



HICMR Infection Control Newsletter

DECEMBER 2008



For IC Issues contact your onsite ICC / HICMR ICC (page 016 301 701)

HICMR WISH ALL THEIR CLIENTS A MERRY CHRISTMAS AND SAFE NEW YEAR!

Stop Press: National Hand Hygiene Initiative ✓✓✓

- ❑ ACSQHC is launching Hand Hygiene Australia (HHA) - 5 moments for hand hygiene (HH) in February 2009. Refer HHA website: www.hha.org.au.
- ❑ CEOs will be sent a letter in the near future from the APHA advising them of further details re the HHA Project.
- ❑ HICMR ICCs are assisting with staff awareness using a PP presentation and Toolkits – see your HICMR ICC.
- ❑ HICMR Appropriate Precautions Toolkit has been updated to include HH Posters, etc.

Refer HICMR October IC Info Sheet.

HICMR Assessment & Reporting Program (HARP)

- HICMR are in the process of launching a new feature on the HICMR Client Portal – HARP.
- HARP will allow the DON and 1 other designated representative to access their facility's relevant HICMR RA Reports, Action Plans, Graphs, B&BFEI Reports, etc at any time. This is a secure site accessed via the Client Portal by the DON/Rep using login details provided by HICMR in an emailed invitation. (Please note additional products will be available on HARP soon for those facilities contracted to receive HICMR Management Services). To view the site > www.hicmr.com.au > Client Portal > HARP Front Page.
- **Policy Manuals:** will continue to be accessed via the Client Portal using the facility wide login. Nb. If this was previously the DON's email address it will need to be reassigned. HICMR will organise this as relevant.
- **Newsletters:** are now available via the Client Portal on the HARP Front Page – no login is required. All HCWs can access these at any time.
- **Updates:** In future all HARP updates will be emailed to the nominated HARP email addresses.

Staff Health: Hepatitis B Vaccination

- ❖ On commencement of employment, all HCWs should be offered Hepatitis B Vaccination. Primary Vaccination consists of 3 doses at intervals of initial, one month and six months.
- ❖ Post serological testing for the presence of Hepatitis B antibodies is advised. This should occur 4-8 weeks after completion of Hepatitis B immunisation.
- ❖ HCWs should be considered immune if they have documented post-vaccination serology demonstrating adequate anti-HB antibodies, (ie. > 10mIU/mL). Persistent non-responders may require HBIG within 72 hours of parenteral exposure to Hepatitis B.
- ❖ Booster doses of Hepatitis B vaccine are no longer recommended for HCWs who have adequate antibody response to the primary course.

For further info refer to the Australian Immunisation Handbook: 9th edition.

Clinical Update: Storage And Management Of Supplies And Consumables

- ✓ There should be designated sterile stock areas for management of commercially produced single-use sterile medical devices, and/or reusable sterile medical devices reprocessed by the Sterilising Services department. These areas should comply with AS/NZS 4187.
- ✓ Use of elastic bands, devices that constrict packaging and sharp objects, eg. bulldog clips should be avoided.
- ✓ There should be separate designated space available for the storage of solutions, lotions, handwash products, paper products and chemicals.
- ✓ Prior to use, the items should be checked to ensure sterility has been maintained.

Refer HICMR Policy: Storage and Management of Supplies and Consumables.

Topic Of The Month: Blood And Body Fluid Exposure Incident (B&BFEI) Prevention

Data indicates that approximately 38% of Parenteral injuries occur during use of a sharp device, and 42% after use and prior to disposal.

Injury reducing strategies include:

- Do not recap needles prior to disposal
- Do not disconnect needles from syringes
- Do not transfer body fluid between containers
- Do dispose of sharps immediately into puncture-resistant sharps containers specifically designed for the purpose.

In addition, in the Operating Theatre / Interventional Procedure Area:

- Sharps should be passed via a receiver, not by hand to hand.
- Verbal announcements should be made when passing sharps.
- Magnetic mats should be used for storage of needles and blades.
- Instruments should be used for tissue retraction – hands should never be used for retraction, to grasp needles, or to load and unload needles and scalpels.

Refer HICMR Policy: B&BFEI – Risk Minimisation & Management.

HICMR Client Portal

- Day Surgery Manual SS Section is under review.
- Sterilising Services (SS) Toolkit and Education Program NOW available!
- Endoscopy Microsampling Policy has been revised. Tracking Forms have also been updated due to several recent Endo Near Misses/Incidents.

Endo & SS Workshops

- ✚ Unfortunately, due to the rising costs of venues and travel HICMR have had to increase Workshop fees for 2009. This is the first increase since the introduction of our web based Workshop Management Program.
- ✚ In addition, due to increasing Workshop administrative costs, and venues now requiring advance notification and payment for bookings and final numbers, HICMR have also had to revise the Cancellation Policy – remember if you are unable to attend substitutes are always welcome! To view the Cancellation Policy and 2009 Workshop dates refer HICMR website www.hicmr.com.au > Workshops.



HICMR Assessment & Reporting Program

HICMR Pty Ltd, Level 1/71 Queens Rd, Melbourne 3004. Ph: 03 95203040 Fax: 03 95203041.

Email: enquiries@hicmr.com.au Website: www.hicmr.com.au

