Network Recording Declaration

During this ECHO session discussions will be recorded so that people who cannot attend will be able to benefit at another time. Filming is regarded as ‘personal data’ under the Data Protection Act 2018 General Data Protection Regulations (GDPR), under that law we need you to be aware that:

• This Data will be stored with password protection on the internet.
• This Data will be available for as long as your network continues to meet and will then be taken down from the internet and either stored securely at the Superhub or deleted.

Your ongoing participation in this ECHO session is assumed to imply your agreement to the use of your data in this way.

If you are NOT willing for your data to be used in this way, please LEAVE the session at this point.
<table>
<thead>
<tr>
<th>Item</th>
<th>Presenter(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>COVID-19 &amp; IPC Update</td>
<td>Dawn Hart, Senior Clinical and Quality Improvement Lead, Hospice UK</td>
</tr>
<tr>
<td>Antimicrobial Stewardship</td>
<td>Dr Susie Jerwood, Consultant Microbiologist, University Hospitals Sussex NHS Foundation Trust</td>
</tr>
<tr>
<td>UTI Management</td>
<td>Lisa Hodgkinson, Infection Prevention and Control Matron, Nottingham and Nottinghamshire CCG</td>
</tr>
<tr>
<td>Sharing Stories</td>
<td>All</td>
</tr>
<tr>
<td>Open discussions with Q&amp;A time</td>
<td>All</td>
</tr>
<tr>
<td>Summary &amp; close</td>
<td>Dawn Hart</td>
</tr>
</tbody>
</table>
ECHO Session 3 Evaluation

Mid-Year Review

How as it been so far?

Help us to shape these sessions

6 quick questions, and additional comments very welcome

Link will be shared in the Chatbox towards the end of the session (3 minutes to complete)
COVID-19 & IPC Update

Dawn Hart
Senior Clinical and Quality Improvement Lead
Hospice UK
COVID-19 Pandemic (data to 27 May 2021)

The History of Pandemics, by Death Toll (visualcapitalist.com)
COVID-19 world view (data to 15 June 2021)

Estimated world population: 7.9 billion
## Vaccine dose per 100 people (data to 14 June 2021)

<table>
<thead>
<tr>
<th>Location</th>
<th>Doses per 100 people</th>
<th>Total doses</th>
</tr>
</thead>
<tbody>
<tr>
<td>World</td>
<td>30.6</td>
<td>2,388,328,594</td>
</tr>
<tr>
<td>China</td>
<td>61.9</td>
<td>895,955,194</td>
</tr>
<tr>
<td>US</td>
<td>92.5</td>
<td>309,322,545</td>
</tr>
<tr>
<td>India</td>
<td>18.1</td>
<td>249,430,416</td>
</tr>
<tr>
<td>Brazil</td>
<td>36.8</td>
<td>78,133,938</td>
</tr>
<tr>
<td>UK</td>
<td>106.8</td>
<td>71,343,859</td>
</tr>
<tr>
<td>Germany</td>
<td>71.7</td>
<td>60,105,411</td>
</tr>
<tr>
<td>France</td>
<td>65.3</td>
<td>44,127,058</td>
</tr>
<tr>
<td>Italy</td>
<td>69.9</td>
<td>42,245,192</td>
</tr>
<tr>
<td>Mexico</td>
<td>28.7</td>
<td>36,983,641</td>
</tr>
</tbody>
</table>

[www.hospiceuk.org](http://www.hospiceuk.org)  
[Coronavirus cases, deaths, vaccinations](#)
## COVID-19 National View (data to 10 June 2021)

### Coronavirus in the UK

<table>
<thead>
<tr>
<th>Total deaths</th>
<th>Total cases</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>127,907</strong></td>
<td><strong>4,573,419</strong></td>
</tr>
</tbody>
</table>

- Latest daily figure: **3**
- Three-month trend: new deaths
- Latest daily figure: **7,742**
- Three-month trend: new cases

<table>
<thead>
<tr>
<th>People in hospital*</th>
<th>Total 1st vaccine doses given</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1,089</strong></td>
<td><strong>41,698,429</strong></td>
</tr>
</tbody>
</table>

- Change on day before: **+31**
- Three-month trend: people in hospital
- Latest daily figures: 1st doses: **147,228**
- Trend from 8 Dec**: 2nd doses: **181,121**

---

*Publication dates differ by nation, most recent data for all nations to 10 Jun
**Figures were weekly until 10 Jan
Source: Gov.uk dashboard

[www.hospiceuk.org](http://www.hospiceuk.org)
1st and 2nd dose Vaccinations (data to 14 June 2021)

<table>
<thead>
<tr>
<th>People vaccinated</th>
<th>Vaccinations given</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st dose total</td>
<td>Total</td>
</tr>
<tr>
<td>41,831,096</td>
<td>72,040,763</td>
</tr>
<tr>
<td>2nd dose total</td>
<td></td>
</tr>
<tr>
<td>30,209,707</td>
<td></td>
</tr>
</tbody>
</table>

People who have received 1st dose vaccinations, by report date

The number of people who have received a first dose COVID-19 vaccination, shown by date reported. Daily figures include all vaccines that were given up to and including the date shown, and that were entered on the relevant system at the time of extract.

People who have received 2nd dose vaccinations, by report date

The number of people who have received a second dose COVID-19 vaccination, shown by date reported. Daily figures include all vaccines that were given up to and including the date shown, and that were entered on the relevant system at the time of extract.

Vaccine Uptake
Total percentage of people aged 18 and over who have received a COVID-19 vaccination to 14 June 2021

www.hospiceuk.org
Vaccinations in the UK | Coronavirus in the UK (data.gov.uk)
Four Nations IPC Guidance Update

Latest update: 1 June 2021 (version 1.2)

- Inclusion of the **Hierarchy of Controls** as applied to COVID-19
- Further advice on the use of valved respirators and examples of sterile procedures
- Further advice on minimising sessional/extended use of gowns for cohorts of COVID-19 patients are managed with a lack of single/isolation rooms
- Amendment to the AGP list to state ‘upper gastro-intestinal endoscopy where open suction of the upper respiratory tract occurs beyond the oro-pharynx
- People clinically extremely vulnerable from COVID-19 will require protective IPC measures depending on their medical condition and treatment whilst receiving healthcare for example, priority for single room isolation.

“Following continued extensive clinical and scientific review, no changes to the recommendations, including PPE, have been made in response to the new variant strains at this stage, however this position remains under constant review.”

Jennie Wilson, President, Infection Prevention Society (4 June 2021)
Hierarchy of Controls

- Elimination: Physically remove the hazard
- Substitution: Replace the hazard
- Engineering Controls: Isolate people from the hazard
- Administrative Controls: Change the way people work
- PPE: Protect the worker with Personal Protective Equipment

Every Action Counts
‘Hierarchy of Controls’ video
Every Action Counts

Supporting Excellence in IPC Behaviours

Research project aimed at unpicking the complex drivers of behaviours that influence compliance with COVID-19 IPC measures

NHS England Teams: Infection Prevention and Control (IPC), Communications, and Behavioural Change Unit (BCU)

Insight from frontline staff, patients, professional bodies, and clinical, communication and IPC experts

A suite of co-designed products developed to address the key themes
Review and Test Group

Four hospices have volunteered

Opportunity to align these IPC tools to the needs of the hospice sector, and to achieve this together we will:

Review read and explore the suite of tools and documents

Test out the following:

- Checklist Monitoring Tool for management of COVID-19: In-patient, out-patient, community
- Assessment Tool: COVID-19 Outbreak Vulnerability
- Videos: share with staff and feedback via quick questionnaire:
  - Because I Care video - Every action counts – Because I care video
  - Hierarchy of Controls video - Hierarchy of Controls for IPC

Update IPC Network on 12 August with amended EAC IPC Tools
*New* IPC Bulletin

**Bi-monthly Newsletter**

Two editions published
March & May

Future editions:

*July
September
November*

Feedback and content ideas very welcome

www.hospiceuk.org

[Link to register for the IPC bulletin]
Antimicrobial Stewardship

Dr Susie Jerwood
Consultant Microbiologist
University Hospitals Sussex NHS Foundation Trust
To prescribe or not prescribe...

Dr S Jerwood
17/06/2021
Antimicrobial stewardship

• Why does it matter?
• Basic rules
• Examples
• Get the most out of your lab
Why not just treat anyway?

• Might be colonised not infected
• Risk of side effects – may be worse than cure
• Risk of multi-resistance might result in worse problem down the line
Basic rules

• Always treat the patient not the result and certainly not the doctor!
• If you have a result always ask why the sample was taken, does the result fit with the diagnosis?
• Never treat with antibiotics ‘Just in case’
Palliative care

• Rules even more important
• If your patient doesn’t have any symptoms are you gaining anything by giving a potentially toxic antibiotic?
• Conversely, if you can ease symptoms, even if only for a short time then it may be worth while.
<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Status</th>
<th>Lab Number</th>
<th>Test</th>
</tr>
</thead>
<tbody>
<tr>
<td>15 May 2021</td>
<td>13:44</td>
<td>Final</td>
<td>0021B351954</td>
<td>Sputum</td>
</tr>
</tbody>
</table>

Sputum Appearance: Purulent

Respiratory culture report:
1) Scanty Coliform species
   1) Amp/Ampicillin: R
   Co-amoxiclav: S
   Ciprofloxacin: S

(resp) With; Upper respiratory tract flora ++

Respiratory Comment: - - -

Respiratory Clinical Comment: ? colonisation only
Consider broadening treating in view of this, if ongoing CLINICAL evidence of pneumonia not responding to first line agents. It may however just be an upper airways coloniser.
**Clin Dets: Recent Trimethoprim**

<table>
<thead>
<tr>
<th>Status: Printed</th>
<th>Report Date: 14/05/2021</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>nB Reason for return (Urines)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>---</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>tB *** URINE ***</th>
</tr>
</thead>
<tbody>
<tr>
<td>tB Urine Microscopy</td>
</tr>
<tr>
<td>pB Urine White blood cells</td>
</tr>
<tr>
<td>pB Urine Red blood cells</td>
</tr>
<tr>
<td>pB Urine Epithelial cells</td>
</tr>
<tr>
<td>nB Urine Organisms</td>
</tr>
<tr>
<td>nB Urine crystals</td>
</tr>
<tr>
<td>pB Urine Yeasts</td>
</tr>
<tr>
<td>nB Hyaline casts</td>
</tr>
<tr>
<td>nB Casts</td>
</tr>
<tr>
<td>nB Urine parasite</td>
</tr>
<tr>
<td>pB Urine Culture report:</td>
</tr>
</tbody>
</table>

1) $10^4 - 10^5$ cfu/ml of Candida species

| pB Urine Comment            | ____ |
| pB Urine Clinical Comment   | ?perineal candida, ?catheter colonisation |
| tB --- Internal --------------- |
Asymptomatic Bacteriuria

- Very common
- 40% of men >65 years old living in a care home
- 100% catheter urine
Urine dipsticks

• Urine dipsticks detect the presence of nitrites and leucocyte.
• These tests will usually be positive if there are bacteria in the urine, whether they are causing an infection or not.
• A positive urine dipstick is therefore not useful as a clinical decision-making tool in older people and can often mislead people into thinking a UTI is present.
How to get the most out of your lab...

• Include relevant clinical details so the result can be interpreted

• Note the type of specimen eg don’t just write urine

• Don’t look only at the antibiotic susceptibilities
  – Look at the microscopy first, then the organism. If you still think it could be an infection then look at the antibiotics.
Clinical details:

A

infection

B

Hot, red leg since biopsy, purulent discharge.
No improvement on fluclox
Clinical details on request forms

- Are more important than you might realise
- They help us to decide how significant a result is
- We tailor our comments based on what we know
- “Sepsis” is the most useless possible clinical details as usually the patient isn’t septic and even if they are it still doesn’t give us a clue about what is going on
How the lab works...

Clinical details

If positive

24 hrs
How the lab works...
Antibiotic Prescribing

- Antibiotics can cause more harm than good
- Use them carefully and precisely – if you don’t know ask.
- Follow your guidelines – not what you did in your previous placements
  – The guidelines will have been written for your patients
THANK YOU

Any questions, thoughts, comments?
UTI Management

Lisa Hodgkinson
Infection Prevention and Control Matron
Nottingham and Nottinghamshire CCG
Urinary Tract Infection (UTI)

UTI’s affect your:
- urinary tract
- including your bladder (cystitis)
- urethra (urethritis) or
- kidneys (kidney infection)

Most common cause of UTI is Escherichia coli bacteria (E. Coli)
The most common source of E.Coli bloodstream infections are UTI’s
Some factors can increase the risk of developing UTI’s.....

- Gender
- Age
- Menopause
- Pregnancy
- Sexual activity
- End of life
- Job role
- Urinary catheters
- Poor hygiene
- Time of year

- Conditions which cause incomplete emptying of the bladder (i.e. enlarged prostate, bladder prolapse, constipation)
- Chronic health conditions (i.e. diabetes, frailty)
- Neurological conditions (i.e. dementia, MS)
- Reduced immune function (i.e. chemotherapy, steroids, diabetes)
- Reduced fluid intake
Signs and symptoms of a UTI

- Pain or a burning sensation on urination (dysuria)
- Increased frequency of urination
- Needing to pass urine more often than usual during the night (nocturia)
- Increased urgency to pass urine
- Cloudy urine
- Needing to pass urine suddenly or more urgently than usual
- Incontinence or increased frequency of incontinence
- Blood in urine
- Lower abdominal pain, back pain or flank pain
- A high temperature, or feeling hot and shivery
- A very low temperature below 36C
Soft signs

Infections may be hard to detect in people who have difficulty in communicating needs, for example those with dementia, or a learning disability or those who are end of life.

Often family members or carers intuitively know when someone they look after is becoming unwell.

Soft signs of deterioration can often be present days before physiological decline.
Soft signs of a UTI can include:

- A new or increased confusion
- A change in behaviour (i.e. withdrawn, aggression)
- Irritability
- Restlessness
- Hyperactivity
- Lethargy/tiredness
- Anxiety/agitation
- Reduced concentration
- Changes in communication

- Reduced appetite
- Reduced fluid intake
- Changes in mobility
- Reduced coordination
- Altered sleep pattern
- Inability to maintain personal hygiene

- Any concern from a patient, family member or carer that the person is unwell
1,2,3 healthy wee!

A dark coloured urine indicates dehydration.

How much fluids should adults drink on a daily basis? 
1.5 – 2 litres (unless fluid restricted)
Foods can be classed as fluids too....
To Dip or Not to Dip

Bacteria in the Urine
Bacteria in the urine can be normal - especially in older people. Bacteria can live in urine harmlessly. Half of care/nursing homes residents will have harmless bacteria in their urine. Almost all people with a catheter will have harmless bacteria in their urine.

Urine Dipsticks
Urine dipsticks test for:
- **Nitrites** - a chemical produced by bacteria
- **Leucocyte esterase** - a chemical found in white blood cells
These tests are usually positive if there are bacteria in the urine but this does not mean there is an infection. A positive dipstick in an older person is not helpful
Antibiotics could be prescribed inappropriately following an inaccurate result from dipping urine. Antibiotics are powerful and important medications. There is an increased risk of C.Diff infections with antibiotics. In addition, inappropriate and overuse of antibiotics can cause bacteria to become resistant to antibiotics (super bugs)

To Dip or Not to Dip has made people more aware of the importance of fluid intake, and has significantly reduced antibiotic prescriptions for UTI’s.
Treatment for UTI

Not all urine infections will require antibiotics

Self care

Analgesia

Fluids!

Personal hygiene

If recurring urine infections people may have prophylactic antibiotics (ensure prescribed antibiotics are effective for the bacteria it is prescribed for!!)
What would happen if we did not have effective treatment for infections?
Antimicrobial Resistance (AMR)
What Causes Antimicrobial Resistance?

- Poor IPC procedures
- Inappropriate use of antibiotics
- Non-completion of antibiotic courses
- Over use of antimicrobials
- Inappropriate antibiotic prescribing
- Poor uptake of vaccinations
- Consumption of contaminated animal products: meat, milk, eggs, plants
- Antimicrobials given to animals for non-therapeutic reasons
- Contamination of water supplies
- Inappropriate use of antibiotics
- Use of animal bi-products: Manure
- Antibiotics used prophylactically in crops
- Consumption of contaminated food products
Antimicrobial resistance can disrupt services and endanger lives

- Chemotherapy
- Surgery
- Organ transplants
Urinary Tract Infections and AMR

• Some strains of E. coli bacteria have begun to produce enzymes called extended-spectrum beta-lactamases (ESBL).

• ESBL-producing strains are more difficult to treat because of their antibiotic resistance.

• There are currently only 2 types of oral antibiotics which remain effective against ESBL E.Coli urine infections (nitrofurantoin and fosfomycin).

• Carbapenem-resistant Enterobacteriaceae (CRE) are strains of bacteria that are resistant to an antibiotic class (carpabenem) used to treat severe infections. CRE are also resistant to most other commonly used antibiotics and in some cases to all available antibiotics.
Preventing AMR for UTI’s

• Prevent infection in the first place!!
• Only use antimicrobial medications prescribed by a healthcare professional
• Always complete the full course of prescribed antimicrobials
• Do not pressurise healthcare professionals to prescribe antibiotics inappropriately
• Do not share antibiotics
• To Dip or Not to Dip – not using urinalysis stix in those over 65 in community settings to diagnose urine infections
• Maintain fluid intake
• Remember **BASIC** infection prevention measures: **hand hygiene is the best and most cost effective way to prevent all infections!**
I have pledged to be an
ANTIBIOTIC GUARDIAN
My actions protect antibiotics

Become an Antibiotic Guardian. Join me at antibioticguardian.com
Any questions?

For any queries or advice please contact the IPC team: nnccg.ipc@nhs.net
Antimicrobial Stewardship

Event: JWC Masterclass on Antimicrobial Stewardship
Date: Thursday 17th June 2021
7.00 - 8.00pm BST • 2.00 - 3.00pm EDT

https://jwcmasterclass.com/ams

www.hospiceuk.org
SARS-CoV-2 routes of transmission and recommendations for preventing acquisition

On review of the evidence, the COVID-19 Rapid Guidance Working Party considers the different transmission routes as follows:

- **droplet transmission**: probable
- **transmission via fomites**: possible
- **airborne transmission**: possible (in some circumstances, e.g., aerosol generating procedures (AGPs))
- **transmission via ocular surface**: possible
- **vertical transmission**: unlikely
- **transmission from different body fluids (other than respiratory secretions and saliva)**: unlikely
- **transmission from blood transfusion and transplantation organs**: unlikely
A call for papers

Contribute to this year’s conference by displaying a poster or giving an oral presentation.

We would like to hear about work that has been completed this year or in progress, including:

- audit, quality improvement or service improvement initiatives
- research or other topics in relation to changing the landscape in EoLC

Deadline for submitting an abstract: 5pm Monday 21 June 2021. Please note that, in contrast to prior years, there will be no extension of the closing date.

Please note that we cannot accept work that has been presented or published elsewhere.
# Infection Prevention & Control

<table>
<thead>
<tr>
<th>Date</th>
<th>IPC ECHO Session topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>21.01.2021</td>
<td><strong>Curriculum setting session</strong>&lt;br&gt;Introduction to ECHO, survey feedback, priorities for topics, ask for case studies</td>
</tr>
<tr>
<td>18.02.2021</td>
<td><strong>COVID-19 session – COVID outbreaks, lateral flow testing &amp; risk assessment</strong>&lt;br&gt;Mandy Catchpole, Clinical Programme Lead for Mass Vaccination &amp; IPC, Sussex CCG&lt;br&gt;Colin Twoney, Clinical Services Director, St Wilfrid’s Eastbourne&lt;br&gt;Heather McClelland, Chief Nurse, St Gemma’s Hospice, Leeds</td>
</tr>
<tr>
<td>13.04.2021</td>
<td><strong>Staff training, induction, compliance &amp; human factors</strong>&lt;br&gt;Lisa Richie, Head of Infection Prevention and Control, NHS England&lt;br&gt;Anne Nash, Consultant Nurse, St Christopher’s Hospice, London&lt;br&gt;Nicki Seeley, Head of Inpatient Services, St Luke’s Hospice, Basildon, Essex</td>
</tr>
<tr>
<td>17.06.2021</td>
<td><strong>Antimicrobial stewardship, UTI management (Mid-year review)</strong>&lt;br&gt;Dr Susie Jerwood, Consultant microbiologist, University Hospitals Sussex NHS Foundation Trust&lt;br&gt;Lisa Hodgkinson, Matron, IPC Team, NHS Nottingham and Nottinghamshire CCG</td>
</tr>
<tr>
<td>12.08.2021</td>
<td><strong>Regulatory body IPC standards for hospices – CQC, HIS, RQIA, HIW</strong></td>
</tr>
<tr>
<td>14.10.2021</td>
<td><strong>IPC Audit Tools – essentials, purpose</strong></td>
</tr>
<tr>
<td>09.12.2021</td>
<td><strong>Management of clinical waste: respiratory, medication, indwelling (end of year review)</strong></td>
</tr>
</tbody>
</table>