



GUIDELINES UPDATE

- **GESA/GENCA Infection Control in Endoscopy Draft Guidelines, 2010** closed 31st May. HICMR have submitted feedback on behalf of our clients.
- **Clinical Practice Guidelines for Clostridium difficile Infection in Adults, 2010.** Update by the Society for Healthcare Epidemiology of America (SHEA) and the Infectious Diseases Society of America (IDSA).
<http://www.journals.uchicago.edu/doi/full/10.1086/651706>

Influenza Preparation

- ✓ Seasonal Influenza planning - The "Flu" season is almost upon us. Are you prepared? Are your at risk patients and HCWs protected?
- ✓ Pandemic planning principles can protect your facility from the consequences of even a severe influenza season, eg. staff illness & shortages, shortages of medical supplies (eg. masks), and business continuity interruptions.
- ✓ H1N1 2009 pandemic was a relatively mild strain, however this could change.
- ✓ [Are you ready "For the Next Wave" or New Pandemic Strain?](#)

Refer To HICMR Policies and Toolkit: *Acute Respiratory Infections; Pandemic Influenza Preparedness and Response Management and Pandemic Influenza Staff Health Mngmnt.*

HICMR Endo & SS IC

Workshops: June-Dec 2010

HICMR Endo and SS workshops are open to both HICMR clients and any other interested HCWs.

For further details and/or to register a place:

www.hicmr.com.au.

Endoscopy Workshops

Melbourne 24 Jun (BCP)
Brisbane: 18 Aug
Perth: 30 Aug (BCP) **Cancelled**
Perth: 31 Aug
Albury: 15 Sept
Melbourne: 24 Nov
Sydney: 02 Dec
Melbourne: 14 Dec (BCP) **New Date**

Sterilising Services Workshops

Melbourne: 09 Jun
Brisbane: 19 Aug - **Postponed**
Perth: 01 Sept
Albury: 16 Sept
Sydney: 12 Oct - **New Date**
Melbourne: 27 Oct

Endo Preceptors Workshops (For HICMR Manual Clients Only)

Melbourne 24 Jun
Brisbane: 17 Aug
Perth: 30 Aug
Albury: 14 Sept
Adelaide: 22 Nov
Sydney: 01 Dec
Melbourne: 14 Dec - **New Date**

TOPIC OF THE MONTH - CLOSTRIDIUM DIFFICILE

- In Australia there has been a confirmed hospital case of the highly virulent (NAP 1/027) strain of Clostridium difficile infection, and probable healthcare acquired infection (HAI) transmission to other patients.
- 80% of HAIs can be reduced by appropriate hand hygiene (HH) and cleaning processes alone.
- The emergence of Clostridium difficile (NAP1/027) in North America and Europe has been associated with increased frequency, severity and relapse of Clostridium difficile infection, and increased mortality/morbidity.
- Effective antimicrobial stewardship, Standard Precautions including effective HH, environmental cleaning and disinfection, and additional contact isolation precautions are the key infection prevention and control measures.
- HAI Advisory committee advises inclusion of Clostridium difficile infection in hospital surveillance to ensure the early detection of highly virulent strains will enable early interventions to prevent major harm to patients.
- Specimens and/or Clostridium difficile isolates from patients displaying criteria for severe disease should be referred to a specialised laboratory for identification and typing as soon as practicable.
- Severe Clostridium difficile infection should be considered if combinations of the below are present: Age > 60 years; temp >38 C; serum albumin < 25 g/l; peripheral WBC count > 15,000 cells/microl.; deteriorating liver function; elevated serum lactate; endoscopic evidence of pseudomembranous colitis or treatment in the intensive care unit; subtotal colectomy performed; toxic megacolon diagnosed.
- Refer to Australian Commission on Safety and Quality in Healthcare publications including Draft Surveillance of Healthcare Associated Infections and AICA Position Paper.
- HICMR Policies: *Transmissible Diseases*, are in the process of being updated to incorporate new information.

HICMR Client

Portal/HARP

In addition to the many products available on the HICMR Client Portal, the following new products/updates are available/ will soon be available:

- ❖ **Policy Manuals/RA Tools** (*Nb. The 3 year review of the HICMR Policy Manuals is due to commence in August, however this is dependent on the availability of the new NH&MRC IC Guidelines*):
 - **Infection Control: Surgical-Acute Medical (S-AM) - Index V14; NonSurgical (NS) - Index V4; Aged Care (AC) - Index V5.** New Toolkits - Cleaning Schedules, and IC Surveillance will be available this mth – refer Client Portal.
 - **Day Surgery – Index V2.**
 - **Endo/Probes – Index V11.** (Under review). The Scopes/Probes Tracking Forms have been updated again.
 - **TOP TIP: ensure you have one current hard copy of the HICMR IC Manual/s available as a back-up in the event of an IT Outage.**
 - **Sterilising Services – Index V3.**
- ❖ **Education Tools:** Waste Mngmnt, and Food Handling Practices have recently been circulated to MS clients.
- ❖ **IA Tools:** New Tools have recently been circulated to MS clients, to facilitate self-auditing between HICMR RAs. In addition Action Plans should be completed after HICMR RAs to ensure ongoing action and follow-up.
- ❖ **HICMR Feedback Forms** are available - refer Leadership and Management Section of the IC Manual.
Refer Client Portal &/or contact your HICMR ICC for further details.

RISK ALERT: LISTERIA

- **Incidence:** Health Depts are reporting an increased number of notifications of Listeria. Of most concern is that many of the cases spent all or much of their time in various hospitals where a broad range of high-risk food had been served to them. Routine preventative measures are essential, as consequences of these infections may lead to serious complications in patients who have cancer, leukaemia, AIDS, diabetes, liver disease, kidney disease, the elderly, pregnant women and their unborn babies, organ transplant patients and immunocompromised patients.
- **Occurrence:** After eating high risk foods including smoked fish, sushi, sashimi, pre-prepared salads, pre prepared fruit salads, sliced deli meats, diced chicken, pate, dips, soft cheeses, raw vegetables and garnishes and sandwiches containing any of these ingredients.
- **Safe Food Handling and Storage:** incorrect preparation and storage of food can enhance growth of Listeria. Unlike other bacteria Listeria can grow in the fridge. All food should be prepared and stored to prevent cross contamination:
 - Separate raw and cooked food, and use different utensils, boards, etc. for both.
 - Check the food labels - follow storage and cooking instructions, and do not eat food past its use by date.
 - Keep all food covered.
 - Keep work benches/utensils/storage facilities clean.
 - Keep hot food hot (above 50°C) and cold food cold (below 5°C). Reheat food to 75°C.
 - Thoroughly cook food especially eggs.
- **Prevention:**
 - Perform effective hand hygiene before handling/eating food, or after going to the toilet, AND between handling raw and ready to eat foods.
 - Identify at risk pts, & high risk foods on the Menu.
 - Don't offer high risk foods to pts with Listeria.
 - Ensure same conditions apply for pre-prepared food supplied by external agencies.
- **Refer to HICMR Policies: High Risk/Modified Foods, Food Storage and Food Protection Practices during Food Handling, & Education Tool: Food Handling IC Practices.**