pregnant women, and people with underlying health conditions, it can cause serious even life-threatening complications and death.

There are three types of influenza virus that cause Flu - A, B and C, and different types of strains within these groups.

The 2014/15 flu season saw particularly high numbers of outbreaks of flu and flu-like illness in care homes throughout the country. Out of a total of fifty-five care homes reporting outbreaks in the North West thirty-four were within the Cheshire and Merseyside area.

THE FLU VACCINE

Flu vaccine is the most effective way to prevent influenza and its complications.

Each year, the World Health Organisation monitors the epidemiology of influenza across the world and makes recommendations on which virus strains to include in



vaccines for the forthcoming season.

There are two main types of vaccine available: an inactivated one which is given by injection and a live one which is given by nasal application. All eligible adults age 18 years and over are offered the inactivated vaccine which is usually injected into the deltoid muscle of the arm. This year 2-4yrs old and primary school children year 1& 2 are being offered the vaccine also.

Most inactivated flu vaccines contain two subtypes of Influenza A and one type B virus, this is known as a trivalent vaccine, but there is also a quadrivalent vaccine available which contains two subtypes of Influenza A and both B virus types.

It can take around two weeks following vaccination for a protective immune response to be achieved so the ideal time to vaccinate would be between September and early November.

EFFECTIVENESS

Recent estimates suggest that influenza vaccine has an overall effectiveness against confirmed disease of 59% in adults aged 18 – 65 years. Protection may be lower in those aged 65 years and over, however, immunisation has been shown to reduce the risk of bronchopneumonia, hospital admissions and mortality.

So if you have not yet had your vaccination it would still be a good preventative measure to take this winter.



St. Helens Council



BEAT the FLU!



BACTERIA AND RESISTANCE

Myth
The flu vaccine has bad side effects
Fact

Most people have no side effects at all - some complain of pain and a small swelling at the injection site, a fever which might require Paracetamol for a day or two. Any other side effects are rare.

Did you know the World Health Organization (WHO) estimate that AIDS has killed more than 25 million people since it was first recognised on 5 June 1981, making it one of the most destructive epidemics in recorded history.

Antibiotics have always been considered one of the wonder discoveries of the 20th century. This is true, but the real wonder is the rise of antibiotic resistance in hospitals, communities, and the environment with their use.

The discovery of antibiotics over 70 years ago initiated a phase of drug revolution and a believe that pathogenic bacteria is a result of over use of antibiotics with regards to resistance.

However, analysis of authenticated ancient DNA from 30,000-year-old permafrost (a thick subsurface layer of soil that remains below freezing point) analysed has shown a highly diverse collection of microbe genes encoding resistance to antibiotics such as the β -lactam, tetracycline and the glycopeptides.

Thus ,confirming that conclusively that some microbes have antibiotic resistance from a natural phenomenon that predates the antibiotic era/ clinical use. Of which was first thought.

The genetic capacities of micro – organisms have benefitted from man's overuse of antibiotics to exploit every source of resistance gene and every means of gene transmission to develop multiple mechanisms of resistance for each and every antibiotic introduced into our practice clinically, agricul-

turally, or otherwise.

Given the increasing knowledge of environmental reservoirs of resistance, it should now be possible to have early indications of potential resistance mechanisms to new or old antibiotics and thus prepare us for problems. It is unavoidable that we take full advantage of the new understanding and technologies and embrace them.

If not, the pre-antibiotic era could be awaiting our descendants.

Global Campaign

Last month we saw the World Health Organization (WHO) promote Antibiotic Awareness week (16- 22 November).

The WHO aims to increase awareness of global antibiotic resistance and to encourage best practices among the general public, health workers and policy makers to avoid the further emergence and spread of antibiotic resistance.

A global action plan to tackle the growing problem of resistance to antibiotics and other antimicrobial medicines was endorsed at the Sixty-eighth World Health Assembly in May 2015. One of the key objectives of the plan is to improve awareness and understanding of antimicrobial resistance through effective communication, education and training.

The theme of the campaign, Antibiotics: Handle with Care, reflects the overarching message that antibiotics are a precious resource and should be preserved. They should be used to treat bacterial infections, only when prescribed by a certified health professional. Antibiotics should never be shared and the full course of treatment should be completed – not saved for the future.

WHO is encouraging all Member States and health partners to join this campaign and help raise awareness of this important issue. A variety of resources are available to support local campaigns including factsheets, info graphics, posters and multi-media materials.

Further information :

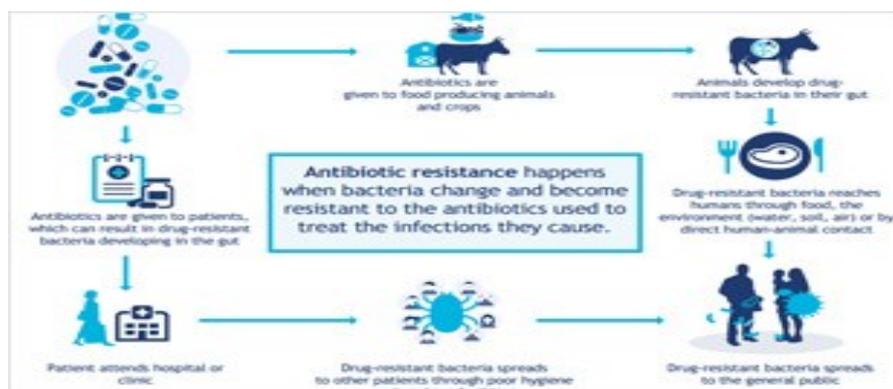
<http://www.who.int/mediacentre/events/2015/world-antibiotic-awareness-week/event/en/>

Reference:

D'Costa et al

'Antibiotic resistance is ancient' 2011. Website:

www.nature.com



SELF- AUDITING INFECTION CONTROL

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 audits results including any action plans should be forwarded to Karen Jones either electronically or hard copy. Contact details at back of this newsletter.

Hand hygiene

All practices are advised to audit all staff for hand hygiene. An audit tool has been devised by the infection control team. If anyone would like a copy of the tool please contact Karen Jones. It is advised all staff are audited at least once a year. Records including any actions arising from auditing should be kept at the practice. Auditing for hand hygiene is seen as good practice and reflects well for the practice with regards to minimising transmission of infection. Also such evidence can be shown to agencies such as the Care Quality Commission.



ANNUAL INFECTION CONTROL STATEMENTS - REQUIRED BY ALL PRACTICES BY MARCH 2016

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.

The statement should be in place by the end of March 2016.

As well as a copy being made available at the practice; it is requested that a copy be sent to Karen Jones once you have completed. 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 .

PRE-SOAKING OF DENTAL INSTRUMENTS PRIOR TO CLEANING

If instruments are not going to be cleaned immediately after use then they should be pre-soaked in either a neutral detergent or an enzymatic detergent. The latter is a more effective way of cleaning whilst the instruments are being soaked. Enzymatic detergents help to dissolve any soft contamination more effectively due to the enzymes in the product.

Pre-soaking instruments is a pre-requisite to the cleaning process. Ideally Instruments should not be soaked in just water. Any organic material or adherent dental materials left on instruments can inhibit the decontamination process if not removed effectively. Water itself will not necessarily remove. Also if not removed effectively it could cause corrosion of the instrument or impair their function .

Long handled bristle brushes (HTM 01 05) can remove soft soiling but not hard/ firm soiling. The use of wire brushes should not be used in practice; not only can they compromise the protective layer of the instrument but increase the chance of breakage of the instrument . Also a wire brush you cannot clean effectively in between use . This in turn can increase the potential risk of transmission of infection from one patient to the next.

Adherent dental material once hardened on the instrument cannot be removed with a long handled bristle brush, detergent/ enzymatic detergent or through mechanical cleaning (washer disinfectant/ ultrasonic bath). It is imperative that poor practice does not come into play as this poses risk of injury to the DCP i.e. using something else to physically remove the hardened cement. Practice should be in place to make sure materials are wiped away off the instrument prior to setting. This way will ensure effective cleaning taking place, safe practice and unnecessary damage to the instrument.

To Vacuum or not to vacuum?

Do you have a vacuum autoclave? Do you use the vacuum cycle or select the non vacuum setting ?

Read on

If you are sterilizing surgical/ specialized equipment in your practice then these items are advised to go through a vacuum cycle if available. Instruments with a lumen, or are hollow or have crevices (e.g. air scaler tips) are also advised to go through a vacuum cycle. Dental handpieces should also be considered.

Non vacuum cycles will not penetrate all surfaces of the instrument unless the steam has physical contact with that area. Lumened instruments longer than an amalgam carrier which has been dismantled will not be sterilized completely. It is advised that where achievable a best practice approach is always taken.

INFECTION CONTROL LEAD NURSE FORUM GROUP MEETINGS - DATES FOR 2016

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

Thursday 17th March 2016— 6 -7.30 pm

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 22nd March 2016— 6 -7.30 pm at Warrington Wolves, Room F27

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, Room F27

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.