

The importance of hand hygiene

Hand hygiene is an important way of preventing and controlling *Pseudomonas* infection. Hand washing should be carried out before and after contact with the patient and their environment.

Hands should be wet before applying liquid soap. The soap should be rubbed vigorously onto all areas to produce suds / lather. The hands should be rinsed under running water and dried thoroughly.

It is really important to dry your hands properly using the disposable paper towels provided. Paper towels should be disposed of in the foot operated pedal bins provided.

Hand sanitisers/hand rubs should also be used after hand washing with soap and water. After applying the hand sanitiser/hand rub, hands should be rubbed together, covering all areas, until the hands are dry. The application of a hand sanitiser/hand rub will ensure that any trace of *Pseudomonas* in the water used for hand washing is eradicated. Nursing staff will show you how to use hand sanitisers/hand rubs properly.

If you require further advice or information, please contact your local Infection Prevention and Control Team.

Contact details

Infection prevention and control is everyone's business



Parent / Carer Information Leaflet

Screening patients for *Pseudomonas*

What is *Pseudomonas*?

Pseudomonas is a bacterium that is commonly found in soil and water, and is one of the more common causes of healthcare-associated infections (HCAs). *Pseudomonas* rarely causes infection in people who are healthy. It sometimes causes infection in people who are already unwell or who do not have a strong or fully developed immune system.

In hospitals, the organism contaminates moist/wet areas such as respiratory equipment and indwelling catheters.

People may be colonised by *Pseudomonas* without it causing any problems. The bacteria can live normally in the nose and throat, and on the surface of the skin, particularly in areas where there are folds (such as the armpit or groin). However, when *Pseudomonas* bacteria get into the body through, for example, intravenous drips or urinary catheters, it offers opportunities for the bacteria to enter the body and cause infection.

What is colonisation?

Colonisation is the presence of bacteria on a body surface (eg the skin, mouth or airway) without causing infection in the person.

What is screening?

Steps are being taken to control and minimise the spread of *Pseudomonas* by screening for the bacterium on the most common body sites.

A screen is a test that looks for the presence of *Pseudomonas*. This is usually done by taking swabs from different areas of the body. The areas swabbed may involve the nose/throat secretions, axilla (armpit), groin/perineum, and sometimes may include the umbilicus. Each infant will undergo two sets of screens, with 72 hours between each screen. The results are usually available in three to five days.

Who will be screened?

A risk assessment will be undertaken by the hospital unit to determine who will be screened.

What happens if a patient is found to have *Pseudomonas*?

Hospital staff need to take special precautions with patients who have *Pseudomonas* to stop it spreading. Patients colonised or infected with *Pseudomonas* may be kept away from other patients and placed in a separate room/area, either alone or with other patients who also have *Pseudomonas*.

There is no decolonisation regime (in the form of a body wash or ointment) for *Pseudomonas* colonisation. However, a patient who is unwell with *Pseudomonas* infection may require treatment with antibiotics.

How will the swabs be taken?

Nasal swabs, moistened with sterile water or sterile fluid, are taken by gently inserting a swab into a nostril and rotating it for five seconds, before repeating the process with the other nostril. It is not necessary to insert the swab too far into the nasal passage. The swab is then placed carefully into its container, labelled and sent to the laboratory in the hospital.

The procedure for collecting a throat swab is similar. A swab of the back of the throat is taken by once again rotating a swab as it is moved gently back and forth across the throat.

Swabs from the perineum or groin area are taken by gently brushing across the area. Other sites, if applicable, may be swabbed using the same technique, and the swabs sent together with the rest of the screen, eg breaks in the skin, wounds. A sample of urine if a catheter is present, and sputum if a productive cough is present, may also be sent for testing.