

IP&C October 2022 Update

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Universal Mask wearing in Primary Care

Universal face masks: recommendation for Primary Care -17/10/22

- As we are experiencing an increase in the number of hospital admissions associated with respiratory illness and an increase in community respiratory infections including COVID-19, we are recommending that you reintroduce universal mask wearing for all clinical and nonclinical staff including reception staff.
- Patients and visitors should be encouraged to wear surgical masks/face coverings when visiting the practice, if they can be tolerated.



- Well fitted covering both nose and mouth
- Not dangled around neck
- Not touched once put on until the point of removal
- Change when they become moist or damaged
- Remove at least 2 metre away from the patient
- Wear once and then discard as healthcare (clinical) waste
- Worn for sessional use
 - Worn continuously until you take a break from duties (e.g. to drink, eat, for your break time or end of shift).
 - The mask is worn to protect you, colleagues , visitors and patients . You should not touch your face mask unless it is to put it on or remove it.
 - You need to use a new mask when you restart your duties after a break.
 - Training video - https://youtu.be/-GncQ_ed-9w

Outbreak management

- If two or more staff test positive for COVID 19 linked to time and place and it has been risk assessed that the cases were transmitted at work please contact the NHS Somerset IP&C team and UKHSA to report the outbreak.
- UKHSA - swhpt@phe.gov.uk
Main Tel No: 0300 303 8162 (Option 1, Option 1)
- NHS Somerset IP&C team
somicb.infectionpreventioncontrolteam@nhs.net

Fit Testing FFP3 masks



- Fit Testing is required for staff who are required to wear FFP3 masks when caring for patients with airborne transmitted infections such as TB, Measles, confirmed Monkeypox and/or Droplets infections where patients are requiring AGP.
- Information can be found on P32 in section 2.4 Personal protective equipment (PPE): respiratory protective equipment (RPE) at [NHS England » National infection prevention and control manual \(NIPCM\) for England](#)
- Full list of Airborne/Droplet infections in Appendix 11a <https://www.england.nhs.uk/wp-content/uploads/2022/08/National-infection-prevention-and-control-manual-Appendix-11a.pdf>
- The national Legislation can be found at [Fit testing basics - Respiratory protective equipment \(RPE\) \(hse.gov.uk\)](#)

NHS Cleaning Standards

NHS Somerset and Somerset Local Medical Committee (LMC) representatives met recently to discuss how we could provide further support for GP Practices to implement the **NHS National Standards of Healthcare Cleanliness, published in April 2021**. It was agreed by all participants that:

1. the NHS Cleaning Standards include mandatory requirements for all providers of NHS-funded services.
2. National Standards of Healthcare Cleanliness 2021 replace the 2007 specifications for NHS cleanliness. This guidance mirrors Care Quality Commission expectations for GP practices as set out in Regulation 12 and 15 and the Code of Practice on the prevention and control of infections and related guidance. The national standards are not part of these regulations or the code of practice.

Some elements of the standards are mandatory while other aspects are recommendations to ensure good practice which give patients and visitors confidence of the cleaning standards in their healthcare setting e.g. Star Ratings.

The mandatory requirements are:

1. Functional risk categories
2. Elements, frequencies and performance parameters
3. Cleaning responsibilities
4. Audit frequency
5. Efficacy audit to review cleaning policy and standard operating procedures
6. Commitment to Cleanliness Charter displayed

NHS Somerset and Somerset LMC are committed to provide support to any GP practice who requires further guidance in implementing the cleaning standards.

It has been recognised that most of the cleaning standard requirements will already be in place such as daily cleaning, cleaning responsibilities, schedules and monthly audits.

Ebola Outbreak in Uganda

Actions for NHS

- Providers to ensure that relevant clinical services – particularly primary care, urgent care and emergency departments – are aware of the information in this public health message and that Ebola virus disease (EVD) is considered in the differential of any patient with relevant symptoms returning from the areas affected by the outbreak. The great majority of patients with fever from Uganda will have other, treatable, causes such as malaria and these need to be considered in parallel.
- [Public health message to all NHS service providers regarding Ebola virus outbreak in Uganda \(Sudan ebolavirus\) - GOV.UK \(www.gov.uk\)](#)
- [Ebola virus disease: clinical management and guidance - GOV.UK \(www.gov.uk\)](#)

Monkeypox update

- Monkey pox numbers are stable in the Southwest. Cases are now sporadic rather than epidemic.
- <https://www.gov.uk/government/news/second-vaccine-doses-to-be-offered-to-those-at-highest-risk-from-monkeypox>
- [Monkeypox: guidance - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/guidance/monkeypox)

Diphtheria update

UK Health Security Agency (UKHSA) Southwest is investigating a small cluster of diphtheria infection.

- All confirmed cases are linked to one another and the risk to the wider public is low.
- UKHSA Southwest is working with partners to find the source of the infection and identify any close contacts to ensure appropriate public health measures are taken.
- Diphtheria is very rare in the UK because most people are routinely vaccinated against it. It is a contagious bacterial infection that mainly affects the nose and throat.
- [Diphtheria: guidance, data and analysis - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/diphtheria-guidance-data-and-analysis)

Polio update

- Detection of polio virus in London sewage earlier this year resulted in the launch of IPV booster campaign in London. (Polio Vaccine).
- The UKHSA, working with the Medicines and Healthcare products Regulatory Agency (MHRA), conducts routine environmental surveillance for polio as part of the UK's commitment to the global polio eradication programme. There has been an extension to the surveillance programme.
- [Polio: guidance, vaccination, data and analysis - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/polio-guidance-vaccination-data-and-analysis)

Shiga toxin-producing Escherichia coli (STEC) update

The UKHSA is investigating an increase in reported cases of Shiga toxin-producing Escherichia coli (STEC) in England. Throughout August 2022 there has been an increase in the incidence of STEC cases across England, Wales, Northern Ireland and Scotland.

- STEC are a group of bacteria that cause infectious gastroenteritis. The most frequently reported STEC strain to cause illness in England and Wales is E. coli O157.
- STEC infection is a relatively rare cause of gastrointestinal illness in England, with around 800 cases diagnosed annually. Symptoms can range from mild gastroenteritis through to severe bloody diarrhoea.
- [Shiga toxin-producing Escherichia coli: guidance, data and analysis - GOV.UK](https://www.gov.uk/guidance/shiga-toxin-producing-escherichia-coli-guidance-data-and-analysis)
(www.gov.uk)

Sustainability - Reducing Inappropriate Non-Sterile Glove Usage

- In October 2020, the NHS became the world's first health service to commit to reaching carbon net zero, in response to the profound and growing threat to health posed by climate change. It is estimated about 1.4 billion non-sterile gloves are used in the NHS each year. However, there are many instances when effective hand hygiene is appropriate and safe, better for patients and would support hand health for staff.
- [Glove awareness | Campaigns | Royal College of Nursing \(rcn.org.uk\)](#)
- <https://www.rcn.org.uk/get-involved/campaign-with-us/glove-awareness>

Contact Details

- For any Infection Prevention and Control queries please email the IPC team at somicb.infectionpreventioncontrolteam@nhs.net