

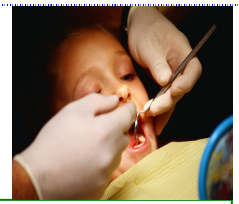


# HICMR Infection Control Newsletter

## APRIL 2009

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

HAPPY EASTER!!



### HICMR Assessment & Reporting Program (HARP)

- **HARP:** Invitations to register for HARP have been sent to most facility DONs/DCS, and Corporate Mngrs. The DON should reply to the email invitation ASAP nominating 1 other representative to be registered for HARP, eg. ICC. This will allow the DON and their designated rep to access their facility's relevant HICMR RA Reports, Action Plans, Graphs, B&BFEI Reports, etc. at any time. This is a restricted site accessed via the HICMR website and Client Portal. (Additional products will be available in HARP soon for those facilities contracted to receive HICMR Management Services).
- **Client Portal:** For security reasons all Client Portal logins to allow facility wide access to the Policy Manuals have been reassigned. The DON has been sent the new login details with their HARP registration.
- **Newsletters:** are available on HARP – no login is required.

### Stop Press: National Hand Hygiene Initiative

ACSQHC Hand Hygiene Australia (HHA) - 5 moments for hand hygiene (HH)  
[www.hha.org.au](http://www.hha.org.au)

- ❑ HICMR ICCs are now certified HHA compliance trainers!
- ❑ HHA has updated their website and manual, and the online Education Package is now available! Each Facility can register for a username to the online Education Package to track HCWs who have completed same
- ❑ CEOs have recently been sent a letter from the APHA advising them of Project requirements.
- ❑ HICMR ICCs are assisting with staff awareness using a PP presentation and Toolkits – see your HICMR ICC.
- ❑ An Internal Audit Tool has been developed for HICMR clients to assess preparedness.  
Refer HICMR October 2008 IC Info Sheet.

### Topic of the Month: Hand Care

- ✓ Hand care is an important part of hand hygiene (HH) because intact skin (ie. without abrasions or cuts) is a natural defence against infection.
- ✓ Rings should not be worn. Nails should be short and clean, and artificial nails should not be worn, as they contribute to increased bacterial counts. In particular rings or artificial nails **MUST NOT** be worn when performing invasive procedures.
- ✓ Regular use of approved skin moisturizers both at work and at home can reduce the drying effect of regular HH, and should be readily available.
- ✓ Repeated HH and wearing of gloves over time can cause irritation or sensitivity, leading to dermatitis or allergic reactions. This can be minimised by early intervention, including assessment of HH techniques and use of suitable individual-use hand creams.
- ✓ To minimize chapping/drying of hands, warm water should be used and hands patted dry, rather than rubbing them. Cuts and abrasions should be covered by a water resistant occlusive dressing that should be changed as required.
- ✓ HCWs who have skin problems, such as exudative lesions or weeping dermatitis, should seek medical advice and should not have direct patient care until the condition has resolved.
- ✓ Hand care products for use in Australian healthcare facilities should be checked to determine the product's suitability, quality and safety, as some hand creams are not compatible with the use of Chlorhexidine. Aqueous-based hand creams are preferred as oil based preparations may cause latex gloves to deteriorate.
- ✓ Hand care products for use in Australia should be listed as AUST R or AUST L.

Refer to HICMR Standard Precautions Policy.

### WHO Glove Use Recommendations

*Unnecessary use of gloves should be avoided.*

- ❖ The use of gloves does not replace the need for hand hygiene by either handrubbing or handwashing.
- ❖ Gloves should be worn when it is reasonably anticipated that contact with blood or other potentially infectious materials, mucous membranes or non intact skin will occur.
- ❖ Gloves should be removed after caring for a patient. The same pair of gloves should not be worn for more than one patient.
- ❖ When wearing gloves, they should be changed/removed in the following situations: during patient care if moving from a contaminated body site to a clean body site; after touching a patient, after touching a contaminated site and before touching a clean site or the environment.
- ❖ Double gloving for procedures with contact with a large amount of blood and body fluids, and for certain high- risk orthopaedic procedures, is considered appropriate.

**For further info refer to WHO Glove Use Recommendations: Information Sheet 6**  
<http://www.who.int/gpsc/tools/Infsheet6.pdf>

### Endo & SS Workshops April-August 2009

#### Endoscopy Workshops:

<u>Albury Region:</u>	17.04.09
<u>Launceston:</u>	28.05.09
<u>Melbourne:</u>	18.06.09 <i>New!</i> 27.8.09 (BCP)
<u>Perth:</u>	13.05.09 (BCP) 14.05.09
<u>Sydney:</u>	23.04.09 12.8.09 (BCP)

#### Endo Preceptors:

<u>Perth:</u>	13.05.09
<u>Sydney:</u>	24.04.09 <i>New!</i>
<u>Melbourne:</u>	27.8.09

#### Sterilising Services Workshops:

<u>Adelaide:</u>	11.06.09
<u>Albury Region:</u>	16.04.09
<u>Launceston:</u>	27.05.09
<u>Sydney:</u>	24.04.09

For further details: [www.hicmr.com.au](http://www.hicmr.com.au)

### Standards/Guidelines Update

- AS/NZS 4187, 2003 - under review.
- CDNA, 2004: Infection Control Guidelines - under review.
- GESA/GENCA Guidelines - under review. Draft version to be available on the GENCA website for public review.  
[www.genca.org.au](http://www.genca.org.au)