



OCTOBER 2011

For IC Issues contact your Onsite/HICMR ICC

Nb. New HICMR ICC State Pager Numbers Now Available*



RISK ALERT – PPE

- ♣ HCWs should wear Personal Protective Equipment (PPE) including eyewear/facewear, gloves, masks and gowns/aprons, to maintain a protective barrier against blood and/or body fluids.
- ♣ PPE is designed and issued for a particular area/procedure/purpose and should not be worn outside same.
- ♣ PPE that complies with relevant Australian Standards and meets Therapeutic Goods Administration (TGA) criteria should be readily available and accessible in each facility, (including a variety of appropriate sizes and styles), and used as per manufacturer's instructions for use (IFU).
- ♣ PPE should be suitable for the activity/s performed, degree of risk of exposure and extent/size of contamination, eg. long sleeved impermeable/fluid resistant gowns should be used if there is a risk of a large amount of blood/body fluid exposure, or processing instruments. Aprons should only be worn where contact to arms is unlikely. Facewear should also be routinely worn for instrument processing. Refer updated HICMR Policy: *Standard Precautions*, including correct sequence for PPE.

URGENT Due to a major outage at LinkQ Pager Service, the current HICMR Pager Number is no longer available. Each State has been issued with a new number – refer recent HICMR Memo. HICMR apologise for any inconvenience this may cause, but unfortunately the situation is beyond our control. We are in the process of updating all relevant HICMR documentation ASAP, eg. BBFEI Toolkits.

PRODUCT REVIEW

SKIN PREPARATION SOLUTIONS FOR CENTRAL/PERIPHERAL LINE INSERTION.

✚ **Current Guidelines:** The NHMRC Guidelines recommend in relation to skin preparation for insertion of Intravenous Devices (IVD): "Alcohols are the most effective and most rapid-acting skin antiseptics. Alcohol-based preparations that have 70% isopropyl alcohol v/v and at least 0.5% Chlorhexidine are recommended for procedures penetrating skin, (including subcutaneous infusions)."
Solutions: Typically available solutions range from 0.5% to 4% and there is strong evidence (Grade A) that skin preps with at least 0.5% Chlorhexidine gluconate solution reduce intravascular device colonization.

- ✚ **Site Preparation Guidelines:**
- Allow sufficient contact time for site preparation. Clean a site large enough for insertion before applying antiseptics and allow to dry completely.
 - Before device insertion, decontaminate the site using a single-use application of alcohol-based Chlorhexidine gluconate solution, (EG. 0.5% Chlorhexidine gluconate in 70% isopropyl alcohol)
 - If insertion through or close to mucous membranes is necessary, use aqueous solution supplemented with 2% Chlorhexidine gluconate
 - For patients with a history of Chlorhexidine sensitivity, use 5% alcohol-based Povidone-iodine solution or 10% aqueous Povidone-iodine if insertion is through/close to mucous membranes.
- ✚ There are a number of different brands of swabs/solutions on the market at present. The confusing issue for staff is that they range from 1-4% concentrations of Chlorhexidine. Contact your nominated skin preparation solution Company Representative to discuss your needs. If changing products, remember it is important to provide education to the HCWs who insert the IV Cannulae (and ask for feedback) to ensure awareness of the changes to the new product. (Colour and drying times may be different to current practice.)

Reference: NHMRC (2010): *Australian Guidelines for the Prevention and Control of Infection in Healthcare*.

TRANSMISSIBLE DISEASES

TOPIC: Clostridium difficile

- ✓ **C. difficile** is a spore forming bacterium that can be found in stool specimens of many healthy children under the age of one year, and some adults. Following antimicrobial treatment toxin-producing strains of *C. difficile* multiply and cause illness. *C. difficile* is a common cause of antibiotic-associated diarrhoea.
- ✓ **Transmission:** *C. difficile* is spread in faeces, which can cause widespread environmental contamination of the patient's environment with *C. difficile* bacteria and spores. These can be transferred to other patients via their equipment or hands of HCWs that have touched the patient/contaminated surface.
- ✓ **Management/Treatment:** Isolate patients in a Single Room With Ensuite under Contact Transmission Based Precautions. Maintain Contact Precautions until > 48 hours after symptoms have ceased.
- ✓ **Environmental Hygiene -** Disinfect surfaces as per state guidelines, eg. chlorine-based disinfectant 1:1000 hypochlorite solution in cold water, or combination detergent/disinfectant solution, (TGA approved).
- ✓ For further information refer HICMR Infection Control Manual: *Transmissible Diseases Policy*, & Info Sheet: *Clostridium difficile*.

CLIENT PORTAL/HARP UPDATE

- ❖ **HARP:** An automated process to self generate forgotten logins is now available.
- ❖ **Policy Manuals:** The 3 year review has commenced. Updated sections of the S-AM Manual are being loaded progressively on the Client Portal. The new Front Cover, Table of Contents, Foreword and Section 2 are now available. There is also a Table of Contents for each section, and the alphabetical index will be available once the Manual is complete. Current Versions of HICMR Manuals:
 - **Infection Control:**
 - Surgical-Acute Medical (S-AM) - Index V18. (Under review).
 - Aged Care (AC) – Index V7. (Under review).
 - Day Surgery – Index V3. (Under review).
 - NonSurgical (NS) – Index V6. (Under review).
 - DI & NEPT Manuals – (Under review).
 - **Endo/Probes** – Index V13 (Under review). Nb. Revised Tracking Toolkit Trial is complete and the final Toolkit will soon be available on the Client Portal. Thanks for the feedback!
 - **Sterilising Services** – Index V3.
- ❖ **RA Tools:** Currently under review as per Policies. Several have been updated - CU-Med Surg & AC, Endo & Probes, IPC Program, OT, SS.
- ❖ **IA Tools:** More new/updated IA Tools are now available for MS clients – refer HARP.
- ❖ **BBFEIs:** an updated monthly Reporting format is coming soon, and Periodic Reports to follow!

INFECTION CONTROL WORKSHOPS

2011-2012*

FLEXIBLE ENDOSCOPY/PROBES & STERILISING SERVICES (SS)

HICMR Endo/Probes & SS Workshops are for all interested HCWs. Continuing Professional Development (CPD) Points are available. Book early as places fill fast! For details/online registration refer www.hicmr.com.au

Endoscopy Workshops		
20 Oct 11	Canberra	New
09 Nov 11	Sydney	Full
16 Nov 11	Adelaide	
30 Nov 11	Melbourne	Full
07 Dec 11	Brisbane	
01 Mar 12	Melbourne	New
14 Mar 12	Sydney	New
21 Feb 12	Launceston	New
Preceptor Endoscopy Workshops (For HICMR Endoscopy Manual Clients only)		
08 Nov 11	Sydney	
29 Nov 11	Melbourne	Full
06 Dec 11	Brisbane	
28 Feb 12	Melbourne	New
13 Mar 12	Sydney	New
20 Feb 12	Launceston	New
Sterilising Services Workshops		
10 Nov 11	Sydney	Full
08 Dec 11	Brisbane	
29 Feb 12	Melbourne	New
15 Mar 12	Sydney	New
22 Feb 12	Launceston	New

*2012 Workshops are in the process of being scheduled. Nb. BCP Workshops will no longer be offered due to lack of demand.

NEW/REVISED STANDARDS/GUIDELINES

- ACORN 2012-13 Standards review is under way, including S21: Surgical Scrubbing, Gowning & Gloving because of the introduction of alcohol hand rub products.
 - ACSQHC, June 2011. National Safety & Quality Standards (Implementation of same is under review).
- [http://www.health.gov.au/internet/safety/publishing.nsf/Content/37088D5E3CFF8205CA2573AF007BC4FF/\\$File/NSQHS%20Standards.PDF](http://www.health.gov.au/internet/safety/publishing.nsf/Content/37088D5E3CFF8205CA2573AF007BC4FF/$File/NSQHS%20Standards.PDF)