



# HICMR Infection Control Newsletter

## JULY 2010



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

### TOPIC OF THE MONTH: HELICOBACTER PYLORI

- ❑ *Helicobacter pylori* (*H. pylori*) is a bacterium (germ) that lives in the inner lining of the stomach. It produces a number of chemicals that damage the lining of the stomach. Once the infection is present, it persists for many years, if not for life
- ❑ About 40% of persons over 60 years of age have *Helicobacter pylori*. Most people are infected in childhood. In Australia the risk of becoming infected is now much less than in the past due to increased awareness and improved hygiene practices. There is no difference in infection rates between men and women. *H. pylori* is more common in older people and in certain ethnic populations (e.g. Middle Eastern, Asian, Eastern European).
- ❑ HCWs in Endoscopy areas are at no greater risk of becoming infected if good Infection Control practices are followed, eg. Standard and Transmission Based Precautions,
- ❑ Most infected people have no symptoms. However, *H. pylori* can cause:
  - Inflammation of the lining of the stomach (gastritis).
  - Duodenal ulcers (ulcers in the first part of the small bowel).
  - Stomach (gastric) ulcers.
  - Some cancers of the stomach, including a rare type called lymphoma.
- ❑ *Helicobacter pylori* can be diagnosed via breath tests, blood tests and flexible endoscopy.
- ❑ There is no single treatment. A number of drug combinations are used. The most effective of these are successful in 80-90% of people. Treatment combinations include at least three drugs, consisting of an anti ulcer drug and two antibiotics. The use of drug combinations reduces the risk of *H. pylori* becoming resistant to treatment.
- ❑ Further information for HCWs or patients can be found on the GESA website: <http://www.gesa.org.au/>

### GUIDELINES UPDATE

- ✓ GESA/GENCA Infection Control in Endoscopy Draft Guidelines Review closed 31.5.10. HICMR have submitted feedback on behalf of our clients.
- ✓ CDC - HICPAC: DRAFT Guideline for the prevention and control of Norovirus gastroenteritis outbreaks in healthcare settings is now available. <http://tinyurl.com/25m2urk>
- ✓ NH&MRC IC Guidelines – due out soon.

### HICMR Client Portal/HARP

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 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 - IC Surveillance, & Cleaning Schedules are currently being loaded.
    - **Day Surgery – Index V2.** SS Policies removed. Refer separate SS Manual.
    - **Endo/Probes – Index V11.** (Under review). The Scopes/Probes Tracking Forms have been updated.
    - **Sterilising Services – Index V3.**
    - **DI, NEPT & Office Based Manuals –** currently under review.
    - **TOP TIP: ensure you have at least one current hard copy of the HICMR IC Manual/s available in the event of an IT Outage – refer Risk Alert.**
  - ❖ **Education & IA Tools:** will be available on HARP in the near future. NB. IA Tools should be utilised to self-audit compliance between HICMR RAs.
  - ❖ **Action Plans:** should be completed after HICMR RAs to ensure ongoing action and follow-up. Refer RA Reports.
  - ❖ **HICMR Feedback Forms** are available - refer Leadership and Management Section of the IC Manual.
  - ❖ **RA Feedback:** new automated process - refer Info Sheet (pending).
- For further info refer HICMR Client Portal/ HARP: [www.hicmr.com.au](http://www.hicmr.com.au)**

### RISK ALERT: IT RISK MANAGEMENT

Every organisation operates in a climate of risk. It is never possible to remove all risk from a business, but it is important to assess and reduce risk to an acceptable level where possible. In relation to Information Technology (IT), assessing and minimising risk has become critical, particularly for businesses that rely heavily on technology, such as the healthcare industry. Like many organisations, HICMR have recently automated their systems and processes, and in addition are reliant on other IT processes to conduct their business.

It is vital that business owners understand and routinely monitor and control their IT risks - especially as the IT environment changes rapidly and new IT-related risks appear regularly. A useful way of recognising IT threats is to classify them as follows

- **Physical threats** are those that result from physical access or damage to information resources such as servers, network equipment, computer rooms etc. If an unauthorised person - employee or not - can enter your computer room unobserved, then all your other IT security measures are essentially compromised.
- **Electronic threats** are those that aim to compromise your business information and typically come from outside your premises/network, eg. a hacker accessing your network via your website. Other malicious threats can range from phishing and spoofing emails and websites to links in social networking websites that take you to websites that can steal your personal and financial details. Hackers can gain remote control of your computers through infections by eg. viruses, worms or Trojans.
- **Technical failure** is a common threat for IT systems. For example, if key data is stored only on the hard disk of one server, then the failure of that hard disk would be catastrophic. Hard disks in computers will fail eventually, even in expensive servers.
- **Infrastructure failure** can be a subtle form of threat. For example, if your business relies on your internet connection to receive orders from customers, you could miss out on new purchase orders if that connection fails.
- **Human error** is a major threat. If an honest mistake by a user or system manager could cause an irrevocable loss of data, you need to take action to prevent it from happening, eg. by regularly backing up data.
- **Action:** All businesses should have an IT contingency plan in place to address the above risks. HICMR have reviewed their IT risks and wish to advise their clients of the following:
  - For IT issues regarding HICMR Client Portal/HARP/Manuals, etc. Support Services will be provided initially by HICMR staff. If any problems are experienced with the website, HICMR will conduct an initial investigation to check that the application is operating and that the licence is still valid.
  - If the application is not operating HICMR will raise a support request with their software supplier. All support requests raised with the software supplier are prioritised and recorded on an online issues register, including action and outcome. HICMR regularly reviews the status of all unresolved support requests with their software supplier.
  - In the event that there is a delay to resumption of operation/IT Outage HICMR recommend to all clients that they maintain a current hard copy version of the HICMR Manuals, etc. as a temporary back-up. In addition if the delay was prolonged HICMR have all current versions of Licensed Materials and Manuals available on their Intranet.
  - Refer HICMR Licensing Agreement for further information.

### 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](http://www.hicmr.com.au).

#### Endoscopy Workshops

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

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)

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