

# In.CONTROL



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

**Volume 8, Number 4,  
January, 2005**

## ACCOMPLISHMENTS AND STRENGTHS

The NSW Infection Control Resource Centre (NSW ICRC) continues to function as a principal agency for the prevention, management and control of infection in the state. Our team (small as it is) has realised the vision of the NSW ICRC and has been able to implement successfully all of the initiatives we planned for 2004.

In 2005 the NSW ICRC is adding another new course to the Albion Street Centre Education Program. The new course is titled Infection Control in Long Term Care Facilities. Details of this half-day course can be found on page 12.

The NSW ICRC held a very successful MRSA Forum at the end of November which was attended by over 100 people from NSW public and private health care facilities. The purpose of the forum was to generate discussion and share ideas on the management of patients with MRSA in the hospital setting. Guest speakers included Ms Barbara Brittain from Cairns Base Hospital who presented her paper *MRSA control: A Simple Approach Using Triclosan Antiseptic Wash*. Dr David Mitchell from Westmead Hospital spoke on *The Changing Epidemiology of MRSA in Australia*. Dr John Ferguson from John Hunter Hospital presented a *MRSA Literature and Policy Review*. Four infection control coordinators from public and private hospitals presented PowerPoint presentations on how their facilities manage patients with MRSA. Handouts of Dr Mitchell's and Dr Ferguson's presentations are available by contacting the NSW ICRC on 9332 9712.

I am pleased to inform you that the Johnson & Johnson educational hand washing video *Hands First* produced by Media One in Consultation with the NSW Infection Control Resource Centre recently won three more awards in addition to the two Summit Creative Awards it won earlier this year. The three new gongs are Australasian Video Awards. Bring on the Oscars!

On a personal note, I will be taking 12 months leave from my position for 2005. I would like to take this opportunity to thank you for all for the support, encouragement and

assistance so many of you have provided me over the last nine years. The NSW ICRC continues to be a unique recognised link between the NSW Health Department and Infection Control Practitioners in the workplace. It will only continue to expand and grow with the help of all our customers and stakeholders.

I hope that you and your families had a safe and happy Christmas, New Year, and holiday season and are fully refreshed for the challenges of the coming year.

***Sue Resnik***



**NSW Infection Control Resource Centre staff with presenters of the November MRSA Forum.**

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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 November 2002 relating to Infection Control issues that have been released by the NSW Department of Health

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>
2003/88	REPORTABLE INCIDENT BRIEFS TO THE NSW DEPARTMENT OF HEALTH <i>(rescinds and replaces Circular 97/97)</i>
2003/91	OCCUPATIONAL SCREENING AND VACCINATION AGAINST INFECTIOUS DISEASES <i>(supersedes Circular 2002/97)</i>
2004/1	USE AND RETENTION OF HUMAN TISSUE INCLUDING ORGAN DONATION, POST-MORTEM EXAMINATION AND CORONIAL MATTERS <i>(fully replaces Circulars 84/11, 84/130, 84/207, 92/17, 94/82, 2000/97, 2001/13)</i>
2004/26	WORKCOVER NSW REPORTING REQUIREMENTS: OCCUPATIONAL EXPOSURES TO BLOOD-BORNE PATHOGENS
2004/32	NOTIFICATION OF INFECTIOUS DISEASES UNDER THE PUBLIC HEALTH ACT 1991 <i>(supersedes Circular 2003/89)</i>
2004/34	NSW HEALTH PRIVACY MANUAL (VERSION 1) 2004 <i>(supersedes Circular 99/18)</i>
2004/50	STANDING ORDERS FOR THE ADMINISTRATION OF MEDICATION IN A PUBLIC HEALTH EMERGENCY
2004/77	REMANUFACTURE OF SINGLE USE MEDICAL DEVICES (SUDs)

Copies of NSW Department of Health Circulars and Information Bulletins can be obtained from the  
NSW HealthWeb site:  
[www.health.nsw.gov.au](http://www.health.nsw.gov.au)

*or*

by 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

**NSW DEPARTMENT OF HEALTH:  
CIRCULARS**

*One new Circular has been issued by the NSW Department of Health in recent months that may be of interest to some infection control professionals.*

**Remanufacture of Single Use Medical Devices (SUDs) –  
Circular 2004/77**

This document is a compliance support policy developed to assist Health Services and licensed private facilities to meet their legal obligations under the following:

- *Therapeutic Goods Act 1989*
- *Therapeutic Goods Regulations 1990*
- *Therapeutic Goods (Medical Devices) Regulations 2002*

In particular, it covers requirements related to re-manufacture of single use medical devices (SUDs).

In December 2003 the Commonwealth Therapeutic Goods Administration (TGA) implemented the regulation of the remanufacture of SUDs. This means that any facility wishing to remanufacture a medical device labeled as 'single use' or 'single patient use' will need to comply with the regulatory requirements for a manufacturer of medical devices as described in the *Therapeutic Goods Act 1989* and the *Therapeutic Goods (Medical Devices) Regulations 2002*.

**EMAIL REMINDER!**

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

***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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***In.Control***

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**MEDIA WATCH  
AUSTRALIA****July 2004:**

The *Sun-Herald* reported on the first **Meningococcal** Awareness Day held in Australia. To coincide with the day, a video, *Beat the Bug*, was released to educate primary school pupils.

The **gastroenteritis** epidemic in July prompted NSW Health to issue an alert about the ferocity of the strain of the disease that was circulating in NSW. As of July the disease had affected more than 7000 people in NSW in the first seven months of this year compared with a total of 3570 cases for all of 2003. **Viral gastroenteritis** outbreaks can occur throughout the year, but cases tend to rise during winter. There are possibly millions of **gastroenteritis** cases per year in Australia.

The *Sydney Morning Herald* published an interesting article on bidets. It is almost three centuries since the first reference in French literature to the bidet (pronounced bee-day), which was brought back from Araby by French crusaders who used to straddle their *bidoaille* – then a simple bowl on a stand – to wash their saddle-soiled loins. Bidets gained popularity in Europe in the 18<sup>th</sup> century and since then have evolved into a high-tech device which provides intimate personal cleansing of the rectal and genital areas usually not accessible for washing when fully dressed. But although the bidet is an essential fixture in bathrooms across the Continent, the Middle East and parts of Asia, Australians have regarded it with deep suspicion. Less than 2% of Australian households have one.

**August:**

A contaminated class lolly-jar was suspected to be the cause of five south-western Sydney primary school pupils becoming infected with **hepatitis A**. **Hepatitis A** is caused by a virus that can be spread by contaminated food or water. A report into the incident recommended shared foods be avoided to avoid contamination by people's hands.

**Creutzfeldt-Jakob disease (CJD)** and its beef related variant, **vCJD**, have become notifiable diseases. The *Sydney Morning Herald* also reported that **smallpox**, despite its absence since 1979, and a rare but potentially fatal bacterial infection called **tularaemia** are now also notifiable because of their potential use in a bioterrorism attack.

According to research published in *The Lancet*, it is hoped a group of people who appear to be immune to **hepatitis C** despite constant exposure may provide the key to the development of a vaccine to control one of Australia's fastest growing epidemics. Experts believe **hepatitis C** has been in Australia since the 1970s. It now affects 210,000

people, with 16,000 new infections each year. The disease, which can take decades to develop into serious liver disease, is expected to place enormous strains on health systems as the number of people requiring liver transplants trebles. A handful of people at high risk of catching **hepatitis C** had developed “protective immunity” – making them resistant to infection. Australian researchers hope their work will allow the reproduction of a similar pattern of protective immunity with a synthetic vaccine.

Meanwhile, the Federal Government will spend \$80.7 million to help prevent the spread of **hepatitis C** through the blood supply. A Senate committee report revealed up to 8000 people are believed to have contracted **hepatitis C** through blood transfusions. The Health Minister, Tony Abbott, said the money would fund access to recombinant clotting factors for hemophilia patients.

### **September:**

According to an annual surveillance report released by the National Centre in **HIV** Epidemiology and Clinical Research, the sexually transmitted infection **chlamydia** is now the most reported notifiable disease in Australia. More than 30,000 people were diagnosed with **chlamydia** last year, more than double the rate of four years earlier. For every person diagnosed there were at least five more people who were unaware that they had **chlamydia**, doctors said. If left untreated, **chlamydia** can cause pelvic inflammatory disease, infertility and the risk of an ectopic pregnancy. Most **chlamydia** infections in men and women go undetected until serious complications develop. The surveillance report also found that rates of new **HIV** infections appeared to have peaked. In 1990 there were 690 new **HIV** infections, in 2002 there were **830** and in 2003 there were **780**. **Hepatitis C** infections declined from a peak of 19,487 new cases in 2000 to 14,499 cases last year, with most infections continuing to occur among people under 30 with a history of injecting drug use.

Australian travelers spending a month or more in rural Asia, the Torres Strait Islands or Papua New Guinea should be vaccinated against **Japanese encephalitis**, the *Daily Telegraph* reported. Doctors said 30% of **Japanese encephalitis** patients die, and many survivors have permanent brain damage.

The *Daily Telegraph* also reported that Australian babies were increasingly at risk of **ricketts**, the bone-deforming vitamin-D deficiency disease. Most vitamin D is obtained from sun exposure with a small amount being consumed in foods such as cod liver oil, other fatty fish, liver and eggs. **Ricketts** and vitamin D deficiency are starting to appear more often in Australian babies because their mothers were vitamin D deficient. The reasons increasing numbers of mothers are vitamin D deficient is related in part to wearing covering clothing and indoor living habits.

The *Daily Telegraph* reported that sterile maggots bred by Sydney scientists are being put to work in international hospitals to eat away dead and infected flesh from wounds

that refuse to heal. The maggots also release enzymes that can dissolve the bacteria in the wound. The use of maggots in wounds is a return to a practice favoured in medicine’s pre-antibiotic days.

The Royal Melbourne Hospital sent out letters to 1056 brain or spinal patients warning them that there was an extremely low risk that they may have been exposed to **CJD** from surgical instruments. The warnings were prompted by an autopsy that revealed a former hospital patient had **Sporadic CJD**. The man underwent brain surgery at the hospital twice in 2003. **CJD** is a disease that can withstand normal sterilisation. **Sporadic CJD** is not the type known as **variant CJD (vCJD)** which is commonly referred to as “mad cow disease”. About 20 cases of **Sporadic CJD** are reported in Australia each year. There has never been a diagnosed case of **vCJD** in Australia. Diagnosis of **CJD** is only possible during an autopsy. There are no screening tests for healthy people to determine whether they are at risk of carrying the disease. It was impossible to determine if the man had the disease before surgery or contracted it during the operations. The risk of transmission is extremely small. There have been five reported cases worldwide of **CJD** being transmitted via contaminated neurosurgical equipment. The hospital withdrew its stock of 15,000 neurosurgical instruments pending their replacement and sterilised its stock of 300,000 surgical instruments on the advice of the National **CJD** Incidents Committee.

Colgate-Palmolive recalled several batches of antiseptic mouthwash and mouth gel after it was discovered they were contaminated with **Berkholderia cepacia** – a type of pseudomonas – that is only of concern to the severely immunocompromised or those with cystic fibrosis.

### **October:**

The *Sydney Morning Herald* reported that vaccine-associated **polio** might be going undetected in Australia, with the number of known cases coming in below world standards. According to international guidelines, one case of vaccine-acquired **polio** can be expected from every 2.4 million doses of Sabin vaccine, which equates to one case every three years. But since 1986 Australia has reported only two probable cases of vaccine-linked **polio** – which can be spread via faeces – one in an infant and one in a mother. “We know we are missing cases,” said Associate Professor Heath Kelly, head of epidemiology at the Victorian Infectious Diseases Laboratory that monitors possible polio cases throughout the country.

Figures released by NSW Health, and reported in the *Sun-Herald*, show the total number of **haemophilus influenza type B (HIB)** disease cases have plunged from more than 200 to only 3 this year, with no deaths. The disappearance of **HIB** diseases in NSW is attributed to the introduction of the **HIB** vaccine in 1993. Diseases most commonly caused by **HIB** include meningitis, epiglottitis which obstructs breathing, skin and joint infections and pneumonia. **HIB** bacteria are spread through droplets shed from the nose or throat through coughing, sneezing or close personal contact.

The **HIB** vaccine, which is free, is given to children at the age of two months, with subsequent doses at four months and 12 months of age. It is important that children continue to receive the vaccine because the **HIB** bacteria can still cause disease in children who are not vaccinated.

A dozen eateries and shops in a western Sydney centre face prosecution after a public council report found breaches of food safety standards. The breaches included a shop which allegedly kept an uncaged cockatoo, stored raw vegetables in a toilet, stored food on the ground, thawed food in the sink and had unclean surfaces and bedding near food storage areas.

With the **chicken pox** season approaching, doctors urged parents to have their children immunised and to start monitoring those under 12 months for the disease. Studies have shown that cases tend to peak in January, dropping off in February and March. Doctors recommend immunising children over the age of 12 months as **chicken pox** can lead to life-threatening complications such as pneumonia or encephalitis. The vaccine has been available since 2000, although it is not currently on the standard childhood immunisation schedule.

An investigation by *The Age* revealed that a federal government agency knowingly released **polio** vaccine contaminated with a monkey virus, known as **simian virus 40** or **SV40**, in the 1960s that has since been linked to a range of cancers, including mesothelioma. The virus contaminated at least four batches of vaccine totaling almost three million doses between 1956 and 1962. Opinion is split on whether the virus actually causes human cancer.

#### **November:**

*The Sydney Morning Herald* printed another long article on the possibility of another great **influenza** pandemic occurring, Australia's preparedness to deal with a pandemic and the responses that would be coordinated by the state's Counter-Disaster Unit. A pandemic comparable with the 1918-19 **Spanish influenza** would kill 500,000 Australian's today, and make around 8 million too ill to work, or even to tend to one another. Despite all the preparation, experts do not pretend the country will ever be fully ready for a lethal pandemic.

## **MEDIA WATCH THE WORLD**

#### **August:**

The United Nations Food and Agriculture Organisation and the World Health Organisation for Animals tracking the spread of **bird flu (avian influenza)** across South-East Asia have concluded the virus is so deeply entrenched there is no hope of eliminating it – only of controlling it. The strategy will now move from slaughtering infected poultry to

vaccinating and isolating them. It also reflects recognition that if **avian influenza H5N1** cannot be made to go away, neither can the threat it poses to human health. **Avian influenza H5N1** is one of several varieties of flu that affect birds, but it arouses special fears among scientists because it has shown it can jump species and infect humans and could potentially cause a world epidemic. An epidemic in Asia in the last northern winter killed 24 of 35 victims and caused the deaths of 200 million birds.

A simple course of three tablets could save the lives of millions of people infected with **malaria**, the journal *Nature* reported. Chinese scientists observed 20 years ago that a compound from the herb sweetworm could be effective in treating **malaria**. But the compound is complex and expensive, and scientists have spent the last two decades wondering which part of the compound could be taken to form part of a new drug. A team of international researchers believe they have worked out which part of the compound is responsible for anti-malarial activity. They are developing a synthetic version of the drug that will make it available to **malaria** victims who typically live in poor countries. More than a million people die each year from **malaria** and there are up to 500 million cases a year. The **malaria** parasite enters the blood through mosquito bites. It is rife in sub-Saharan Africa and South-East Asia. The drug could be available in three or four years. Trials have shown that all the animals with the disease were cured.

China has out-lawed the buying and selling of blood in an effort to stem a growing **HIV/AIDS** epidemic, the *China Daily* reported. Tens of thousands of people were infected by an unsanitary blood buying industry in the 1990s, when dealers bought blood from villagers and pooled it, mixing healthy blood with **HIV**-infected blood. China says it has 840,000 people who are infected with **HIV** and 80,000 with **AIDS**. But the United Nations **AIDS** Agency says the true figure could be higher and up to 10 million could be infected by 2010 without more aggressive prevention.

#### **September:**

Malaysia detected three new outbreaks of **avian influenza** in the north-east Kelantan State. Officials say the disease was brought into Malaysia by fighting cocks from Thailand and the continued smuggling of chicken meat. Two people with a history of contact with the dying birds were admitted to hospital for observation after developing coughs and flu-like symptoms.

Meanwhile in Thailand, the first case of probable human-to-human transmission of **avian influenza** was reported after a 26-year-old mother died after nursing her 11-year-old daughter who is now thought to have died of **avian flu**. **Avian flu** has also been found in a dog for the first time in Thailand. The case was in the south-eastern province of Prachinburi. The **avian flu** epidemic may have also killed 23 tigers in a zoo in Tak, in eastern Thailand. Their preliminary symptoms showed that they might have caught the **avian influenza**.

Six thousand Britons were informed they might have been exposed to **vCJD** through contaminated blood products. The risk was very small but the Government was taking a "highly precautionary" approach.

237 people died of **rabies** in China in September, the *Xinhua News Agency* reported. It did not give a reason for the number of deaths, but last year the *China Daily* blamed the new popularity of pet dogs for a huge increase in **rabies** cases. Pet dogs were shunned in the days of Mao Zedong as a symbol of bourgeois decadence and dog meat is still a popular restaurant dish. But pets have become increasingly popular in the last decade with improved living standards.

**October:**

Doug Powell, a food safety expert from the University of Guelth in Canada, said a decision to put hand wipes in supermarkets and provide sanitising towels for shopping trolleys has been successful in reducing the number of food poisoning cases in the US and Canada. Food Standards Australia and New Zealand stipulates that shopping trolleys be cleaned regularly. The food safety council advises that fruit and vegetables be carried in bags and washed just before eating.

A 56-year-old German suspected of deliberately infecting more than 400 young Thai women with **HIV** was held in jail, accused of embarking on a vindictive rampage since he tested positive in 2001. The naval veteran who has lived in Thailand for nine years on a disability pension of about \$A6600 a month would cruise his car, targeting groups of girls aged as young as 15 after school offering them the equivalent of their parents' monthly wages to have unprotected sex.

A donor whose blood was used to transfuse 10 people and to manufacture medicines has been identified as France's eighth known victim of **vCJD**, the *Associated Press* reported. Once the blood recipients have been identified, doctors will inform them they may have been exposed to the disease.

Contamination of **influenza** vaccines with the bacteria *Serratia* has prevented shipment of 48 million doses of the vaccine to the United States – about half the US requirement. The shortage unleashed a contest among tens of millions of children under age two, the chronically ill and the elderly over 65 for 55 million doses of available vaccine and became a campaign issue in the November presidential elections. The disease is typically blamed for 200,000 cases requiring hospital treatment and 36,000 deaths each year in the US.

**November:**

Medical epidemiologists in Los Angeles have identified breast milk as the source of transmission of **methicillin resistant *Staphylococcus aureus* (MRSA)** infection in two MRSA outbreaks in neonatal intensive care units, *Reuters Health* reported. In one outbreak, a sixteen-day-old quadruplet died of MRSA sepsis.

## NSW ICRC 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.

One new video has been added to the library since the last issue of In.Control. *Tuberculosis* produced by the Didasko Learning Services is a 16-minute video that looks briefly at the histopathology of tuberculosis. It provides a visual tour of the tissues it invades and looks at the many cellular changes that occur during an infection with tuberculosis. The video also looks at the history of tuberculosis, examines the role of the Mantoux test and briefly examines treatment options.

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:

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

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## 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.

## 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 1990s. The courses aim to skill health care workers in the many areas of infection control.

In addition to the courses currently provided, the Centre is now offering specific education sessions that can be tailored to the individual requirements of your facility. 'Education on the road' has been designed as a mobile program, so the important issues surrounding infection control are now even more accessible to you and your facility.

Sessions may be of interest to aged care facilities, day procedure centres, or small private or public health-care facilities. Enquire about some of our standard education sessions or nominate a topic of your choice. Sessions can range from a 60-minute presentation through to a half or full-day workshop.

Topics may include:

- Principles of infection control
- Basic microbiology
- Specific infectious diseases
- Management of occupational exposures
- Staff health and immunisation
- Waste management
- Hand washing

**Please note:** It is advisable that a suitable room, preferably dedicated to delivery of education sessions, is made available. It is also equally important that staff attending sessions are promptly seated by the session commencement time. This ensures that all sessions are delivered within the specified time and in a manner conducive to learning.

For more 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](mailto:saidp@sesahs.nsw.gov.au)

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## HAND WASHING POSTERS

The NSW Infection Control Resource Centre, with funding from NSW Health, has developed two new hand washing posters. There are currently seven hand washing posters now available from the NSW Infection Control Resource Centre. All the posters are in colour and A3 in size (297mm x 420mm).

One of the new posters displays the words *Wash Your Hands* in the 14 most common languages spoken in NSW – English, Turkish, Arabic, Farsi, Greek, Macedonian, Croatian, Italian, Korean, Serbian, Chinese, Spanish, Russian, Vietnamese – and was developed with the

assistance of the Health Care Interpreter Service, Central Sydney Area Health Service and South East Health.

The second new poster contains a colour photograph of hands being washed and the words *Visibly Clean Hands Can Still Spread Disease – Wash Your Hands*.

The posters are in the process of being placed on the NSW Infection Control Resource Centre website for viewing:

[www.sesahs.nsw.gov.au/albionstcentre](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](mailto:albicr@sesahs.nsw.gov.au)

**COSTS MAY APPLY**

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# 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. **The effect of moving to a new hospital facility on the prevalence of methicillin-resistant *Staphylococcus aureus***, Nicholas J. Vietri, et al, *American Journal of Infection Control*, vol. 32, no.5, August 2004.
2. **Failure rates in nonlatex surgical gloves**, Denise M. Korniewicz, et al, *American Journal of Infection Control*, vol. 32, no.5, August 2004.
3. **Toys in a pediatric hospital: Are they a bacterial source?** Mara L. Avila-Aguero et al, *American Journal of Infection Control*, vol. 32, no.5, August 2004.
4. **Prevention of catheter-related bloodstream infection in critically ill patients using a disinfectable, needle-free connector: A randomized controlled trial**, Juan C. Yébenes et al, *American Journal of Infection Control*, vol. 32, no.5, August 2004.
5. **Experimental study on the safety of a new connecting device**, Matthias Trautmann, et al,

*American Journal of Infection Control*, vol. 32, no.5, August 2004.

6. **Reducing percutaneous injuries at an academic health center: A 5-year review**, Marcia Trapé-Cardoso, *American Journal of Infection Control*, vol. 32, no.5, August 2004.
7. **Impact of FDA policy change on the reuse of single-use medical devices in Michigan hospitals**, Michelle J. Alfa & Janet Castillo, *American Journal of Infection Control*, vol. 32, no.6, October 2004.
8. **Direct costs of multidrug-resistant *Acinetobacter baumannii* in the burns unit of a public teaching hospital**, Stephen J. Wilson et al, *American Journal of Infection Control*, vol. 32, no.6, October 2004.
9. **Epidemiologic and clinical features of a sepsis caused by methicillin-resistant *Staphylococcus epidermidis* (MRSE) in a pediatric intensive care unit**, Mehmet Sait Tekerekoglu et al, *American Journal of Infection Control*, vol. 32, no.6, October 2004.
10. **Nosocomial *Stenotrophomonas maltophilia* cross-infection: Three cases in newborns**, Hande Gulcan et al, *American Journal of Infection Control*, vol. 32, no.6, October 2004.

Visit the *American Journal of Infection Control* online at:

[www.mosby.com/ajic](http://www.mosby.com/ajic)

11. **Effect of the Increasing Use of Piperacillin/Tazobactam on the Incidence of Vancomycin-Resistant Enterococci in Four Academic Medical Centers**, Stiefel, U. et al, *Infection Control and Hospital Epidemiology*, vol. 25, no.5, May 2004.
12. **Has the Epidemiology of Nosocomial Candidemia Changed?** Laura Puzniak et al, *Infection Control and Hospital Epidemiology*, vol. 25, no.8, August 2004.
13. **Routine Changing of Intravenous Administration Sets Does Not Reduce Colonization or Infection in Central Venous Catheters**, Claire M. Rickard et al, *Infection Control and Hospital Epidemiology*, vol. 25, no.8, August 2004.
14. **Predictors of Nosocomial Bloodstream Infections Among Critically Ill Adult Trauma Patients**, Maher M. El-Masri et al, *Infection Control and Hospital Epidemiology*, vol. 25, no.8, August 2004.
15. **Cost-Benefit Analysis of Chlorhexidine Gluconate Dressing in the Prevention of Catheter-Related Bloodstream Infections**, Albert G. Crawford et al,

*Infection Control and Hospital Epidemiology*, vol. 25, no.8, August 2004.

16. **Prevention of Central Venous Catheter-Related Bloodstream Infections Using Non-Technologic Strategies**, Silvia Acosta Gnass, *Infection Control and Hospital Epidemiology*, vol. 25, no.8, August 2004.
17. **An Outbreak of Methicillin-Resistant *Staphylococcus aureus* Infections Related to Central Venous Catheters for Hemodialysis**, Sai-Cheong Lee et al, *Infection Control and Hospital Epidemiology*, vol. 25, no.8, August 2004.
18. **Transmission of Methicillin-Resistant *Staphylococcus aureus* to Preterm Infants Through Breast Milk**, Priya Behari et al, *Infection Control and Hospital Epidemiology*, vol. 25, no.9, September 2004.
19. **Pediatric Risk of Mortality and Hospital Infection**, Aglai Arantes et al, *Infection Control and Hospital Epidemiology*, vol. 25, no.9, September 2004.
20. **Impact of Surveillance Rounds on Adherence to Infection Control Policies and Procedures at a Children's Hospital**, Archana Chatterjee et al, *Infection Control and Hospital Epidemiology*, vol. 25, no.9, September 2004.
21. **Antimicrobial Use and the Influence of Inadequate Empiric Antimicrobial Therapy on the Outcomes of Nosocomial Bloodstream Infections in a Neonatal Intensive Care Unit**, Anucha Apisarnthanarak et al, *Infection Control and Hospital Epidemiology*, vol. 25, no.9, September 2004.
22. **Handwashing Program for the Prevention of Nosocomial Infections in a Neonatal Intensive Care Unit** Sau-Pin Won et al, *Infection Control and Hospital Epidemiology*, vol. 25, no.9, September 2004.
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## RESOURCE PACKAGES: REVIEWED & REVISED

The NSW Infection Control Resource Centre's reviewed and revised Resource Packages are now available. The Resource Packages cover 21 topics relating to infection control issues and diseases and contain historical overviews, recent developments and future trends. Modes of transmission, incubation period and preventative measures are also included for diseases. Each package contains a reference list for further reading, suggested educational videos and web-sites.

Topics include Standard and Transmission Based Precautions; Hand Washing; Hepatitis A, B, C; Tuberculosis; HIV/AIDS; MRSA; Varicella; Rubella; Measles; Pertussis; Safe Handling, Usage and Disposal of Sharp Objects; VRE; Scabies; Meningococcal Disease; Herpes Zoster; Legionellosis; Head Lice; Respiratory Syncytial Virus and Latex Allergies. The Resource Packages are presented in a flat folder to allow for easy photocopying and inserting future up-dated or new resources.

**To order your copy, contact:**  
**NSW Infection Control Resource Centre**  
 tel: 9332 9712  
**COSTS MAY APPLY**

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ALBION STREET CENTRE

### INTRODUCTION TO INFECTION CONTROL FOR DENTAL ASSISTANTS

**23 February, 2005****13 April, 2005****21 June, 2005**

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](mailto:albeducation@sesahs.nsw.gov.au)**

ALBION STREET CENTRE

### INTRODUCTION TO INFECTION CONTROL NURSING

**1 March, 2005****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](mailto:albeducation@sesahs.nsw.gov.au)**

ALBION STREET CENTRE

### INFECTION CONTROL FOR CLEANERS OF HEALTH CARE FACILITIES

**21 March (morning), 2005**

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](mailto:albeducation@sesahs.nsw.gov.au)**

ALBION STREET CENTRE

### INFECTION CONTROL IN LONG TERM CARE FACILITIES

**24 February, 2005****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](mailto:albeducation@sesahs.nsw.gov.au)**



**MANAGEMENT OF EXPOSURES TO BLOOD BORNE PATHOGENS**

**4 - 7 April, 2005**

This course is for those involved in advising other staff after an occupational exposure (eg needlestick injury) has occurred or in managing exposures or in developing policy.

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.

**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](mailto:albeducation@sesahs.nsw.gov.au)

*Applicants may be able to obtain funding from their Area HIV/AIDS co-ordinator or from the Workforce Development Program*



**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](mailto:albeducation@sesahs.nsw.gov.au)

**QUESTIONS & ANSWERS**

**AMMENDUM**

In the last issue of **In.Control** a question was answered on why staff in public restaurant kitchens are not necessarily required to wear hair protection. The answer should also have stated that the NSW Health Department's *Infection Control Policy*, Circular 2002/45, states:

*"Food preparation staff must:...wear a hair covering that completely covers hair."*

Therefore, all food preparation staff in NSW public and licensed private health care facilities are required to wear hair covering. We apologise if the answer as printed caused confusion on this matter.

**Q** The cleaning cloths used to clean the bathrooms in the aged care facility where I am employed are pink in colour. The NSW Health Department's Circular 96/55, *Colour Coding of Cleaning Equipment*, states that equipment used to clean toilets/bathrooms/dirty utility rooms should be red. Is the facility in breach of the policy?

**A** No, as long as your staff are aware that the pink cloths are only to be used for those areas. The pink cloths may be the closest to red that your facility can find (and you could, at a stretch, describe pink as being a lighter shade of red). The pink cloths will not be confused with the colours dictated for other areas of the facility – yellow, green, blue and white.

**Q** Is there a document that says how high off the ground sharps containers should be placed?

**A** No, because the required height of sharps containers may vary from department to department. However, there are some issues of which you should be aware. Sharps containers should not be placed on the floor as young children could access them. Sharps containers should be at a height that enables health care workers to see inside the opening so they are able to determine when the container is three-quarters full and they can see if any sharps are protruding near the opening that could cause injury. Where possible, sharps containers should be bracketed to a wall, surface or furniture to help prevent them being accidentally knocked over. They should be placed as close as practical to the point of use to limit the distance between use and disposal. Sharps containers that do not allow people, especially children, to insert their hands should be used in public areas where sharps containers are required (ie public toilets).

Recommended practices regarding sharps containers can be found in the NSW Health Department's *Infection Control Policy*, Circular 2002/45, page 12.