

In.CONTROL



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

**Volume 8, Number 2,
June, 2004**

A YEAR OF GROWTH AND CHANGE OR WHAT A DIFFERENCE A YEAR MAKES

This time last year the world was in turmoil with the outbreak of severe acute respiratory syndrome (SARS), other emerging pathogens such as monkey pox, threats of bioterrorism, and increased media attention regarding patient safety. All this interest has brought infection control and prevention to the forefront of healthcare, not just nationally but internationally as well.

These events have focused attention on our profession and have provided opportunities for us as Infection Control Practitioners to work together to influence changes in practice and to control health outcomes for patients, staff and the community.

With winter approaching new measures are being taken to prepare hospitals for a recurrence of SARS and also help hospitals avoid hospital associated outbreaks of influenza and protect against pandemic influenza. These practical methods are as simple as asking patients with respiratory symptoms to cough into a tissue or to wear a surgical mask. Health care workers examining patients with respiratory symptoms should use droplet precautions, which include wearing a surgical mask when close contact is required.

The website of the NSW Infection Control Resource Centre is currently unavailable due to a major overhaul, upgrade and reconstruction. I would like to apologise for any inconvenience caused to anyone who has attempted to access the website in recent months. If you would like to view the hand washing posters prior to placing an order, this can be arranged by phoning the Resource Centre.

Johnson & Johnson Medical Pty Ltd has recently released a new video, titled *Hands First*, on the importance of hand hygiene in the healthcare environment. *Hands First* was produced with the assistance of the NSW Infection Control Resource Centre and is presented by Kay Stammers. The 12-minute video clearly illustrates the different types of hand cleansing in today's healthcare setting: social, clinical and surgical hand washing, and the use of alcohol gels and rubs.

The video was launched in May. To obtain your copy of *Hands First* contact your Johnson & Johnson Medical Product Specialist or contact Johnson & Johnson Medical Customer Service on 1800 252 194.

Copies of the video are also available for loan through the NSW Infection Control Centre's Video Library (see page 6 for details.)

Sue Resnik

Director

NSW Infection Control Resource Centre

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

| | |
|--------------|--|
| 2002/80 | INFECTION CONTROL GUIDELINES FOR ORAL HEALTH CARE SETTINGS |
| 2002/84 | MANAGEMENT OF PEOPLE WITH HIV INFECTION WHO RISK INFECTING OTHERS (supersedes Circular 2001/104) |
| 2002/92 | MANAGEMENT OF FRESH BLOOD COMPONENTS (supersedes Circulars 82/319, 84/130, 85/230, 86/177, 86/234, 89/90, 90/29, 91/9, 91/64, 97/128) |
| 2002/93 | COMMUNITY SHARPS DISPOSAL BY PUBLIC HOSPITALS AND AUTHORISED OUTLETS OF THE NSW NEEDLE AND SYRINGE PROGRAM |
| 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) (supersedes Circular 97/139) |
| March 2003 | STERILIZATION AND DISINFECTION CORE COMPETENCIES |
| 2003/33 | CONTROL OF FOODBORNE LISTERIOSIS IN HEALTH CARE INSTITUTIONS (supersedes Circular 99/95) |
| 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 (supersedes Circular 98/11) |
| 2003/88 | REPORTABLE INCIDENT BRIEFS TO THE NSW DEPARTMENT OF HEALTH (rescinds and replaces Circular 97/97) |
| 2003/89 | NOTIFICATION OF INFECTIOUS DISEASES UNDER THE PUBLIC HEALTH ACT 1991 (supersedes Circular 2001/9) |
| 2003/91 | OCCUPATIONAL SCREENING AND VACCINATION AGAINST INFECTIOUS DISEASES (supersedes Circular 2002/97) |

Copies of NSW Department of Health Circulars and Information Bulletins can be obtained from the
NSW HealthWeb site:
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 1990s. The courses aim to skill health care workers in the many areas of infection control.

In addition to the courses currently offered, the NSW Infection Control Resource Centre is now offering specific education sessions that can be tailored to the individual requirements of your facility. This has been designed as a mobile program, which means that the important issues surrounding infection control can now be even more accessible to you and your facility.

'Education on the Road' 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 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:

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

For more information on **INFECTION CONTROL: EDUCATION ON THE ROAD**, contact the NSW Infection Control Resource Centre on 9332 9712 or email saidp@sesahs.nsw.gov.au

**MEDIA WATCH
AUSTRALIA**

In February, the NSW Department of Health released aggregate on infection rates from 190 publicly funded hospitals, clinics and nursing homes in NSW, which were reported and commented on in print and electronic media. The data represent the beginning of ongoing monitoring of infection levels in surgical and catheter sites, occupational exposures, and levels of antibiotic resistant organisms in NSW. Data collection is overseen by the Australian Council on Healthcare Standards. With releases at subsequent collection periods, the data will become increasingly more meaningful as trends can be monitored over time. The data will be used to evaluate and, where necessary, improve infection control policy and practices in NSW. The data can be accessed at www.health.nsw.gov.au

The *Daily Telegraph* reported that an Australian firm's world-first vaccine to prevent **AIDS** developing in **HIV** patients has been hailed as a major breakthrough. In February experts said they were thrilled by early results from a trial of 35 patients with **HIV**. The vaccine kick-starts the immune system keeping **HIV** levels low, so patients avoid developing **AIDS** and live long healthy lives.

An article in the *Health & Science* supplement of the *Sydney Morning Herald* in February reported that drug companies were pulling out of the antibiotic market citing poor financial returns. They are focusing instead on drugs for chronic conditions where medicines are taken for years rather than curing patients in one or two weeks. According to the Infectious Diseases Society of America, only nine new antibiotics have been approved since 1998, of which just two had a novel mechanism of action. The annual reports of major drug companies list a mere five new antibiotics in development out of more than 400 agents in total.

Health officials in Cairns urged people to take immediate action against mosquitoes after five cases of **dengue fever** were reported, the *Sydney Morning Herald* reported in February. A Torres Strait Islander became the first Australian to die from the virus since a 1904 outbreak in Brisbane killed 94 people. People were told to wear insect repellent and use sprays, insect zappers and coils in their homes. Rates of the fever are increasing worldwide, with an estimated 5 million cases a year.

In February, a Senate inquiry into **hepatitis C** were told the Australian Red Cross collected blood from prisoners more than a decade after some other countries declared the practice unsafe. Collections from NSW prisons ceased in the mid-1970s and in South Australia in 1975. However, until 1983, mobile blood collection units were sent to prisons to

collect blood from inmates in Victoria and Tasmania. The Red Cross admitted it had no way of knowing how many Australians had been infected through blood or blood products. The Tainted Blood Product Group, which campaigned for the inquiry, said thousands of Australian hospital patients had been infected with **hepatitis C** through blood products.

The coronial inquiry into the death of a 37-year-old woman in 2001, after developing a multi-drug resistant epidural abscess after the birth of her third child at a Sydney private hospital, received blanket media coverage in March. The case placed hospital infection control programs in the spotlight. The owners of the hospital stated all the issues highlighted by the tragic case had been addressed. NSW became the first State in January 2003 to introduce mandatory monitoring of healthcare associated infections.

The NSW Department of Health urged the public to get vaccinated against **influenza** this winter, particularly in light of the severe strain of 'Fujian' **flu** expected to return to Australia in the coming months. This winter is an especially important time to guard against **influenza**. The northern hemisphere has just moved out of its winter flu season which was quite severe with children and people of all ages suffering from the Fujian strain of **influenza A** virus. It is expected that this strain will hit Australia too. The best time to be vaccinated against **influenza** is autumn, before the winter outbreak. It takes about two weeks after vaccination to develop antibodies against **influenza**. The vaccine is free to people 65 years or older. The vaccine is also free for all Aboriginal and Torres Strait Islander people aged 50 years or over or those aged 15 to 49 years who have underlying chronic illnesses. Anyone wishing to avoid the **flu** can be vaccinated by his or her GP for a cost of around \$20. Children under 10 years of age need two shots, one month apart in the first year they are vaccinated. By following the following six steps, the chances of getting sick this winter can be minimised:

- Get the **flu** shot – the best defence against the **flu** is to be vaccinated.
- If you get the **flu**, stay at home and keep away from crowded places.
- Wash your hands regularly to reduce the chance of infection.
- When you cough and sneeze make sure you cover your nose and mouth with a tissue and then dispose of it in a bin.
- Contact your GP if you are sick – save the emergency department for emergencies.
- Give up smoking. The best thing a smoker can do for his or her health is quit. For free confidential expert advice or counselling call the Quitline on 131 848.

Two clusters of **Legionnaires disease**, involving 11 people, were identified in NSW earlier this year. The large numbers prompted a health warning about the illness. NSW Department of Health warned people to avoid breathing in potting mix dust and reminded building owners to ensure that their air conditioning cooling towers are properly

disinfected and maintained. There are two main causes of **Legionnaires disease**. One is caused by the strain *Legionella longbeachae* and is associated with gardening, particularly using potting mixes. The other is caused by *Legionella pneumophila*, which is usually associated with contaminated cooling towers, spas, water systems or fountains. One of the NSW clusters was caused by *Legionella pneumophila* and the other by *Legionella longbeachae*. **Legionnaires disease** is a form of pneumonia with symptoms including fever, chills and a cough, muscle aches, headaches, tiredness, loss of appetite and diarrhoea. It is not spread from person to person. Up to 70 cases of **Legionnaires disease** are reported in NSW each year.

A **whooping cough** epidemic has affected teenagers in NSW, the *Sydney Morning Herald* reported in March. The disease, which causes prolonged and severe coughing fits, affected 519 people, double the number of cases last year. While the disease is generally not fatal for children in their early teens, health authorities said the spread of infection put babies, who do not have their first **whooping cough** shots until some months after birth, at risk.

Cases of **syphilis** in south eastern and central Sydney have risen from 31 in 2001 to 160 in 2003, an increase health professionals are calling alarming. The majority of cases were in gay men. Health authorities are urging gay men to test for **syphilis** and other sexually transmitted infections at least once a year. **Syphilis** is easily cured with antibiotic injections or tablets, with treatment ranging from 10 to 30 days.

The drug company Aventis Pasteur recalled three lots of its IMOVAX **rabies** vaccine in Australia and New Zealand in April, as well as batches distributed to the USA and 20 other countries. Testing of the vaccine had revealed the presence of a live Pittman-Moore strain of the **rabies** virus, when the drug was not supposed to contain live virus, the Centers for Disease Control and Prevention (CDC) said. **Rabies** is rare in Australia and New Zealand, although there is a remote possibility of transmission through infected bats or while travelling overseas.

A married Sydney man who had brief relationships with two foreign tourists has been charged with knowingly infecting them with **HIV**. Police alleged the man had unprotected sexual intercourse with the two women on different occasions and did not tell either woman he was **HIV**-positive. The man was charged with two counts of causing grievous bodily disease and knowingly infecting a person with **HIV**. The offence carries a maximum penalty of 25 years jail. The man was due to appear in court in May.

Murray Valley encephalitis (MVE), a potentially deadly mosquito-borne virus, has been detected in the north-west of Western Australia, the *Daily Telegraph* reported in April. Visitors and residents to both the Pilbara and Kimberley were warned to take every precaution to avoid being bitten by mosquitoes as there is no cure or vaccine for **MVE**.

Those most at risk are newcomers to affected regions, such as babies, young children, tourists and new employees.

MEDIA WATCH THE WORLD

About 46% of all patients in public hospitals in South Africa are **HIV**-positive, according to a Government report leaked to a Johannesburg newspaper, the *Saturday Star* in February. The report warned the Government to train more nurses because 16% of health care workers were likely to die from **AIDS** between 2002 and 2007, while about 29% of all deaths of health care workers were attributable to **AIDS**.

A new deadly strain of **dengue fever** could be responsible for the death of at least 587 people in Indonesia this year, the Indonesian Health Ministry said in February. The *Daily Telegraph* reported that health officers had launched a blitz on mosquitoes – which carry the disease – starting with spraying pesticide throughout the capital. Officials said they were conducting tests to determine whether a new strain was to blame. As of late February, 50,000 people in 20 provinces had been infected with the virus. In Jakarta alone, the disease had struck down 4100 people this year. Most of the cases are on the island of Java, where more than half of Indonesia's 212 million people live.

Also in February, a European Union conference on **HIV/AIDS** considered responses to the epidemic, which is worst in Russia, Ukraine and the Baltic States. Unprotected sex and needle-sharing are the main causes. One of the goals was to provide access to anti-retroviral treatment to everyone in the region by 2010.

Meanwhile, the US revealed the details of its five-year global strategy on **HIV/AIDS**, the *Washington Post* reported in February. The US goal over five years is to treat 2 million people with **HIV**, prevent 7 million **HIV** transmissions and care for 10 million people affected by **HIV/AIDS**.

In March the head of the United Nations **AIDS** program, Dr Peter Piot, warned that Papua New Guinea is on the verge of an **AIDS** epidemic on an African scale that could lead to a regional security crisis. Dr Piot called for greater Australian intervention. More than 22,000 people in PNG were now living with **HIV** and 1% of the pregnant women in Port Moresby Hospital were **HIV**-positive. While Australia had invested \$60 million in **AIDS** programs in PNG, the key was to put the money to more effective use.

As many infection control experts have suspected for years, a US study released in March demonstrated that the antibacterial soaps, laundry detergents and other household cleaning products, that have become increasingly popular in recent years, apparently offer little protection against common microorganisms. More than two-thirds of liquid

soaps in US stores now contain antibacterial agents, and there are fears their use might contribute to an increase in multi drug-resistant microorganisms, often referred to as 'superbugs' by the press. The effectiveness of the antibacterials has also been questioned because the most common infections, such as **colds** and **flu**, are caused by viruses that are not affected by antibacterial preparations.

According to a World Health Organization (WHO) report in March, cases of multi drug resistant **tuberculosis (TB)** in the former Soviet Union are rising at an alarming rate and pose a global problem. *Reuters Newsagency* reported that Estonia, Kazakhstan, Latvia, Lithuania, parts of the Russian Federation and Uzbekistan are among the 10 world **TB** hotspots. Nearly 80% of multidrug resistant **tuberculosis** cases are 'super strains', resistant to at least three or four of the main drugs used to cure **TB**. "The response to this situation has to be global," Dr Mario Raviglione, director of WHO's Stop **TB** Department, said at the launch of the report. "It is the interest of every country to support rapid scale-up of **TB** control if we are to overcome multidrug resistant **TB**. Passport control will not halt drug resistance; investment in global **TB** prevention will," he added.

The *Associated Press* in March reported that representatives of 30 Canadian nurses who contracted **SARS** – one of whom died – during last year's outbreak of the disease are suing the province of Ontario for \$C200 million saying the Government failed to enforce health and safety standards in hospitals.

Four proteins that affect the ability of the **malaria** parasite to survive in mosquitoes have been identified. Two of the proteins identified kill the **malaria** parasite in the mosquito's intestine, scientists with the German-based European Molecular Biology Laboratory reported in the March issue of *Science*. The presence or absence of the proteins explained why certain mosquitoes transmitted **malaria** and others did not. The two other proteins discovered protect the parasite as it develops in the mosquito gut. **Malaria** is one of the most devastating diseases striking the developing world, particularly sub-Saharan Africa. Each year 300 to 500 million people suffer from the disease, and more than 1 million die, most of them children under the age of five.

Cirque du Soleil agreed to pay \$US600,000 to a gymnast sacked because of his **HIV** status, the *Los Angeles Times* reported in April. Circus officials conceded that they had misunderstood the risks of transmission.

At the time of this newsletter going to print, 337 people in Beijing and 133 in southern Anhui Province were in quarantine as Chinese authorities raced to contain a small outbreak of **severe acute respiratory syndrome (SARS)**. There have been four confirmed cases in Beijing and three suspect cases, and two confirmed cases in Anhui Province. One of the confirmed cases subsequently died. There had been no reported **SARS** cases since January. **SARS** has

killed 774 people and infected more than 8000 worldwide since it emerged in 2002.

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.

To obtain a free copy, call the NSW Infection Control Resource Centre (02) 9332 9712.

VIDEO & CD-ROM LIBRARY

The NSW Infection Control Resource Centre has a video and CD-ROM library containing 68 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.

Four new videos have been added to the Library since the publication of the last newsletter, *Hands First*, *The Last Plague – Fighting Influenza*, *Infection Control in the Long Term Facility*, and *The Sneeze: How Germs Are Spread*.

Hands First (12 minutes) 2004

Hands First is a new video from Johnson & Johnson focusing on hand hygiene in the healthcare environment. Produced with assistance of the NSW Infection Control Resource Centre, this 12-minute video, presented by Kay Stammers, clearly illustrates the different methods of hand cleansing:

- Social hand washing
- Clinical hand washing
- Surgical hand washing
- Alcohol gels and rubs

The importance of washing your hands should never be underestimated. Despite modern technology, hand washing remains the single most effective procedure in preventing healthcare associated infection. Hand washing can literally save lives.

The video was produced by Media One for Johnson & Johnson Medical Pty Ltd..

The Last Plague – Fighting Influenza (28 minutes)

Made with the aid of leading ‘flu-related’ institutions (such as CSL and WHO) and Australian scientists, this video provides an excellent introduction to the flu viruses. The video examines the history of the disease, the way the virus works and the reason why it poses a huge danger to world health.

This program features high quality animation and fascinating archival footage. It was produced by Video Education Australia (1998).

Infection Control in the Long Term Care Facility (27 minutes)

This video discusses why long term care residents are very susceptible to infection. It also examines infections that occur in long term care facilities.

- Learn why long term care residents are more susceptible to infection.
- Examine specific actions to take to reduce infections,.
- Identify which of your residents may be candidates for infection.
- Review the importance of hand washing.

The Sneeze: How Germs Are Spread (3 minutes) 1996

This engaging computer-animated demonstration of how germs are spread will make hand washing an unforgettable necessity in the minds of everyone who views it. The program opens with bacteria busily dividing inside a mouth. We travel with them as they go to a party. After being sneezed onto the host’s hand, the germs are transferred to the doorknob as he enters and are then picked up on the hands of others opening the door. One germ-laden partygoer handles several donuts before selecting one, leaving germs on everything she touches.

With infectious and resistant diseases on the increase, it’s time to remind everyone – especially food handlers, medical workers and children, how microorganisms are spread and why it is important to wash hands often.

To borrow videos 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. Please supply me with information about Erysipelas, especially regarding its transmission.

A. Erysipelas can be transmitted through direct contact, although casual contact rarely leads to infection. Therefore, in the health care setting Contact Precautions should be used in addition to Standard Precautions.

Erysipelas is a form of cellulitis, a bacterial infection affecting the most superficial layers of the skin. It particularly affects infants and the elderly, but can affect any age group. Risk factors are similar to those for other forms of cellulitis. Unlike cellulitis, almost all erysipelas is caused by Group A beta haemolytic streptococci.

Erysipelas predominantly affects the skin of the lower limbs, but when it involves the face it can have a characteristic butterfly distribution on the cheeks and bridge of the nose. Symptoms and signs of erysipelas are usually abrupt in onset and often accompanied by general illness in the form of fevers, chills and shivering. Affected skin is distinguished from other forms of cellulitis by a well-defined, raised border. The affected skin is red, swollen and may be finely dimpled (like an orange skin). Cellulitis does not usually exhibit such marked swelling but shares other features with erysipelas such as pain and increased warmth of affected skin.

Most streptococcal bacteria causing erysipelas are sensitive to penicillin antibiotics. Penicillin, either orally or intravenously (if patient is very unwell), is the antibiotic of first choice. Erythromycin may be used as an alternative in patients with penicillin allergy. Treatment is usually for 10-14 days, and while signs of general illness resolve within a day or two, the skin changes may take some weeks to resolve completely. No scarring occurs.

Erysipelas recurs in up to one third of patients due to persistence of risk factors and also because erysipelas itself can cause lymphatic damage (hence impaired drainage of toxins) in affected skin which predisposes to further attacks.

If patients have recurrent attacks, long term preventive treatment with penicillin may be considered.

Complications are rare but can include:

- Infections distant to the site of erysipelas via bloodstream spread, including infective endocarditis (heart valve infection) and septic arthritis (infected joints).
- Post-streptococcal glomerulonephritis (a kidney condition affecting children)
- Cavernous sinus thrombosis (dangerous blood clots that can spread to the brain).
- Streptococcal Toxic Shock Syndrome (rare).

Q. We are a private pathology service and updating our policy for managing needlestick injuries. Are there any documents we can consult to assist us?

A. The NSW Department of Health has an excellent and thorough policy on the management of occupational exposures such as needlestick injuries. The document is called *Management of Health Care Workers Potentially Exposed to HIV, Hepatitis B and Hepatitis C - Circular 2003/39*. This can be accessed from the Health Department's website www.health.nsw.gov.au

The Australian National Council on AIDS, Hepatitis C and Related Diseases (ANCAHRD) has published a useful bulletin, *Management of Exposure to Blood/Body Fluids in a Health Care Setting* (Bulletin 29 September 2002) which can be accessed at: www.ancahrd.org/pubs/bulletins/02/29_bloodbodyfluids.pdf

Q. What colour bags should our facility use for general waste? I thought we could use white, black or blue but I have been told by an infection control colleague they should be "semi opaque white". Is this true and where is it stated?

A. The NSW Health Department's *Waste Management Guidelines for Health Care Facilities, Circular 98/89* has a table in Section 6.4 *Waste Labelling* that dictates what colour bags or containers should be used for different types of waste.

The Circular states that semi opaque white bags or containers should be used for general waste.

| TYPE OF WASTE | COLOUR OF BAGS, CONTAINERS | COLOUR OF LETTERS |
|-----------------|----------------------------|-------------------|
| Cytotoxic Waste | Lilac | Violet |
| Clinical Waste | Vivid Yellow | Black |
| Radioactive | Scarlet Red | Black |
| General Waste | Semi Opaque White | None |

Section 6.4 Waste Labelling, Circular 98/89 Waste Management Guidelines for Health Care Facilities

Q. I am an Infection Control Coordinator at a private nursing home. I have read and heard about the NSW Health Department's Infection Control Program Quality Monitoring. Should my facility be sending details of any infections to the Department?

A. No. The requirement for organisations to collect and submit data is limited to NSW Public Health Organisations, not private health care facilities.

The NSW Public Health Organisations that are required to collect and submit data have been divided into three groups. The mandatory indicators for each group are listed in the NSW Health Department's *Circular 2002/104, Infection Control Program Quality Monitoring* and the *Infection Control Quality Monitoring Indicators Users Manual*.

Public Health Psychiatric, Rehabilitation and Mothercraft facilities are not required to submit mandatory data.

**OCCUPATIONAL
HEALTH AND SAFETY
REGULATION 2001**

EXEMPTION ORDER NO 003/03

The following Exemption Order of the Occupational Health and Safety Regulation 2001 regarding the reporting of occupational exposures was first published in the 9 January 2004 issue of the *NSW Government Gazette No. 8*. It has effect for a period of two years from that date. It has been reprinted here in full.

I, John Watson, Acting General Manager of the Occupational Health and Safety Division, under the delegation assigned by WorkCover NSW and pursuant to Clause 348 [exemptions for classes of persons or things] of the Occupational Health and Safety Regulation 2001 (the Regulation), being satisfied that the application of the provision in Clause 341(h) of the Regulation is unnecessary and unreasonable in the circumstances hereby exempt the organisations described in Schedule 1 from their duties to comply with Clause 341 (h) specified in Schedule 2, subject to the conditions specified in Schedule 3.

SCHEDULE 1

1. Public health organisations described by the NSW Health Service Act 1997 as:
 - (a) an area health service, or
 - (b) a statutory health corporation, or
 - (c) an affiliated health organisation in respect of its recognised establishments and recognised services.

Excluding Corrections Health Service, Ambulance Service of NSW, psychiatric institutions, rehabilitation facilities and mothercraft facilities.

SCHEDULE 2

Exemption from the requirement under Clause 341(h) to notify WorkCover NSW of each individual incident where there has been occupational exposure of an employee to bodily fluids that presents a risk of transmission of blood-borne diseases.

SCHEDULE 3

1. Employer/Occupier referred to in Schedule 1 must have in place a comprehensive system for the reporting, recording, and follow-up of incidents where there is a risk of occupational exposure to blood-borne diseases as per Schedule 2 in accordance with the NSW Health Department policies issued by the Minister and the Director-General of NSW Health.
2. Employer/Occupier referred to in Schedule 1 must comply with the reporting requirements of NSW Department of Health Circulars relating to Infection Control Program Quality Monitoring and NSW Department of Health Infection Control Program Quality Monitoring Indicators Users' Manual in regard to reporting of occupational exposures to NSW Department of Health.
3. NSW Department of Health must provide WorkCover NSW with aggregated occupational exposure data by health care facility twice each year for the periods January to June (report due 1 December) and July to December (report due 1 June). The NSW Department of Health must forward the report to the Team Manager, Health and Community Services Team, WorkCover NSW, Locked Bag 2906 Lisarow NSW 2252 or provide the data by electronic means in a format agreed by WorkCover NSW.
4. Employer/Occupier referred to in Schedule 1 must notify each individual incident to WorkCover NSW in accordance with Clause 341(a) and Clause 341 (b) of the OHS Regulation 2001 if an injury or illness results in a person being absent or unfit to perform their usual duties for a continuous period of at least 7 days.

Commencement

This exemption commences on the date that it is published in the New South Wales Government Gazette, and has effect for a period of two years from that date.

JOHN WATSON,
*Acting General Manager
Occupational Health and Safety Division*

EMAIL REMINDER

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

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).

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

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. **Methicillin-Resistant *Staphylococcus aureus* (MRSA) in the UK**, Farrington, M., *Australian Infection Control*, vol. 9, no.1, March 2004.
2. **Detection of methicillin-resistant *Staphylococcus aureus* (MRSA) in screening swabs by direct culture on a solid screening medium and broth enrichment culture separately and in combination**, Perry, P. et al, *Australian Infection Control*, vol. 9, no.1, March 2004.
3. **All methicillin-resistant *Staphylococcus aureus* (MRSA) are not equal**, Grubb, W. et al, *Australian Infection Control*, vol. 9, no.1, March 2004.
4. **Accommodating patients with a history of colonisation or infection with a multi-resistant**

organism: a case study investigation, Zimmerman, P.-A. et al, *Australian Infection Control*, vol. 9, no.1, March 2004.

The website address for the
Australian Infection Control Association
www.aica.org.au

For discussion of infection prevention and control issues,
contact the

Australian Infection Control Association listserv:
Hunter.inconlist@hunter.health.nsw.gov.au

5. **Development of a resource model for infection prevention and control programs in acute, long term, and home care settings: Conference proceedings of the Infection Prevention and Control Alliance**, Health Canada, Nosocomial and Occupational Infections Section, *American Journal of Infection Control*, vol. 32, no.1, February 2004.
6. **Evaluation of a public health *Salmonella* surveillance system in King County, Washington**, Traci Takahashi et al, *American Journal of Infection Control*, vol. 32, no.1, February 2004.
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Adult Vaccination Record Cards

The NSW Health Department *Circular 2003/91 – Occupational Screening and Vaccination Against Infectious Diseases* states that each health care facility employee must be issued with a personal record card, detailing the results of all screening tests and vaccinations administered, including date, batch number, type/brand name of each vaccine.

An Adult Vaccination Record Card has been developed to assist the implementation of this Circular and may be obtained from the Better Health Centre – Publications Warehouse, tel: (02) 9816 0452 fax: (02) 9816 0492.



ALBION STREET CENTRE

INTRODUCTION TO INFECTION CONTROL FOR DENTAL ASSISTANTS

5 August, 2004

5 October, 2004

23 November, 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



ALBION STREET CENTRE

INTRODUCTION TO INFECTION CONTROL NURSING

27 July, 2004

21 September, 2004

17 November, 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

**4th AUSTRALASIAN
HEPATITIS C CONFERENCE**

31 AUGUST – 2 SEPTEMBER
NATIONAL CONVENTION CENTRE
CANBERRA

This conference is the leading Australasian gathering for Hepatitis C Research, Public Health Policy, Prevention, Treatment and Community Responses. The conference will also include presentations on hepatitis B, as it moves towards becoming an even broader forum for discussion of issues related to both common chronic viral hepatitis conditions.

Leading invited keynote speakers at the conference will include Michael Gale Jnr, Assistant Professor in the Department of Microbiology at the University of Texas Southwestern Medical Center, USA; Michael Lai, Professor of Molecular Microbiology and Immunology at the University of Southern California, USA; Solko Schalm, Head of Hepatology at the Erasmus MC University Medical Center, Rotterdam, the Netherlands; Diana Sylvestre, Assistant Clinical Professor in the Department of Medicine at the University of California, San Francisco, USA; Dave Thomas, Professor of Medicine in the Department of Medicine at the Johns Hopkins School of Medicine, Baltimore, USA.

The theme for this conference is *Strategic Directions for an Expanding Epidemic*.

ABSTRACT SUBMISSION

The deadline for the submission of abstracts is
THURSDAY 27 MAY 2004.

Abstract guidelines are available on our website
and abstracts must be submitted online at

www.ash.org.au/conference2004

**16th ANNUAL CONFERENCE OF
THE AUSTRALASIAN SOCIETY
FOR HIV MEDICINE (ASHM)**

2 - 4 SEPTEMBER, 2004
NATIONAL CONVENTION CENTRE
CANBERRA

The ASHM Conference is Australia's premier HIV Conference and brings together the range of disciplines including basic science, clinical medicine, epidemiology, nursing, public health, prevention, social research, education, community programs and allied health, involved in HIV management and the ever-evolving role of primary care in HIV.

You will hear about the latest advances in HIV research from leading figures including Mary Crewe, Director of The Centre for the Study of AIDS at the University of Pretoria, South Africa; Brian Gazzard, President of the British HIV Association; Michael Malim, Professor and Head of the Department of Infectious Diseases at King's College London, United Kingdom; Paul Sax, Director of the Division of Infectious Diseases and the HIV Program at Brigham and Women's Hospital, Boston, USA; and Frits van Griensven, Associate Director for Science of the HIV/AIDS Collaboration, a joint activity of the Ministry of Public Health of Thailand (MOPH) and the US Centers for Disease Control and Prevention (CDC), Thailand.

The theme for the 16th ASHM Conference is *Positive Partnerships – From Policy to Primary Care* and the conference will focus on how Australia has responded to HIV and where we need to go in the future. While some of this focus will be on our policy responses, it is equally embracing of management and prevention strategies.

ABSTRACT SUBMISSION

The deadline for the submission of abstracts is
Thursday 27 MAY 2004. Abstract guidelines are
available on our website and abstracts must be
submitted online at www.ash.org.au/conference2004

**SYDNEY HOSPITAL
AND
SYDNEY EYE HOSPITAL**

**ANNUAL
POST REGISTRATION
NURSING COURSE
IN
INFECTION CONTROL**

The Course is a twenty-six week program involving integrated theory and practice. It is offered to Registered Nurses working in or preparing for roles appropriate to this specialty.

Course participants receive eight weeks of theoretical content. The Lecturers are experts and are recognised as leaders in each field. Individual clinical programs are developed in consultation with Course applicants and clinical providers, based on the applicant's learning needs.

Graduates will gain advanced standing on entry into the Masters of Nursing (Urban Health or Clinical Studies) at the University of Sydney. Conditions apply.

Course fees apply.

Course begins mid-June 2004

For further information and a copy of the prospectus, please contact:

**Course Coordinator
Clinical Nursing Services Department
Sydney Hospital and Sydney Eye Hospital**

**Tel: (02) 9382 7404 or (02) 9382 7402
or email:
fordm@sesahs.nsw.gov.au**

**INFECTION CONTROL
CONFERENCES**

27th Annual Infection Control Conference

Infection Control Association NSW Inc

Infection Control – Not Black and White

16-17 September 2004

Sothee Pavilion

Sydney Showground

Olympic Park

Homebush, NSW

Information and Contact:

Jan O'Hara (02) 9556 9179 jan.ohara@email.cs.nsw.gov.au

Dianne Dalton (02) 9845 2578 dianned@chw.edu.au

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

6-10 June 2004

Phoenix, Arizona, USA

Contact:

APIC, 1275 K Street, NW, Suite 1000

Washington, DC, 20005-4006, USA

Tel: (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

XV INTERNATIONAL AIDS CONFERENCE

11-16 July 2004

IMPACT Exhibition and Convention Centre

Bangkok, Thailand

Contact:

Congrex Sweden AB

Attn: AIDS 2004 Bangkok, PO Box 5619

SE-114 86 Stockholm, Sweden

Tel: (46) 8 459 66 00

Fax: (46) 8 661 81 55

E-mail: aids2004.registration@congrex.se

Web: www.aids2004.org/

4th AUSTRALASIAN CONFERENCE ON HEPATITIS C

31 August – 2 September, 2004

National Convention Centre

Canberra

Contact:

Nadine Giatras or Nicole Robertson

Australasian Society for HIV Medicine

Locked Bag 5057
Darlinghurst, NSW 1300
Tel: (02) 9368 2714
Fax: (02) 9331 6537

E-mail: conferenceinfo@ashm.org.au

Web: www.ashm.org.au/2004_conf/HCV04Main.html

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

11TH INTERNATIONAL SYMPOSIUM ON STAPHYLOCOCCUS & STAPHYLOCOCCAL INFECTIONS

Charleston Area Convention Center Complex
Charleston, South Carolina, USA

Contact:

John Nelson

Tel: (1) 212 877 8533

Fax: (1) 917 441 0413

E-Mail: jnelson@ue@4u.com

Web: www.umeded.com/rsvp/invitation/invistation.asp

RESOURCE PACKAGES REVIEWED AND REVISED

The NSW Infection Control Resource Centre's reviewed and revised Resource Packages and are now available. Packages cover 21 topics relating to infection control issues and diseases and contain historical overviews, recent developments and future trends. Mode 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 websites. 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 Zooster; Legionellosis; Head Lice; 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 the NSW Infection Control Resource Centre 9332 9712.

Costs may apply.



MANAGEMENT OF NEEDLESTICK INJURIES AND OTHER BLOOD BORNE PATHOGENS

25 - 26 August, 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



INFECTION CONTROL FOR CLEANERS OF HEALTH CARE FACILITIES

26 October (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