

In.CONTROL



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

**Volume 7, Number 4,
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GOODBYE TO THE YEAR OF THE GOAT AND WELCOME TO THE YEAR OF THE MONKEY

Once again we are almost at the end of another busy year. The *Introduction to Infection Control for Dental Staff Rural Road Show*, run in conjunction with the NSW Infection Control Resource Centre and the United Dental Hospital, proved to be a great success. The one-day course was held through out the year in Dubbo, Orange, Tamworth and Queanbeyan. Tweed Heads and the Illawarra Region are proposed sites for 2004.

The Sterilization and Disinfection Core Competencies Introductory Workshops were also held State-wide during the second half of the year. The workshops were aimed at Managers and Supervisors of Central Sterilizing Departments and departments and facilities that reprocess instruments and equipment on-site by sterilization or disinfection. The one-day Workshops covered such topics as origin and overview of the Competencies; Competency Assessment; Critical Incidents related to reprocessing; the mechanism for reporting such incidents to the NSW Health Department; and related policies and Standards.

Quite unexpectedly, the Severe Acute Respiratory Syndrome (SARS) epidemic arrived on the scene in early 2003. While there were no outbreaks in Australia, the emergence of SARS overseas caused an increase in the work-load of all Infection Control professionals in NSW, as policies and procedures were prepared, health care workers familiarised with wearing the correct Personal Protective Equipment (PPE), and equipment supplies were set aside in readiness for any outbreaks.

The hand washing posters, designed by the NSW Infection Control Resource Centre and funded by the NSW Health Department, continued to be very popular. To date, 25,000 posters have been printed. The NSW Infection Control Resource Centre is currently in the process of developing another series of posters, with funding from the NSW Health Department, on Standard and Transmission Based Precautions. These posters should

be available early in the New Year. Details will be included in the next issue of **In.Control** (February 2004).

The 26th Annual Infection Control Association NSW Inc. Conference was successfully held at the Sydney Superdome in November. For those delegates who had not been to Sydney Olympic Park since the 2000 Olympic Games, the conference was a somewhat surreal experience. This time the only people on site were Infection Control professionals! The NSW Infection Control Resource Centre shared a stand with the NSW Health Department and proved to be very popular with conference delegates who dropped by to say hello and check out the resource materials on display.

From all of us at the NSW Infection Control Resource Centre, Laura, Philip, Peter and I wish you a very happy and safe Christmas and New Year. Thank you all for your support and wonderful feedback regarding our resources and services.

Sue Resnik, Editor

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NSW DEPARTMENT OF HEALTH CIRCULARS & INFORMATION BULLETINS

The following are the latest Circulars and Information Bulletins, from June 2002 to going to print, relating to Infection Control issues that have been released by the NSW Health Department

2002/26	MANAGING YOUNG CHILDREN AND INFANTS WITH GASTROENTERITIS IN HOSPITALS
2002/28	MINIMISATION OF NEONATAL EARLY ONSET OF GROUP B STREPTOCOCCAL (EOGBS) INFECTION
2002/45	INFECTION CONTROL POLICY <i>(supersedes Circulars 86/7, 97/95,99/87,IB2000/13)</i>
2002/77	CLINICAL PRACTICES - PRESSURE ULCER PREVENTION
2002/80	INFECTION CONTROL GUIDELINES FOR ORAL HEALTH CARE SETTINGS
2002/84	MANAGEMENT OF PEOPLE WITH HIV INFECTION WHO RISK INFECTING OTHERS <i>(supersedes Circular 2001/104)</i>
2002/92	MANAGEMENT OF FRESH BLOOD COMPONENTS <i>(supersedes Circulars 82/319, 84/130, 85/230, 86/177, 86/234, 89/90, 90/29, 91/9, 91/64, 97/128)</i>
2002/93	COMMUNITY SHARPS DISPOSAL BY PUBLIC HOSPITALS AND AUTHORISED OUTLETS OF THE NSW NEEDLE AND SYRINGE PROGRAM
2002/97	OCCUPATIONAL SCREENING AND VACCINATION AGAINST INFECTIOUS DISEASES <i>(supersedes Circular 2001/91)</i>
2002/98	TECHNICAL SERIES (TS) 10, STANDARD PROCEDURES FOR HANDLING OF ACCOUNTABLE ITEMS 5 th EDITION
2002/104	INFECTION CONTROL PROGRAM QUALITY MONITORING
January 2003	INFECTION CONTROL PROGRAM QUALITY MONITORING INDICATORS USERS' MANUAL
2003/4	RH D IMMUNOGLOBULIN (ANTI-D) <i>(supersedes Circular 97/139)</i>
March 2003	STERILIZATION AND DISINFECTION CORE COMPETENCIES
2003/33	CONTROL OF FOODBORNE LISTERIOSIS IN HEALTH CARE INSTITUTIONS <i>(supersedes Circular 99/95)</i>
2003/35	HEALTH SERVICES STAFF WITH POSSIBLE EXPOSURE TO SEVERE ACUTE RESPIRATORY SYNDROME (SARS)
2003/39	MANAGEMENT OF HEALTH CARE WORKERS POTENTIALLY EXPOSED TO HIV, HEPATITIS B AND HEPATITIS C <i>(supersedes Circular 98/11)</i>

**Copies of NSW Department of Health Circulars and Information Bulletins can be obtained from the
NSW HealthWeb site:**

<http://www.health.nsw.gov.au>

or

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

**A list of NSW Department of Health Circulars and Information Bulletins relating to
Infection Control issues can be obtained from
THE NSW INFECTION CONTROL RESOURCE CENTRE
(02) 9332 9712**

INFECTION CONTROL**Education on the Road**

The NSW Infection Control Resource Centre has been offering a variety of courses relating to infection control since the late nineties. The courses aim to skill health care workers in the many areas of infection control.

In addition to the courses we currently offer we can now offer specific education sessions that can be tailored to the individual requirements of your facility. We have designed this as a mobile program, which means that the important issues surrounding Infection control can now be even more accessible to you and your facility.

So whether you are an Aged Care Facility, Day Procedure Centre, small private or a public facility, the "Education on the Road" sessions may be of interest to you.

You may like to enquire about some of our standard education sessions or choose a topic of your choice. Sessions can range from a 60-minute presentation through to a half or full-day workshop.

Sessions may include:

- Principle of Infection Control
- Basic Microbiology
- Specific Infectious Diseases
- Management of Occupational Exposures
- Staff Health and Immunisation
- Waste Management
- Food Handling
- Hand Washing

If you would like further information on **INFECTION CONTROL: EDUCATION ON THE ROAD**, please contact the NSW Infection Control Resource Centre on 9332 9712 or email saidp@sesahs.nsw.gov.au

**MEDIA WATCH
AUSTRALIA**

In August, *The Sydney Morning Herald* reported that victims of Victoria's biggest food poisoning out-break will receive compensation totaling about \$1 million under a settlement approved by the Victorian Supreme Court. One man died and 213 people fell ill after eating pork rolls from a restaurant in Footscray in January. Lawyers warned it was likely to be the last such payout in Victoria, as new laws removed the right to sue for non-permanent pain and suffering.

It was widely reported in all media in August that Sydney researchers have found a virus, currently known as **HHMMTV**, that is present in a third of breast cancers but almost never in healthy tissue, raising the possibility the virus may be involved in the development of the disease. Caroline Ford, a researcher at the Prince of Wales Hospital virology research laboratory, said it was not yet known whether the virus was a normal part of human DNA, or an infective agent that could be transmitted between people or from animals to people. A senior virologist at the Prince of Wales Hospital, Bill Rawlinson, who supervised Ms Ford's project, said the results were likely to be greeted with scepticism because the hunt for a breast cancer virus had previously been unsuccessful.

The Sydney Morning Herald's weekly *Health & Science* supplement featured a large article on **hepatitis C** in August. According to the newspaper report, **hepatitis C** is spreading rapidly in Australia. With no vaccine in sight, a public health burden of failing livers is approaching. Since **hepatitis C** was named in 1990, two years after its discovery, there have been 235,000 diagnoses in Australia, but the figure could rise to anywhere between 500,000 and 890,000 by 2020, given that an estimated 16,000 new infections were recorded in the past year. About 83% of Australians infected with **hepatitis C** contracted the virus through illegal drug injecting. Part of the **hepatitis C** image problem, the article believed, has been a lack of role models willing to publicly disclose they have the virus – save former *Baywatch* star Pamela Anderson who last year announced she contracted the virus from a tattoo needle. The trajectory of **hepatitis C** has run parallel with the growth of intravenous narcotics. Australia has been a world leader with needle and syringe programs and keeping rates of **HIV** among injecting drug users low, but this policy has not been enough to curtail **hepatitis C**. The virus is several more times more infectious than **HIV** when blood-to-blood contact is involved, despite being extremely difficult to transmit through other body fluids.

In September *The Daily Telegraph* published an article on the hidden health risks of pets and other animals. Keeping

pets clean, healthy and well-trained and taking a few simple precautions personally and with children would keep families healthy. Pets should be kept vaccinated, wormed regularly, flea-free and follow basic hygiene – always wash your hands, especially before eating or handling food. There are about 60 recognised zoonoses (infections that can be passed from animals to humans). In 2002, there were 1091 notifications of zoonoses, accounting for about 1% of all disease notifications.

DISEASE	ANIMAL
Ringworm	Cats, dogs, cattle, horses
Salmonellosis	Reptiles, cattle, sheep, horses, pigs, poultry
Psittacosis	Birds
Hydatids	Dogs and foxes
Tetanus	Many animals
Toxoplasmosis	Cats, sheep, goats, rodents, pigs, cattle, chickens, birds
Lyssavirus	Bats, flying foxes
Campylobacter infection	Puppies, kittens, birds, wildlife, pigs, rodents, cattle, sheep, poultry
Toxocariasis	Dogs and cats, especially puppies

An outbreak of food poisoning at the Darling Harbour Convention Centre that led to five ambulances, including a medical mini-bus, being called to treat diners is believed to have been caused by a rare mushroom toxin. Ambulance officers treated 17 diners, but no one was admitted to hospital, the *Sydney Morning Herald* reported in September. The sudden onset of illness saw some of the 700 guests at the NSW Master Builders Association awards throw up at the table. The newspaper reported that laboratory tests showed there were “no hygiene or food pathogen factors at fault”. An entrée of cold chicken and dressed oyster mushroom had been served. The symptoms were described as “severe but not life-threatening” and 77 guests reported the fast onset of nausea and vomiting.

In September, the Victorian Health Minister Bronwyn Pike said 1142 Victorians had been diagnosed with **influenza**-like illnesses this year, with cases peaking in mid-August. *The Sun-Herald* reported that the incidence of **influenza**-like illness in metropolitan Melbourne was exceeded only by the **flu** epidemic of 1997.

Monitoring for **SARS** was conducted at Sydney Airport in the lead-up to the Rugby World Cup and throughout the six-week competition. “Vigilance remains important,” acting Health Minister Frank Sartor said in October. “Surveillance includes the presence of a Registered Nurse at Sydney Airport to assist staff from the Australian Quarantine Inspection Service in screening passengers who may have symptoms of SARS.”

NSW Health said a visitor from Adelaide might have infected at least eight Sydney residents with **measles**, the *Sun-Herald* reported in October. Dr Paul Armstrong from

NSW Health’s Communicable Diseases Branch said the traveler spent four days in Sydney. People who caught the disease may have experienced fever, tiredness, a runny nose, cough, sore eyes and a blotchy red rash. There were eight confirmed cases of **measles** in South Australia in September.

In October, *The Daily Telegraph* reported that a Sydney student who ate slugs from a suburban back-yard for a \$20 dare contracted a potentially deadly form of **meningitis**. The young man was diagnosed with **eosinophilic meningitis** five weeks after eating two slugs in 2001. His friend also ate slugs but vomited them up, losing the \$20 but saving himself a potential case of **meningitis**. The infected man needed to have fluid drained from his brain and spent 17 days in hospital. It was five months before he returned to full-time studies.

A survey commissioned by *The Daily Telegraph*, randomly testing ice cubes from 12 pubs and eateries across Sydney, found at least a quarter of them contained a bacteria count higher than that recommended by the World Health Organisation and Australian regulations. High counts of faecal coliforms, indicating that ice was contaminated by bacteria from faeces, were recorded. Coliforms are a type of bacteria present in water. Faecal coliforms, a sub-group, specifically indicate pollution by faeces. Poor hygiene practices were thought to be the cause of contamination. One hotel named in the report, published in the newspaper in November, said they would take steps to ensure staff were aware of the hotel’s guidelines for the proper handling of ice. NSW Health Food Branch manager Bill Porter said the level of contamination revealed was not high enough to cause harm but could indicate further contaminants in the premises.

MEDIA WATCH THE WORLD

In September it was reported that women might be able to protect themselves from **HIV** infections with genetically engineered bacteria that latch on to the virus and keep it from penetrating vaginal tissue. *The Daily Telegraph* reported Stanford University scientists are developing the approach in which they modify a type of naturally occurring bacteria in the vagina. In laboratory tests, the bacteria reduced **HIV** from infecting cells by at least 50%.

In September, health authorities in Singapore confirmed that a local patient had contracted **SARS** and ordered 25 people with whom he had contact into quarantine, the *Reuters* news agency reported. The news came just over two months after the **severe acute respiratory syndrome (SARS)** epidemic was declared under control worldwide on July 5. The patient was a 27-year-old postgraduate student who had been working on the **West Nile virus** at a microbiology

laboratory in the National University of Singapore. The man later recovered and was discharged from hospital.

Microsoft's chairman, Bill Gates, is donating \$253 million towards the search for a **malaria** vaccine, *Agence France-Presse* reported in September. Mr Gates, who was touring a **malaria** treatment centre in rural Mozambique, said the mosquito-borne disease was robbing Africa of its people and potential. **Malaria** kills about one million people a year, most of them in Africa. The funds will also be used to reduce infections in babies and for the development of new medicines.

In September, the UN **AIDS** Program (UNAIDS) released a stinging report detailing the inadequacy of efforts to meet goals for preventing and treating **HIV** infections outlined two years ago after a special session of the General Assembly on **AIDS**. *The Washington Post* reported that of the estimated 6 million people in developing countries infected with **HIV**, fewer than 300,000 are being treated. In sub-Saharan Africa, where most of the people who need treatment live, only 50,000 people are receiving treatment. Unless something dramatic is done, fewer than 1 million in the developing world will have access to proper drugs by the end of 2005. The UNAIDS report says current world spending on **AIDS** remains less than half of what would be needed by 2005 to meet the goals set at the meeting, which included providing **AIDS** drugs to 3 million people by 2005.

Also in September, *The Sunday Telegraph* reported that an inhaled form of cidofovir, an anti-viral drug, may provide protection against **smallpox**. Findings from an animal study indicate that one dose of the drug stays in the lungs for a few days where it can protect against **cowpox** virus – a virus similar to **smallpox** – that is often used in laboratory tests. If successful, the inhaler could spell an end to mass immunisations against **smallpox** in the event of reemergence of the disease.

A London jury convicted a man with **HIV** on two accounts of causing biological grievous bodily harm for knowingly infecting two lovers with the virus, reported *The Daily Telegraph* in October. The man conned his first victim into having unprotected sex by claiming he had had a vasectomy. He wooed the second, a mother of two, with declarations of love. Detectives fear at least 11 other women may have been infected as the man claimed he had slept with at least 13 women since being diagnosed with the disease. A former friend of the man said "He knew what he was doing. He used to tell me 'I'm going to infect as many people as I can'". The man was jailed for eight years.

The second mass test of **AIDS** vaccine AIDSVAX has failed to protect volunteers, *The Daily Telegraph* reported in November. Of 2546 Thai injection drug users in the three-year study, those who received the vaccine were as likely to be infected as those who received placebos.

HISTORY

Ignaz Philipp Semmelweis: *Early Hand Washing Advocate*

For many professionals who work in the area of infection control, Ignaz Phillip Semmelweis is considered the 'father' of hand washing.

Born in Hungary in 1818, Semmelweis was a physician who became assistant professor in the obstetrics ward of the Vienna General Hospital in the 1840s. In 1847, Semmelweis's close friend, Jakob Kolletschka, cut his finger while performing an autopsy and soon after died of symptoms similar to those of puerperal (childbirth) fever. The germ theory of disease had not been developed at the time, but the death of his friend started Semmelweis researching and hypothesising.

Semmelweis observed that medical students who went from performing autopsies to examining female patients without washing their hands transmitted puerperal fever, a bacterial infection of the female genital tract after childbirth. In the wards where doctors and medical students were in charge, the death rate from puerperal fever was around 29%. In contrast, women who gave birth at home, or whose babies were delivered by midwives, had low rates of around 3% of puerperal fever.

Semmelweis concluded that puerperal fever was a contagious disease spread by hands contaminated with cadaver or necrotic material. He hypothesised that disinfection of the hands would stop the spread of infection from cadaver to the pregnant women. Semmelweis therefore instructed all medical personnel to wash their hands in chlorinated lime following autopsies, a procedure that significantly reduced the rate of infection.



A stamp bearing the image of Ignaz Semmelweis

However, despite the evidence of the benefits of hand washing, many doctors were outraged at Semmelweis's instructions. Many deliberately disobeyed the order to wash

their hands, calling it “undignified”. In the following years Semmelweis provided clear proof that hand washing saved lives, the death rate from puerperal fever plummeted to 1%, and yet year after year he was ridiculed and criticized in scientific journals, and by leading obstetricians in Europe.

In 1861, Semmelweis published his principal work, *The Cause, Concept and Prophylaxis of Childbed Fever*, in which he carefully explained, with years of data to prove his theory, how hand washing by doctors would save thousands of lives every year. He sent copies of his book to all prominent obstetricians and medical societies, but the general reaction was hostile.

In 1865 Semmelweis suffered a mental breakdown and was admitted to a mental hospital in Vienna. He died on August 13, 1865, of puerperal infection from an infected cut on his right hand, the very infection that killed his friend Kolletschka and from which he'd saved thousands of women.

Only after Semmelweis's death was the 'germ theory of disease' developed and his findings were widely accepted among his medical peers. Today Ignaz Semmelweis is recognised as a pioneer of hand washing, antiseptic policy and prevention of nosocomial or health care associated infections.

References:

Ignaz Philipp Semmelweis by Jeanette A. Strong

Ignaz Philipp Semmelweis by John H. Lienhard

Ignaz Semmelweis from Wikipedia, the free encyclopedia

VIDEO & CD-ROM LIBRARY

The NSW Infection Control Resource Centre has a Video and CD-ROM Library containing sixty-four videos and one CD-ROM relating to infection control.

A catalogue, providing a short description of the contents and running time of all the videos, is available to assist you in deciding which videos are suitable for your target inservice or education session audience.

To borrow videos or the CD-ROM free-of-charge, or to obtain your copy of the *Video and CD-ROM Library Catalogue*, contact:

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

QUESTIONS AND ANSWERS

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

Q. I work in a private day-procedure centre where we perform a large number of laparoscopic gynaecology procedures. All our laparoscopic camera equipment are covered with a sheath during the procedure and then wiped over after completion of the procedure. Is this sufficient?

A. No. It is necessary, after meticulous manual cleaning, to reprocess these items as determined by the procedure and the manufacturer's instructions.

Please refer to the NSW Health Department *Infection Control Policy Circular 2002/45*, page 19:

“USE OF COVERS OR SHEATHS ON INSTRUMENTS AND EQUIPMENT

The use of a cover or sheath must not be used as a substitute for cleaning and disinfection or sterilization.

Instrument or equipment for which a cover or sheath is used during procedures must be cleaned and disinfected or sterilized as appropriate after each use.

The cover or sheath must be discarded after each procedure.”

Also refer to Australia Standard **AS4817:2003** *Cleaning, disinfecting and sterilizing reusable medical and surgical instruments and equipment, and maintenance of associated environments in health care facilities*, page 82:

“12.5 USE OF INSTRUMENT SHEATHS/SLEEVES

Sheaths/sleeves for instruments and equipment shall not be used as a substitute for cleaning, disinfection or sterilization procedures.”

Q. I am the Occupational Health and Safety coordinator in a small private hospital and have a staff member who has been diagnosed with adenoviral conjunctivitis. He works in an acute care ward. Are there any work restrictions from an infectivity point of view?

A. Adenoviral conjunctivitis is a contagious infection that lasts 7-15 days causing multiple small conjunctival haemorrhages. Transmission is via direct or indirect contact with discharge from infected eyes. Person to person contact is especially noticeable in family contacts and in overcrowding situations. Adenoviral conjunctivitis may be communicable for up to 14 days after onset of symptoms.

In terms of preventing cross contamination, ensure good personal hygiene; avoid sharing towels or equipment likely to be contaminated with eye secretions. From a health care worker point of view, the use of standard/contact precautions would generally provide a satisfactory barrier to transmission. However, due to the highly contagious nature of conjunctivitis it would be preferable to exclude staff from work whilst the disease is active. This is especially important when contact with immune compromised, neonate and elderly population is likely.

Q. Please would you tell me where I can obtain a copy of the Nurses Infection Control Regulations.

A. The Infection Control Standards can be found in Schedule 1 of the Nurses Regulation 2003.

Copies of the Regulation can be obtained from NSW Government Bookshops or by contacting the NSW Government Information Services on 9743 7200.

Alternatively, you can download a copy of the Regulation from the internet by following these steps:

- Go to the Government of NSW Legislation home-page www.legislation.nsw.gov.au
- On the home-page you will see four dot-points. In the paragraph of the first dot-point you will see the words “In Force” underlined. Place the cursor on the words “In Force” and left click your mouse.
- On the page that has appeared type the words Nurses Regulation 2003 in the box “Exact Phrase” and then click the “search” box or press the “enter” key on your keyboard.
- On the page that has now appeared on your screen you will see the words Nurses Regulation 2003 underlined

in blue type. Place your cursor over Nurses Regulation 2003 and left click your mouse.

- The page that has appeared on your screen is divided into two with Contents on the left side and the Nurses Regulation 2003 on the right. To print the Regulation place the cursor over the blue box on the right that says “whole instrument”. The full Nurses Regulation 2003 will then be printed (approximately 24 pages depending on the configuration of the pages on your printer).
- The Infection Control Standards can be found in Schedule 1 of the Regulation and are approximately just over half way through the document.

If you encounter any difficulties following the above instructions contact **Philip Melling** at the NSW Infection Control Resource Centre on **9332 9712** and he will guide you through each step over the phone.

Q. Should my staff wear gloves when performing venepuncture [taking blood]?

A. Yes. The NSW Health Department *Infection Control Policy 2002/45*, page 9, states:

“Gloves must be used in situations where the health care worker is potentially exposed to blood and/or body substances, in particular:

- *during any procedure where direct contact is anticipated with a patient’s blood or body substances, mucous membranes or non-intact skin*
- *while suctioning a patient*
- *while handling items or surfaces that have come into contact with blood or body substances*
- *while performing an invasive procedure, venepuncture or a finger or heel stick.”*

Occasionally staff may feel or palpate the veins of a patient without wearing gloves **prior** to performing venepuncture because they can feel the veins better without gloves. However, when performing the actually venepuncture procedure staff must always wear gloves.

Although gloves do not prevent needlestick injuries, gloves have a cleaning-effect if the sharp accidentally passes through the glove material. Also, the elasticity of some gloves means the hole caused by the needle may close after the sharp has been withdrawn and reduce contact time with the patient’s blood.

Overseas studies indicate that the rate of disease transmission can be dramatically reduced in some cases if staff are wearing gloves at the time of sustaining a needlestick injury.

BOOK REVIEWS

Control of Communicable Diseases Manual **17th Edition** by James E. Chin (Editor)

Paperback: 623 pages.

Publisher: American Public Health Association; 17th Edition; January 15, 2000.

The previous edition of this book (1995) was authored by Abram S. Benenson. ***Control of Communicable Diseases Manual*** is a pocket-sized manual, in outline format, providing current information and recommendations for communicable disease prevention. Many infection control professionals consider this book a "must" to have on their bookshelves as a reference tool.

The following two reviews are from www.amazon.com

"This book is an absolute necessity for anyone involved in infection control or infectious diseases. It is perfect for a quick reference – I keep it nearby when I am working and refer to it often."

*"This is one of the most useful books I have seen. Each chapter of this book summarises each infectious disease briefly, and comprehensively. It is particularly useful for people working in the public health field such as health departments or researchers. If you want to have one good and simple consulting book on infectious diseases, ***Control of Communicable Diseases Manual*** is the book you should own."*

Control of Communicable Diseases Manual 17th Edition is available from all good book stores in Australia and usually retails for around \$77.95 It can also be ordered directly from www.amazon.com for \$US30 plus shipping fees.

Microbiology: An Introduction Media Update **(7th Edition)** by Gerard Tortora, Berdell Funke, and Christine Case

Hardcover.

Publisher: Benjamin/Cummings; 7th Edition September 14, 2001.

Emphasising health-related applications, this textbook introduces the basic principles of microbiology, the interaction between microbe and host, and human diseases caused by microorganisms. The seventh edition reflects new discoveries and reclassification of microbes during the past few years. The CD-ROMs contain a bacterial identification lab simulation and tutorials.

Readers praise the careful balance of microbiology concepts and applications and the straightforward presentation of complex topics. The Seventh Edition Media Update includes a new laboratory simulation CD-ROM, VirtualUnknown™ Microbiology; the Microbiology Interactive Student Tutorial CD-ROM; and access to the resource-rich Microbiology Place web-site (microbiologyplace).

The following review is from www.amazon.com

"Tortora is a great writer. Each chapter is very organised and quite easy to understand."

Microbiology: An Introduction Media Update (7th Edition) is available from all good book stores in Australia. It can also be ordered directly from www.amazon.com for \$US123.00 plus shipping fees.

HAND WASHING POSTERS

The NSW Infection Control Resource Centre (NSW ICRC), with funding from NSW Health, has developed a series of six hand washing posters.

The posters are in colour and A3 in size (297mm x 420mm). The posters can be viewed on the NSW ICRC website:

<http://www.sesahs.nsw.gov.au/albionstcentre>

To order posters, contact the NSW Infection Control Resource Centre:

tel: (02) 9332 9712

fax: (02) 9380 6572

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

EMAIL REMINDER

*Those readers who receive their copy of **In.Control** via email please remember to inform us if you change your email address.*

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 Resource Centre.

1. **The Epidemiology of a Large Single-Strain Outbreak of Vancomycin-Resistant *Enterococcus faecium vanB* in an Australian Teaching Hospital**, Pearman, J. et al, *Australian Infection Control*, vol. 8, no.3, September 2003.
 2. **Vancomycin-Resistant Enterococci Remain Rare in New Zealand**, Heffernan, H. & Blackmore, T., *Australian Infection Control*, vol. 8, no.3, September 2003.
 3. **Single-Use Devices (SUDs): How Often Are They Reused in Sterile Sites in Australia?**, Collignon, P. et al, *Australian Infection Control*, vol. 8, no.3, September 2003.
- The website address for the
Australian Infection Control Association
<http://www.aica.org.au>
- For discussion of infection prevention and control issues, contact the
Australian Infection Control Association listserv:
hunter.infconlist@hunter.health.nsw.gov.au
4. **Assessment of a Selective Surveillance Method for Detecting Nosocomial Infections in Patients in the Intensive Care Department**, Zolldann, D. et al, *American Journal of Infection Control*, vol. 31, no.5, August 2003.
 5. **The State of Infection Surveillance and Control in Canadian Acute Care Hospitals**, Zoutman, D. et al, *American Journal of Infection Control*, vol. 31, no.5, August 2003.
 6. **Surgical Site Infections in Patients Undergoing Major Operations in a University Hospital: Using Standardized Infection Ratio as a Benchmarking**

Tool, Narong, M. et al, *American Journal of Infection Control*, vol. 31, no.5, August 2003.

7. **Listeria monocytogenes cross-contamination in a nursery**, Colodner, R. et al, *American Journal of Infection Control*, vol. 31, no.5, August 2003.
 8. **Clinical or Epidemiologic Diagnosis of Nosocomial Pneumonia: Is There Any Difference?** Beck, K. & Gastmeier, P., *American Journal of Infection Control*, vol. 31, no.6, October 2003.
 9. **Theory and Models for Planning and Evaluating Institutional Influenza Prevention and Control Programs**, Russell, M. et al, *American Journal of Infection Control*, vol. 31, no.6, October 2003.
 10. **Epidemiology of Burn Unit Infections in Children**, Geyik, M. et al, *American Journal of Infection Control*, vol. 31, no.6, October 2003.
 11. **Do Physicians Examine Patients in Contact Isolation Less Frequently? A Brief Report**, Saint, S. et al, *American Journal of Infection Control*, vol. 31, no.6, October 2003.
 12. **Occupational Blood and Body Fluids Exposures in Health Care Workers: Four-Year Surveillance From the Northern France Network**, Tarantola, A. et al, *American Journal of Infection Control*, vol. 31, no.6, October 2003.
 13. **The Effect of Hand Hygiene on Illness Rate Among Students in University Residence Halls**, White, C. et al, *American Journal of Infection Control*, vol. 31, no.6, October 2003.
 14. **The Monkeypox Virus Outbreak: Reflections From the Frontline**, Edmiston, C. et al, *American Journal of Infection Control*, vol. 31, no.6, October 2003.
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- 65. **Bacterial Colonization of Stethoscopes and the Effect of Cleaning**, Cohen, S. et al, *The Journal of Hospital Infection*, vol. 55, no.3, November 2003.



**INTRODUCTION TO
INFECTION CONTROL NURSING
3rd March 2004
2nd June 2004**

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

**AUSTRALIAN
INFECTION CONTROL ASSOCIATION
THIRD BIENNIAL CONFERENCE 2004**

**WREST POINT CONFERENCE CENTRE
HOBART, TASMANIA
9-11 JUNE 2004**

Infection Control: The Clean Green Approach

INVITATION

On behalf of the conference organising committee it is my great pleasure to invite you to participate in the Australian Infection Control Association Third Biennial Conference 2004 to be held 9-11 June 2004.

The AICA 2004 conference will provide a forum in which current topics on the national agenda and subjects of interest to infection control practitioners from varied backgrounds and health care settings will be addressed.

Delegates will have the opportunity to attend sessions of interest, as the concurrent programs will be tailored for either the novice or expert. A prominent keynote speaker will be sought to address the conference and there will be focus on national speakers to allow delegates to explore local issues of significance in Australia.

We would like your participation in this conference to further develop the important area of infection control and welcome your contribution by submitting an abstract to be considered as an oral or poster presenter.

Yours sincerely
Anne Wells
Conference chair

WHO SHOULD ATTEND?

Delegates will comprise a wide range of decision-makers and professionals in the field of infection control, including:

- infection control practitioners
- physicians
- nurses
- microbiologists
- researchers
- other influential professionals in associated disciplines

IMPORTANT DATES

- | | |
|-------------------------|---|
| 18 February 2004 | Deadline for receipt of abstracts and biographical details by conference manager |
| 18 March 2004 | Authors notified of acceptance of abstracts |
| 1 April 2004 | Authors to confirm intention to present
Earlybird registration closes
Deadline for authors to register for the conference |
| 9-11 June 2004 | AICA Third Biennial Conference |

PLEASE DIARISE THESE DATES NOW!

INFECTION CONTROL CONFERENCES

11th INTERNATIONAL CONGRESS ON INFECTIOUS DISEASES

4-7 March, 2004

Cancun, Mexico

Contact:

ISID, 181 Longwood Avenue

Boston, MA 02115, USA

Tel: (1) 617 277 0551

Email: info@isid.org

14th EUROPEAN CONGRESS OF CLINICAL MICROBIOLOGY & INFECTIOUS DISEASES

1-4 May, 2004

Prague, Czech Republic

Contact:

ESCMID-Executive Office,

PO Box 6

CH-4005 Basel, Switzerland

Tel: (41) 616 867 799

Email: escmid-eo@escmid.org

APIC '04 – 31st ANNUAL EDUCATION CONFERENCE & INTERNATIONAL MEETING

6-10 June

Phoenix, Arizona, USA

Contact:

APIC, 1275 K Street, NW, Suite 1000

Washington, DC, 20005-4006, USA

Te: (1) 202 789 1890

Fax: (1) 202 789 1899

Email: APICinfo@apic.org

AUSTRALIAN INFECTION CONTROL ASSOCIATION (AICA) THIRD BIENNIAL CONFERENCE 2004

The Clean Green Approach

9-11 June 2004

Wrest Point Conference Centre

Hobart, Tasmania

Information & Contact:

E-mail: aica04@im.com.au

Website: www.aica.org.au

6th INTERNATIONAL CONFERENCE OF THE HOSPITAL INFECTION SOCIETY

15-18 OCTOBER, 2006

Amsterdam, Netherlands

Contact:

Congress Secretariat, HIS 2006, Concorde Services Ltd,

4B/50 Speirs Wharf, Glasgow, G4 9TB

Tel: (44) 141 331 0123

Fax: (44) 141 331 0234

Email: info@his2006.com

Web: www.his2006.com



ALBION STREET CENTRE

HIV PRE & POST TEST COUNSELLING 19 - 22 April, 2004

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



ALBION STREET CENTRE

INFECTION CONTROL FOR CLEANERS OF HEALTH CARE FACILITIES 1st April (morning), 2004

This half-day (morning) workshop is for cleaners of health care facilities. It provides an overview of current Infection Control procedures related to cleaning

TOPICS

Standard Precautions

Preventing Transmission of Blood-Borne Infections (in particular Hepatitis B & C and HIV)

Waste Management

Cleaning Blood Spills

Disposing of Incorrectly Discarded Sharps

All information will be delivered at a basic and easy to understand level

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

Email: albeducation@sesahs.nsw.gov.au



MANAGEMENT OF NEEDLESTICK INJURIES AND OTHER BLOOD BORNE PATHOGENS

30 - 31 March, 2004

This two-day workshop provides an overview of the management of needle-stick injuries and other exposures to blood and body substances that could potentially contain blood-borne pathogens such as hepatitis B, hepatitis C and HIV

TOPICS COVERED:

Risk assessment, protocols for post exposure management, prophylaxis, testing, documentation, counseling the exposed person and policy development.

The seminar is aimed at nurses, doctors, social workers, psychologists and managers who provide advice to health care workers after a needle-stick injury (or other exposure) and/or those developing policy.

VENUE

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

COURSE DETAILS:

\$220 (including GST)
Tel: (02) 9332 9720 Fax: (02) 9360 4387

E-mail: albeducation@sesahs.nsw.gov.au



INTRODUCTION TO INFECTION CONTROL NURSING

3rd March, 2004

2nd June, 2004

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

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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



INTRODUCTION TO INFECTION CONTROL FOR DENTAL ASSISTANTS

25th February 2004

12th May 2004

23rd June 2004

This one-day workshop is designed for Dental Assistants. It provides an overview of current infection control procedures.

TOPICS COVERED INCLUDE:

The Principles of Infection Control
Introductory Microbiology and Immunology
Processing Instruments and Equipment
Staff Health
Management of Sharps Injuries

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

INFORMATION SHEETS

The NSW Infection Control Resource Centre has developed six 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

These double-sided A4 sheets are ideal for orientation or inservice. Copies of these Information Sheets can be obtained free-of-charge by contacting the NSW Infection Control Resource Centre (02) 9332 9712.

On the following two pages is a copy of the Hand Washing and Hand Hygiene Information Sheet. For a Read-only PDF copies please email the NSW Infection Control at albicr@sesahs.nsw.gov.au

HAND WASHING and HAND HYGIENE

for health care facilities

INFORMATION SHEET

WHY IS HAND WASHING AND HAND HYGIENE IMPORTANT?

Hand washing is the single most important procedure for preventing health care associated infections. Transient microorganisms present on the hands of health care workers can be spread and have the potential to cause harm to clients.

WHEN SHOULD I WASH MY HANDS?

Hands should be washed frequently. They should always be washed:

- At the start and finish of your shift and breaks;
- Before and after any direct client care or contact eg dressings, toileting, showering;
- Between different procedures on the same client;
- Before and after contact with invasive devices such as catheters or respiratory equipment;
- Before and after delivering an injection, finger-sticks and heel-sticks;
- After contact with blood or body substances;
- After handling soiled equipment, clothing or bed linen;
- After the removal of gloves;
- Before contact with any immunosuppressed clients;
- Before and after activities such as going to the toilet, eating, handling food or coughing or sneezing.

HOW SHOULD I WASH MY HANDS?

In health care there are three types of hand washes and are referred to as:

- Social hand wash
- Clinical hand wash
- Surgical hand wash

The basic principle of hand washing is to remove transient microorganisms from the skin. This is

achieved by using soap, water and a vigorous rubbing action. Transient microorganisms can be picked up through contact with people, objects and the environment and may be transferred to others.

WHAT IS A SOCIAL HAND WASH?

A social hand wash is a hand washing technique recommended following social-type contact with clients, after going to the toilet and after covering a cough or sneeze. A plain liquid soap is often used.

- Using warm water wet your hands thoroughly including palms and back of the hands;
- Dispense soap into the palm of your hand;
- Lather the hands with soap;
- Vigorously rub your hands together cleaning palms, fingers, between fingers, the back of your hands, thumbs and wrists for at least 15 seconds;
- Thoroughly rinse off the soap;
- Turn off the taps using the elbow, foot or electronic controls. If the tap has only a normal tap handle and paper towels are available, use paper towel to turn the taps off;
- Pat dry your hands with a disposable paper towel or a clean cloth towel;
- In areas where there is a cloth roll towel, make sure you are using a clean section of the towel;
- Make sure your hands are dried well to prevent chafing;
- If using disposable paper towel, place the used paper towel in the appropriate waste bin.

WHAT IS A CLINICAL HAND WASH?

A clinical hand wash is used before clinical procedures on clients, when a client is being managed in isolation, or in outbreak situations. An anti-microbial soap, containing an antiseptic agent, is used.

Staff that have to perform clinical hand washes are usually shown the procedure and assessed during training, orientation or in-service. If you are unsure of the technique ask your infection control coordinator.

- Remove rings, watches and wrist jewellery;
- Using warm water wet your hands thoroughly, including palms and backs of the hands;
- Dispense anti-microbial soap into the palm of your hand;
- Lather the hands with the soap;
- Vigorously rub your hands together cleaning palms, fingers, between fingers, the back of your hands, thumbs and wrists for at least 15 seconds;
- Rinse the soap off thoroughly;
- Keep the hands in a raised position higher than the elbows and let the excess water drip off your hands and arms;
- Turn off the taps using the elbow, foot or electronic controls. If the tap has only a normal tap handle use a paper towel to turn the taps off;
- Pat dry your hands with a disposable paper towel;
- Cloth roll towels should not be used for a clinical hand wash;
- Make sure your hands are dried well to prevent chafing;
- Place the used paper towel in the appropriate general waste bin.

WHAT IS A SURGICAL HAND WASH?

A surgical hand wash is required before any invasive or surgical procedure requiring the use of sterile gloves. An antimicrobial skin cleanser, usually containing chlorhexidine or detergent-based povidone-iodine, is used. Staff need to be trained and assessed in surgical hand washing technique.

- Remove rings, watches and wrist jewellery;
- Using warm water, wet your hands thoroughly including palms, backs of the hands and forearms up to the elbow;
- Remove debris from under fingernails using a nail cleaner under running water;
- Dispense the recommended amount of anti-microbial cleanser into the palm of your hand;
- Lather the hands and forearms with the cleanser for the length of time recommended by the manufacturer, usually 2-6 minutes and covering all surfaces;
- Vigorously rub your hands together cleaning palms, between fingers, the backs of your hands, thumbs and wrists;
- Scrub each wrist area;
- Scrub the forearm areas one at a time in a wrist-to-elbow direction;
- Rinse the soap off keeping the hands higher than the elbows;
- Allow excess water to drip off at the elbows;
- Turn off the taps using the elbow, foot or electronic controls;
- Pat dry your hands with a sterile absorbent towel.

NAIL BRUSHES

Nail brushes should not be used on a regular basis as they can damage the skin and have been shown to be a source of infection.

WHEN MAY I USE HAND RUBS, HAND GELS OR HAND FOAMS?

Hand rubs, hand gels or hand foams may be used on hands that are not visibly soiled, or where hand washing facilities are not available. Hands should be washed with soap and water when visibly soiled.

HAND CARE AND HAND CREAMS

Intact skin is a natural defence against infection so health care workers should cover all cuts and abrasions with a water-resistant dressing. Hands may become dry with constant hand washing, so the use of hand cream is recommended. Only use hand creams supplied by your work place as personal hand creams may counteract the antiseptic properties in the antiseptic soaps. Also, hand creams containing oil should be avoided as they may cause latex gloves to split.

Hand creams should not be used by staff in the sterilizing department on arrival at work or whilst on duty. The presence of hand creams or moisturisers adds to the potential contamination of instruments during handling and inspection, and compromises the integrity of the packaging.

Any skin conditions that cannot be covered should be reported.

JEWELLERY AND WRISTWATCHES

Jewellery or wristwatches should not be worn as the areas beneath rings, stone settings, other jewellery and wristwatches harbor microorganisms. It is also difficult to perform a thorough hand wash whilst wearing them.

FINGERNAILS, ARTIFICIAL NAILS AND NAIL POLISH

It is recommended that the fingernails be kept clean and short. Transient microorganisms are often found round the nails.

Artificial nails or extenders should not be worn when having contact with patients at high risk or when surgical hand wash is required. Nail polish is also discouraged as it can obscure the subungual space and reduce the likelihood of careful cleaning.

This Information Sheet is based on the NSW Health Department Infection Control Policy which can be accessed at the following website:
www.health.nsw.gov.au