



Shaping a healthier Warrington
Analysis Improvement Protection

DENTAL NEWS

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IN THIS - JANUARY EDITION :

- > An introduction from the Editor
- > Seasonal Influenza – update from PHE
- > Reducing risks of Legionella in the dental surgery
- > CPE; what is this?
- > Are you maintaining your WD or going back to basics?
- > Dental Nurse Lead for infection control Forum Group meetings
- > Infection Control training- an update
- >
- >
- >
- >

WELCOME TO THE VERY FIRST DENTAL NEWSLETTER !

Welcome to our very first edition newsletter for the dental sector. May I take this opportunity to wish you all a very Happy New Year and hope it is a prosperous one for you all!

The newsletter will be distributed to you all three times a year (Jan, April, Aug).

All ideas for future editions would be gratefully received.

This edition covers some interesting topics which we hope you will find interesting reading.



INTRODUCTIONS

Welcome , my name is Karen Jones and I am an infection control practitioner for dental services throughout the GDP services for Halton, St Helens and Warrington.

I have been in post since April 2009.

My career started out working as a dental nurse in 1983, qualifying in 1991. I worked for the same practice for 10 years. My next position was working for the community dental service in Halton for 15 years during which time I gained qualifications in Radi-

ography and Conscious Sedation. It was here, that I developed a passion for infection control . My role had developed incorporating a lead role for infection control . Prior to my departure in 2009 I achieved taking the service forward to meet best practice of HTM 01 05 ; which for me was a great achievement in my career there. Since 2009 I have achieved qualifications in infection control and teaching which have complemented the role I now undertake.

On a last from me....

I wish to offer you my support and any advice/ training you may require. My contact details are on the last page of this newsletter.

I look forward to working with you all in 2015.



St. Helens Council

SEASONAL INFLUENZA

Myth

“Flu vaccination can give you flu”.

Fact

“Flu vaccines that are administered with a needle are currently made in two ways: the vaccine is made either with a) flu vaccine viruses that have been 'inactivated' and are therefore not infectious, or b) with no flu vaccine viruses at all (which is the case for recombinant influenza vaccine).

Surveillance data published by Public Health England (PHE) on 8 January 2015 for week one shows influenza is continuing to circulate in the community. Overall, levels are now higher than the peak of flu activity observed in the last 3 seasons, but have not reached the levels seen in the last notable seasons of 2010/11 and 2008/09.

74 new acute respiratory outbreaks were reported

in the last 7 days (as of 17/1/15); 60 in care homes, 12 in hospitals and two in schools.

In week one, 184 new hospitalized confirmed influenza cases were reported through the USISS sentinel hospital network from 24 NHS Trusts across England.

In the UK only five of 24 isolates tested by the PHE Respiratory Viruses Unit show reduced reactivity to the current vaccine virus. Further analy-

sis will take place, but there is currently no evidence that the drift variant will become the dominant strain here, or that such a drift will result in reduced effectiveness of the 2014/15 vaccine. Existing vaccine is likely to provide some protection and vaccination of risk groups should continue to be encouraged.

Further information go to <http://www.cdc.gov/flu/about/viruses/change.htm>

LEGIONELLA – REDUCING RISKS IN YOUR PRACTICE

**Did you know
A patient contracted legionella from a dental unit water line following treatment in 2012 in Italy ?**

The presence of Legionella bacteria in water and the design of Dental Unit Waterlines poses an ideal environment for this bacteria to grow.

Suitable temperatures for it to grow are between 20-45 c combined with nutrients such as sludge, scale, rust, algae and other organic matter (DUWL tubing contains plasticisers which are a nutrient also) will allow for it to feed and multiply if not managed correctly.

Therefore, it is crucial

DUWL's are flushed through first thing, after lunch breaks and at the end of the day. In addition flushing should take place in-between patient's also for 20-30 seconds. In addition always you use an appropriate disinfectant system. Always refer to manufacturer's guidance on the use. All these measures will help to minimise the growth of legionella.

If unsure please contact the infection control team.

Other water outlets e.g. taps/ shower heads should also be managed. Water outlets should be monitored for temperature hot and cold and the temperature recorded. Outlets that have not been used for a period of time e.g. over a weekend should be opened and flushed well before using.

For further information regarding management of water systems go to <http://www.hse.gov.uk/pubns/books/l8.htm>

CPE : WHAT IS CPE ?

Enterobacteriaceae are a group of bacteria carried in the gut of all humans and animals, which is perfectly normal. While they are usually harmless they may sometimes spread to other parts of the body such as the urinary tract or into the bloodstream (bacteraemia) where they can cause serious infections.

This can occur after an injury or via the use of medical devices such as urinary catheters or intravenous drips where the skin is punctured allowing the bacteria to get into the body.

Carbapenemase– produc-

ing Enterobacteriaceae (CPE) is the name given to some strains of gut bacteria that have developed the ability to destroy an important group of antibiotics called carbapenems, making them resistant to these drugs. Carbapenems are considered to be antibiotics of 'last resort' and doctors rely on them to treat certain difficult infections when other antibiotics would or have failed. Infections caused by CPE can usually still be treated with antibiotics. However, treatment is more difficult and may require a combination of

drugs or the use of older antibiotics to be effective.

Since 2003, there has been a sustained increase in the numbers of CPE being identified from carriers and as causes of infections within the hospital setting. Identification of CPE in England by the PHE national reference laboratory has risen from fewer than 5 patients reported in 2006 to over 600 in 2013. These figures include patients with infections and also those where they have tested positive for the presence of the bacteria in the gut.

In England, approximately two thirds of trusts have had between 1 and 20 patients identified with CPE carriage or infection over the past 5 years, including 2 Trusts in Manchester that have had more than 100 patients identified with CPE during the same period.

In November 2013, PHE established a national incident management team to work to prevent and control spread of this resistant bacteria. The aim of the expert group is to provide on going guidance and support to local experts, not only in areas where trusts are affected but across the healthcare system. Hospitals such as Arrowe Park have introduced routine screening for patients.

Further information on CPE can be obtained at <https://www.gov.uk/government/publications/carbapenemase->

ARE YOU MAINTAINING YOUR WASHER DISINFECTORS OR GOING BACK TO BASICS ?

Some of you may have had your washer disinfectors since the HTM 01 05 came into place 6 years ago.

Has your WD required a repair? Has the cost deterred a decision to repair? Has your practice gone back to manual cleaning?

I have had a couple of queries in the past few months asking if it is alright to go back to manual cleaning because the practice does not want to pay the cost for repair on the WD that has broken down.

The advice is were achievable try not to revert back to an essential quality requirement if you can i.e. manual cleaning. Remember this method is one that is difficult to validate. Even with a

written protocol in place. Then there is the risk of inoculation injury for staff carrying out this method of cleaning.

When purchasing such equipment as part of the procurement process consideration should be given to whether the equipment is of good quality and price should not be the main factor for purchase. Remember the machine will go through numerous cycles in its lifetime!

INFECTION CONTROL LEAD NURSE FORUM GROUP MEETINGS – DATES FOR 2015

**Tuesday 17th March
2015– 6 -7.30 pm at
Warrington Wolves, Room
F27**

**Tuesday 15th September
2015– 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.

**Tuesday 16th June 2015
-6-7.30 pm at Warrington
Wolves, Room F27**

**Tuesday 15th December
2015- 6 -7.30 pm at War-
rington Wolves, Room
F27**

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INFECTION CONTROL TRAINING

We are planning to provide infection control update training for the infection control leads during 2015. Updates on training sessions will be announced here but flyers will go out also.

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!

