

In.CONTROL



*The Newsletter of the NSW Infection Control Resource Centre
An initiative of the NSW Health Department*

**Volume 9, Number 1,
April, 2005**

While the year began with structural changes to the NSW Area Health Services and changes to the regulation of nursing homes, it was business as usual for most infection control professionals at the start of 2005.

Revised principles of monitoring healthcare associated infections (HAIs) for Public Health Organisations from 1 January were released by NSW Health (Circular 2004/93 *Infection Control Program Quality Monitoring*), as well as a *Version 2 Users' Manual*. The Users' Manual is available from the NSW Health Department's website www.health.nsw.gov.au, although a limited number of hard copies are available from the NSW Infection Control Resource Centre (ICRC). These can be obtained by calling (02) 9332 9712.

The repeal of the Nursing Homes Act 1988 and the Nursing Homes Regulation 1996 drew to a close an era of State regulation of nursing homes. The Australian Government Health and Ageing is now responsible for nursing homes and hostels and can be contacted on (02) 9263 3705. However, the services of the ICRC are still available to all NSW healthcare facilities, both public and private, regardless of size and geographic location.

Far and away the most common request received by the ICRC from long-term care facilities, such as nursing homes, is for advice on the management of scabies. The ICRC has put together a six-page Resource Package on scabies that can be obtained by calling (02) 9332 9712. Scabies can be very difficult to eradicate and cause a great deal of angst and frustration among infection control nurses. I would like to invite facilities who have experience with the management of scabies to contact me with their successful strategies so we may include them in a future issue of this newsletter. As scabies can be a very sensitive issue, I will withhold the names of the facilities sharing their experiences. I would like to encourage institutions to promote this sharing of information, discussion of issues and exchanging details of experiences to promote optimal care for patients and clients. The **In.Control** newsletter is the perfect vehicle to facilitate this sharing of information.

The *Infection Control Systems in Health Care Facilities* kit (also known as the 'Isolation Kit') has proved to be very

popular. The ICRC still has a large stock of Kits available and we should be able to meet most bulk-order requests. Simply call (02) 9332 9712 to arrange for a batch to be delivered to your facility. Please note we are completely out of stock of the laminated 'smart cards', although one is included with each new kit. The production of the 'smart cards' was a one-off project and there are no plans or funds available to produce more. However, if individual facilities wish to pay and arrange for the printing and production of the 'smart cards', the ICRC can forward you an electronic pdf version of the card for you to use.

Please be aware there has been a change of dates for the NSW Infection Control Association 2005 Annual Conference. The revised dates are due to problems with the opening of the refurbished Hilton Hotel in Sydney, the venue for the conference.

The revised dates are now 21st – 23rd September. The AGMs of the Australian Infection Control Association and the Infection Control Association NSW, and Seminars will be held on the 21st, and the conference will continue on the 22nd & 23rd. For further details please contact Jan O'Hara at jan.ohara@email.cs.nsw.gov.au

Philip Melling, Editor

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NSW DEPARTMENT OF HEALTH: CIRCULARS & INFORMATION BULLETINS (and other related documents)

The following are the latest Circulars and Information Bulletins, from June 2003 relating to Infection Control issues that have been released by the NSW Department of Health

- 2003/39 MANAGEMENT OF HEALTH CARE WORKERS POTENTIALLY EXPOSED TO HIV, HEPATITIS B AND HEPATITIS C
(supersedes Circular 98/11)
- 2003/88 REPORTABLE INCIDENT BRIEFS TO THE NSW DEPARTMENT OF HEALTH
(rescinds and replaces Circular 97/97)
- 2003/91 OCCUPATIONAL SCREENING AND VACCINATION AGAINST INFECTIOUS DISEASES
(supersedes Circular 2002/97)
- 2004/1 USE AND RETENTION OF HUMAN TISSUE INCLUDING ORGAN DONATION, POST-MORTEM EXAMINATION AND CORONIAL MATTERS *(fully replaces Circulars 84/11, 84/130, 84/207, 92/17, 94/82, 2000/97, 2001/13)*
- 2004/10 REQUIREMENTS FOR THE PROVISION OF COLD AND HEATED WATER
(replaces Circular 2002/10)
- 2004/26 WORKCOVER NSW REPORTING REQUIREMENTS: OCCUPATIONAL EXPOSURES TO BLOOD-BORNE PATHOGENS
- 2004/32 NOTIFICATION OF INFECTIOUS DISEASES UNDER THE PUBLIC HEALTH ACT 1991
(supersedes Circular 2003/89)
- 2004/34 NSW HEALTH PRIVACY MANUAL (VERSION 1) 2004
(supersedes Circular 99/18)
- 2004/50 STANDING ORDERS FOR THE ADMINISTRATION OF MEDICATION IN A PUBLIC HEALTH EMERGENCY
- 2004/77 REMANUFACTURE OF SINGLE USE MEDICAL DEVICES (SUDs)
- 2004/84 PATIENT INFORMATION AND CONSENT TO MEDICAL TREATMENT
(supersedes Circular 99/16)
- 2004/87 NSW HEALTH WORKPLACE HEALTH AND SAFETY: POLICY AND BETTER PRACTICE GUIDE
- 2004/90 NSW DEPARTMENT OF HEALTH HEALTH FACILITY GUIDELINES
- 2004/93 INFECTION CONTROL PROGRAM QUALITY MONITORING
(supersedes Circular 2002/104)
- 2005/9 RH D IMMUNOGLOBULIN (ANTI-D)
(supersedes Circular 2003/4)

Copies of NSW Department of Health Circulars and Information Bulletins can be obtained from the
NSW HealthWeb site: www.health.nsw.gov.au

or

by phoning Central Records at the
NSW Department of Health on (02) 9391 9000

ALERT

Please note that NSW Health has introduced a new system for policies, guidelines and information bulletins. All Circulars have been given a new document number. However, it is still possible to retrieve documents by entering their old Circular number in the search box on the NSW Health Web site. Details regarding this new system will be included in the next issue of **In.Control**.

NSW DEPARTMENT OF HEALTH: NEW CIRCULARS

The NSW Department of Health in recent months has issued six new Circulars that may be of interest to some infection control professionals.

Circular 2004/10. Requirements for the Provision of Cold and Heated Water.

This Circular supersedes Circular 2002/10. This document is reflective of best practice applicable to health care delivery in New South Wales and has both management and operational implications.

It is imperative that the supply of temperature controlled warm water be available to minimize the risk of accidental scalding of patients during ablutionary or bathing procedures. All personnel involved in health care delivery and engineering services must be aware of the contents of this policy.

The circular identifies several methods for delivery of cold and warm water, warm temperature requirements, disinfection requirements for warm water systems and a list of approved warm water systems (attachment A)

Circular 2004/84. Patient Information and Consent to Medical Treatment.

This Circular supersedes Circular 99/16 and applies to all public health organizations including employees, contractors and other health service providers. The Circular emphasizes the importance of ensuring that patients are provided with adequate information to enable them to make informed decisions as to whether to undergo medical or other treatment in health organizations.

Circular 2004/87. NSW Health Workplace Health and Safety: Policy and Better Practice Guide.

This Circular supersedes Circular 2001/22. The purpose of this document is to ensure that all public health organizations have in place an occupational health and safety (OHS) policy and comprehensive management system, consistent with OHS legislation, which identifies, assess, eliminates or controls workplace risks to health and safety. The document provides guidance to all levels of staff on current best practice in OHS management. It includes information on changes to the OHS legislation since 2001, incorporates the requirements of the relevant EquiP criteria and provides detailed guidelines for OHS risk management in NSW Health.

Circular 2004/90. NSW Department of Health: Health Facility Guidelines.

The Guidelines promote the importance of clearly defining a Service Plan, model of care and Operational Policies for the

service before embarking on the capital planning process. These guidelines ensure that any party involved in the facility planning process have a responsibility to ensure that they develop health care facilities that adhere to legislation. There is also emphasis on individual facilities to ensure developments are designed to minimize maintenance costs and asset management and maximize efficiencies.

The key changes to the Guidelines is the database format. The structure of the Guidelines consists of two components. The first applies to actual design, which has reference to infection control specifics and the second component relates to specific requirements of individual health planning units

Circular 2004/93. Infection Control Program Quality Monitoring.

This Circular outlines the revised principles of monitoring healthcare associated infections (HAIs) for public Health Organizations from January 1 2005. It is recommended that all licensed private health care facilities have regard to this Circular in the development and revision on policies on infection control program quality monitoring.

This circular should be read in conjunction with a number of other NSW Health Department documents that are listed on the cover page of this Circular. Please note that the document titled; *Indicators, Variation and Health Care Improvement: A Guide for Health Care Professionals* in this list no longer exists and has been replaced by the documents *The Clinician's Toolkit for Improving Patient Care* and *Easy Guide to Clinical Practice Improvement: A Guide for Healthcare Professionals*. Both documents are available from the NSW Health website www.health.nsw.gov.au

This revised policy on infection control program quality monitoring provides the framework for Area review of targeted local monitoring strategies. The framework is based on Areas measuring clinical outcomes and identifying clinical practices with the potential to cause healthcare associated infections (HAI). The revised indicators are based on extensive consultation with Area personnel including infection control, surgical, microbiological, intensive care and neonatology. The Version 2 indicators have been carefully selected and represent a reasonable mix of NSW Health system activity.

Circular 2005/9. RH D Immunoglobulin (Anti-D).

This Circular supersedes Circular 2003/4. The intended users of this Circular are medical staff, midwives and nurses involved in maternity care. The Circular advises that as a result of the increased availability of Australian-produced Rh D immunoglobulin (Anti-D), routine antenatal prophylaxis can now be extended to ALL Rh D negative women who do not have preformed anti-D antibodies. This represents Stage 2 in the three-stage Anti-D antenatal prophylaxis program and should be implemented immediately.

In.Control is the official newsletter of the NSW Infection Control Resource Centre (an initiative of the NSW Health Department) and is printed four times a year.

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Current Circulation: 3000+

EMAIL REMINDER!

If you receive your copy of *In.Control* via email, please remember to inform us if you change your email address!

MEDIA WATCH AUSTRALIA

November 2004:

A man from Ghana, who infected his wife with **HIV**, could be the first person deported from New Zealand for lying to immigration about his condition. His wife, who did not know of his condition, left him after contracting the virus when pregnant. She was awarded more than \$600,000 in damages last year.

The *Daily Telegraph* published an article highlighting the health implications of recent coastal rains followed by warm weather. The health concern is that backyards could become mosquito breeding grounds, particularly in the NSW mosquito danger zone, from Tweed Heads to Ballina. This is of particular concern as there are no targeted mosquito programs in this stretch of coastline, yet Queensland has had such programs for more than 30 years. A warning has been issued to homeowners to check for any pools of still or stagnant water in and around their property. The diseases of major concern spread by mosquitoes are **Ross River fever**, **Barmah Forest virus** and **Dengue fever** (restricted to Queensland). Steps to minimize the risks include:

- Remove all water-holding rubbish
- Regularly flush out pot plant bases

- Keep gutters clear
- Mow lawns regularly and clear vegetation areas of moist undergrowth
- Make sure openings of septic tanks and water tanks are covered and screened securely.

A survey of overseas backpackers in Sydney and Cairns has revealed that 1% surveyed admitted to being **HIV** positive and half to having sexual intercourse in Australia without a condom. The survey, conducted by academic Cari Egan, highlights the need for public health campaigns to target backpackers to prevent the spread of **HIV** and other sexually transmitted infections. Ms Egan reported to a national sex conference at Sydney University that the high consumption of alcohol among backpackers lowered inhibitions and caused them to ignore safeguards they normally adopted when considering sex with new partners back home. More than 500,000 international and domestic backpackers visit Sydney each year.

December:

A major study into potentially fatal 'superbugs' has begun at Macquarie University. Researchers hope to locate the origins of antibiotic resistant genes to prevent their spread. The research team is currently conducting the study into how widespread the genes are among healthy people. In 1991 there were 15 known genes with antibiotic resistance and there are now more than 89. NSW Health's communicable disease director, Jeremy McAnaulty, said it was believed an increase in the use of antibiotics has led to greater resistance in illnesses like **pneumonia** and **gonorrhoea**.

The *Daily Telegraph* reported that children under two and senior citizens would qualify for free **pneumococcal** vaccination from January 1 2005. All babies born from January 1 will be eligible for the vaccination at two, four and six months of age.

University of NSW researchers have isolated chemicals in seaweed native to the state's south coast that could treat antibiotic resistant bacteria. The seaweed contains a compound called furanone which stop the bacteria communicating rather than killing them, hence resistance cannot be built against them. The compound is currently being tested on mice and tissue culture, with the possibility of it being used on humans by the end of the decade.

January 2005:

2300 cafes and restaurants across the ACT and NSW will be able to give you a doggy bag again thanks to stickers for takeaway containers, advising how to store and reheat food, being issued by Restaurant and Catering NSW and the NSW Food Authority. The reluctance of food outlets to provide doggy bags to diners has been due to the estimated 5.4 million **food poisoning** cases in Australia per year and the potential risk of legal liability.

Dr John Gullotta of the Australian Medical Association has warned parents to vaccinate their children against

meningococcal disease following eight reported cases and two deaths in January, a five year old boy and a 27 year old woman. **Meningococcal disease** is difficult to diagnose and can be very similar to many viral illnesses. The major symptoms are high fever, lethargy, a stiff neck and in latter stages a rash. Dr Gullotta stressed the importance of vaccination for children and to avoid sharing drinks as it can be transmitted via saliva. 180 to 250 cases are reported to NSW Health each year, with 146 cases last year including six deaths.

February:

Richard Pashley, a Professor at the Australian National University, says he has been able to remove oily stains from the surface of clothes with just water. He found that when tiny air particles are removed from water – a process called degassing – the water could lift even the greatest stains. Professor Pashley said air particles in water glued dirt together by creating surface tension between them. When these air particles were removed, the gluing effect ceased and the oil dispersed in the water as fine droplets. Professor Pashley believes this new technique could be the start of a cleaning revolution.

In Queensland, forty girls who were rushed to hospital after developing vomiting and diarrhoea on a school camp were diagnosed with **norovirus**. **Norovirus** is a common cause of diarrhoeal illness and occasionally causes outbreaks in places such as child-care centre and nursing homes.

At least nine cases of legionnaire's **disease** were confirmed in the Illawarra area. All the city of Wollongong's registered cooling towers were tested and while three showed elevated bacteria levels, they have been cleaned and disinfected.

March:

A snap inspection led to the closure of a Nursing Home in Redfern. The inspection found the home failed 33 of 44 Commonwealth accreditation standards, ranging from poor hygiene and nutrition to patient's being given the wrong medication.

The Federal Government announced a \$143 million expansion of child vaccinations due to commence in November 2005. Under the program, **chickenpox** vaccine now costing \$70 will be free to all children at 18 months. It will also be free to those aged 10 to 13 years who have not been vaccinated or who have not had the disease. Also to be introduced will be a new lower-risk injectable **polio** vaccine to replace the current oral form. The **polio** shots will be administered as part of a six-in-one combination vaccine which will also protect against **diphtheria**, **tetanus**, **whooping cough**, **hepatitis B** and **haemophilus influenza type B**. This means that many babies will be spared one injection at two months and another at four months.

The Minister for Health, Morris Iemma, issued a media release following news reports from Vietnam on the increased cases of **avian influenza (bird flu)** [see Media Watch: The World]. Mr Iemma said that NSW public health

and counter-disaster experts were well prepared to respond to the potential entry of **avian influenza** in Australia. "NSW stands ready to invoke the recommendations of the SARS Taskforce and reconvene an expert advisory panel in the event of a serious threat from **bird flu**," Mr Iemma said. To date there have been no reports of **avian influenza** in Australian birds and no reports of Australian human cases since the latest outbreak in Asia. A human vaccine has not yet been developed for the new **avian influenza** strain. It is likely to take several months for a vaccine to be produced.

MEDIA WATCH THE WORLD

November 2004:

Whooping cough (pertussis) is reappearing worldwide due to weakening effects of the vaccine. Researchers have found immunity wanes five years after vaccination. Researchers are recommending that governments introduce booster doses for teenagers and that doctors should watch for the infection when patients present with coughs.

The US Centers for Disease Control and Prevention will be examining sales of over-the-counter drugs to treat colds and flu during the Northern Hemisphere's **influenza** season. It is an experiment to try to identify disease trends and potential local outbreaks. This season the United States will be struggling with a shortage of **influenza** vaccine due to contamination problems during the production process, resulting in 48 million doses of vaccine being quarantined.

Pneumonoultramicroscopicsilicovolcanoconiosis was a word recently used in a televised British spelling competition. The 45-letter condition is a disease caused by inhalation of fine particles such as volcanic dust. The competitors in the competition were aged between 11 and 14 years old. The 13-year-old given the word to spell said it was the most difficult word she had ever had to spell.

In a report to the 44th Interscience Conference on Antimicrobial Agents and Chemotherapy in New York, a researcher presented findings that bottled mineral water, generally considered more pure than tap water, is often contaminated with bacteria and fungi. The study, conducted in the Netherlands, examined 68 commercial mineral waters, tap water and natural well water from nine European and seven non-European countries. The samples were tested for bacterial and fungal contamination. Dr Klont of the University Medical Center Nijmegen told Reuters Health "Immunocompromised patients often receive bottled mineral water under the assumption that it is safer than tap water." The findings of the study indicated high levels of bacterial contamination in commercially bottled water, demonstrating the general perception that bottled water is safe and clean is not true. Dr Klont further stated, "The risk

of disease to healthy individuals may be limited, but immunocompromised patients are generally more susceptible to infection and therefore might be at a higher risk of becoming infected.”

December:

The Chinese Ministry of Health in consultation with the World Health Organisation is making plans to deal with potential **influenza** pandemic. The contingency plan is based on up to 25 percent of China's 1.3 billion people are infected with human-to-human transmitted **avian influenza**, which may not be fatal in each case but could effectively bring food and other vital supplies to a halt. This contingency plan is based upon the concern that **avian influenza** could mutate to spread from human-to-human. The plan includes mass production of vaccines, stockpiling of antiviral drugs and emergency logistics for the supply of food and essential services.

January 2005:

A 15 year old girl from Wisconsin survived **rabies** without vaccination due to an experimental treatment which involved inducing a coma to allow her body to fight the infection and the administration of a cocktail of drugs. The girl became infected with the virus from a bat bite and did not seek medical care until symptoms appeared and it was too late for vaccine administration. A statement from the treating hospital indicated that the girl was the first person in the world to survive the disease without receiving a vaccination after infection. The girl is expected to make a near-full recovery.

Polluted water poses the biggest infectious disease threat following the Indian Ocean tsunami. Waterborne diseases such as **typhoid fever, gastroenteritis, dysentery, salmonella, cholera, giardiasis** and **cryptosporidium** were listed amongst those that could cause the greatest morbidity and mortality following this natural disaster. Other diseases of concern include **pneumonia, lung infections, malaria, dengue fever, typhus** and **Japanese encephalitis**. The World Health Organisation has reported that corpses do not cause a health risk in themselves unless they were already infected prior to death. Reuters and AFP reported that the contaminated water and gangrene have been the major causes of death for survivors of the tsunami.

A compound some people give off could be used to make natural insect repellent, say researchers at Rothamsted Research Institute in the UK. Scientists have found that some people give off masking odors that prevent mosquitoes from finding them. The findings came from observing the behaviour of **yellow fever** mosquitoes when exposed to the odor of volunteers. This information provides the opportunity to develop naturally occurring insect repellent.

The World Health Organisation has raised fears that there have been documented cases of human to human transmission of **avian influenza** in Vietnam. The Thai government has also reported possible cases of human to

human transmission of **avian influenza**. Klaus Stohr of the WHO has stated, “Human cases of **avian influenza** infection in Asia are an unprecedented warning to the world.”

Public health officials report that mother-to-child transmission of **HIV** may be on the verge of being eliminated in the United States. In 1990 as many as 2000 children were born infected with **HIV**, now that number has been reduced to approximately 200 per year. This success has been largely attributable to better antiretroviral drugs, aggressive public education and testing and the co-operation at federal and local levels of government.

February:

The US Government added **hepatitis B** and **C** the **human papillomavirus** to its list of known or suspected causes of cancer. It has been known that the **hepatitis** viruses can cause liver cancer and that some forms of the sexually transmitted human **papillomavirus** can cause cervical cancer. But they were added to the list in February after US officials decided to go beyond the report's historical focus on the occupational and environmental causes of cancer.

In New York health officials believe a baby boy died after contracting **herpes** from the Rabbi who circumcised him. The Rabbi, a prominent mohel – someone who performs religious circumcisions, performed a circumcision on twins in October. Ten days later, one twin died of **herpes** and the other tested positive.

A team at the Columbia University in New York believes people with more bacteria in their mouths also have more evidence of heart disease. The study strengthens the evidence for a link between gum disease and heart disease. The study of 657 people who had no history of stroke or heart attack showed that people with more bacteria that cause periodontal disease also had thicker carotid arteries – a strong indicator of clogged blood vessels. The researchers believe the bacteria that cause gum disease may spread into the bloodstream and stimulate the immune system, causing inflammation that results in the clogging of the arteries. Hardening of the arteries involves the inflammation process, and other studies have strongly linked heart disease with inflammation.

The discovery of a drug-resistant, fast developing **AIDS** case in New York prompted experts to calm fears by announcing that there may be little cause for alarm. Dr Robert Gallo, director of the University of Maryland's Institute for Human Virology and a co-discoverer of **HIV**, said, “There is absolutely no evidence that this is a super virus”. However, Dr Gallo said that assessment might change if there were multiple cases of the virus being retransmitted. The case in question involved a man in his 40s who developed **AIDS** as early as two to three months after infection with **HIV**.

Ho Chi Minh City ordered the slaughter of all poultry in the hope of stamping the **bird flu virus** that killed 15 people in

Vietnam this year. The city of 10 million is near the Melong Delta where Vietnam's latest outbreak of the **H5N1 virus** began. According to the latest update from the World Health Organisation, 55 cases of **avian influenza** (or **bird flu**) have been detected and 42 people have died since 28 January 2004.

According to a report published in *The Lancet*, fears that the confined space of commercial airliners and recycled air in aircraft cabins help spread **flu** and other respiratory diseases are largely unfounded. The recirculated air usually passes through high-efficiency particulate filters which remove 99.97% of dust, vapours, bacteria and fungi and effectively capture viral particles, because these are usually spread in droplets, expelled by someone who coughs or sneezes.

HAND WASHING POSTERS

The NSW Infection Control Resource Centre, with funding from NSW Health, has developed a series of seven hand washing posters. All the posters are in colour and A3 in size (297mm x 420mm). The posters can be viewed on the NSW Infection Control Resource Centre website at:

www.sesahs.nsw.gov.au/albionstcentre

TO ORDER POSTERS SIMPLY CONTACT

NSW Infection Control Resource Centre

tel: (02) 9332 9712

fax: (02) 9380 6572

e-mail: albier@sesahs.nsw.gov.au

COSTS MAY APPLY

Infection Control Systems in Health Care Facilities

Following the success of the Infection control systems in health care facilities kit, we still have a limited supply of additional kits and posters available

Kits: contain 1 x A3 and 6 x A4 posters and 1 x smart card

Posters: standard, airborne, droplet and contact precautions posters

The kits may be viewed on our website:

www.sesahs.nsw.gov.au/albionstcentre

Or for further information phone the NSW Infection Control Resource Centre on (02) 9332 9712

PLEASE NOTE THAT THIS IS FOR A LIMITED TIME ONLY AND COSTS MAY APPLY

OUT OF STOCK: Individual SMART cards

INFORMATION SHEETS

The NSW Infection Control Resource Centre has developed seven Information Sheets on the following topics:

- Infection Control in Health Care Facilities
- Hand Washing and Hand Hygiene
- Needlestick Injuries and Other Occupational Exposures
- Cleaning Health Care Facilities
- MRSA – Information Sheet for Patients
- MRSA – Information Sheet for Staff
- Noroviruses: Infection Control Implications for Health Care Facilities

These Information Sheets are ideal for orientation, inservice education, or as reference tools. To obtain free copies, call the NSW Infection Control Resource Centre (02) 9332 9712.

MULTI-MEDIA LIBRARY

The NSW Infection Control Resource Centre (NSW ICRC) has a multimedia library containing videos, DVDs and CD-ROMs on topics relating to infection control. These may be borrowed *free-of-charge* for your orientation, education and inservice sessions.

A catalogue of the library's contents is available to assist you in deciding which items are suitable for your target audience.

To borrow items or to obtain a copy of the library catalogue, contact:

**NSW Infection Control Resource Centre
Monday to Friday, 8am-5pm
(02) 9332 9712**

QUESTIONS & ANSWERS

In.Control invites readers to contact us with questions they want answered. Names and organisations will **NOT** be included in the newsletter.

Q I was partially vaccinated for hepatitis B at my previous place of employment and am attempting to complete the vaccination course at my new place of employment. I am unsure whether the previous two doses of Hepatitis B vaccine are the same brand as the one I am about to receive at my current place of employment. Does this matter? Do I need to use the same brand of vaccine to complete the course successfully?

A According to the NHMRC's *Australian Immunisation Handbook 8th Edition 2003*, although switching of brands is not recommended, in cases where the actual brand of vaccine used for previous doses is not known, then any brand of vaccine can be used. There is no evidence in the literature to suggest that the use of a different brand will affect the efficacy or compromise safety.

Q I work in a small day surgery facility in Sydney and would like some clarification on *Circular 2004/10, Requirements for the Provision of Cold and Heated Water*. The document does not specify frequency of Legionella/ microbial testing of warm and cold water via thermostatic mixing valves (TMV'S). Could you tell me how often such samples are to be taken?

A First, it should be noted that in *Circular 2004/10 Requirements for the Provision of Cold And Heated Water* on page 8, reference is made to a document titled *Water Cooling and Warm Water System Testing*. This document was intended to be issued concurrently with Circular 2004/10 but has not as yet been released. The unreleased document will assist in clarifying frequency of testing and other specifics of Circular 2004/10. To assist in clarifying your query, frequency of testing for Legionella is not prescriptive and should be conducted as per individual site findings. Testing of TMV's should already be undertaken and frequency should be determined by the results of previous microbial testing. It is not required that every TMV be sampled each time, rather a selected few be sampled and rotated throughout the year so that all are tested over a specified period of time.

Q I vaguely remember once reading a paper that stated povidone-iodine deactivates over a period of time. Is this correct and what is the time frame?

Also, how long can bottles of the solution be left open before being discarded? This is a popular solution in the

operating rooms and I am concerned over the possibility of contamination.

A The ICRC have been unable to find any information which indicates the time period in which povidone-iodine deactivates. There are, however, multiple sources which state that povidone-iodine deactivates in the presence of organic matter such as blood, serum, and other protein-rich biomaterials.

According to the Australian Government Department of Health and Aging document *Infection control guidelines for the prevention of transmission of infectious diseases in the health care setting*, (section 7.3, page 7-6):

'Each skin disinfectant should be labeled with the date when first opened and discarded after its designated 'use by' date as indicated on the manufacturer's label'.

From our enquiries we found it is common practice that containers of skin disinfectant, such as povidone-iodine, are labeled with the time and date of opening and discarded after 24hrs to reduce the risk of contamination.

To avoid bottles being left open for a period of time and risk contamination, and also to reduce wastage, try to use the smallest bottles of the solution practical for your procedures.

Q I work in a private dental practice. One of our patients booked in to have root canal treatment has indicated on her medical history that she was a recipient of human pituitary hormones twenty years ago and could be a risk for CJD. Does this mean we will have to destroy the instruments used during her procedure?

A No, the instruments and equipment used on this patient will only require routine processing.

The recommended method of reprocessing is determined by referring to Section 17 on CJD in the NSW Health *Infection Control Policy, Circular 2002/45*. By referring to Table 4 on page 33, you first determine the predicted infectivity of the body tissues the instruments will be exposed to. As your patient is having root canal work, the tissue in question is *'Maxillofacial neurovascular tissue'*, which is classed as *Low Infection Risk (demonstrated to be infectious, but not consistently)*.

Next, refer to Table 5, also on page 33, to determine which risk category your patient fits, in this case it would be the *Low-Risk Group* as she is the *'Recipient of cadaver derived human pituitary hormones (growth hormone and gonadotrophins).'*

Once you have determined that you will be dealing with *low-risk tissue* from a *low-risk group* patient, you next consult Table 6 on page 35 to decide the recommended reprocessing of instruments. You will see from this table that items that have been exposed to *low-risk tissue* from a *low-risk group* patient require routine processing

CURRENT JOURNAL AWARENESS

The following selected articles appeared in recent journals and may be of interest to our readers. Copies of the articles can be obtained free-of-charge by contacting the NSW Infection Control Resource Centre.

1. **Infection control practices for SARS in Lao People's Democratic Republic, Taiwan, and Thailand: Experience from mobile SARS containment teams, 2003**, Nolan E. Lee et al, *American Journal of Infection Control*, vol. 32, no.7, November 2004.
2. **Should self-assessment methods be used to measure compliance with handwashing recommendations? A study carried out in a French university hospital**, Leïla Moret et al, *American Journal of Infection Control*, vol. 32, no.7, November 2004.
3. **Risk factors for surgical site infections following open-heart surgery in a Canadian pediatric population**, Alireza Nateghian et al, *American Journal of Infection Control*, vol. 32, no.7, November 2004.
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**INFECTION CONTROL IN
LONG TERM CARE FACILITIES
28 June, 2005**

This half-day (morning) course is designed for nurses working in long term care facilities who have some workplace infection control responsibilities, or who wish to gain a basic understanding of infection control specific to long term care facilities.

TOPICS
Principles of infection control including standard precautions and hand hygiene, risk factors for infection in the elderly population, health care associated infections in long term care facilities such as urinary tract infections, multi-resistant organisms, infections endemic in the aged care setting, such as scabies and norovirus, and outbreak management.

PREREQUISITE:
Prior completion of the Albion Street Centre 'Introduction to Infection Control Nursing' course.

VENUE
The Albion Street Centre
150 Albion Street, SURRY HILLS NSW 2010

COURSE DETAILS:
\$77 (including GST)
Tel: (02) 9332 9720 Fax: (02) 9360 4387
E-mail: albeducation@sesahs.nsw.gov.au



**INTRODUCTION TO
INFECTION CONTROL NURSING
28 April, 2005
15 June, 2005**

This one-day course is designed for Nurses who are beginning practitioners in the field of Infection Control, or who are required to take some Infection Control responsibilities in the course of their work.

TOPICS
The Principles of Infection Control
The Role of the Infection Control Nurse
Staff Health
Waste Management
Policy and Programs
Networking and Resources

VENUE
The Albion Street Centre
150 Albion Street
SURRY HILLS NSW 2010

COURSE DETAILS:
\$137.50 (including GST)
Tel: (02) 9332 9720
Fax: (02) 9360 4387
E-mail: albeducation@sesahs.nsw.gov.au



**HIV
PRE & POST TEST COUNSELLING
18 - 21 April, 2005**

This four-day workshop is designed specifically for counselors and health care professionals who will be providing pre and post HIV test counseling. This is a highly interactive, skills-based workshop focusing on the immediate emotional and psychosocial responses to HIV testing. Other issues to be addressed will include occupational exposures and suicide risk assessment.

The workshop includes case discussions and micro skills practice in small groups.

PREREQUISITE:
Basic counseling skills and an introduction to HIV/AIDS course or equivalent knowledge level.

Conditionally registered psychologists: this course has been assessed as suitable for workshop supervision hours for the NSW Psychologists' Registration Board

VENUE
The Albion Street Centre
150 Albion Street, SURRY HILLS NSW 2010

COURSE DETAILS:
\$385 (including GST)
Tel: (02) 9332 9720 Fax: (02) 9360 4387
E-mail: albeducation@sesahs.nsw.gov.au