

In.CONTROL



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

**Volume 10, Number 1,
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The start of a new year often finds people contemplating which continuing professional development course to study in the 12 months ahead. If you are thinking of studying this year there are a number of courses available relating to infection control that you may wish to consider. Last year The College of Nursing introduced a new distance education course on the *Principles of Infection Control*. This course should take participants about 150 hours to complete. *Principles of Infection Control* aims to provide participants an understanding of the principles underpinning infection control practices. The subject examines the multifaceted issues within infection control and the impact these issues have on the health care system. Students examine issues related to legislation, quality, prevention, transmission and management of infections. The subject allows the examination of infection control principles at both local and organisational levels, focusing on the process of achieving positive quality health outcomes. A study guide and all the reading materials are provided for this subject.

The College of Nursing also provides various other infection control courses, such as *Infection Control: Introductory Concepts*, *Infection Control: Contemporary Issues*, *Infection Control in Aged Care Facilities*, *Infection Control and Wound Management* and *Immunisation for Registered Nurses*. For full details of these and other courses visit The College of Nursing website: www.nursing.aust.edu.au

Sydney Hospital and Sydney Eye Hospital has a long history of offering education programs to registered nurses. The hospital currently offers the *Post-Registration Course in Infection Control*. Completion of this course will qualify the prospective student for advanced standing into Nursing Masters Degree offered by the Faculty of Nursing, University of Sydney. For further details visit the Sydney Hospital and Sydney Eye Hospital website: www.sesahs.nsw.gov/sydhosp/

The Albion Street Centre Education Unit also offers various infection control related courses for nurses, dental assistants, cleaners and aged care workers. Details can be found on pages 18-19 of this newsletter.

For those involved in cleaning, disinfecting and sterilising instruments and equipment, I would strongly advise you to consider completing one of the distance-learning

sterilising courses offered by OTEN (Open Training and Education

Network). OTEN currently offer two courses, *Health Services Assistance (Sterilisation Services) Certificate III* and *Sterilising Services, Office Based Practice*. At the completion of *Health Services Assistance (Sterilisation Services) Certificate III*, students will be able to work under the direction of supervisory officers in a health care setting. They will be able to undertake a range of sterilising services tasks in hospitals, including the disinfection and sterilisation of reusable medical devices and the storage of sterile goods for clinical use. Topics covered in this course include sterilising services, cultural understanding of clients and environmental responsibilities in a health care setting.

At the completion of the *Sterilising Services, Office-Based Practice* course, students will be able to clean, disinfect and sterilise reusable items in an office-based health service setting. Topics covered in this course include infection control policies and procedures, cleaning, preparing items for sterilisation, steam and peracetic acid sterilisation in office-based practice. This course will be of benefit to people who are working in medical practices, dental practices, day surgeries, clinics, acupuncture services, beauty salons, tattoo services and other related health services. For further information on these courses, call 1300 652 947 or (02) 9715 8529 and ask for the Health Services, Sterilising Services teaching section, or visit the website www.oten.edu.au/oten/ or contact Course Information on (02) 9715 8333 or 1300 362 346.

The University of Sydney, School of Public Health, is holding a short course in *Bioaerosols and Airborne Infection in Public Health*, March 7-8. This two-day sort course will provide an opportunity to hear the latest science relating to bioaerosols and airborne infection. It will bring together national experts in the science of bioaerosols and their controls. The course is for anyone interested in furthering their knowledge in the science of bioaerosols and airborne infections as it relates to health protection and the investigation of infectious problems. For more information contact Ms Christine Cowie, Lecturer in Environmental Health, The University of Sydney (02) 9036 9127 or email christinec@health.usyd.edu.au

Philip Melling

NSW DEPARTMENT OF HEALTH: POLICY DIRECTIVES & GUIDELINES (and other related documents)

The following are the latest Policy Directives and Guidelines from June 2004 relating to Infection Control issues that have been released by the NSW Department of Health

PD2005_362	NSW HEALTH PRIVACY MANUAL (VERSION 1) 2004 <i>(supersedes Circular 99/18)</i>
PD2005_374	STANDING ORDERS FOR THE ADMINISTRATION OF MEDICATION IN A PUBLIC HEALTH EMERGENCY
PD2005_399	REMANUFACTURE OF SINGLE USE MEDICAL DEVICES (SUDs)
GL2005_060	TUBERCULOSIS IN CHILDREN AND ADOLESCENTS <i>(supercedes PD2005_069 [Circular 94/89])</i>
PD2005_572	BLOOD ALCOHOL AND DRUG TEST KITS - MODIFICATION OF
PD2005_579	TUBERCULOSIS RELATED SERVICES - CHARGING FOR <i>(supercedes PD2005_142 [Changing Inpatient/Outpatient services for Medicare Ineligible with suspected/Confirmed Tuberculosis 99/6])</i>
PD2005_580	TUBERCULIN SKIN TESTING (NEW IN 2005) <i>(supercedes PD2005_070 [Mantoux Test 94/90])</i>
PD2005_581	TUBERCULOSIS CONTACT TRACING (NEW IN 2005) <i>(supercedes PD2005_212 [2001/76])</i>
PD2005_596	TUBERCULOSIS - INFECTION CONTROL <i>(supercedes Circular 94/87)</i>
PD2005_604	INCIDENT MANAGEMENT POLICY <i>(supercedes PD2005_337 [2003/88])</i>
PD2005_608	PATIENT SAFETY AND CLINICAL QUALITY PROGRAM
PD2005_629	OZONE GENERATORS USED FOR THE PURPOSE OF INDOOR AIR CLEANING
PD 2005_634	REPORTABLE INCIDENT DEFINITION UNDER SECTION 20L OF THE HEALTH ADMINISTRATION ACT
PD2006_005	HUMAN IMMUNODEFICIENCY VIRUS (HIV) MANAGEMENT OF NON-OCCUPATIONAL EXPOSURE
PD2006_007	COMPLAINT OR CONCERN ABOUT A CLINICIAN _ PRINCIPLES FOR ACTION <i>(replaces PD2005_610 Complaint or Concern About a Clinician – Management)</i>

**Copies of NSW Department of Policy Directives and Guidelines
can be obtained from the NSW Health web site:**

www.health.nsw.gov.au

ALERT

Please note that NSW Health has introduced a new system for policies, guidelines and information bulletins. All Circulars have been given a new document number. However, it is still possible to retrieve documents by entering their old Circular number in the search box on the NSW Health Web site.

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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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**NSW DEPARTMENT OF HEALTH:
 NEW POLICY DIRECTIVES
 & GUIDELINES**

The NSW Department of Health in recent months issued the following Policy Directives and Guidelines that may be of interest to some infection control professionals.

PD2005_629 Ozone Generators Used for the Purpose of Indoor Air Cleaning

Ozone generators for air cleaning purposes must not be used in health facilities because of the potential health effects to the staff and public. Health facilities should make alternative arrangements to improve indoor air quality.

PD2005_634 Reportable Incident Definition under section 20L of the Health Administration Act

This Policy Directive is effective 1 January 2006 and defines when a matter is a "reportable incident" under the

Health Administration Act. This definition determines when a Root cause Analysis is required to be undertaken. To be read in conjunction with the NSW Health Incident Management Policy.

PD2006_005 Human Immunodeficiency Virus (HIV) Management of Non-Occupational Exposure

This policy relates to management of individuals non-occupationally exposed to human immunodeficiency virus (HIV) through the immediate delivery of post exposure prophylaxis as a prevention intervention, particularly where exposures have resulted from unprotected sexual activity and injecting drug use.

PD2006_007 Complaint or Concern about a Clinician – Principles for Action

The purpose of this Policy Directive is to establish a set of principles, which must be addressed when managing a complaint or concern about a clinician. A clinician is defined as a health practitioner or health service provider (whether or not the person is registered under a Health Registration Act). This Policy Directive and any associated policies are applicable to all clinicians working in the NSW health system, whether employed or contracted.

The Policy Directive should be read in conjunction with the *Complaint or Concern about a Clinician – Management Guidelines GL2006_002*, which set out a framework that Public Health Organisations can adopt and adapt at a local level. The Guidelines describe how to address the complaint or concern, while ensuring that the interests of the organisation, the public and the needs of the professional are met.

The Policy Directive and Guidelines are part of a suite of documents relating to Complaints Handling across the NSW health system. Section 2 provides guidance on the appropriate policy to pursue, depending on the nature of complaint or concern.

**MEDIA WATCH
 AUSTRALIA**

Avian influenza dominated the Australian and world media for the last four months as they reported the spread of the infection in birds across Asia and Europe and infections in humans who either worked or lived in close contact with infected birds. To date there have been no confirmed cases of human-to-human transmission of the **H5N1 avian influenza** virus. At the time of going to print, The World Health Organization reports that there have been 148 cases of **avian influenza** in humans and 79 deaths. Cases have occurred in Cambodia (4), China (8), Indonesia (17), Thailand (22), Turkey (4) and Vietnam (93). **Avian**

influenza has not been identified in Australia, either in bird flocks or in humans.

While the current strain of **avian influenza** is not easily spread from person-to-person, there are concerns that it could mutate into a form that could spread this way. Should this happen, it is feared a pandemic could follow.

NSW Health is well prepared for a pandemic outbreak with the State's NSW Health Interim **Influenza** Pandemic Action Plan in place in all health facilities.

A three-day exercise to fine-tune the State's response capabilities for **avian influenza** took place in late November. The exercise, called Exercise Eleusis, was a national simulation involving Federal and State Governments, relevant government agencies and the agricultural industry. The exercise included the hypothetical detection of **avian influenza** in poultry operations across three states, including NSW.

Exercise Eleusis was a purely desktop exercise with no field activities. It was Australia's second major national pest and disease emergency simulation. Exercise Minotaur was held in 2002, which simulated an outbreak of **foot and mouth disease (FMD)**.

Other News Covered by the Media:

September 2005

The Sydney City Council has developed a plan to help reduce the incident of **bedbugs** in backpacker hostels, according to a report in *The Sydney Morning Herald*. The Council had earlier found that almost eight out of ten Sydney eastern suburb backpacker hostels had infestations. Under the new plan, all new hostels will use dense foam in mattresses "designed to eliminate potential harbourage of vermin including **bedbugs**" while providing protectors and coverings for mattresses and pillows, washed after each backpacker.

Bat colonies in Australia will be tested for **SARS (Severe Acute Respiratory Syndrome)** after findings that the virus originated in the animals in China. The CSIRO, Chinese and US scientists found horseshoe bats were likely to have been the source. CSIRO's Dr Linda Wang said: "Bats are known reservoir hosts of an increasing number of viruses but rarely display clinical signs of infection." Eastern horseshoe bats are found on the east coast and the large-eared horseshoe bat is a native to Queensland. The tests have already cleared flying foxes.

In September, the Federal Court ruled that people infected with **HIV** could be refused visas to Australia regardless of their circumstances. This ruling was the result of a challenge by a Zambian national who was denied a student visa four years ago on the grounds that he was **HIV**-positive. The student, who planned to study his PhD in Australia, would have needed quarterly blood tests to monitor his infection and anti-retroviral treatment. The Human rights group Rights Australia described the ruling as cruel and inhumane.

In October, Australians Barry Marshall and Robin Warren were chosen as 2005's Nobel laureates in physiology or medicine in October for isolating the bacteria **Helicobacter pylori**, a common bacteria found in the gut that causes stomach ulcers. When the bacterium infects the antrum – the lower part of the stomach – it can cause inflammation. The gastric inflammation may then lead to duodenal or gastric ulcers. Severe complications include bleeding ulcer and perforated ulcer.

Reducing the number of hospital infections will soon be part of the performance appraisals of senior health executives, while hand washing – the best front-line defense against drug-resistant bacteria – will be strictly enforced in all hospitals, *The Sydney Morning Herald* reported in its coverage of the MRO Summit in Sydney. Acknowledging that rates of hospital-acquired infections were too high in NSW, Lyn Gilbert, the chairman of the Government's advisory group on multiresistant organisms, said sustained change was achievable but difficult. Admitting that rates of hand washing, while high, were not good enough, the Chief Executive of the state's Clinical Excellence Commission, Cliff Hughes, announced that a Hand Hygiene campaign will be launched in 2006 targeting nurses, doctors and allied health workers. Water-free alcohol-based hand rubs will be installed beside all hospital beds and patients will be encouraged to refuse care from clinicians who have not washed their hands. Other recommendations included adopting standardised formats for the reporting and reviewing of MRSA infections, and new technology to monitor the prescription of antibiotics.

An early invasion of **ticks** prompted doctors to issue health warnings about **tick** bites and their effect on children and pets. Warm and wet weather in the spring was blamed for the outbreak, which was particularly strong on Sydney's Northern Beaches. **Tick** Alert Group spokesman, Bill Conroy, said **ticks** should not be treated lightly as they can cause allergic reactions, toxic effects and also transmit a range of bacterial diseases including **rickettsia**, **tick typhus**, **tick paralysis** and **lyme disease**. Symptoms can include general unsteadiness, tiredness, weakness in the arms and legs, fever, headaches or a persistent rash.

November 2005

Commencing November 1, a new immunisation schedule for children took effect in NSW reducing the number of injections that babies will receive at 2, 4 and 6 months of age from three to two. NSW Health announced the change in line with national guidelines that have introduced new combination vaccines. Acting NSW Deputy Chief Health Officer Dr Jeremy McAnulty said as part of the new schedule, NSW Health would include the new 6 in 1 combination vaccine to protect all infants against **diphtheria**, **tetanus**, **whooping cough**, **hepatitis B**, **Haemophilus influenzae type b** and **polio**. "The new National Immunisation Program Schedule includes free **chicken pox vaccine** at 18 months of age for all babies born after May 1, 2004," Dr McAnulty said. "The new program also includes a long term catch-up component for 12-year-

olds who have not previously received **chicken pox** vaccine and who have not had the disease. This part of the program will be incorporated into the routine high school vaccination program," said Dr McAnulty. From November 1, inactivated **polio** vaccine (IPV) replaced the oral **polio** vaccine that has been used in Australia since 1966. The IPV is included in the new combination vaccines. A comprehensive information kit that detailed the new vaccines and ordering procedures was sent to all GPs and other immunisation providers to ensure the new program commenced on November 1. "More than 90 per cent of all young people in NSW have been vaccinated against a range of childhood diseases. This not only protects our children, but the health of the community by stopping the spread of these debilitating illnesses," Dr McAnulty said.

December 2005

Of the 14,840 people with **HIV** living in Australia in 2005 1100 were women. An article published in *The Sydney Morning Herald* on World AIDS Day (December 1st) highlighted that more Australian women are contracting the virus than ever before, but their plight often attracts discrimination and very little other attention.

An **HIV**-positive man who had unprotected sex with two women became the first person in NSW to be sentenced for passing on the virus. The man was diagnosed **HIV**-positive in 1999 and told he should have safe sex. His doctor said she gave him more information and more explicit direction than any other patient. But in early 2003 he had unprotected sex with two backpackers after assuring them he "didn't have anything" and had regularly been tested. Both were later diagnosed **HIV**-positive. The sentencing Judge said the man "demonstrates a poverty of spirit and a moral bankruptcy that beggers belief."

NSW Minister for Health John Hatzistergos and Minister for Tourism Sandra Nori announced in December that Sydney has been chosen to host the 4th International AIDS Society (IAS) Conference on **HIV** Pathogenesis, Treatment and Prevention between 22-25 July 2007. The prestigious event will bring up to 6,000 of the world's top **HIV/AIDS** experts to Sydney. The 2007 conference will be organised by the Australasian Society of **HIV** Medicine (ASHM) and represents over 800 Australian and New Zealand **HIV** scientists, clinicians and researchers.

The only Australian maker of a vaccine for **Q fever** reversed its decision to stop production in 2007. CSL Pharmaceuticals announced in November that it would stop producing the vaccine for economic reasons. But in December the company said it would guarantee supply of the vaccine indefinitely, following a meeting with the Health Department. **Q fever** can cause acute influenza-like symptoms in people like farmers, abattoir workers and veterinary surgeons who have close contact with cattle, sheep and goats, and can lead to liver and heart complications.

Schools should introduce screening for **sexually transmitted diseases** in a bid to educate students about the

risks of unprotected sex, health experts said in December. The recommendation is based on the findings of a trial conducted in two ACT senior high school campuses, where temporary health clinics were constructed on site and students invited to volunteer for **STD** testing. The incidence of **STDs** among the students tested in the trials was relatively low, although two-thirds admitted they were sexually active. President of the NSW P&C Federation, Sharryn Brownlee, said a school screening program for **STDs** would help ramp up the public health message among young people.

The Therapeutic Drug Administration is assessing the safety of two new vaccines that will protect children from **rotavirus**. Over 10,000 Australian children are hospitalised each year by **rotavirus**, a pathogen caught by almost every child before they turn five. Rife in childcare centres, it causes up to 500,000 acute cases of diarrhoea and vomiting every year and can last up to eight days. In Australia three children die every year from the infection. In poor countries it kills 440,000 children every year. The first **rotavirus** vaccine in the world was licensed in 1998 but its use was suspended in 1999 after it was linked to a condition that caused problems with the child's bowel. The two new vaccines have been developed differently.

A large outbreak of **cryptosporidiosis** cases occurred in NSW, mainly in rural areas, with 136 cases reported for November - three times the number of cases reported for the same month last year. **Cryptosporidiosis** can be transmitted by direct contact with animals that carry the infection; contact with people who are sick with the illness; drinking contaminated water or swallowing contaminated water while swimming. To reduce further infections from this disease people should not go swimming if they have had diarrhoea, for at least one week after complete recovery. **Cryptosporidiosis** is a diarrhoeal disease caused by an infection in the intestine. The most common symptoms include diarrhoea, stomach cramps, nausea and vomiting and sometimes fever. There is no specific treatment for the condition but most healthy people recover within several days or weeks.

MEDIA WATCH THE WORLD

September 2005

Conservationists say that the **Ebola** virus is putting some ape species on the brink of extinction in central Africa. **Ebola**, which kills through massive internal bleeding, has long been known to infect primates in Africa.

Reuters news agency reported that the death toll in India's worst **encephalitis** outbreak in nearly 30 years reached 900. More than 4200 people fell ill with the virus in the densely

populated northern state of Uttar Pradesh. Almost 90% of fatalities were children aged between three and fifteen.

Dengue fever almost became an epidemic in Malaysia in September as 752 new cases were reported in one week. The Malaysian Health Minister, Chua Soi Lek, said 1000 cases a week would constitute an epidemic.

A team of doctors writing in the *Journal of the Royal Society of Medicine* has accused Hollywood of irresponsibility over its portrayal of sex and drugs after a review of some of the top 200 movies of all time. The researchers excluded any movie filmed before 1983, the pre-HIV era. Only one movie made reference to a condom. "The study showed there were no references to important consequences of unsafe sex such as HIV transmission, spread of STDs or unwanted pregnancy" researchers said. The worst offenders were *Basic Instinct* (1992), *American Pie* (2001) and the Bond film *Die Another Day* (2002), each with numerous episodes of sex with "no condoms, no birth control, no consequences at all".

October 2005

A New Zealand court ruled that people who are HIV-positive do not have to tell sexual partners of their condition if they use condoms. Wellington District Court dismissed charges of criminal nuisance against a man with HIV who had protected sex with a woman. Judge Susan Thomas said while there might be a moral duty to reveal the condition, there was no legal need.

Genetically modified mosquitoes could soon be released into the wild in an attempt to combat **malaria**. Writing in the journal *Nature Biotechnology*, the scientists say they could wipe out natural mosquito populations and save thousands of lives in **malaria**-stricken regions. Mosquitoes that spread **malaria** have long been a target for sterile-male technology, which has been used to eradicate the screwworm fly from the US and Mexico. However, the technology in the past had been hampered by the inability to distinguish male mosquitoes. To solve the problem, the team at the Imperial College London altered the DNA of the mosquito species *Anopheles stephensi* so that males expressed a fluorescent green protein in their sperm. A sorting machine based on laser light separated male from female larvae according to whether they glowed or not.

November 2005

Bedbug resurgence has also been causing problems in New York. *The New York Times* reported that **bedbugs** had recently been found in hospital maternity wards, private schools and a plastic surgeon's waiting room. In 2004 New York City logged 377 **bedbug** violations, up from just two in 2002 and 16 in 2003. **Bedbugs** were all but eradicated by DDT after World War II. In the resurgence, entomologists and exterminators blame increased immigration from the developing world, the advent of cheap international travel and the recent banning of powerful pesticides.

The UNAIDS update in November reported that the **HIV/AIDS** pandemic is continuing its deadly spread across

the globe, infecting 5 million more people last year and bringing the total living with the virus to over 40 million. New infections are increasing faster than ever. South Africa has the world's highest **HIV/AIDS** caseload with more than 5 million infections. In Asia, 1.2 million new **HIV** cases since 2003 have pushed the total to 8.3 million. Conditions in Vietnam and Pakistan are ripe for a rapid spread. China's confirmed cases of **HIV** have risen more than 50% in the past year, the country's top **AIDS** official said. The number of people diagnosed there with **HIV** grew to 135,630 by the end of September. More than 3.1 million people died in 2005 from **AIDS** around the world, far more than the toll from all the natural disasters since the December 2004 Asian tsunami. At least 4 million people desperately need anti-retroviral drugs, according to the International Treatment Preparedness Coalition.

EMAIL REMINDER!

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

INFECTION CONTROL CONFERENCES

AUSTRALIAN CONFERENCES

EMERGING INFECTIOUS DISEASE CONTROL & PANDEMIC PREPAREDNESS CONFERENCE (EIDCPPC) 2006

29-31 March, 2006

Carlton Crest Hotel, Sydney

Contact:

(02) 9923 5194

www.iir.com.au/conferences

ACORN 2006 CONFERENCE

24-27 May, 2006

National Convention Centre
Canberra, ACT

Email: acornconference@senet.com.au

Web: www.conference.acorn.org.au

2006 AICA CONFERENCE: THE KEYS TO SUCCESS – LOCAL SOLUTIONS TO GLOBAL PROBLEMS

20-22 SEPTEMBER, 2006

Sydney Hilton Hotel, Sydney, Australia

Sydney is the selected host city for this exciting event; it is to be held at the beautifully refurbished Hilton Hotel. The focus for the conference will be risk management, clinical

governance and continuous practice improvement in infection control.

AICA have secured Becton Dickenson as Foundation Gold sponsor again for this conference. BD has been a strong supporter of infection control in Australia over many years and AICA are pleased to partner with them again.

Abstracts for the conference close 14 April 2006.

Contact:

aica@ozemail.com.au

INTERNATIONAL CONFERENCES

COMMUNITY & HOSPITAL INFECTION CONTROL ASSOCIATION OF CANADA (CHICACANADA) ANNUAL EDUCATION CONFERENCE "Bridging Global Partnerships"

6-10 May, 2006

Hilton Hotel, London, Ontario, Canada

Email: chicacanada@mts.net

Web: www.chica.org

19th EUROPEAN CONGRESS ON SURGICAL INFECTIONS "Facing the Challenge on Surgical Infections"

25-28 May, 2006

Hilton Hotel, Athens, Greece

Web: www.sis-eathens2006.gr

APIC 2006

"Turning the Tide: Infection Prevention in the 21st Century"

11-15 June, 2006

Tampa, Florida, USA

Web: www.apic.org

12th INTERNATIONAL CONGRESS ON INFECTIOUS DISEASES (ICID)

15-18 June, 2006

Lisbon, Portugal

Email: lisboa.congress@topatlantico.pt

Web: www.isid.org/12th_icid

3rd INTERNATIONAL CONGRESS OF THE ASIA PACIFIC SOCIETY OF INFECTION CONTROL

8-11 July, 2007

Kuala Lumpur, Malaysia

Contact:

Website:

<http://www.apsic2007.com>

25th NZNO NATIONAL DIVISION OF INFECTION CONTROL NURSES CONFERENCE "Infection Control Unmasked"

16-18 August, 2006

The Hotel Grand Chancellor, Christchurch, New Zealand

Web: www.infectioncontrol.co.nz/files/calendar-detail.asp?EventID=263

INTERNATIONAL CONFERENCE ON SURGICAL INFECTIONS

6-8 September, 2006

Stockholm International Fairs, Stockholm, Sweden

Deadline for abstracts: 25 April, 2006

Email: icis2006@stocon.se

Web: www.ics2006.se

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

Website:

www.his2006.com

New SafeHandS network for the Asia Pacific region!

SafeHandS is an initiative by the Albion Street Centre to develop a 'virtual' network for health care worker safety for the Asia Pacific region. It is being funded by AusAID (the Australian Agency for International Development).

The aim of SafeHandS is to develop a network of health care workers and institutions across the Asia-Pacific region to promote:

- Sharing of information between health care workers and institutions about health care worker safety
- Policy development and program implementation to improve health care workers' safety
- Optimal care for people with blood borne viruses (especially HIV, hepatitis B and hepatitis C) and other communicable diseases
- Promoting practical steps to deal with issues of stigma and discrimination that might otherwise act against optimum health outcomes.

Health care workers are essential in responding to HIV/AIDS and other communicable diseases. In the Asia Pacific region where many countries are facing HIV/AIDS epidemics, health care workers need knowledge, skills and resources to adequately protect themselves and their patients. Resources to achieve standard precautions are often limited in these settings and SafeHandS will provide a forum to share **information, support and practical**

solutions to help health care workers feel safe and encouraged to provide optimal care.

Benefits of membership include:

- Receiving a **newsletter** (*In SafeHandS*) every 3 months
- Participating in a **moderated discussion e-list** for posting questions, comments and issues
- Access to a **clearinghouse** of new resources and publications produced by different organisations about health care worker safety (links are posted on the website).
- Access to **resources** developed by SafeHandS
- Joining a **database** of expertise.

If you are working overseas or have an interest in the area of health care worker safety in resource limited settings, we encourage you to join or to pass on the information to colleagues in Australia or overseas. Membership is free. To join, you can either:

Go to the SafeHands website:

www.uow.edu.au/health/safehands/index.html

and click on the 'membership' page.

OR

Call us and we will post or fax you a form.

Contact Peter Said, Albion Street Centre, 61-2-9332 9711.

INFORMATION SHEETS

The NSW Infection Control Resource Centre has developed a series of 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
- Management of Scabies in Health Care Facilities
- Cough Etiquette and Respiratory Hygiene in Health Care Settings
- Safety Of Ice Machines in 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

QUESTIONS & ANSWERS

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

Q. I am a Dental assistant working in a small dental practice and had a question regarding the reprocessing of ultrasonic scaler handpieces. Can you tell me whether it is mandatory/necessary to autoclave the scaler handpieces? We have noticed that a lot of our hand pieces have become damaged after several autoclave cycles.

A. It is best practice to sterilise the ultrasonic scaler handpieces. They are very similar to regular handpieces in that they have the same internal compartments so they need to be flushed with water before sterilising. However in AS4815: 2001 it states "After removing the tip, the scaler should be flushed with running water for 20 seconds into a high speed suction system. The tip shall be cleaned and sterilised and the handle cleaned."

It is quite unusual that you are experiencing damage to ultrasonic scaler handpieces after processing them in a steriliser. Most ultrasonic handpieces today should be able to withstand the sterilisation process much the same way as regular handpieces. It is important that you check with manufacturer's instructions for handpieces and their recommended method of cleaning and reprocessing. Be sure not to immerse the handpiece in any sort of chemical disinfectant, as this may cause damage to the internal compartments.

The use of a barrier sleeve over the hand piece is not a substitute for reprocessing and sterilising.

Q. I work as a massage therapist in a small private practice and occasionally have clients who have wound dressings that need to be removed and discarded prior to treatment. I am concerned about where to discard such dressings that may be soiled with blood and/or other body fluids. I am aware hospitals have clinical waste bins for such items. Do I need to have clinical waste bins?

A. There is no requirement for you to have clinical waste provisions for the occasional dressing you may have to discard in your practice. Your work environment should handle the occasional soiled band-aid and dressing as one would in the home environment and therefore dispose of it as normal household waste.

Hospitals generate items soiled with bulk blood and body fluids and therefore require a specific license for the storage and removal of such items as clinical waste. If in your practice you find a dressing to be heavily soiled with blood

or a body fluid that requires disposal, the client can place it into a separate plastic bag before being placed in the normal household waste.

Although I am unsure why a massage therapist would be removing dressings prior to a massage, please make sure you follow Standard Precautions when handling dressings.

Q. I work in a small private hospital and have noticed a practice I am concerned about. We currently have ice storage chests/bins in the orthopedic ward I work on and have noticed that ice is often used for clinical use (as in ice packs) and also to store various foods such as ice creams and drinks. Is this practice acceptable?

A. The main concern here is contamination. To avoid contamination, ice intended for human consumption should be separate from ice intended for clinical procedures, storage of pharmaceuticals and clinical specimen transportation. Ice machines are not to be used for the storage of items such as ice cream, bottled water or cups. Cold packs for physiotherapy may be stored in ice machines that are clearly labeled not for consumption. (Refer to the Information Sheet: *Safety of Ice Machines in Health Care Facilities* included in this issue, pages 19-20.)

Q. I recently attended an advanced first aid training program and was advised that in the event of not having a suitable resuscitation face mask available at the time of performing CPR it was 'acceptable to use a plastic type shopping bag with a hole punched into it'. It was further stated this 'would offer suitable protection from cross contamination'. I am concerned this would not offer adequate barrier protection when performing CPR and would ask what your recommendation would be in this regard. Your assistance would be appreciated.

A. We consulted with the CPR Coordinator of a large Sydney public teaching hospital before composing our reply.

One-way resuscitation masks must be readily available for use in all areas of healthcare facilities.

In a situation in the general community where no mask is readily available, the literature does suggest that the instance of cross infection from unprotected mouth-to-mouth resuscitation is low. This issue of whether to proceed with unprotected mouth-to-mouth resuscitation in the general community is extremely subjective and the choice is very much that of the individual rescuer. There is no legal or moral obligation to do so.

We have never heard it suggested that a plastic bag could be used as a substitute for a facemask (although the CPR Coordinator once saw it done in a movie) and it most certainly would not afford either the rescuer *or* the victim absolute protection from contact or airborne infection. This

can only be achieved where there is a one way valve system. A tear in a plastic bag would still allow saliva and exhaled air contact. Keep in mind, the victim is at much at risk from infection when using mouth to mouth as the rescuer is. The recommendation given by the organisation that provided this person's training certainly does not comply with the guidelines of the Australian Resuscitation Council for expired airway resuscitation.

While the most recent guidelines still include expired air resuscitation as a component of Basic Life support, there has been considerable discussion among the resuscitation experts over the past 1 to 2 years with regard to possibly focusing on chest compression only CPR given that even an arrested victim still has reserves of oxygen in the bloodstream and that time may be better spent performing compressions to ensure that reserve oxygen is circulated to improve myocardial and brain perfusion while waiting for more advanced life support.

Be aware that the international survival rate to hospital discharge following a cardiac arrest is only 10-14%. Provided you do the best you can, that's all that can be asked of you. People in the community, and patients, do die and that can be distressing. Don't feel that you have to go through these traumas by yourself or that you always have to have a 'stiff upper lip'. Debriefing after an arrest is helpful as it allows you to voice your feelings and concerns.

**Infection Control Systems
in
Health Care Facilities**

Following the success of the Infection Control Systems in Health Care Facilities kit, we still have a limited supply of additional kits and posters available

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

Posters: standard, airborne, droplet and contact precautions posters

**The kits may be viewed at:
www.sesahs.nsw.gov.au/albionstcentre**

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(02) 9332 9712**

OUT OF STOCK: Individual SMART cards

PROFILING INFECTION CONTROL

The many faces of an Infection Control Professional

Infection Control Professionals (ICPs) work in a variety of settings and have a range of experiences and educational backgrounds. From the public hospital system to remote rural settings, from the community to resource poor countries and from the correctional setting to private practice, the world of the Infection Control Professional is very diverse.

This regular feature profiles the many faces of the Infection Control Professional. In this issue we profile:

Joe-anne Bendall



Describe your current role.

Manager, Healthcare Associated Infection Prevention and Control Unit at NSW Health Department

What was your career path that brought you to your current position?

I started in Infection Control in 1990 at a small private hospital. As I was naive about infection control, I enrolled in the Macarthur University one-year infection control certificate course. Further qualifications in various fields, combined with experience saw me move to the public sector to a full time infection control/staff health role.

After 6 years in the role, I moved into the Operations Managers position at the Hunter Public Health Unit and then onto the Executive Officer role for the Public Health Directors network. My roles have provided me with a very diverse knowledge of the health system and how infection control fits into each part of the system.

How did I get into this position? – I told the Department I was interested in a secondment!

What do you like most about your job?

The diversity of the portfolio and the people I work with in the various networks.

What do you dislike about your job?

Not having enough time. I wish there were more hours in the day.

What are you reading at the moment?

This would bore you – I read 2–3 books at a time! Travelling on the train makes you a voracious reader. I don't like people staring at me or looking over my shoulder when I am reading journals and papers!

What is your favourite film?

No competition – *The Princess Bride*.

What is your favourite saying?

1. You know 'common sense is not all that common'
2. Also, did you know that the most 'infectious disease known to man' is APATHY.

If you could change anything about the world what would it be?

To be honest, I wish I could make people like and respect each other.

VIDEO LIBRARY

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

A catalogue of the library's contents is available to assist you in deciding which items are suitable for your target audience. To borrow items or to obtain a copy of the library catalogue, contact:

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

HAND WASHING POSTERS

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

www.sesahs.nsw.gov.au/albionstcentre

**TO ORDER POSTERS SIMPLY CONTACT
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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. **Surveillance for ventilator-associated pneumonia: the challenges and pitfalls**, Friedman ND et al, *Australian Infection Control*, vol.10, no.4, December 2005.
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The Journal of Hospital Infection

can be viewed at:

www.sciencedirect.com/science/journal/01956701



INFECTION CONTROL FOR CLEANERS OF HEALTH CARE FACILITIES
14 March (morning), 2006

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 the Transmission of Blood-Borne Infections (in particular Hepatitis B & C and HIV); Waste Management; and Cleaning Blood Spills
All information is 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
E-mail: albeducation@sesahs.nsw.gov.au



INTRODUCTION TO INFECTION CONTROL FOR DENTAL ASSISTANTS
14 March, 2005
7 June, 2006

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

**INFECTION CONTROL
IN LONG TERM CARE FACILITIES
8 May (morning), 2006**

This half day 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 setting, such as scabies and norovirus; and outbreak management.

PREREQUISITE:

Prior completion of the Albion Street Education '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



ALBION STREET CENTRE

**INTRODUCTION TO
INFECTION CONTROL NURSING
9 March, 2006
25 May, 2006**

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



ALBION STREET CENTRE

**MANAGEMENT OF EXPOSURE TO
BLOOD BORNE PATHOGENS
10 - 11 April, 2006**

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



ALBION STREET CENTRE

**HIV PRE & POST TEST COUNSELLING
3-6 April, 2006**

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

Safety of Ice Machines in Health Care Facilities

INFORMATION SHEET

How to prevent the contamination of ice

Ice machines and ice are frequently used in health care facilities. They can be found in such areas as food services, emergency departments, physiotherapy, maternity units and operating theatres. Ice machines and storage units may become contaminated from a number of sources:

- Hands of staff
- Improper storage of ice
- Poor cleaning of equipment
- Ice handling equipment/implements

Ice from contaminated ice machines may result in adverse events for patients. These include:

- Colonisation of microorganisms
- Blood stream infections
- Respiratory infections including legionnaires disease
- Gastrointestinal illness
- Surgical site and skin infections

If used for cold storage, it may be implicated in:

- Contamination of clinical specimens
- Contamination of medical solutions

Ice machines in health care establishments have been implicated in outbreaks of infection and as potential reservoirs of infectious agents and should comply with AS/NZS 3350.2.24 (1998). Ice, if consumed, is considered a food, so health care establishments must also comply with the Food Act 2003 and the Food Standards Code.

The patients most at risk are those who are immunocompromised or on immunosuppressive treatment, cystic fibrosis and those with underlying severe disease. For severely immunocompromised patients ice made from potable water may not be suitable and ice may need to be made from sterile water.

Machines that dispense ice for consumption are preferred to those that require ice to be removed from

bins or chests with a scoop as they reduce the risk of contamination.

To avoid contamination, ice intended for human consumption should be separate from ice intended for first aid and storage of medical solutions, pharmaceuticals and clinical specimen transportation.

Things to remember when handling ice:

- Clearly distinguish between ice-storage machines used for patient consumption and those used for other clinical use by placement of appropriate signage
- When using an ice storage chest or bin, wash hands or wear a clean pair of gloves before taking ice from the machine (using the provided scoop)
- Use a hard-surface scoop to remove ice. Surface should be intact with no cracks or scratches
- Scoop should be kept on a chain short enough not to reach the floor
- The scoop should be kept on a clean hard surface or dedicated receptacle and not in the storage bin
- Hold the scoop only by the handle and don't touch other parts of the scoop or the inside of the storage bin
- Do not handle ice with hands
- Do not return unused ice to an ice storage bin
- Ensure the ice scoop and scoop receptacle are cleaned and dried on a regular basis
- Ensure hands are washed after taking ice from machine
- Keep doors or covers of the storage bin closed when ice is not being collected

It is recommended safety principles are displayed near the ice machine

Cleaning and maintenance of ice machines and storage bins

Cleaning and maintenance of ice machines and storage units is essential in preventing contamination of ice or equipment. Where possible always follow manufacturer's instructions for maintenance and cleaning.

A regular cleaning schedule should be established and cleaning and maintenance records maintained. Inspect the interior of the machine twice a week for build up of mould or other contaminants, and clean accordingly. The removable parts of the machine should be disassembled and cleaned on a regular basis, such as monthly or quarterly, as determined by manufacturer's instructions or health care facility policy. The general steps for cleaning ice machines and storage bins are:

- Disconnect the unit from the power supply
- Remove and discard ice from bin or storage unit and warm to room temperature
- Inspect for rodent or insect infestations behind and under the unit and treat as required
- Check door gaskets and seals for evidence of leakage or dripping into the storage bin
- Clean the ice storage bin with fresh water and detergent or as recommended by the manufacturer
- Rinse with fresh water
- Some ice storage units require appropriate sanitation and should be done so in accordance with manufacturer's recommendations
- Allow all surfaces to dry before returning to service
- Ensure the ice scoop and scoop receptacle are also cleaned with neutral detergent and water and dried on a regular basis or as specified by the manufacturer
- Ensure decontamination of ice machine and storage unit and equipment is appropriately documented

Ensure there are proper air gaps where the condensate lines meet the waste lines.

Wherever possible, disconnect ice machines before planned water disruptions.

Does the ice and water need to be tested?

Microbiological testing of ice, bins machinery and dispensers is generally only indicated during outbreak investigations.

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www.safefood.nsw.gov.au/fb-hospitals.htm

This Information Sheet is based on the NSW Health Department Infection Control Policy that can be accessed at the following website:

www.health.nsw.gov.au

**Food Safety enquiries should be directed to the
NSW Food Authority
1300 552 406**

January 2006

