



Community Infection Prevention and Control Guidance for General Practice

(also suitable for adoption by other healthcare providers,
e.g. Dental Practice, Podiatry)

PVL-SA

PVL-SA

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Job Title:

Date Adopted:

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Community Infection Prevention and Control
Harrogate and District NHS Foundation Trust
Gibraltar House, Thurston Road
Northallerton, North Yorkshire. DL6 2NA
Tel: 01423 557340
email: ipccommunity@hdfnhs.uk
www.infectionpreventioncontrol.co.uk

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PVL-SA

PVL-SA (Panton-Valentine Leukocidin *staphylococcus aureus*)

1. Introduction

Staphylococcus aureus (SA) is a common bacterium that approximately one in three people carry on their skin or in their nose without causing an infection.

Some types of SA produce a toxin called Panton-Valentine Leukocidin (PVL) and they are known as PVL-SA.

PVL-SA predominantly causes recurrent skin and soft tissue infections (SSTIs), but can also cause invasive infections, including necrotising haemorrhagic pneumonia in otherwise healthy young people in the community.

In the UK, the genes encoding for PVL are carried by approximately 2% of clinical isolates of SA submitted to the National Reference Laboratory, whether meticillin-sensitive (MSSA) or meticillin-resistant (MRSA). Most PVL-SA strains in the UK are MSSA, with MRSA being rare accounting for 0.8% of all isolates.

2. Clinical features of PVL-SA

PVL-SA can cause harm if it enters the body, for example through a cut or a graze.

Skin and soft tissue infections:

- Boils (furunculosis), carbuncles, folliculitis, cellulitis, purulent eyelid infections
- Cutaneous lesion ≥ 5 cm in diameter
- Pain and erythema out of proportion to severity of cutaneous findings
- Necrosis

Invasive infections:

- Necrotising pneumonia - often after a flu-like illness
- Necrotising fasciitis
- Osteomyelitis, septic arthritis and pyomyositis
- Purpura fulminans

3. Colonisation and infection

Colonisation means that PVL-SA is present on or in the body without causing an infection.

Infection means that the PVL-SA is present on or in the body and is multiplying causing clinical signs of infection, such as in the case of septicaemia or pneumonia, or for example, in a wound causing redness, swelling, pain and or discharge.

4. Patients at risk of infection from PVL-SA

The epidemiology of PVL-SA differs from that of other SA. Cases tend to be younger and, in the UK, associated with community settings rather than hospital.

Risk factors for PVL related infection - the 5 'C's:

- Contaminated shared items, e.g. towels
- Close contact, including contact sports, e.g. wrestling, rugby, judo
- Crowding, e.g. closed communities, military training camps
- Cleanliness
- Cuts and other compromised skin integrity, chronic skin conditions, e.g. eczema, psoriasis

Risk groups are often young and healthy people. Outbreaks or clusters can occur in the community.

5. Routes of transmission

- Direct spread, i.e. skin-to-skin contact with someone who is already infected.
- Equipment that has not been appropriately decontaminated.
- Environmental contamination.

6. Microbiological sampling

Appropriate clinical samples are pus, swab of exudate from an abscess or lesion, sputum or skin swab moistened with sterile water or saline.

A specimen should be taken if there is specific reason to suspect PVL-positive *S. aureus*, such as recurrent abscesses, boils or skin infections.

On the specimen request form state the risk factors, clinical history and request PVL testing if SA is grown.

7. Treatment for infection

Any treatment required will be on an individual patient basis, in accordance with the *Guidance on the diagnosis and management of PVL-associated Staphylococcus aureus (PVL-SA) infections in England*.

Minor SSTIs do not need systemic antibiotic treatment unless the patient is immunocompromised, an infant or deteriorating clinically. Incision and drainage is the optimal management for abscesses.

Moderate infections including abscesses >5cm should be treated as per local antibiotic prescribing guidance in addition to drainage.

8. Action following a PVL-SA diagnosis

Your local Community Infection Prevention and Control (IPC) or Public Health England (PHE) Team will liaise with the patient's GP to discuss the diagnosis and where appropriate, the local Community IPC or PHE Team will undertake a home visit.

The local Community IPC or PHE Team will:

- Provide the patient with information on:
 - PVL-SA (see Appendix 1) including the transmission of infection and infection control precautions to prevent spread
 - Use and application of decolonisation treatment
- Identify 'at risk' household/close contacts and those requiring decolonisation/screening
- Provide information on the use and application of decolonisation treatment
- Identify individuals who may need to be excluded from work or education
- Liaise with the Practice Nurse regarding any screening swabs required
- Consult with the GP for prescriptions for decolonisation treatment
- Liaise with other agencies as required

9. Decolonisation treatment

Decolonisation treatment should be offered to all patients with PVL-SA. As decolonisation treatment is ineffective if skin lesions are still leaking, treatment should commence after the lesion has healed, i.e. there is no leakage.

Topical decolonisation treatment aims to reduce colonisation and help prevent further infections. Re-colonisation can occur relatively quickly from the environment so environmental cleaning should be undertaken at the same time as treatment.

PVL-SA decolonisation treatment consists of two separate treatments

Body and hair treatment

- An antibacterial solution for body and hair treatment, e.g. Octenisan (see Appendix 2), Hibiscrub, or Prontoderm Foam (see Appendix 3), daily for 5 days, following the manufacturer's instructions.
- For dermatology service users, the use of Hibiscrub is not advised, therefore, use Octenisan or Prontoderm Foam, daily for 5 days.

Nasal treatment

- Nasal Mupirocin 2% ointment, e.g. Bactroban nasal, three times a day for 5 days
- For patients who have a resistance to Mupirocin, Naseptin nasal ointment should be used 4 times a day for 10 days, following the manufacturer's instructions.

Compliance with the above programme is important and once commenced should be completed in order to prevent resistance to Mupirocin. Both skin/hair and nasal treatment should be started on the same day.

After completion of the treatment, further screening or treatment is not required unless the patient is particularly vulnerable to infection, poses a special risk to others, e.g. healthcare worker or spread is continuing in close contacts. If screening is required, swabs should be taken from the nose, throat, axilla, perineum and any damaged skin/lesion.

Further advice on decolonisation and products available can be obtained from your local Community IPC or PHE Team.

10. Screening swabs

After completion of the decolonisation treatment, screening swabs to check for clearance are not usually required unless the patient is particularly vulnerable to infection, poses a special risk to others, e.g. healthcare worker, or spread is

continuing in close contacts. If screening is required, swabs should be taken from the nose, throat axilla perineum and any damaged skin/lesion.

11. Precautions for PVL-SA

Good hand hygiene and standard precautions should be followed by all staff at all times, to reduce the risk of transmission of infection.

- No specific precautions are required for patients attending for a routine GP consultation. Personal protective equipment (PPE) should be worn if an examination is undertaken involving contact with body fluids.
- Patients attending for a procedure, e.g. wound dressing, where possible, should be scheduled at the end of the session.
- Wear disposable gloves and apron when in contact with a patient's body fluids. These should be disposed of after each procedure.
- Hand hygiene is essential before and after direct contact with a patient using liquid soap and warm running water or alcohol handrub.
- Waste contaminated with body fluids should be disposed of as infectious waste (please refer to the 'Waste management guidance' for further details).

12. Environmental cleaning

- Disinfectants which are bactericidal should be used for disinfecting the treatment couch, surfaces and any medical devices used after dealing with a patient with PVL-SA. A dual acting product, e.g. Chlor-Clean, Actichlor plus, made into a solution at a concentration of 1,000 parts per million (ppm), or the use of a wipe, such as Clinell Universal, will be effective in decontaminating the surfaces adequately. Please refer to the 'Environmental cleanliness guidance'.
- If possible, it is recommended that patients with PVL-SA attending for a procedure, are seen last on the clinic list to allow for adequate cleaning between patients.

13. Transfer of patients between healthcare settings

- If a patient requires hospital admission, the hospital staff should be informed of the patient's PVL-SA status. This will enable a risk assessment to be undertaken to determine whether they should be isolated on admission.

- When transferring a patient between one healthcare environment to another, an Inter-Health and Social Care Infection Control Transfer Form should be completed. This must accompany the patient. See Appendix 4.
- There are no special transport requirements.

14. Infection Prevention and Control resources, education and training

The Community Infection Prevention and Control (IPC) Team have produced a wide range of innovative educational and IPC resources designed to assist your Practice in achieving compliance with the *Health and Social Care Act 2008* and CQC registration requirements.

These resources are either free to download from the website or available at a minimal cost covering administration and printing:

- Over 20 IPC Guidance documents (Policies) for General Practice
- 'Preventing Infection Workbook for General Practice'
- 'IPC CQC Inspection Preparation Pack for General Practice'
- IPC audit tools, posters, leaflets and factsheets
- 'IPC Advice Bulletin for GP Practice Staff'

In addition, we hold educational study events in North Yorkshire and can arrange bespoke training packages and 'Mock IPC CQC Inspections'. Prices vary depending on your requirements and location.

Further information on these high quality evidence-based resources is available at www.infectionpreventioncontrol.co.uk.

15. References

Department of Health (2015) *The Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance*

Health Protection Agency (2008) *Guidance on the diagnosis and management of PVL-associated Staphylococcus aureus (PVL-SA) infections in England*
http://www.hpa.org.uk/web/HPAwebFile/HPAweb_C/1218699411960

16. Appendices

Appendix 1: PVL-*Staphylococcus aureus* Information for service users

Appendix 2: PVL-SA Octenisan Decolonisation Treatment

Appendix 3: PVL-SA Prontoderm Decolonisation Treatment

Appendix 4: Inter-Health and Social Care Infection Control Transfer Form

PVL-SA



PVL-*Staphylococcus aureus*



Information for service users

Staphylococcus aureus is a common type of bacteria (germ) that approximately one in three people carry on their skin or in their nose without being aware of it. Some types of *Staphylococcus aureus* (SA) produce a toxin (poison) called Panton-Valentine Leukocidin (PVL) and these are known as PVL-SA.

Staphylococcus aureus can live harmlessly on your skin or in your nose for long periods without causing any illness. This is known as colonisation.

What does PVL-SA cause?

PVL-SA often causes boils or abscesses, these can develop anywhere on the skin, but most likely occur at the site of an infected hair follicle (hole where a hair grows from). Boils commonly develop on areas of skin where there is a combination of hair, sweat and friction, such as the neck, face, thighs or buttocks.

PVL-SA can also cause a wound infection if it gets into a wound, cut or graze. Occasionally, it can cause serious infection of the lungs, blood, joints and bones, although this is rare.

How is PVL-SA spread?

- Anyone can acquire PVL-SA, it may cause an infection or you may just carry it on your skin. PVL-SA can be picked up by having direct skin contact with someone who is already infected or carrying the bacteria, such as a close family member or during contact sports, for example rugby.
- It can also be picked up by contact with an item or surface that has PVL-SA on it, for example, gym equipment, shared razors, shared towels.

How is PVL-SA treated?

- People who are colonised with PVL-SA do not usually require treatment.
- Most boils will burst and heal on their own without the need for antibiotics and/or incision and drainage. You should seek advice from your GP if you are concerned or have either a high temperature or flu like symptoms.
- To reduce the possibility of you developing further infections and help prevent the spread of PVL-SA to others, you may be given a five day skin decolonisation treatment consisting of a body wash and nasal ointment. It is important to follow the skin decolonisation treatment correctly to increase the success of the treatment.
- Your GP or local Community Infection Prevention and Control (IPC) Team may recommend that members of your household and close contacts, including partners and children, are screened and/or offered skin decolonisation treatment where necessary. Skin suppression treatment of close contacts should be undertaken at the same time.
- Always inform healthcare staff of your current or previous PVL-SA infection when you receive any treatment.



What to do when you have an active infection

- Keep boils or abscesses covered with a clean dressing. Change the dressing regularly or when there is visible discharge.
- **Do not touch or squeeze** boils or abscesses as this can cause a deeper infection.
- Wash your hands regularly with liquid soap and warm running water, e.g. after changing your dressing, before and after preparing food.
- Use a clean towel for your use only, this should not be shared. The towel should be washed daily, on the hottest temperature stated on the label.
- Encourage others at home to wash their hands regularly with liquid soap and warm running water or use a hand wipe or alcohol handrub. Do not use bar soap.
- Do not share razors, facecloths or sponges.
- Regularly vacuum and dust all rooms (minimum 2-3 times a week) with a damp cloth, ensuring all personal items and shared items, such as keyboards, are cleaned. A household detergent is adequate or a disinfectant spray.
- Clean the wash basin, taps and shower or bath, after use with a bathroom cleaner or household detergent and a cloth. Dispose of the cloth after use.
- Cover your nose and mouth with a tissue when you cough or sneeze, as PVL-SA can live in your nose. Immediately dispose of the tissue and then wash your hands with liquid soap and warm running water or use alcohol handrub.



Can I go to work or school when I have a PVL-SA infection?

- If you are a carer in a nursery or health care setting, such as hospital or care home, you should not work until your skin has healed and your local occupational health department or GP has agreed that you can return to work.
- If you work in the food industry, for example as a waitress, chef, or in food production, you should not work until your skin has healed.
- For other occupations you can work, provided you keep infected skin areas covered with a clean dressing.
- Children can go to school if they are old enough to understand the importance of and can carry out good hand hygiene, and their infected skin is covered with a clean dressing which will stay dry and in place until the end of the school day. Children should not take part in contact sport or use communal gym equipment until their skin is healed. The School Nurse should be informed of the diagnosis.
- People who have an active skin condition, such as eczema or psoriasis, should remain off work or school until the PVL-SA decolonisation treatment has been completed and the skin condition is stable.



Can I go to swimming pools, gyms or sports facilities when I have a PVL-SA infection?

You should not use communal facilities, such as gym equipment, saunas, swimming pools or have a massage, manicure or similar until your skin has healed.

Whilst you are receiving decolonisation treatment

To help prevent the infection spreading to others, you should:

- Wash towels, clothes and bedding, daily on the hottest temperature stated on the label
- Wear clean clothing each day, including nightwear

- Wash your hands regularly with liquid soap and warm running water or use alcohol handrub, do not use bar soap
- Use a clean towel for your use only, this should not be shared. The towel should be washed daily whilst you are having treatment, on the hottest temperature stated on the label
- Encourage others at home to wash their hands regularly with liquid soap and warm running water or use a hand wipe or alcohol handrub
- Keep fingernails clean and short
- Clean spectacles and sun glasses daily with an appropriate cleaning product
- Only wear jewellery that can be washed daily with detergent and warm water
- Not share razors, facecloths or sponges
- Regularly vacuum and dust all rooms (minimum 2-3 times a week) with a damp cloth, ensuring all personal items and shared items, such as keyboards, are cleaned. A household detergent is adequate or a disinfectant spray
- Clean the wash basin, taps and shower or bath after use with a bathroom cleaner or household detergent and a cloth. Dispose of the cloth after use
- Cover your nose and mouth with a tissue when you cough or sneeze, as PVL-SA can live in your nose. Immediately dispose of the tissue and then wash your hands with liquid soap and warm running water or use alcohol handrub
- Keep cuts and grazes clean and covered with a clean dressing until scabbed over or healed
- Not use sponges, flannels, body scrunchies to apply decolonisation treatment
- Spray the inside of shoes and training shoes with an antibacterial spray
- Not share drinking bottles/cans, e.g. water, soft drinks
- Not share personal items, such as towels, razors, toothbrushes, hair brushes or combs. Replace items regularly
- Use disposable razors, wash after each use and dispose of regularly. Electric or battery operated razors are not advised due to the difficulty in cleaning the razor head effectively
- Only use aerosol deodorants, do not use roll-on deodorants
- Wash hands before applying body moisturisers which should be in a pump dispenser to avoid contamination and should not be shared
- Wash hands thoroughly before applying any facial products, e.g. moisturising creams
- Wash make-up brushes after each use
- Use make-up sponges once and then dispose of after use
- Use Corsodyl mouthwash, which may help to kill *Staphylococcus aureus* (SA) bacteria which is often carried in the throat



How do I reduce the risk of becoming infected again?

PVL-SA can sometimes be difficult to clear and some people may persistently carry it in their nose and on their skin. Therefore the following is advised.

Personal Hygiene

- Wear clean clothes daily and wash all clothing including jeans, hats, scarves, gloves as frequently as possible. Dry clean coats and suits regularly, consider purchasing coats and suits that can be washed.
- Take good care of your skin. If you suffer from a skin condition, e.g. eczema, psoriasis, discuss treatment with your GP.
- Keep cuts and grazes clean and covered with a clean dressing until scabbed over or healed.
- Wash your hands regularly with liquid soap and warm running water or use alcohol handrub. Do not use bar soap.

- Keep fingernails clean and short.
- Clean spectacles and sun glasses daily with an appropriate cleaning product.
- Only wear jewellery that can be washed daily with detergent and warm water.
- Shower or bathe at least daily. An antibacterial shower gel and facial wash may be beneficial.
- Hair and beards should also be washed frequently, e.g. at least every other day.
- Loofahs should be not used. Sponges, flannels, body scrunchies can harbour bacteria so are not advised. If used, they should be washed after each use in a washing machine at 60°C.
- Spray the inside of shoes and training shoes regularly with an antibacterial spray.
- Do not share drinking bottles/cans, e.g. water, soft drinks. It is especially important not to share drinking bottles whilst playing contact sports, e.g. football, rugby.
- Do not share personal items, such as towels, razors, hair brushes or combs.
- Replace toothbrushes on a regular basis. The use of Corsodyl mouthwash, may help to kill *Staphylococcus aureus* (SA) bacteria which is often carried in the throat.
- Use disposable razors, wash after each use and dispose of regularly. Electric or battery operated razors are not advised due to the difficulty in cleaning the razor head effectively.
- Only use aerosol deodorants, do not use roll-on deodorants.
- Wash hands before applying body moisturisers which should be in a pump dispenser to avoid contamination and should not be shared.
- Wash hands thoroughly before applying any facial products, e.g. creams.
- Wash make-up brushes after each use.
- Make-up sponges should only be used once and then disposed of after use.



Frequency of washing or cleaning items

Always wash items at the highest temperature recommended on the label.

- Wash bed linen at least weekly. Wash towels, where possible, twice weekly.
- Use a laundry bin with a plastic liner which can be cleaned, or a fabric one that can be washed in a washing machine weekly.
- Use mattress and pillow protectors and wash weekly. Launder or replace pillows and duvets on a regular basis.
- Wash sleeping bags after each use.
- If a child has PVL-SA, wash comforters, soft toys and child car seat covers regularly.
- Vacuum or steam clean sofas, chairs, mattresses regularly, e.g. weekly. Carpets should be vacuumed at least weekly. If you have had a number of repeat infections, consider replacing carpets with a wipeable flooring, e.g. laminate, vinyl.
- Use a car seat cover if you drive for long periods and wash the cover weekly.
- If you use an establishment with shared facilities, such as a gym, only go when skin lesions have healed and only use equipment where a towel can be placed between your skin and the equipment. It is important to wash hands thoroughly and shower afterwards, using a separate clean towel to dry yourself. Wash any towels which you have taken, after each visit to the gym. Sports clothes should always be washed after wearing.
- Wash hair brushes and combs at least weekly.
- Wipe equipment, such as mobile phones, tablets, game consoles including accessories, with a detergent wipe on a regular basis.

If you require further advice and information on PVL-*Staphylococcus aureus*, please contact your local Community Infection Prevention and Control or Public Health England Team.

Community Infection Prevention and Control, Harrogate and District NHS Foundation Trust

www.infectionpreventioncontrol.co.uk Tel: 01423 557340

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PVL-SA Octenisan Decolonisation Treatment Instructions for service users in the community

Panton-Valentine Leukocidin *Staphylococcus aureus* (PVL-SA) decolonisation treatment helps to reduce the numbers of PVL-SA bacteria a person has or may carry. This treatment reduces the chances of developing an PVL-SA infection. If you do not wish to have decolonisation treatment, please discuss this with your GP or local Community Infection Prevention and Control or Public Health England Team.

This information aims to assist you to use PVL-SA decolonisation treatment correctly. The treatment is a combination of **two separate treatments** to be used over a 5 day period. It is important that you complete the 5 day course to reduce the possibility of developing a PVL-SA infection. Both treatments should be started on the same day.

Octenisan wash lotion (step-by-step guide on the back of this sheet)

An antibacterial washing lotion called octenisan which should be used for body and hair washing.

- Use the wash lotion instead of your normal skin and hair products, leaving for the recommended contact time of 1 minute before rinsing off thoroughly.
- You will need to shower or strip wash **once** daily for 5 days using the wash lotion.
- The wash lotion should also be used as a hair shampoo, you will need to wash your hair twice during the 5 day period. Hair can be washed as normal on other days during the treatment. Hair conditioner can be used as normal after using the Octenisan wash lotion.
- If you require assistance with this treatment, please discuss with your GP.

Bactroban nasal ointment (step-by-step guide on the back of this sheet)


Place a small amount of the ointment about the size of a match-head on your little finger and apply to the inside of one nostril and repeat for the other nostril three times a day for five days. Pinch the nostrils lightly together after applying the ointment to help spread it. It is important to wash your hands with liquid soap and warm running water before and after applying the ointment.

Treatment plan


(please tick box when applied)

Treatment – Octenisan wash lotion		Day 1	Day 2	Day 3	Day 4	Day 5
Apply daily to skin during shower or wash		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comb wash lotion through hair			<input type="checkbox"/>		<input type="checkbox"/>	
Apply nasal ointment inside both nostrils 3 times a day	Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Octenisan wash lotion step-by-step guide




Infection Prevention Control.
You're in safe hands




octenisan®
5 day antimicrobial wash protocol

Step 1




Ensure Hair and Body are Wet

Step 2



Apply octenisan® undiluted

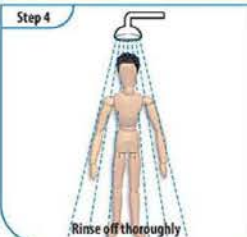
Step 3



Apply octenisan® evenly all over the body & hair (recommended skin contact time 1 minute*)


All over Hair & Body. Focus on areas a, b, c

Step 4




Rinse off thoroughly

Step 5



Dry with Clean towel

Step 6




Put on clean clothing & bedding

Day 1	Day 2	Day 3	Day 4	Day 5
Body	Body & Hair	Body	Body & Hair	Body

Instructions for use

- Apply octenisan® undiluted onto a clean, damp washcloth
- Rub onto the areas of the body to be cleansed and wash off
- For showering or hair washing, simply use octenisan® in the same manner as other hair and skin washing preparations
- Always observe the recommended contact time of 1 minute*







*In accordance to EN 12854



Date: 08/2017, Author: Schulte & Mayr UK Ltd., Approved: 08/2017.

Bactroban nasal ointment step-by-step guide

A nasal ointment called Bactroban which should be used **three** times a day for 5 days.

					
1. Wash and dry your hands.	2. Unscrew the cap and squeeze a small amount of ointment, about the size of a match-head onto your little finger.	3. Apply ointment to the inside of one nostril.	4. Repeat steps 2 and 3 for the other nostril.	5. Close your nostrils by pressing the sides of the nose together for a moment. This will spread the ointment inside each nostril.	6. Wash and dry your hands. Then replace the cap on the tube.

If severe irritation occurs with any of the products, discontinue use and contact your local Community Infection Prevention and Control or Public Health England Team for further advice.



PVL-SA Prontoderm Decolonisation Treatment Instructions for service users in the community

The Prontoderm skin foam and nasal ointment will reduce the number of Panton-Valentine Leukocidin *Staphylococcus aureus* (PVL-SA) bacteria that live on your skin and inside your nose. It is important that you complete the **five day** treatment course. If you do not wish to have decolonisation treatment, please discuss this with your GP or local Community Infection Prevention and Control or Public Health England Team.

This information aims to assist you to use PVL-SA decolonisation treatment correctly. The treatment is a combination of **two separate treatments** to be used over a 5 day period. It is important that you complete the 5 day course to reduce the possibility of developing a PVL-SA infection. Both treatments should be started on the same day. If you are pregnant or breast feeding discuss with your GP.

Prontoderm foam (step-by-step guide on the back of this sheet)

You will need to bathe, shower or wash each day as usual using your normal shower product. First clean your face, paying particular attention to your nose, then wash your body starting from your neck working down to your toes. Pay particular attention to your axilla (armpits), navel (belly button), groin and perineum (genital area). Rinse thoroughly and dry with a clean towel.

After washing and drying yourself, apply a golf ball sized amount of foam to each area of the body, e.g. arm, leg, chest, etc. Avoid the eyes, inside the mouth and inside the nose. Do not rinse the foam off. Apply daily for 5 days.

Hair should be washed as usual, towel dried then Prontoderm foam combed through from the roots to the ends of the hair. Dry hair as usual, but avoid using hair straighteners. Apply daily for 5 days.

Bactroban nasal ointment (step-by-step guide on the back of this sheet)


Place a small amount of the ointment about the size of a match-head on your little finger and apply to the inside of one nostril and repeat for the other nostril three times a day for five days. Pinch the nostrils lightly together after applying the ointment to help spread it. It is important to wash your hands with liquid soap and warm running water before and after applying the ointment.


Treatment plan

(please tick box when applied)

Treatment – Prontoderm foam		Day 1	Day 2	Day 3	Day 4	Day 5
Apply daily to dry skin after a bath, shower or wash		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comb foam through hair		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Apply nasal ointment inside both nostrils 3 times a day	Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Prontoderm foam step-by-step guide






Prontoderm[®] Foam: Decolonisation treatment


Ready to use leave on product: **DO NOT DILUTE OR WASH OFF**

1




Shower or bathe as normal

3



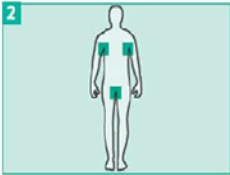
Rinse off thoroughly

5




Apply Prontoderm foam to all areas of the body by hand, including hair, or using a dry wipe. **ENSURE FULL COVERAGE.** Rub in until dry.

2



Pay particular attention to area around armpits, navel, groin and perineum

4



Dry with a clean towel







Area	Product	Frequency of use
Body and hair	Prontoderm foam	Once daily for 5 days

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Community Infection Prevention and Control, Harrogate and District NHS Foundation Trust
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Bactroban nasal ointment step-by-step guide

A nasal ointment called Bactroban which should be used three times a day for 5 days.

					
1. Wash and dry your hands.	2. Unscrew the cap and squeeze a small amount of ointment, about the size of a match-head onto your little finger.	3. Apply ointment to the inside of one nostril.	4. Repeat steps 2 and 3 for the other nostril.	5. Close your nostrils by pressing the sides of the nose together for a moment. This will spread the ointment inside each nostril.	6. Wash and dry your hands. Then replace the cap on the tube.

If severe irritation occurs with any of the products, discontinue use and contact your local Community Infection Prevention and Control or Public Health England Team for further advice.



Inter-Health and Social Care Infection Control Transfer Form

The *Health and Social Care Act 2008: Code of Practice on the prevention and control of Infection and related guidance* (Department of Health 2015), states that "suitable accurate information on infections be provided to any person concerned with providing further support or nursing/medical care in a timely fashion". This form has been developed to help you share information with other health and social care providers. The form should accompany the patient and, where possible, a copy filed in the patient's notes.

Patient Name: Address: NHS number: Date of birth: Patient's current location:	GP Name and contact details:															
Receiving facility, e.g., hospital ward, hospice: If transferred by ambulance, the service has been notified: Yes <input type="checkbox"/> N/A <input type="checkbox"/>																
Is the patient an infection risk: Please tick most appropriate box and give details of the confirmed or suspected organism <input type="checkbox"/> Confirmed risk Organisms: <input type="checkbox"/> Suspected risk Organisms: <input type="checkbox"/> No known risk																
Patient exposed to others with infection, e.g., D&V, Influenza: Yes <input type="checkbox"/> No <input type="checkbox"/> Unaware <input type="checkbox"/> If yes, please state:																
If the patient has a diarrhoeal illness, please indicate bowel history for last week, if known, (based on Bristol Stool Form Scale): Is diarrhoea thought to be of an infectious nature? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>																
Relevant specimen results if available <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 20%;">Specimen:</td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> </tr> <tr> <td>Date:</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Result:</td> <td></td> <td></td> <td></td> <td></td> </tr> </table> Treatment information:		Specimen:					Date:					Result:				
Specimen:																
Date:																
Result:																
Is the patient aware of their diagnosis/risk of infection? Yes <input type="checkbox"/> No <input type="checkbox"/>																
Does the patient require isolation? Yes <input type="checkbox"/> No <input type="checkbox"/>																
If the patient requires isolation, phone the receiving facility in advance: Actioned <input type="checkbox"/> N/A <input type="checkbox"/>																
Additional information:																
Name of staff member completing form: Print name: Contact No: Date:																